MOTHER AND BABY HOMES COMMISSION OF INVESTIGATION

FINAL REPORT

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Executive Summary

The story of mother and baby homes in Ireland is complex and its nuances cannot easily be captured in a summary. The Commission's Terms of Reference cover the period 1922 - 1998, a span of 76 years. There was great change in that period: massive improvements in living conditions and changes in attitudes to religion and morals. The experience of women and children in the 1920s was vastly different from the experience in the 1990s regardless of where they lived. The institutions under investigation changed considerably over the period: the two largest institutions were in operation for the entire period but they were very different institutions in 1998 than they were in 1922.

Ireland was a cold harsh environment for many, probably the majority, of its residents during the earlier half of the period under remit. It was especially cold and harsh for women. All women suffered serious discrimination. Women who gave birth outside marriage were subject to particularly harsh treatment. Responsibility for that harsh treatment rests mainly with the fathers of their children and their own immediate families. It was supported by, contributed to, and condoned by, the institutions of the State and the Churches. However, it must be acknowledged that the institutions under investigation provided a refuge - a harsh refuge in some cases - when the families provided no refuge at all.

Improvements in society generally and in the institutions came gradually. Significant changes included the introduction of free post-primary education in the 1960s and the changes consequent on membership of the then EEC from 1973. 1973 also saw the introduction of the Unmarried Mother's Allowance; this was the first time a direct State payment was available to assist an unmarried woman to rear her child in the community.

A: The people

1. There were about 56,000 unmarried mothers and about 57,000 children in the mother and baby homes and county homes investigated by the Commission. The greatest number of admissions was in the 1960s and early 1970s. It is likely that there were a further 25,000 unmarried mothers and a larger number of children in the county homes which were not investigated; admissions to county homes were largely pre-1960. While mother and baby homes were not a peculiarly Irish phenomenon, the proportion of Irish unmarried mothers who were admitted to mother and baby homes or county homes in the twentieth century was probably the highest in the world.

The women

2. The women who were admitted to mother and baby homes ranged in age from 12 years old to women in their forties. However, 80% were aged between 18 and 29 years and this was remarkably consistent across the larger mother and baby homes. 5,616 women, 11.4% of the total for whom information about their age is available, were under 18 years of age. The Commission has not seen evidence that the Gardaí were routinely notified about pregnancies in under-age women.

3. The number of admissions among women under 18 rose sharply in the early 1960s and it remained at a high level for the next two decades. While Pelletstown, followed by Bessborough accounted for the largest number of admissions of women under 18 years of age, Dunboyne was the mother and baby home with the highest proportion of women under 18 years - 23.4% of total admissions.

4. Some pregnancies were the result of rape; some women had mental health problems, some had an intellectual disability. However, the majority were indistinguishable from most Irish women of their time. The only difference between the women in mother and baby homes and their sisters, class-mates and work companions was that they became pregnant while unmarried. Their lives were blighted by pregnancy outside marriage, and the responses of the father of their child, their immediate families and the wider community.

5. Women were admitted to mother and baby homes and county homes because they failed to secure the support of their family and the father of their child. They were forced to leave home, and seek a place where they could stay without having

to pay. Many were destitute. Women who feared the consequences of their pregnancy becoming known to their family and neighbours entered mother and baby homes to protect their privacy. Some travelled to Britain, for the same reason.

6. Ireland appears to be the only country where large numbers of unmarried pregnant women left their native country. However, it must be acknowledged that many of their fellow citizens also emigrated.

7. The profiles of the women in mother and baby homes changed over the decades, mirroring changes in Irish women's lives. In the early decades most women who were admitted were domestic servants or farm workers or they were carrying out unpaid domestic work in their family home. In later years, however, many of the women were clerical workers, civil servants, professional women and schoolgirls or third-level students.

8. There is no evidence that women were forced to enter mother and baby homes by the church or State authorities. Most women had no alternative. Many pregnant single women contacted the Department of Local Government and Public Health (DLGPH), later the Department of Health, their local health authority, or a Catholic charity seeking assistance because they had nowhere to go and no money. Women were brought to mother and baby homes by their parents or other family members without being consulted as to their destination.

9. The overwhelming majority of women and children were maintained in the institutions by their local health authority but there were some who were 'private patients' and were paid for by themselves or family members. In many cases, they were cut off from the world and some were assigned a 'house name'. The mother and baby homes gave women some assurance that their secret would be protected.

The children

10. The vast majority of children in the institutions were 'illegitimate' and, because of this, suffered discrimination for most of their lives. (This was true of all 'illegitimate' children). The vast majority of children born in the institutions have no memory of their time there but some stayed in the institutions after their mothers left and a small number were in institutions until the age of seven.

11. Before the availability of legal adoption (from 1953), children who left the institutions usually ended up in other institutions such as industrial schools or were boarded out or nursed out. After legal adoption became available, it gradually became the most likely outcome. There can be no doubt that legal adoption was a vastly better outcome than the alternatives previously available.

12. The very high rate of infant mortality (first year of life) in Irish mother and baby homes is probably the most disquieting feature of these institutions. The death rate among 'illegitimate' children was always considerably higher than that among 'legitimate' children but it was higher still in mother and baby homes: in the years 1945-46, the death rate among infants in mother and baby homes was almost twice that of the national average for 'illegitimate' children. A total of about 9,000 children died in the institutions under investigation - about 15% of all the children who were in the institutions. In the years before 1960 mother and baby homes did not save the lives of 'illegitimate' children; in fact, they appear to have significantly reduced their prospects of survival. The very high mortality rates were known to local and national authorities at the time and were recorded in official publications.

B. The institutions

13. There were different types of institutions with different governance, financial arrangements and practices. Some were owned and run by the local health authorities - the county homes, Pelletstown, Tuam and Kilrush. Others were owned and run by religious orders, for example, the three homes run by the Congregation of the Sacred Hearts of Jesus and Mary - Bessborough, Sean Ross, Castlepollard (the Sacred Heart homes). They are often described as 'extern' homes or 'special' homes. Regina Coeli hostel was run by the Legion of Mary and it differed from the other large homes in that it aimed to keep mothers and children together. The Bethany Home was founded by a Protestant evangelical group.

14. Some of the institutions were in very poor physical condition. Living conditions in Irish homes were generally poor before the 1960s; however, poor sanitary conditions in congregated settings have much more serious consequences than in individual homes. County homes, Kilrush and Tuam had appalling physical conditions. Conditions in the other mother and baby homes were considerably better and improved over time; in particular, conditions in Dunboyne were very

good. The Commission has not seen any evidence of major shortcomings in any of the homes or flatlets that were operating in the 1970s-1990s.

Treatment in the institutions

15. The women and children should not have been in the institutions. The conditions were regimented and institutional especially in the larger institutions and particularly before the 1970s but there is no evidence of the sort of gross abuse that occurred in industrial schools. There are a small number of complaints of physical abuse. The women worked but they were generally doing the sort of work that they would have done at home; women in the county homes did arduous work for which they should have been paid and there are a few other examples where this is also the case.

16. Many of the women did suffer emotional abuse and were often subject to denigration and derogatory remarks. It appears that there was little kindness shown to them and this was particularly the case when they were giving birth. The large institutions were regimented and they were inadequately staffed until the later decades. The atmosphere appears to have been cold and seemingly uncaring. They offered little sympathy or counselling to women who may have been rejected by their family and by the father of their child. There were no qualified social workers, or counsellors attached to these homes until at least the 1970s, and until that time, there is no evidence that women were given opportunities to discuss the circumstances of their pregnancy or future options for their child. Women were dissuaded from sharing their stories with their fellow residents, because of concerns to protect their privacy though such conversations might have offered some comfort at a traumatic time. Conditions improved in all respects in the later decades.

17. Many of the women found childbirth to be a traumatic experience. The overwhelming majority were first-time mothers and they were probably uninformed about childbirth. First-time childbirth can be frightening for any woman; it was undoubtedly worse for women whose pregnancy had devastated their normal life and resulted in their removal from home, family and friends. The trauma of childbirth must have been especially difficult for the many women who had no prospect of keeping their child. However, the hostile comments were not restricted to mother and baby homes. Letters written in the 1970s to Cherish describe hostile comments made by neighbours to women and their families. Women who

were transferred from a mother and baby home to maternity hospitals to give birth, for medical reasons, were subjected to unfriendly comments by fellow-patients and their visitors.

18. Mother and baby homes were greatly superior to the county homes where, until the 1960s, many unmarried mothers and their children were resident. Conditions in the county homes were generally very poor; this, of course, was also true for the other residents who were mainly older people and people with disabilities. The women in county homes have been largely forgotten. They included women on a second or subsequent pregnancy and women from the poorest families. County homes admitted women with special needs, mental health problems, venereal disease or a criminal conviction, who would be rejected by a number of mother and baby homes. They also accommodated children who had special needs, including the children of married families. The accommodation and care given to these children in county homes was grossly inadequate; some of the descriptions are extremely distressing.

19. Until 1973 when the Unmarried Mother's Allowance was introduced, most women had no realistic prospect of keeping their child unless they were assisted by their family. Regina Coeli hostel was the only institution that supported women who wished to raise their child. There is evidence that women who became pregnant after 1973 were not always aware of this State support and they continued to face pressure from family and perhaps from the staff in a mother and baby home to place their children for adoption.

Regulation of mother and baby homes

20. The county homes, successors to the pre-independence workhouses, were owned and controlled by local authorities. They were responsible for running costs, maintenance, and major improvements. Money came from the local rates - a tax on property. The staff in county homes were local authority employees, though most of the domestic work was done by residents who were unpaid: the majority were unmarried mothers. The DLGPH, later the Department of Health regulated many aspects of the county homes including diets, and county homes were subject to regular inspections by the department.

21. As noted earlier there were two distinct types of mother and baby homes: Pelletstown, Kilrush and Tuam were established by local authorities, and they were

owned and under the control of local authorities. Dunboyne, which opened in 1955, was established and equipped by a group of local authorities. It was leased to the Good Shepherd Sisters who were responsible for its day-to-day running. The three Sacred Heart homes and Bethany and Denny were privately owned and controlled. Most women and children in the Sacred Heart homes were maintained by local authorities. Denny received public funding, as did Bethany from the 1940s. The Regina Coeli hostel, run by the Legion of Mary did not receive regular public funding.

22. Overall responsibility for the homes owned by a local authority rested with the local authority. They were responsible for the upkeep, improvements and oversight. The Dublin Union and its successor organisations visited Pelletstown regularly, and there is evidence that they exercised oversight. The Daughters of Charity, who ran Pelletstown were salaried local authority employees, as were the lay nurses and other staff. Food and supplies were bought and paid for by the local authority. When the Sisters of Mercy ran Kilrush, most of the Sisters were local authority employees, who received a salary; the lay staff was paid by the local authority.

23. When the Children's Home was in Glenamaddy the Bon Secours Sisters who ran the home were salaried local authority employees; the Sisters had previously run the Glenamaddy workhouse on a similar basis. When the Children's Home relocated to Tuam the Sisters were no longer treated as local authority employees and they did not receive a salary. Staff in Tuam were recruited and paid by the Sisters, from the capitation payment that they received from the Galway and Mayo local authorities, though much of the work was carried out unpaid by the mothers. The Galway local authority held regular meetings in the Children's Home; however, it is unclear whether these were used to conduct inspections. The Superior in Tuam kept the county manager informed about the women and children in the home, and he was involved in making decisions about their future, including specifying that some women should be sent to a Magdalen laundry. There is evidence that the Department of Health was confused as to the status and ownership of Tuam.

24. The remaining mother and baby homes were private institutions, so governance was a matter for the religious congregation or the charity that owned the institution. In the 1920s there was regular communication between the South Cork health

authority and the Superior in Bessborough. There does not appear to have been any legal basis for this, other than the recognition that the Cork authority was maintaining most of the women and children in Bessborough. There is no evidence of comparable communication between the other private mother and baby homes and a local authority.

The respective roles of local and national government

25. Bessborough opened without any apparent involvement by the DLGPH. An application to the Hospitals Commission for funding to construct a maternity hospital in Bessborough led to inspections and more frequent contact with the department and the Hospitals Commission in relation to the building tender and the requirements of this mother and baby home. Sean Ross, Castlepollard, and Pelletstown also secured major funding from the Hospitals Commission, which though technically independent, worked closely with the DLGPH. The Hospitals Commission inspected the homes, commenting on facilities and matters that required improvement. They acted in a similar manner in the case of all institutions that they funded.

26. Some oversight was exercised by national and local government but there was no clear policy on oversight and no clear demarcation between the roles of national and local government. The women inspectors in the Department of Local Government and Public Health/Department of Health tried valiantly to have conditions improved. This is especially true of Miss Alice Litster[1] who was an inspector from 1922 to 1957. While the department inspectors were thorough in carrying out inspections and were constantly seeking improvements, the responsibility to actually do anything rested mainly with the local authorities.

27. The *Registration of Maternity Homes Act 1934* gave the DLGPH/Department of Health the authority to inspect all places where women gave birth, or received nursing care following a birth. All maternity homes were required to register, and registration was the responsibility of the local authority. The inspections conducted under the 1934 Act enabled the DLGPH/Department of Health to visit the private mother and baby homes and to recommend improvements. However, there was a lack of clarity in the legislation. Did the powers of inspection extend to the entire mother and baby home, including the nurseries that accommodated babies, who

[1] Her name is very frequently misspelled, even by her colleagues, as Lister.

were older than one month and the mothers' dormitories and living space, or was it confined to the maternity unit? In practice, the departmental inspectors inspected all aspects of the homes.

28. The power to initiate prosecutions for infringements of the 1934 Act rested with the local authority and the penalties were generally light. (No mother and baby home was ever prosecuted). In the early 1940s when successive inspections carried out by the DLGPH revealed major shortcomings in Bessborough, the only power open to the department was to withdraw ministerial approval for local authorities to maintain women and children in Bessborough. They could not order the closure of the home, which continued to admit private patients, many of whose children died. The county Cork health authority had the power to close Bessborough but there is no indication that it considered doing so.

29. Registration certificates issued by local authorities under the 1934 Act stipulated the maximum number of beds, but this was often exceeded, and the numbers specified on the certificates were greater than numbers determined by a DLGPH buildings inspector. However, the department did not set maximum occupancy figures for mother and baby homes until the 1940s, some years after the Act came into force. These were not statutorily binding and were not enforced in either the local authority homes or the private mother and baby homes because they would have resulted in a massive reduction in capacity.

30. Although the DLGPH/Department of Health received regular inspection reports on mother and baby homes, which were often critical of conditions, the evidence suggests that the department preferred to use persuasion, not compulsion to implement improvements. The department's main interest appears to have been the occupancy figures, and the rising cost of maintaining women and children in these homes.

Influence of religion and religious organisations

31. Local authorities often deferred to the views of the religious orders that ran mother and baby homes or to the views of the diocesan bishop. Galway county council acceded to the demands of the Sisters of Bon Secours that children should remain in the Children's Home until the ages of five (boys) and seven (girls), despite the fact that this contravened the wishes of the DLGPH/ Department of Health. When

Mayo county council decided to remove children from Tuam at an earlier age, the Sisters threatened not to admit Mayo children in future and the local authority conceded their demands. Clare county council consulted the bishop of Killaloe about future arrangements for unmarried mothers when they decided to close Kilrush; he advised that women should be sent to Sean Ross.

32. There is no evidence that the Catholic hierarchy played a role in the day-to-day running of mother and baby homes. A religious congregation who wished to open any establishment in a diocese - such as a school, novitiate, or a mother and baby home - required the permission of the diocesan bishop. The Congregation of the Sacred Hearts of Jesus and Mary made several attempts to open a mother and baby home in Dublin, but the archbishop of Dublin did not grant approval. In the 1940s, the bishop of Cork, Dr Cohalan, claimed that he had had regular dealings with the DLGPH when Bessborough was being established but the Commission has seen no evidence to support this claim. In 1924 he asked the Congregation of the Sacred Hearts to admit pregnant women to Bessborough but they were reluctant to do so. In 1928 he 'almost insisted' that Bessborough should provide maternity services. A small maternity unit was opened in 1930; whether this was in response to Bishop Cohalan's request is unclear. By the early 1940s the inspectors of boarded out children in the DLGPH were becoming concerned about the well-being of children born to private patients in Bessborough and they sought information about their whereabouts when they left Bessborough. Dr Coholan declared that providing such information would be a breach of canon law. When the DLGPH sought a change of Superior in Bessborough because of the appallingly-high death rate, he denounced this request. The replacement of the Bessborough Superior was delayed for four years after the department requested it, and many infants died during that time. It seems probable that the bishop's intervention was elicited by the congregation.

33. The Galway county manager kept the archbishop of Tuam and the bishop of Galway informed about plans to move the Children's Home from Tuam, to the outskirts of Galway in the late 1950s. The archbishop described the proposal as 'undesirable in every way'; he claimed that the proposed new location was close to a busy road. 'Anyone who has experience of the workings of a Home for unmarried mothers will tell you that such a Home must be in a place that is quiet, remote and surrounded by high boundary walls … In many cases they are on the look-out to get in touch with men, and some of them cannot repress their

excitement even when a man comes to the Home to deliver a message … Many of these unmarried mothers are anxious to get off without delay. The only thing that prevents their leaving is the strict supervision and boundary walls … in some cases it has been known that attempts were made from outside to get at the inmates'. Although the archbishop objected to Tuam being closed, he was overruled by the Minister for Health. When the Department of Health proposed to transform Sean Ross into a home for children with special needs in the 1960s, the bishop of Killaloe rejected the proposal. His intervention resulted in a number of visits to the bishop, by senior civil servants, and deferential letters from ministers. The closure of Sean Ross was delayed for several years, until the bishop had died, and his successor gave his approval.

34. In 1928 the DLGPH refused to sanction the appointment of a Sister of Mercy as matron in Kilrush - a local authority mother and baby home - because she was not a qualified nurse, and the congregation left Kilrush as a consequence. The *Registration of Maternity Homes Act 1934* did not give the department or the local authority the power to refuse to sanction the appointment of a matron in Bessborough because she lacked the appropriate qualifications, though all maternity homes were required to employ one or more qualified midwives. Staffing by religious sisters in Bessborough and other private homes was determined by the congregation.

Finances

35. The capitation payments for women and children in the mother and baby homes were financed from the rates paid to the local authorities. In 1947, the health services generally started to be partially financed from national taxation. It seems to be at this stage that the mother and baby homes started to be required to provide audited accounts to the Department of Health. These accounts were then used to determine whether an increase in the capitation payments was merited.

36. The Commission has not seen any evidence that the religious orders who ran the mother and baby homes made a profit from so doing. At various times, it is clear that they struggled to make ends meet and their members were not always paid for their work. This was a particular problem when occupancy levels fell and women stayed for shorter periods. Payments by local authorities were not always on time.

37. The capitation rates, while they were not overly generous, and often failed to keep pace with inflation, were considerably more generous that the social welfare payments available to an adult and a child living in the community.

38. Under the institutional assistance regulations, the women in the homes (or, if they were under 16, their parents) could have been charged for their stay in the homes but this does not appear to have happened in most of the larger institutions. Residents in county homes were charged if they had an income.

C: What was different about Ireland

39. The Commission is not aware of any comprehensive international study that is comparable to this report. However, it is probable that the proportion of Irish unmarried mothers who were in mother and baby homes was the highest in the world. In 1967 the number of babies who were adopted in Ireland was equal to 97% of the 'illegitimate' births; this was the highest in the world. Large numbers of Irish women continued to give birth in mother and baby homes in the 1970s, though by that time most mother and baby homes in other countries had closed.

Concept of illegitimacy

40. 'Illegitimacy' was widely regretted and disowned in most countries in the early and mid-twentieth century so in that respect Ireland was not unique. Few single women had the financial resources to raise a child without the support of their family or the father of their child. The proportion of Irish men who acknowledged paternity was low. In the German state of Westphalia one-third of the fathers of 'illegitimate' children born in 1929 voluntarily acknowledged their paternity. Few Irish men contributed to the maintenance of their 'illegitimate' child or acknowledged their existence. For the first half of the century many would have been unable to do so because they were farm labourers or unpaid workers on family farms or in family businesses. While mothers had the right to apply for maintenance under the *Illegitimate Children (Affiliation) Orders Act 1930,* it generally proved impossible to secure the necessary evidence.

Responsibility of fathers

41. In the past when a single woman was known to be pregnant the most common response in all countries was to try and arrange a marriage between the woman and the father of her child. In the early and mid-twentieth century the Irish

marriage rate was the lowest in the western world and there is an extensive literature in fiction and non-fiction about the reluctance of Irish bachelors to marry. Chapter 8 relates the stories of women who became pregnant by a long-term boyfriend who refused to marry and often disappeared on hearing of the woman's pregnancy. In other cases the man or the woman's parents opposed their marrying because of difference in social background or religion. In the light of Ireland's low marriage rate and late age of marriage, it seems possible the proportion of men who married their pregnant girlfriend may have been lower than elsewhere.

Woman's parents

42. In the past, if a single woman gave birth and there was no prospect of marriage, a common outcome was that the mother's family provided a home for her child who was raised either by grandparent(s) or by her/his mother with the support of her family. This child might remain with grandparents when the mother married, or might live with the mother and her husband, who might not be the father. There are many contemporary accounts throughout this report of Irish parents who were willing to welcome their daughter back into the family home following the birth but were not prepared to accept her child. There are various reasons why Irish parents may have been less willing to welcome an 'illegitimate' grandchild into their home than elsewhere. Irish families were large; in 1960 Irish marital fertility, that is, the number of children born in a marriage, was the highest in the developed world despite the fact that couples married at a late age. Many families were poor and living in overcrowded homes so an additional child would have put them under pressure. Such a child would have been especially unwelcome in a farm house where the marriage of the inheriting son depended on clearing the home of non-inheriting siblings.

43. There is also the question of a family's standing in the community. Many Irish marriages until the 1960s involved an element of match-making and a dowry and these processes were reliant on a family's respectability. An 'illegitimate' birth could destroy the marriage prospects, not just for the woman who had given birth, but for her siblings, hence the pressures to keep it a secret by sending her to a mother and baby home. Many women who concealed their pregnancy from parents or family members were conscious of such attitudes. Pressure to keep their pregnancy a secret added to a woman's trauma.

44. The dominance of the family farm and family business and the slow pace of economic development meant that Irish men and women in their late teens and early twenties were more likely to be dependent on their parents than their counterparts elsewhere. Land inheritance was important with farms passing from father to son. Agricultural concerns with breeding and lineage appear to have applied to marriage partners and children. When legal adoption was introduced in 1953, the take-up was slowest among the farming community. The rural values of respectability and family standing also existed in cities and towns, though to a lesser extent.

Fleeing to Britain

45. Many pregnant women fled to Britain, to protect this secrecy, only to face the prospect of being returned to Ireland against their wishes. There is no other known instance where substantial numbers of pregnant single women fled their country, though it was common elsewhere for women to move from their home place, generally to a city, in search of anonymity. British Catholic charities put considerable pressure on the Irish Hierarchy and on the government to repatriate the women. Some of the treatment meted out to these women, who were commonly described as PFIs, pregnant from Ireland, was inhumane and occasionally it placed them at medical risk. British authorities also returned children born there to Irish women, sometimes approaching the woman's family who might be unaware of the child's existence, asking them to take the child. The Department of Health and local authorities appear to have co-operated with these practices. The bishop of Cork, Dr Lucey, established an adoption society to place children born to Irish women in Britain with Irish adoptive parents.

Church and State attitudes

46. The Catholic church did not invent Irish attitudes to prudent marriages or family respectability; however, it reinforced them through church teachings that emphasised the importance of pre-marital purity and the sexual dangers associated with dance halls, immodest dress, mixed bathing and other sources of 'temptation'. In the 1920s, the Irish Free State was a newly-independent nation which was determined to show the world that it was different; part of that difference related to the capacity to withstand the undesirable aspects of modernity, including sexual licence and alien cultures. There was a strong alignment of views between church and State, resulting in legislation against contraception, divorce, censorship of cinema and publications that was bolstered by church sermons denouncing

sexual immorality and the evils of modern society. Priests who denounced a man or woman who was responsible for an extra-marital pregnancy were reinforcing wider social concerns with family lineage and the respectability of a community. It should be noted that, while there is evidence of such denunciations, they were not as common as is sometimes suggested.

Infant mortality

47. Although the first report of the registrar general of the Irish Free State highlighted the appalling excess mortality of children born to unmarried mothers and subsequent DLGPH reports noted the fact, there is little evidence that politicians or the public were concerned about these children. No publicity was given to the fact that in some years during the 1930s and 1940s, over 40% of 'illegitimate' children were dying before their first birthday in mother and baby homes. The high level of infant mortality in the Tuam Children's Home did not feature at meetings of Galway county council, though Tuam was under the control of the local authority and it held meetings in the Children's Home. The Bethany management board could describe health in the home as 'excellent', despite the minutes of the same meeting recording the deaths of a number of children. In wartime Birmingham the local authority introduced targeted measures to reduce infant mortality among 'illegitimate' infants and the death rate fell below the average for all infants in the municipality. But such action required public acknowledgement that these children existed and a commitment to promoting their well-being. There is little evidence of similar concerns within Irish society; the children of Irish unmarried mothers were hidden from the public gaze. Infant mortality in general remained high in Ireland until the late 1940s, especially in the inner cities, yet there was no national outcry about this, except among a small number of medical professionals.

Distinctive features of Irish institutions

48. Mother and baby homes were not unique to Ireland; in fact, Ireland was a latecomer but they did remain in existence for longer than other countries. Some features were distinctive. Irish homes were much larger. Scottish mother and baby homes ranged in size from 18 to 30 beds; in 1969 the modal size of the 22 mother and baby homes in the Netherlands was between ten and 19 places for mother and baby. British homes in the late 1960s accommodated an average of 13 women. The average number of women in Sean Ross and Castlepollard in the early 1950s was 140 or higher and the large size inevitably meant that Irish mother and baby homes were impersonal and highly regimented. It was common practice

for mother and baby homes in other countries to require that women remain for a designated period following the birth of their child - because it was believed that women who parted with their child very shortly after birth were at danger of a second pregnancy. But only in Ireland was it widely stated that women should remain for two years (in practice, as is set out below, relatively few stayed for two years).

Religious involvement

49. Most mother and baby homes in other countries were run by religious organisations and the religious salvation of mothers and children was central to their mission. In nineteenth-century Ireland there was intense competition between religious denominations to save the souls of orphaned, abandoned and destitute children including the children of unmarried mothers and this continued into the twentieth century. There were a number of charities whose mission was to 'rescue' Catholic children and bring them up as Protestants. Many Catholic charities such as St Patrick's Guild, the Catholic Protection and Rescue Society of Ireland, the Rotunda Girls' Aid Society and the Catholic Women's Aid Society (based in Cork) were established to counteract this. Such denominational rivalry was not unique to Ireland but it appears to have persisted for a longer time than elsewhere; it impacted on Irish mother and baby homes until the 1940s. The main motivation behind the British and Irish Catholic charities who were involved in repatriating Irish women from Britain, either pregnant or with their new-born infant, was to prevent these children being 'lost' to Catholicism through adoption into Protestant families. Concerns, however-far-fetched, that state-regulated adoption would result in Catholic children being adopted by parents of a different religion were a factor in delaying the introduction of legal adoption in Ireland until 1952. Ireland was the second-last country in western Europe to legislate for adoption. The Netherlands, where religious divisions were deeply entrenched, introduced legal adoption in 1956.

D: A brief chronological narrative

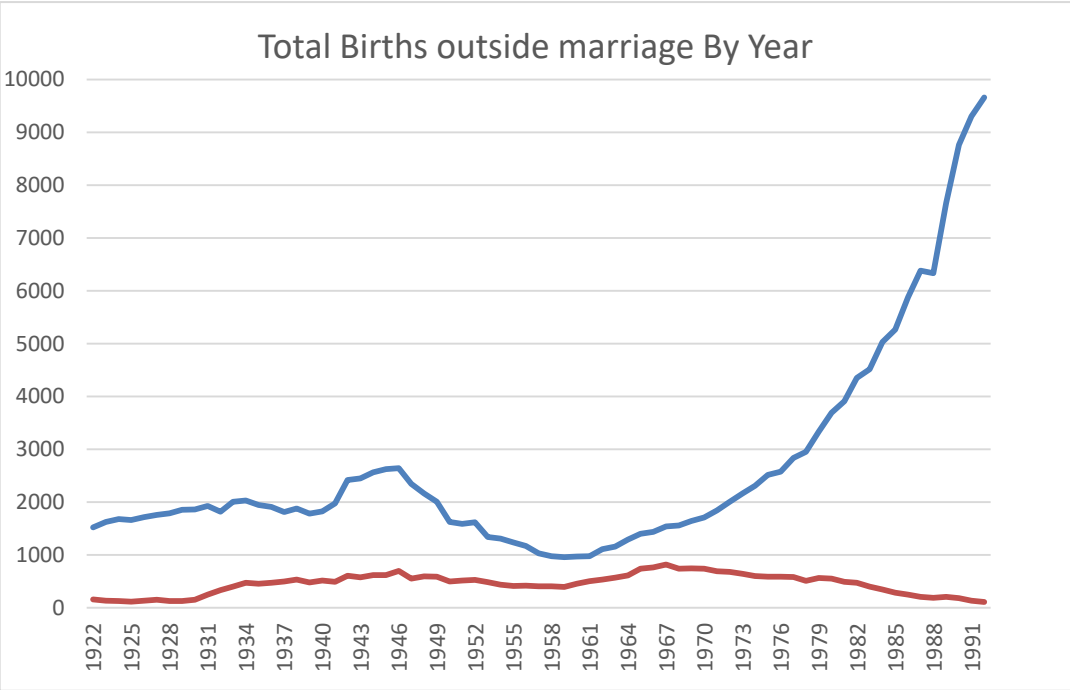
50. As already stated, mother and baby homes were not unique to Ireland; they were established later in Ireland than in other places. There were many Magdalen institutions and 'rescue' homes in nineteenth-century Ireland but they did not admit pregnant women or unmarried mothers who were accompanied by a child. The

Magdalen Asylum/Denny House was an exception. By 1900 mother and baby homes were found in all English-speaking countries, and similar institutions existed in Germany, the Netherlands and elsewhere. They were generally founded by religious communities/ charities and the early homes were run by Protestant charities. Catholics appear to have been slow to establish mother and baby homes, perhaps because members of female religious orders were precluded from involvement with childbirth.

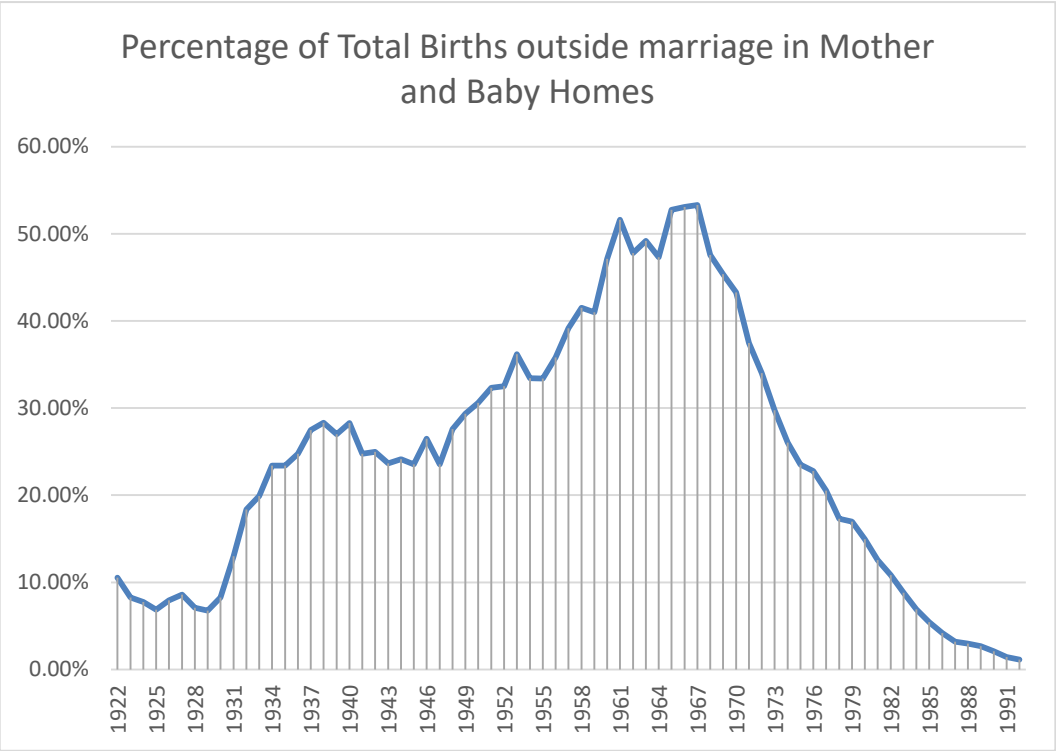
51. The stated primary mission of these homes was to promote reform and repentance though they also rescued destitute women from homelessness and life on the streets. It was widely believed that many first-time unmarried mothers became prostitutes and went on to give birth to additional 'illegitimate' children. If first-time mothers spent time in homes cut off from the world, carrying out domestic duties, being trained for future employment in domestic work, caring for their child, and spending time in prayer and other religious experiences, it was believed that they would avoid that danger.

52. The first proposal for mother and baby homes in Ireland came in the 1907 Vice-Regal Commission on the Irish Poor Law. At the time the workhouses were the only institutions providing for unmarried mothers. The Vice-Regal Commission suggested that unmarried mothers and their children should no longer be accommodated in workhouses but in dedicated mother and baby homes. These homes should be owned and run by religious organisations; alternatively they should be established by local authorities, who would place them under the control of a religious community. This became the template that was implemented by the Irish Free State.

53. The years of World War I and the immediate aftermath were marked by a rise in the rate of 'illegitimate' births in Ireland and elsewhere, though the rate of 'illegitimate' births in Ireland was among the lowest in Europe. The number of 'illegitimate' births rose slightly during the 1920s and 1930s and it increased more sharply during the years 1940-46 when it reached a peak. It fell quite sharply in the late 1940s and this decline continued until 1960 when the rate was 37% of the 1946 figure. The number of 'illegitimate' births began to rise after 1961 and continued to rise for the remainder of the century.



54. The chart shows the total number of 'illegitimate' births by year as recorded by the General Register Office (in blue) and the total number associated with mother and baby homes (in red). In the 1920s, 1930s and 1940s, less than one-third of 'illegitimate' births were associated with mother and baby homes. The proportion rose steadily during the 1950s even though the number of 'illegitimate' births fell sharply in this decade. In 1961, and in 1965, a majority of 'illegitimate' births were to women in mother and baby homes. Admissions remained high throughout the 1970s, though they accounted for a steadily declining proportion of 'illegitimate' births.



55. Mother and baby homes were established as part of the reforms to the poor law that were instituted after independence. The stated policy of the government was that unmarried mothers and their children should not remain in county homes (which were the successors to the workhouse), yet there were 450 unmarried mothers in county homes in March 1950. The number fell sharply over the next decade.

56. The motivation behind the creation of mother and baby homes was not clearly articulated, other than the fact that it removed the mothers and children from the county homes. It was believed that dedicated mother and baby homes could 'reform' first-time mothers, and prevent subsequent pregnancies. There was a strong opinion that first-time mothers should not come into contact with the mothers of more than one child who might be found in a county home. A DLGPH inspector suggested that mother and baby homes would reduce the incidence of infanticide and the number of women who were forced to resort to private nursing homes where they were financially exploited and their children placed, for a fee, in unsuitable foster homes. The first report of the registrar general of the Irish Free State had highlighted the fact that infant mortality among 'illegitimate' children was five times the national average, and while 'illegitimate' children in other countries

also suffered from excess infant mortality, no other country recorded such a high disparity.

57. Pelletstown was established as a mother and baby home in 1919. It was an integral part of the Dublin Union. It was owned and governed by the local health authority - the Dublin Board of Guardians initially and then its successors in title, ultimately the Eastern Health Board. A different model of mother and baby home was established in Bessborough in 1922. It was a private institution, owned and run by the Congregation of the Sacred Hearts of Jesus and Mary; it was purchased and equipped without public funding. The South Cork health authority transferred mothers and children to Bessborough and they paid the congregation a capitation rate for their care. This arrangement was implemented in 1922, at a time when a provisional government was in the process of creating the administrative systems for the new Irish Free State and fighting a civil war. There is no evidence that any member of government or an embryonic government department was consulted about this arrangement. But given that health and welfare services were the responsibility of local authorities, there is nothing untoward in that. The Bessborough model, where a local authority paid a capitation rate to a private mother and baby home, became the funding model which remained in place until the end of the twentieth century. The Bethany Home was founded in 1922 by a Protestant evangelical group. However, it did not seek public funding at that time.

58. During the 1920s two further local authority owned mother and baby homes opened - Kilrush and Tuam (which was initially based in Glenamaddy). Neither of these was exclusively a mother and baby home; they also housed unaccompanied children and Tuam housed homeless families. The three local authority homes were staffed by religious sisters. This was consistent with the practice in Irish workhouses before independence where many of the matrons and nursing staff were religious sisters.

59. A number of developments in the early 1930s ensured that the expansion of mother and baby homes took place in institutions that were privately-owned. The Department of Local Government and Public Health (DLGPH) asked the Congregation of the Sacred Hearts of Jesus and Mary to establish a second home. The senior inspector, Mrs Crofts, assisted the congregation in identifying a suitable location. In the early weeks of 1932, the Minister for Local Government and Public Health allocated money to Bessborough for capital improvements from the

Hospitals Trust Fund that was at his discretionary disposal. The *Public Hospitals Act 1933* listed mother and baby homes among the institutions that were eligible to apply for hospitals sweepstake money in future. When Pelletstown, Bessborough and Glenamaddy opened women were not admitted until after the birth of their child; Kilrush was the exception. By the mid-1930s however, most women entered a mother and baby home in the final stages of pregnancy and gave birth there. Capital funding from the Hospitals Trust Fund made it possible to construct and equip the maternity units and carry out other improvements to mother and baby homes.

60. The number of women entering mother and baby homes rose steadily in the 1930s. In the 1920s women who were maintained by a local authority had first to enter a county home before being transferred to Bessborough. By the end of the decade women were admitted directly removing the association with poor law institutions. The introduction of maternity services resulted in increased admissions and Bessborough began to admit private patients. Despite the opening of Sean Ross in 1931 and Castlepollard in 1935, both run by the Congregation of the Sacred Hearts, mother and baby homes were overcrowded by the mid-1930s.

61. Maternity units were added to mother and baby homes because unmarried mothers were not welcome in county hospitals. Galway county council determined that unmarried mothers should be excluded from the Central Hospital in Galway because their presence deterred 'respectable' married women from giving birth in the hospital. Unmarried mothers in Kilkenny were excluded from the county hospital and sent, regardless of distance, to give birth in the county home in Thomastown. However the Dublin maternity hospitals admitted unmarried women and appear to have given them similar care to married mothers.

62. The introduction of maternity units in mother and baby homes increased their medical/nursing responsibilities. The *Registration of Maternity Homes Act 1934* gave local authorities authority to license, inspect and regulate all hospitals and nursing homes where women gave birth or were cared for with their child following the birth. It also gave the DLGPH the right to inspect these institutions. This was the first time that a government department secured a role in overseeing privately-owned mother and baby homes. By 1939 a department inspector was expressing concern about the high rate of infant mortality in these homes. Infant mortality

rates peaked in most homes during the early and mid-1940s, coinciding with a national peak in infant mortality. 75% of the children born in Bessborough in 1943 died within the first year of life; 62% of children born that year in the Bethany Home died. The high rate of infant mortality raised serious questions about mother and baby homes: the large size, unqualified staff and inadequate staffing, poor management, and the limitations on the local and national authorities' willingness and capacity to implement reforms.

63. There is no evidence that unmarried mothers were ever discussed at Cabinet during the first 50 years after independence. Responsibility for unmarried mothers and their children was seen as resting with the local authorities. As described above, the relative roles and powers of the DLGPH and the local health authorities were never sufficiently clarified. In the late 1930s and the 1940s, DLGPH ministers and staff were aware of the major shortcomings in the mother and baby homes most especially the high rate of infant mortality. By the mid-1940s, ministers and senior department officials were involved in planning major reforms to health and welfare services; these reforms resulted in the establishment of separate Departments of Health and Social Welfare, and the drafting of a mother and child scheme. Yet with the exception of memoranda written by Miss Litster and submissions by the Joint Committee of Women's Societies and Social Workers, proposing alternative arrangements for supporting unmarried mothers and their children, there is no indication that consideration was given to effecting major changes to the existing provisions. Infant mortality fell sharply in the late 1940s in the mother and baby homes and nationally. This may have removed the motivation for major reforms, which would have involved fraught negotiations with religious congregations and members of the Catholic Hierarchy. There is no evidence of public concern being expressed about conditions in mother and baby homes or about the appalling mortality among the children born in these homes even though many of the facts were in the public domain.

64. The introduction of legal adoption from 1953 removed one of the underlying problems facing Irish mother and baby homes - the long-term future of the children. By the 1960s most women placed their child for adoption and left a mother and baby home within a few months of giving birth. In 1967 the number of babies adopted was 97% of the number of 'illegitimate' births. These statistics dispel any myth that the 1960s brought major changes in family or societal attitudes or practices towards 'illegitimacy'.

65. There was little public discussion about unmarried mothers or mother and baby homes before the 1960s. Stories began to appear in newspapers and magazines in the 1960s. In the late 1960s, Ally began to provide family placements for pregnant single women, as an alternative to mother and baby homes. The 1970 Kilkenny Conference on the Unmarried Parent indicated that change was underway. Cherish was founded in 1972 as a support organisation for unmarried mothers which was run by the mothers. It provided both practical and psychological supports for women especially those who wished to raise their child. A growing number of single women no longer concealed their pregnancy and were determined to raise their child, though the difficulties that unmarried mothers continued to face in the 1970s and 1980s cannot be understated. By the 1970s however the Catholic church was more sympathetic towards unmarried mothers than in earlier times, because a growing number of single Irish pregnant women were opting to have abortions in Britain.

66. The introduction of Unmarried Mother's Allowance in 1973 passed without comment by any TD in Dáil Éireann, other than the Parliamentary Secretary to the Minister for Health and Social Welfare, Frank Cluskey who was introducing the legislation, and it attracted no attention in local or national newspapers. This silence suggests public uncertainty about the appropriate response - an unwillingness to either praise or criticise this new welfare payment. It was not until the tragic death of Ann Lovett in 1984 that there is evidence of extensive public commentary on unmarried motherhood, and serious questioning of Irish attitudes. Ireland was not unique in the 1970s or 1980s in its ambivalence towards single parents and the merits of providing them with state benefits; public criticism in Ireland was probably less vehement than among right-wing groups elsewhere. The enactment of the 8th Amendment to the Constitution in 1983, which guaranteed the right to life of the unborn, and the widespread attention given to the large numbers of single Irish women travelling to England for abortions, may have resulted in more tolerant attitudes.

67. The number of births to unmarried mothers doubled between 1971 and 1980. In 1980 a total of 552 babies were born to women who were in mother and baby homes. This figure was higher than the 498 born in these homes in 1950 or the 456 babies born in 1960. The numbers only began to fall in the 1980s. Mother and baby homes closed, down-sized, or were replaced by flatlets and hostels. In 1971, the number of adoption orders was 71% of the number of 'illegitimate' births;

by 1980 this had fallen to 37%, and to less than 9% by 1990. By the late 1990s most adoption orders in Ireland were family adoptions, or adoptions of foreign-born children.

68. By the 1970s unmarried mothers and their children in other western European countries were viewed as part of a wider cohort of one-parent families. The continuing compartmentalisation of unmarried mothers in Ireland - which lasted until the end of the century - reflected the constitutional prohibition on divorce and a failure to recognise broader categories of single parenthood, such as extra-marital births to married or deserted women, and births to married women who were divorced or separated. The status of 'illegitimacy' was not abolished until 1987. A married woman, who gave birth to an extra-marital child, faced particularly difficult circumstances. The *Adoption Act 1952* applied only to 'illegitimate' children and orphans; unless a woman's husband testified that he was not the father, extra-marital children could not be adopted. Some were transferred to Nazareth Home in Fahan, Donegal from where they were sent to Northern Ireland where such adoptions were legal.

69. The women in mother and baby homes in the closing decades of the century remained for a much shorter time; they were generally free to come and go as they pleased, to meet friends or family, including boyfriends or spend weekends away, and visitors were encouraged. Almost all the work was carried out by paid staff. There was a transition from institutional care to supported accommodation in flatlets where women were encouraged to be independent. The first of these developments, Miss Carr's Flatlets opened in 1972. Women in Dunboyne were tutored for State examinations; this enabled them to continue with their education at a time when most schools either excluded pregnant students and new mothers or certainly did not encourage them to attend. Women in Bessborough attended state-funded training courses. Denny House assisted women in learning to care for their child; it supported women with mental illness or addiction problems and women with difficult personal or family circumstances. The Commission believes that the flatlets and homes that survived in the 1980s and 1990s provided important supports for single mothers, who had specific medical or social needs that could not be met within the community, because of continuing prejudice or hostility on the part of families and the wider society.

E: The distinctive features of the institutions

70. As already stated, even though there was a lot in common between the institutions under investigation, there were also distinct differences. The following provides a very brief summary of the distinctive elements of each institution:

Dublin Union/St Patrick's Navan Road/Pelletstown/Eglinton House 1919 - 1998

71. ***The people***: 15,382 women and 18,829 children; it was not exclusively a mother and baby home as it also housed unaccompanied children; 5,888 children entered unaccompanied and many others stayed after their mother left. Initially, the unaccompanied children were foundlings and children who were abandoned, neglected or homeless. Later, it also admitted children with serious physical or intellectual disabilities and children who discharged from hospital with untreatable conditions. Many of the unaccompanied children were the children of married couples.

72. Before 1935, women were admitted to the Dublin Union and gave birth there before being transferred to Pelletstown. A maternity hospital opened in Pelletstown in 1935 and women entered directly. It was not restricted to first-time mothers; almost 30% of the women for whom this information is available were pregnant for a second or subsequent time.

73. ***Length of stay***: The length of stay for mothers changed considerably over time but, apart from a few years in the 1940s, the average was always less than a year and less than six months from the early 1960s onwards.

74. ***Premises/Living conditions***: Pelletstown itself was an institutional building with large dormitories and large children's nurseries. Although improvements were gradually carried out, facilities were inadequate. In 1950 there were only four lavatories for 140 resident women. In 1966, women were sleeping in dormitories with 52 and 30 beds respectively that offered no privacy although plans were underway to divide them into cubicles. It closed in 1985. Eglinton House was a large house which catered for about 15 mothers and children and had good facilities.

75. ***Governance***: It was owned and financed by the Dublin Board of Guardians and its successors - ultimately the Eastern Health Board. It was run by the Daughters of Charity who were salaried local authority employees as were the lay nurses and other staff.

76. ***Infant Deaths***: 3,615 children died; 78% of deaths occurred between 1920 and 1942. Pelletstown is unique in not recording a peak in mortality during the 1940s despite the record infant mortality in Dublin city during these years. In the years 1943-45 infant mortality in Pelletstown was 14.8%, which was substantially lower than other mother and baby homes. Some of the children who were in Pelletstown were there because they were seriously ill and there nothing further could be done for them in the children's hospitals.

77. ***Burials*****:** The burials of the children who died are properly recorded in Glasnevin Cemetery.

Belmont Flatlets 1980- 2001

78. This was not a traditional mother and baby home but rather hostel type short-term accommodation for a small number of women and children, about nine or ten at any one time. It was opened by the Daughters of Charity who ran Pelletstown and was financially supported by the Eastern Health Board. The women lived independently but did get support from social workers and public health nurses.

Children's Home Tuam (originally Glenamaddy) 1921- 1961

79. ***The People***: 2,219 women and 3,251 children; it was not exclusively a mother and baby home as it also accommodated unaccompanied children of married couples and widow(ers) whose parent was unable to care for them and married women or widows with children who were homeless or destitute. There were always large numbers of unaccompanied children; in 1943 there was an average of 258 resident children and 53 mothers. Almost all the women and children were from Galway and Mayo.

80. Before 1935, when a maternity unit was opened in Tuam, women gave birth in the Central Hospital in Galway. Medical care was provided by a local dispensary doctor, who was in his late 80s when he retired in 1951, and a dispensary midwife. This was similar to the care available to a woman having a home birth.

81. ***Length of stay*:** Women remained in Tuam on average for less than a year. Some children remained up to the age of six or seven years.

82. ***Premises***: Both Glenamaddy and Tuam were former workhouses and the physical conditions were dire. Galway county council failed to properly maintain, much less improve, the conditions. In 1959, Tuam's physical condition was much worse than that of the county home in Loughrea even though conditions in county homes were generally much worse than in mother and baby homes.

83. ***Governance***: it was owned and controlled by Galway county council, which made all the major decisions, and run on a day-to-day basis by the Sisters of Bon Secours who were not salaried employees. The local authority paid a capitation rate for mothers and children, and a salary to the chaplain, the attending medical officer and an external midwife; other staff costs were paid by the Sisters. The local authority was responsible for maintenance and improvements.

84. ***Child deaths***: 978 children who were in Tuam or Glenamaddy died; 80% were under a year, and 67% were aged between one and six months. Three-quarters of the deaths happened in the 1930s and 1940s; the worst years were 1943-1947.

85. ***Burials***: No register of burials was kept and it is likely that most of the children who died in Tuam are buried inappropriately in the grounds of the institution.

Kilrush 1922 - 1932

86. ***The people***: The exact numbers are not known but the Commission estimates that there were between 300 and 400 unmarried mothers and a much larger number of children in the Clare County Nursery in Kilrush. It accommodated a number of unaccompanied children including children of school-going age.

87. ***The premises***: It was a former workhouse and was even worse than Tuam. It had no running water, baths or indoor toilets.

88. ***Governance*:** It was owned and governed by Clare county council. From 1922 to 1928 it was run by the Congregation of the Sisters of Mercy, who had been employed in the former workhouse. They left when the Department of Local Government and Public Health refused to approve the appointment of a Mercy sister as matron because she lacked a nursing qualification. From 1928 until 1932

it was run by lay staff. All the lay staff were local authority employees as were three of the four religious sisters who were in the home in 1928.

89. ***Child Deaths***: The numbers are not known but the medical officer described the death rate in 1927 as appalling.

Bessborough 1922 - 1998

90. ***The people***: 9,768 women and 8,938 children; between 1933 and 1944, 30% of the women were private patients who were not financed by a local authority. The number of women admitted increased by 25% in the 1940s, when there was a sharp rise in 'illegitimate' births.

91. In 1930 Bessborough opened a small maternity unit. This was replaced in 1933 by a 26 bed maternity hospital which was funded by the Hospitals Trust. Admissions rose sharply following the opening of the maternity hospital. It was overcrowded in the 1940s; it failed to isolate infected cases and screen incoming patients.

92. ***Length of stay***: The average length of stay varied very widely over time. The average is somewhat distorted by the fact that women whose children died left immediately after the death and private patients did not stay as long as public patients. The very lengthy stays were generally before the 1960s. Those admitted in 1950 stayed on average for about a year; this had decreased to nine months for those admitted in 1960 and to about three months for those admitted from 1970 onwards.

93. ***Premises/Living conditions***: It was a large Georgian house initially on over 200 acres of land. Until the 1970s living conditions were basic and institutional but much better than county homes. Dormitories and nurseries were large and there was no privacy but it did have running water, bathrooms and central heating. The large dormitories were replaced by cubicles and bedrooms in the 1970s.

94. ***Governance***: It was owned and run by the Congregation of the Sacred Hearts of Jesus and Mary. It was financed by capitation payments from the local health authorities and received capital funding from the Hospitals Trust Fund. Some residents were private patients. In the 1940s in particular, there was a shortage of qualified nurses and midwives and the religious sister who was in charge was incompetent. Although it was closed to women and children who were supported

by local authorities in 1944, it continued to admit private patients and many of their children died. The evidence suggests that the Cork local health authorities did not properly monitor Bessborough and did not take appropriate action when it became aware of the very high rate of infant mortality. The bishop and the congregation resisted implementing the changes demanded by the DLGPH for some years.

95. ***Child deaths***: 923 children who were associated with Bessborough died. In 1934, it had the highest recorded infant mortality rate among mother and baby homes. Infant mortality reached even higher levels in the early 1940s. In 1943 three out of every four children born in Bessborough died. Although only 9% of the babies were the children of private patients, they accounted for 21% of deaths. Private patients were leaving Bessborough without their child, shortly after giving birth, and it is evident that these children received inadequate care.

96. Infant mortality improved significantly from 1945. Private patients were no longer permitted to leave without their child; a visiting medical officer, a new matron and additional nursing staff were appointed; penicillin became available. More bathrooms and washrooms were provided. Overcrowding eased with the falling number of 'illegitimate' births in the late 1940s, and this continued into the 1950s.

97. ***Burials***: Bessborough failed to keep a register of infant burials and the burial location of the majority of children who died there is still unknown.

Sean Ross 1931 - 1969

98. ***The people*****:** 6,414 women and 6,079 children.

99. ***Length of stay*****:** The length of stay varied considerably over time. It remained high (but generally less than two years on average) until the 1950s and shortened dramatically from 1961.

100. ***Living conditions***: It was located in a large country house. The Hospitals Trust Fund provided capital funding for a dedicated maternity hospital and increased accommodation including a nursery block. However the buildings were not connected; access to the maternity hospital was through the farm yard. It became overcrowded shortly after it opened. The maternity unit lacked basic equipment. Other parts of the home were renovated in the early 1950s; they included a new recreation hall for mothers.

101. Sean Ross experienced several outbreaks of diphtheria during the 1930s and 1940s (this did not happen in other homes). Diphtheria was the leading cause of death in 1936 and 1937. Mothers and children were treated in the local authority fever hospital in Roscrea, which relied on Sean Ross mothers to carry out some of the nursing duties without payment. Many children who died became ill shortly after their mother returned from nursing duties in the fever hospital and it is probable that mothers transmitted the infection to their children. This pattern can be identified until 1945. In 1944 Sean Ross experienced a major epidemic of typhoid; on this occasion a fever unit was created within the home. The cause of the outbreak was not identified. Four women died of typhoid in Sean Ross, and three women who had been transferred to other hospitals also died. The appointment of a new medical officer appears to have resulted in improvements in health and mortality from 1945.

102. ***Governance***: Like Bessborough, it was owned and run by the Congregation of the Sacred Hearts of Jesus and Mary and it followed a similar model.

103. ***Infant deaths***: A total of 1,090 of the 6,079 babies, who were born or admitted died; 79% of the deaths occurred between the years 1932 and 1947. The worst years were 1936 and 1942. Within two years of Sean Ross opening the congregation acknowledged that there was a 'problem' with the high rate of infant mortality, and they sent a Sister from Liverpool to investigate the cause.

104. ***Burials*****:** Registers of burials were not maintained. There is a designated burial ground and the Commission has established that the coffined remains of some children under the age of one are buried there.

Castlepollard 1935 - 1971

105. ***The people***: 4,972 women and 4,559 children.

106. ***Length of stay***: The length of stay varied considerably over time. In the period 1947 to 1959 it was 304 days on average and decreased dramatically during the 1960s.

107. ***Premises/living conditions***: It was located in a large period house at Castlepollard. A maternity hospital which was financed by the Hospitals Trust Fund was opened in 1942; it included accommodation for mothers and children.

By 1937 it was grossly overcrowded and the overcrowding worsened subsequently. By 1941, women and their older children were sleeping in unheated lofts above the stables some distance from the main house. There was one toilet for 44 women and no space to store clothing or personal belongings. Women had no space for recreation and there was no space in the nurseries for children to play.

108. Castlepollard continued to exceed the specified accommodation limits until the early 1950s. Although central heating was installed in the new hospital unit it was not used for some years because the home, which had its own generator, was supplying electricity to the town of Castlepollard. The town generating station was destroyed in 1941; this continued until 1948.

109. ***Governance***: Like Bessborough, it was owned and run by the Congregation of the Sacred Hearts of Jesus and Mary and it followed a similar model.

110. ***Infant deaths***: A total of 247 children died in Castlepollard; 60% of deaths were in the 1940s. The peak year was 1940 when the home was grossly overcrowded; mortality was also high in the years 1944-47 but it fell sharply thereafter. In the worst year, 1940, infant mortality in Castlepollard was 26%; this was approximately half the peak figure in Sean Ross, 50%, and one-third the peak mortality in Bessborough at 75%. Approximately 10% of Castlepollard mothers were private patients, but in contrast to Bessborough, the mortality of the infants of private patients were well below the average for the home, probably because the mothers were not permitted to leave without their child. The peaks in infant mortality occurred when the home was most overcrowded.

111. ***Burials:*** No register of burials was maintained but it seems likely that most of the children who died are buried in the designated burial ground.

Regina Coeli 1930 - 1998

112. ***The people***: 5,631 mothers and 5,434 children; other women who are not within the Commission's Terms of reference were also there. It was designed to provide accommodation for destitute and homeless women. It was not designed as a mother and baby home, but pregnant single women, and unmarried mothers with their children began to seek admission. Until the 1970s it was the only place that supported unmarried mothers who wished to raise their child. Women were

referred by social workers in Dublin maternity hospitals. The DLGPH used it as short-term emergency accommodation for pregnant women who had arrived from the country or from England pending their transfer to a mother and baby home. It did not distinguish between first-time mothers and women on a second or subsequent pregnancy. It accommodated women with mental illness, and women who had been involved with crime who might not have been accepted in the private mother and baby homes. Women who had the means to pay for a private nursing home were not admitted.

113. Women and children in Regina Coeli did not receive state support. Mothers were encouraged to work as servants in private homes and in nearby hospitals and other institutions. Most of the work in the hostel was carried out by volunteer members of the Legion, assisted by women who were not working externally. One of the core principles was that no services should be provided free of charge: women paid a modest sum for their meals and 1s a week for their children.

114. ***Length of stay***: Some women stayed for only one or two nights. Many remained for several years, and others entered and left on several occasions. A woman who arrived in 1953 stayed for ten years with her two children. A woman who was admitted in 1955 gave birth to six children during the course of a 15-year stay.

115. ***Governance***: It was run by the Legion of Mary which is a voluntary organisation. It got no regular State funding.

116. ***Premises/Living conditions***: It was located in North Great Brunswick Street, in part of the former North Dublin Union workhouse. Most women gave birth in the nearby Rotunda hospital. It was never registered under the *Registration of Maternity Homes Act 1934*, even though it should have been. There were regular outbreaks of infectious disease among mothers and children. This was not surprising, given that Regina Coeli admitted destitute, often homeless women and children, and sanitary facilities were primitive. No efforts were made to isolate new arrivals until the mid-1940s. Public health doctors and nurses, visited the hostel, and temporary nurses were appointed to cope with outbreaks of infectious disease. It operated on the principle that all staff should be volunteers, so medical care was provided by the local dispensary doctor, which the Dublin medical officer of health regarded as unsatisfactory.

117. ***Funding***: In 1950, the Hospitals Trust Fund provided funding to improve the accommodation for unmarried mothers and children. Most of the money was spent providing 'family units' for mothers with older children. These consisted of six cubicle bedrooms, each for a mother and her child(ren), plus a common room and an open fire place for 'cooking' and nearby sanitary facilities. The plan was that five women would go out to work, and one mother would mind the children. However, this former workhouse required much greater investment; in 1956 a staircase collapsed injuring a Legion volunteer. In 1963 the hostel was condemned by Dublin Corporation as structurally unsafe. They recommended that it should close, with residents moving to a former sanatorium in county Dublin. Regina Coeli survived thanks to the support of Minister for Health Seán MacEntee; part of the building was demolished, residents were accommodated in chalets. A major reconstruction was eventually completed in the late 1970s, funded by the Eastern Health Board.

118. ***Deaths***: A total of 734 children died; the peak in infant and child morality was in the early 1940s, coinciding with a peak in infant mortality in Dublin city; 68% of the children's deaths were in the 1940s; over 91% of deaths took place before 1950. A 1948 report claimed that infant mortality was three times the rate in Pelletstown and the hostel lacked 'almost every proper facility in regard to both nursing and structure'.

119. ***Burials***: The Commission has not investigated the burial arrangements as the children died in many different locations.

Dunboyne 1955 - 1991

120. ***The people***: 3,156 mothers and 1,148 children; the children were almost all born in Holles Street hospital. It was initially designed for women on second or subsequent pregnancies but the vast majority were first-time mothers. By the late 1980s, 58% of the women were teenagers; roughly one-quarter were students. In 1980 it was designated as a centre for intermediate and leaving certificate exams. Classes were provided by a team of part-time teachers, who were paid by the local vocational education committee.

121. ***Length of stay*****:** Like the other institutions, the length of stay varied over time. Women admitted to Dunboyne in the 1950s spent 383 day on average there; women admitted in the 1970s were there for 85 days on average. In later years,

some women did not return to Dunboyne after giving birth. At this time, children generally were placed with adoption societies or foster parents direct from the hospital and spent no time in Dunboyne.

122. ***Premises/Living conditions***: It was located in Dunboyne Castle. The facilities were very good. It had adequate sanitary arrangements and central heating. It had better facilities than the average Irish home when it opened. An extension financed by the Sisters was opened in 1963. Women slept in shared bedrooms; there were ample bathrooms and wash-basins, all laundry other than personal clothing was sent to a commercial laundry. It had reception rooms for visitors, a television room, a smoking room, and a room with a record player. Although capitation payments were higher than in other homes, spending generally exceeded income.

123. ***Governance***: It was bought and fitted out by a number of county councils of which Meath was the lead. It was leased to and run by the Sisters of the Good Shepherd. It was financed by capitation payments from the local authorities; these were always at a higher rate than was paid to the Sacred Heart homes.

124. ***Child deaths***: A total of 37 children born to Dunboyne mothers died; two-thirds of the deaths were in a maternity hospital and the others were mainly in children's hospitals.

Bethany 1922 - 1971

125. ***The people*****:** 1,584 women and 1,376 children. Bethany was an amalgam of two charities, one providing for female ex-prisoners and a rescue home for women. Both charities were associated with the Church of Ireland but they admitted women of all religions. Bethany's main mission was as a mother and baby home but it continued to admit a number of women who were 'rescued' on the streets, and it was a place of custody for Protestant women, including women who had committed infanticide; 113 of the 1,584 women in Bethany were neither pregnant nor recent mothers. A total of 419 women, 27% of total admissions were Catholics. In the 1920s and 1930s they constituted over 45% of mothers. Bethany accepted women who were pregnant for a second time, provided that they had not been admitted on a previous pregnancy; 20% of the women were pregnant for a second or subsequent time, which may be an under-estimate because the data are incomplete. It ceased to take in Catholic women in 1940.

126. ***Length of stay***: The average length of stay was 154 days; this fluctuated between 300 days on average for women admitted in 1953 to 62 days on average for women admitted in 1969.

127. ***Premises/Living conditions***: Initially it was located in Blackhall Place in the north-inner city. It moved to Orwell Road, Rathgar in 1933. The accommodation in Blackhall Place appears to have been inadequate. The Orwell Road premises was a 6,000 square feet detached house on an acre of grounds in Rathgar. Improvements were carried out including converting the adjoining stables. Initially this was used as a separate institution that accommodated older children; in the late 1930s it became the women's dormitory. In 1935 Bethany had four wards, with a total of 25 beds, but one four-bed ward constituted the maternity unit. There appear to have been ample baths and toilets.

128. It was consistently short-staffed, and very reliant on voluntary workers. Throughout its existence Bethany found it difficult to recruit and retain qualified midwives and nurses. Medical care was supplied on a voluntary basis by a visiting doctor who was voted an annual honorarium of £10. It is unclear how often he visited. In 1936, it was described as overcrowded and there was inadequate medical and nursing staff. The decision to no longer admit Catholic women meant that it was less over-crowded than the other mother and baby homes in the 1940s. Throughout most of the 1950s there were fewer than ten women resident at any time, and that trend continued in the 1960s. There was a high incidence of infectious disease, including gastro-enteritis.

129. ***Governance***: It was run by a board of trustees, and governance was overseen by monthly meetings of the management board. Meetings opened with a 'season of prayer' and closed with a prayer. The Plymouth Brethren, an evangelical Protestant church founded in the nineteenth century, and the Irish Church Missions to the Roman Catholics, which sought to convert Roman Catholics to Protestantism, were prominent in the running of Bethany. Despite frequent protests to the contrary, those in charge often sought to convert the mothers to their beliefs.

130. Bethany did not seek or receive public funding in the 1920s or 1930s. The income came from investments, legacies, donations and proceeds of sales of work. Bethany sought financial support from the parents and local clergyman of the

women who were admitted, but it is unclear how much they were able or willing to pay. The home was in financial difficulties for most of its existence, though it often received short-term relief from a legacy or sales of stocks and shares. In 1944 Bethany applied to the DLGPH for financial assistance. In 1943 Monaghan county council secured permission from the DLGPH to maintain women and children in Bethany on a similar basis to women in the Sacred Heart homes but only a minority of Bethany women appear to have applied to their local authorities for maintenance. In 1949, the Department of Health informed Bethany that it was eligible for reimbursement under the expanded Maternity and Child Welfare scheme, which covered 50% of approved expenditure on maintaining mothers and children.

131. ***Infant deaths***: A total of 262 children associated with Bethany died; 61% of child deaths occurred between 1937 and 1947.

132. ***Burials*****:** The burials of Bethany children are properly recorded in Mount Jerome cemetery.

Denny House (formerly the Magdalen Asylum) 1765 - 1994

133. ***The people***: 1,416 mothers and 1,134 children between 1922 and 1994. The largest number was in the 1980s. Before 1980, it admitted single Protestant women who were pregnant for the first time. In 1980, it started to admit women of all religions and separated, deserted, or recently widowed women and their children. The name was changed from the Magdalen Asylum to Denny House.

134. ***Length of stay***: In the early years the average length of stay was less than one year; women admitted in 1959 spent 86 days on average there; this had decreased to 41 days for women admitted in 1983.

135. ***Premises/living conditions***: It was originally in Leeson Street and moved to Eglinton Road in 1959. Religion had a prominent place - the matron conducted daily prayers; mothers were 'churched'; there were bible classes, hymn-singing sessions and a chaplain paid regular visits. In the 1960s a chapel was erected beside the new residence in Donnybrook.

136. There is no indication that Denny House was overcrowded at any time, in contrast to other mother and baby homes. The small numbers meant that Denny House

was less regimented than other homes; in the 1950s women went shopping, to the cinema, the Gaiety pantomime, and religious services. Denny House was also much better staffed than other homes, though women were expected to carry out some domestic chores.

137. From 1980 Denny accommodated women who needed support in parenting their child; mothers and babies awaiting longer-term accommodation; women who were sorting out their relationship with their parents or the father of their child, and women with addiction or mental health issues. A voluntary social worker and Eastern Health Board social workers supported the women.

138. ***Governance***: The Magdalen Asylum was overseen by guardians and governesses. The guardians and associate guardians/governesses included the Church of Ireland archbishop of Dublin and on occasion his wife, plus prominent Dublin doctors, including leading paediatricians and gynaecologists. It received funding under the Maternity and Child Welfare scheme which covered 50% of the cost of maintaining mothers and children. It was also funded by endowments, proceeds of charity sermons and fund-raising by members of the Mothers' Union and Church of Ireland parishes. Women appear to have made a contribution towards their maintenance, or their local parish made a contribution. In the 1950s a number of women were maintained by their local authority, and from the 1970s it secured funding from the Eastern Health Board.

139. ***Infant Deaths***: A total of 55 children died. Infant mortality was consistently lower than other mother and baby homes; mortality peaked in the years 1930-36. The small numbers resident was a factor in the low mortality; women were screened before admission and breast-feeding was almost universal.

Miss Carr's Flatlets 1972 - present

140. ***The people*****:** Approximately 180 mothers and 200 children in the period 1972-1998; it is still in operation. It was not a traditional mother and baby home. It provided hostel-type supported accommodation that aimed to enable unmarried mothers and deserted wives to raise their children. The goal was to encourage families to move to long-term independent housing.

141. ***Length of stay***: The average stay was approximately one year.

142. ***Premises/Living conditions*:** There were nine flatlets in a large house. The residents were expected to be self-supporting; many of the mothers would have qualified for Unmarried Mother's Allowance. Residents could avail of the nursery in Miss Carr's Children's Home at a cost of £3 a week.

143. ***Governance***: It was established by Miss Carr's Children's Home, a long-established Protestant children's home. Miss Carr's purchased a nearby house, having borrowed the necessary money, and they sought financial assistance from the Eastern Health Board. The Department of Health eventually approved this application on condition that the flatlets would be non-denominational. It was a private institution, run by a general committee.

The Castle 1982 - 2006

144. ***The people*:** 329 women and 64 accompanying children between 1982 and 1998. It was not a traditional mother and baby home but rather a supported hostel for women and children, designed to give women an opportunity to decide on their future and that of their babies.

145. Most women were referred by health boards or by CURA. They were from every part of Ireland, including Northern Ireland. Some had professional qualifications, some were students/schoolgirls; some had intellectual disabilities or mental health problems, and a number had deficient parenting skills. The babies were born in maternity hospitals - the majority in Letterkenny and Altnagelvin in Derry. Sometimes the babies came to the Caste with their mothers but more frequently, they went to St Mura's or to foster parents while their mothers made decisions about their future. Five babies died in the hospitals shortly after birth.

146. ***Governance***: It was established, funded and governed by the North Western Health Board (NWHB) and the Catholic dioceses of Raphoe and Derry. The staff were employed by the NWHB.

147. ***Premises/Living conditions***: The women had individual bedrooms with sufficient space for a child. Eating and living areas were communal, though women could cook if they wished. The women were visited regularly by social workers from the health board and CURA. People came and went as they pleased. Families and boyfriends visited and women frequently went away for weekends.

St Gerard's 1919 - 1939

148. ***The people***: The Commission knows very little about St Gerard's because it was unable to access its institutional records. It is likely that there were about 200 mothers and the same number of children there.

149. ***Governance***: It was run by St Patrick's Guild, a charity founded in 1911 to assist unmarried Catholic mothers by placing their children with Catholic families in order to prevent them being converted to Protestantism. St Patrick's Guild was also associated with Temple Hill Children's Hospital.

The County Homes

150. The county homes that were investigated by the Commission had many common features. They were located in former workhouses and they were under the control of the local authority. The day-to-day running of the county homes was largely carried out by religious orders. Unmarried mothers and their children constituted a minority of residents - the majority of residents were older or infirm people, or suffering from physical or mental disability or a mental illness. The physical conditions were generally very poor. The unmarried mothers often carried out the difficult work of looking after some of the other residents and, in general, they were not paid for this.

Cork County Home 1921 - 1960

151. ***The people***: 2,318 unmarried mothers and 2,408 children between 1921 and 1960. A number of the children were unaccompanied. Many had transferred from Bessborough prior to being boarded out by the local authority, others were sent to the county home by foster parents when the money paid by the child's mother had been exhausted, or when a foster family was no longer able or willing to keep a child. The nursery in the county home was overcrowded for most of the time; many children were of school-going age.

152. During the 1920s some women gave birth in the county home and were transferred to Bessborough with their child. Admissions of unmarried mothers peaked in 1926, and fell sharply from 1934, following the opening of a modern maternity unit in Bessborough. Admissions rose again from 1939 and remained high until 1948; 'illegitimate' births rose significantly in 1945 when Bessborough was closed to public patients.

153. In a number of cases where the children of women who had given birth in the county home were boarded out, their mothers remained in the home working as wardsmaids or kitchen staff, however in contrast to many other county homes they were paid.

154. ***The conditions***: In the 1920s the living conditions in this and all county homes were appalling. In 1921 the women ate their meals squatting on the floor. Most heating was by open fire. The food was often adulterated or unfit for consumption. Milk was watered and meat was of poor quality. No major improvements were carried out until the 1950s.

155. There are several reports of unmarried mothers being assaulted by 'inmates' who were drunk or suffering from mental illness. One woman, who had given birth to two babies, became pregnant apparently by a male 'inmate'; she was sent to a Magdalen laundry. A number of women 'absconded' leaving their baby behind; although the Gardaí were contacted, they do not appear to have returned the mothers.

156. ***Child deaths***: 545 children died, 93% were under one year. The death rate was high during the early and mid-1940s, but fell sharply from 1948. The most common cause of death was gastro-enteritis. Infection control would have been extremely difficult in an overcrowded institution, with poor sanitary facilities, that admitted children of various ages.

Stranorlar 1922 - 1964

157. ***The people***: 1,646 unmarried mothers and 1,777 children. One-quarter of women were admitted between 1942 and 1948, a time when the number of 'illegitimate' births increased and mother and baby homes were overcrowded. The number of women admitted fell throughout the 1950s. 98% of the women were Catholics, the remainder were almost equally divided between Church of Ireland and Presbyterians.

158. ***The conditions***: The conditions were very poor. In the early 1920s it was overcrowded and consideration was given to removing unmarried mothers and their infants to a disused workhouse in Ballyshannon. Water and sanitary services were inadequate with only two flush toilets. Most residents had to use outdoor

toilets that were described as 'bad and rather revolting'. There was no hot water in the operating theatre. Given these conditions it is not surprising that there were several outbreaks of typhoid. The diet was dominated by bread and tea, but the Minister for Local Government determined that it was too generous and the county home was informed that residents should receive three meals a day not four.

159. In 1935 the local medical officer discontinued admissions to the labour ward because it lacked a bathroom and running water. An inspection in the 1940s reported that there were no facilities to bathe children and arrangements for washing and drying clothing were poor. During the day children spent much of their time in a 'hut'. The first major improvements commenced in 1949. They included installing washing and sanitary facilities in the children's ward and a wash-hand basin in the labour ward. In 1952 the former fever hospital was renovated to accommodate unmarried mothers and their children.

160. Most of the work was carried out by the unmarried mothers, who were unpaid. The mothers of older children lived and slept in the main section of the county home and they could only see their children on Sundays; the administration believed that more frequent visits disrupted the routine and upset the children. In 1954 when plans were being drawn up to remove unmarried mothers and children from the county home, the matron objected that she would be unable to find replacement workers.

161. ***Child deaths***: 343 'illegitimate' children who were in Stranorlar died in infancy or early childhood. The death rate peaked in 1930 with an infant mortality rate of 42%; deaths were also high in the 1940s. Over 60% of deaths were attributed to pneumonia or bronchitis.

Thomastown 1922 - 1960

162. ***The people***: 970 pregnant women and 1,241 children. A number of the children were unaccompanied. In March 1960 there were 14 children in Thomastown, eight were 'illegitimate'. In 1963 there were two unmarried mothers and three children in the county home and there was an unmarried woman and her child in the home in 1966.

163. ***The conditions***: Living conditions were very poor. The nursery section was described as the worst part of the institution. In 1925, 58 infants were sleeping in

32 cots. There were no significant improvements for several decades. In 1946 there were only eight baths, 16 WC and 16 wash-hand basins for 250 men, women and children and the baths seldom had hot water. All the laundry was done by hand; there were no disinfecting facilities and there were no electric sockets, no heating and no sanitary equipment in the labour ward. In 1949 the Department of Health decided to defer installing central heating, in order to give priority to county hospitals and sanatoria.

164. Most of the domestic work was carried out by the unmarried mothers, without payment, and some women were not sent to Sean Ross or Bessborough because they were needed in the county home.

165. ***Child deaths***: 177 'illegitimate' children who were in Thomastown died in infancy or early childhood; 54% of the mothers who were in Thomastown experienced the death of at least one child; more than a quarter of these deaths happened outside the county home. Most of the older children had been placed at nurse by their mothers and were sent to the county home when payments ceased or the lump sum was exhausted; some of the nurse children who were admitted had broken bones. A DLGPH inspector described others as 'dying from neglect'.

F: Terms of Reference

The Terms of Reference require the Commission to address specific issues. Because of different availability of information and different practices in the institutions, it is difficult to provide summarised assessments. The following is an attempt to do so.

Entry Pathways

166. The information on the entry paths of mothers is incomplete. There is no information about 99% of the mothers admitted to Sean Ross, over 98% of the mothers admitted to Castlepollard and over 97% of the mothers who were admitted to Bethany. Women who were admitted to the county homes would have either approached a local assistance officer or arrived at the county home without advance notice.

167. The overwhelming majority of women in mother and baby homes were maintained by their local authority and they had to secure prior approval from the local

authority before they were admitted. In the 1920s, women who were admitted to Bessborough or to Pelletstown had first to enter the county home, or in the case of Pelletstown, the Dublin Union. Women were also transferred to Bessborough from other county homes following similar procedures. By the end of that decade women from the South Cork Health district were being admitted to Bessborough without entering the county home, if their admission was approved by a dispensary doctor, local official/councillor, or a priest, and though information is limited, this probably applied to women from other health areas.

168. Securing the sanction of a local authority to pay for her upkeep required that a woman or somebody acting on her behalf would contact local officials. Given the secrecy that surrounded the pregnancies of single women, and the low levels of mass education in Ireland at the time, many women or their families may not have known how to do this. There were no advice centres at this time. It was only at the end of the 1960s that the Department of Health approved a short leaflet informing pregnant single women where they could seek assistance.

169. In the 1940s and 1950s, if a woman had fled to England and had been repatriated, or had been working in Dublin, she might face difficulties in securing financial support from the local authority where she had formerly lived. County managers often disputed whether a particular woman should be maintained; local authorities disputed her address, how long she had been absent from the country. One of the most intrusive queries asked whether the infant had been conceived in county Kilkenny or in Laois. There was an element of discretion in a county manager's decision. Some local authorities carried out intrusive investigations into a woman's circumstances - or more specifically whether her family could afford to contribute to the cost of her maintenance in a mother and baby home. These investigations could seriously jeopardise her privacy, perhaps making her pregnancy known, not just to her immediate family but more widely.

170. Many distressed pregnant women travelled to Dublin seeking assistance and organisations such as the CPRSI often directed women to a mother and baby home, and they assisted her in securing financial support from her local authority, but at times it proved difficult to find a place in overcrowded mother and baby homes. Between the 1940s and the early 1960s more than 3,000 unmarried mothers contacted the Custom House - headquarters of the DLGPH, and later the Department of Health - seeking assistance, and the women inspectors had to

make several phone calls on their behalf - determining whether there was space in a particular home, which the woman was willing to enter, and securing the support of a local authority to maintain her. The woman had some choice as to which home provided that this was a first pregnancy and she was not a native of Galway or Mayo. Most women preferred to enter a home that was distant from her county of origin. Women who were natives of Galway or Mayo would be maintained only in Tuam. Some county managers insisted on admitting first-time mothers to the county home in order to ensure there was sufficient unpaid labour. There are several reports of women, who were given short-term accommodation in Regina Coeli and wished to remain there, rather than enter a mother and baby home, because they could smoke, make tea and come and go from the hostel.

171. In 1961 the CPRSI (the first port of call for many pregnant single women) reached an agreement with the City and County Managers' Association that they could make arrangements for women to be admitted to mother and baby homes without first having to contact the local authority to agree liability. The CPRSI was rightly enraged when officials in County Louth reneged on this arrangement and contacted the families of two pregnant women to check whether they could contribute to their maintenance. By the end of the decade mother and baby homes and some local authorities had agreed that a woman's name would not be recorded by the local authority; she would be given a number, and her identity would only be known to one person - commonly a social worker. This practice continued in later decades.

172. Women who were admitted as private patients could bypass these arrangements, though little information is available about their referral pathways. It is probable that doctors and clergy were involved.

173. The Commission has information about the referral pathway for 71% of the women who were in Denny House. The most common route was 'religious', presumably a clergyman. In the years 1920-59, two thirds of the women for whom information is available were referred by a clergyman. In the 1980s and 1990s 52% of referrals were by social workers with the balance coming from hospitals, voluntary organisations and the health boards.

174. The available statistics suggest that in the years 1920-60, clergy played a less important role in referring women to Bessborough than they did in Denny House.

In Bessborough, for the years 1922-60, the information that survives shows that one-third of the women were referred by a board of assistance. A further 19% were referred by a scheduled institution - this refers to institutions that are within the Commission's terms of reference; most of these women came from the Cork County Home or the Thomastown County Home; 15% were referred, and probably transferred from another county home, 13% were referred by their family, only 6% were referred by a priest or religious sister.

175. Referral pathways changed somewhat, following the introduction of legal adoption and the expansion in the number of social workers. From 1960 to 1998, information is available for almost 75% of the women admitted to Bessborough. The local authority/health boards accounted for almost 40% of referrals; 27% were referred by an adoption society, 13% by a social worker who was not attached to an adoption society, and 7% were referred by a voluntary organisation - the majority of these were referred by CURA, which was established in 1977 by the Catholic hierarchy to support women in crisis pregnancies. A total of 199 women are recorded as having self-referred, a sign of changing times.

176. Dunboyne is the only other mother and baby home for which substantial information about referrals is available. Dunboyne opened after the introduction of legal adoption and the most common referral pathway was an adoption society - 37% of the women. Over two-thirds of these referrals were from the CPRSI, with St Anne's Adoption Society in Cork accounting for 14%. However, one-third of the Dunboyne women were referred by a local authority/health authority and 13% by a voluntary organisation, which was usually CURA; 62 Dunboyne women self-referred. In the 1980s, over 40% of the referrals were by an adoption society, 20% from voluntary organisations, mainly CURA, and 25% by public assistance authorities.

Mothers' exit pathways

177. The surviving information relating to the mothers' exit pathways is also incomplete. Information is available for 59% of Bessborough women, 45% of the mothers who were in Castlepollard and almost 92% of the mothers who were in Sean Ross. A majority of the women in these three institutions are recorded as discharged to their home or to a private address. A total of 203 mothers from these three homes were recorded as going to a Sacred Heart placement, that is, work arranged by the

congregation. Given that the three homes accommodated over 21,000 women, the proportion is tiny; a further 1,984 women are recorded as being discharged to a situation or employment, that is, to a specific address or occupation, probably some form of domestic or institutional service; 1,280 of these women were in Sean Ross. These 'situations' may also have been arranged by the mother and baby home.

178. There is information on the exit pathways for 62% of the women who were in Bethany. The majority are recorded as going home or to a private address; 28% of those recorded went to a 'situation or employment', which may have been arranged by the Bethany authorities, though that is not stated. The destinations for Pelletstown women were not dissimilar with 26% going to a 'situation or employment'. The Pelletstown records show that the Sister in charge was frequently approached by people who were seeking domestic staff. Information about their geographical destination - whether they remained in Ireland or emigrated - is extremely limited and therefore does not bear analysis.

Magdalen laundries, Good Shepherd Convents

179. It has been suggested that many of the women in mother and baby homes were sent to Magdalen laundries when they were discharged. The McAleese report records that 313 women were sent to Magdalen laundries by mother and baby homes and adoption societies. An additional 349 women were sent from county and city homes though many of these were women who had not given birth. The institutional records analysed by the Commission record that 206 women who were in the three Sacred Heart homes were discharged to a Magdalen laundry or a Good Shepherd Convent. All except one of the 88 women from Bessborough, who were sent to a Magdalen laundry, were admitted before 1960. The number of women recorded as having been admitted to Magdalen laundries when they left the three Sacred Heart homes amounts to less than 1% of total admissions. For Pelletstown the figure is also less than 1%. A total of 20 women are recorded as transferring from Stranorlar to the Good Shepherd Convent in Derry; most of these women had multiple pregnancies. Given that there are only records relating to the exit pathways of 16% of Stranorlar mothers, this is probably an underestimate.

180. Information is available on the exit pathways for approximately 20% of the Tuam mothers. Fourteen women were discharged from Tuam directly to a Magdalen laundry. Institutional records relating to children who were in Tuam without their

mother show that a further 84 women were admitted to a Magdalen laundry at a later date. It is most likely that these women were on their second or subsequent pregnancy and, in line with Galway County Council policy, they were directed to enter a Magdalen laundry when they sought public assistance. In 13 other cases, children were admitted to Tuam unaccompanied while their mothers were admitted to a Magdalen laundry; these women had never been in the Tuam home. A further 22 women, all admitted to the Tuam home on second or subsequent pregnancies, were directed by Galway County Manager to seek admission to a Magdalen laundry; if they refused they were told to remove their child from the Tuam home. The Commission could not establish whether or not these women actually entered a Magdalen laundry. Four children born in or admitted to the Tuam home were subsequently admitted to a Magdalen laundry in their teens or in early adulthood.

181. Galway county council had a clear policy that women who gave birth to a second or subsequent child should be sent to a Magdalen laundry. The Commission has not seen evidence of a similar policy articulated by other local authorities. The more extensive evidence relating to Tuam (which exists because the children remained in Tuam for several years), suggests that many former residents of mother and baby homes were admitted to Magdalen laundries not directly from the mother and baby homes but at a later period in their lives, perhaps following the birth of a second child.

Length of Stay

182. It is commonly believed and has been widely stated on numerous occasions that women were required to remain in a mother and baby home for two years after the birth of their child. This was never a legal requirement although many women appear to have believed that it was. The motivation behind the two-year stay was both moral and pragmatic: a belief, that two years was sufficient time to 'reform' or 'rehabilitate' a woman. Many mother and baby homes in other countries required mothers to remain for a specified period but that was commonly for six or 12 months. In 1940 the length of stay in St Pelagia's Home in London, which was run by the Congregation of the Sacred Hearts of Jesus and Mary was reduced to six months. The fear of being required to remain in a home for two years was cited as a factor prompting women to go to England or to approach Protestant charities. Statements to this effect were made by Department of Health inspectors and by the CPRSI; both had extensive contact with pregnant women, so these statements should be treated seriously.

183. The length of time that women stayed in Irish mother and baby homes was linked to the provision of a long-term placement for the children, and the fact that legal adoption was not introduced until 1953. Unmarried mothers were legally responsible for their children. A mother could not leave a mother and baby home or a county home without taking her child or until long-term arrangements had been made for the child. Local authorities were unwilling to take responsibility for the children of unmarried mothers until they were at least two years old, and often older. During the Emergency years there was a shortage of foster homes (possibly because the payments to foster parents were not adequate) so children and mothers had to remain. Some women were required to remain in a county home, working without pay, in return for their child being boarded out by the local authority. There is evidence that in counties Wexford and Meath (and perhaps other counties), women who sought to leave the county home were presented with their child, who had been removed from a foster home, and told that they were responsible for the child's upkeep. Women in Tuam and Pelletstown were expected to stay for 12 months and there is evidence that a woman who wished to leave Tuam before that time was expected to pay for her child's upkeep. The average stay for women in Stranorlar and in the Cork county home was under one year for all decades, though a small proportion of women remained for several years.

184. The expectation of a two-year stay was associated with the three Sacred Heart homes. The statistics on a mother's length of stay are almost complete for the large mother and baby homes. They show that the two-year stay, which is widely cited as the norm, applied to only a minority of women. Less than 20% of the mothers in the three Sacred Heart homes remained for more than 700 days or approximately two years after giving birth. Overall, of the 46,671 women for whom the Commission has this information, less than 6% stayed for more than two years while 70% stayed for six months or less.

185. The small number of women who were admitted to Bessborough in the 1920s remained for an average of three years. Between 1929 and 1941, women on average remained for between 12 and 18 months. However this average conceals widespread variations in length of stay. A majority of women admitted in the 1930s left within six months of giving birth but almost a quarter (23%) remained for two years or longer. Bessborough had a substantial number of private patients who generally left without their baby within a couple of weeks of giving birth. Women

whose babies died left shortly afterwards and the appalling mortality in Bessborough in the early 1940s impacted significantly on the average length of stay. In the early 1940s, because of the number of private patients, and the high rate of infant mortality, the average length of stay for Bessborough mothers fell to six months. The contrast in length of stay between private and public patients continued in the 1950s, despite the ban on private patients leaving without their child. Private patients remained for an average of six weeks (before and after the birth); for public patients the figure was eleven months. With an increasing number of babies being adopted in the 1960s the length of stay for public patients fell sharply; by 1970 women remained for an average of one month after the birth.

186. There was also a wide variation in length of stay in Sean Ross. In the 1930s and 1940s, one-third of women left within 50 days of giving birth; by the 1950s over 40% left within 50 days. In the 1940s the average length of stay fluctuated between 300 and 400 days, and this continued into the 1950s; in 1955 the average stay for mothers was 369 days. It fell sharply in the late 1950s and throughout the 1960s. Private patients in Sean Ross also remained for a much shorter time than public patients; in the 1950s the figures were 65 days and 298 days respectively. Data for Castlepollard also show a major contrast between private and public patients; in the 1940s, they stayed for an average of 40 and 310 days respectively, and 31 and 297 in the 1950s. By the 1960s public patients were spending an average of four months in Castlepollard.

187. Between 1921 and 1950 women who were in Tuam/Glenamaddy remained for an average of 237 days; that increased in the 1950s to over 300 days. The increase probably reflects the fall in infant deaths; most women left almost immediately following the death of their child. Pelletstown, like Tuam did not retain women for two years. Between 1920 and 1942 the average length of stay fluctuated between 188 and 311 days. In 1943 and again in 1946 the average length of stay increased to 368 and 429 days respectively, for reasons that remain unclear. Between 1949 and 1958 women stayed for an average of 307 days. In the 1960s, as in other homes the average length of stay fell sharply.

188. Women who were admitted to Bethany remained for a shorter time; an average of 137 days in the 1920s, 155 in the 1930s and 164 days in the 1940s. The highest average length of stay, 212 days, was in the 1950s. The shorter stay for Bethany mothers compared with public patients in the Sacred Heart homes reflects the fact

that Bethany made arrangements for the placement of children; this was not the norm in the homes run by the Sacred Hearts congregation. Similar arrangements existed for the women who were in Denny House; however, their average length of stay was longer, except in the 1950s: 252 days on average in the 1920s, 194 in the 1930s, 231 in the 1940s and 144 in the 1950s. In the 1980s and 1990s when Denny House was caring for a very different cohort of mothers, the average stay was approximately two months.

189. Statistics on length of stay suggest that, despite frequent references to the two-year rule in the homes run by the Sacred Hearts congregation, and one year in Tuam and Pelletstown, there was no great difference in the average length of stay between the two types of mother and baby home. The average length of stay was much shorter in Bethany. Until the 1950s women remained in Denny for less time than in the Catholic mother and baby homes but longer than in Bethany.

190. The delay in introducing legal adoption explains why many Irish women spent such a long time in mother and baby homes. When adoption became widespread in the 1960s the average length of stay fell significantly and continued to fall in the 1970s. By the 1970s, mother and baby homes were conscious that a growing number of women were travelling to Britain for abortions, so they were under pressure to make life in a mother and baby home less onerous, including a shorter stay.

191. The statistics reveal a significant discrepancy between private and public patients. Private patients, or more probably their families, could afford to pay for a child to be placed at nurse, or as frequently happened in the 1940s, for the child to remain in Bessborough without their mother, under the auspices of the Catholic Women's Aid Society. However a majority of public patients left mother and baby homes within a year of the birth of their child. This suggests that the women or their family made financial arrangements for the long-term care of their child. A number of witnesses spoke of the Sisters being paid a sum of money to buy a mother's 'release'; this money was used to place her child 'at nurse', generally through an intermediary charitable society.

192. The longest stays were among women who lacked financial and personal support from their family that would enable them to make arrangements for their child. A number of women who were admitted to Bessborough in the 1920s remained there

for the rest of their lives. A Good Shepherd Sister, who worked in Dunboyne in the early 1960s and gave evidence to the Commission, stated that the small number of women who remained for two years were women who had been raised in institutions, such as industrial schools, and lacked family support. A number of contemporary references suggest that women whose child was being adopted in the USA had to remain for a longer period because children were not sent to the USA for adoption until they were over one year old. By the 1960s mothers of children with special needs were also at risk of having to remain for a longer period, because it proved more difficult to place their child.

Children length of stay and exit pathways

193. There were a number of distinct categories of unaccompanied children in the mother and baby homes within the Commission's remit. Pelletstown and Tuam admitted homeless and abandoned children and children whose parent(s) were unable to care for them - perhaps because of an illness or imprisonment; 71% of unaccompanied children in Tuam, where there is evidence of the child's status, were 'legitimate'. From the late 1950s, Pelletstown admitted substantial numbers of unaccompanied children who were suffering from serious illnesses. These children will be discussed below in the section on infant and child mortality and they will feature again in the section on discrimination.

194. A majority of children who were born in county homes left with their mother. However, county homes admitted children who were transferred from a mother and baby home preparatory to being boarded out. They also admitted children who had formerly been placed 'at nurse', that is, placed with a foster parent, either privately or by a charitable organisation, and had been brought to the county home when the money paid to the foster parent ceased, or the foster parent was no longer willing or able to care for the child. County homes also housed children who had been boarded out by a local authority, whose foster parents were no longer willing to keep the child or unable to do so - because of illness or death, and they also accommodated children with severe physical or intellectual disabilities, who were awaiting transfer to specialist institutions, and who might be children of married parents. Children who were found to have been neglected in either category of foster home also ended up in the county home. Such children were also admitted to Pelletstown and to Tuam. Some of these children were sent to industrial schools.

195. Almost half (47%) of the children in Bessborough were discharged on the same day as their mother; a further 27% were discharged before their mother; 21% remained in the home after their mother had left (many of these were the children of private patients); and 5% of children were admitted unaccompanied. Statistics for Sean Ross are similar, and again the distinction between the children of public and private patients is substantial. Over two thirds of the Sean Ross children were discharged on the same day as their mother; 28% left before their mother and only 6% remained in the home after their mother had left. In Castlepollard 59% of the children left on the same day as their mother, 32% were discharged before their mother had left, and 9% remained after their mother had left.

196. Although the children born to private patients were more likely to remain in Bessborough without their mother, they stayed for a much shorter time than the children of public patients. From the 1920s to the 1960s, publicly maintained children spent around three times longer in Bessborough than their private counterparts. The introduction of legal adoption reduced the distinction in length of stay between the children of public and private patients.

197. Children remained in Pelletstown and Tuam for longer periods than in the other homes, and they were more likely to remain without their mother. In the years 1943-56 children remained in Pelletstown for an average of 737 days. In the 1940s the average was 669 days; for the 1950s it had fallen to 530 - still substantially longer than the Sacred Heart homes. Just over half, 50.4% of Pelletstown children were discharged after their mother had left; 36% left on the same day.

198. Tuam children remained in the home for even longer periods than the children in Pelletstown, reflecting the deliberate delay in boarding them out, which was requested by the Sisters of Bon Secours, and facilitated by the Mayo and Galway local authorities. The average is potentially misleading; 20% of Tuam children remained for less than 50 days; they tended to be children who were admitted because of family circumstances, not children who were born in Tuam; 16.6% of children remained in Tuam for between five and ten years, and seven children were in Tuam for between ten and 15 years. The information is incomplete, but where it exists, it shows that 73% of children remained in Tuam after their mother had left. In 1950, Tuam mothers stayed for an average of 272 days; the average for a child born in or admitted to the home with their mother was 1,383 days.

Children whose mothers left Tuam in 1950 could expect to remain in the home unaccompanied for 1,111 days on average. Tuam was seriously out of line with the other homes.

199. The pattern was different again in Bethany, where 49% of children remained after their mother had left; 29% left on the same day as their mother, 22% left before their mother and 10% were unaccompanied children - often children who had been returned from a foster home; no information is available for the remaining children. The average length of stay for Bethany children was consistently under a year; the longest stay was in the 1940s, an average of 303 days. Children and mothers left Bethany earlier than they left the Sacred Heart homes. In Denny House the longest stay for children was in the 1920s when they spent an average of 200 days; in later decades the length of stay was six months or less. 67% of Denny children left on the same day as their mother but these statistics are skewed by the large number of admissions in the 1980s, when mothers and children generally left together and most mothers were planning to raise their child. A total of 204 children, 19% of the children who were in Denny House, were discharged before their mother and over 13% remained in the home for a period after their mothers' discharge.

200. The Commission has information about the outcomes for 7,401, or 79% of the children who were in Bessborough. Almost 60% of the children who survived were legally adopted; 27% are recorded as having left with their mother or a member of her family; 7% were transferred to another institution such as a county home, specialist hospital or long-stay institution, or an industrial school and 6% were boarded out or placed at nurse directly from Bessborough; the remaining 1% were informally adopted, before 1953.

201. Before the availability of legal adoption, children leaving the institutions were often boarded out by the local authority. There is evidence that local authorities commonly selected foster families for boarded out children to meet the needs/wishes of the foster parent rather than those of the child. Children were boarded out in impoverished households, where the monthly fee was regarded as a source of household income, rather than money to provide for the child. Farmers and other self-employed people often treated a foster child as a source of unpaid labour and for that reason they preferred older children. Children were placed with older unmarried women, or in households consisting of an elderly brother and

sister, where there was little understanding of a child's needs. Elderly women living alone regarded a foster child as a companion and an unpaid servant or carer. Some children were sent to remote parishes where the numbers on the national school roll were low, in the hope of preventing the loss of a teacher. Charities that placed children 'at nurse' also appear to have done so with the interests of the foster parent in mind, rather than those of the child.

202. The picture of foster care is not uniform; the files record stories of children who were placed with caring families where their needs were paramount; former foster children, now adult and working, who returned for holidays to their foster home. Many children who were placed at nurse or boarded out by local authorities were adopted by their foster parents when legal adoption was introduced. But others were grossly exploited, badly fed, kept from school, subjected to physical punishment, and hired out in their teens for less than the statutory rate, often unaware that they were free to leave their employer. By the 1950s many foster children continued at school beyond the statutory school leaving age of 14; they were maintained while in education, with school books, bicycles and other requirements, at a time when children living with their parents received no such assistance. Although the regulations preventing children being boarded out in towns and cities was removed in 1953, many children continued to be placed in remote rural homes, which reduced their chances of attending a vocational or secondary school.

203. Regulations relating to children who were boarded out by a local authority were determined by the DLGPH. Responsibility for inspections of boarded-out children and their homes was a matter for the assistance officers, who were predominantly men, and had no training for this role. Inspections were often perfunctory, and were unlikely to have included sleeping arrangements, bed clothes and children's clothing. The DLGPH inspectors - all women - carried out thorough inspections of boarded-out children and children at nurse, at approximately two-year intervals. Their reports describe squalid living and sleeping conditions; children dressed in rags. Foster families were given regular clothing allowances, which was often spent on clothing for the foster mother or her children. They described children who were required to carry out heavy unpaid work in their foster home; children suffering from medical ailments and children who experienced discrimination at school because they were foster children.

204. The department inspectors were often critical of the governance and inspections carried out by the local authorities. They repeatedly demanded that greater care be taken in choosing foster homes, and they were equally critical of local authorities who defied the minister by sending children in their care to industrial schools. Their efforts were not without success, however other officials in the department appear to have been conscious of the tensions that existed between central and local authorities and they were reluctant to force these issues. The female inspectors campaigned for the appointment of dedicated children's officers, whose sole role would be to oversee boarded-out children and children at nurse, with perhaps two adjoining counties sharing a children's officer. But many local authorities continued to leave responsibility for inspecting foster children with assistance officers; others determined that inspections should be carried out by public health nurses, whose heavy workload left little time for inspecting foster children. In 1970 only seven of the 17 designated local authority children's officers were qualified social workers.

205. As the number of children being placed for adoption increased from the mid-1950s, the number of children placed at nurse or boarded out by local authorities declined. By the end of the 1960s a majority of children being placed in foster homes were no longer the children of unmarried mothers, but children whose family circumstances meant that they could not be raised by their parent(s) and who needed either short-term or long-term care in a foster home.

206. The outcomes for children in mother and baby homes changed significantly from the late 1950s when legal adoption became common. For children who were in the Sacred Heart homes before 1960, the most common recorded outcome was that they left with their mother or a member of her family. This creates an impression that the child was brought to their mother's family home and may have been raised in the family. However, the overwhelming majority of these children were placed 'at nurse', in foster homes, either privately by the woman or by her family, or through a charity such as the Catholic Women's Aid Society. By the 1960s, however, 74% of children leaving Sean Ross were adopted, and the number who were recorded as having left with their mother had fallen to 19%, compared with almost 66% in the 1940s. Dunboyne opened in 1957, by which time adoption was becoming more common, and two-thirds of the children born to women who returned to Dunboyne following the birth of their child, are recorded as being placed for adoption.

207. Data on the outcomes for Pelletstown children are complicated by the number of children with special needs and the children of married couples. Nevertheless, legal adoption was the most common outcome; 41.7% of children left the institution via this route, almost 27% left with their mother or returned to the family home; 24.2% transferred to another institution; 5% were boarded out; 1.6% were nursed out and 0.5% were informally adopted (pre 1953). A higher proportion of Pelletstown children went to other institutions than happened in the Sacred Heart homes. This is partly due to the number of children with special needs, but regardless of this, it appears that in the years before adoption became widespread, more Pelletstown children went to institutions. From the mid-1930s older children who had not been boarded out were often sent to St Philomena', a children's home that was also run by the Daughters of Charity; other children were transferred to industrial schools. Children in Pelletstown were placed directly with foster families; in the 1940s the department inspector recorded complaints that would-be foster parents were not given a choice of children when they visited the home.

208. The data available for Tuam show that 38% of the children were boarded out; 37% left with their mother or a family member (this included most of the 'legitimate' children), and over 20% transferred to other institutions. Tuam closed in 1961 when adoption was becoming the most common outcome; less than 4% of the children were legally adopted. These patterns did not change significantly over the lifetime of the Children's Home.

209. There are clear distinctions between the outcomes for children in Protestant homes in the years before adoption became common. Denny and Bethany had close relationships with a number of children's homes and with charities that placed children at nurse, which accounts for the fact that children and mothers spent less time in Bethany and Denny than children did in the Sacred Heart homes. The most common outcome for Bethany children was to be sent to another institution - generally a children's home. This was the outcome for 28% of the children for whom this information is available; 22% left with their mother or a family member; 20% were placed for adoption; 19% were placed at nurse and 10% were informally adopted. In the 1950s and 1960s a majority of Bethany children were placed for adoption; the number who left with their mother or her family fell, as did the number of children placed at nurse. Nevertheless, in the 1950s, 20% of Bethany children went to another institution, as did almost one-third of the children born in the 1960s. It is probable that many of those children were later adopted. In Denny

House the most common outcome before 1950 was that the children were nursed out; this was the outcome for a majority of the children for whom information is available. In the 1950s and 1960s a majority of the children were adopted; in the 1980s and 1990s a majority left with their mother or a family member.

210. Protestant children were less likely to be boarded out by a local authority although there are records of Protestant boarded-out children in counties with a substantial Protestant population such as Donegal. Protestant children were more likely to be sent to institutions than Catholic children but these statistics only relate to their immediate destination and many were boarded out or informally 'adopted' from these children's homes. Many Catholic children, who were placed at nurse, left with their mother or were boarded out, and many of these children were sent to industrial schools at a later date.

211. In the years after 1970, adoption was the most common outcome for the children who were in Pelletstown, Dunboyne or Bessborough. This is consistent with the information on the women's admission pathways; most were referred to these homes by an adoption society which suggests that there was an expectation of adoption before the baby was born. By the 1970s, alternatives were emerging to mother and baby homes; some women were remaining at home or at work during pregnancy, before giving birth in a maternity hospital. Some pregnant women were placed with a family through Ally and later CURA. Entering a mother and baby home often meant that the women, or perhaps their family was thinking seriously about adoption, and although the women had access to external social workers, the prevailing climate in these homes favoured adoption.

Living conditions

212. The living conditions in the institutions must be seen in the context of the living conditions in private homes. Conditions in private homes changed dramatically over the period covered by this report (1922-1998) with the introduction of electricity, running water, indoor flush toilets, bathrooms, washing machines, electric or gas cookers, refrigerators, central heating, and radio and television. Many rural homes were without electricity until the 1950s and even the 1960s. In 1961 only 12% of rural households had water on tap, which meant that 88% had no indoor toilets, fixed baths, hot water on tap or washing machines. Thousands of working-class families in Dublin, Cork and Limerick lived in grossly over-crowded tenements with a toilet in the backyard which might be shared by several families.

Families were large so many beds were shared by two or more children; bedrooms were not heated, and old coats were often substituted for blankets. Many unmarried mothers came from such homes, and the conditions in mother and baby homes should be evaluated with this in mind.

213. It is important also to distinguish between mother and baby homes and the county homes. The most accurate information about living conditions comes from the inspections carried out by the Department of Health inspectors, but these only begin in the late 1930s, and not all survive. The available evidence suggests that, while living conditions in the mother and baby homes were basic, there is no indication that they were inadequate by the standards of the time, except in Kilrush and Tuam. In the years up to and including the 1960s, women slept in dormitories that might not be heated. These dormitories were large with no curtains between beds; women had no privacy and often had to store their belongings in a suitcase under their bed. While the number of baths, toilets and access to hot water may appear inadequate by modern standards, many private homes lacked these facilities. The standard of heating was equal to, and perhaps superior to most Irish homes at this time, though heating appears to have been deficient during the years of World War II, (as it was in private homes), and it would have been extremely difficult to heat the large dormitories, babies' nurseries and dining rooms.

214. When Bethany was located in Blackhall Place the facilities were poor. Conditions were much better when it moved to Rathgar. The home was well-provided with bathrooms, though as elsewhere, heating and clothes drying facilities were inadequate; the dormitories were overcrowded and from the late 1930s until the 1950s the mothers slept in an annexe to the main house, which apparently lacked sanitary facilities. In Sean Ross and Castlepollard some mothers slept in former stables and had to go outdoors to reach the dining room and other facilities.

215. Most institutions were located in large detached houses that underwent some improvements before being used as mother and baby homes. In the 1930s the three Sacred Heart homes and Pelletstown received substantial capital funding from the Hospitals Trust Fund for improvements. All the homes had running water and modern sanitary facilities including baths although the number would seem very inadequate by modern standards. The modern hospital at Castlepollard which opened in 1942, and accommodated mothers and children in addition to a maternity unit, had central heating (though it was not turned on much during the

war years) and modern sanitary facilities. Pelletstown, which opened in a former workhouse, underwent some improvements in the 1930s, though facilities were probably more spartan than in the Sacred Heart homes. Four toilets for 140 women, as reported in 1950, was seriously inadequate.

216. Comments about living conditions must take account of the fact that all the homes (with the exception of Denny House) were overcrowded from the mid-1930s until the 1950s. Extra beds and cots were squeezed into crowded dormitories and nurseries; women had cramped space in dining rooms, and overcrowding may have deprived women and children of sitting rooms and playrooms. It is unclear whether the women had access to sitting rooms or recreation space before the late 1940s. There are references in inspection reports dating from the early 1950s to providing these spaces, and references to children's playrooms - which might suggest that these are new. Overcrowding eased in the 1950s. Concern with infectious diseases and infant mortality resulted in large dormitories and children's nurseries being divided into smaller units; additional toilets and washing facilities were installed. However until the late 1960s the women continued to sleep in large dormitories without partitions or curtains. These were being installed in Pelletstown and Bessborough at the end of the decade. Reduced numbers meant that dormitories could be converted into shared bedrooms and women were given space to store personal belongings. From the beginning Dunboyne, which opened in 1957, had much better facilities than the other mother and baby homes. It was never as overcrowded as the others; women slept in shared bedrooms. From the beginning it had a recreation room and central heating. An extension built in the early 1960s included several recreation rooms, visitor rooms and ample bathrooms.

217. The conditions in Kilrush which was located in a former workhouse were appalling - no electricity, running water, or sanitary facilities. The cost of carrying out essential improvements was a factor in the decision to close this home. Conditions in Tuam were not dissimilar but it continued to function as a home for children and mothers, without major improvements, until it closed in 1961. The only part of the Children's Home with adequate facilities was the small maternity unit, which appears to have had running water and sanitary facilities, and the laundry. The rest of this institution - which accommodated over 200 children - was lacking in the most basic sanitary facilities. In 1959 there were only two places, other than the laundry and the maternity unit, with hot water on tap; the toilets appear to have

been outdoors and they were probably dry closets. The children's rooms - which were almost devoid of toys - were heated either by open fires or portable radiators that were filled with hot water. Mothers and children slept in traditional workhouse dormitories, and the building was at high risk of fire.

218. Conditions in the county homes were much worse than in any mother and baby home, with the exceptions of Kilrush and Tuam. In the mid-1920s most had no sanitation, perhaps no running water; heating, where available was by an open fire; food was cooked, badly, often in a different building, so it was cold and even more unpalatable when it reached the women. Many county homes had no place for children to play or space for the women to sit. In 1933 the women in the Waterford county home had to eat their meals in the dormitory. There is some evidence that the able-bodied women, who were mainly unmarried mothers, were allocated the worst accommodation, because they were not seen as 'deserving' unlike the elderly and infirm, and their quarters were the last to be improved. Improvements were carried out to mother and baby homes in the 1920s and 1930s, but there is no evidence of significant investment in county homes during these years - other than installing electric lights, and perhaps connecting the home to a town's water and sewerage system. Most county homes continued to lack adequate sanitary facilities, running water, hot water on tap and heating other than open fires until the 1950s - sometimes the end of that decade.

219. Living conditions were poor in Regina Coeli; some parts of the building - a former workhouse - were structurally unsound and the self-contained 'family-units' for mothers and children - in groups of six - were probably cramped. Much of Regina Coeli appears to have been heated by open fires. Reports of children suffering burns from boiling water, suggest that it had to be carried some distance, as opposed to flowing from a convenient tap, but Regina Coeli compensated for poor living conditions by enabling mothers to raise their children and giving them the freedom to come and go, not just to work, but for social occasions.

220. From the 1970s provision for unmarried mothers and their babies was changing. With a growing number of women deciding to keep their children, there was a demand for flatlets, that offered women more privacy and enabled them to become more self-sufficient. Miss Carr's Flatlets which opened in 1972 was the first of the newer mother and baby homes. It was followed by the Belmont Flatlets and The Castle. Women in Denny House in later years were free to go out for social

occasions and spend weekends away, likewise in The Castle and Eglinton House, which was the successor to Pelletstown. When the Good Shepherd Congregation decided to close Dunboyne, they did so in the knowledge that any modern mother and baby home should offer women greater privacy, their own flatlet, and the freedom to integrate into the wider community.

Diet

221. The Commission has not seen information about food in mother and baby homes until the 1940s. The DLGPH laid down dietary regulations for county homes - following the practice in workhouses; however, the diet was meagre. In the 1920s the Minister for Local Government and Public Health instructed the Donegal county home in Stranorlar to reduce the daily rations, with only three meals a day, rather than four and when the medical officer in Kilrush demanded an improved diet for the mothers to enable them to breastfeed their babies, the department claimed it contained excessive quantities of bread, potatoes and butter. This exchange suggests that the dietary scales in Pelletstown and Tuam may also have been subject to departmental regulations but the Commission has not seen evidence of this. There were no dietary regulations for mother and baby homes which were privately-owned.

222. There is some evidence that food in mother and baby homes may have been inadequate during the Emergency years. A diet served to mothers in Bessborough on a 'fast' day in 1943 appears to have been seriously deficient in protein but there is no information regarding the quantities. There is a reference in an inspector's report on Castlepollard, at around this time, to the need to improve the mothers' diet. There were widespread, sometimes, short-term shortages of basic food items during these years and these shortages would have had a greater impact on homes, such as Tuam, Pelletstown and Bethany, that did not have sufficient land to produce food and especially milk.

223. By the late 1940s the diets in county homes appear to have improved, and many of the homes were installing modern cookers. Inspection reports mention orange juice, fruit, and vitamin and mineral supplements suggesting that the professional dietician in the Department of Health was overseeing the children's diets. However, there were also descriptions of food being cooked on open fires and of the children's milk being stored in insanitary conditions and certainly not refrigerated. The quality of milk - which remains unknown - was critical at a time

when many cows were tubercular. There is also evidence that contractors often supplied county homes with spoiled meat and low quality bread and milk with little nutritional value.

224. Mother and baby homes - apart from Tuam - had better cooking and kitchen facilities, so they had better prospects of storing and preparing milk in hygienic conditions. The mothers' diets that are described in inspection reports from the late 1940s appear to be adequate, if monotonous by modern standards. They were not dramatically different to the diet in an average Irish home during those years. Descriptions of Pelletstown and Bessborough from the 1970s indicate that women sat at tables of six. However many women may have disliked the fact that meals were at fixed times and they had no choice about their food.

Work

225. Work was regarded as part of the process of 'rehabilitation' for women in mother and baby homes - in Ireland and internationally. Domestic chores and related activities such as dress-making and laundry were viewed as giving women skills that would enable them to find work when they left. Until the 1970s women in mother and baby homes carried out most of the domestic chores, including laundry for the home, and most of the care of infants. Bessborough women worked in the greenhouses and produce was sold from a shop in Cork. During the war years women saved turf in Sean Ross, and there are rather disconcerting reports of women in Castlepollard and Sean Ross cutting timber. All the homes with adjoining land employed male farm workers and there is no evidence that women were responsible for the main work on the farm though they assisted at busy times such as hay-making and saving turf. An inspection report of Bessborough in 1941 noted that much of the work was carried out by former patients, who had remained in the home, some from the 1920s; they were not paid. With the exception of cutting timber the work carried out by the women in mother and baby homes was similar to the work undertaken by Irish women at this time - whether in their home, or as hired servants. Many Irish women worked in their home until they went into labour, and they resumed their domestic chores and farm duties within 1-2 weeks of giving birth, if not sooner. Women in mother and baby homes appear to have remained in the maternity unit for approximately two weeks following the birth of their child. The key consideration relating to the workload of women in mother and baby homes is the fact that there were a large number of healthy young women to share the work and at any time there was something approaching parity between

the number of women and children. A number of women have alleged that the mother and baby homes assigned useless work to them as punishment, but the Commission has not been able to verify or refute this.

226. The workload for the women in county homes was of a different magnitude to the mother and baby homes. Unmarried mothers were far outnumbered by children, including older children, and by elderly and incapacitated adults. Most county homes did not employ domestic staff so unmarried women were assigned onerous duties that were essential to the running of these homes. There are many contemporary statements by local officials or matrons insisting that unmarried mothers could not be removed from the county home, because there would be nobody to carry out this work. A lack of hot water and sanitary facilities, the old, dilapidated buildings, with stone staircases and corridors, made their work even more difficult and unpleasant. County homes accommodated adults and children with special needs who would have required extra assistance and personal care. Women continued to carry out unpaid work in some county homes until the early 1960s, despite a statement by the Minister of Health in 1952 that this was prohibited.

227. Women in Tuam also carried a much heavier workload than in other mother and baby homes. There was a much higher ratio of children to women; approximately six children to every mother, resulting in a heavy workload of child-care, laundry, cooking and cleaning. Tuam, like the county homes, had poor heating, washing, and sanitary facilities, which further added to the work.

228. Domestic duties in the surviving mother and baby homes became lighter with the introduction of washing machines and other labour-saving devices. By the 1970s with women remaining in mother and baby homes for a shorter time, most of the work was carried out by paid staff.

Infant Mortality

229. The high rate of infant mortality (first year of life) in Irish mother and baby homes is probably the most disquieting feature of these institutions. It is particularly disquieting that the high mortality rate was known to the authorities both local and national and was even described in public reports. As already stated, about 9,000

children died in the institutions under investigation - approximately 15% of all the children who were in the institutions.

230. In the years 1935-45, just under half of all deaths of 'illegitimate' infants, 48.7% occurred in the main mother and baby homes, yet these homes accounted for just over one-quarter, or 25.5% of 'illegitimate' births. The chance of a child born in a mother and baby home surviving until their first birthday, was just over half that of an 'illegitimate' child who was not in a mother and baby home. The adverse impact of mother and baby homes lessened in the next decade: in the years 1946-55, mother and baby homes accounted for 39.6% of deaths of 'illegitimate' children and 30.5% of births. By the 1960s infant mortality in mother and baby homes was equal to, or lower than the national rate for 'illegitimate' children.

231. It is possible that the 'illegitimate' children who were not born in mother and baby homes were born to women from more privileged backgrounds: women who had a healthier pregnancy, and healthier babies. Alternatively, the survival prospects of the 'illegitimate' children who were not born in mother and baby homes, may have been better, because women and infants were not in large overcrowded institutions where they were at acute risk of infection. The statistical analysis set out in Chapter 33A concluded that 'Mortality rates in each of the institutions were very high in the period compared to the overall national rate of infant mortality. Even compared to other locations where infant mortality was relatively high among the general population, such as Dublin city, rates of infant deaths were substantially higher in these institutions'.

232. Most deaths occurred among children who were aged between one month and one year, which is classified as infant mortality. The rate of infant mortality in most mother and baby homes peaked in the early 1940s, at a time when infant mortality in Ireland and especially in urban areas rose decisively. In 1943 infant mortality reached its highest rate in Bessborough, Bethany and Tuam. It fell in the late 1940s, coinciding with a significant fall in the national and urban rates of infant mortality. Delaney and McGovern concluded that 'the data exhibit a marked structural break in the late 1940s or early 1950s, indicating that mortality conditions in the homes had improved significantly during this period in particular'.

233. A number of features of infant mortality in the individual mother and baby homes are worthy of comment. While infant mortality rose in most mother and baby

homes during the 1940s, Pelletstown is an exception, and this is noteworthy given the spike in infant mortality and infectious diseases in Dublin city during those years. The Cork county home also avoided a spike in infant mortality during the 1940s despite the appalling mortality in Bessborough. Infant mortality in Pelletstown was significantly higher than in Dublin city throughout the 1920s, 1930s and most of the 1940s, but in the early 1940s the graphs converge. The lowest rate of infant mortality was in Denny House which was the smallest mother and baby home, and most infants were breastfed.

234. The highest rate of infant mortality recorded in an Irish mother and baby home was in Bessborough in 1943, when 75% of the children died before their first birthday. The exceptionally high mortality among the children of private patients in Bessborough is significant. They accounted for 9% of total admissions, and for 21% of infant mortality. Many of these children were unaccompanied when they died; the fact that private patients were permitted to leave Bessborough without their child appears to have been a major contributory cause of deaths. This contrasts with Castlepollard, where private patients were not permitted to leave without their child and the death rate among the children of private patients was approximately one-third the average for the institution. Infant mortality in Castlepollard was consistently lower than the other homes run by the Sacred Hearts congregation. Part of the explanation may lie in the fact that from 1942 much of the accommodation was in a modern purpose-built hospital. While the evidence is patchy Castlepollard may have had a higher incidence of breastfeeding. Sean Ross had a much higher incidence of mortality from major infectious diseases, such as diphtheria and typhoid, than any other mother and baby home. The transfer of mothers to the local fever hospital where they worked as unpaid nurses, and their return to Sean Ross, where they appear to have transmitted infection to their child, was responsible for the loss of children's lives. The wide disparity in infant mortality between the Bessborough and Castlepollard, which were run by the same religious congregation, and with a similar profile of mothers, suggests that some deaths could have been prevented.

235. The Bessborough statistics suggest that infants who were in a mother and baby home without their mother may have been at higher risk of death. This would appear to have been a factor in Bethany, which recorded an infant mortality rate of 62% in 1943. During the course of Bethany's history, 41% of the mothers were not resident when their infant died. The comparable figure for Bessborough is 21%. In

Sean Ross and in Castlepollard, 93% of the children were accompanied by their mother when they died

236. Statistics for Tuam and Pelletstown are complicated by the fact that both institutions admitted 'legitimate' children, including children with special needs. In Tuam, 45% of children were unaccompanied at the time of death. At least 11% of the children who died in Tuam were 'legitimate', and 20% of deaths were of children who were over one-year old. In the years 1942-47, when 305 children died in Tuam, 12% were unaccompanied at the time of death.

237. 31% of the children who were admitted to Pelletstown were 'unaccompanied' and they account for almost 44% of deaths. In the 1920s a substantial number of these children were foundlings, who had been abandoned in Dublin city; they were generally in poor condition, and many died shortly after admission. From the late 1950s Pelletstown was increasingly used as a long-stay institution/hospice for children with serious and untreatable medical conditions such as spina bifida, or Down syndrome children with serious heart diseases and many of these children died. Almost one in five of deaths in Pelletstown were of children who were over one year.

238. The major identifiable causes of death were respiratory infections and gastroenteritis. Public attention has focused on marasmus, suggesting that it indicated that many children in mother and baby homes died because of wilful neglect. The term marasmus is best seen as indicating that a child was failing to thrive, but medical experts suggest that this was due to an underlying, undiagnosed medical condition.

239. There is no single explanation for the appalling level of infant mortality in Irish mother and baby homes. The children of unmarried mothers were at greater risk, because of stress, and a lack of ante-natal care. There are comments in various documents dating from before 1950, alleging that the children of unmarried mothers were inherently weak and therefore at greater risk of infection and death, arguments that implied that many of these children were doomed. Some doctors suggested that unmarried mothers were at greater risk of premature births, but such comments - at a time when there was no scientific way of determining prematurity - may reflect the fact their babies may have had low birth weights. Most women who were admitted to mother and baby homes in the early years

were poor, (the private patients were an exception); their diet during pregnancy would have lacked essential nutrients, and this may have been exacerbated by efforts to conceal their pregnancy. Many women were admitted in the final weeks of pregnancy, some arrived following the birth of their child, so they would not have received any ante-natal care.

240. During the 1930s, 1940s and 1950s all the mother and baby homes - with the exception of Denny House - were overcrowded on numerous occasions. Overcrowding probably contributed to excess infant mortality, yet mortality in an overcrowded Castlepollard was much lower than in Bessborough and Sean Ross. The large size of most of the homes - again Denny is an exception - the large infant nurseries, with cots crammed together - sometimes only one foot apart - served to spread infection. There was an absence of infection control; a failure to isolate mothers and children who were being admitted, until they were proven not to carry an infectious disease. The risks of infection were exceptionally high in Tuam, which admitted older children, who might be homeless. The practice of isolating new admissions became more widespread during the 1940s, in response to mortality spikes.

241. There would also appear to have been a failure to implement appropriate standards of hygiene in the homes and to educate mothers about this. It would have been extremely difficult to implement proper hygiene in Tuam, given the inadequate sanitary facilities and lack of running water and hot water, but there was no reason why this could not have been achieved in the other homes. However all the homes were lacking in trained staff, with the possible exception of Pelletstown. When mother and baby homes opened in the 1920s there appears to have been little emphasis on a medical/health-care role, and they were run by middle-class women - either religious sisters or religiously-minded laywomen - who often lacked professional training in nursing, midwifery or child-care. The exception was probably Pelletstown which appears to have employed many more trained nurses than the other homes, though fewer than would have been desirable. The absence of professional staff, combined with what must be acknowledged as a general indifference to the fate of the children who were born in mother and baby homes, contributed to the appalling levels of infant mortality. In October 1936 the Bethany matron informed the management committee that five infants had died in the previous month; four from heart failure. She went on to observe that the health ‘of all was good, except for one delicate baby’. While

minutes of local authority meetings in county Galway contain many references to Tuam, none refer to the health or mortality of the children. It is more difficult to analyse infant mortality in the county homes. The number of children in an individual home was relatively low, so the picture could be easily distorted by a small number of deaths. However, despite the appalling living conditions, in the 1930s and 1940s they may have posed less of a risk to 'illegitimate' infants than the better equipped mother and baby homes.

242. The sharp decline in the incidence of infant mortality - nationally, and in urban areas - from the late 1940s was due to a variety of factors: antibiotics, immunisation programmes, improved quality of milk, isolation, and better sanitation and housing. Most of these factors would have impacted on the mother and baby homes. There is evidence of additional bathrooms and toilets, and it is possible that overall hygiene practices may have improved. New medical officers were appointed to both Bessborough and Sean Ross.

Maternal Mortality

243. The Commission has identified 200 women who died when they were resident in mother and baby homes or the county homes that were investigated (including women who died in hospital). Some of these deaths occurred more than a year after the birth of a child, and therefore would not be regarded as maternal deaths within the definition employed by the GRO. They include four women who were admitted to Bessborough in the 1920s, and died in the 1950s, 1970s and 1980s (two deaths). The available information shows that up to 57% of the deaths were directly or indirectly associated with pregnancy. The highest number of deaths (including those not associated with childbirth) was in the 1930s. Maternal mortality in Ireland began to fall from the late 1930s, when it became known that sulphonamide was highly-effective in treating puerperal sepsis. The decline in mother and baby homes mirrored national trends; by the 1950s the rate was less than one-quarter of the 1920s figure. Mortality in mother and baby homes and county homes from causes that were directly or indirectly relating to childbirth was higher than the national figure: 1930s - 5.6 per 1,000 births, compared with 4.8 per 1,000 births. However, the excess mortality (which may be overstated) is much less than in the case of infant mortality. There is greater cause for concern in the high mortality of women before 1950 from causes that were unrelated to pregnancy, including infectious diseases. It seems probable that the factors that

contributed to the high rate of infant mortality were also responsible for mortality among the mothers from causes that were not related to childbirth.

244. Until the 1960s or the 1970s, the quality of maternity care in mother and baby homes was probably superior to that available to the majority of Irish women at the time. In the first half of the twentieth century most women gave birth at home, attended by a midwife, and sometimes by an untrained 'handy woman'. They gave birth in houses without running water or proper sanitation, whereas all the mother and baby homes had newly-built or improved maternity units by the late 1930s, and a qualified midwife, though they may have lacked many of the facilities appropriate to a maternity hospital. In 1944 Sean Ross maternity unit did not have sterilising equipment. The facilities in the county homes, where many unmarried mothers were forced to give birth, were often primitive. In 1935 the local medical officer discontinued admissions to the labour ward in Stranorlar because it lacked a bathroom and access to running water.

245. From the mid-1940s women in Bessborough were attended by a qualified obstetrician, and there is evidence in the Bessborough institutional records of women receiving ante-natal care from that time, though many women were admitted to Bessborough and other homes very late in pregnancy. The resident doctor appointed to Sean Ross around this time was a former assistant master in the Coombe. The medical officer in Castlepollard appears to have been assiduous in referring complicated cases to a Dublin maternity hospital. Pelletstown had access to the maternity unit in St Kevin's hospital and they had a visiting obstetrician on call, who was attached to the Coombe. There were few qualified obstetricians in Ireland outside the major cities until the 1970s. Painkillers were not widely used either in home or hospital births. There is no evidence that the women who gave birth in mother and baby homes were denied pain relief or other medical interventions that were available to a public patient who gave birth in a Dublin or Cork maternity unit. There is evidence of women in mother and baby homes being given pain relief, and being stitched following birth. All mother and baby homes, except Tuam, had one or more qualified midwives and a visiting doctor(s) on their staff. Staffing levels were inadequate in the earlier decades, so it is quite probable that women may have been left without qualified nursing care during the early stages of labour, especially at night. It is unclear whether the religious sisters normally carried out night duty.

Post-mortem practices and procedures

246. The Commission's 5th Interim Report outlined its findings in relation to burials in a number of the institutions and its findings in relation to anatomical studies. In spite of serious further efforts, the Commission has not been able to establish where the majority of the Bessborough children are buried. Chapter 38 contains a report on burials in Sean Ross.

247. While the authorities in the homes kept quite comprehensive records of the arrivals and departures of the residents, a number failed to keep any records of the burials of children who died. The Congregation of the Sacred Hearts of Jesus and Mary are unable to identify where the children from Bessborough are buried; the Commission finds it very hard to believe that there is no one in that congregation who does not have some knowledge of the burial places of the children. Similarly, the Commission considers that there must be people in Tuam who know more about the burials there.

Vaccine trials

248. The Commission has identified a total of seven vaccine trials which took place in the institutions under investigation in the period 1934-1973 and has identified a number of the children involved. It is clear that there was not compliance with the relevant regulatory and ethical standards of the time as consent was not obtained from either the mothers of the children or their guardians and the necessary licences were not in place. There is no evidence of injury to the children involved as a result of the vaccines.

Arrangements for children

249. Until Unmarried Mother's Allowance was introduced in 1973, unmarried mothers had little choice about the long-term outcomes for their children and after that date their choice might be limited by the attitudes of their family. Attitudes changed slowly and access to accommodation remained a serious difficulty until the 1980s. Before legal adoption was introduced, women whose family could afford to pay for her child to be placed at nurse could leave the home after a shorter stay but it is questionable whether they had much say in the decision to place their child at nurse. Poorer women were at the mercy of the local authority, who would determine when and where to board out their child, or send her/him to an institution. Some women in county homes had to work unpaid in return for their child being boarded out. There are reports of mothers refusing to permit their child

to be boarded out, preferring that she/he be in a county home, or an industrial school, where the mother could visit and continue to hope that she might reclaim her child. Some women visited their children who had been boarded out or placed at nurse, but that relationship might prove difficult. Mothers might resent a child bonding with a foster parent, and there are also instances where mothers or a family member sought to reclaim a child when she/he was a teenager and capable of earning money.

Adoption

250. A comprehensive review of adoption did not form part of the Commission's remit. The Commission has concentrated on carrying out a review of the evidence relating to consent and on foreign adoptions.

251. Prior to the introduction of legal adoption in Ireland in 1953, the word adoption was often used to describe informal and non-legally binding arrangements whereby families took responsibility for children. Informal adoptions were also common in other countries before legal adoption was introduced. They were generally organised by voluntary agencies, and with the exception of the Bethany Home, where 111 children, 10.4% of the total are recorded as informally adopted, they played a very minor role in the exit pathways for the children from the homes that were investigated by the Commission. Many foster parents, who engaged in informal adoptions, subsequently adopted the child following the introduction of legal adoption in 1953.

252. Ireland was late in introducing formal legal adoption. Once legal adoption came into effect in 1953, adoption became the most significant exit pathway for children in mother and baby homes. There is documentation to support the view that politicians and others considered that adoption would give an 'illegitimate' child a better life. The rights of the mother were recognised but greater emphasis was generally placed on the needs of the adoptive parents.

Consent to legal adoption

253. An adoption order could not be made without the consent of the child's mother or guardian, or any person having charge of or control over the child. A mother was required to sign two distinct consents: an agreement to place a child for adoption, and a second, consent to the adoption order. The Adoption Board was required to satisfy itself, prior to making an adoption order, that the mother understood the

nature and effect of the consent and of the adoption order. A mother could withdraw her consent at any stage up to the making of the adoption order, though a number of legal cases suggest that mothers were not always aware of this.

254. The Commission has received evidence from some mothers who signed forms consenting to adoption because they had no alternative, because of family circumstances and/or insufficient means to support a baby. Some of this cohort of women are of the opinion that their consent was not full, free and informed. However, with the exception of a small number of legal cases, there is no evidence that this was their view at the time of the adoption. It is clear that for at least the first ten to 15 years of its operation, the Adoption Board did not have adequate resources to properly supervise adoption agencies or examine the consents given. The Commission is satisfied that, at least from the 1970s/1980s, there were adequate procedures in place for ensuring that a mother's consent was full, free and informed.

Foreign Adoptions

255. Institutional and official external records examined by the Commission show that 1,638 children who were resident in the mother and baby homes and county homes under investigation were placed for foreign adoption. The vast majority, 1,427 were placed for adoption in the United States of America. The *Adoption Act 1952* did not regulate foreign adoptions.

256. There was no statutory regulation of foreign adoptions. The only informal supervision was in relation to the issuing of passports for the children to travel to the USA. Archbishop McQuaid and Fr Cecil Barrett, who strictly speaking had no right to be involved at all, were actively involved in trying to control foreign adoptions and did manage to have some standards applied. In the early 1950s they drew up protocols to be applied to applications for passports for children who were travelling abroad for the purpose of legal adoption. The protocol demanded documentary evidence of the adopting parents' character and ability to provide for the spiritual and material welfare of the child. It demanded a home study report prepared by representatives of Catholic Charities or another organisation (in some states these were conducted by the state adoption authority). A list of requirements sent by Galway county council to would-be adopters, apparently dating from 1951, stipulated that the agency placing a child for adoption in the USA should be registered with the state authorities. It is clear from an examination of

the Department of External Affairs files that these rules were observed and exceptions were rarely made. A number of those who were rejected as adopters made representations to the Minister for External Affairs, and the Taoiseach, as did a number of priests based in the USA, but these were unsuccessful. The consular section of the US Embassy in Dublin issued visas enabling children to enter the United States; they also had requirements that would-be adopting parents had to meet before a visa would be issued.

257. Many allegations have been made that large sums of money were given to the institutions and agencies in Ireland that arranged foreign adoptions. Such allegations are impossible to prove and impossible to disprove. One person who was adopted in the USA in the 1950s provided the Commission with documentary evidence of the costs of his adoption. They included an airfare of $273, and a payment of $142 to Sean Ross, which included a contribution to the cost of the airfare of the adult who accompanied the child on the flight. Further costs incurred included payments for a home study report, medical reports and legal costs in finalising the adoption.

258. A number of witnesses to the Commission spoke about donations they believed were sent by their adoptive parents following their adoption in the USA. Such donations were not illegal and could not be described as unethical unless the adoptive parents were trying to adopt another child. The fact that the Daughters of Charity were advised by their director that money or gifts coming from America or elsewhere in relation to adoptions from Pelletstown could not be accepted, either as personal gifts or as donations to community works, indicates that donations were being made. The records of the Bethany Home contain a reference to a substantial donation by an American man who had adopted two Bethany children.

259. For the most part US adoption orders relating to these children were made by the Courts in the state where the Irish-born child was adopted. The Commission has examined a number of these orders and the supporting documentation and was impressed by the scrutiny taken by the US Courts to such applications. In many cases the Court appointed a *guardian ad litem* to represent the child's interests.

Discrimination

260. Throughout most of the period covered by the Commission unmarried mothers and their children experienced widespread discrimination within Irish society. Many

county hospitals would not admit unmarried women to maternity wards until the 1960s, forcing them to give birth in ill-equipped, and often insanitary county homes. The large number of women who were admitted to mother and baby homes, and county homes, and the fact that mother and baby homes continued to exist until the end of the twentieth century is evidence of the discrimination shown towards unmarried mothers and their children in Irish society. The legal status of 'illegitimacy' survived until 1987.

Race and disability

261. Based on a study of Bessborough and Pelletstown, the two largest institutions and both of which survived until the 1990s, the Commission concluded that there was no evidence of discrimination in relation to decisions made about fostering or adoption of mixed race children or children with disabilities. However the decisions that were made with respect to placing these children took account of race or disability. Of the 275 children who were in Pelletstown and Bessborough where race is noted on their records, 56% were placed for adoption. A number of families specifically sought to adopt 'mixed race' children; other families requested children who were not 'mixed race'.

262. It appears that race was a less important factor in decisions relating to adoption than religion or disability. A mother's mental illness or a child's intellectual disability prevented or delayed adoption in a number of cases where the experts believed that adoption was in the child's best interests but there is no evidence of systematic discrimination. The understanding of mental illness and intellectual disability was limited in first half of the twentieth century, and that may have resulted in some children being sent to industrial schools, as opposed to being boarded out. The growing number of pregnant unmarried women who were recorded as suffering from mental illness from the 1960s onwards suggests that there were probably many women in mother and baby homes in earlier decades with undiagnosed and untreated mental illness.

263. One-third of the children with intellectual disabilities in Pelletstown were the children of married couples. The significant number of 'legitimate' children in Pelletstown with serious physical or intellectual disabilities indicates that discrimination/disadvantage could apply more generally to children, and adults with disabilities, regardless of their birth status. The Commission heard no

representations by or on behalf of people with disabilities who were probably the most badly affected by being in institutions.

Religion

264. The issue of discrimination on the basis of religion is complex. Mother and baby homes - not just in Ireland - were run by religious communities and, as noted earlier, the reform/salvation of mothers and children was central to their mission. The evidence presented above about the different mother and baby homes, their funding models, length of stay for mothers and children, and exit pathways for the children indicate that there were some differences between the homes that were run by Protestant charities and those that were controlled by the local government authorities such as Pelletstown and Tuam, or by Catholic religious congregations. However, these differences do not indicate that there was discrimination on the basis of religion.

265. There is no indication of religious discrimination in relation to funding. The South Cork board of health and public assistance entered an arrangement for unmarried mothers and their children to be transferred to Bessborough and maintained there at a capitation rate, which became the funding model for mother and baby homes that were not owned and operated by local authorities. They made a similar arrangement with the Braemar Home in Cork to admit Protestant women. Local authorities had to seek the approval of the Minister for Local Government and Public Health to maintain women and children in a particular home. When Sean Ross and Castlepollard were established it appears that local authorities in their region were contacted and informed about the homes. There is no indication that Bethany or Denny House sought to be included on such a list before the early 1940s; if they had, there is no reason to suggest that they would not have been included. When it was suggested to Bethany in the early 1940s, that they seek approval from the Dublin local authorities to admit Dublin women on this basis, Bethany claimed that Protestant women were reluctant to approach a local authority seeking maintenance.

266. Denny House secured funding from the Local Government Board of Ireland under the Maternity and Child Welfare Scheme and this funding was continued by DLGPH. The grants covered half of the cost of maintaining mother in the home for up to six weeks before the birth, and half the cost of maintaining mother and child

for up to one year after the birth. The only Catholic mother and baby home to receive similar funding was St Gerard's. Funding under the Maternity and Child Welfare Grants was eventually extended to Bethany in the late 1940s; the precise details are not recorded. From the mid-1940s a number of local authorities secured approval to maintain women in Bethany and Denny.

267. The institution that received the least money from central and local government was Regina Coeli, though it should be emphasised that they did not seek a capitation payment. Funding for mother and baby homes developed in an ad hoc manner; the majority of unmarried mothers were Catholics, and they entered institutions that were run by Catholic religious orders. Women were admitted to Pelletstown regardless of their religion; Protestant women were admitted to the Donegal and the Cork county homes, and it is probable that they were admitted to other county homes that have not been investigated by the Commission. There is no evidence of religious discrimination in these cases. When a Dublin Protestant did not wish his pregnant daughter to be admitted to a Dublin mother and baby home, in order to protect her privacy, the department arranged for her admission to Braemar.

Recommendations

1. The Commission's Terms of Reference provide that it may 'include in its reports any recommendation that it considers appropriate, including recommendations in relation to relevant matters identified in the course of its investigation which it considers may warrant further investigation in the public interest'.

2. The two main issues raised by former residents of the institutions under investigation were what they perceive as deficiencies in the information and tracing systems and redress for what they consider to be the wrongs done to them in the institutions and/or by society generally. The Commission has decided to make recommendations on these two issues and on a small number of other issues.

Information and tracing

Personal information

3. Many of the former residents who came to the Commission were very critical of the information and tracing arrangements in place. There has been quite vitriolic criticism of the Child and Family Agency (Tusla) and its approach to providing information to adopted people. This criticism is unfair and misplaced. Tusla is implementing the law and has no choice about doing so. The problem is not with Tusla; it is with the law. Any other agency providing information and tracing services would be in the same position.

4. The law on access to adoption records is outlined in Chapter 36. Adopted people do not have a right to access their original birth certificate nor do they have the right to access information on their families of origin. Many adopted people have been able to access this information but others have been unable to do so.

5. It is clear to the Commission that many adopted people think there is considerably more information about them in institutional and other records than is actually the case. Having examined the available records closely, the Commission knows that the information is very limited in most cases. The quantity and quality of the available information is not, of course, relevant to the issue of whether or not there should be a right of access. The Commission is aware that this matter has been under consideration by a succession of governments since the 1990s. Attempts to legislate for this right have, so far, failed. The Commission understands that the Attorney General has advised that it was constitutionally unacceptable to allow

unrestricted access to birth information for adopted people. The current government and Minister O'Gorman have committed to introducing such legislation.

6. The Commission considers that there should be such a right even though it is acutely conscious of the concerns expressed by some birth mothers about this. If, as seems likely, a referendum is required to allow for the necessary legislation, then one should be held.

7. Adopted people should have a right to their birth certificates and associated birth information. A person's right to his or her identity is an important human right and should only be denied in very exceptional circumstances. Medical information and adoption records compiled at the time of the adoption should also be available. A mechanism could be put in place to allow a birth mother to argue that her privacy rights are being eroded. This could be done through in-camera proceedings in the Circuit Court. Both the birth parent(s) and the adopted person should have the right to legal representation and legal aid should be provided for all parties if required.

8. The Commission also considers that there should be a central repository of the records of institutions and adoption societies so that information can be obtained from one place. The Commission's database of individuals compiled from the institutional records of the various institutions could be expanded by adding further records to it - see below for further recommendations on records.

Information about burials

9. The report by Dr Geoffrey Shannon entitled *Human Rights issues at the former site of the Mother and Baby Home, Tuam* [1] examines in detail the issue of the rights of families to information about burials. There are no clear absolute rights. The Commission understands the wishes of family members to know more.

10. The main problem with information about burials of children who died in mother and baby homes is that, in many cases, there are no records. As already set out in the Commission's 5th Interim Report and further elaborated in this report (Chapter 38), the Commission has not been able to find burial records for the majority of the children who died in the institutions under investigation. (Pelletstown and Bethany

[1] https://assets.gov.ie/25217/0abb576368b14e2081c447b417544fb2.pdf

are exceptions). The Commission finds it very difficult to understand the seeming inability of any member of the Congregation of the Sacred Hearts of Jesus and Mary to assist in locating the burial places of children who died in Bessborough. It also considers that there is likely to be more local information about the Tuam burials than has been forthcoming. The Commission made serious efforts to discover Department of Local Government documentation relating to the housing development on the site of the Tuam Children's Home and has failed to discover such in the National Archives, despite the fact that documentation on many contemporaneous housing schemes is readily available there. The Commission notes that no progress has been made in relation to the site at Tuam where human remains were discovered in 2016. It does appreciate that the government is trying to establish an agency to deal with the matter. This delay underscores the enormous practical difficulties in establishing exactly who is buried there.

11. In cases where the mothers were in the homes when the child died, it is possible that they knew the burial arrangements or would have been told if they asked. It is arguable that no other family member is entitled to that information. It is clear to the Commission that a number of mothers whose children died in the institutions never spoke about this to other family members. Despite the fact that thousands of babies died, the Commission is aware of only a few mothers, who were not in the institution when the child died, who subsequently sought information on the burial locations of their children. At least one was given incorrect information - this was unforgiveable.

12. The Commission considers that a right to information of this nature should be confined to parents and siblings.

Redress

13. Redress can be financial or can be in the form of enhanced services. The Commission considers that services such as counselling and enhanced medical cards[2] should be made available to those former residents who need them. It also wishes to make clear that many, probably most, former residents are managing their lives very well and it should not be assumed that they are in need of dedicated State support. A number of former residents have also expressed the view that an apology would be appropriate.

[2] As provided for by the *Health (Amendment) Act 1996*.

14. Any decision on financial redress is a matter for government. The Commission recognises that it is not possible to provide financial redress for all the wrongs that occurred in the past (or, indeed, that are currently occurring). It is arguable, for example, that unmarried mothers, who were not in mother and baby homes and who reared their children without any financial assistance from the State, have as good a case for redress as unmarried mothers who were in mother and baby homes paid for by the State. Financial redress for past wrongs involves the present generation paying for the wrongs of earlier generations and it could be argued that this is unfair. However, while recognising that all wrongs cannot be put right and that some groups have received financial redress, the Commission considers that the State does have an obligation not to discriminate between people in similar situations.

15. Financial redress has been awarded in the past to a number of groups. If redress is being considered for former residents of mother and baby homes, the relevant comparable redress schemes are the Residential Institutions Redress Scheme (RIRS) (for the children) and the Magdalen laundries scheme (for the mothers).

The Residential Institutions Redress Scheme

16. The Residential Institutions Redress Scheme was the largest redress scheme provided by the Irish Government.[3] It covered former residents of industrial schools and of a range of orphanages and hospitals. In order to get redress, former residents of the institutions covered by the RIRS had to prove that they were resident and then had to show that they had suffered physical, sexual, or emotional abuse resulting in injury to them. (The simple fact of residence was not sufficient to get redress.) By the end of 2016, 16,650 awards had been made. The average value of an award was €62,250, with the largest being €300,500. It is impossible to know how many people were theoretically eligible because the numbers in the various institutions are unknown as, inevitably, are the numbers who were still alive when the scheme was announced. There are still a small number of cases to be decided but the scheme was all but over by 2016 although the administration arrangements are still in place. These arrangements could be used or a different but equivalent scheme could be drawn up.

[3] www.rirb.ie

17. The scheme has cost approximately €1.1 billion. Everyone who received an award from the RIRB was also eligible for funding from the Residential Institutions Statutory Fund (CARANUA). CARANUA is now winding down.

18. The Commission's 2nd Interim Report gives a detailed description of the development of the RIRS and pointed out that there were inconsistencies in the decisions to include/exclude some institutions. That report was completed in August 2016 and was based on information available to the Commission at the time. The information gathered subsequently does not change the Commission's view about inconsistencies. It is now clear to the Commission that the group whose exclusion is most egregious is the former child residents of the Tuam home. Tuam was a local authority home and many children remained in residence until they were seven years or older. Tuam was similar in virtually all respects to Pelletstown and there is no basis for the exclusion of Tuam when Pelletstown was included. The same argument could be made about Kilrush but it is largely academic as it is unlikely that any of its former residents are still alive.

19. The children who were resident in the other mother and baby homes without their mothers also have a strong case for being considered for redress. As was pointed out in the 2nd Interim report, the criterion for inclusion in the scheme was whether or not a public body had a regulatory or inspection function in respect of that institution. It is abundantly clear now that all the institutions investigated by the Commission meet this criterion.

Young mothers in the institutions

20. The RIRS applied to children under the age of 18. This means that, if it were to be extended to the institutions under the Commission's remit, a number of young mothers would be eligible.

Other institutions

21. There may be other institutions not investigated by the Commission which were unfairly excluded from the scheme, for example, Westbank,[4] to which attention was drawn in the 2nd Interim Report.

[4] Westbank/Mayil was an orphanage associated with the Bethany Home.

Was there abuse

22. The inclusion of institutions in the scheme was not based on knowledge of abuse within the institution so knowledge of abuse within the institutions ought not be a criterion. The Commission, however, considers that there is evidence of some abuse of children in a number of the institutions. The Commission has not heard any evidence of sexual abuse of child residents. It has heard some evidence of physical abuse which, while unacceptable, was minor in comparison to the evidence of physical abuse documented in the Ryan Report. There is evidence of emotional abuse; however, it would appear that the abuse suffered by, for example, former Tuam child residents, came, at least as much if not more, from local residents and other school going children as from the institution itself. The major abuse suffered by former Tuam child residents came when boarded out.

23. The Commission assessment in respect of each institution under its remit is as follows:

Pelletstown: this was included in the RIRS so no issue arises.

Belmont, Miss Carr's, The Castle, Regina Coeli: children were not resident without their mothers so the question of redress does not arise.

Dunboyne: Logically former child residents should be eligible but the Commission has seen no evidence of any abuse in Dunboyne; babies stayed for such a short time (many did not stay there at all) that a claim of abuse would be virtually impossible to sustain. The young mothers who were there would also have difficulty establishing that there was abuse.

Tuam, Bessborough, Castlepollard, Sean Ross, Bethany, Denny: the former child residents should all be eligible. It seems to the Commission that those who spent very short periods in the institutions would find it very difficult to establish that they had been abused.

County homes: those children resident in county homes without their mothers should all be eligible. They include many 'legitimate' and 'illegitimate' children with disabilities who were in the county homes because there was no alternative institutional accommodation. Those children with disabilities who were in specialist homes for children with disabilities were included in the scheme. The Commission has not heard direct evidence of abuse of children in county homes but is aware that the sleeping arrangements were often inherently unsafe particularly for boys who often slept in adult wards and sometimes in the same bed as an adult.

The Magdalen laundries scheme

24. Subsequent to the publication of the McAleese Report, the Quirke report on the *Establishment of an ex gratia Scheme and related matters for the benefit of those women who were admitted to and worked in the Magdalen Laundries* was published in May 2013. It recommended the establishment of a Magdalen Restorative Justice Ex-Gratia Scheme. This scheme was initially for former residents of 12 Magdalen institutions - the ten investigated by McAleese and two others. In May 2018, the scheme was extended to women who worked in the laundries of the 12 institutions but who lived in one of the adjoining 14 institutions. Former residents of these 14 institutions were also eligible under the RIRS (see Chapter 2). By 18 September 2020, a total of €31.95 million had been paid to 803 applicants; 726 were from the original 12 institutions and 87 from the adjoining institutions. A small number of applications were still being processed and a number of awards are subject to review.[5]

25. The scheme provides for a general payment and a work payment; both are related to the length of residence. The full details are set out in the Quirke Report.[6] Some relevant examples are:

Length of residence	General payment	Work payment
Up to three months	€10,000	€1,500
1 year	€14,500	€6,000
18 months	€17,500	€9,000
2 years	€20,500	€12,000

Should a similar scheme apply to women in mother and baby homes?

26. The women who were resident in the Magdalen laundries received redress because they were considered to be incarcerated and because they did commercial work for no pay. The women who were in mother and baby homes were not in quite the same situation as the women in Magdalen laundries but there are some similarities.

27. The women in mother and baby homes should not have been there. They should have been at home with their families. However, the reality is that most had no choice - they were, or expected to be, rejected by their families and they needed a

[5] http://justice.ie/en/JELR/Ex-Gratia%20Scheme%20FINAL.pdf/Files/Ex-Gratia%20Scheme%20FINAL.pdf
[6] http://www.justice.ie/en/JELR/THE%20Quirke%20report.pdf/Files/THE%20Quirke%20report.pdf

place to stay. Most were unable to provide for the baby. They were not 'incarcerated' in the strict meaning of the word but, in the earlier years at least, with some justification, they thought they were. They were always free to leave if they took their child; some did leave before the child was born and some left without their child. Most had no money and nowhere to go. The introduction of the Unmarried Mother's Allowance in 1973 changed that. The Commission considers that women who entered mother and baby homes after 1973 do not have a case for financial redress.

28. It could be argued that women who had to stay for two years or more because alternative arrangements had not been made for their children could be regarded as 'incarcerated' in the same way as women in Magdalen laundries. It can also be argued that they did have responsibilities towards their children and the only way in which they could fulfil those responsibilities was by remaining in the institutions.

29. There is no doubt that women in mother and baby homes were subjected to emotional abuse but there is very little evidence of physical abuse and no evidence of sexual abuse.

30. Most women in mother and baby homes were not required to do commercial work. They were expected to work but this was generally work which they would have had to do if they were living at home, for example, cleaning their living quarters, doing their own laundry, cooking, carrying out farm work. It is probably the case that more intensive and more frequent cleaning was required in the institutions than would be required in a normal home. Some mother and baby homes had farms attached and the women worked on the farms. This work was no different from that carried out by women on farms all over the country. There is some evidence of women being required to carry out work that would be considered unsuitable for women, for example, there is evidence that women in Castlepollard may have been required to chop wood and a witness has said that he saw women in Sean Ross chopping wood.

31. There were groups of unmarried mothers who did carry out what might be termed 'commercial work'.

Women in county homes: Women who were in county homes did not just look after themselves and their children. They also looked after other residents of the county homes; these other residents were older people, sick people and people with disabilities, and they were carrying out unpaid work on behalf of local authorities. This was difficult, arduous work for which they ought to have been remunerated.

Women in Tuam: Mothers frequently left Tuam several years before their children. This meant that the remaining mothers had to care for their own child as well as a large number of other children. It is arguable that they should have been remunerated for this.

Women who worked outside the institutions without pay: There is evidence that some residents of Sean Ross worked in the local district hospital. This should have been remunerated.

32. The Commission recommends that these three groups be eligible for a redress scheme similar to the Magdalen scheme.

33. Women who spent lengthy periods (for example, in excess of six months) in mother and baby homes before 1974 should also be considered for redress along the lines of the Magdalen basic payment related to time spent. Six months has been selected as the cut-off date because it is the average length of time that women spent in mother and baby homes in other countries.

Other issues

The language of adoption

34. Some former residents and lobby groups have suggested that 'adoption' should be renamed 'forced adoption'. The Commission does not agree. The Commission found very little evidence that children were forcibly taken from their mothers; it accepts that the mothers did not have much choice but that is not the same as 'forced' adoption. Mothers did have time after the initial placement for adoption to reassess the situation. The Commission has not come across the sort of practices in relation to adoption that were outlined in the Australian Senate *Community Affairs References Committee Commonwealth Contribution to Former Forced Adoption Policies and Practices 2012*.[7] The principle reason why adoption

[7] https://www.aph.gov.au/parliamentary_business/committees/senate/community_affairs/completed_inquiries/2010-13/commcontribformerforcedadoption/report/index

became so popular after it was formally introduced in 1953 was lack of family and community support for mothers who wished to keep their child. Its availability also meant that women did not have to stay as long in the institutions.

35. Most families adopted the child believing it to be in the best interest of the child and great care needs to be taken that such families (or their adoptive children) are not denigrated in any way and that the term 'adoption' should not be revised to portray that all, or even most, adoptions were forced or illegal. There is no doubt that the option of legal adoption was a vastly better outcome for the children involved that the previous informal adoption or nursed out arrangements and it resulted in fewer children spending their early lives in institutions.

Memorialisation

36. A number of initiatives can be included under this heading but ultimately it is a matter for the former residents as to what type of memorial they would like to see. The former residents of Bethany have a prominent memorial in Mount Jerome cemetery and it may be that others might like to follow that lead. Local authorities should be in a position to provide some funding for local memorialisation projects. The question of an all-Ireland memorial should be a matter for the various groups involved who should be consulted before any funding is made available for such a project. The government could consider earmarking a specific fund for current disadvantaged children (for example, children in direct provision, or children with special needs and naming it in honour of, say, the children who died in Tuam.

Education

37. As part of its contribution in the area of education the Commission liaised with students from Ballyfermot Senior College to compile a short video on the experiences of women and children who spent time in the institutions being investigated. This video forms part of the report being submitted and it is hoped that the Minister for Children, Equality, Disability Integration and Youth will engage with his counterpart in the Department of Education to have it made available to second level schools. The presentation is aimed at 14-16 year olds.

38. A number of scholarships should be created for further research in memory of all the children who died, with preference given to children from disadvantaged households.

Boarded out children

39. Some children who were boarded out were treated very badly and some were treated well. A small number have told the Commission that they inherited farms from their foster parents but they had to pay taxes for which birth children and adopted children were not liable. The Commission considers that an ex gratia payment could be made to compensate for this.

Recommendations about archives

40. The Commission's Terms of Reference provide that 'In order to assist public understanding the Commission should provide in its reports an outline of the archival and other sources of most relevance to these issues and the nature and extent of the records therein, together with the challenges and opportunities in exploiting these sources for the purpose of further historical research or examination'.

41. The sources used by the Commission are outlined in Part 5. The Commission has identified a number of 'challenges and opportunities' provided by these sources to enhance public understanding.

Institutional records

42. The principal source of information for this report was the institutional records of the various institutions. As is described in Part 5, these are mainly registers of details about the former residents. These details have been transcribed into the Commission's electronic database of individuals. This database is being made available to the Child and Family Agency (Tusla) to assist with information and tracing. The bulk of the information in this database and in the original records on which it is based is sensitive personal information. In some cases, it is not even available to the individuals themselves. As stated above, the Commission considers that it should be available to the individuals.

Department of Health records

43. Apart from the institutional records of the individual institutions, the largest collection of files examined by the Commission was provided under discovery by the Department of Health in the form of digital copies (see Introduction). The originals are held by the Department of Health or its successor, the Department of Children, Equality, Disability, Integration and Youth. The overwhelming majority of

these files are over 30 years old. Under the terms of the *National Archives Act 1986* they should be publicly available in the National Archives of Ireland (NAI). These files have been listed by the Commission's archivist. The Commission recommends that digital copies, together with a descriptive list, be made available within six months to readers in the NAI.

44. Section 8 (c) of the 1986 Act provides for the withholding of files that:

> would or might cause distress or danger to living persons on the ground that they contain information about individuals, or would or might be likely to lead to an action for damages for defamation.

45. Some files would need to be withheld or partly redacted in accordance with this section. However, this process should not be used to delay public access; files should be made available as they are cleared, and the work should be completed within 12 months.

46. Most of the files that would be withheld/redacted relate to inspections of boarded out children and children at nurse, and the files relating to women who contacted the DLGPH seeking assistance, including many files relating to women who had returned from England from the 1940s until 1961. The files on boarded out children contain important information about the children's health, physical descriptions, comments about their personality, education, and their foster homes. The files relating to the women contain details about their family and about the circumstances of the pregnancy. The Commission considers that these files should be used to create two databases, by name, one relating to the foster children and one relating to the women. They could be linked with the Commission's electronic database of individuals where possible (many of the boarded out children were never in mother and baby homes so there would be no connection with the Commission's database) but almost all of the women who made contact with the DLGPH were admitted to mother and baby homes that were investigated by the Commission. This information should be made available to the individuals or their immediate family under the normal Freedom of Information and data protection rules.

Industrial school and adoption records

47. The Commission's electronic database of individuals could also be expanded by incorporating information collected by the Ryan Commission about the children in

industrial schools, records held by the Department of Education about industrial schools and records held by the Adoption Authority of Ireland. This would provide a more comprehensive picture of the longer-term outcomes for children born in mother and baby homes.

Death registers

48. Consideration should also be given to examining death registration records of the children who were born in mother and baby homes in the 1920s and the 1930s and who subsequently lived in the community or in institutions with a view to establishing their age at death and causes of death. In order to achieve a comprehensive picture it would be necessary to also check UK death registers. The purpose of this exercise would be to try to establish some of the long-term consequences of birth in mother and baby homes and being raised apart from one's mother.

Local authority records

49. Access to the records of local authorities, which includes the records of county homes, is governed by Section 80 of the *Local Government Act 2001*, which states:

> Subject to the other provisions of this section, it is a function of a local authority to make arrangements for the proper management, custody, care and conservation of local records and local archives and for inspection by the public of local archives.

50. The thirty-year rule applies, similar to national government archives, as do provisions for withholding access of files containing information about individuals. Virtually all of the local authority records used by the Commission are over 30 years old. We recommend that local authorities should examine their archives, with a view to identifying all material that is relevant to the issues investigated by this Commission, and they should make these files available to the public, subject to the requirement to withhold or redact some files.

HSE records

51. There are no regulations governing the preservation of, and access to, the HSE records or the records of its predecessors in title. The HSE was unable to find many of the records which would have assisted the Commission in finding out more about the institutions under investigation. This should be addressed by legislation requiring the

HSE and other State bodies (including, for example, the Child and Family Agency) to maintain records in broadly the same way as local authorities.

Diocesan and religious order records

52. Diocesan records and the records of the religious orders involved in the institutions are the property of the holders and they have the right to determine who gets access. The Commission was given voluntary access to every diocesan archive which was asked. Two of the religious orders provided extensive documentation under orders for discovery while others provided the limited documentation which they had available. The Commission would encourage relevant religious orders to make more documentation publicly available.

General

53. The Commission recommends that the Department of Children, Equality, Disability, Integration and Youth appoint a qualified archivist to draft a guide to the records that are of interest to those who have either a personal or academic interest in the history of women and children in residential institutions.

Time Line

1765: The Magdalen Asylum, later called Denny House, was founded.

1902: Mrs Dickie was appointed in March as the first woman inspector of boarded-out children; in November Miss Fitzgerald-Kenney was appointed to join her.

1906: The Vice-Regal Commission on Poor Law Reform in Ireland reported. It suggested that mother and baby homes should be established in Ireland to cater specifically for first time unmarried mothers, owned or managed by religious communities or philanthropic persons, or disused workhouses that were adapted for the purpose and would only accommodate single mothers and their children these special homes should be managed by committees of contributory Boards of Guardians.

1908: The *Children Act* introduced regulations and inspections of boarded out children; local authorities were required to appoint infant protection officers to inspect homes where children were nursed out.

1910: The Nursery and Rescue Home and Rotunda Protestant Girls' Aid Society was established in Templeogue, Dublin, as a shelter home for Protestant women experiencing a 'first fall' pregnancy.

1911: Census.

1916: Introduction of the Maternity and Child Welfare Scheme.

1918: The *Midwives Act*, was designed to ensure that only registered midwives and other qualified persons attended women in childbirth; the North and South Dublin Unions merged to become the Dublin Union.

1919: Pelletstown (later called St Patrick's, Navan Road) opened as a mother and baby home.

1920: Denny House (then called the Magdalen Asylum) started to receive state funding; Sinn Féin gained control of most local authorities following elections.

1921: The Children's Home for children and unmarried mothers was established in the workhouse in Glenamaddy (it later moved to Tuam); by 1921; the Dublin/Leeson Street Magdalen Asylum/Home had been transformed into a mother and baby home, exclusively for Protestant women experiencing a 'first fall'; Miss Alice Litster was appointed an inspector in the Dáil Department of Local Government.

1922: Establishment of the Irish Free State; *Constitution of the Irish Free State (Saorstát Éireann) Act*; Bethany (in May) and Bessborough (in November) opened as mother and baby homes; the Nursery and Rescue Home and Rotunda Protestant Girls' Aid Society changed its work to the nursing out of children born to Protestant unmarried mothers and renamed itself the Nursery Rescue and Protestant Children's Aid Society; the Rotunda Hospital first introduced ante-natal care.

TIME LINE

1923: The *Local Government (Temporary Provisions) Act* provided for the county schemes; Thomastown union workhouse becomes the Kilkenny county home; Miss Alice Litster was appointed temporary inspector of boarded-out children; The Irish Free State joined the League of Nations on 10 September.

1924: The Department of Local Government and Public Health (DLGPH) was established under the *Ministers and Secretaries Act 1924*; Boards of Health or Boards of Public Assistance were established; severe outbreak of measles in Pelletstown; severe outbreak of influenza in Bethany; original Declaration on the Rights of the Child was adopted by the League of Nations General Assembly on 26 November.

1925: The Children's Home moved to the former workhouse in Tuam in June; the Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor was established; the Shannon Scheme is approved.

1926: St Vincent's Home, Cabra, opened as a residential centre for children with intellectual disabilities.

1927: The Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor published its report; the Electricity Supply Board was established; electric lighting was installed in the Tuam home.

1929: The DLGPH issued a circular to all boards of health and public assistance seeking information about the number of unmarried mothers in county homes; local authorities were asked to submit those statistics on a six-monthly basis.

1930: Bessborough maternity unit opened; a purpose designed admission register was introduced in Bessborough; Regina Coeli Hostel opened; The *Illegitimate Children (Affiliation Orders) Act* provided that putative fathers could be made liable for maintenance of their illegitimate child if paternity could be established; the Anglican Church withdrew its opposition to contraception for married couples; Pope Pius XI responded with the encyclical *Casti Connubii* published on 31 December.

1931: Sean Ross opened as mother and baby home; The *Legitimacy Act* provided that the child of an unmarried woman was 'legitimate' if the parents married within ten months of the birth; there was an agreement between Galway county council and Mayo county council to admit women and children from that county to Tuam;

1932: Kilrush closed; St Philomena's opened; The *Therapeutic Substance Act* to regulate the manufacture, import and sale of therapeutic prophylactic and diagnostic substances was passed; Miss Alice Litster was appointed inspector of boarded out children.

1933: Unemployment Assistance was introduced; The *Public Hospitals Act 1933* listed mother and baby homes among the institutions that were eligible to apply for hospitals sweepstake money.

1934: The *Registration of Maternity Homes Act* provided that all maternity homes were required to register and became subject to inspection; The *Children Act* closed some gaps in the 1908 Act; Bethany moved to premises on Orwell Road; the Dublin municipal health authorities introduced an anti-diphtheria immunisation scheme in city schools (rolled out the following year).

1935: Pelletstown maternity unit opened; Tuam maternity unit opened; Castlepollard opened as mother and baby home; anti-diphtheria vaccine trial in Dublin Union on 24 children in January; Widows and Orphans Pensions were introduced.

1936: Work started to connect the Tuam home to the sewerage system; the papal prohibition on religious sisters engaging in midwifery or attending at births was removed; virulent outbreak of diphtheria in Sean Ross; antenatal clinic opened at the Rotunda; a routine anti-diphtheria immunisation scheme in county Waterford resulted in 24 children contracting tuberculosis.

1937: in April, a 12 year old died following the immunisation disaster of the previous year; Bunreacht na hÉireann replaces the constitution of the Irish Free State; BCG vaccination first introduced to Ireland by physician in St Ultan's.

1938: Miss Alice Litster replaced Mrs Margaret Crofts as Inspector General of boarded out children in the DLGPH; Miss Kennedy O'Byrne and Miss Mary Murray were appointed inspectors of boarded out children.

1939: The *Public Assistance Act* was passed but did not come into effect until 1942; the government established a therapeutic substances advisory committee.

1940: The CPRSI assumed responsibility for the repatriation of Irish unmarried mothers; Emmanuel Home, a children's home that accommodated many children who had previously been in Bethany, challenged the right of the DLGPH to carry out an inspection on the grounds that children placed there were not maintained for reward; John Charles McQuaid becomes archbishop of Dublin.

1941: *Children Act*; epidemic of gastro-enteritis in Dublin; new admission to Castlepollard ceased due to overcrowding; the government introduced a food allowance scheme for welfare recipients living in urban areas.

1942: New admissions to Castlepollard resumed and its maternity hospital, St Peter's, opened; the *Public Assistance Act 1939* and the *County Management Act 1940* came into effect.

1943: the Joint Committee of Women's Societies and Social Workers sent a memorandum to Government (and others) on the issue of children in institutions.

1944: St Clare's Hospital was established as an infectious diseases hospital for children; the Joint Committee of Women's Societies and Social Workers submitted a memorandum to the

DLGPH about unmarried mothers and their children; outbreak of typhoid in Sean Ross; Children's Allowances were first introduced for the third and subsequent children in a family.

1945: Bessborough closed to new public patients; Sean Ross closed to new admissions; The Charter of the United Nations was signed on 26 June and came into force on 24 October.

1946: An isolation unit was opened in Pelletstown; Penicillin was first used to treat infants in Bessborough in April; Mary E. Murray was appointed Inspector of Boarded Out Children (north of the country); rural electrification began.

1947: The *Health Act* and the *Health Services (Financial Provisions) Act* were passed; Department of Local Government and Public Health was divided and a separate Department of Health was established; bread rationing was introduced; *Nuremberg Code* set standards relating to clinical trials conducted on human subjects.

1948: Miss Fedelma Clandillon was appointed Inspector of Barded Out Children (south of the country); Fianna Fáil government was defeated in February general election; Dr Noël Browne became Minister for Health in the subsequent coalition government; regulations were introduced providing the basis for nationwide programmes of immunisation against diphtheria, whooping cough and later polio; the Commission on Emigration and other Population Problems was established; The Universal Declaration of Human Rights was adopted by the United Nations General Assembly on 10 December.

1949: An inter-departmental committee on the reconstruction and replacement of county homes was established.

1951: The county homes interdepartmental committee submitted its report; The White Paper on the Reconstruction and Improvement of County Homes was published; Mother and Child welfare scheme was proposed by the Minister for Health Dr Noël Browne to improve maternal and infant health.

1952: The *Adoption Act* was passed; The *Social Welfare Act*, provided for maternity allowances; The *Vital Statistics and Births, Deaths and Marriages Registration Act 1952* provided for a short form birth certificate.

1953: The *Health Act* provided for free maternity care for women and free medical care for infants up to six weeks old and it also made some changes to the public assistance laws - Maternity Allowance was introduced; the *Adoption Act 1952* came into effect on 1 January 1953; the first children's officer - the precursor of professional social worker in child care - was appointed; The European Convention on Human Right was adopted by the Council of Europe on 3 September.

1954: A new maternity unit opened in St Kevin's; the Commission on Emigration and other Population Problems reported.

1955: Dunboyne opened as mother and baby home; a child guidance clinic, run by the Hospitaller Order of St John of God opened; Ireland became a member state of the United Nations, and accepted the obligations contained in the charter, on 14 December.

1956: Suez Canal crisis occurred, resulting in economic downturn; a staircase collapsed in Regina Coeli; there was an outbreak of polio in Cork; paediatrics was introduced to the final medical examination syllabus.

1957: Miss Margaret Reidy became mother and baby homes inspector; St Louise's Adoption Society was established to deal with adoptions from Pelletstown; The *Children (Amendment) Act* was passed.

1959: The Magdalen Asylum (Denny House) moved to 83 Eglinton Road; The expanded declaration on the rights of the child was adopted by the United Nations General Assembly on 20 November.

1960: The Dublin, Cork, Limerick and Waterford health authorities were established; four-in-one (vaccine (Diphtheria, Tetanus, Pertussis, and Polio) vaccine trial started.

1961: Tuam Children's Home closed; Census; the Commission of Inquiry on Mental Illness was established.

1962: The second Vatican Council started; *Report of the Medical Research Council (UK)* dealing with vaccine trials was published.

1963: Regina Coeli was condemned as unsafe; the contraceptive pill became available on prescription through the coded language of using it 'as a means of regulating a woman's menstrual cycle'; The *Adoption Bill* was passed; the report of the Commission on Itinerancy was published.

1964: The *Guardianship of Infants Act* clarified that an unmarried mother is automatically the guardian of her child; the play *An Triail* (*On Trial*) by Máire Ní Ghráda was first produced; unmarried mothers start to appear in the media; measles vaccine trial on 12 children in Sean Ross.

1965: The *Succession Act* was passed; the Commission of Inquiry on Mental Handicap published its report; the second Vatican council closed; the chromosomal abnormality in trisomy 21 was discovered; the term 'mongolism' was officially replaced with 'Down's syndrome'; suspected polio and suspected measles vaccine trials in Pelletstown; suspected measles vaccine trial in Bessborough; Quintuple vaccine trial in Pelletstown and Bessborough started in August (and concluded the following year).

1966: Census; free secondary education was announced; the Commission of Inquiry on Mental Illness reported; the National Drugs Advisory Board was established; The International Covenant on Civil and Political Rights was adopted by the United Nations General Assembly on 16 December.

1967: *Abortion Act* in England; introduction of free second-level schooling.

1968: Measles vaccine trial in Pelletstown; milk trial in Bessborough and in Pelletstown; papal encyclical *Humanae Vitae* was issued; introduction of free school transport and grants for attending third-level institutions; the European Convention on the Adoption of Children was signed and ratified by Ireland on 25 January.

1969: Sean Ross closed; milk trial in Bessborough and in Pelletstown in April; a family planning clinic, the Fertility Guidance Company (later the Irish Family Planning Association) opened in Dublin (despite the prohibition on contraception); moon landing in July.

1970: The *Health Act* established the regional health boards; *Reformatory and Industrial Schools Systems Report* (commonly known as the Kennedy Report) was published; a national conference on the unmarried mother was held in Kilkenny; Miss Murray retired and Miss Clandillon had responsibility for boarded out children.

1971: Castlepollard closed; the changeover to decimal currency occurred; Ccensus; Irish Association of Social Workers was established; St James' Hospital was established as a result of the amalgamation of a number of different hospitals; Archbishop McQuaid resigned.

1972: Bethany Home closed; Miss Carr's Flatlets opened; Cherish, an organisation for one-parent families, was founded.

1973: DTP vaccine trial in Pelletstown started; Ireland became a member of the European Economic Community; the Unmarried Mother's Allowance was introduced; the report of the *Commission on the Status of Women* recommended significant reforms relating to women's work, legal status and welfare entitlements; the ban on the employment of married women in the civil service was (partially) lifted; Britain's National Council for the Unmarried Mother and her Child (NCUMC) changed its name to the National Council for One-Parent Families; Cherish became a limited company with Senator Mary Robinson as President; oil crisis; Ireland signed the International Covenant on Civil and Political Rights in October; The Convention on the elimination of all forms of discrimination against women was adopted by the United Nations General Assembly on 18 December.

1974: A High Court judgment determined that the proceeds of the sale of Bethany Home should be allocated to Denny House and to Miss Carr's Children's Home; vaccine trial in Pelletstown concluded; In *McGee v The Attorney General,* the Supreme Court ruled that married couples had a constitutional right to make private decisions regarding family planning; the *Anti-Discrimination (Pay) Act* was passed; Senator Mary Robinson had introduced the *Illegitimate Children (Maintenance and Succession) Bill) 1974.*

1975: The High Court found that the requirement of uniformity of religion in the *Adoption Act 1952* amounted to discrimination on grounds of religious belief in breach of Article 44.2.3 of the Constitution.

1976: Comhairle na n-Ospidéal issued a discussion document on the *Development of Hospital Maternity Services* which recommended that in-patient maternity services should be

concentrated in hospitals catering for 1,500 - 2,000 deliveries a year, meaning that there should be no more births in the mother and baby homes; The International Covenant on Civil and Political Rights came into force on 23 March.

1977: The *Employment Equality Act* was passed.

1978: the European Convention on the Legal Status of Children born out of Wedlock came into force in August.

1979: *Health (Family Planning Act)* – contraception was legalised on prescription for family planning purposes only (de facto restricting it to married couples); The Magdalen Asylum changed its name to Denny House and amended its charter to admit unmarried mothers without religious restriction, and, in certain circumstances, married women; the Dublin Rape Crisis Centre was founded; Pope John Paul II visited Ireland.

1980: The maternity unit at Pelletstown closed; The Daughters of Charity bought adjoining houses on Belmont Avenue to provide flatlets or hostel type accommodation for unmarried mothers and their children.

1981: The *Maternity (Protection of Employment) Act* was passed; Census; The Convention on the elimination of all forms of discrimination against women came into force on 3 September.

1982: The Castle opened; unmarried teacher Eileen Flynn was dismissed from her convent secondary school when she became pregnant; the Eastern Health Board established a committee on support services for unwanted pregnancies; the law reform commission's report on illegitimacy was published.

1983: The eighth amendment to the Constitution of Ireland was approved in a referendum; a review committee on adoption services was established.

1984: Ann Lovett died; the Employment Appeals Tribunal upheld the right of the religious order to dismiss teacher Eileen Flynn - this judgment was upheld by the High Court; the report of the review committee on adoption was published; The Convention against Torture and other cruel, inhuman or degrading treatment or punishment was adopted by the United Nations General Assembly on 10 December.

1985: Pelletstown closed and its much smaller successor opened in Eglinton Road; the *Health (Family Planning), (Amendment) Act* was passed; Bessborough maternity unit closed; responsibility for Denny House was transferred from the Department of Health to the community care section of the Eastern Health Board; The *Age of Majority Act* was passed; The Convention on the elimination of all forms of discrimination against women was ratified by Ireland on 23 December.

1987: *Johnson v Ireland* in the European Court of Human Rights challenged the lack of divorce in Ireland and the legal status of 'illegitimate' children; The *Status of Children Act* abolished the status of 'illegitimacy'.

TIME LINE

1988: the European Convention on the Legal Status of Children born out of Wedlock was signed and ratified by Ireland in October.

1989: the Convention on the Rights of the Child was adopted by the United Nations General Assembly on 20 November; Ireland ratified the International Covenant on Civil and Political Rights in December; The Convention against Torture and other cruel, inhuman or degrading treatment or punishment came into force on 26 June; the European Convention on the Legal Status of Children born out of Wedlock became binding in Ireland in January.

1990: Dunboyne began the process of closing; the Convention on the Rights of the Child came into force on 2 September and was signed by Ireland on 30 September.

1991: the *Child Care Act* was passed but much of it did not come into effect until 1996.

1992: Subsequent to the *X* case, the Supreme Court established the right to abortion if the pregnant woman's life was at risk because of pregnancy; The Convention against Torture and other cruel, inhuman or degrading treatment or punishment was signed by Ireland on 28 September; the Convention on the Rights of the Child was ratified on 28 September.

1993: Bishop Eamon Casey resigned following the discovery that he was the father of a child; The Second Commission on the Status of Women reported; The Hague Convention on Intercountry Adoption concluded.

1994: Denny House closed; The *Stillbirth Registration Act* was passed.

1995: The constitutional ban on divorce was removed; a Commission on the Family was established.

1998: The *Adoption Act* was passed; the Commission on the Family published its report.

Introduction

1. The Commission was established on 17 February 2015 under the *Commissions of Investigation Act 2004*. Its Terms of Reference are set out in Statutory Instrument 57/2015: http://www.irishstatutebook.ie/eli/2015/si/57/made/en/print.

2. The Government appointed Judge Yvonne Murphy as Chair of the Commission and Professor Mary E Daly and Dr William Duncan as members.

3. Under the 2004 Act, the Department of Children and Youth Affairs (DCYA)[1] was the department responsible for overseeing administrative matters relating to the establishment of the Commission, for receiving its reports and for receiving its records when it has completed its work. Under the *Commission of Investigation (Mother and Baby Homes and certain related Matters) Records, and another Matter, Act 2020*, the database of individuals compiled by the Commission will also be transferred to the Child and Family Agency (Tusla).

4. Prior to the establishment of the Commission, a premises had been prepared by staff of the Department of Children and Youth Affairs under the direction of Ms Vera McGrath.

5. The Commission was initially given 18 months to complete the Social History and Confidential Committee sections of the report and three years to complete the entire report. This proved impossible to achieve and the Commission sought and was granted a number of extensions. The Commission issued a number of interim reports outlining its progress.[2] Two of these Interim Reports outline some of the findings of the Commission and constitute part of this final report. These are the Second Interim Report[3] dated 16 September 2016 which deals with, among other things, the Residential Institutions Redress Scheme and the Fifth Interim report[4] dated 15 March 2019 which deals with burials.

6. The Commission was established because of concerns that had been raised about what happened in mother and baby homes. A particular catalyst was the discovery by Catherine Corless of the possible burial arrangements for children who died in

[1] The name of that department was changed in October 2020 to the Department of Children, Equality, Disability, Integration and Youth.
[2] https://www.gov.ie/en/publication/873470-commission-of-investigation-into-mother-and-baby-homes-and-certain-r/
[3] https://www.gov.ie/pdf/?file=https://assets.gov.ie/26424/d934467e5b0e46a5b4217e4a997afd48.pdf#page=1
[4] https://www.gov.ie/pdf/?file=https://assets.gov.ie/26901/6de0eb1f8c4647bda67985e2a4428e37.pdf#page=1

the Tuam Children's Home. The subsequent newspaper coverage of an incomplete HSE document which was thought to have described significant issues in Bessborough and Tuam added to the concerns. Ms Corless's concerns were well established and have already been confirmed by the Commission. The treatment of the incomplete HSE document has resulted in a perception that what was reported was fact and these 'facts' have come to be accepted and further promulgated by media, members of the Houses of the Oireachtas, former residents and campaigning groups.

The task of any Commission of Investigation is to investigate the matters set out in its Terms of Reference. It must carry out its work in accordance with the 2004 Act and its Terms of Reference. It must look at all the available evidence and reach conclusions based on that evidence. It must be objective, rigorous and thorough. The conclusions it reaches may not always accord with the prevailing narrative.

How the Commission undertook its work

7. The initial focus of the Commission's work was

- to establish what records and information were available to enable it to fulfil the requirements of its Terms of Reference;
- to investigate the Tuam site;
- to establish the Confidential Committee and make arrangements for its hearings.

8. The Commission immediately began inquiries into the Tuam site. It held hearings with relevant experts, former residents and local people in June 2015. In October 2015, the physical investigation of the Tuam site began. The subsequent investigations and results are described in the Commission's Fifth Interim Report.

9. The establishment and work of the Confidential Committee is described in Part 4 of this report.

Finding the relevant records

10. The Commission had prior approval from the DCYA to recruit a number of staff. It immediately started a recruitment process to recruit researchers, archivists and lawyers. Advertisements for researchers and archivists were placed in third level institutions and advertisements for lawyers were placed in third level institutions and in the premises of the Incorporated Law Society and the Bar Council. Historians with PH.D level qualifications and qualified archivists were recruited in June - September 2015 and a number of more junior researchers were also recruited. A panel of lawyers was drawn up and the Commission used their services as required.

11. In February 2015, the Commission met the Child and Family Agency (Tusla) to make arrangements for the institutional records held by Tusla to be made available to the Commission. The institutional records of Pelletstown were available on an electronic records management system and arrangements were made for Commission staff to have access to this system in order to compile the Commission's database of individuals who had been resident in the various institutions.

12. Commission members and staff visited some of the Tusla offices where the institutional records were held in order to see the extent and nature of the records. Meetings were also held with relevant bodies including the Department of Health, the Department of Education and the General Register Office (GRO) in order to assess the availability of records. The National Archives of Ireland (NAI) agreed to allow a Commission archivist to work there for a period in order to establish what relevant records were available. The Commission's archivist worked there for a year listing the various relevant departmental records. The Commission's researchers then spent considerable time examining these records making notes and photocopying relevant material.

13. The Commission's researchers also visited archives all around the country to try to establish what records were available. A decision had to be made about which county homes to investigate. Having established what records were available, the Commission decided, in April 2016, to investigate the following county homes

- St Kevin's Institution (Dublin Union)
- Stranorlar County Home, Co Donegal (St Joseph's)

- Cork City County Home (St Finbarr's)
- Thomastown County Home, Co Kilkenny (St Columba's).

14. This decision was largely based on the fact that these county homes had extant registers which could be analysed; the fact that they were two large and two small county homes was also a factor as was the fact that they are all in different regions of the country. At this stage, the Commission was not aware that the Dublin Union and one of the scheduled institutions, Pelletstown, were really one institution.

15. The Commission decided that the only way in which it could properly analyse the institutional records of the large institutions was to scan them and have them available on an electronic records management system. While making arrangements to carry out this process, the Commission was able to make progress in relation to other institutions. Original records from one of the smaller institutions, The Castle, were provided by their then holders, St Mura's, and were photocopied by the Commission. The original records were returned (and are now held by Tusla). The details were transcribed into an Excel spreadsheet. This forms part of the Commission's archives and is being transferred to both Tusla and the department. The relevant records of Regina Coeli were photocopied by the Commission in its premises. They were analysed and transcribed into a database which is being transferred to both Tusla and the department. Photocopies of Miss Carr's Flatlets records were provided by the current staff in Miss Carr's. These were transcribed into an Excel spreadsheet and are also being transferred to Tusla as well as to the department.

The database of individuals

16. The Commission was given departmental approval to employ a number of researchers and lawyers but it had to make a business case in order to engage an IT consultant. It then had to make a business case to go to tender for the scanning of documents. An IT consultant was engaged in May 2015. He prepared necessary documents for tendering for a scanning system. The tender was issued in November 2015 and the contract was awarded in February 2016. Scanning commenced in April 2016. The first records scanned were those of Bessborough where 303,946 pages were scanned; the records of Tuam, Sean Ross, Castlepollard, Dunboyne, all of which are held in Tusla offices were then scanned. The records of Bethany and Denny which are held in the PACT offices were then scanned. A small number of documents located in other places were also

scanned. In total, over 850,000 pages were scanned between February 2016 and November 2017. This information, together with the information from Pelletstown, was fed into the Commission's database of individuals.

17. This database was designed to extract the information required to meet the Terms of Reference. All the relevant information which was available about the mothers and children was recorded. In some cases, information about the individuals was discovered in other official records and this was added to the database. For example, information about some children who left Bessborough was found in the Cork board of assistance boarded out files so this was added to the database.

18. The database of individuals contains the details of the former residents of Pelletstown/Dublin Union, Tuam, Bessborough, Sean Ross, Castlepollard, Bethany, Denny, Dunboyne, Cork county home, Stranorlar county home and Thomastown county home.

19. There is a separate database of residents of Regina Coeli. This is being transferred to Tusla as well as to the DCYA. The Commission does not have details of the residents of Kilrush, St Gerard's or Belmont Flatlets.

The county homes

20. The Commission did not scan the county home records because it would have required the scanning of vast numbers of records which were not relevant to the Commission. In general, the records of the county homes contain information about all the people who entered the homes. Information about unmarried mothers and their children is often not separately available. The Commission's researchers manually extracted the information about unmarried mothers and children and transcribed this into the database of individuals.

The nature of the records

21. The institutional records are described in detail in Part V and in the relevant chapters. They are mainly registers containing details of the former residents. Many of the institutional records which were received by the Commission were handwritten. They included formal bound register books completed in perfectly clear handwriting as well as scraps of paper with bits missing and scrawled writing. Some were very well preserved while others had deteriorated significantly and

some were illegible. The process of transcribing them into the database obviously took considerable time.

The researchers' database

22. The Commission's researchers visited almost every local authority archive and a number of diocesan archives throughout the country. They also visited archives in the UK and the USA. The researchers took detailed notes of relevant documents and, in some cases, took photocopies of relevant documents. These notes and documents were uploaded to what the Commission called its researchers' database. This forms part of the Commission's archives and is being transferred to the DCYA in electronic format.

Discovery of documents

23. Between 21 April 2015 and 31 July 2019, the Commission issued 21 requests for voluntary discovery under Section 10 (2) of the *Commissions of Investigation Act 2004*. These voluntary requests offer no guarantee that documents are produced or that they are of relevance.

24. These were issued to:

Galway County Council x 3
Department of Education and Skills
St Mura's Adoption Society
GlaxoSmithKline
Here2help (PACT)
Regina Coeli Hostel
Congregation of the Sisters of Mercy
National Bureau of Criminal Investigation
Tuam Diocesan Archives
Cork and Ross Diocesan Archives
Meath Diocesan Archives x 2
Irish Episcopal Conference
Congregation of Our Lady of Charity of the Good Shepherd
Galway Diocesan Archives
Cork City Council
Carmelite Priory
Cork City and Council Archives

Irish Church Missions

Directions

25. The Commission wishes to make it clear that the requirement to issue formal orders for discovery was not a result of unwillingness to provide documentation. It was because of the holders' reasonable concern about the confidential and personal information they were being asked to transmit to the Commission.

26. Between 21 July 2015 and 21 January 2020 the Commission issued 39 directions under Section 16 (1) (e) (f) and (g) of the *Commissions of Investigation Act 2004*, to relevant parties, listed below. The bulk of the material received came from the Department of Health and the Department of Children and Youth Affairs.

The Sisters of Bon Secours
Carr's Child and Family Service
Tusla - the child and family agency x 9
The Daughters of Charity of St Vincent de Paul
Congregation of the Sacred Hearts of Jesus and Mary x 4
Health Service Executive x 6
Department of Health x 6
Department of Children and Youth Affairs
Glasnevin Trust
Cork City Council
Adoption Authority of Ireland x 2
Departments of Health and of Children and Youth Affairs jointly x 6

27. The documents received as a result of these orders are described in the relevant chapters and in Part 5 of this report.

Discovery of documents by the Department of Health/Department of Children and Youth Affairs

28. The Commission wrote to the Department of Children and Youth Affairs (DCYA) on 25 August 2015 requesting all documents touching on its Terms of Reference. The department replied on 1 September stating that, because of the historical connection between the Department of Health and DCYA, they would take a joint approach to providing documents. Documents would be provided formally by way of sworn affidavits of discovery. On 30 September 2015, DCYA forwarded a small

number of documents about St Gerard's, one of the homes within the Commission's remit and about St Patrick's Guild, an adoption society run by the Sisters of Charity. These amounted to 12 pages.

29. On 16 October 2015, the two departments jointly provided a preliminary spreadsheet of files which they considered might be relevant to the Commission. The spreadsheet identified 4,385 files considered by the departments to be relevant and 40,458 files of potential relevance. The numbers of pages in these files was not calculated. It was explained that the departments were arranging to have relevant files scanned. This involved a public procurement process.

30. The Commission became aware of the existence of files known as 'The Clandillon Papers'. These were the files created, mostly but not exclusively, by Ms Fedelma Clandillon who had worked for many years as an Inspector of Boarded out Children for the Department of Health and its predecessor. She held files on many children who had been boarded out from the institutions within the Commission's remit. The Commission issued a direction to produce these files on 10 February 2016 and they were delivered on 19 February 2016. The files consisted of 30,514 pages, many of which were handwritten, and some were in shorthand.

31. On 7 July 2016, the two departments advised that they would begin to make discovery on a phased basis beginning in September of that year.

32. Independently of this process, the Commission sought discovery of files which had been provided by the then Department of Health and Children to the Vaccine Trials Division of the Commission to Inquire into Child Abuse (CICA) in 2003. CICA did not complete its investigation into vaccine trials because of a court ruling and the files were returned in 2012. These files were delivered to this Commission by the Department of Health on 1 September 2016. The files consisted of 42,966 pages.

33. The Commission also sought a file described as '*Children's Home Tuam: Maintenance Charges*' which the Commission was aware was held by the Department of Health and this file was delivered on 9 January 2017. It consisted of 183 pages.

34. As no documents had been delivered in line with the departments' commitment of 7 July 2016, the Commission identified what it considered to be the 83 most

relevant files and on 14 February 2017 issued a direction that these documents be produced. Seventy-five of the 83 files were produced on 10 March 2017. They consisted of 12,000 pages. The remaining eight files could not be located.

35. On 8 February 2018, the departments jointly wrote to the Commission with an updated list of relevant files. After analysing this list, the Commission issued a direction to produce a further 280 files. On 8 March 2018 these files were delivered. They consisted of 54,000 pages.

36. On 20 March 2018 the Commission issued a direction to the Department of Health to produce the archive of the 'Interdepartmental Committee on the Magdalen Laundries' (The *McAleese Report*) and this was delivered on 29 March 2018. It consisted of 246 pages.

37. On 29 May 2018 the departments wrote jointly to the Commission advising that they had found 612 previously uncategorised documents, of which 113 had been determined as being relevant to the Commission. The Commission analysed the schedule of documents and identified the ones it considered relevant. Directions for discovery were issued in respect of the relevant files and they were delivered in two tranches in June 2018. They consisted of 36,000 pages.

38. On 9 November 2018, the Departments provided an updated schedule of documents, 882 of which were not included in the previous lists. On 22 November 2018, the Commission issued a direction seeking discovery of the relevant documents from this new list and they were delivered to the Commission on 18 December 2018. They consisted of approximately 250,000 pages. Some of these pages had been included in the files previously discovered to the Commission, however, the duplicate files could not be identified without looking through each file individually.

39. In total, the Commission received more than 425,000 documents from the Department of Health and the Department of Children and Youth Affairs, the bulk of which were received after the initial time limit for the Commission's report.

40. These documents were scanned by the Department of Health and delivered to the Commission in PDF format. The originals remain with the department. The older

documents, understandably, have a significant number of handwritten pages and handwritten comments on typed pages which make them quite difficult to decipher.

Other records

41. The Commission accessed records from a wide range of sources, for example, RTÉ. The Commission's researchers searched newspapers and magazines for relevant material. They also visited a number of burial grounds to access records and, in some cases, to inspect the graves.

One Family (Cherish)

42. One Family (which was formerly Cherish) very kindly allowed the Commission access to its records. These were very helpful in providing information about unmarried mothers, the services available and attitudes to them from the 1970s onwards. The Commission did not keep any personal information from these files but did make a listing of them and made notes of relevant material for this report. This is on the researchers' database.

Witnesses to the Commission

43. A total of 195 hearings were held by the Commission. They were as follows:

Former residents	64
Advocacy groups	30
Sisters/Members of Congregations	16
Experts (some experts gave evidence at more than one hearing)	14
Social Workers	22
Local Authority officials	13
Government Officials	7
Workers in the homes	6
Family members	5
Priests	3
Gardaí	3
Others	12

44. The others include people concerned about particular sites, people whose birth registrations were falsified and people who were aware of practices in particular institutions.

45. The Commission notes that there was no advocacy group representing people with disabilities so one of the most affected groups did not have their voices heard.

46. All hearings were held in private. Five individuals asked to have public hearings but the Commission did not consider that such hearings were necessary. One group requested a public hearing. When asked for reasons why, no reply was received. This group has put its submissions to the Commission into the public domain as have some of the individuals who sought public hearings.

47. The transcripts of these hearings form part of the Commission's archives and will be transmitted to the DYCA.

Hogan Lovell

48. The Commission received 61 statements from Hogan Lovell, a firm of solicitors that assisted former residents. Of these 55 were within the Commission's Terms of Reference. The Commission asked that these statements be made in the form of affidavits so that they could be used as evidence; 32 affidavits were provided.

The HSE 2012 documents

49. An incomplete HSE document from 2012 has been widely quoted and assumed by many to be accurate. The Commission had great difficulty in getting copies of this document even though it was frequently being quoted in the media and in other fora. The report allegedly dealt with practices in Bessborough and Tuam.

50. In December 2015, solicitors for the HSE told the Commission that the HSE was trying to find a copy of the Bessborough report. The Commission also sought a copy of the Tuam report which was allegedly an appendix to the report on Bessborough. In April 2016, the Commission was told that the HSE was still trying to find the copy of the report that had the Tuam appendix. In March 2017, the HSE were still looking for the Tuam report. The HSE solicitor told the Commission that the Tuam appendix probably did not exist. In June 2017 Commission heard evidence from some of the HSE staff involved in compiling the report.

51. In April 2018, the HSE delivered two folders of documents which included 41 drafts of the 2012 report. The alleged Tuam appendix never materialised.

52. It appears that, in October 2012 two documents described as a file note and a draft briefing paper were circulated among senior HSE staff. It seems that these were prepared for the purposes of the *McAleese Report*. These documents contained a number of allegations regarding Bessborough mother and baby home and the Tuam home.

53. Among the allegations was that there was a large archive of photographs and other documentation relating to children from the Tuam home sent for adoption to the USA. It was stated that there was already a database of up to 1,000 names but it was acknowledged that it was not yet clear whether all of these related to US adoptions. The file note stated that there was more than one letter to a parent or parents asking for money for an infant who had already been discharged or who had died.

54. The draft briefing paper claimed that most women who gave birth in Bessborough were discharged to a Magdalen institution. It claimed that there were two discharge dates sometimes separated by years. There was an allegation that the homes claimed monies from the Government for these mothers and/or children once they had left the home. It claimed that both Tuam and Bessborough charged a fee to both birth parents and to adoptive parents for the upkeep of their children.

55. The file note went on to speculate that children may have been kept in the homes for financial reasons. It also speculated that 'trafficking' of babies must have been facilitated by doctors, social workers and others, some of whom could still be working in the system.

56. The draft briefing paper noted in relation to Bessborough that 'there are no death records whatsoever after 1953, concurrent with the introduction of adoption legislation in Ireland'. The implication appears to be that death records were falsified in order that children could be sent abroad illegally.

57. These documents made their way into the hands of a number of people including TDs, journalists and members of survivor groups. The details of the documents were repeated many times including during a Seanad debate of 17 May 2017. It appeared to be accepted by commentators and politicians that the allegations and suppositions made in these documents were statements of fact.

58. A journalist investigating mother and baby homes discussed these claims in several articles in a national newspaper and made the further claim that Bessborough authorities had over-reported infant deaths to the Department of Local Government and Public Health, as the number of deaths reported in the Bessborough Death Register was less than that in the returns to the department. The Commission has established that this was incorrect - see the Fifth Interim Report.

59. The caveats expressed by the author of the Bessborough report were not reported. The author noted that

- it was based on a 'cursory' glance at a sample of Bessborough records;
- the research was 'not grounded in forensic analysis';
- the conclusions were 'purely conjecture'.

60. The Bessborough records had come into the possession of the HSE only about a year before the 2012 report was compiled. The report was compiled by a person who was seeing these records for the first time and had very little time to do any analysis so it is not surprising that unwarranted conclusions were reached. What is more surprising is that this incomplete document came into the public domain and that the allegations were accepted as fact by so many people.

61. The Commission examined the claims and hypotheses put forward in relation to Bessborough and these are addressed in the relevant chapter and in the Bessborough section of Part 5.

62. In relation to Tuam, the Commission took evidence from the official who had compiled the database referred to in the file note. This official has moved to a different area of work and so spoke from memory only.

Evidence from official concerned

63. In or around 2011 this official became aware of a number of boxes containing documents, some of which would be of assistance to social workers in dealing with tracing enquiries. The witness's evidence was that there were roughly 25 boxes only one of which (and this was not a large box) related to children sent for adoption to the US. In relation to the reported 'large archive of photographs, documentation and correspondence relating to children sent for adoption to the

USA', the witness could only recollect finding two photographs which appeared to be passport photographs for children being adopted to the US. In relation to admissions or discharges to psychiatric institutions, this official could only recollect one such case which was recalled as being a woman who became pregnant in Ballinasloe Mental Hospital and was sent to the Tuam home.

64. The official also recalled that there were a few letters from either a bishop or a priest who wrote to the Tuam home saying that he knew of American couples who were suitable to adopt and enquiring as to whether there were any children available for adoption.

65. The witness recalled a few letters from the Sisters to mothers asking for money but she also recalled that both the county council and the Sisters were looking to find out who the birth fathers were in order to seek payment from them.

66. The witness had not noted how long babies stayed in the Tuam home so therefore was unable to comment on 'the average duration of these babies' stay in the home is yet unknown'. Her priority was to find documentation which would assist in the tracing process.

67. With respect to the allegation that there was 'more than one letter asking for money for an infant who had been discharged or died' the witness stated that she had no recollection of finding more than one letter if even one letter. The witness stated that she did not come across any evidence of trafficking of babies and in relation to the phrase 'it must be that it was facilitated by adoptive social workers' stated that 'I don't know what that is alluding to'. The witness had no memory of seeing evidence relating to nuns claiming for a dead baby. The witness had found no evidence of trafficking of babies. The witness did have a memory of reading a letter from a couple who had gone back to America with their adopted child saying that they would send money on to 'the nuns'. The witness remarked 'I certainly didn't see any evidence of vast sums of money being passed over, you know parents being groomed to have children in order to … for prospective adoptive parents'.

68. In terms of the overall numbers of files relating to US adoption the witness said that rather than the 1,000 files quoted in the file note, there were 20 files at the most. (These were provided to the Commission as part of the Tuam institutional records).

69. The witness believed that the contents of the file note and the draft briefing paper were a consequence of miscommunication and misunderstanding.

Structure of the report

70. The report is divided into five sections as listed in the Contents. Each chapter is, to a large extent, standalone but there are many cross references. There is also some repetition between the Social History report and the reports on the individual institutions.

71. The Commission tried to be as objective, rigorous and thorough as it is possible to be. However, it recognises that the volume of material and the numbers of records analysed mean that it is highly likely that some mistakes were made.

Costs

72. The original allocation for the Commission's work was €23 million. The expenditure to date (30 October 2020) by the Commission is approximately €11.5.

Security

The Commission was always acutely conscious of the fact that it had very sensitive personal information in its possession. It therefore, put in place a security system to ensure that this information would be protected. Everyone who worked for the Commission (including the Commissioners themselves) and self-employed contractors all signed confidentiality agreements.

Judge Yvonne Murphy
Chairperson of the Commission

Professor Mary E Daly
Member of the Commission

Dr William Duncan
Member of the Commission

30th October 2020

Chapter 1: State Structures, Supports and Legislation

Introduction

1.1 The county homes and the main mother and baby homes were established, financed and regulated (to some extent) under poor law/public assistance/health legislation. Other arrangements for the care of children were governed by this legislation as well as by the *Children Acts*. The general legislation on local authority structures and powers also affected the operation of these institutions. The national and local, but particularly the local, administrative structures for the delivery of poor law, public assistance, health and related services changed a number of times over the period covered by this report (1922-1998). The different names used for the local health/public assistance authorities can be quite confusing. A particular feature of the structures as they changed was the interaction between national government and local government which, in the Commission's view, led to confusion and lack of coordination about who was responsible. This chapter describes the development of these structures in so far as they are relevant to State involvement with single mothers and children.[1]

1.2 This chapter also gives a brief overview of the laws which applied to children, residents in institutions and other issues relevant to this report. With the exception of the introduction of legal adoption in 1953 (see Chapter 32), there was very little change in the law relating to the care of children during the period 1922 - 1998.

1.3 The relevant authorities for the period covered by this report were as follows:

National government

Pre 1920: The Local Government Board Ireland had overall national responsibility for the poor law. (It was established in 1872).

1920-22: The Department of Local Government of Dáil Éireann encouraged the development of county schemes.

1922: The Department of Local Government of the Irish Free State (Saorstát Éireann) was established.

[1] The descriptions given here cannot be regarded as comprehensive descriptions of all the legislation and practice; the aim is to explain how the State interacted with single mothers and their children. The various health authorities were responsible for general health services, mental health services, sanitary services and a number of other services. Their services for unmarried mothers and their children were a relatively minor aspect of their overall work.

June 1924: The Department of Local Government and Public Health was established under the *Ministers and Secretaries Act 1924*.[2]

1947: A separate Department of Health was established under the *Health (Transfer of Departmental Administration and Ministerial Functions) Order 1947*, which came into effect on 18 March 1947.[3]

Local government

Boards of Guardians: until 1922/23 in most counties and 1931 in Dublin.

Boards of Health/Boards of Public Assistance: from 1922/3 until 1942.

Public Assistance Authorities from 1942 until 1953 in most counties and until 1960 in Cork, Dublin and Waterford.

Local authorities (county councils and county borough councils) from 1953 until 1970 in counties other than Cork, Dublin and Waterford (Limerick until 1960).

Health authorities in counties Dublin, Cork, Limerick and Waterford: 1960-70.

Regional Health Boards: 1970-98.

Poor law

1.4 The *Poor Relief (Ireland) Act 1838* introduced a system for the relief of the poor modelled on the existing English system. Poor relief was the responsibility of an elected board of guardians in each poor law union. By 1921, there were 127 poor law unions in the area that became the Free State.[4] Each poor law union had a workhouse where 'indoor relief' was provided, that is, people had to live in the workhouse. Over the years, the boards of guardians were given further responsibilities, including the making of arrangements for the care of deaf, blind and other children with disabilities. 'Outdoor relief', that is, assistance for certain people outside of the workhouse, was introduced in 1847. It was administered by 'Relieving Officers'.[5] Among the potential beneficiaries were families who were unable to provide for themselves because they were unable to work and destitute poor widows having two or more dependent legitimate children. These groups could be provided with either indoor or outdoor relief. In 1862, the boards of guardians were given powers to arrange the boarding out of children - this was

[2] http://www.irishstatutebook.ie/eli/1924/act/16/enacted/en/html; the department had responsibility for, among other things, local government, public health and relief of the poor.
[3] http://www.irishstatutebook.ie/eli/1947/sro/58/made/en/print
[4] These are listed in the *Report of the Commission on the Relief of the Sick and Destitute Poor* (1927); this report provides a summary of the poor law as it developed between 1838 and 1927: https://lenus.ie/handle/10147/238535
[5] This title continued in general use long after it had been officially replaced by Assistance Officer (1923) and by Community Welfare Officer (1977).

described as placing the child 'at nurse'.[6] The age limit for boarding out was 15 in 1922.

1.5 Workhouses were built mainly in the early 1840s. They were all similar in design. They generally had separate wards for the main groups involved, that is older people ('the elderly'); unmarried mothers and children; and people who had disabilities or psychiatric illnesses.[7] They generally included a nursery and maternity ward and many had schools attached.

1.6 The Local Government Board Ireland which was established in 1872 (originally the Irish Poor Law Board established in 1847) had overall central responsibility for the administration of the poor law. Locally, it was administered by the elected boards of guardians. In 1898, the local government system of county councils, city councils and town commissioners was established. This did not change the poor law itself but the county and city councils took over responsibility for its financing and administration.

1.7 The report of the Vice-Regal Commission on Poor Law Reform in Ireland (1906)[8] recommended replacing workhouses with separate institutions catering for 'the elderly, the insane and unmarried mothers'.

The county schemes

1.8 Changes were made to the poor law arrangements in the period 1920 - 1922. During these years, a number of county councils, with the support of the Minister for Local Government of Dáil Éireann, began to introduce poor law schemes for their counties. These schemes mainly tried to ensure a move away from workhouses as the location for the relief of the poor and provided for the centralisation of administration under one authority in each county. There was considerable resistance to some of the changes as they involved the closure of

[6] The terms 'boarded out' and 'at nurse' are sometimes used interchangeably but it became common practice later to refer to children who were placed by their parent(s) or others for reward, and who were consequently subject to the Children Acts, as 'nursed out' children while children placed by the local authorities, and consequently subject to the poor law/public assistance/health legislation, were described as 'boarded out'. From about the 1960s, the term used was generally 'fostering'.

[7] People with mental disabilities or psychiatric illnesses were usually described as 'lunatics' or 'insane'; in some cases, these terms seem to have also included people with physical disabilities.

[8] https://archive.org/details/reportofviceroga01irel/page/4/mode/2up

local institutions including hospitals.[9] The changes that were made in the 1920s were sometimes described as involving the 'abolition' of the poor law.[10]

1.9 In fact, while changes were made, the poor law was not abolished. Significant parts remained in place until 1977 - see below. In practice, in the 1920s, a number of workhouses closed and others were designated as county homes or county hospitals. By 1927, 33 workhouses had been converted into county homes; 19 of these were used in part as hospitals. Nine workhouses had been converted into county hospitals and 32 into district or fever hospitals; 50, some of which had been partially or completely destroyed, were no longer in use.[11] The role of the workhouses which became county homes did not change significantly for quite some time. Outdoor relief or home assistance as it was called from the early 1920s continued to operate in broadly the same way as it had before independence.

1.10 The *Local Government (Temporary Provisions) Act 1923*[12] provided a legislative basis for the county schemes and gave power to the council of a county to which no existing scheme related to prepare a scheme and submit it to the Minister for Local Government. The minister had the power to confirm such schemes either without alteration or with such amendments, omissions, and additions as he deemed necessary, or to reject the scheme. The Act also contained a provision under which the council of a county and the council of an adjoining county borough, instead of preparing separate schemes, might prepare a joint scheme for the county and the county borough. Only two such schemes were prepared, one for Cork county and county borough and the other for Waterford county and county borough. The Cork scheme provided for the division of the county into three areas with separate administration for each area.

1.11 The councils of Dublin county and the county borough did not prepare either a joint scheme or separate schemes. Dublin county and city continued to have boards of guardians in each of the three poor law areas: Dublin Union, Rathdown and Balrothery. The *Poor Relief (Dublin) Act 1929* removed the restrictions on

[9] Mary E. Daly: *The Buffer State, The Historical Roots of the Department of the Environment* (Dublin, 1997), pp 75-78.
[10] See, for example, the speech of the Minister for Local Government (Ernest Blythe) when introducing the *Local Government (Temporary Provisions) Bill 1923* on 12 January 1923: 'the existing Poor Law has been blown sky high'.
[11] *Sick and Destitute Poor report* (1927).
[12] Although it was described as temporary, it remained in force until 1942 when the *Public Assistance Act 1939* came into effect; it had been renewed annually between 1923 and 1941.

providing outdoor relief in the Dublin areas and provided for relief in or out of the workhouse. The *Local Government (Dublin) (Amendment) Act 1931* provided for the establishment of boards of assistance in the three Dublin areas.

1.12 The 1923 Act gave power to the Minister for Local Government to dissolve local authorities in certain circumstances and to appoint individuals to carry out the powers of that local authority. Between 1923 and 1925, 19 local authorities were dissolved; between 1925 and 1931, a further 17 were dissolved. These included Dublin and Cork corporations, the Dublin board of guardians (see Chapter 13) and all the boards of health in the Cork area.[13] Generally a number of commissioners were appointed to carry out the functions of the dissolved boards. They had the same legal powers as the boards. (In order to avoid confusion, this report generally refers to the legal entity, that is, the board of guardians, board of health, county council even when the functions were being exercised by commissioners).

1.13 The county schemes varied somewhat from one county to another. In general, they provided for a board of health (to be appointed by the local authority) to be in charge of the poor law. In some cases the name of the entity was the board of public assistance. In Cork, there were three boards - the North Cork county board of health, the South Cork county board of public assistance and the West Cork county board of health. In 1927, they all became boards of public assistance.[14]

1.14 The members of the boards of health/public assistance were generally county councillors and town councillors. Some had other members, for example, Clare board of health had a number of priests (see Chapter 16). Some boards established sub-committees to deal specifically with institutions and these also had non-councillor members including priests, for example, the sub-committee for Tuam (see Chapter 15).

1.15 Some county schemes made specific provision for unmarried mothers while others did not. Some provided that the county home would cater for unmarried mothers (for example, the Kerry county scheme). The Limerick county scheme provided that 'unmarried mothers with their children to take their discharge from the different workhouses' but did not provide for any alternative arrangements. The original

[13] Mary E. Daly: *The Buffer State, The Historical Roots of the Department of the Environment* (Dublin, 1997), p. 119.
[14] County Scheme Order, Cork (Amendment), 1927, SI 909/1927: http://www.irishstatutebook.ie/eli/1927/sro/909/made/en/print

Galway county scheme provided for the establishment of a children's home in Glenamaddy (see Chapter 15) and also specifically provided that unmarried mothers who were 'first offenders' would be 'dealt with' there while 'old offenders' were to be sent to the Magdalen Asylum. This was changed in 1923 with the reference to the Magdalen Asylum being removed.[15]

1.16 These changes all left the law in a quite unclear state as was accepted by the Parliamentary Secretary to the Minister for Local Government and Public Health, Dr Ward, when he was introducing the *Public Assistance Bill 1939* - see below.

Assistance officers

1.17 The *County Boards of Health (Assistance) Order 1924* dealt with the administration of home assistance and the role of assistance officers.[16] Home assistance (outdoor relief) was administered by assistance officers. They were frequently described as home assistance officers; they were formerly relieving officers. Under the regulations, widows with one child or more were not subject to all the restrictions on the payment of home assistance; there were no special provisions for unmarried mothers and children.

1.18 The assistance officers were supervised by superintendent assistance officers who were required to attend all meetings of the relevant board of health to ensure that the board's decisions were carried out. The superintendent assistance officer was a new role which took over some of the duties formerly carried out by the Clerk of the Union particularly in relation to outdoor relief. Among other things, the superintendent assistance officer (or sometimes the assistance officer) examined applications for admission to county institutions, for example, county homes and institutions such as Pelletstown, Tuam and Kilrush. There were 312 assistance officers in June 1926.[17]

Boarded out children

1.19 The assistance officers also dealt with boarded out children. These were the children who were boarded out by the local authorities and in respect of whom the

[15] The original Galway scheme is set out in the *Local Government (Temporary Provisions) Act 1923*. It was amended by the County Scheme Order, Galway No 1, 1923; see the McAleese report: http://www.justice.ie/en/JELR/2013Magdalen-P%20I%20Chapter%205%20Legislation%20(PDF%20-%20380KB).pdf/Files/2013Magdalen-P%20I%20Chapter%205%20Legislation%20(PDF%20-%20380KB).pdf

[16] http://www.irishstatutebook.ie/eli/1924/sro/943/made/en/print

[17] There were also 22 relieving officers in the three Dublin areas, *Sick and Destitute Poor report* (1927), p. 55.

local authorities paid maintenance. The assistance officers were responsible for selecting foster parents, handing over boarded out children to the foster parents, paying the maintenance to the foster parents and, if necessary, arranging for the vaccination of the children. They were obliged to visit the children once a month and report on their condition to the board of health. If the boarded out child died, the assistance officer was responsible for arranging the burial.

1.20 Under the *County Boards of Health (Assistance) Order 1924*, the board of health could not board out a child without the consent of the minister unless the child was an orphan or deserted; this meant that, in general, the children of unmarried mothers could be boarded out only with the minister's consent. The maximum age for boarding out was 15. The child had to be boarded out within the board of health's area. The child had to be:

> properly and sufficiently nursed or boarded, and shall be suitably lodged and clothed, and kept clean in its person by being washed once at least every day, and at all times when necessary, and the clothes provided shall not be of such shape or colour as may denote connection with any institution, and no child shall be nursed or boarded out in any house unless there is a woman living there who is of full age and has experience in the management of children.

1.21 Foster parents had to sign a contract[18] to do all of this and had to have a recommendation from a clergyman, peace commissioner, member of a board of health, or medical officer living in the neighbourhood who 'may be willing to answer for his or her good conduct and respectability'. The dwelling of the proposed foster parent had to be 'in a healthy situation'. The house had to have more than one room and allow for 'the sexes being completely separated'. There had to be 'a supply of pure and wholesome drinking water' readily accessible at all times; good food and milk had to be 'easily obtainable' and there had to be a national school or other public school 'situate at a convenient distance from the dwelling'. In general the maximum number of boarded out children in a house was two unless they were siblings or there were other special circumstances. Children could not be boarded out by the board of health in a house where there were children boarded out by some other body (for example, by one of the voluntary organisations). They could not be boarded out with anyone 'who keeps any pig, cow, horse, donkey or other

[18] 27/01/1925: The Boarded Out Children (Contracts) Order, 1925. http://www.irishstatutebook.ie/eli/1925/sro/970/made/en/print

such animal within the dwelling-house, or who keeps any manure-pit or accumulation of filth in dangerous proximity to the dwelling'. Boarding out was also prohibited in a licenced premises and was possible in a town or village only with the consent of the minister. Foster parents were invariably women.

1.22 Boards of health had the power to appoint 'Ladies Committees' to visit boarded out children but were not required to do so.

1.23 In practice, there was conflict between central and local government about the inspection of boarded out children. The Department of Local Government and Public Health inspectors and the local health/public assistance authorities frequently disagreed on the standards of care (see Chapter 11)

County institutions

1.24 The *County Boards of Health (General Regulations) Order 1924* set out the detailed rules about the operation of boards of health. Among other things, the regulations required the boards to ensure that county institutions were clean and well maintained. County institutions included county homes and institutions such as Kilrush (Chapter 16) Pelletstown (Chapter 13) and Tuam (Chapter 15). The boards were required to:

> once at least in every year and as often as may be necessary for cleanliness, cause all the rooms, wards, offices and privies of or belonging to any County Institution to be thoroughly cleaned and painted or limewashed and the cesspools to be emptied.

1.25 They were required to:

> keep in good and substantial repair the premises constituting any County Institution, and shall from time to time remedy without delay any such defect in the repair of such institution, its drainage warmth or ventilation, or in the furniture or fixtures thereof, as may tend to injure the health of the inmates.

1.26 There were detailed rules about the role of the matron of the county home including a requirement to ensure that residents who were capable of working were actually doing so. There was also a requirement to keep a matron's journal. The regulations also covered the rules for admission to county institutions and the role of the porter.

1.27 The *Report of the Commission on the Relief of the Sick and Destitute Poor* (1927) concluded that the orders and regulations made by the Minister for Local Government and Public Health in relation to the operation of the boards of health meant that these boards were 'as much, if not more, under the rigid control of the Minister for Local Government and Public Health as the Boards of Guardians were under the control of the Local Government Board, and that, therefore, very little initiative or freedom of action rests in the Boards of Health'.

1.28 The *Sick and Destitute Poor report* (1927) was very clear about the inadequacy of the county homes for all residents:

> We desire to state emphatically that in our opinion the County Homes are not fit and proper places for the reception of the various classes which we have found in them, and, therefore, in so far as the Schemes, either through omission to make provision for or through actual commission in bringing together these classes, have conduced to that state of affairs they must on that ground, if on no other, be deemed inadequate and unsatisfactory. We believe that it was originally intended that Homes should be reserved only for the reception of the aged and infirm poor and the chronic invalids, and that separate provision should be made for the other classes. This has not been done.

Public Assistance Act 1939

1.29 The *Public Assistance Bill 1939* was introduced because it was recognised that the various changes that had occurred in the period since independence had left the law 'in a quite unclear state' according to the Parliamentary Secretary at the Department of Local Government and Public Health, Dr Ward. It was also designed as a permanent replacement for the *Local Government (Temporary Provisions) Act 1923* which had been renewed annually since it came into effect.

1.30 Dr Ward said that one of the reasons for introducing it was 'the great difficulty of interpreting the law under the present complicated code of enactments'. The *Poor Relief (Ireland) Act 1838* had been amended over 30 times (a list of amendments is included in the 1st Schedule to the 1939 Act; most of these were repealed by that Act) and so were difficult to follow. In his reply to the Dáil debate (probably unscripted), Dr Ward was more trenchant: '…the public assistance legislation operating in this country at the present time is in an absolutely chaotic condition

and…it is almost beyond the wit of man to determine what is the public assistance legal code in certain respects at the present time'.[19]

1.31 In his 2nd stage speech to the Dáil, Dr Ward described the purpose of the Bill as being 'to consolidate the existing law relating to the relief of the poor by local authorities, amending it to suit present conditions, and repealing provisions considered obsolete or inapplicable in existing circumstances'. He said it contained 'very little that is new in principle'. Senator Mrs Concannon in the debate on the Bill in the Seanad said: 'It is full of delicate charity, and it preserves the human rights of the poor people, and especially of the children'.[20]

1.32 The *Public Assistance Act 1939* came into effect on 26 August 1942.[21] The *County Management Act 1940* and the *Local Government Act 1941* came into effect on the same day and the three are interrelated. The *County Management Act* set out the role and functions of county managers, delineated the respective roles of the elected members and the county manager and, among other things, introduced the 'Managers Orders' (Section 19). Decisions on, for example, paying for women admitted to mother and baby homes were made by such orders.

1.33 The following are the main provisions of the *Public Assistance Act 1939* that are relevant to this report. As already stated, the Act did not significantly change the poor law but it did make it more coherent.

Public assistance authorities

1.34 The 1939 Act replaced the term 'poor relief' with 'public assistance'. It provided that the administration of the law relating to public assistance would be subject to the general direction and control of the Minister for Local Government and Public Health. The areas of local administration did not change. Each board of health/public assistance district became a public assistance district and a public assistance authority (PAA) was appointed for each district. The PAA was either the local authority for the area or a board appointed jointly by two local authorities. In practice, this meant that the county council was the PAA for all counties other than Cork, Dublin, Limerick and Waterford.[22] The South Cork board of public

[19] Dáil Debates, 6 June 1939: https://www.oireachtas.ie/en/debates/debate/dail/1939-06-06/8/
[20] https://www.oireachtas.ie/en/debates/debate/seanad/1939-07-06/12/
[21] The *Public Assistance Act*, 1939 (Date of Commencement) Order, 1942, SI 413/1942.
[22] The *Public Assistance (Names of Districts) Regulations 1942* (SI 312/1942) set out the public assistance districts.

assistance was appointed by Cork county council and Cork corporation.[23] In Dublin city and county the existing areas of the former unions/boards of assistance became the public assistance authorities (the Dublin board of assistance, the Balrothery board of assistance and the Rathdown board of assistance). The local authorities and the PAA had separate administrations. Limerick city and Waterford city each had a PAA separate from the county PAA.

District institutions

1.35 Sections 31-38 of the *Public Assistance Act 1939* provided that the public assistance authorities could maintain district institutions - that is, homes, hospitals and other institutions - at such places as the minister directed. The minister had the power to order the PAA to, for example:

- restore, alter or enlarge any such institution;
- provide new, improved or additional drainage, ventilation, water supply, lighting, heating or any other service for any district institution;
- provide and maintain fixtures, fittings, furniture, surgical and medical appliances, and other conveniences.

1.36 County homes, Tuam and Pelletstown were all district institutions (Kilrush was closed in 1932). Clearly, the minister had the power to order, for example, Galway county council to carry out various works in Tuam but the Commission has not seen any evidence that this power was ever used.

Other institutions

1.37 Public assistance authorities had the power to maintain people who were eligible for public assistance in homes, hospitals or institutions other than district institutions. This was the legal basis for the maintenance of residents in mother and baby homes such as the Sacred Heart homes and Dunboyne. The minister had the power to make regulations requiring people assisted in this way to make payments towards their stay. The PAAs were obliged to pay for chaplains to these institutions.

[23] In the Dáil 2nd stage debate on the Bill, the issue of which Cork local authority met most of the costs was raised – this was a fairly constant theme in all discussions about local government.

Work

1.38 The Act provided that people receiving public assistance could be required to carry out work 'suitable to the sex, age, strength, and capacity of such person'. (This did not involve any change).

Public assistance authority and parental authority

1.39 The 1939 Act provided that the PAA could take over the guardianship of a child in certain circumstances. For example, this could happen if 'illegitimate' children under the age of 16 were orphaned or were deserted by their mothers. The PAA could become the guardian of children in these circumstances if the children were maintained by the PAA and if the mother was unfit to have control of the child (for example, because of mental deficiency or was in jail). In order to assume guardianship rights in these circumstances, the PAA had to pass a resolution to that effect. In practice, the PAAs seem to have rarely passed such resolutions.

Certified schools

1.40 In general, industrial schools were under the control of the Department of Education. They were often used as orphanages when no other suitable place could be found for children. The PAAs who were responsible for children in industrial schools did not have any role in regulating the industrial schools. The *Public Assistance Act 1939* gave the Minister for Local Government and Public Health a role in inspecting and approving such schools. It provided that the managers of any school other than a national school or a reformatory could apply to be a certified school under the PAA. The minister could then appoint an inspector to report on the condition of the school. If satisfied with this report, the minister could certify that the school was fit for the reception of children sent under the Act and specify the total number of children for which it was fit. If subsequently dissatisfied, the minister could cancel the certification. The Act empowered the minister's inspector to visit and inspect a certified school. Any PAA which sent a child to a certified school could also visit and inspect the school.

1.41 All industrial schools did not become certified schools under the *Public Assistance Act 1939*. Those industrial schools which catered for girls and young boys were generally certified (they are sometimes described as 'convent industrial schools'). The Commission has not seen evidence that the powers of inspection provided by the 1939 Act were used either by the department or the local health authorities. The *Ryan Report* describes inspections by the Department of Education but does

not refer to any inspections by the Department of Health or the local health authorities. In a memorandum in 1969, a Department of Health inspector, Miss Murray, said that when Miss Litster, the General Inspector, retired in 1957, the Inspectors of Boarded Out Children were instructed not to visit institutions. These instructions had not been rescinded.

Law on children

1.42 The *Public Assistance Act 1939* did not significantly change the law in relation to children. It did provide for an increase from 15 to 16 in the age at which a child could continue to be regarded as a dependant. It also prohibited the placing of a child under the age of 14 years at service or in a trade, calling or business (generally known as 'hiring out').

Liability to maintain children

1.43 The *Public Assistance Act 1939* set out who was liable to maintain family members. The following were liable to maintain children, spouses and parents:

- Every man was liable to maintain his 'legitimate' children up to the age of 16 and every woman was liable to maintain her 'legitimate' and 'illegitimate' children up to age 16;
- Every married man was liable to maintain his wife and any 'legitimate' or 'illegitimate' children of his wife who were born before her marriage to him and who were under 16;
- Every married woman was liable to maintain her husband;
- All 'legitimate' people were liable to maintain their parents;
- All 'illegitimate' people were liable to maintain their mothers.[24]

1.44 In family law proceedings, the liability to maintain all children was extended by the *Family Law (Maintenance of Spouses and Children) Act 1976* to also cover children between the ages of 16 and 21 if they were in full time education and to all children who were unable to maintain themselves because of a physical or mental disability. The *Family Law Act 1995* further extended this to all children under the age of 18 and those aged between 18 and 23 if in full time education.

[24] The liability to maintain parents ended in 1977 when the *Social Welfare (Supplementary Welfare Allowances) Act 1975* came into effect – see below.

1.45 The public assistance/health authorities could have required the parents of many of the young women who were resident in mother and baby homes to contribute towards their maintenance. There is some evidence that the Galway authorities did seek and receive some such contributions (see Chapter 15) but this does not seem to have happened in respect of the other institutions.

Boarding out of children

1.46 Section 48 of the *Public Assistance Act 1939* gave the PAA the power to place children at nurse, board out or send to a certified school or, if 14 or over, place at service or place in any suitable trade, calling, or business. If the PAA was the child's guardian, this decision was made by the PAA. If not, as was the case with the vast majority of the children in mother and baby homes, such decisions had to have the approval of the minister. The minister could require the PAA to remove the child from any such placement.

1.47 The PAA had the power to support, maintain and provide education to a child with a disability in an institution established for the care of such children (The Act uses the term 'defective children').

Placement in other institutions

1.48 Section 3 of the *Pauper Children (Ireland) Act 1898* provided that children could be accommodated in places other than workhouses. Institutions could be certified for the reception of poor children under this Act. For example, St Philomena's was certified for the reception of a number of children in 1932 - see Chapter 2. This Act was repealed by the *Public Assistance Act 1939* but was replaced by similar provisions.

1.49 Section 35 of the *Public Assistance Act 1939* provided that, subject to the consent of the minister, a PAA had the power to provide assistance in a home, hospital, or other institution not provided or maintained by the PAA. This was the legal basis for maintaining unmarried mothers and children in the 'extern' homes, for example, the Sacred Heart homes.

Burials

1.50 The Act gave the PAAs the power to provide for the burial of people who had been receiving public assistance (among others). This meant that they had the power to

arrange the burial of children who died in the mother and baby homes in their area. They did not have an obligation to do so.

Health Acts 1947 and 1953

1.51 Further changes to local health authority structures were made by the *Health Act 1947* and the *Health Act 1953*. Neither made any major changes to the institutional arrangements for unmarried mothers and their children but there were name changes and there were some minor changes to the public assistance law and some further detailed regulations.

Maternity and infant welfare services

1.52 The 1947 and 1953 Acts provided for improvements to maternity services; these did not distinguish between married and unmarried mothers. There was never any distinction between unmarried mothers and married mothers in relation to entitlement to maternity services. Similarly there was no distinction between 'legitimate' and 'illegitimate' children in relation to entitlement to infant welfare services. It is clear that some members of the health authorities thought that unmarried mothers should not be able to avail of the same maternity services as married mothers - see, in particular, Chapter 15; however, no legal distinction was made in respect of entitlement.

1.53 In 1953, there were about 1,100 hospital beds for maternity patients (excluding about 640 beds in private maternity homes). According to the Minister for Health:

> The number of births each year is about 63,000, so that if we take it that each bed can on average take 25 patients in a year, nearly 28,000 out of this 63,000 or 44 per cent can at present be accommodated for child birth in a hospital.[25]

This meant that more than half of all births took place at home.

Health authorities and public assistance authorities

1.54 The *Health Acts of 1949 and 1953* did not change the administrative arrangements in Dublin, Cork and Waterford. In other areas the distinction between the health authority and the public assistance authority was largely removed. In effect the PAAs retained responsibility for the administration of home assistance while the

[25] 2nd stage speech, *Health Bill 1953*, Dáil 26 February 1953.

county councils and county borough councils were responsible for health and institutional services. PAAs remained responsible for home assistance until 1977.

1.55 The *Health Act 1947*[26] transferred responsibility for all health services to county councils and county borough councils. It designated the local authorities (the county councils and the county borough councils) as the health authorities in all counties other than Cork, Dublin and Waterford. The institutions maintained by the PAAs became the responsibility of the county councils and county borough councils. After the enactment of the *Health Act 1953*, these local authorities were responsible for all the general health services. When the *Health Act 1953* was being discussed the Minister for Health said that it would be impracticable to simplify the administration in Cork, Dublin and Waterford.[27] The local authorities in these areas were responsible for the services but the existing PAAs provided some of them on an agency basis.

1.56 The *Health Act 1953* repealed a number of sections of the *Public Assistance Act 1939*[28] and replaced them with very similar provisions.

Institutional assistance

1.57 Section 54 of the *Health Act 1953* provided for institutional assistance. This became the legislative basis for the maintenance of unmarried mothers and their children in mother and baby homes. It provided that people who were unable to provide shelter and maintenance for themselves or their dependants would be eligible for 'institutional assistance'. 'Institutional assistance' was defined as 'shelter and maintenance in a county home or similar institution'.

1.58 The detailed rules for the implementation of institutional assistance were set out in the *Institutional Assistance Regulations 1954*.[29] These rules came into effect on 1 August 1954. They provided that health authorities could provide institutional assistance in a county home or similar institution maintained by them or by making arrangements to provide this in other institutions. There were specific rules about admission to a county home or similar institution maintained by the health authority. Pelletstown (Chapter 13) and Tuam (Chapter 15) were in this category.

[26] http://www.irishstatutebook.ie/eli/1947/act/28/enacted/en/print.html
[27] See 2nd stage speech on the *Health Authorities Bill 1959* for an outline of some of the issues: Dáil reports, 4 November 1959.
[28] Sections 21, 22, 31 to 38, 40 to 51, 79, 81 and 82.
[29] http://www.irishstatutebook.ie/eli/1954/si/103/made/en/print

These rules largely reflected the practices that were already in place. The regulations did not set out detailed rules about admission to other institutions. They did provide that people receiving institutional assistance in any institution could be required to make a contribution towards the cost. The health authorities could require people who had an income of more than 10s a week to make a contribution towards their maintenance. This was increased to £1 in 1965.[30]

1.59 The health authorities had the power to require that a person seeking institutional assistance undergo a medical examination. Recipients of institutional assistance were required to give notice of intention to leave the institution but there was no specified sanction for failure to do this. The minister had to approve the diet of people receiving institutional assistance.

Boarding out of children

1.60 Section 55 of the *Health Act 1953* dealt with the boarding out of children. The detailed regulations were set out in the *Boarding Out of Children Regulations 1954*.[31] This came into effect on 1 August 1954. They did not make significant changes to the existing arrangements but the rules were made more explicit. An obligation was placed on the health authorities to not send a child to an approved school unless the child could not be 'suitably and adequately assisted by being boarded out'. Health authorities were obliged to keep a register of boarded out children; this register had to be available for inspection by the Bishop of the diocese in which the child was boarded out and by 'such other religious authority as the health authority may consider appropriate'. The regulation that children should not be boarded out in a town or city, unless with the minister's consent, was repealed.

1.61 The boarded out children had to be inspected by an officer of the health authority at least once a month or at such longer intervals as the health authority, with the consent of the minister, decided. The health authority had to get monthly reports of the child's school attendance or an explanation for non-attendance. Officers of the Department of Health were also entitled to inspect boarded out children and the houses in which they lived. The health authority could remove the child from the foster parents with the consent of the minister or the minister could order the removal of the child.

[30] *Institutional Assistance Regulations 1965*: http://www.irishstatutebook.ie/eli/1965/si/177/made/en/print
[31] http://www.irishstatutebook.ie/eli/1954/si/101/made/en/print

1.62 As legal adoption became available from 1953 (see Chapter 32), boarding out became a less important exit pathway for children in mother and baby homes.

Health Authorities Act 1960

1.63 The Cork, Dublin, Limerick and Waterford health authorities were established by the *Health Authorities Act 1960.*

1.64 Although the *Health Acts* of 1947 and 1953 had been described as rationalising local administration,[32] there were still 19 different local/health authorities in Cork, Dublin, Limerick and Waterford. There were seven in Dublin including Dublin corporation, Dublin county council, the Dublin board of assistance, the Rathdown board of assistance and the Balrothery board of assistance.[33] Cork had five including Cork corporation, Cork county council and the South Cork board of public assistance.[34] Waterford had Waterford corporation, Waterford county council, the board of assistance and the joint mental hospital board. Limerick had Limerick corporation, Limerick county council and the joint mental hospital board.

1.65 The effect of the 1960 Act was to unify the health services in the four counties concerned and set up one health authority for each county. The health authorities were appointed by the local authorities and were largely composed of local authority members. Among other things, this meant the abolition of the three boards of assistance in Dublin.

1.66 The 19 bodies each had its own administrative staff. The proposed new arrangements were supported by the Dublin and Limerick local authorities but not by the Cork and Waterford authorities.

1.67 Home assistance continued to be provided under the *Public Assistance Act 1939*. The management of home assistance was transferred to the health authorities created under the 1960 Act.

[32] See for example, Dáil Éireann; *Select Committee on the Health Services: Memorandum from the Department of Health* https://www.lenus.ie/bitstream/handle/10147/575039/helathservicescommitee.pdf?sequence=1&isAllowed=y
[33] The others were the Grangegorman Mental Hospital Board and the Dublin Fever Hospital Board (the Dublin Fever Hospital was at Cherry Orchard).
[34] The others were the Joint Mental Hospital Board and the Joint Sanatoria Board.

1.68 The Dublin city and county manager remained legally responsible for the executive functions of the Dublin health authority (DHA) but these functions were delegated to the chief executive officer of the DHA.

Health Act 1970

1.69 The *Health Act 1970* provided for the establishment of eight regional health boards. They took over the health functions of the local authorities.

Regional health boards

Eastern Health Board:	Dublin, Kildare and Wicklow
Midland Health Board:	Laois, Offaly, Longford, Westmeath
Mid-Western health Board:	Clare, Limerick, Tipperary North
North-Eastern Health Board:	Louth, Meath, Cavan and Monaghan
North-Western Health Board:	Donegal, Sligo, Leitrim
South Eastern Health Board:	Carlow, Kilkenny, Waterford, Wexford, Tipperary South
Southern Health Board:	Cork, Kerry

1.70 The Eastern Health Board took over the administration of the health services within its functional area from 1 April 1971. On 30 March 1971, the Dublin, Cork, Limerick and Waterford health authorities were dissolved.[35]

Later changes

1.71 Further structural changes were made after the period covered by the Commission. The *Health (Eastern Regional Health Authority) Act 1999* which came into effect in 2000 established three health boards within the existing Eastern Health Board area. The *Health Act 2004* which came into effect on 1 January 2005 abolished all the health boards and established the Health Service Executive (HSE).

Funding of services, hospitals and institutions

1.72 Initially institutional services, home assistance and health services were paid for by the ratepayers in the relevant local health/public assistance areas. The *Health Services (Financial Provisions) Act 1947* started the process whereby these

[35] SI 117/1971.

services were paid half by the local authorities and half by the State. In the 1970s, the State became responsible for all funding.

1.73 Capital funding was provided by the Hospitals Trust Fund and it also provided for the shortfall in voluntary hospitals. A number of the institutions being investigated by the Commission received funding from the Hospitals Trust Fund. It is not clear to this Commission why more of the institutions did not apply for funding from this source.

1.74 The use of the proceeds of sweepstakes for funding hospitals and institutions was initially governed by the *Public Charitable Hospitals Acts* 1930 - 1932. These were replaced by the *Public Hospitals Act 1933* which, with some amendments not relevant to this report, remained in force until 1986/7.

1.75 The sweepstakes proved to be a very successful method of raising funds. It would appear that over £5 million was made available from sweepstakes in the period 1930-33 for spending on hospitals.[36]

1.76 The 1933 Act extended the definition of a hospital to include not only hospitals in the ordinarily understood sense, but also

- Institutions for the care and maintenance of expectant women or mothers with children who were less than five years old;[37]
- Institutions for the blind, deaf, dumb and mentally defective;
- The infirmary sections of county homes.

1.77 The sweepstakes were conducted by the Hospitals Trust which was a limited company. The proceeds were paid into the Hospitals Trust Fund. This was governed by trustees known initially as the National Hospital Trustees and from 1938 as the Hospitals Trust Board. The trustees were appointed by the Minister for Local Government and Public Health.

1.78 The 1933 Act set up the Hospitals Commission. Its members were appointed by the minister. Its function was to carry out investigations into the needs of hospitals;

[36] 2nd stage speech, Seanad, 21 June 1933; https://www.oireachtas.ie/en/debates/debate/seanad/1933-06-21/9/
[37] A number of mother and baby homes received such funding – this is described in the chapters on the individual institutions.

to prepare schemes for improving and co-ordinating hospital facilities; and to advise the minister on applications for grants from the Hospitals Trust Fund.

1.79 The procedure was that a hospital could apply to the minister for a grant. This application was referred to the Hospitals Commission for investigation and report. The Hospitals Commission had the right to inspect hospitals (as defined under the Act) which applied for grants from the Hospitals Trust Fund and hospitals or institutions under the control of or assisted by local authorities. It could examine the premises, fittings and equipment and was entitled to get full information about the management and financial position of the hospital and 'to see and examine all accounts of the receipts and expenditure of the governing body of such hospital…and also all or any books and other documents containing any record of such receipts and expenditure'. The minister made the decision; in so doing he was not bound by the Hospitals Commission report.

1.80 Grants could be made for a number of purposes including:

- the purchase of land or buildings;
- the construction of buildings;
- the reconstruction, extension, alteration or improvement of buildings;
- the purchase of hospital, nursing and other equipment;
- the payment of maintenance expenses;
- the discharge of debts.

1.81 The *Health Act 1970* dissolved the Hospitals Commission.

Grants for maternity and related services

1.82 In 1916 the UK government introduced a programme of grants to local authorities and voluntary agencies in urban districts (including county boroughs), for health-visiting, maternity centres, midwifery facilities and day nurseries. In 1918 the sum of money provided was increased and the items covered were extended to include provision for the young children of widowed, deserted and unmarried mothers and Exchequer payments for health visitors. By 1920 this grant was providing financial support to a number of Dublin voluntary organisations that assisted unmarried mothers and their children, including the Magdalen Asylum (Denny House - see Chapter 23) and the Nursery Rescue and Protestant Children Aid Society. The grant covered half of the cost of boarding out these children up to the age of five,

which would reduce the amount of money that a single mother needed to provide, and half of the estimated costs of keeping mother and baby in the Dublin Magdalen Asylum. This scheme was continued after independence and some of the institutions being investigated by the Commission availed of this funding.

Home assistance/income maintenance payments

1.83 Home assistance was the only weekly income maintenance payment available to an unmarried mother for most of the period covered by this investigation. A number of new income maintenance payments were introduced but not all were available to unmarried mothers.

1.84 Unemployment Assistance was introduced in 1933 but unmarried mothers with small children would generally not have qualified as they would not be considered to meet the availability for work criterion. Unmarried pregnant women may have qualified. Widows and Orphans Pensions, both contributory and non-contributory, were introduced in 1935 but, of course, unmarried mothers did not qualify. Children's Allowances, which were paid monthly, were introduced in 1944 but initially applied only to the third child in a family. Maternity Allowance was introduced in 1952. This was payable for six weeks before and six weeks after the birth. Unmarried pregnant women and mothers qualified for this in the same way as married women; they were required to have a record of paid social insurance. Unmarried Mother's Allowance was introduced in 1973; this was the first specific State payment available to unmarried mothers. It was renamed Lone Parent's Allowance in 1990.

Home assistance

1.85 Home assistance was governed by the Poor Law/Public Assistance legislation. It was administered by relieving officers (later assistance officers) employed by the board of guardians and their successors in title. In 1975, when the legislation to replace it was being discussed, it was being administered by 31 public assistance authorities or by health boards acting on their behalf, subject to the general direction and control of the Minister for Social Welfare, and was financed from the local rates.

1.86 A person was eligible for home assistance if she was unable to provide the necessaries of life for herself or her dependants. It was entirely discretionary.

There were considerable variations in how it was implemented by the different public assistance authorities. The Parliamentary Secretary at the Department of Social Welfare commented:

> Surveys of the service have shown that because of major defects in its structure it operates in an arbitrary and far from satisfactory manner. There are major inequalities in regard to standards of eligibility and in regard to the amount of assistance given as between one authority and another. In some cases these inequalities exist even within the same authority in regard to the treatment of basic needs. Again, in the matter of supplementation there are wide differences in the treatment of similar cases.[38]

The cost of home assistance was met entirely by the PAAs. This was one reason for the lack of uniformity in its implementation. The numbers in receipt of home assistance had been steadily declining as new social welfare schemes were introduced for specific groups: the numbers went from a weekly average of 75,000 in the 1940s to 30,000 in the 1970s.[39] Some unmarried mothers received home assistance but, as it was discretionary and locally administered, there are no accurate figures for this.

Supplementary welfare allowance scheme

1.87 The *Social Welfare (Supplementary Welfare Allowances) Act 1975* came into effect on 1 July 1977. It provided for a new supplementary welfare allowance (SWA) scheme to replace home assistance. The SWA scheme was described by the Parliamentary Secretary at the Department of Social Welfare, Frank Cluskey, as removing the 'last vestiges of the harsh and unfeeling Poor Law'.[40] The new scheme was under the general control of the Minister for Social Welfare and was administered by the regional health boards. It was implemented by community welfare officers who were formerly assistance officers or superintendent assistance officers.[41]

[38] Frank Cluskey, 2nd stage speech on the *Social Welfare (Supplementary Welfare Allowances) Bill*, Seanad, 10 December 1975: https://www.oireachtas.ie/en/debates/debate/seanad/1975-12-10/6/

[39] ibid.

[40] In his Seanad 2nd stage speech, Cluskey said 'In introducing this measure I am very conscious of the lessons of history which indicate, in the words of one recent commentator, that "since other attempts to bury the Poor Law, in Ireland and in Britain, have shown the truly remarkable ability of the Poor Law to survive death sentences, a really radical reform will be necessary"'.

[41] Assistance officers and superintendent assistance officers had a wide range of responsibilities under other legislation. See *Annual Report of the Community Welfare Service* 1995, Eastern Health Board: https://www.lenus.ie/bitstream/handle/10147/46249/979.pdf?sequence=1&isAllowed=y

1.88 The main feature of the SWA scheme was that it provided that people who had no income and did not qualify for any other social welfare benefit could get a basic weekly payment. In effect, every adult became entitled to a minimum income as of right. This feature was not of particular importance to unmarried mothers and their children because of the existence, since 1973, of the Unmarried Mother's Allowance. It was important for pregnant women and there is evidence that residents in a number of mother and baby homes were in receipt of this payment before the birth of their child - see, for example, Chapters 24 and 26.

1.89 The SWA scheme had a number of other features which were particularly relevant to unmarried mothers. It provided that supplements could be paid to meet particular costs. A rent supplement could be payable if a person's income after paying the rent fell below a certain level. The SWA scheme also provided for payments towards once off or emergency needs, for example, heating or special diets, and for assistance with the costs of clothing and footwear. These payments could be once off payments or weekly/monthly payments. Gradually, the supplements became the more important element of the scheme and, in particular, the rent supplement became a significant housing benefit.

1.90 It seems likely, but it is not possible to establish, that the availability of the rent supplement, and the other supplements to a lesser extent, assisted some unmarried mothers to decide to keep their children.

1.91 While it was hoped that the new scheme would be implemented in a uniform manner throughout the country, in practice, its discretionary elements were implemented differently in different health boards. In 1986, the Commission on Social Welfare expressed concern about the divergence in the interpretation and application of the discretionary sections of SWA between and within health boards. A review of the SWA scheme by the Combat Poverty Agency in 1991 noted that some community welfare officers were more generous than others in assisting claimants.

1.92 It is not possible to extract detailed information about the degree to which unmarried mothers availed of the supplements between 1977 and 1998 because statistics were not kept in a manner that allows for such analysis. Information

about the scheme was not centrally available until a computerised system was put in place in the mid-1990s.[42]

1.93 There is evidence that unmarried mothers did avail of the rent supplement and the exceptional/urgent needs payments especially assistance with electricity costs. The Commission is aware of anecdotal evidence that lone parents were assisted with the costs of furniture and kitchen equipment if they got either local authority housing or private rented accommodation.

1.94 A review of the scheme by the Combat Poverty Agency was published in 1991.[43] It included an analysis of the information available about recipients in the late 1980s. For example, on the week ending 31 March 1990, there were 6,527 recipients of rent supplement; however, the report points out that this is probably a considerable underestimate of the numbers who were receiving rent supplement as it was often paid on a fortnightly or monthly basis. There were 18,761 recipients of the Unmarried Mother's Allowance in 1990.

1.95 The report did not distinguish between unmarried mothers and other lone parents. Lone parents were significant recipients of rent supplement, assistance with electricity costs and clothing and footwear.

Children Acts

1.96 The *Children Act 1908* was the primary legislation governing the care of children in the period covered by the Commission. It was amended a number of times during this period. It remained in force until replaced by the *Child Care Act 1991* and the *Children Act 2001*.[44] Its main provisions which are of relevance to the Commission's remit are described here.

Nursing out of children

1.97 The Children Acts provided for controls on the nursing out of children for reward. Part 1 of the *Children Act 1908* provided that any person who undertook the nursing and maintenance of an infant under the age of seven, away from the

[42] See Eastern Health Board, *Annual Report of the Community Welfare Service* (1995), https://www.lenus.ie/bitstream/handle/10147/46249/979.pdf?sequence=1&isAllowed=y
[43] Combat Poverty Agency, *Scheme of Last Resort? A Review of Supplementary Welfare Allowance* (1991), https://www.lenus.ie/handle/10147/624069
[44] The *Child Care Act 1991* came into effect at various times between 1991 and 1996.

child's parents or where the child had no parents, 'for reward' was obliged to notify the local authority in writing within 48 hours. If there were such arrangements in its area, the local authority was obliged to appoint infant protection visitors to inspect the children concerned and the premises where they lived.[45] Alternatively, the local authority could appoint people to exercise the powers of infant protection visitors; in practice, many local authorities appointed relieving officers (officially called assistance officers after 1923) to exercise these powers. The infant protection visitor was to visit each child and inspect the premises in which the child lived.

1.98 Where children were placed at nurse by a philanthropic society, it was open to the local authority to authorise the society to exercise the powers of the infant protection visitor if it was satisfied that the interests of the infants were properly safeguarded; the societies were obliged to provide periodic reports to the local authority.

1.99 The minutes of the Dublin board of guardians show that, during the 1920s, the infant protection visitors were actively pursuing illegal arrangements for caring for children. The minutes record many instances of such prosecutions and the penalties imposed. These included fines and imprisonment. For example, fines of between 10s and £5 were imposed for failure to register and the woman also had to pay the costs involved.

1.100 People who accepted a nursed-out infant were obliged to inform the authorities within 48 hours if the child was removed from their care or if the child died.

1.101 The *Children Act 1934* provided for changes to the 1908 Act which were recommended by the Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor. In its August 1927 report, the commission pointed out that, while the provisions of Part I of the 1908 Act had, to some extent, brought baby farming under control, it did not go far enough.

1.102 The Minister for Local Government and Public Health had no functions under the infant life provisions of the 1908 Act. The 1934 Act provided that, in exercising

[45] The *Infant Life Protection Act 1879* provided for infant life protection visitors; some Boards of Guardians appointed relieving officers to this role.

these functions, the local authorities would be subject to the general regulation and control of the minister.

1.103 The requirement to inform the local authority arose only after the infant had been on the premises for 48 hours. This did not give local authorities any opportunity to assess the suitability of the proposed foster parents or to inspect the homes in advance in order to assess their suitability. This meant that, if the foster parents or the home were unsuitable, the only remedy was the removal of the child. There was 'a great likelihood that the child will then become a charge on the rates, and the persons who should be responsible for it will escape their liabilities'.[46] The 1934 Act provided that the local authority must be given at least 48 hours' notice before the infant was taken into the home. The 1934 Act also raised the age to which these provisions applied from seven to nine years old.

1.104 In the case of 'illegitimate' children, the 1934 Act provided that they would be deemed to have been accepted for reward unless the contrary was proven.

1.105 When introducing the Bill, the Parliamentary Secretary to the Minister for Local Government and Public Health, Dr Ward, said that these changes were supported by a wide range of societies, operating particularly in the neighbourhood of Dublin. He named the National Society for the Prevention of Cruelty to Children, the Irish Women's Citizen's Association, the Catholic Protection and Rescue Society, the Nursing and Rescue and Protestant Children's Aid Society, St Patrick's Guild and the Sacred Heart Home[47] as societies that had made representations on the matter. He said that poor law authorities had also sought changes, 'notably the Rathdown Board, whose area seems to be particularly exposed to the evils which the Bill is intended to remedy'.

1.106 Section 57 of the *Health Act 1953* provided that the health authorities would be the relevant authorities for the implementation of Part 1 of the *Children Act 1908*.

Abandonment of children

1.107 Section 12 of the *Children Act 1908* dealt with the prevention of cruelty to children. Cruelty could take many forms including the abandonment of a child. It was an offence for any person who had the custody or care of a child to abandon the child

[46] 2nd Stage speech of the *Children Bill 1934*, 15 February 1934.
[47] This was an orphanage in Dublin which was not connected with the Sacred Heart mother and baby homes.

in a manner that was likely to cause unnecessary suffering or injury to the child's health. Parents could be guilty of this offence if they failed to provide adequate food, clothing, medical aid or lodging or, if they were unable to provide these, if they failed to take steps to procure these under the poor law arrangements. Attempts were made to use this provision to prosecute women who left their children in mother and baby homes but they seem to have been unsuccessful (see Chapter 18).

Industrial schools

1.108 Under the *Children Act 1908*, children could be sent to industrial schools only if they were convicted of an offence. The *Children Act 1929* provided that children could be sent to industrial schools if they were destitute and their parent(s) could not support them. This was subject to the consent of the parent(s).

Registration of Maternity Homes Act 1934

1.109 There was no regulation of maternity homes[48] prior to 1934. Until then there was 'no official control over maternity homes. It was quite open to any person to carry on a maternity home, and there was no machinery in existence to ensure that it was efficiently managed or that the premises in which it was carried on were suitable or in a good sanitary condition'. Local authorities did have the power to enter such homes for the purposes of the supervision of midwives under the *Midwives (Ireland) Act 1918* but they had no supervisory powers over the home itself or any of the other employees.[49]

1.110 The Commission on the Relief of the Sick and Destitute Poor including the Insane Poor had recommended in 1927 that a registration system for maternity homes be put in place.

1.111 This legislation defined a 'maternity home' as any premises which were, either wholly or partly, used or intended to be used for the reception of pregnant women or of women immediately after child-birth.

[48] There was also no regulation of hospitals or other health care facilities and such regulation was not introduced until after the period covered by this report.

[49] Dr Ward, Parliamentary Secretary to the Minister for Local Government and Public Health, 2nd stage speech on the *Registration of Maternity Homes Bill,* Seanad, 11 April 1934: http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/seanad1934041100009?opendocument

1.112 The Act required the local authorities to keep a register of maternity homes in their areas. Anyone who proposed to operate a maternity home could apply to the local authority for registration. The local authority could refuse to register a maternity home if it was satisfied that:

- the applicant for registration was not a fit and proper person to operate a maternity home;
- the premises were unsuitable;
- the superintendent nurse was not a qualified nurse or midwife: this applied only to maternity homes which did not exist before the Act came into effect.

1.113 If the local authority refused registration, the applicant could appeal to the Minister for Local Government and Public Health.

1.114 The Act made it a criminal offence to operate a maternity home without registration unless the home was specifically exempted. The minister had the power to grant an exemption to any hospital or institution which was a maternity home but was not carried on for private profit.

1.115 The operators of maternity homes were obliged to display their certificate of registration in a conspicuous place in the maternity home. Failure to do this was also a criminal offence.

1.116 The local authority could cancel the registration if any of the conditions for granting the registration were no longer being met.

1.117 The Act provided that records had to be kept, in a prescribed form, of all receptions into the home, all discharges, every confinement, every miscarriage, every birth and every death. A record also had to be kept of every removal of a child from the home, the name of the person who removed the child and the address to which the child was removed. It was an offence to fail to keep the specified records. It was also an offence to fail to produce such records for inspection as required by the local authority or the departmental inspector.

1.118 These records could be inspected at all reasonable times by authorised officers of the local authority or by any inspector; an inspector was a person authorised by the Minister for Local Government and Public Health to carry out inspections under the

Act. In effect, both the local authorities and the department had powers of inspection. The department did carry out regular inspections; the Commission does not know if all the local authorities did. While the department carried out inspections, only the local authority had the power to insist on changes or to de-register the maternity home.

1.119 There were specific provisions about notification of deaths. The maternity home operator was obliged to notify the local authority in writing of the death and its cause. This had to be done by registered post within 24 hours of the death. It was a criminal offence to fail to do this.

1.120 There were no set standards for maternity homes until the 1940s. The Department of Health set out some standards in the 1940s but these were not legally binding.

1.121 On 15 June 1961, the Minister for Health, Mr McEntee, told the Dáil that:

> Maternity homes are regularly inspected by authorised officers of the local authorities (usually the county medical officer of health or his deputy). These homes are also inspected by an officer of my Department and any matter adversely reported upon is drawn to the attention of the local authority. These inspections and the power conferred by the Act on local authorities to cancel registration under certain circumstances ensure that a satisfactory standard is maintained in maternity homes generally.

Other relevant legislation

Parental control/age of majority

1.122 For most of the period being examined by the Commission, the age of majority was 21 or on marriage, if that was earlier.[50] It was reduced to 18 by the *Age of Majority Act 1985.* The question has arisen as to whether parents had the right to decide where their minor children should live and, specifically, whether parents had the right to place a minor daughter in a mother and baby home. Neither the right of the parents of a minor mother to decide where their daughter would live before or after the birth of her child nor their right to place their daughter in a mother and baby

[50] For much of the period covered by the Commission, the legal age for marriage was 21. A person under the age of 21 needed parental consent to marry; that consent could be given if the female was at least 12 years old and the male was 14. In 1975, the minimum age for marriage was raised to 16 with provision for the courts to consent to people marrying at an earlier age. The minimum age was raised to 18 in 1995 (again with the possibility of a court order between the age of 16 and 18). This meant that very young married people were regarded as adults and had the right to make decisions about their children.

home are matters which appear to have been addressed by law or by the courts. In *Child Law*,[51] Geoffrey Shannon points out that the principal source of fundamental rights in the family law arena in Ireland is the Constitution. Article 41, which recognises the family as the natural and primary unit group of society lacks a child focus and establishes the principle of parental autonomy. Article 42 provides State recognition of the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children. It seem clear that, under the Constitution of Ireland, parents enjoyed the primary right and duty to make decisions about their children's lives. The law (as outlined above) required that parents maintain their children until the age of 16 but not for the full duration of their minority.

Age of consent

1.123 For most of the period covered by this investigation it was an offence to have sexual intercourse with a girl under the age of 17. Sexual intercourse with a girl under the age of 15 was a particularly serious offence which carried a potential penalty of life imprisonment. These limits were set by Sections 1 and 2 of the *Criminal Law Amendment Act 1935*.[52] Prior to its enactment, the age of consent was 16 with 13 being the age limit for the more serious offence.[53] With some exceptions, it seems that most of the mother and baby homes and county homes under investigation did not have a policy of reporting underage pregnancies to the Gardaí.

Legitimacy

1.124 The status of 'illegitimacy' remained in existence until 1987. This was clearly a major issue for the children of unmarried mothers and is considered in detail in Chapter 36.

Short form birth certificates

1.125 The *Vital Statistics and Births, Deaths and Marriages Registration Act 1952* provided for, among other things, a short form birth certificate. In his 2nd stage speech,[54] the Minister for Health did not specifically mention the main reason for the introduction of this form, that is, it did not give information about a person's

[51] Geoffrey Shannon, *Child Law* (Dublin, 2010), pp 2-3.
[52] Section 1 was declared unconstitutional in 2006 and the *Criminal Law (Sexual Offences) Act 2006* was enacted to rectify the unconstitutional aspects but with the same age limits.
[53] https://www.oireachtas.ie/en/debates/debate/seanad/1934-12-12/18/
[54] Dáil Reports, 20 February 1952.

parentage and, therefore, did not show whether a person was 'legitimate' or not. General Mac Eoin TD was not reticent about this:

> This is a very important Bill. We are told that the chief reason for its introduction is to enable statistics to be more readily compiled and made available, but the astonishing part of it is that a very important change in one of the most essential parts of the life of the people of the country is being altered under that title. Now, I am not in any way to be taken as prudish or of having any superiority complex or inferiority complex either one way or the other. On this matter, what I am going to mention is the question of short certificates; short certificates for births, short certificates for deaths and short certificates for marriages. This is, believe it or not, the beginning of the liberalistic mind in this country. It is the opening up and the starting up of the liberalistic mind in Europe being put across in this House for the first time under vital statistics. This is not a Department in which I had any part. I am not a shadow Minister for Health or anything like that, but I am an ordinary Deputy having positive views upon certain matters which are of the utmost importance to every person in this country.
>
> This Bill will be welcomed by a lot of cranks. There is not a crank in the country who will not say "Well done" to the Minister. Very well. If he wants the approbation of those people, he can have it, and if what I am going to say will bring the reverse to me, I am prepared to take it and to stand up to it. First, as regards the question of the short certificates. The Minister was Minister for Agriculture, and he now proposes to do with the Irish people what he would not do with Coates's herd book. He is going to show nothing as to who we are or where we came from or anything about us, and to legitimise everybody. He is going to make every one of us illegitimate. Now, that may be hard talk. I hope it will not be misunderstood, but it is direct.

1.126 Some deputies were perplexed by General Mac Eoin's view, for example, Deputy Dr ffrench O'Carroll:

> I am amazed at the attitude which Deputy MacEoin has taken up here to-day, and I am not surprised, without wishing to be personal, that during his term of office we did not have a Legal Adoption Bill brought into this Dáil. I cannot understand how anybody would oppose a section in a Bill which would seek to try to release the illegitimate people in this country who are being ground under the present law as virtual lepers in society. They are people who are

admitted into the world but not into the Christian society in which we live. It is no fault of theirs.

1.127 Other deputies questioned the effectiveness of the new form, suggesting that it would not be accepted for significant legal transactions but it was pointed out that it could be used for many everyday activities, for example, proof of age for examinations or work.

Action for seduction

1.128 At common law, the parents of a minor who had a child outside marriage could bring an action for seduction against the father of the chid. The essential ingredients of the action were the existence of a 'master-servant' relationship, the seduction of the servant and the deprivation of the master of the services of the servant as a result of the seduction. In *Shine v Archdeacon*[55] the plaintiff was the father of a girl who had been employed as a servant by a Mr O'Leary from the age of 16 years. At various stages the girl expressed her intention of leaving her employment but was persuaded by the defendant (a man other than Mr O'Leary) to stay. The defendant then had what was referred to in the judgment as 'immoral relations with the girl' and she became pregnant, giving birth to a child in a workhouse hospital in 1928 when she was still a minor (aged 20). The plaintiff claimed the sum of £300 for the seduction and 'carnal knowing' of his daughter as a consequence of which it was claimed he had lost her services and incurred expense in taking care of and nursing her and her child. The Circuit Court judge dismissed the plaintiff's claim. The plaintiff's appeals to both the High and Supreme Courts were dismissed on the basis that at the time the seduction had taken place the girl was in the service of Mr O'Leary and not her father and the fact that she was underage was immaterial.

1.129 Before 1930, an action for seduction was the only legal procedure available to the mother for recovery of money from the putative father which could be used for the maintenance of the child. As Judge Henchy described the position in the case of *O v M*,[56] aside from what he described as 'that doubtful remedy', 'the mother was left by the law to fend for herself in the task of rearing the child'.[57]

[55] [1931] I IR 566.
[56] [1977] 1 I.R. 33.
[57] Ibid, p. 35.

Affiliation orders

1.130 The *Illegitimate Children (Affiliation) Orders Act 1930* provided that a mother could apply to the District Court for an order requiring the father of her child to pay maintenance in respect of the child. The mother was required to have corroborative evidence to prove paternity. In practice, unless the father admitted paternity, it was extremely difficult for the mother to provide such evidence. It was not an effective means of providing support for 'illegitimate' children.

Chapter 2: Institutions

Introduction

2.1 The Commission's Terms of Reference require it to detail:

- The types of institutional settings (e.g. mother and baby homes, county homes, private nursing homes, homes for infants or children) where single women and their children, or other children, were accommodated;
- The role and significance of different types of institution and their inter-relationships;
- Organisational arrangements for the management and operation of these different types of institution;
- The involvement of state authorities in legislating for, supporting, financing or regulating different types of institution.

2.2 Chapter 1 sets out the main legislation governing the different institutions. This chapter describes the various institutions. With the exception of three county homes, the Commission has not investigated any of these institutions so its information is not complete.

County Homes

2.3 The list at paragraph 2.5 were the county homes where unmarried mothers and children were resident. The practice of unmarried mothers being housed in county homes declined significantly from the early 1950s and ceased by about 1960. Children, mainly children with disabilities and including both 'legitimate' and 'illegitimate' children, continued to reside in county homes until about the mid to late 1960s. The *Care of the Aged report* shows that there were 53 children in county homes on 31 March 1966.[1]

2.4 The conditions for unmarried mothers in county homes are described in Chapter 10. The *Care of the Aged report* shows that by 1966, improvement schemes had not yet commenced on a number of county homes:

> A number of Homes have been rebuilt or reconstructed, wholly or in part, but many buildings are still of an unsatisfactory standard. The Homes cater for a

[1] Inter-departmental Committee on the Care of the Aged, *Report* (Dublin, 1968): https://www.lenus.ie/handle/10147/559466

variety of patients-the sick, the infirm, the mentally handicapped and persons in need of shelter and maintenance because of social reasons.

2.5 County homes were originally known by their location only. There was at least one in every county except Louth. In the 1950s, they began to use religious names. This seems to have been an attempt to lose the stigma that attached to them. In practice, they continued to be known by location. The *Report of the Department of Health 1949/50* lists the county homes by location only. The *Care of the Aged Report 1968* lists them with their religious names. By the late 1960s/early 1970s, they were being used exclusively for the care of older people and they began to be described as 'welfare homes'. Later they began to be described as public or community nursing homes and many of them still operate as such. It appears that they are still described locally as county homes. Institutions which were not formerly workhouses also became welfare homes, for example, St Clare's, Glasnevin which had been opened as a specialist gastroenteritis hospital in 1944, became a welfare home in the 1960s and is still a public nursing home. These newer institutions never housed unmarried mothers and so are not included in the list below.[2]

Location	**Other name**
Carlow	Sacred Heart Home and Hospital, Carlow
Cavan	St Felim's County Home and Hospital, Cavan
Clare (Ennis)	St Joseph's Hospital, Ennis
Cork (City)	Officially designated Cork County Home and District hospital in the 1920s; started to be called St Finbarr's from 1950s
Cork (Midleton)	Our Lady of Lourdes Home, Midleton
Cork (Clonakilty)	Mount Carmel Home, Clonakilty
Cork (Fermoy)	St Patrick's Hospital, Fermoy
Donegal (Stranorlar)	St Joseph's Home, Stranorlar
Dublin (St Kevin's Institution)	Initially the Dublin Union; designated St Kevin's Institution in the 1920s (St Kevin's Hospital was on the same site); now St James's Hospital
Galway (Loughrea)	St Brendan's Home, Loughrea
Kerry (Killarney)	St Columbanus Home, Killarney

[2] A list can be found in the *Care of the Aged report*.

Kildare (Athy)	St Vincent's Hospital, Athy
Kilkenny (Thomastown)	St Columba's Hospital, Thomastown
Laois (Mountmellick)	St Vincent's Hospital, Mountmellick
Leitrim (Carrick-on-Shannon)	St Patrick's Home, Carrick-on-Shannon
Limerick (Newcastlewest)	St Ita's Home, Newcastlewest
Limerick (City Home and Hospital)	St Camillus Hospital, Limerick
Longford	St Joseph's Hospital, Longford
Mayo (Castlebar)	Sacred Heart Home, Castlebar
Meath (Trim)	St Joseph's Home, Trim
Monaghan (Castleblayney)	St Mary's Hospital, Castleblayney
Offaly (Tullamore)	St Vincent's Hospital, Tullamore
Roscommon	Sacred Heart Home, Roscommon
Sligo	St John's Hospital, Sligo
Tipperary North (Thurles)	Hospital of the Assumption, Thurles
Tipperary South (Cashel)	St Patrick's Hospital, Cashel
Waterford (Dungarvan)	St John's Hospital, Dungarvan
Westmeath (Mullingar)	St Mary's Hospital, Mullingar
Wexford (Enniscorthy)	St John's Hospital, Enniscorthy
Wicklow (Rathdrum)	St Colman's, Rathdrum

Magdalen laundries

2.6 The *Report of the Inter-Departmental Committee to establish the facts of State involvement with the Magdalen Laundries*, generally known as the McAleese Report, sets out, among other things, how women and girls entered the laundries and the degree of State involvement with the laundries.[3] The report examined ten laundries which were operated by four religious orders. These were:

Sisters of Our Lady of Charity of Refuge:

St Mary's Refuge, High Park, Grace Park Road, Drumcondra, Dublin

Monastery of Our Lady of Charity, Sean McDermott Street (formerly Gloucester Street), Dublin 1

Congregation of the Sisters of Mercy:

Magdalen Asylum / Magdalen Home, No. 47 Forster Street, Galway

St Patrick's Refuge, Crofton Road, Dun Laoghaire, Co. Dublin

Religious Sisters of Charity:

St Mary Magdalen's, Floraville Road, Donnybrook, Dublin

[3] http://www.justice.ie/en/JELR/Pages/MagdalenRpt2013

St Vincent's, St Mary's Road, Peacock Lane, Cork

Sisters of the Good Shepherd:

St Mary's, Cork Road, Waterford

St Mary's, New Ross, Wexford

St Mary's, Pennywell Road, Limerick

St Mary's, Sunday's Well, Cork.

(There were industrial schools on the same grounds as the four Sisters of the Good Shepherd laundries and in High Park).

The Magdalen redress scheme

2.7 Subsequent to the publication of the McAleese Report, the Quirke report on the *Establishment of an ex gratia Scheme and related matters for the benefit of those women who were admitted to and worked in the Magdalen Laundries* was published in May 2013.[4] It recommended the establishment of a Magdalen Restorative Justice Ex-Gratia Scheme. Initially, the *Redress for Women Resident in Certain Institutions Act 2015* applied to the ten institutions investigated by McAleese and to two other institutions:

- The laundry operated by the Sisters of Charity in the Training School of St Mary's Training Centre, Stanhope Street, Dublin 7 and
- The laundry operated by the Sisters of Mercy in the Training School of the House of Mercy Training School, Summerhill, Wexford.

2.8 The Religious Sisters of Charity had argued that Stanhope Street was a training centre which provided domestic training (including in laundry work) to young girls. They said that it never operated as a refuge or home along the lines of the Magdalen Laundries which the Congregation operated at Donnybrook and Peacock Lane, Cork and that it was operated on a fee-paying basis for the girls admitted to it. The Sisters of Mercy had argued that Summerhill was one of approximately 16 Mercy Homes consisting of a vocational training school for girls.

2.9 In May 2018, the scheme was extended to women who worked in the laundries of the 12 institutions but who lived in one of the adjoining 14 institutions.[5] These 14 are:

St Michael's Industrial School, Summerhill, Wexford

[4] http://www.justice.ie/en/JELR/THE%20Quirke%20report.pdf/Files/THE%20Quirke%20report.pdf
[5] http://justice.ie/en/JELR/Ex-Gratia%20Scheme%20FINAL.pdf/Files/Ex-Gratia%20Scheme%20FINAL.pdf

St Aidan's Industrial School, New Ross
St Dominick's Industrial School, Waterford
Gracepark Training Centre, Waterford
Mayfield Training Centre, Waterford
St Finbarr's Industrial School, Cork
Marymount Training Centre, Cork
St Georges's Industrial School, Limerick
St Joseph's Reformatory School, Limerick
Rosemount Training Centre, Limerick
An Grianán Training Centre, High Park
St Joseph's Industrial School, High Park
Martanna House Hostel, High Park
St Anne's Hostel, Sean McDermott Street

Maternity Homes

2.10 From 1934, maternity homes were required to be registered under the *Registration of Maternity Homes Act 1934* (see Chapter 1). There were a large number of private maternity homes in existence for most of the period covered by the Commission. Some were very small and tended to be run by a nurse sometimes in her own home. (There was one registered maternity home that converted to bed and breakfast accommodation during the summer months). Some have been described as private mother and baby homes but the evidence available suggests that most were simply maternity homes and mothers and babies left soon after the birth.

2.11 The Department of Local Government and Public Health/Department of Health inspected the registered private nursing homes quite frequently. Many inspection reports are available in the files discovered to the Commission by the Department of Health. The Commission has not seen any evidence that the records of the vast majority of private nursing homes are extant.

2.12 It is difficult to know how many maternity homes existed because the local health authorities were responsible for the registration and their records are not all extant. The following list is compiled from lists of registered maternity homes drawn up by the Department of Health in 1956 and 1957 and from references in the institutional

records analysed by the Commission. It includes the major maternity hospitals, local health authority and voluntary hospitals and private nursing homes.

Carlow:	Sacred Heart Home, Carlow
	St Brigid's Nursing Home, Carlow
Cavan:	St Phelim's Hospital, Cavan (County Hospital)
	St Joseph's Nursing Home, Portlurgan, Virginia
Clare:	St Gerard's Circular Road, Kilkee
	County Home, Ennis
	County Hospital, Ennistymon
	District Hospital, Kilrush
	District Hospital, Raheen, Tuamgraney
Cork:	District Hospital, Millstreet
	County Hospital, Fermoy
	District Hospital, Mallow
	District Hospital, Kanturk
	St Anne's Nursing Home, Fermoy
	St Patrick's Franciscan Hospital, Mallow
	St Finbarr's Hospital
	Cottage Hospital, Bandon
	Cottage Hospital, Kinsale
	Cottage Hospital, Macroom
	District Home, Middleton
	Cottage Hospital, Youghal
	Sacred Heart Home and Hospital, Bessborough
	Bandon Nursing Home, Millbrook, Bandon
	St Mary's Nursing Home, Avondale Home, Upper Strand, Youghal
	General Hospital, Cobh
	St Philomena's Nursing Home, 36 South Main Street Bandon
	Cottage Hospital, Middleton
	St Anne's Nursing Home, North Main Street, Youghal
	Cottage Hospital, Dunmanway
	Cottage Hospital, Clonakilty
	Cottage Hospital, Bantry
	District Hospital, Clonakilty
	County Hospital, Skibbereen

	Cottage Hospital, Castletownbere
	Cottage Hospital, Schull
	Erinville Lying-in-Hospital, Western Road
	1, Lincoln Place, Grattan Hill
	Glenvera Hospital, 10 Sidney Place
	Miss Goulding's Home, 18 St Patrick's Place
	Marie Celine Home, 4/5 Summerhill Terrace
	Dunscombe Private nursing home
	St Kevin's Nursing Home, 29/30 South Terrace
	Victoria Hospital Inc., Infirmary Road.
	Yorkville Nursing Home, York Hill
	Bon Secour Home, Cobh
	Braemar House, Old Blackrock Road, Cork
	Glenvera Nursing Home, Wellington Road, Cork
	Lincoln Nursing Home, Grattan Hill, Cork
	Mrs Dorgan's Nursing Home, Anglesea Terrace, Cork
	Mrs Grant's Nursing Home, 81 South Mall, Cork
	St Philomena's Nursing Home, North Main Street, Bandon
	St Philomena's Nursing Home, Alexandra Place, Cork
	Stella Maris Nursing Home, Wellington Road, Cork
Donegal:	County Home
	District Hospital, Ballyshannon
	District Hospital, Donegal
	District Hospital, Lifford
	District Hospital, Letterkenny
	District Hospital, Glenties
	District Hospital, Carndonagh
Dublin:	St Patrick's Home, 381 Navan Road, Cabra (Pelletstown)
	Tivoli Nursing Home, 3 Tivoli Terrace. S. Dun Laoire
	Fatima Nursing Home, Tudor House, The Hill, Monkstown
	St Clare's Nursing Home, 8 Marine Terrace, Dun Laoire
	Mellifont Nursing Home, 9 Mellifont Avenue, Dun Laoire
	93 Lower Baggot Street
	7 Cabra Park
	103 North Circular Road
	81 North Circular Road
	450 North Circular Road

101 Connaught Street

78 Drumcondra Road

17 Earlsfort Terrace

63 Eccles Street

7 Greenmount Road

7 Herbert Place

15 Hatch Street

23 Upper Leeson Street

119 Upper Leeson Street

107 Marlborough Road

17 Lower Mount Street

22 Ormond Road, Drumcondra

Orwell Road, Rathgar (Bethany Home)

13 Pembroke Street

26/27 Pembroke Street.

39 Percy Place (Nurse Dalton)

28 Rathfarnham Road

68 Sandford Road

28 Vernon Avenue

St Kevin's Hospital

Rotunda Hospital

National Maternity Hospital, Holles Street

Coombe Hospital

Portobello Nursing Home, Portobello Bridge

Leinster Nursing Home

78, St Laurence's Park, Stillorgan (Miss Craven)

Prague Nursing Home

8 Lansdowne Terrace, Ballsbridge (St Martin's)

Stella Maris Nursing Home

St Michael's Nursing Home, Dun Laoghaire

Miss Hennessy's Home, 43 Leeson Street Upper, moved to 119 Leeson Street Upper in the late 1940s (This seems to have been known as St. Philomena's at some stage).

Mrs Hudson, 14 Holles Street

12 Seville Place (Miss McAlpine)

61 Lower Beechwood Avenue, Ranelagh (Nurse Cadden)

St Maelruin's, 183 Lower Rathmines Road (Nurse Cadden)

Galway:	St Bride's Nursing Home, Sea Road, Galway
	Maternity Hospital, Galway
	Maternity Ward, Children's Home, Tuam
	St Theresa's Nursing Home, Upper Salthill, Galway
	Portiuncula Hospital, Mount Pleasant Avenue, Ballinasloe
	Bon Secour Nursing Home, The Grove, Tuam
	Our Lady of Fatima Hospital, Clifden
	Calvary Hospital, Renmore, Galway
Kerry:	County Home, Killarney
	County Hospital, Tralee
	District Hospital, Listowel
	District Hospital, Dingle
	District Hospital, Kenmare
	District Hospital, Caherciveen
	St Gabriel's Home, Church Street, Listowel
	Mrs Kings Nursing Home, 21 Ashe Street, Tralee
	St Don Bosco's Home, William Street, Listowel
	St Anne's Home, Beaufort, Killarney
	St Anne's Nursing Home, Strand Street, Tralee
	Greenlawn Nursing Home, Upper Church Street, Listowel
	Our Lady's Nursing Home, 72 New Street, Killarney
	Miss Cullety's Nursing Home, 12 Tralee Road, Castleisland
Kildare:	St Vincent's Hospital, Athy
	St Teresa's Home, Rathangan
	Leinster Street, Rathangan
Kilkenny:	County Hospital, Freshford Road, Kilkenny
	County Home, Thomastown
	Abbey Nursing Home, 42 Parliament Street, Kilkenny
	Mount Lacken Nursing Home, Dublin Road, Kilkenny
Laois:	County Hospital, Portlaoise
	District Hospital, Abbeyleix
	County Home, Mountmellick
	District Mental Hospital, Portlaoise
Leitrim:	Our Lady's Hospital, Manorhamilton
	District Hospital, Mohill
Limerick:	St Nessan's Hospital, Croom - Maternity Section
	Bedford Row Hospital, Bedford Row

	City Home and Hospital
	Mrs Margt. M O'Malley, 19 Barrington Street, Limerick
	Alexandra Nursing Home, 5 Alexandra Terrace, O'Connell Avenue
	St Anthony's Nursing Home, 21 Barrington Street, Limerick
	St Gerard's Nursing Home, 15 Rhebogue Avenue, Corbally
	Tranquilla Nursing Home, Fort Mary Park, North Circular Road
	The Marian Nursing Home, 14 Davis Street
Longford:	St Joseph's Hospital, Longford
	St Gerard's Nursing Home, Longford
	Sancta Maria Nursing Home, Longford
	Minard Nursing Home, Longford
	Our Lady's Nursing Home, Edgeworthstown
Louth:	St Joseph's Hospital, Ardee
	Blessed Oliver Plunkett Hospital, Dundalk
	Our Lady of Lourdes Hospital, Drogheda
	Cottage Hospital, Drogheda
Mayo:	County Hospital, Castlebar
	District Hospital, Ballina
	District Hospital, Belmullet
	St Philomena's Nursing Home, Claremorris
Meath:	Our Lady of Lourdes Hospital, Trim
Monaghan:	Maternity Department, County Hospital, Monaghan
	Maternity Department, St Mary's, Castleblayney
	Marie Celine Nursing Home, Newtownbutler Road, Clones
	Mrs McElroy's Nursing Home, Station View, Clones
	St Camillus Nursing Home, Castleblayney
	St Anne's Nursing Home, Hall Street, Ballybay
	St Mary's Nursing Home Beech Hill Convent, Monaghan
	Mrs Reid's Nursing Home, North Road, Monaghan
Offaly:	Offaly County Home, Tullamore
	Offaly County Hospital, Tullamore
Roscommon:	St Teresa's, 2 Carrick Road, Boyle
	Boyle District Hospital
	County Hospital, Roscommon
	County Home, Roscommon
Sligo:	St Joseph's Gardenhill Nursing Home, Sligo

County Hospital, Sligo
County Home, Sligo
St John of God Nursing Home, Ballymote

Tipperary: County Hospital, Nenagh
Thurles District Hospital
St Anne's Nursing Home, Thurles
Hospital of the Assumption, Thurles
Roscrea District Hospital
Garrdha Cronáin, Roscrea
Sean Ross Abbey, Roscrea
St Joseph's Nursing Home, Tipperary
Abbey View Nursing Home, Tipperary
St Philomena's Nursing Home, Tipperary
St Teresa's Nursing Home, Cashel
St Anne's Nursing Home, Cashel
St Anne's Nursing Home, Clonmel

Waterford: Mrs Fitzgerald's Nursing Home, 6 Emmet Terrace, Dungarvan
Heatherview Nursing Home, Portlaw
St Anthony's Nursing Home, O'Connell Street, Dungarvan
St Martha's Nursing Home, 1 Lyon Terrace, Tramore
Our Lady of Mount Carmel, Maternity Home, Airmount
Maternity Section, County Hospital, John's Hill
Belleville Nursing Home, Newtown

Westmeath: St Teresa's Maternity Home, 16 Upper Irishtown, Athlone
(St Anne's) Carbury House, Chapel Street, Athlone
County Hospital, Mullingar
Manor House, Castlepollard
St Mary's Private Nursing Home, 3 Newtown Terrace, Athlone
District Hospital, Athlone
Stella Maris Maternity Home, Baylough, Athlone

Wexford: County Hospital, Wexford
St John's Hospital, Enniscorthy
District Hospital, New Ross
District Hospital, Gorey
Dr S A Furlong's Private Nursing Home, Hill Street, Wexford
Dr Cuddingan's Private Nursing Home, Wafer Street, Enniscorthy

Parkton Private Nursing Home, Enniscorthy
Nurse Alicia Garland's Home, Courttown Harbour, Gorey

Wicklow: Knockrath Nursing Home, Greystones
District Hospital, Baltinglass
Prague Nursing Home, Dunbur Road, Wicklow
St Colman's Hospital, Rathdrum

Industrial schools

2.13 Industrial schools were established in the 19th century to cater for neglected, orphaned and abandoned children. Most were run by religious orders. They were certified and financed by the Department of Education. They were regulated by the Department of Education under the *Children Act 1908* (the relevant sections were amended in a minor way by the *Children Act 1941* and the *Children (Amendment) Act 1957*). From 1970/71 (following the publication of the Kennedy Report, officially titled *Reformatory and Industrial Schools Systems Report 1970*) they were described as 'residential schools' but the legal term 'industrial school' remained in place until 2007 and the relevant sections of the *Children Act 1908* remained in place until then. Around 1982/3, they started to be described as 'residential homes' but they were still legally industrial schools. The Department of Health took over responsibility for them on 1 January 1984.

2.14 The Kennedy Report stated that there were 61 such schools in 1898 (71 in total on the island of Ireland). The Statistical Report of the Department of Education stated that there were 52 industrial schools in the school year 1924/25 but it does not list them. Subsequent statistical reports show that there were 52 in 1940 and 50 in 1950. A reply to a parliamentary question listed 42 industrial schools which existed in 1966.[6] The Kennedy Report listed 31 industrial schools and three reformatories as being in existence in 1969 but notes that the number had reduced to 29 by publication date. The number had reduced to 25 in 1977; 25 were still in operation in 1981. By 1988, there were 24 residential homes for children which were former industrial schools and there were 17 homes approved under the *Health Act 1953*. At that stage the residential homes were subject to certain limited controls under the *Children Act 1908* and the 17 approved homes were not subject to specific statutory regulations.[7]

[6] Dáil Questions Nos 75 and 76; 26 January 1966.
[7] Minister for Health, 2nd stage speech on Child Care Bill 1988, Dáil Reports, 14 June 1988 : http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail1988061400020?opendocum

2.15 From the early 1980s, the industrial schools were gradually changed from large institutions into group home structures. In some cases, the names were changed. So, some industrial schools also appear on the list of children's residential homes under their new names (see below). In 1992, there were 22 industrial schools listed in the *Child Care Act 1991 (Children's Residential Centres) (Children's Residential Centres) (Superannuation) (No 2) Order 1992* (SI 125/1992). Some of these are what might be regarded as separate group homes.

Commission to Inquire into Child Abuse (CICA)

2.16 The Commission to Inquire into Child Abuse (CICA) was established by the *Commission to Inquire into Child Abuse Act 2000*. Its main functions were to report on the abuse of children in certain types of institutions and to give those who suffered this abuse an opportunity to describe what happened to them. The types of institution covered included 'a school, an industrial school, a reformatory school, an orphanage, a hospital, a children's home and any other place where children are cared for other than as members of their families'. CICA reported in 2009; its report is generally known as the Ryan Report.

2.17 The Ryan Report reported on 17 industrial schools, three schools for deaf children, an institution for intellectually disabled children and a remand centre.[8] Many children, including some as young as two, were transferred to industrial schools from mother and baby homes. The industrial schools investigated by the Ryan Commission were mainly those about which serious abuse allegations had been made and the majority were the schools for older boys. Very young children from mother and baby homes tended to be sent to the industrial schools for girls and junior boys, sometimes called the 'convent' industrial schools. Little is known about the living conditions and treatment of children in these schools.

Reformatories

2.18 Reformatories were intended for young offenders and children were sent to them by the courts. Initially, there were ten reformatories but only three by 1944 (St Joseph's Limerick for girls, Daingean for boys (which had replaced Glencree in 1940) and St Anne's Kilmacud which was opened in 1944 for 'girls with marked tendencies to sexual immorality'; it became an industrial school as well as a reformatory in 1949 so is sometimes double counted). Subsequently, Ferryhouse

ent

[8] http://www.childabusecommission.ie/rpt/pdfs/

Industrial School was designated a reformatory; St Laurence's Industrial School, Finglas, Dublin 11 was established in 1972 and was also a reformatory - it subsequently was subsumed into the Finglas Child and Adolescent Centre and two new reformatories were established - Scoil Ard Mhuire, Lusk, Co. Dublin (which replaced Daingean in 1973 and itself closed in 1985) and Trinity House, Lusk, County Dublin (opened 1983). By the 1980s all of these were described as 'special residential schools'.[9]

2.19 Children under the age of 12 could not be committed to reformatories and court proceedings were always necessary for such committals so children were not sent from mother and baby homes to reformatories. Young mothers could have been sent to them by the courts after they left mother and baby homes but the Commission has not seen any concrete evidence of this.

2.20 The Residential Institutions Redress Scheme (RIRS) applied to all the industrial schools and a number of children's homes - there are 59 industrial schools (including the older reformatories) on the RIRS list.

List of industrial schools

2.21 The industrial schools and reformatories are listed alphabetically by location (alternative location names are also in bold where that arises; where they were changed to a group home structure and renamed, the new name is also given). At least up to the 1980s they were generally known by location rather than saint's name. The vast majority were established before 1922; the establishment date is given where this occurred after 1922. The closing date or range of dates is given. If 1992 is stated, that means it was still in existence in 1992. The order which ran the school is mentioned where it is known (almost all cases). From the 1950s, industrial schools for girls almost all took small boys ('boys of tender years' was the expression used) as well - up to about age seven. From the 1960s some of them also took older boys.

Athlone: St Joseph's Industrial School for Girls, **Summerhill**, Athlone, Co. Westmeath (Sisters of Mercy) closed in 1960s

Artane Industrial School for Senior Boys, Dublin 5 (Christian Brothers, closed 1969; Ryan Report Volume 1)

[9] For example, in SI 182/1984.

Ballaghadereen: St Francis Xavier's Industrial School for Girls and Junior Boys, Ballaghadereen, Co. Roscommon (closed 1966; Sisters of Charity)

Ballinasloe: St Joseph's Industrial School for Girls and Junior Boys, Ballinasloe, Co. Galway (closed 1968; Sisters of Mercy)

Baltimore Fishery School for Senior Boys, Baltimore, Co. Cork (closed in 1950; a number of witnesses to the Laffoy Commission (later the Ryan Commission) were transferred to here from children's homes in Dublin where they were being maintained by the Dublin Union under the Public Assistance Acts; most were non-marital children; there was no religious order involved; the management board included the local bishop, priests and others). Laffoy Third Interim Report December 2003.[10]

Benada Abbey Industrial School for Girls, Ballymote, Co. Sligo (closed late 1980s; Sisters of Charity)

Birr: St John's Industrial School for Girls, Birr, Co. Offaly (closed 1963; Sisters of Mercy)

Booterstown: St Anne's Industrial School for Girls, Booterstown, Co. Dublin (Sisters of Mercy; closed 1981/82)

Bundoran: St Martha's Industrial School for Girls, Bundoran, Co. Donegal (Sisters of St Louis) (opened in 1958, closed 1965/6)

Cappoquin: St Michael's Industrial School for Junior boys, Cappoquin, Co. Waterford (closed 1999, Sisters of Mercy, Ryan Report Volume 11)

Carriglea Park Industrial School for Senior Boys, Dun Laoghaire, Co. Dublin (closed 1954, Christian Brothers; Ryan Report Volume 1)

Cashel: St Francis' Industrial School for Girls, Cashel, Co. Tipperary (closed 1969; Presentation Sisters)

Cavan: St Joseph's Industrial School for Girls, Cavan (closed 1967; Sisters of St Clare (the Poor Clares))

Clifden: St Joseph's Industrial School for Girls and Junior Boys, Clifden, Co. Galway (Sisters of Mercy; closed 1983; Ryan Report Volume 11)

Clonakilty: St Aloysius' Industrial School for Girls, Clonakilty, Co. Cork (closed 1967; Sisters of Mercy)

Daingean: St Conleth's Reformatory School for Boys, Daingean, Co. Offaly (Oblates, closed 1973; Ryan Report Volume 1)

[10] http://www.childabusecommission.ie/publications/documents/abuse.htm#LinkTarget_53218)

Drogheda: St Vincent's (House of Charity) Industrial School for Junior Boys, Drogheda, Co. Louth (Sisters of Charity of St Vincent de Paul, now generally known as the Daughters of Charity; they ran Pelletstown; 1992)
Dundalk: St Joseph's Industrial School for Girls, Dundalk, Co. Louth (Sisters of Mercy; closed 1983; Ryan Report Volume 11)
Dundrum: St Bernard's Industrial School for Girls, **Fethard**, Dundrum, Co. Tipperary (1992; Presentation Sisters)

Ennis Industrial School: Our Lady's Industrial School for Girls, Ennis, Co. Clare (closed 1964; Sisters of Mercy)

Ferryhouse: St Joseph's Industrial School for Senior Boys, Ferryhouse, **Clonmel**, Co. Tipperary (Order of Charity (Rosminians), Ryan Report Volume 11)
Finglas: St Laurence's Industrial School, Finglas, Dublin 11 (opened in 1972 and was also a reformatory; was later subsumed into Finglas Child and Adolescent centre)

Glencree: St Kevin's Reformatory, Glencree, Co. Wicklow (closed 1940; transferred to Daingean, Oblates)
Glin: St Joseph's Industrial School for Senior Boys, Glin, Co. Limerick (closed 1966; Christian Brothers; Ryan Report Volume 1)
Goldenbridge: St Vincent's Industrial School, Goldenbridge, Inchicore, Dublin 8 (closed 1983, Sisters of Mercy, Ryan Report Volume 11)
Greenmount: St Joseph's Industrial School for Senior Boys, Greenmount, Cork (closed 1959, Presentation Brothers; Ryan Report Volume 11)

Kilkenny: St Joseph's Industrial School for Girls, Kilkenny (closed 1999, Sisters of Charity, Ryan Report Volume 11)
Kilkenny: St Patrick's Industrial School for Junior Boys, Kilkenny (closed 1966; Sisters of Charity, Ryan Report Volume 11)
Killarney: St. Joseph's Industrial School for Girls and Junior Boys, Liosomoine, Killarney, Co. Kerry (Sisters of Mercy; 1991; later called **Liosomoine Group Home**)
Killybegs: St Columba's Industrial School, Killybegs, Co. Donegal (closed 1950; Order of Charity)

Kilmacud: St Anne's Reformatory School for Girls, Kilmacud, Co. Dublin (opened 1944; also an industrial school from 1949; 1991 (ceased to be a reformatory 1984), Sisters of Our Lady of Charity of Refuge)
Kinsale Industrial School: Our Lady of Mercy Industrial School for Girls, Kinsale, Co. Cork (Sisters of Mercy; closed between 1960 and 1965)

Lakelands: St Mary's Industrial School, Lakelands, Sandymount, Dublin 4 (Sisters of Charity; 1991; later called **St Mary's Residential Homes**, 26 and 28 Park Ave., Sandymount)
Lenaboy: St Ann's Industrial School for Girls and Junior Boys, **Renmore**, Lenaboy, Co. Galway (Sisters of Mercy; 1991, later called **Aisling and Loyola, Renmore**)
Letterfrack: St Joseph's Industrial School for Senior Boys, Letterfrack, Co. Galway (closed 1974; Christian Brothers; Ryan Report Volume 1)
Limerick: St George's Industrial School for Girls, Limerick and St Joseph's Reformatory School for Girls, Limerick were on the same site (Good Shepherds; they also had a Magdalene laundry on the same site called St Mary's; 1992; later called **Shalom**)
Limerick: St Joseph's Reformatory School for Girls, Limerick (see note re St George's above; closed 1976)
Limerick: St Vincent's Industrial School for Girls, Limerick (Sisters of Mercy; 1992; later called **Mount St Vincent**)
Loughrea: St Bridgid's Industrial School for Girls, Loughrea, Co. Galway (closed 1967; Sisters of Mercy)

Mallow: St Joseph's Industrial School for Girls, Mallow, Co. Cork (Sisters of Mercy; 1992)
Merrion: St Martha's Industrial School, Merrion, Dublin 4 (closed before 1940)
Moate Industrial School: Mount Carmel Industrial School for Girls, Moate, Co. Westmeath (Sisters of Mercy; 1992; later called **Mount Carmel Residential Home**)
Monaghan: St Martha's Industrial School, Monaghan (Sisters of St Louis; moved to Bundoran in 1958)

New Ross: St Aidan's Industrial School for Girls, Newross, Co. Wexford (1966, closed 1968; Good Shepherd Sisters; they also had a Magdalen laundry on the same site, called St Mary's)

Newtownforbes Industrial School: Our Lady of Succour Industrial School, Newtownforbes, Co. Longford (closed 1970; Sisters of Mercy; Ryan Report Volume 11)

Passage West: St Joseph's Industrial School for Boys, Passage West, Co. Cork (Sisters of Mercy; 1992)

Rathdrum: St Kyran's Industrial School for Junior Boys, Rathdrum, Co. Wicklow (Sisters of Mercy; 1992)
Roscommon: St Monica's (closed 1929; this is not on the redress list)
Rushbrook: St Colman's Industrial School for Girls, **Cobh**/Rushbrook, Co. Cork (Sisters of Mercy; 1992)

Salthill: St Joseph's Industrial School for Senior Boys, Salthill, Co. Galway (Christian Brothers, closed 1995; Ryan Report Volume 1)
Sligo: St Laurence's Industrial School for Girls, Sligo (closed 1958; Sisters of Mercy)
Sunday's Well: St Finbarr's Industrial School for Girls, Sunday's Well, Marymount, Cork (Good Shepherd Sisters; they had a Magdalen laundry on the same site called St Mary's; 1992)

Templemore: St Augustine's Industrial School for Girls, Templemore, Co. Tipperary (Sisters of Mercy; closed between 1960 and 1965)
Tralee Industrial School: **Pembroke Alms** Industrial School for Girls, Tralee, Co. Kerry (Sisters of Mercy, 1992; later Nazareth House)
Tralee: St Joseph's Industrial School for Boys, Tralee, Co. Kerry (closed 1970; Christian Brothers; Ryan Report Volume 1)

Upton: St Patrick's Industrial School for Boys, Upton, Cork (closed 1966; Rosminians; Ryan Report Volume 11)

Waterford: St Dominick's Industrial School for Girls, Waterford (Good Shepherd Sisters; the Good Shepherds also had a Magdalen laundry on the same site called St Mary's; 1992; later called **Prospect House** and **Gracepark Training Centre**)
Westport: St Columba's Industrial School for Girls, Westport, Co. Mayo (Sisters of Mercy; closed 1973/4)

Wexford: St Michael's Industrial School for Girls, Wexford (Sisters of Mercy; closed 1982/3)

Whitehall/Drumcondra: St Joseph's Industrial School for Girls, Whitehall, Drumcondra, Dublin 9 (Sisters of Our Lady of Charity of Refuge; sometimes called **High Park** as it was on the same site as the High Park Magdalen laundry; 1992; in 1978, developed into two group homes **Blaithin** and **Cuan Mhuire**); An Grianán was also established on this site in 1971; **Martanna House** was a hostel for teenage girls on the same site - opened 1966.

Residential Children's Homes

2.22 The exact status of some of the residential children's homes is difficult to establish. Most (possibly all at some stage) received some form of state funding. This sometimes came directly from the Department of Local Government and Public Health/Department of Health and sometimes from the local health authorities. Some homes were certified under the *Pauper Children (Ireland) Act 1898* or the *Public Assistance Act 1939* for the reception of poor children (see Chapter 1). Some were approved under Section 55 of the *Health Act 1953* for the boarding out of children. When an institution was certified or approved, it was usual to specify the total number of children who could be maintained there. There were no regulations about the ratio of staff to children.

2.23 Some homes were included in the RIRS scheme even though it is not clear that they were approved under the relevant legislation. In general, those in the RIRS scheme are likely to have received some form of state funding for at least part of their existence but it is not clear if this was accompanied by any inspection or regulation.

2.24 The Commission has not seen full lists of approvals under the relevant legislation. The only official lists seen by the Commission are a list compiled in 1982 for the Inter-Departmental Committee on the operation and financing of children's residential homes and a list from 1992. The 1982 list shows a capacity of 376 in the approved homes. (The 23 certified industrial schools on the list had a capacity of about 800 at that time). The 1992 list has 21 homes which are described as 'approved (or deemed to be approved)' for the purposes of Section 55 of the *Health Act 1953* and 22 industrial schools. It is contained in SI 125/1992: *Child*

Care Act 1991 (Children's Residential Centres) (Superannuation) (No 2) Order 1992.[11] The following appear on one or both lists:

Ballymun Residential Project, 163/164 Balcurris Road, Ballymun, Dublin 11
Bartres, 1 Pottery Road, Kill-O-The Grange, Dún Laoghaire, Co. Dublin (the Grange)
Catholic Social Service Conference Hostel, 64 Eccles Street, Dublin 7
Corunum, Drumcondra
Derralossary House, Roundwood, County Wicklow
Don Bosco Houses, 57 Lower Drumcondra Road, Dublin 9 and 12 Clontarf Road, Dublin 3
Family Group Home, Letterkenny
Family Group Home, Geevagh, Sligo
Family Group Home, Wexford
Grianan Training Centre, 369 Collins Avenue, Dublin 9.
Homeless Girls Society Ltd., Sherrard House, 19 Upper Sherrard Street, Dublin 1
Kirwan House, Ranelagh
La Verna, Kenilworth Road, Dublin 6
Los Angeles Society Homes for Homeless Boys, 4 Conyngham Road, Dublin 8 and 22 Newtown Avenue, Blackrock, County Dublin.
Madonna House, Grove Avenue, Blackrock, County Dublin.
Miss Carr's Home, 5 Northbrook Road, Ranelagh, Dublin 6
Nazareth House, Church Hill, Sligo
Sacred Heart Home, 5 The Avenue, Royal Oak, Santry, Dublin 9 (formerly Drumcondra)
Smyly's Homes, Glensilva, 95 Monkstown Road, Blackrock, Co. Dublin, and Racefield House, 3 Lower Mounttown Road, Dún Laoghaire, Co. Dublin.
Society of St Vincent de Paul, Child Care Centre, 69 Amiens Street, Dublin 1
St Anne's Hostel, 72 Lower Seán McDermott Street, Dublin 1
St Helena's, Finglas
St Mura's Nursery, Fahan, Lifford, Co. Donegal
St Vincent's, North William Street, Dublin 1
Tabor House, Seville Place, Dublin 1
The Cottage Home, Tivoli Road, Dún Laoghaire, Co. Dublin

[11] http://www.irishstatutebook.ie/eli/1992/si/125/made/en/print

Trudder House, Newtownmountkennedy, Co. Wicklow.

2.25 The following is a list of the children's residential homes that the Commission has discovered from its various sources. It does not include any institutions which the Commission knows ceased to exist before 1922. There may be some duplication because some were known by location and also by a religious name and some changed their names over time. It is quite likely that there were other such institutions.

Cork

Holy Family School for Moderate Learning Disability, Charleville, Co. Cork
Lota: Our Lady of Good Counsel, Lota, Glanmire, Co. Cork (For children with intellectual disabilities; Brothers of Charity; 1939-99; Ryan Report Volume 11)
School of the Divine Child, Lavanagh, Ballintemple, Cork
Scoil Eanna, School of the Angels, Montenotte, Cork
Scoil Triest, Lota, Glanmire, Co. Cork
St Bernadette's, Bonnington, Montenotte, Cork
St David's, Lota, Glanmire, Co. Cork
St Gabriel's School, Curraheen Road, Cork
St Marie of the Isle, Sharman Crawford Street, Cork
St Mary's, Rochestown, Cork
St Paul's, Montenotte, Cork

Donegal

Family Group Home, Letterkenny, Co. Donegal
St Joseph's Orphanage, Bundoran, Co. Donegal
St Mura's Orphanage, Fahan, Co. Donegal

Dublin

An Grianán Training Centre, Grace Park Road, Dublin 9 (this is on the same grounds as the Whitehall/High Park Industrial School)
Ballymun Residential Project, 163/164 Balcurris Road, Dublin 11
Bartres Children Home, Kill O' the Grange, Dun Laoghaire, Co. Dublin (originally known as The Grange)
Blaithin and Cuan Mhuire, Drumcondra: these were the group homes which were established in place of Whitehall/St Joseph's/High Park Industrial School
Cheeverstown House, Templeogue, Dublin 6

Coombe Ragged Schools and Boys Home (a Smyly home)
Cottage Home, Tivoli Road, Dun Laoghaire, Co. Dublin
Catholic Social Service Conference Hostel, 64 Eccles Street, Dublin 7
Chester Lodge, Moate, Co. Westmeath (Mount Carmel - this is probably the former industrial school)
Cloonamahon, Collooney, Co. Sligo
Cor Unum, Drumcondra, Dublin 9
CPI Marino Special School, Bray, Co. Wicklow
Cregg House: St Cecilia's, Cregg House, Sligo
Don Bosco Houses, Gardiner Street, Dublin 1
Elliot Home (for Waifs and Strays/for Little Children), 7/8 Charlemont Street, also in Townsend Street and Bray
Emmanuel Home - opened adjacent to Bethany in the 1930s, later transferred to Tipperary but house was burnt down - arson - not clear whether children had yet moved there; relocated to Avoca in Wicklow
Finglas Child and Adolescent Centre, Dublin 11
Glensilva, 95 Monkstown Road, Dun Laoghaire, Co. Dublin (This has also been described as Our Boy's Home; a Smyly home)
Homeless Girls Society, Sherrard House, 19 Upper Sherrard Street, Dublin 1
Kirwan House, Ranelagh, Dublin 6; also North Circular Road, Dublin 7
La Verna, Kenilworth Road, Dublin 6
Linden Convalescent Home, Blackrock, Co. Dublin (this, in spite of its name, is listed as a school for physically handicapped children in Department of Education Statistical Tables 1966/67)
Los Angelos Society Home for Homeless Boys, 4 Conyngham Road, Dublin 8 and
22 Newtown Avenue, Blackrock, Co. Dublin
Madonna House, Blackrock, Co. Dublin (This was initially on Merrion Road and then moved to Blackrock)
Martanna House Hostel, Grace Park Road, Dublin 9
Mary Immaculate School for the Deaf, Beechpark, Co. Dublin (Ryan Report Volume 11)
Miss Carr's Children's Home, 5 Northbrook Road, Dublin 6 (this is separate from the Miss Carr's Mother and Baby Home - see Chapter 25).
Northcote Home, Dun Laoghaire

Philomena House, Dundrum (this is an exit pathway for many children from the Dublin Union in the 1920s; the Commission has not been able to find any reference to it in any other official document.

The Protestant Home for Orphan and Destitute Girls/Harold's Cross Orphanage, transferred to Mayil Children's Home Bray in the late 1940s and then moved to Westbank - Greystones (Miss Mather's)

Racefield, Upper Mounttown Road, Dún Laoghaire (a Smyly home)

Sacred Heart Home, Drumcondra, Dublin 9; later in Santry

Scoil Ard Mhuire, Lusk, Co. Dublin (reformatory)

Society of St Vincent de Paul, Child Care Centre, 69 Amiens Street, Dublin 1

Smyly Homes: Mrs Smyly's Homes for Necessitous Children (and Ragged Schools) - there seem to have been a total of 13 Smyly Homes at some stage; some specific ones are mentioned on this list; one was called the "Home for Big Lads" - it is unlikely anyone was sent from a mother and baby home to it

St Anne's Hostel, 72 Lower Sean McDermott St, Dublin 1

St Augustine's, Obelisk Park, Carysfort Avenue, Blackrock, Co. Dublin

St Clare's Orphanage, Harold's Cross, Dublin 6

St Joseph's School for Hearing Impaired Boys, Cabra, Dublin 7 (Ryan Report Volume 1)

St Joseph's School for the Visually Handicapped, Drumcondra, Dublin 9

St Joseph's Orphanage, Tivoli Road, Dun Laoghaire, Co. Dublin

St Mary's School for Visually Impaired Girls, Merrion, Dublin

St Vincent's Orphanage, North William St, Dublin 9

St Mary's School for Hearing Impaired Girls, Cabra, Dublin 7 (Dominican Sisters; Ryan Report, Volume 11)

St Michael's, Glenmaroon, Chapelizod, Dublin 20

St Paul's Hospital, Beaumont, Dublin 9

St Philomena's, Stillorgan, Co. Dublin (this was established in 1932 specifically to cater for children who were in Pelletstown and could not be adopted or fostered)

St Saviour's Orphanage, Lower Dominick Street, Dublin 1 (also known as Dominican Boys' Home)

St Teresa's, Blackrock, Co. Dublin

St Vincent's Orphanage, Glasnevin, Dublin 9

St Vincent's, Navan Road, Dublin 7

Stewart's Hospital, Palmerstown, Dublin 20

Sunshine Home (Children's Sunshine Home), Stillorgan/Leopardstown, Co. Dublin (this was a residential children's home with no religious involvement; the St Vincent de Paul also had Sunshine Homes which were places where they brought poor children on holidays - they are not residential children's homes in the sense being used here)
Tabor House, Dublin
The Bird's Nest Home, 19 York Road, Dun Laoghaire, Co. Dublin (a Smyly home)
The Boley, Monkstown
The Boys Home, Grand Canal Street, Dublin 2
The Children's Fold. The Coombe
The Los Angeles Homes, Dublin
The O'Brien Institute, Malahide Road, Dublin
Warrenstown House, Corduff Road, Blanchardstown, Dublin 15

Galway

Aasleagh, Leenane (Irish Church Missions); later Lurgan Street Dublin
Holy Family School, Renmore, Co. Galway
Kilcornan Centre, Clarinbridge, Co. Galway

Kerry

St Francis' & St Mary of the Angels, Beaufort, Killarney, Co. Kerry

Kilkenny

School of the Holy Spirit, Seville Lodge, Kilkenny, Co. Kilkenny

Limerick

St Vincent's Centre for Persons with Intellectual Disability, Lisnagry, Limerick

Louth

St Mary's, Drumcar, Dunleer, Co. Louth

Meath

Orphanage Schools, Convent of Mercy, Kells, Co. Meath (also known as Sacred Heart Orphanage)
St Joseph's Babies Home, Stamullen (associated with St Clare's Adoption Society)

Sligo

Family Group Home, Geevagh, Co. Sligo

Nazareth House, Sligo

Tipperary

St Anne's, Sean Ross Abbey, Roscrea, Co. Tipperary (this is **not** the Sean Ross mother and baby home; it is a home for children with intellectual disabilities on the same grounds as the former mother and baby home)

Waterford

St Martin's Orphanage, Waterford

Westmeath

St Mary's, Delvin, Co. Westmeath

Wexford

Family Group Home, Wexford

Marlfield House Gorey (The Children's Fold)

Wicklow

Deralossery House, Roundwood, Co. Wicklow (mainly for Traveller children)

Elliot Home, Bray

Sheeana, Wicklow (Irish Church Missions)

Sunbeam House, Bray

Trudder House, Newtownmountkennedy, Co. Wicklow (Traveller children)

Specific institutions

2.26 As already stated, the Commission has not investigated any of the institutions mentioned in this chapter. It has received information about some of them. In particular, the Daughters of Charity (see Chapter 13) provided information about a number of its institutions and the interaction between them.

Daughters of Charity institutions

2.27 The Daughters of Charity ran Pelletstown and they also had a significant involvement in children's homes including homes for children with disabilities. The

interaction between Pelletstown and St Vincent's Cabra is described in Chapter 13. Both were originally part of the Dublin Union but Cabra was designated as a home for children with disabilities in the mid-1920s, ceased to be an integral part of the Dublin Union and was financed on a capitation basis from then on.

2.28 St Philomena's, Stillorgan was established by the Daughters of Charity in 1932 to take some of the older children from Pelletstown who were not being boarded out. Many of the children were 'mentally defective' but others were there because their mothers would not agree to have then boarded out. In some of these cases, the mothers visited the children.

2.29 St Philomena's was certified by the Minister for Local Government and Public Health for the reception of 208 children under Section 3 of the *Pauper Children (Ireland) Act 1898*. Problems arose when it sought certification under Section 47 of the *Public Assistance Act 1939* because it had become a recognised national school and, as such, could not be a 'certified' school (see Chapter 1).

2.30 While St Philomena's was not an integral part of the Dublin Union, it was almost treated as such by the Dublin board of assistance and its successors. It was inspected by the board and arrangements were made to have children resident there boarded out. The children were all the responsibility of the board.

2.31 It was financed by capitation rates and was also inspected by departmental officials (such inspections seem to have stopped in 1957 - see Chapter 1). A 1943 inspection by Miss Litster found the physical conditions to be good and the children were 'excellently provided with clothing and boots'. There were good bathroom and lavatory provisions. The food was plain but adequate. The milk was supplied from their own herd of 14 cows which were tuberculin tested. (A further report of an inspection by Miss Litster in 1949 was similarly positive). The facilities had recently been enlarged and were generally bright and airy.

2.32 The children were almost all sent by Pelletstown; they were a charge on the Dublin Union and the capitation rate was 12s 6d a week. Miss Litster noted that there seemed to be no rules about moving children from one institution to another. She had been informed by the superior in Pelletstown that the former Dublin board of assistance had a rule that children who had reached the age of three and whose mothers were either visiting them or making contributions to their maintenance

should be transferred to St Philomena's. In practice, only a small number of visits were paid by mothers and these visits were possible only for mothers who had got employment around Dublin. Contributions by mothers were irregular and seldom amounted to more than a couple of pounds a year. The current board of assistance was now ignoring this rule and trying to board out as many children as possible.

2.33 In February 1947, the minister consented provisionally to the reception of public assistance children from Balrothery and Rathdown boards of assistance under Section 35 of the *Public Assistance Act 1939* (see Chapter 1). This consent was subject to the condition that the provisions of the *Public Assistance Act* and associated regulations would apply as if it were approved under Section 47. This arrangement was legally dubious but it seems to have been applied to other schools as well.

2.34 Rathdown asked for approval for an increase in maintenance to 15s a week. This was approved. Other boards of assistance had to apply for specific approval if they wanted to send children to St Philomena's. The capitation rate was increased to 17s 6d from 1 January 1948 and to 19s from 1 April 1948.

2.35 A medical inspector visited in 1949 and recommended that approval be for a maximum of 190 children. The Daughters of Charity had asked for an increase in the approval number to 220. The figure of 208 was retained as the officials were concerned that there were no other places for the children concerned even though they were aware that they were going against medical opinion. The children were all sent by the three Dublin boards of assistance other than one child from Laois.

2.36 In 1958, the Daughters of Charity asked to have some of the children who were applying for entry to an overcrowded Cabra (the residential school for 'mentally deficient' children - see above) sent to St Philomena's. The Inspector of Mental Hospitals was asked for his views. It was approved for the admission of 38 such children.

2.37 There were discussions about not sending any Dublin board of assistance children to St Philomena's (the number going there was declining because of greater use of boarding out) and using St Philomena's as a home for 'mentally defective' children only. This was proposed in April 1959 by the Dublin assistant city manager. The

Department of Health official who discussed this with him suggested that 'the problem of the unmarried mother and her child was decreasing steadily in size' and it looked like a smaller institution than Pelletstown would be adequate. The question of exchanging St Philomena's for Pelletstown was mentioned. In June 1959, the director of the Daughters of Charity, Fr Sheehy, told the department that Archbishop McQuaid had asked that the Daughters of Charity establish a home for 'mentally deficient' girls on the south side of the city. The proposal was that the children in St Teresa's Home, Blackrock would move to St Philomena's and a new home for girls would be established in St Teresa's. Fr Sheehy was not in favour of the Pelletstown/St Philomena's swop for a number of reasons including that the postulatum was in St Philomena's and it would be undesirable to move the Pelletstown residents there. There were further discussions about the various proposals including consideration of sending some 'mentally deficient' children to Pelletstown. After discussions between all the relevant parties - the Daughters of Charity, the Department of Health and the Dublin board of assistance, it was decided to use St Teresa's exclusively for children with intellectual disabilities[12] and move existing residents to St Philomena's with no change at Pelletstown.

St Mura's, Fahan

2.38 St Mura's Orphanage, Fahan, Co. Donegal was approved for the boarding out of children. In 1986, when the Department of Health was trying to rationalise the mother and baby homes and infant nursing homes, it was suggested that St Mura's would be phased out. In the Department of Health memorandum on the subject, St Mura's was described as catering mainly for pre-adoption placements arranged by St Mura's Adoption Society and by CURA (see Chapter 26 for its role in relation to the Castle). The memorandum said that it had a capacity for 20 and that the babies came from various parts of Ireland. However, the suggestion that it be phased out was rejected by the Secretary of the Department of Health who pointed out that:

> I do not think that we should at this time take any action in the case of the infant nursing home facility at Fahan, Co Donegal. It provides a facility which spares out national blushes in the area of adoption of 'legitimate but unwanted children'. The resource involved at £13,600 is trivial. I will elaborate when you have had an opportunity to read the submissions.[13]

[12] This decision seems to have been largely driven by Archbishop McQuaid.
[13] Department of Health, RM/INA/0/505362.

2.39 It would appear that this is a reference to the placement for adoption in Northern Ireland of extra-marital children who were not eligible for adoption in Ireland because they were regarded as 'legitimate'.

St Clare's Hospital

2.40 In 1943, the DLGPH decided to open a hospital to deal with gastro-enteritis after one of the worst epidemics that had struck the city for years. Bacteriological and clinical investigators found that the disease affected children independently of the economic circumstances of their families and of the type of milk supplied to them, whether highest grade, pasteurised or ordinary milk. This epidemic had been responsible for a significant rise in the infant mortality rate in the years 1942-44.[14] The number of diarrhoea and enteritis cases reported in Dublin during 1943 was 2,013. The Medical Officer for the City of Dublin reported that 609 deaths due to diarrhoea and enteritis were notified in the city during 1943. All such deaths occurred in infants and children under two years old.[15]

2.41 The Claremont Institution for Protestant Orphans at Glasnevin[16] and its 28 acres were taken over by the Dublin board of assistance. It cost £3,700 and, after renovation costing £70,000, was officially opened in October 1944. It had accommodation for 106 cots.[17] There were 50 medical staff. The Parliamentary Secretary to the Minister for Local Government and Public Health was quoted as saying that he thought he would be correct in saying that, notwithstanding the prevalence of a deadly form of this disease throughout Europe, Ireland was the only country that had provided a specially designed, specially equipped and specially staffed hospital for its treatment.[18]

2.42 The Parliamentary Secretary also said the most serious public health problem in the country was infant mortality, particularly in Dublin. He said that the evidence pointed to unhygienic handling of milk and of feeding utensils as a causative factor.

Temple Hill

2.43 St Patrick's Infant Hospital, Temple Hill (sometimes called Temple Hill Dietetic Hospital), Blackrock, is frequently wrongly described as a mother and baby home.

[14] *Irish Press*, 22 August 1944.
[15] Matthew J. Russell, *Report on the state of public health in the city of Dublin for the year 1944* (Dublin, 1945).
[16] It was also known as the Claremount Institution for the Deaf and Dumb.
[17] *Evening Herald*, 19 October 1944.
[18] *Irish Press*, 20 October 1944.

It was an infants' nursery and mothers were not resident there. As a hospital, it received funding from the Hospitals Commission (see Chapter 27).

Hospitals

2.44 Children sometimes spent significant periods of time in hospitals, particularly children who had physical disabilities. Children's hospitals had national schools within them. The following hospitals were included in the RIRS:

Cork University Hospital School
Harcourt Street Hospital, Dublin 2
St Joseph's Orthopaedic Hospital for Children, Coole, Co. Westmeath
Our Lady's Hospital for Sick Children, Crumlin, Dublin 12
St Mary's Orthopaedic Hospital, Cappagh, Dublin 11
St Mary's Orthopaedic Hospital, Baldoyle, Dublin 13
St Paul's Hospital, Beaumont, Dublin 9
Temple Street Hospital, Dublin 1

Institutions for people with disabilities

2.45 For much of the period covered by the Commission there was a severe shortage of residential services for adults and children with disabilities. Initially they were mainly housed in workhouses which were renamed county homes after 1922. Adults with disabilities who were unable to work were not eligible for specific income supports until the Disabled Person's Maintenance Allowance was introduced in 1954.[19] This was not payable to people living in residential institutions until 1996 when it was renamed Disability Allowance.

2.46 In the workhouse/county home system, people with disabilities were classified as 'lunatics' but this seems to have covered people with mental illness and people with intellectual and possibly even physical disabilities. One of the reasons why children remained in Pelletstown for lengthy periods was because they had disabilities and there were not enough suitable places for them to go. Children remained in county homes for similar reasons.

[19] SI 207/1954 - *Disabled Persons (Maintenance Allowances) Regulations 1954*.

Physical disability

2.47 There were a number of residential schools for children with physical disabilities. The following were included in the RIRS:

CPI Marino Special School, Bray, Co. Wicklow

Mary Immaculate School for the Deaf, Beechpark, Co. Dublin.

St Joseph's School for Hearing Impaired Boys, Cabra, Dublin 7

St Joseph's School for the Visually Handicapped, Drumcondra, Dublin 9

St Mary's School for Visually Impaired Girls, Merrion, Dublin

St Mary's School for Hearing Impaired Girls, Cabra, Dublin 7

The three schools for deaf children were investigated by the Ryan Commission.

Intellectual disability

2.48 The Stewart Institution for Imbeciles[20] which opened in 1869 and was initially supported entirely by charitable donations was the only residential institution for the mentally handicapped in Ireland in 1922. There were 125 places available. In 1926, St Vincent's, Cabra became a home for mentally handicapped children (see Chapter 13). Subsequently a number of other institutions were established. They were all voluntary institutions; there were no State residential facilities for children with disabilities. They were mainly run by religious orders but, in the 1950s, associations of 'parents and friends of the mentally handicapped' began to get involved. The Hospitals Trust Fund did provide capital funding for some of the new institutions. There was very little regulation; in fact regulation did not become the norm until the 2000s. The State and the local health authorities paid a capitation rate for residents in broadly the same way as was done in mother and baby homes.

2.49 A White Paper on *The Problem of the Mentally Handicapped* was published by the Department of Health in 1960.[21] It stated that the number of residential places for people with intellectual disabilities needed to be doubled from the 3,200 then available to about 7,000. The report of the Commission of Inquiry into Mental Handicap was published in 1965. It also recognised the need for more residential places for 'mentally handicapped' children. It is clear from this report that district mental hospitals and county homes were still being used to house children with intellectual disabilities. The White Paper recorded that there were 2,000 people in mental hospitals and 450 people in county homes who were described as mentally

[20] Now known as Stewart's Care: https://www.stewartscare.ie/about/history/
[21] https://www.lenus.ie/handle/10147/593379

handicapped. The White Paper and the report outlined the development of services for children with intellectual disabilities including residential services.

2.50 They show that, in 1932, there were three special institutions with a total of 500 places; by 1939, there were 800 places and 1,030 by 1947 in six institutions; five additional institutions were established by 1953; this amounted to a total of 1,460 places. By 1960 there were 14 institutions with 2,620 places. At the time, there were plans for 600 new beds. The institutions had received £1.6 million in capital funding from the Hospitals Trust Fund. By December 1964, there were 3,130 places available. As well as the inadequacy of existing places, the White Paper recognised that there were other problems including finding suitable staff; the religious orders were having difficulties in this area. The existing institutions (except one) were designed mainly for children but nearly half of the residents were over the school leaving age (14 at the time) - clearly because there was nowhere for the residents to go.

Institutions listed in White Paper (1960)

St Augustine's (Colony for Mental Defectives), Blackrock had 30 places in 1932 and 220 by 1960; all male

St Raphael's, Celbridge had 32 places in 1953 and 200 in 1960; all male

St Mary's, Drumcar had 115 places in 1953 and 340 in 1960; all male

St Teresa's, Stamullen had 60 places in 1947; ceased to exist in 1955; all male

House of Our Lady of Good Counsel, Lota, Glanmire, Cork had 90 places in 1947 and 260 in 1960; all male

St Joseph's, Kilcornan House, Clarenbridge had 27 places in 1953 and 100 in 1960; all male

St Vincent's, Cabra had 360 places in 1932 and 480 in 1960; males aged 3-9 and females

House of the Holy Angels, Glenmaroon, had 110 in 1953 and 235 in 1960; all female

St Joseph's, Clonsilla, had 42 places in 1947 and 270 in 1960; all female

St Vincent's Lisnagry had 35 places in 1960; all female

St Philomena's, Stillorgan had 100 places in 1960; all male

St Teresa's, Blackrock had 100 places in 1960; all female

St Mary's Delvin had 40 places in 1960; all female

Cregg House, Sligo had 25 places in 1960; all female

Stewart's Hospital had 120 places in 1932 and 280 in 1960; male and female.

Inspection and conditions

2.51 The Commission has not seen evidence that the institutions for children with intellectual disabilities were inspected. Little is known about the conditions within them.

Transfers from Pelletstown

2.52 The main institutions to which children with a disability were transferred from Pelletstown were:

The Stewart Institution

St Vincent's, Navan Road, Cabra

St Augustine's Colony for Mental Defectives, Carysfort Avenue, Blackrock, Co. Dublin

Our Lady of Good Counsel Residential Special School and Training Centre, Lota, Glanmire, Co. Cork

St Raphael's Residential Special School, Celbridge, Co. Kildare

St Mary's Convent, South Hill, Delvin, Co. Westmeath

St Michael's Mentally Deficient Home and School, Holy Angels, Glenmaroon, Chapelizod

St Mary's of the Angels, Whitefield, Beaufort, Co. Kerry, founded in 1968

St Mary's School for Hearing Impaired Children, Dominican Convent, Cabra

St Mary's Auxiliary Hospital, Baldoyle (orthopaedic hospital).

People with mental illness

2.53 People suffering from mental illness were also housed in workhouses/county homes as well as in mental hospitals (which, in the case of some district mental hospitals, were former workhouses). As already stated, children with intellectual disabilities were often housed in mental hospitals. The Commission of Inquiry on Mental Illness was established 1961 and it reported in 1966.[22] This reported that there were approximately 1,000 beds in 13 private hospitals and about 18,000 beds in district mental hospitals:

> One of the first tasks to which the Commission addressed itself was to consider the exceptional rates of residence in the psychiatric hospitals in Ireland. No clear explanation has emerged. There are indications that mental

[22] https://www.lenus.ie/bitstream/handle/10147/45690/8634.pdf?sequence=1&isAllowed=y

> illness may be more prevalent in Ireland than any other countries; however, there are many factors involved, and in the absence of more detailed research, the evidence to this effect cannot be said to be conclusive. Special demographic features, such as the high emigration rate, the low marriage rate and problems of employment, may be relevant to the unusually high rate of hospitalisation. In a largely rural country with few large centres of population, social and geographic isolations may affect both the mental health of individuals and the effectiveness of the mental health services. The public attitude towards mental illness may not be helpful to the discharge of patients and their reintegration in the community. On all these points, the Commission could do little more than ask questions.

2.54 The commission reported that, in the year ended 31 March 1965, the average number of patients resident in district, branch and auxiliary mental hospitals was 17,949:

> In Ireland, approximately 7.3 psychiatric beds were provided in 1961 per 1,000 of the population; this rate appears to be the highest in the world and compared with 4.5 in Northern Ireland, 4.6 in England and Wales, 4.3 in Scotland, 2.1 in France and 4.3 in U.S.A. At any given time, about one in every seventy of our people above the age of 24 years is in a mental hospital.

2.55 There were 18 mental hospital districts each of which had a district mental hospital. The private mental hospitals had been established mainly before 1922; the first was St Patrick's hospital which was founded in 1745. The majority of the public mental hospitals also predated the State. St Brendan's, Grangegorman opened in 1814 as the Richmond Lunatic Asylum. St Ita's, Portrane was built to cater for the overflow from St Brendan's. The report lists all of the mental hospitals which existed at the time.

2.56 The report found that some buildings were new, or comparatively new, but most were erected between 1820 and 1900 and were:

> clearly a legacy of the days when the emphasis was on security measures and on custodial care. In many cases praiseworthy efforts have been made to improve old buildings and some have been brought up to a good, or reasonably good, standard; others have been sadly neglected. In the Commission's view a large number are unsuitable in design and lack the facilities necessary for the proper treatment of patients.

2.57 It went on to state:

> Unfortunately, the carrying out of improvements has not been uniform and some hospitals, or parts of hospitals, have a standard of accommodation which varies from poor to bad. Some have adequate catering, heating and sanitary arrangements, but most need considerable improvements in regard to these facilities. Furniture and furnishings are inadequate in most cases. Facilities for occupational, recreational and industrial therapy and for proper medical treatment, are poor in most hospitals. In addition, a custodial approach still persists in some hospitals.
>
> … there are still too many barrack-like structures characterised by large wards, gloomy corridors and stone stairways. Too many also have inadequate facilities and services and lack the purposeful activity and therapeutic atmosphere that are necessary in a modern mental hospital.

2.58 The report pointed out that health authorities had the power to send patients to private hospitals and homes and to pay for them at approved rates (varying from £5 10s a week to £11 11s) but this power was not much used. However, considerable use was made of a provision in the *Health Act 1953*, under which a person who was entitled to receive treatment free, or at a reduced rate, in a district mental hospital, could get a contribution towards the cost of treatment in a private hospital or home. The contribution rates at the time varied from £6 6s to £8 1s a week. The period of payment was limited to 13 weeks.

2.59 The Commission of Inquiry on Mental Illness did consider the mental health difficulties faced by children in industrial schools. It adverted to children who were deprived of a normal family life and recognised them as being vulnerable and possibly emotionally disturbed. They were children 'for whom psychiatric and psychological services are particularly necessary. The provisions made for these services are very often most inadequate'. It does not seem to have specifically addressed the question of residents of mother and baby homes.

2.60 Mental hospitals were subject to inspection since the passing of the *Mental Treatment Act 1945*. This provided for, among other things, an Inspector of Mental Hospitals. It also set out the rules for admission to mental hospitals.

Chapter 3: Pre 1922

Introduction

3.1 Mother and baby homes were not unique to Ireland, and they were founded and run by a range of religious charities, not all Catholic. The template for mother and baby homes that emerged in Ireland in the 1920s was very similar to that followed in other countries.

3.2 This chapter examines the position of unmarried mothers and their children in Ireland before 1922. The Irish Free State did not begin with a blank canvas. The social attitudes and institutions that existed under the Union continued, and legislation, regulations and financial provisions introduced before 1922 remained in force until they were abolished or amended. The Irish Free State inherited a network of agencies and institutions catering for the poor and the needy. Some were directly run and funded by the state, such as the workhouses. Some were charitable agencies that received no state support; their funding came from voluntary donations, and perhaps from some form of commercial activity, such as a Magdalen laundry. The industrial schools can be regarded as a hybrid: they were run by religious orders, but funding and decisions on admission were determined by the state.

Illegitimacy

3.3 'Illegitimacy has been called a social problem for the last two centuries and a moral problem from time immemorial. A problem can in principle be solved, and in trying for a solution here moralists, administrators and social scientists have written a very great deal'.[1] These are the opening remarks of Cambridge social historian Richard Laslett in his history of illegitimacy in Britain, France, Germany, Sweden, North America, Jamaica and Japan from early modern times. Ireland was not alone in regarding pregnancy outside marriage as 'a social problem', and these attitudes were shared by both Catholic and Protestant churches.

3.4 The rate of illegitimacy varied significantly between countries, regions, and over time, though all statistics relating to 'illegitimate' births should be treated with caution. Contrary to what might be expected, the incidence of pre-marital

[1] Peter Laslett, Karla Oosteveen and Richard M. Smith (eds), *Bastardy and its comparative history*, (London, 1980).p 1.

conception and 'illegitimate' births has generally been lower when couples married at a late age, as happened in Ireland from the mid-nineteenth century. Laslett suggests that the social controls exercised in countries or regions where couples married at later ages reduced the incidence of pre-marital/extra-marital births, whereas if early marriages were the norm, these social controls were less stringently enforced. [2] Some societies were quite tolerant of illegitimacy. In the rural northeast of Scotland 'illegitimate children were absorbed into their immediate and extended family and the community without prejudice'. Children were raised by the wider family, or by their cohabiting parents. However, in other parts of Scotland unmarried mothers were often abandoned by their families and left to fend for themselves.[3] Such toleration of illegitimacy by families and communities was not the norm. Most unmarried mothers were rejected by their family and the wider society, condemned to a life of poverty. It was impossible for a single woman, without property, capital, or some exceptional skill, to earn an income that would support herself and a child, without substantial assistance from her family or the father of her child. This was true both in Ireland and elsewhere. Even today, when women have significantly greater career choices and governments give financial support to single parents, many single mothers face long-term poverty and a struggle to survive.

3.5 The rate of 'illegitimate' births in Ireland was extremely low compared to other countries. In 1911 the Irish figure was just over half of the English rate and one-third of the rate in Scotland. In the late nineteenth century the illegitimacy rate in Sweden was six times that in Ireland. Guinnane suggests that Irish women would have had stronger reasons for concealing a birth outside marriage than women who lived in a country where attitudes towards illegitimacy were less hostile. Guinnane and others suggest that the Irish illegitimate birth-rate was higher than the published statistics suggest, but nevertheless, having allowed for this, he concluded that 'extramarital relations were, it seems rarer in Ireland than in other places'. [4]

[2] Peter Laslett and Karla Oosterveen, 'Long-term trends in bastardy in England: a study of the illegitimacy figures in the parish registers and in the reports of the Registrar-General, 1561-1960', *Population Studies,* 27, 2 July 1973 p. 256.
[3] Janet. Greenlees, Unmarried motherhood in Scotland during the twentieth century. Mother and Baby Homes, see Chapter 37.
[4] Tim Guinnane, *The vanishing Irish: households, migration, and the rural economy in Ireland, 1850-1914*, (Princeton: 1997), pp 259-60

3.6 In the past, domestic service was the most common occupation for young single women and it is not surprising that domestic servants accounted for the largest number of unmarried mothers. Many domestic servants were young; they worked and lived away from the protection of their family. The historian Kenneth Connell suggests that one explanation for the low rate of illegitimacy in pre-famine Ireland was the fact that there were fewer live-in domestic servants than in more prosperous economies.[5] Material in the National Folklore Collection at UCD from County Antrim described farmers who would 'put the servant boy and the servant girl to sleep or doss in the one (same) shake-down of a bed. Not out of any badness… I had heard, but because they were wild gatherers (miserly) and didn't want to buy more bed-clothes for a second bed, because they didn't want the clothes torn'.[6]

> In the Irish countryside before - and probably long after - the Famine it was the lucky mother, or likely mother, of an illegitimate child who was not shunned by her neighbours and despised, if not cast off, by her own family.... Pregnancy outside marriage was a shameful matter to the girl and her family; it promised a wretched future for the child and herself, and prompted guilty concern in many a prospective father.[7]

3.7 Connell, drawing mainly on evidence given to an inquiry during the 1830s, records many such comments by contemporary witnesses about illegitimacy. A woman who gave birth outside marriage was 'despised by her equals', she was 'slighted and shunned by all her former acquaintances', her 'stain' was 'never forgotten'; it weighed on her family for 20 years, even her children bore some of the brunt. Some parents might permit their daughter to continue to live with the family, 'more probably, ashamed of her and embittered by the disgrace she brought on the family, they turned her adrift'.[8] Pregnant single women were often dismissed by their employer.

3.8 Pressure was exerted on the woman and the putative father to marry; in other instances the families collected a dowry and persuaded another man - who was probably her social inferior - to marry her. A putative father might be pressured to provide a dowry, but many women had to survive, unmarried, on whatever casual

[5] Guinnane, *Vanishing Irish*, p. 84
[6] University College Dublin, National Folklore Collection, Michael J. Murphy, collector Antrim.
[7] K.H. Connell, 'Illegitimacy before the famine' in K.H. Connell, *Irish peasant society. Four historical essays*, (Dublin, 1996 edition), pp. 51, 62.
[8] Connell, 'Illegitimacy', p 52.

work was available, this was often supplemented by begging or even prostitution. *The Farm by Lough* Gur, an account of life in rural Limerick in the late nineteenth century, tells the story of one young unmarried woman who was thrown out of the house by her father and had to live rough. He finally relented following the death of her baby; by then the unfortunate young woman was suffering from rheumatic fever.[9]

3.9 The stigma of illegitimacy was life-long and could extend to later generations. Folklore evidence records that:

> When there'd be an out - fall (row between neighbours) or when they would start barging over the youngsters then you'd hear the pedigrees. "I wasn't born between a back of ditch and a Holly bush…I wasn't born between a back door and a window shut".

3.10 Farmers 'would move heaven and earth to prevent their daughters marrying a bastard', unless he was well-off; a woman who was 'illegitimate' would find it even more difficult to marry into a respectable family. It was commonly believed that a girl who was a 'bye-child' - illegitimate - would 'inherit the softness' - moral laxity that had led to her illegitimacy. There was no legal provision requiring the father to support his child, unlike Britain but some magistrates might award damages for seduction or loss of wages.[10]

3.11 Some mothers resorted to infanticide. Between 1850 and 1893 there were 2,501 cases of infanticide reported in the Return of Outrages, and these figures do not include the Dublin Metropolitan Police area, which recorded an average of two infant murders a year. Of the infanticide cases that were studied by Elaine Farrell, 84% of the infants were classed as 'illegitimate'. Farrell claims that:

> the illegitimate status of an infant was considered the principal motivating factor for infanticide and concealment of birth in nineteenth-century Ireland due to the perceived stigma attached to giving birth outside wedlock. ….
>
> Suspects also confirmed that the stigma attached to illegitimacy played a role in their decision to murder or conceal the births of their offspring.[11]

[9] Mary Carbery, *The farm by Lough Gur: the story of Mary Fogarty (Sissy O'Brien),* (London, 1937) pp 49-50.
[10] Connell,' Illegitimacy before the famine', pp 51-61.
[11] Elaine Farrell, *'A most diabolical deed': infanticide and Irish society, 1850-1900*, (Manchester, 2013) pp 17 and 26.

3.12 Some infanticides were carried out by recently-married couples, indicating that a stigma extended to premarital conceptions. A number of infants were killed by family members. In other instances mothers claimed that they killed their infant because of fears that a parent or another family member would learn of the pregnancy. When the body of a new-born baby was discovered, the unfortunate mother was often identified by gossiping neighbours, who had noticed her pregnancy - yet another indication of the pressures faced by single mothers. Infanticide did not cease in 1920.

3.13 'Illegitimate children' were also abandoned; in 1858 Margaret Aylward, who founded the Sisters of the Holy Faith, estimated that roughly 100 children were abandoned in Dublin every year.[12] On the eve of the famine, according to Sean Connolly, roughly one baby in every hundred born in Ireland was a founding and most foundlings were 'illegitimate'.[13] Before 1820, Dublin and Cork foundling hospitals were taking in roughly 2,200 babies every year; few of those children survived to become adults. After 1820 both homes began to restrict admissions. Foundlings abandoned in areas remote from hospitals had probably an even lower chance of survival. Before the Irish Poor Law was established, responsibility for foundlings rested with the warden of the Church of Ireland parish where the child was found; he might send the child to the Foundling Hospital or arrange for it to be fostered in the parish. There are regular reports of foundlings in the Minutes of the Dublin Union in the 1920s (see Chapter 13).

The Poor Law

3.14 Most women who became pregnant outside marriage were rejected by their family and in Ireland, as elsewhere, they commonly moved away from home, drifting into cities and larger towns. Single mothers were found among the tramps and beggars that were a common feature of early nineteenth century Ireland. There was no national system of poor relief until the 1840s, when the poor law with its workhouses was established. Workhouses were not popular in Ireland, and with the exception of the famine years when many desperate and starving people had no option but to enter a workhouse, the number of residents (known as 'inmates') was well below capacity. Yet from an early stage, unmarried mothers and their children accounted for a significant number of inmates. From the 1840s, the Poor

[12] Jacinta Prunty, *Dublin slums, 1800-1925*, (Dublin, 1998), p. 243.
[13] Connell, 'Illegitimacy' p. 10

Law, which was funded by local taxes, admitted substantial numbers of single mothers and/or their children. The Poor Law was subject to the overall control of the Commissioners who were based in Dublin's Custom House, but responsibility for key decisions and provisions of care and its quality rested with local poor law boards of guardians (see Chapter 1).

3.15 In 1905 there were 2,129 unmarried mothers and 2,764 children who were either 'illegitimate' or deserted in Irish workhouses. There were 2,783 unmarried mothers in English workhouses in 1920. Given that the population of England was nine times the population of Ireland, the figures indicate that a much higher proportion of Irish single mothers ended up in a workhouse, or, alternatively they remained there for a much longer period. Many of the Irish unmarried mothers were long-term residents, who remained in the workhouse as unpaid scrubbers, laundresses and attendants for years, so it is impossible to estimate the numbers of single mothers who gave birth in Irish workhouses in a single year. Some undoubtedly gave birth and left with their infant after a short time. In 1905 a total of 2,207 children were boarded out by the poor law authorities, but it is impossible to know how many of these children were 'illegitimate'.

3.16 In 1862 the Irish Poor Law permitted (and encouraged) poor law unions to board out young children who were in the workhouse without their mother - in an effort to reduce the high mortality rate. Initially children were only boarded out until the age of five and they returned to the workhouse at that age. In 1869 the age limit was raised to ten; it was further increased to fifteen in 1898. Alice Litster's summary of the history of boarded out children commented that 'there was considerable diversity of practice' between Unions.[14] The law provided that only orphaned or deserted children could be boarded out by the poor law authorities. Single mothers were not eligible for outdoor relief (relief outside the workhouse) and a mother could only leave the workhouse if she was accompanied by her child, though many escaped, leaving a child/children behind. This regulation, taken from the poor law, remained in force in county homes after 1922 and it became the practice in Ireland's mother and baby homes. Consequently unless a mother absconded, or her family agreed to provide for her and her child - taking both mother and child home, or paying for the baby to be nursed out (paying a foster

[14] Department of Health RM-INA-0-505478

mother to raise this child in her home) - a single mother and her child were condemned to a long-term stay in the workhouse.

Other Options

3.17 Given the social stigma associated with the workhouse, and the requirement to remain there with her child, the workhouse was probably a last resort for unmarried mothers. Most single women and children in the workhouse would have been from very poor families, or they had fled from their families or been abandoned by them. Little is known about single women from middling/large farms or daughters of shopkeepers and other middle-class families. Their invisibility is not unique to Ireland. Thane and Evans, writing about single mothers in England and Wales, refer to 'middle-class secrets', noting that some families arranged discreet adoptions or abortions.[15] Kunzel, writing about the United States, also comments that less is known about single mothers 'who had the resources - financial and familial - with which to keep their pregnancies private'.[16] There is evidence that pregnant single women moved from their home place and came to Dublin in search of privacy. Pregnant Irish single women were travelling to British cities by the 1920s and probably in earlier years. In 1924/5 only one-third of single women admitted to the maternity department of the Dublin Union were natives of Dublin; more than one-third had arrived pregnant in Dublin, the remainder gave a Dublin address and had allegedly been working in the city, though many were recent arrivals. Rev MacInerney claimed that:

> most of the "girls in trouble" are fairly respectable girls from the country, or perhaps from the city or suburbs, who are filled with a wild terror lest their sin should be detected and talked about. They will go anywhere to hide their shame and to prevent their misfortune from becoming known to their friends and relatives.[17]

3.18 Many of these women stayed in lodging houses until their baby was due. They gave birth in a Dublin maternity hospital and placed their baby at nurse. Some presented themselves as married women. Others gave birth in private nursing homes where standards of care and overall comfort varied greatly. The woman would pay for her care, and also pay the proprietor to place her child at nurse.

[15] Pat Thane & Tanya Evans, *Sinners? scroungers? saints?* (Oxford, 2012), p. 39
[16] Regina G. Kunzel, *Fallen women, problem girls. Unmarried mothers and the professionalization of social work, 1890-1945*, ((New Haven, 1993), p. 68.
[17] Rev. M.H. MacInerney, 'A postscript on the souper problem' *Irish ecclesiastical record*, xix, January-June 1922, p. 251.

These private maternity homes were generally small, located in private houses. The owner/proprietor may have been a nurse or midwife, perhaps a widow for whom this activity provided a livelihood. The nurse might attend the birth, or she might send the mother to one of the city maternity hospital for her confinement and then take her back later. These homes were widely condemned for exploiting desperate pregnant women. Rev MacInerney claimed that many single pregnant women came to Dublin where they fell prey to 'the harpies who batten on rescue work'; they were offered accommodation before the baby was born and given a promise to place the baby with a foster mother in return for substantial sums of money. He suggested that £50 was a common sum to pay for having a child placed at nurse long-term. Anecdotal accounts suggest some unscrupulous nursing home operators, having taken the pregnant woman's money, forced her to remain in the house as a servant, allegedly being trained in domestic service.[18] Jenny Wyse Power, a commissioner for the Dublin Union, claimed to have met several women with babies in the Dublin Union who had spent their entire savings, £30 or £40 in one of these homes, and were forced to go to the Union because they were destitute.[19] There is undoubtedly some truth behind these stories, and probably some embellishment; however, evidence presented in other chapters confirms that some of the private nursing homes neglected children in their care, and otherwise flouted the law with respect to the registration of births and 'informal adoption'.

The origins of mother and baby homes

3.19 Mother and baby homes did not originate in Ireland and the earliest mother and baby homes were not established by Catholic religious orders. There is a long history of charitable institutions catering for abandoned, or neglected children, and charities that supported widows, but unmarried mothers were not a popular cause for benefactors. The origins of mother and baby homes in Britain, the USA and Australia can be traced to Magdalen Asylums and other institutions that were established to rescue and reform prostitutes. By the end of the nineteenth century every major city in Britain and the United States had several such institutions. The Dublin Magdalen Asylum in Lower Leeson Street opened in 1767 with a mission to rescue 'first fall' Protestant women. However, Prunty claims that the first such asylum in Dublin was the Catholic Olivemount Institute in Dundrum, founded in

[18] MacInerney, 'A postscript on the souper problem', pp 248-57.
[19] Oireachtas Library. Minutes of evidence, Commission on the sick and destitute poor, Day 7, 25 June 1925.

1742. These institutions were supported by a combination of charity and work carried out by the inmates, generally needlework or laundry. These were not popular charities so it was essential that inmates worked to contribute to the cost of the institutions; work was also seen as central the reformation of the women; 'at least forty refuges or asylums' were established in Ireland between 1765 and 1914.[20]

3.20 By the late nineteenth century there were homes in Paris catering for single mothers, but most were established by civic groups, not by religious.[21] In Italy many single mothers (and poor parents) left their children in foundling hospitals, such as the Innocenti in Florence or the Annunziata in Naples, without any indication as to their parentage. In France many children born to single mothers were placed in state care and boarded out.[22]

3.21 In the late nineteenth century these institutions shifted their emphasis from rescuing prostitutes to preventing women from becoming prostitutes, a change that was associated with the growing number of women philanthropists. It was widely believed that many single mothers were forced into prostitution because they had no alternative means of support. In England the first homes for unmarried mothers opened in the 1860s and 1870s; they were run by charities that were associated with the Church of England. By the turn of the century the women's social services division of the Salvation Army was the leading agency providing help to unmarried mothers and their children. These newer institutions used the term 'Home'. As the historian of the mother and baby homes established in Cleveland (Ohio) noted, 'Unlike the poorhouses, these would be "homes", where religious influences were pervasive and where middle-class women could best serve their own ministries'.[23] In 1903 Dr Kate Barrett, a prominent figure in the Crittenton Homes, a network of US mother and baby homes associated with the Episcopalian church, published *Some Practical Suggestions on the Conduct of a Rescue Home*', emphasising the core principles of 'religious conversion, domesticity, and disciplines within a familial

[20] Maria Luddy, *Prostitution and Irish society, 1800-1940*, (Cambridge) 2007) pp 76-85; Jacinta Prunty, *The monasteries, Magdalen asylums and reformatory schools of Our Lady of Charity in Ireland, 1853-1973* (Dublin, 2017), pp 95-108.
[21] Sherill Cohven, *The evolution of women's asylums since 1500. From refuges for ex-prostitutes to shelters for battered women,* (Oxford, 1992,).
[22] Ivan Jablonka, *Ni Père, ni mère. Histoire des enfants de l'assistance publique (1874-1939*(Paris, 2006).
[23] Marian J. Morton, *And sin no more. Social policy and unwed mothers in Cleveland 1855-1990* (Ohio state University Press, 1993) p 41

setting'. Barrett emphasised that it should be 'A true home - a God's home - where [a girl] will experience safety and love'.[24]

3.22 The Salvation Army opened homes for single mothers and their babies in Britain, Canada, the United States, Australia, and in Belfast. In 1909 they opened a special maternity hospital in London that accommodated several hundred unmarried mothers every year. But with a charge of 10s to 15s a week (which was more than a servant's weekly wage), many single mothers could not afford to use it. Their policy was to admit only first-time mothers, though this was not always enforced. By the early twentieth century there were at least two dozen Salvation Army homes in London providing for unmarried mothers, who came from all parts of Britain. The homes were widely advertised in Salvation Army publications, and mothers-to-be or their relatives accounted for almost half the applications for admission. Women stayed for relatively short periods, on average three and a half months; they were expected to do housework or sewing which was sold to support the home. Salvation Army homes did not engage in commercial laundry. Prayer formed a major part of the routine. Almost one-third of mothers went to stay with family or friends when they left (it is not known how often this proved to be a long-term arrangement), the Salvation Army organised jobs as domestic servants for approximately half of the women - believing that service in a respectable home would protect their morality. The Army placed children at nurse in selected families, and later opened a home for 'illegitimate' children, but whether the children were nursed out or in a home, the mother had to pay for the cost - which could amount to up to 80% of her earnings, because there was a widespread belief at the time (not confined to Britain) that relieving single mothers of the financial responsibility for their children would only encourage further pregnancies.[25] Some homes insisted that mother and baby should be together for six or twelve months, but the Glasgow Home for Deserted Mothers separated mother and child shortly after birth, placing the child in a foster home, for which the mother was expected to pay.[26] The Salvation Army opened a home in Belfast in 1905. The majority of women admitted were either pregnant or the mother of a baby, and the number of maternity cases and unmarried mothers rose significantly from the late 1920s.[27]

[24] Morton, *And sin no more* p. 58
[25] Ann R. Higginbotham, 'Respectable sinners: Salvation Army Rescue work with unmarried mothers, 1884-1914, in Gail Malmgreen (ed), *Religion in the lives of English women,* 1760-1930, (Croom Helm, 1986) pp 216-33.
[26] Greenlees, 'Unmarried motherhood in Scotland during the twentieth century: mother and baby homes p. 54.
[27] Leanne McCormick, *Regulating sexuality. Women in twentieth-century Northern Ireland*, (Manchester, 2007), pp 37. 50

3.23 The story in Scotland is broadly similar. In the closing decades of the nineteenth century charities that had previously operated reformatories for fallen women changed into homes that admitted single mothers who were pregnant for the first time. Women were sent to these homes by the parish and admitted 'only if they agreed to part with their babies, and remained there for one to three years'.[28] Scottish homes were generally described as maternity homes (a similar term was used occasionally in Northern Ireland), but during World War I they became known as Mother and Children's Homes. Eleven of the 22 homes listed by Greenlees were established in the 1920s, five were founded between 1900 and 1920, the remainder after 1930.[29]

3.24 In Australia a number of refuges for young unmarried mothers were founded from the 1860s. They admitted pregnant women and the mothers gave birth in the home; mother and baby remained there for approximately a year. Most of these homes operated laundries, as an essential source of income 'for what continued to be unpopular charities'. These homes only admitted women 'who have fallen only once', and aimed to reform them. 'Work was interspersed with prayer, male visitors were banned and letters were subject to perusal'. Some Australian refuges which were originally founded as homes for abandoned babies began to admit pregnant women in the hope that this would save infant lives. While the early homes were founded by Protestant charitable groups, by 1900 the Catholic church had also opened mother and baby homes; before that time Catholic single mothers had relied on Protestant refuges. Swain commented that 'Pregnant women made passive penitents … willing to work and pray in exchange for shelter and a safe confinement. Rebellion against the harsh conditions was rare and criticism of the rhetoric of sin and reform virtually unknown'.[30]

3.25 In the Netherlands the first homes for 'penitent fallen' women were established by the *Reveil* - an international Protestant revival community. Mothers and children in these homes underwent a regime of religious/moral re-education that was designed to rescue women from a life in prostitution. Until 1947 an unmarried mother in the Netherlands did not have rights as a parent/guardian of her child; all 'illegitimate' children were placed under the legal guardianship of a charitable society that was of the same religion as the mother. Mothers could apply to the

[28] Sally Macintyre, *Single and pregnant*, (Croom Helm, 1977), p 11.
[29] Greenlees, 'Unmarried motherhood in Scotland during the twentieth century: mother and baby homes' (Nov 2015)
[30] Swain and Howe, *Single mothers and their children*, pp 75-6.

courts to secure the guardianship of their child, but guardianship was not automatically granted.[31]

3.26 In the United States the two largest chains of rescue homes targeting prostitutes - those run by the Salvation Army and the National Florence Crittenton Mission - evolved into homes for unmarried mothers. They did so, because they had lots of vacant places, and many single pregnant women had nowhere to go. Many hospitals refused to admit unmarried pregnant women; women were often dismissed from their job when a pregnancy became known, and they were commonly rejected by their families. By the 1920s there were more than 200 homes catering for unmarried mothers in the United States, run by evangelical women. These homes only admitted what they termed, 'first offenders'; women having their first child. The description of the Crittenton homes, given by Regina Kunzel, is worth quoting, because many of the features that she describes were found in the Irish mother and baby homes established some decades later.

> Evangelical women conceived of maternity homes as primarily redemptive … Religion was the foundation on which evangelical women built their redemptive program, and maternity home workers measured their own success by the rate of religious conversion confessed by the unmarried mothers under their care.

Religion informed every aspect of maternity homes, from their over-arching purpose to the details of everyday life within their walls…Days spent by unmarried mothers in early twentieth century maternity homes were punctuated by religious services.

3.27 In Salvation Army homes in 1912 'short prayer meetings are held night and morning and on Sunday afternoon a special meeting is convened, when the girls are particularly pleaded with to confess and forsake their sins'. Maternity home schedules suggest that when unmarried mothers were not praying they were working … Expected to do the basic work of the homes, including cooking, cleaning, and laundering, maternity home residents were subjected to a fairly heavy regime, usually spending seven to ten hours a day in domestic chores.

Believing "the upbuilding of character" to be "slow work", most maternity homes required the women to stay as long as necessary for redemption to take hold and stick. Many homes required unmarried mothers to sign an agreement to remain in the institution for a given period as a condition of admission.

[31] Nelleke Bakker, Mother and baby homes in the Netherlands in the 20th century – see Chapter 37.

> A maternity home resident could expect most aspects of her life - the way she wore her hair, the visitors she received, her mail - to come under the close scrutiny of her matron. Some homes permitted no visitors, others only female relatives; residents ordinary could not leave the grounds unchaperoned… The regulation and censorship of letters was a common practice'.[32]

3.28 By the early twentieth century a template for mother and baby homes had emerged that can be found throughout the English-speaking world. Homes were run by voluntary agencies that were denominationally-based; they were distinct from the all-purpose workhouse/poorhouse. They were generally located behind high walls; isolated from the community; visitors were restricted, and women were required to stay for a specified period - at least six months after giving birth[33] in order to 'benefit' from the discipline and rehabilitation that the home claimed to provide. The regime was also designed to act as a deterrent against becoming pregnant outside marriage. Morton commented that 'At least until very recently workers at facilities for unwed mothers would have freely admitted that they were trying to control their clients' behaviour and prevent additional illegitimate pregnancies'.[34] A women's privacy was generally protected by giving her an assumed name. When women left the homes they were commonly placed in jobs as domestic or institutional servants, because the evangelical women who ran these homes believed that a domestic setting would provide an element of supervision and reduce the risks of another pregnancy; there is also an implicit message that the promotion of domesticity would encourage the women to marry and thus achieve their true vocation in life.

3.29 Another key feature of these maternity homes was that their mission was 'saving women, not children'.[35] The primary goal was to rehabilitate the mothers and prevent them from becoming prostitutes or giving birth to additional children outside marriage. Higginbotham, writing about the Salvation Army homes in Britain, noted that 'The rescue worker's first concern was the restoration of the woman to a moral life, not the welfare of her child'. Infant welfare was at best a secondary concern, which may explain why the Salvation Army placed children at nurse in private homes, despite the fact that 60% or more of nursed out children died within the first year of life. If the mothers had been placed in non-domestic

[32] Kunzel, *Fallen women*, pp 26-31.
[33] Morton, *And sin no more* pp 48-50.
[34] Morton, *And sin no more* p 13.
[35] Morton, *And sin no more* p. 57

positions, she suggests that they could have cared for their children in the evenings, but the fears of moral relapse meant that the rescue workers preferred domestic situations, despite the fact that this involved separating mother and child.[36] The focus was on ensuring that the women became useful members of society, ensuring that they were 'trained' and placed in some form of domestic employment. The fate of the children was something of an after-thought.

3.30 Given this emphasis on moral and religious salvation it is not surprising that Catholic homes were established to prevent unmarried mothers or their infants being 'lost' to Catholicism. Religion was central to the mission of mother and baby homes, and in cities such as Cleveland there was 'lively competition among denominations'.[37] It would appear that Catholic charities were slower to establish homes. Morton noted that in Cleveland the local bishop was initially reluctant to establish a mother and baby home 'fearing that this would imply diocesan sanction for illegitimate pregnancy'.[38] He was not the only senior clergyman who was opposed to, or at best unenthusiastic about, mother and baby homes. In 1920 Rev MacInerney quotes a letter from the Vicar-General of Southwark, who stated that 'It is a reproach against the church that little is done for such unhappy women … some bishops are against the way of the sinner being made easy, and discourage our efforts'. The fact that religious sisters were not permitted to qualify as midwives (a requirement in Britain for all involved in assisting childbirth) would have made it more difficult for Catholic religious to establish mother and baby homes.[39] It would appear that the primary motivation for establishing Catholic mother and baby homes was to counteract the possibility that Catholic women who were poor and pregnant would seek assistance from a Protestant charity.[40] By the 1930s there were at least 44 Catholic homes for unmarried mothers in the USA, operating under guidelines established by the National Conference of Catholic Charities.[41]

3.31 The Congregation of the Sacred Hearts of Jesus and Mary was a religious order that was founded in France and came to England during the turmoil of the Franco-Prussian war of 1870-71. One of the congregation's first homes in England

[36] Higginbotham, 'Respectable sinners', p 225.
[37] Morton *And sin no more* p 38
[38] Morton *And sin no more* p 76
[39] H.M MacInerney, 'A postscript on the souper problem', p. 254
[40] Morton *And sin no more* p. 77.
[41] Morton *And sin no more* p 79. The director of the National Conference was Irish-born Monsignor John O'Grady, who was instrumental in the adoption of Irish babies in the United States.

catered for unemployed working girls, helping them to find work and providing religious instruction. In 1890 the archdiocese of Westminster established St Pelagia's mother and baby home, and invited the congregation to run the home. This was the first Catholic mother and baby home in the London area. Mothers remained in the home for a year; they were taught dressmaking and cookery; at the end of that year the children went to a nursery, run by the congregation, until they were either fostered or transferred to a Catholic orphanage. The congregation opened additional mother and baby homes in Liverpool and Scotland.[42] These homes did not receive any support from central or local government, so they were dependent on earnings (the Liverpool home did laundry for ships), and on charity, but again the evidence suggests that unmarried mothers were not charitable causes that attracted public sympathy.[43]

3.32 Leanne McCormick has documented the existence of many rescue homes established before 1914 in Belfast and other parts of what became Northern Ireland. They included rescue homes founded by the Church of Ireland and Presbyterian churches, non-denominational Christian missions, and the Salvation Army. The Good Shepherd Sisters opened a home for 'destitute penitents' in 1867. McCormick claims that by the beginning of the twentieth century most women admitted to these homes were 'generally not prostitutes … more likely to be unmarried mothers, girls whose parents were concerned about their moral well being'.[44]

3.33 In nineteenth century Ontario 'an illegitimate birth was viewed largely as an individual problem', and mothers known to have an 'illegitimate' child would find it difficult to secure work or shelter. The first home for unmarried mothers, run by a religious organisation, was founded by the Salvation Army in 1905. The Ontario Government made it known that they disapproved of the fact that there was no Catholic mother and baby home, and in 1914 the Archbishop of Toronto asked the Sisters of Misericordia to open a home.[45]

[42] Rosemary Clerkin, *A heart for others*, (Chigwell, 1983), pp 39-50.
[43] Clerkin, *A heart for others*, p.51.
[44] McCormick, *Regulating sexuality*, pp 3708
[45] Karen Bridget Murray, 'Governing unwed mothers in Toronto at the turn of the twentieth century, *Canadian historical review*, 85 no 2 (2004) p 259.

Ireland

3.34 There was a remarkable growth in the number of charities operating in Ireland during the nineteenth century; they were mainly concentrated in the cities and larger towns. Most charities were denominationally-based. Very few catered for single mothers. Lindsey Earner Byrne commented that 'A conspicuous feature of the voluntary assistance landscape in the early twentieth century [in Dublin] was the lack of Roman Catholic initiatives in the area of maternal welfare'.[46] If little assistance was available for poor married mothers, even less was available for unmarried mothers. They were not a cause that attracted widespread sympathy from donors, because unmarried mothers were not seen as 'deserving'.

3.35 Children were seen as much more deserving cases. There were numerous orphanages, but it is unclear which orphanages admitted the children of single mothers. Orphanages tended to be subdivided on the basis of religion and social class. They contained orphans, both of whose parents had died, and many children who had lost one parent, where the surviving parent was unable to cope - widowed mothers were often encouraged to place their children in an orphanage and become self-supporting.[47] Children's charities were motivated both by a wish to care for needy children and a determination to save their souls: Religion was paramount, and the reality and perception of 'souperism' - charities that took babies and raised them in a religion other than their mother's - was a common feature of life in both working-class Protestant and Catholic communities.[48] St Brigid's outdoor orphanage placed children in foster homes in rural areas of county Dublin. Initially run by laywomen, it was taken over by a religious order; boarding out ceased and the children were maintained in an institution in Eccles St.[49] The Cottage Home in Kingstown (now Dun Laoghaire) catered for young children whose mother was dead or compelled to earn a living, but the parents or friends of the child had to contribute to their maintenance,[50] though the charge may have been waived if a Catholic mother agreed that her child would be raised as a Protestant.

[46] Lindsey Earner Byrne, *Mother and Child: maternity and child welfare in Dublin,1922-1956,* (Manchester, 2007) pp 75-6.
[47] Mary E. Daly, *Dublin: the deposed capital. A social and economic history 1860-1914*, (Cork, 1984), pp 95-7.
[48] Oonagh Walsh, *Anglican women in Dublin: philanthropy, politics and education in the early twentieth century* (Dublin 2005) Lindsey Earner-Byrne, *Letters of the Catholic Poor..Poverty in independent Ireland, 1920-1940*, (Cambridge 2017).
[49] Jacinta Prunty, *Dublin slums,* pp 243-7, 269. George D. Williams, *Dublin Charities, being a handbook of Dublin philanthropic organisations and charities; including benevolent and educational organisations; shelters, refuges, orphanages, hospitals, reformatories, industrial schools (*Dublin 1902), p. 141.
[50] Williams, *Dublin charities*, pp 146-7.

3.36 The *Irish Ecclesiastical Record,* described as 'a monthly journal under episcopal sanction' published four articles on the subject of unmarried mothers between 1921 and 1924. The primary motivation behind these articles was souperism - the loss of Catholics to Protestant charities - which was a major concern of the Catholic church in the late nineteenth century and the early twentieth century.[51] Their concern was not without some justification. *The Handbook of Dublin Charities* (published in 1903) described The Bird's Nest in Kingstown, (whose secretary was Miss E Smyly) as 'a home for neglected children of the very poor', which gave preference to Catholic children and the children of mixed marriages, though it only admitted children aged seven and over.[52] Children placed in the Bird's Nest or Smyly's home were raised as Protestants. There were numerous allegations that desperate Catholic single mothers were being assisted by Protestant rescue societies, and their children placed in Protestant institutions.[53] One woman, who appealed to Archbishop Byrne for financial assistance told him that 'Miss Smiley (sic)' had offered her £50 plus clothes for herself in return for her baby.[54]

3.37 Ireland was seriously lacking in charities for unmarried mothers, especially when compared with the USA, Britain or Australia. The Dublin Hospital Girls' Aid Association, founded in 1880 by a group of Protestant mothers, offered shelter and an occupation to pregnant single women, and tried to return them to their families. The Rotunda Girls Aid Society, founded in 1890 by Fr Ridgeway, who was based at the Pro-Cathedral in Marlborough Street,[55] was for many decades the only Catholic charity in Dublin with a specific mission of caring for unmarried mothers and their children. Evidence suggests that many of the children were placed at nurse. 1911 saw the formation of the Catholic Protection and Rescue Society of Ireland (CPRSI) - which assisted single mothers, and arranged for their children to be placed at nurse.[56] The CPRSI had a specific mission 'to rescue the child whose faith is in imminent danger'. St Patrick's Guild was founded in 1910 by Miss Cruice, at the request of a Dominican priest Fr Coleman[57] - to care for 'the unwanted child'. It too was motivated by a wish to counteract the numbers of

[51] Prunty, *Dublin slums*, pp 234-73; The concerns were reciprocated among the Protestant community, Oonagh Walsh, *Anglican women in Dublin: Philanthropy, politics and education in the early twentieth century*, (Dublin, 2005), pp 166-7.
[52] Williams, *Dublin Charities*, p. 148.
[53] Sir Joseph Glynn, 'The unmarried mother', *Irish Ecclesiastical Record, xviii, 1921,* p 465.
[54] Lindsey Earner-Byrne, *Letters of the Catholic* Poor. Poverty in independence Ireland, 1920-1940, (Cambridge, 2017) p 237.
[55] Dublin Diocesan Archives (DDA), McQuaid papers LII/A/45/5/3/1.
[56] Luddy, *Prostitution and Irish society*, p. 115.
[57] DDA, LII/45/5/4/(1).

Catholic infants being placed with Protestant charities. It placed babies born to single mothers 'at nurse' for a fee. In a letter to Michael Browne, the bishop of Galway, Miss Cruice explained that 'St Patrick's Guild deals with what we might call the exclusive type' of single mothers.[58] In 1919 St Patrick's Guild opened a home for the care of unmarried expectant and nursing mothers in Mountjoy Square, which also operated as a training school for nursery nurses.[59] St Joseph's Guild of Rescue and the Nursery Rescue and Protestant Children Aid Society also placed children 'at nurse'.[60] While the evidence is fragmentary it would appear that most, perhaps all of these charities, demanded a contribution from the mother or her family; they did not assist destitute mothers.

3.38 Dublin, like other cities at the time, had its quota of rescue homes in the early twentieth century, all with a strong religious emphasis. In 1928 a voluntary worker with the Dublin Magdalen Asylum (later known as Denny House) told the annual Gift Day meeting that when she had returned to Dublin in 1907 there were eight Protestant institutions 'doing rescue work', but only two - the Magdalen Asylum and Bethany Home - remained. She attributed the fall in the number of Protestant rescue homes in Dublin to 'the more energetic action of the Roman Catholic authorities in looking after their own erring sisters'.[61] Many rescue homes stated that they made no religious distinction but women who were admitted had to conform to the rules of the house, which included mandatory attendance at religious services. The only institution that provided lodging for a pregnant single woman - other than the workhouse - was the Magdalen Asylum founded by Arabella Denny in 1767. The 1903 *Handbook of Dublin Charities* stated that 'The home is especially intended for Protestant young women after a *first* fall, and for those who are about to become mothers'.[62] The charter provided that it should only admit Protestant women - either expectant single mothers or women with new-born infants. The mothers generally spent up to a year in the home, before being placed in a domestic situation. The regime combined work, penance and prayer - a combination that was deemed necessary to achieve rehabilitation. The regime followed in the Magdalen Asylum was similar to rescue homes for unmarried mothers in Britain - regardless of their denominational affiliation. Women were described as penitents. They were forbidden to use their own name

[58] Galway Diocesan Archives, Bishop Browne papers B/12/13/d.
[59] Department of Health RM/ARC/O/521022.
[60] For the Nursery Rescue and Protestant Children's Aid Society see Chapter 23.
[61] *Irish Times,* 15 January 1928
[62] Williams, *Handbook of Dublin Charities* p 156.

or speak about their past; they were given a number and known as Mrs One, Mrs Two etc. and they were classified on the basis of their life history. Women who had given birth to two or more children or prostitutes were segregated from first-time mothers, and their other children were not allowed in the asylum. Luddy comments that 'it is unclear what became of them'.[63] By the early 1920s the Magdalen Asylum was keeping mothers in the home for approximately nine months after the birth of their child. When she left the home, often for a domestic service position that had been found by the Asylum, her child was boarded out.[64]

3.39 Catholic Magdalen homes, such as St Mary's Asylum and Reformatory High Park did not admit pregnant women, and in contrast to what happened in the USA and Britain, none of these Catholic institutions evolved into mother and baby homes. The rules of the Good Shepherd Order which ran many of Ireland's Magdalen Asylums (for Catholics) stated that no pregnant women should be admitted. Women who were found to be pregnant were thrown out of the homes.[65] Admitting pregnant women was likewise forbidden in the homes run by the Sisters of Our Lady of Charity.[66] Irish Magdalen Homes, with the exception of the Dublin Magdalen Asylum - an institution confined to Protestants - were not mother and baby homes.

3.40 By contrast the Prison Gate Mission in Blackhall Place which met women as they left prison 'in order to try and reclaim them from their evil life and companions, by providing means of honest livelihood', and also sheltered young women from the country who had failed to find work, in order to save them 'from falling into evil ways',[67] evolved into Bethany Home in 1922 (see Chapter 22). The fact that no Catholic Magdalen asylum transformed into a mother and baby home probably reflects the fact that religious sisters were discouraged from involving themselves in maternity care - a limitation that did not apply to Protestant charities.

3.41 Bethany and Bessborough the two private (Pelletstown, Kilrush and Tuam were local authority homes) mother and baby homes that opened in the 1920s followed the template for a mother and baby home with minor variations. Religion occupied a central place in the homes; discipline, removal from the outside world and a

[63] Luddy *Prostitution*, pp 85-6.
[64] Minutes of Evidence Commission on the Sick and Destitute Poor, Day 4, 11 June 1925.
[65] Frances Finnegan *Do penance or perish*. Magdalen asylums in Ireland, (Oxford, 2004), p 27.
[66] Jacinta Prunty, *Our Lady of Charity in Ireland*, p. 26.
[67] Williams, *Handbook of Dublin Charities*, p. 158.

regime of domestic tasks were major features. In the USA board meetings of the Crittenton homes opened with a prayer, as they did in Bethany - and Bethany meetings ended with a prayer. It was Crittenton policy not to reveal the name of any woman in their homes 'in order to hide her shame'.[68] This was also the practice in the Magdalen Asylum and the three homes run by the Sacred Hearts congregation, though not in Pelletstown and Tuam. McCormick, writing about rescue and refuge homes, in general, not just in Northern Ireland, commented that 'The homes were therefore an important disciplinary tool for working class families, not simply a middle-class construction to impose middle-class values. Working-class parents could remove troublesome daughters who generated concern or had the potential to bring disgrace to their family'.[69]

Welfare reform 1900-1920

3.42 The dedicated mother and baby homes only accepted 'first fall' mothers - women who were pregnant for the first time. This distinction between a first-time mother and an unmarried mother of two or more children reflected the belief that first-time mothers could be rehabilitated, whereas the others were commonly seen as either depraved or mentally deficient. The practice of segregating first-time unmarried mothers was initiated by charitable institutions and it appears to have influenced proposals to reform the Poor Law in the years before 1914. The workhouses established in Britain and in Ireland in the nineteenth century admitted all categories of needy people and cared for them in one institution. They made no distinction between unmarried mothers and other women in need. By the early twentieth century, however, proposals for welfare reform favoured differential measures for those in need; for example the elderly poor would receive an old age pension and should no longer have to enter the workhouse. In 1906 the Vice-Regal Commission on Poor Law Reform in Ireland stated unequivocally that the workhouse was an unsuitable 'refuge or asylum' for mothers of illegitimate children. The commission recommended that first-time pregnant mothers should be sent to institutions owned or managed by religious communities or philanthropic persons - mother and baby homes. If no such institutions existed, they should be sent to a disused workhouse that was adapted for the purpose and would only accommodate single mothers and their children. This special home should be managed by a committee of contributory Boards of Guardians (in other words it

[68] Morton, *And sin no more*, p. 10.
[69] McCormick, *Regulating sexuality*, p 59.

should serve several poor law unions), with a staff of special officers, 'similar to those in charge of the religious or philanthropic institutions'. At this time many workhouse hospitals were staffed by religious sisters, and this comment would appear to suggest a similar arrangement. Women would give birth in a nearby hospital; (religious sisters did not deliver babies or supervise births) and the mothers would return to the institution and care for their children until they were at least one year old. At this point mothers should be placed in 'suitable situations' probably domestic or institutional service and the baby should be boarded out unless there were medical reasons for not doing so. Mothers on second or subsequent pregnancies should be sent to Magdalen homes and confined there. Their babies would remain with them until they were weaned. The Vice-Regal Commission drew a distinction between first-time mothers and 'more depraved cases' – mothers of two or more children. There is no indication that any steps were taken to implement these recommendations. The Irish volume of the 1909 Report of the Royal Commission on the Poor Laws reiterated the recommendations of the 1906 Vice-Regal Commission; the Scottish report also recommended that first-time unmarried mothers should be sent to special homes run by charitable organisations.[70]

3.43 The 1906 Vice-Regal Commission was the blueprint for the provisions that developed in the Irish Free State after 1922. The Children's Home in Glenamaddy, later Tuam, was established in a disused workhouse, and it was supported by the local health authorities in counties Mayo and Galway. In County Clare, the former workhouse in Kilrush was dedicated to housing single mothers and their children. Pelletstown was established and controlled by the Dublin Union, as a home for pregnant and single mothers and their children, though many of the women admitted were from outside Dublin. By 1922 three mother and baby homes, run by charitable organisations existed - the Magdalen Asylum, the Bethany Home, and Bessborough mother and baby home.

The Children Act 1908

3.44 The early years of the twentieth century were marked by a growing concern with infant and child welfare in Britain, and this impacted on Ireland, which was part of the United Kingdom. The concern was partly prompted by eugenics and the need

[70] Poor Law Reform Commission Report of the Vice-Regal Commission on poor law reform in Ireland, Volume I 1906, (Cd 3202); Royal Commission on the Poor Laws, 1905-09. Report on IRELAND, 1909, (cd.6153). Sally Macintyre, *Single and Pregnant*, (1977 London) p. 11.

for a large standing army; a high proportion of young working class males were too physically unwell or too small in stature to be accepted into the British army. By the end of the nineteenth century, the death-rate among adults was falling steadily, but mortality among children and infants was not showing a comparable improvement.

3.45 In 1908 the UK Parliament passed the *Children Act*, a wide-ranging piece of legislation which strengthened the provisions in the *Children Act 1897*. It contained clauses relating to reformatories and industrial schools; it even included a prohibition of juvenile smoking. The 1908 act reflected growing concern about the high rate of infant and child mortality, and the awareness that a disproportionate number of infant and child deaths occurred among children who were not being raised by their parent(s). Not all children who were placed at nurse were illegitimate, but the children of single mothers probably constituted the majority. Section I of the 1908 Act: Infant Life Protection was designed to combat 'baby farming' - a pejorative term that was used to describe circumstances where women, generally poor women, were paid to look after several children in their home. The mortality of boarded out infants and children was extremely high. There are many references to baby-farming in Britain in the late nineteenth century, both in the popular press and in medical journals, but significantly fewer references in Ireland.[71] This does not mean that 'baby farming' was not practised in Ireland; the Irish authorities and journalists may have shown less interest in the matter. Ciara Breathnach has analysed one case in Dublin in 1905, where a married mother of five children was charged with causing the death of an infant under her care. The woman had taken charge of three children who were placed with her by the Cottage Home in Kingstown over the summer of 1905; all three died within a few months.[72]

3.46 The *Children Act 1908* introduced a requirement that any person taking on the 'nursing and maintenance, for reward' of one or more infants under the age of seven, was required to give forty-eight hours' notice in advance to the local authority, stating their name, address, and the sex and date of birth of the child. If a child in their care died or was removed to another address, the local authority must be informed within 48 hours. All deaths should be notified to the coroner who

[71] Sarah-Anne Buckley, *The cruelty man. Child welfare, the NSPCC and the State in Ireland, 1889-1956*, (Manchester, 2013), pp 16.17.
[72] Ciara Breathnach, 'Infant life protection and medico-legal literacy in early twentieth-century Dublin', *Women's History Review* 26, 6, 2017, pp 781-98.

was required to hold an inquest. Local authorities were required to appoint infant protection officers to visit homes where children were nursed out to check on conditions in the home and the standard of care. These regulations applied to children who were placed at nurse by a philanthropic society, such as St Patrick's Guild or The Cottage Home and to infants who were privately placed by the mother or another family member. Infant Protection Officers could apply to have a child removed from a home if the foster mother or conditions were unsuitable - including cases of drunkenness, immorality, criminal conduct or negligence. Refusing Infant Protection Officers permission to examine a child or the foster home constituted and offence, and the visitor could apply to a judge for a warrant; the diligence of Infant Protection Officers varied. Persons convicted under Section 1 of the *Children Act* or the *Infant Life Protection Act 1897*, or from whose premises children were removed because they were insanitary or dangerous, were prohibited from taking children in future, except with the written approval of the local authority. The local authority could fix the maximum number of children to be kept in a particular dwelling or by a particular person. It could also exempt from visits 'any particular premises within their district which appear to them to be so conducted that it is unnecessary that they should be visited'. The requirement to hold an inquest in all cases of death did not apply where the child was being cared for by a relative, or 'to hospitals, convalescent homes, or institutions established for the protection and care of infants, and conducted in good faith for religious or charitable purposes, or boarding schools'.

War-Time Changes

3.47 Concern about infant and child welfare appears to have grown during World War One, perhaps because of the horrifying numbers of young men who were dying. The *Notification of Births Act 1907* required that notice of births should be given to the local medical officer of health within 36 hours. However, this was not binding on all local authorities - each local authority could decide whether to introduce it or not. In 1915 the *Notification of Births Act* became obligatory if the birth took place in urban areas. This change was designed to enable the health authorities to care for the health of infants, and expectant and nursing mothers in cities and towns - the areas of highest infant mortality.

3.48 In 1916 the UK government introduced a programme of grants to local authorities and voluntary agencies in urban areas, including county boroughs, for (1) health-

visitors, (2) maternity centres, (3) midwifery facilities and (4) day nurseries. These grants were extended to rural districts in the following year. The grants could be used to provide milk or food to needy children, if that was done as part of a wider child welfare strategy. In 1918 the sum of money provided was increased and the programme was extended to include provision for the young children of widowed, deserted and unmarried mothers and Exchequer payments for health visitors. By 1920 this scheme was providing financial support to a number of Dublin voluntary organisations, including the Catholic Protection and Rescue Society of Ireland, St. Joseph's Guild of Rescue, the Rotunda Girls Aid Society, and the Nursery Rescue and Protestant Children Aid Society - agencies that assisted single mothers and placed their babies in foster homes. The grant covered half of the cost of boarding out these children up to the age of five, which reduced the amount of money that a single mother needed to provide. The Exchequer grant also paid 50% of the estimated costs of keeping mothers and babies in the Dublin Magdalen Asylum (Denny House) for a maximum of six weeks before birth and up to one year after the birth.

Conclusions

3.49 The evolution of the poor law, child welfare and charities during the years when Ireland was part of the United Kingdom provided the framework within which provisions for unmarried mothers and their children evolved after 1922. Key elements of the pre-1922 provisions survived: child welfare and services for unmarried mothers were the responsibility of local authorities, who might devolve their care to a charity. Poor law regulations stipulated that a single mother was responsible for her child. She could not renege on this responsibility by abandoning her child in a mother and baby home or any other institution supported by public funds.

3.50 Ireland was unusual among English-speaking countries in the absence of mother and baby homes before 1918. The only institutions that provided accommodation for unmarried mothers and their children were the workhouses, and the small Protestant Magdalen Asylum (Denny House) in Dublin's Leeson St. The 1906 Vice-Regal Commission had recommended that unmarried mothers should be in the care of religiously-controlled institutions, ideally institutions owned by these bodies. If there were insufficient places in voluntary institutions, local authorities

should establish mother and baby homes, but they should arrange for them to be run by religious orders or by members of a religious association.

3.51 By 1900 the template for a mother and baby home - secrecy, isolation, religion, domestic work and the requirement to spend a designated period in the home - had evolved in Britain, North America and Australia. The Irish homes established after 1922 followed these international models. The distinction between 'first-fall' unmarried mothers and mothers of two or more children was well-established in the English-speaking world, as a key element in provisions for unmarried mothers.

3.52 In the years after 1900 the British Government showed a growing interest in child and infant welfare. The *Children Act 1908* introduced regulations and inspections of boarded-out children; many of these children were born to unmarried mothers. This was also the time when several charities were established in Ireland to assist single mothers by placing their children at nurse. These charities were primarily motivated by fears of proselytization and such fears were not without some justification. The UK Exchequer grants introduced in 1918 as part of a wider package of infant and child welfare measures, were the first that public funding was provided for unmarried mothers and their children outside the poor law.

Chapter 4: 1922-1939

Introduction

4.1 The early history of Ireland's mother and baby homes coincides with the establishment of the Irish Free State. Until the opening of Pelletstown in 1919 (see Chapter 13), there were only two small homes that provided accommodation for unmarried mothers and their children: the Magdalen Asylum (Denny House, see Chapter 23) and St Gerard's (see Chapter 27) which was run by St Patrick's Guild.[1]

4.2 The institutional and financial arrangements that were put in place for unmarried mothers and their children between 1922 and 1939 survived until the later decades of the twentieth century. The following mother and baby homes that are central to this Commission of Investigation: Bethany; Bessborough; Kilrush; Glenamaddy - later Tuam; Sean Ross and Castlepollard, opened during these years. Dunboyne was the only substantial home that opened after 1939. In 1920 an unmarried mother who did not enter a workhouse received no financial support from the public purse. During the 1920s and the 1930s a growing number of local authorities began to pay for the maintenance of unmarried mothers and their children in these special homes. The government introduced the *Illegitimate Children (Affiliation Act) 1930* that was designed to make it easier to enforce affiliation orders against the fathers of illegitimate children; new regulations were introduced governing maternity homes; the provisions for children, who were not being raised by their families and the law relating to the provision of public assistance, were updated. England, Scotland and Northern Ireland introduced legal adoption during these years, but in Ireland adoption legislation was not introduced until the 1950s.

4.3 The significance of the coincidence between the establishment of mother and baby homes and Irish independence should not be overstated. Mother and baby homes were not an Irish solution to an Irish problem; Ireland was late in establishing mother and baby homes and the initial recommendation in favour of these special homes came from the 1906 Vice-Regal Commission on the Irish Poor Law. The

[1] There were many private maternity homes/nursing homes where unmarried mothers and their children were accommodated, but these were run at a profit. For details of these homes see Chapter 2.

establishment of the Bethany Home in 1922 also indicates that this 'solution' to the problem of unmarried mothers was not unique to the Catholic church.

4.4 The establishment of special homes for unmarried mothers and their children was prompted by a variety of factors.

- Reform of the poor law
- Greater awareness of the high infant mortality of 'illegitimate' children
- Concerns at the apparent rise in illegitimacy, and the moral backlash that followed the ending of World War One, which took on a heightened significance with the founding of the Irish Free State.

Poor law reform

4.5 Proposals for establishing special mother and baby homes emerged as part of a wider review of the Irish poor law that was initiated when Ireland was part of the United Kingdom. The reforms were implemented by an Irish government. In the 1920s primary responsibility for health and welfare services rested with the local authorities (see Chapter 1). They organised and delivered most services, either directly - as in a workhouse/county home, infirmary and mental hospital, or indirectly, by paying for a child in an industrial school. Legislation enacted by the UK Parliament, and by Dáil Éireann, determined eligibility, set regulations, including capitation rates and made loans to local authorities for capital purposes. The administrative model operated by the Department of Local Government and Public Health (DLGPH) after 1922 was almost identical to the pre-independence Irish Local Government Board. Department inspectors visited local authorities to check whether finances were in order and regulations were being implemented. They reported on conditions in local authority-run hospitals and homes, and the treatment of boarded out children, who were under the care of the local authorities. The department, like its predecessor, drew up detailed regulations, and issued numerous circulars to local authorities, but responsibility for delivering a particular service rested with the local authority, and despite the many circulars and inspections, there were often significant discrepancies between departmental regulations and local practice, and compliance with the regulations varied significantly between counties.

4.6 When Sinn Féin gained control of most local authorities following elections in 1920, it set about a programme of major reform of the poor law, which was regarded as

one of the most hated symbols of British rule, and a wasteful and unpopular means of caring for the poor and the sick. The Dáil Éireann proposals involved closing the workhouses - the multi-purpose institutions that catered for all categories of persons in need - and providing specific forms of assistance to each group. The poor law unions took no account of county boundaries and many unions straddled two or even three counties. The reforms substituted a county-based system. In place of the workhouse, each county would designate a county hospital and district hospitals to treat the sick and a county home, catering for the infirm elderly. Children in workhouses would be boarded out. Unmarried mothers might give birth in a county or district hospital, but they should not remain in these institutions beyond the post-partum period.

4.7 The first suggestion that special mother and baby homes should be established in Ireland came in the 1906 Vice-Regal Commission on Poor Law Reform in Ireland. Their report stated that the workhouse was an unsuitable 'refuge or asylum' for mothers of illegitimate children. First-time mothers should be sent to institutions owned or managed by religious communities or philanthropic persons. If no such institutions existed, they should be sent to a disused workhouse, adapted for the purpose that would only admit single mothers and their children. These special local authority homes should be managed by a committee of contributory boards of guardians, with a staff of special officers, 'similar to those in charge of the religious or philanthropic institutions'.[2] Mothers should remain in these special homes, caring for their children until they were at least one year old. At this point mothers should be placed in 'suitable situations' probably domestic or institutional service and their baby should be boarded out unless there were medical reasons for not doing so. Mothers of two or more children should be sent to Magdalen homes and should remain there. The 1906 Vice-Regal Commission provided the template for the mother and baby homes established after 1922, though this was not acknowledged.

4.8 Every county was asked to draw up a plan for the reformed delivery of health and welfare services. By 1927 schemes had been approved and were in place in every local authority except Dublin county and county borough, where the old poor law system continued. The overwhelming majority of these schemes made no provision for children 'of any kind' to be admitted to institutions; preferring that they

[2] Poor Law Reform Commission. Report of the Vice-Regal Commission on poor law reform in Ireland, Volume I 1906, (Cd 3202)

should be boarded out. Despite instructions from the DLGPH that all local authorities should make provision for unmarried mothers fifteen local authorities failed to do so. (Kildare, Kilkenny, Louth, Meath, Westmeath, Wexford, Wicklow, North Cork, West Cork, Limerick Borough, Waterford, Roscommon, Sligo, Cavan and Tirconaill). Counties Galway and Clare and the Dublin Union established dedicated local authority homes for mothers and children. Cork South Board of Public Assistance (Cork - Ireland's largest county was divided into sections for the purpose of administering health and welfare services), entered into an agreement with the Congregation of the Sacred Hearts of Jesus and Mary to send unmarried mothers in their area to the new mother and baby home at Bessborough (see Chapter 18). The local authority would pay a weekly capitation rate for all mothers and babies. All of these homes - whether they were private homes, such as Bessborough or owned and controlled by the local authority - such as Pelletstown, Glenamaddy/Tuam and Kilrush - were run by religious sisters. The Dublin Magdalen Asylum (later called Denny House), which only admitted protestant women, had no formal agreement with any local authority to admit mothers, but they received payments directly from the DLGPH covering approximately 50% of the cost of keeping a mother in the home for six weeks before the birth, and mother and baby for up to a year after the birth; a continuation of payments that they had received in the closing years of Ireland under the Union. There is no evidence that the Bethany Home, established in 1922, sought financial support from the DLGPH or a local authority until the late 1930s.

4.9 As already stated, 15 local authorities failed to make special arrangements for first-time unmarried mothers and there is no evidence that the DLGPH imposed any sanctions for their failure to do so. In the absence of alternatives, unmarried mothers in these counties, who sought assistance from the local authority, were admitted to a county home, or a district hospital (as happened in North Cork and Louth). The county homes (which were all formerly workhouses) that were originally intended to accommodate the elderly and incapacitated continued to house unmarried mothers and expectant mothers - like the workhouses before independence. Unmarried mothers remained in county homes in a number of counties despite the fact that the county schemes made no provision for this. Mothers and babies continued to be found in some county homes until the end of the 1950s, despite the DLGPH issuing recurring orders that they should be removed. But during the late 1920s and 1930s most local authorities began to

send some, though not all, first-time unmarried mothers who applied for assistance to one of the special mother and baby homes.

4.10 In 1930 only 8.26% of all illegitimate births were associated with the mother and baby homes that have been examined by the Commission. In 1931 with the opening of Sean Ross, this rose to 13%, and in 1932, it increased to 18.36%. By 1938, with Castlepollard also in operation, 28.3% of illegitimate births were associated with these homes.[3] The 1930s is therefore the decade when mother and baby homes begin to accommodate a significant proportion of Irish unmarried mothers and their infants.

Infant Mortality and Illegitimacy

4.11 There was a growing interest in infant health and welfare in the years immediately before and during World War One. Infant mortality in Ireland was substantially higher than in England and Wales, and it showed less signs of improvement, though Ireland, as a predominantly rural country should have had lower infant mortality. The 1923 report of the Registrar General of Births, Marriages and Deaths - the first relating to the area of the Irish Free State, recorded an infant mortality rate of 66 per 1,000. Infant mortality in urban areas was 99 per 1,000; almost double the rate in rural areas. The death rate for 'illegitimate' children was 344 per 1,000 births, about six times' the mortality of the children of married couples. At this time the death rate among 'illegitimate' children was significantly higher in every country, and that remained the case throughout most of the 20th century, but the adverse impact of 'illegitimate' birth was much greater in Ireland than elsewhere. In England and Wales, the mortality of 'illegitimate' infants was roughly double that of legitimate infants; roughly one child in eight born to a single mother in England and Wales died in the first year; in Ireland the figure was one in three. The highest mortality among 'illegitimate' children was between one and three months. The Registrar General noted that 1923 was the first year when the mortality of 'illegitimate' children was distinguished from overall infant mortality in Ireland. The second report of the DLGPH for the years 1925-27 quoted the annual reports of the Registrar General for the years 1925 and 1926, which showed that the mortality rate amongst infants born out of wedlock 'was about five times greater

[3] These figures are derived from a table that totals the number of births in 8 large homes: Pelletstown, Tuam, Bessborough, Sean Ross, Castlepollard, Dunboyne, Bethany and Denny House. Regina Coeli is not included because of difficulties in isolating the new-born babies admitted. Statistics on births include babies who were born in these homes; babies born elsewhere to mothers who were in these homes until shortly before the birth, or mothers who gave birth elsewhere and were admitted shortly after the birth

than that of legitimate infants, and that one out of every three of the first-mentioned class died before the completion of the first year of life'.

> It is recognised that illegitimate infants are handicapped by constitutional and environmental disadvantages which tend to a heavy incidence of infant mortality, but even when allowance has been made for these factors, the death rate of such infants is disproportionately high in view of the experience of other countries. From analysing the statistics it is evident that this excessive mortality is accentuated at the age period from 14 days up to 3 months and in point of causation is associated with Enteritis and Diarrhoea. It may be inferred that the unfavourable results are traceable to the early separation of mother and infant and to the influence of unsuitable artificial feeding.

4.12 The message from this report was that unmarried mothers should remain with their children in the early months of the child's life, so that the mother could breastfeed her child and reduce the risk of infant death. The high death rate among 'illegitimate' children also prompted greater scrutiny of boarded-out children and children placed at nurse,[4] though any improvement in their care was dependent on the willingness of local authorities to enforce the regulations relating to these children, including removing children who were neglected or living in insanitary homes.

Illegitimacy and moral panic

4.13 The rate of illegitimacy in Ireland was low. Guinnane claimed that 'By United Kingdom standards Ireland had very few births to unwed mothers, and by some standards it had practicably none'. He contrasted illegitimacy rates in Ireland with regions in Germany where the rate was five times higher.[5] The official statistics undoubtedly underestimated the illegitimacy rate, but that would also be true for other countries, though the under-estimation/concealment might have been greater in Ireland, where considerable hostility was shown towards illegitimacy. The recorded rate of illegitimacy increased in the first three decades of the twentieth century, but the Irish figure remained low by international standards. The concerns expressed in Ireland about rising illegitimacy during the 1920s and 1930s were

[4] Boarded out children were placed in foster homes by a local authority who paid the foster parent; children at nurse were either placed by a charity, or by the child's mother or her family.
[5] Timothy Guinnane, *The Vanishing Irish. Households, migration, and the rural economy in Ireland, 1985-1914*, (Princeton, 1997), p. 259

excessive - verging on the hysterical - but they had an impact on policy and attitudes.

Illegitimate Birth-Rate per 1,000 live births
1906 - 1913 from 1.98 (in 1908) to 2.21 (in 1910), average 2.10
1914 - 1918 from 2.31 (in 1914) to 2.50 (in 1917), average 2.43
1919 - 1925 from 2.58 (in 1922) to 2.71 (in 1920), average 2.65
1926 - 1929 from 2.81 (in 1926) to 3.20 (in 1929), average 2.99

4.14 The Catholic church had long inveighed against 'occasions of sin' - opportunities for young men and women to indulge in courtship. In earlier years priests had often targeted courting couples on country roads, '"the horrors of night-walking and company keeping and the loathsome goings on in the lanes of Meelick after dark"'. Purpose-built dance halls became common only after the First World War; an earlier generation of priests targeted informal dance platforms at crossroads.[6] Apart from new 'occasions of sin' in the form of motor cars, dance halls and cinemas, the main difference after 1922 is the existence of an independent government with the capacity to legislate to regulate dance halls and other 'occasions of sin'. There was also a belief - not limited to Ireland- that the years of the First World War, and in Ireland, the war of independence and civil war, had resulted in a loosening of moral standards that must be reversed. The rise in illegitimacy was seen as the consequence of increased moral laxity; many believed that the solution was to legislate to enforce more stringent moral standards by censoring films and publications, regulating dance-halls, and associated activities. A number of historians have examined the battery of legislation introduced by the Irish Free State: censorship of films and literature (including periodicals); restrictions on dance halls, and the *Criminal Law Amendment Act 1935* - which was initially intended to address the serious issue of under-age sexual activity, but was later extended to include a ban on the sale, importation, distribution and manufacture of contraceptives. There is no need to repeat this material here.[7] The sense of moral panic was aggravated by a belief in some quarters, that an independent, Catholic Ireland should become a role-model, an exception to the moral decline seen in most other western countries. This implied a need to ensure

[6] K H Connell, *Irish peasant society*, 'Catholicism and marriage in the century after the famine', (Oxford, 1968), pp 138-9; quotation is from W P Ryan, *The Pope's Green Island* (London, 1912), p. 79.
[7] Peter Martin, *Censorship in the two Irelands, 1922=39*, (Dublin, 2006) Terence Brown, *Ireland a social and cultural history, 1922-2002*, (London, 2004). Maurice Curtis, *The splendid cause: the Catholic Action movement in Ireland in the twentieth century*, (Dublin, 2008).

and enforce higher moral standards than might have been expected when Ireland was part of the United Kingdom.

The coming of mother and baby homes to Ireland

4.15 In the early 1920s the *Irish ecclesiastical record*, a periodical supported and approved by the Catholic Church published four articles on the topic of unmarried mothers.[8] The number and timing is significant; the *Irish ecclesiastical record* published no articles on this topic from its foundation in 1867 until 1920. The primary motivation of these articles was to highlight the risks of 'souperism' - the loss of Catholic mothers and children to Protestant charities - which had been a major concern of Irish Catholicism during the 19th century. The articles highlighted the lack of places in institutions for Catholic unmarried mothers and their children, but opinions differed as to what type of homes should be established. The articles suggest that a wider debate was underway about the merits of establishing a National Rescue Home or several homes that would admit single mothers from all parts of Ireland. One author, Fr MacInerney, was in favour of smaller homes. The prominent Catholic layman Sir Joseph Glynn suggested establishing hostels, where single mothers could live and work, and care for their child in the evenings and at feeding time. This debate, among Catholic clergy and active laity, can be seen as a response to Dáil Éireann's recommendation that first-time unmarried mothers and their children should no longer be accommodated in a workhouse or county home, and the fact that the Dáil did not suggest alternative arrangements.

4.16 Fr MacInerney's first article, which was published in August 1921, i.e. before the Irish Free State was established, prompted a letter from the Mother Superior of the Congregation of the Sacred Hearts of Jesus and Mary, the religious order that ran St Pelagia's Home in London. She indicated that her congregation was interested in establishing rescue homes in Ireland, and explained how they went about this in Britain. The congregation began by raising funds from charitable donations. Mother and child stayed in the home for at least a year. She claimed that 'The greater number, at their own request, remain two, three or four years as the case may require. They are employed in laundry, needlework and household duties'. The congregation tried, but rarely succeeded, in getting the father of the child to

[8] Rev. H. M MacInerney, 'The souper problem in Ireland, *Irish ecclesiastical record*, 5th series, xviii (November 1921), pp 140-56; Sir Joseph Glynn, 'The unmarried mother, *Irish ecclesiastical record,* xviii (November 1921), pp 461-7; Rev. M. H. MacInerney, 'A postscript on the souper problem', xix (1922), pp246-61; 'How to deal with the unmarried mother', by 'SAGART'[this is the Irish term for a priest], xx (1922), pp 145-53;

make a contribution towards the child's upkeep. 'When the mother is placed in a situation the child is sent to one of our Orphanages or boarded-out, the mother paying a weekly or monthly sum out of her salary towards the support of her child. Sometimes the child is adopted by good Catholics'.

4.17 In late August 1921 (it is unstated whether this was before or after the letter quoted above), Fr MacInerney met the chaplain and secretary of St. Pelagia's home, who were visiting Dublin. They informed him that the Mother Superior was interested in opening a similar home in Ireland. There were Irish women in St. Pelagia's and her main objective was 'to arrest the evil at its source: to get hold of erring girls and reclaim them in Ireland, instead of allowing them to drift into the underworld of English cities and towns'. They informed Fr MacInerney that the Mother Superior was prepared to buy a house with some acres attached near Dublin, Cork or Waterford. When he contacted the relevant Catholic prelates about this offer, the Bishop of Cork 'promptly closed with the proposal and gave his hearty consent'[9] On 10 February 1922 a meeting of the council of the Sacred Hearts congregation gave its sanction to the purchase of a 210 acre estate and large house in Cork - Bessborough, and Sister Martina was appointed as superior of this new foundation.[10]

4.18 The St Pelagia's model, which was similar to the regime followed by Protestant rescue homes in Britain, was transferred to Ireland by the Congregation of the Sacred Hearts, largely unchanged. The aim was to rehabilitate first-time unmarried mothers, by ensuring that they cared for their child for a definite period and the mothers remained in an institution where the practice of religion played a central role in their rehabilitation. The emphasis on keeping mother and baby together made medical sense, because that would enable breastfeeding, which was much safer for the infant, and should ensure better care for the child. It would also prevent 'baby-farming' - very young infants being handed over to uncaring minders for a fee. The process of caring for her child was seen as contributing to the mother's rehabilitation. The women also carried out domestic duties and other forms of work. Although Pelletstown and Tuam were established by the local authorities, they were run by religious sisters, and the general ethos was not dramatically different to that found in Bessborough or Sean Ross and

[9] MacInerney, 'A postscript on the souper problem'.
[10] Sacred Heart Congregation Chigwell, Council Minutes 10 Feb 1922

Castlepollard, the other mother and baby homes established by the Congregation of the Sacred Hearts.

4.19 When Fr MacInerney wrote his articles in the *IER,* and when the Mother Superior of the Congregation of the Sacred Hearts responded, it would appear that both parties expected that any home (or homes) would be funded as a charity, perhaps by the Catholic Hierarchy. Fr MacInerney obviously regarded the support of the bishops as central, and the Mother Superior mentioned the need for fund-raising. Yet from its inception Bessborough received significant financial support from the local health authority – the South Cork Board of Public Assistance. The board made a per capita payment of 10s 6d for each mother and a similar sum for the baby (at this stage Bessborough did not admit ante-natal cases). The decision to allocate a per capita payment for the mothers and infants from South Cork admitted to Bessborough was crucial. Over the coming years other local authorities followed the example of South Cork, which meant that Bessborough and all homes established by the Congregation of the Sacred Hearts received most of their funding from local taxation. It is not clear how this transpired. Lucey, citing a 1923 report, states that the vice-guardians[11] had introduced a new system, which involved placing unmarried mothers in the county home 'under the care of a nun' and in the belief that her supervision and care would prevent 'subsequent relapses'.[12] The minutes of Cork County Council in February 1922 discussed a scheme that involved establishing a county nursery, for deserted and orphaned children under the age of three. The nursery would also admit first-time unmarried mothers; single women who were pregnant for the first time would be admitted to a maternity unit attached to the nursery. All would be 'under the care of the Religious Order in charge' and overseen by a local authority committee. [13]

4.20 The letter and the meeting cited by Fr MacInerney fill in part of that story. An alternative, perhaps complementary, version relates that the Congregation of the Sacred Hearts were contacted by Seamus Lankford, a Sinn Féin member, who had been appointed as one of three vice-guardians with responsibility for the Cork Union under the local government department that was established in 1920.[14]

[11] Vice-guardians were appointed by the DLGPH in place of elected guardians, who were suspended, generally because they had failed to exercise appropriate financial controls.
[12] Donncha Sean Lucey, *The end of the Irish poor law? Welfare and healthcare reform in revolutionary and independent Ireland*,(Manchester, 2015) p 24.
[13] *Cork Examiner*, 16 February 1922
[14] Lucey, *The end of the Irish poor law?,* p. 22

Lankford was introduced to the Congregation of the Sacred Hearts by Michael Sugrue, a Kerryman, who worked in London. Lankford paid a deposit on the large house at Bessborough, but according to his wife's memoir the purchase money was provided by the Archbishop of Westminster.[15]

4.21 Bessborough opened in 1922; the first residents were mothers and babies who had been transferred from workhouses in Cork city and county. In 1924 the Cork Joint County Scheme Order listed Bessborough as an auxiliary home of the South Cork Board of Public Assistance,[16] in other words it was regarded as an integral part of the provision that the South Cork Board made for welfare and health in that area. We must presume that an agreement was drawn up between the Sacred Hearts congregation and the local health authority, but we have no copy of such an agreement, and no indication that such an agreement was approved by the Department of Local Government and Public Health.[17]

4.22 The first women admitted to Bessborough were transferred from the Cork city workhouse, now designated as the county home, by the South Cork Board of Public Assistance. If unmarried mothers and their infants were being transferred from a workhouse/county home to a mother and baby home, it was obvious that the local health authority should pay for their upkeep. Yet within a relatively short period, the local authority was paying for the upkeep of unmarried mothers and infants from families who would never have contemplated entering a workhouse or county home. Dedicated mother and baby homes were seen by families, and by some pregnant single women, as more acceptable than the workhouse, and an alternative to private nursing homes.

4.23 The fact that the local authority funded the maintenance costs for a substantial number of unmarried mothers and their infants was critical in expanding the numbers of women entering mother and baby homes. If middling farmers or small businessmen had been required to pay for the upkeep of their daughter and her child, admissions would have been lower, and few mothers would have remained in a home for two years. Local authorities determined whether a woman should be admitted to a mother and baby home, and whether they would pay for her upkeep.

[15] The annals of the Sacred Heart Congregation, which might have enlightened us about this, do not survive (and may not have been compiled) for the years 1919-27. Siobhan Lankford, *The hope and the sadness. Personal recollections of troubled times in Ireland,* (1980), pp 269-70.
[16] Lucey *The end of the Irish poor law*, p 84
[17] Dáil Éireann Local Government files have revealed nothing.

This marked a significant extension of public funding at a time when the new government was committed to reducing public expenditure - this is best exemplified by the notorious reduction in the old age pension in 1924. Local authorities were maintaining unmarried mothers and their babies for up to two years, perhaps longer, at a time when a majority of widows had no entitlement to a pension and the only option for those suffering long-term unemployment was to apply for home assistance, formerly known as outdoor relief.

4.24 In the early years a single mother who was admitted to Bessborough first had to attend at the county home, and initially it appears that Bessborough only admitted women (with children) after they had given birth. In 1924 a council meeting of the Congregation of the Sacred Hearts noted that the Bishop of Cork and parish council had asked the order 'to undertake the supervision of unmarried mothers before the birth of children' and the congregation had accepted this work 'under certain conditions' - which are not recorded.[18] A later report by the Mother Superior noted that 'there was a certain reluctance' to admit women before the birth, and nothing happened until 1928 when 'the Bishop brought up the question again'. By 1928 the number of women being admitted to Bessborough was falling and the bishop 'almost insisted on the adoption of this work'. Other nuns were doing it and the Council agreed to fall in with the bishop's wish, as the workhouses were closed to these cases'.[19] By the end of the decade arrangements were in place enabling dispensary doctors or priests to arrange for an unmarried mother or pregnant unmarried woman's direct admission to Bessborough. The removal of the taint of the poor law, plus the perception that Bessborough could shield an unmarried mother from public scrutiny, and the fact that the cost was borne by the local authority would have encouraged more families to send a daughter to a mother and baby home.

4.25 Bessborough, Sean Ross and Castlepollard were private institutions; the properties were owned by the Congregation of the Sacred Hearts. The congregation was responsible for the maintenance and upkeep of the homes and paying all bills. Lay staff, including nurses, were employed by the congregation. In the three homes established by local authorities - Kilrush, Tuam and Pelletstown, the buildings and grounds were the property of the local authority, and the Sisters were agents contracted by the local authority to run the homes. Kilrush and

[18] Congregation of the Sacred Hearts, council minutes 23 March 1924
[19] Congregation of the Sacred Hearts, general chapter 1933 Report of Superior General

Pelletstown were directly funded by the local authorities - i.e. they met the cost of food, heating, medical supplies etc., and the staff - lay or religious were local authority employees. Tuam had a different arrangement. The local authority was responsible for repairs and any expenditure on the building; they paid the cost of a chaplain, medical officer, and a local midwife - who was paid per delivery - but the running-costs were met by the Sisters, who were paid a capitation payment for each mother and child.

4.26 The fact that local authorities were supporting mothers and babies in these homes marked a significant change from earlier practice. In 1916 government funding had been given to charitable agencies that assisted unmarried mothers and their children, (see Chapter 3) but this was mainly dedicated to the costs of placing children in foster homes. Kilrush, Tuam and Pelletstown were owned and controlled by the local authorities, whereas Bessborough and the two later homes, were owned and controlled by a religious congregation, but all these institutions depended on public funding. All these homes, whether owned and controlled by a local authority or a religious congregation had a strong religious ethos that was central to their mission.

The Commission on the relief of the Sick and Destitute Poor

4.27 The Commission on the Relief of the Sick and Destitute Poor was established in 1925 to review the changes introduced by local authorities under the *Local Government (Temporary Provisions) Act 1923*. It was also charged with recommending legislation 'for the effective and economical relief' of various destitute classes including 'unmarried mothers and their children'. In 1925 mother and baby homes were new, and they admitted less than 10% of unmarried mothers giving birth in Ireland, so it can be argued that future policy for unmarried mothers and their children had not yet been fully determined.

4.28 Statements by witnesses and members of the commission give some insights into attitudes at the time among health professionals, local government members, local and national officials and clergy. Many of the views expressed were similar to the attitudes that resulted in the establishment of mother and baby homes in Britain, the USA and Australia. Witnesses and commission members expressed concern over the high infant mortality rate, the exploitation and mistreatment of single mothers in private nursing homes, and the fact that children at nurse were often

placed in unsuitable homes. The paramount concern was the 'problem' of illegitimacy. How could the rise in illegitimacy be contained? What measures should be taken to prevent women who had one child from giving birth to additional children outside of marriage? There was widespread support for keeping mother and child together for at least one year, and while this was seen as having a positive impact on infant mortality - because the mother could breastfeed and give her child better care than in a foster home - that appears to have been a secondary consideration. Most of those who advocated keeping mother and child together believed that requiring a mother to remain in an institution would provide an opportunity for repentance and rehabilitation, and make her responsible for her child. The assistant secretary of the Department of Local Government and Public Health (DLGPH) told the commission that the department opposed permitting a mother to leave her child in an institution and go out to work, 'we hold that this relieves the mother of responsibility'.[20] Edward MacLysaght, a commissioner in the Dublin Union, who as a member of the Dáil Éireann Local Government Department appears to have been responsible for the establishment of the Kilrush home, also believed that a mother should remain with her child for approximately a year after the birth.

4.29 Sir Joseph Glynn, who was a member of the commission, was in favour of mothers and children living in hostels, which would care for the children during the day while the mothers worked nearby and contributed towards the upkeep of their children. He wanted hostels to accommodate a maximum of 20 mothers and children. He cited an official in the Child Welfare Department of the British Ministry of Health, who told him that 'medical men condemned the living together in one building of a large number of babies of about the same age, owing to the rapid spread of infantile complaints among them'.[21] Sean O'Farrell, Commissioner for the North and West Cork Boards of Health, was critical of Bessborough:

> a large Home where you put a hundred or more than a hundred of these girls together is a disadvantage because they lose the sense of shame they would have had when they meet so many others who are in a like predicament to themselves. I would be rather inclined to favour smaller Homes for them. In the large Homes it becomes too much of an Institution and I think the people in charge would not have the intimate touch and association required.[22]

[20] Oireachtas Library. Minutes of Evidence, Commission on the sick and destitute poor, First Day, 27 May 1925
[21] Glynn, 'The unmarried mother', p. 464.
[22] Evidence, Twenty-second day, 10 February 1926

4.30 The arguments against establishing large mother and baby homes did not receive serious consideration, and the only institution that came close to providing a hostel where mothers could work and keep their child was Regina Coeli, which was run by the Legion of Mary - but that role evolved gradually and almost by accident. (See chapter 21)

'First Offenders'

4.31 There was widespread agreement among members of the Commission and witnesses that first-time mothers should be classified and segregated from mothers who had more than one child. Jennie Wyse Power, a member of the board of the Dublin Union, suggested that 'you will get some very good mothers' among second-time mothers, but she believed that 'persistent offenders' should remain in an institution for a longer period of time. The secretary of the Galway board of health was of the opinion that single mothers who had a second child had 'very little' chance of reformation. In such instances mother and child should be separated shortly after birth and the mother sent to a Magdalen home.[23] One member of the Commission, in the course of questioning a witness drew a distinction between 'the unfortunate girl who falls, not through her own fault, perhaps, and the others [are] the hardened people who come mostly from towns, and the lanes in towns'. He asked whether 'the association of the first class with the second class tends to make the first class become more dissolute?' MacLysaght was asked whether cases 'where a woman has fallen more than a couple of times – put whatever limit you like on the number of her falls – cases of that kind may be treated as quasi-criminal?'. He agreed; he also agreed with the observation by the commission's chairman that 'that class of woman is a possible danger to the community' and legislation should be introduced enabling her to be kept in an institution for some unspecified period.[24]

4.32 There was widespread support for involving religious sisters in caring for unmarried mothers. Religious sisters had been working in Irish workhouses for almost fifty years, and many of the matrons appointed to the new county homes were religious sisters, so it is not surprising that they should be invited to supervise single mothers in whatever institutions might be established. Mrs Wyse Power wanted the nuns to keep in touch with first time mothers when they left the workhouse so that, 'often she would keep straight for a while, or perhaps settle

[23] Evidence, Sixteenth day, 22 October 1925
[24] Evidence, Fifth day, 23 June 1925.

down altogether'. The only dissenter was Sir Joseph Glynn, who proposed that hostels should be supervised by trained social workers, (who were almost non-existent in Ireland in the 1920s), with a committee of women, ideally married women, because he believed that they would have a better prospect of gaining the mothers' confidence.[25]

Fostering versus institutional care

4.33 The mother and baby homes that opened during the 1920s were designed with the mothers primarily in mind: rehabilitating, perhaps punishing them and allegedly training them for future employment. Little thought appears to have been given to what would happen to the children once they reached their first birthday. Witnesses disagreed about their long-term care. At this time few single women were in a position to provide for a child. It was generally expected that mother and child would separate - either permanently or perhaps maintaining some contact. The DLGPH was strongly in favour of boarding-out. In September 1924 the minister wrote to each county board of health noting that:

> many healthy children are being maintained in County Homes. …adequate consideration has not always been given to the general advantages of the boarding out of children in suitable homes. It is believed that the successful upbringing of the children would best be achieved by having the children individually cared for in the families of the respectable poor.

4.34 The department wanted children to be boarded out in 'rural locations…healthy surroundings', which might enable them to work in agriculture.[26] Pre-1922 poor law regulations which remained in force precluded children being boarded out in a town or village unless the minister gave express permission. The belief that rural homes were healthier than towns was correct, given that the death rate among children in urban areas was almost double the rural rate.

4.35 The DLGPH, in its enthusiasm, failed to consider the fact that Ireland had limited experience of boarding out under the poor law. A Cork witness noted that it was only possible to find foster families in poorer districts; there was little interest in becoming foster parents in prosperous areas such as Fermoy. MacLysaght noted that some local authorities were not in favour of boarding out. Miss Litster, an inspector of boarded-out children attached to DLGPH, noted that while she has

[25] Evidence, Eighth day, 14 July 1925; Glynn, 'The unmarried mother'
[26] Commission on the Sick and Destitute Poor, Appendix VII. Letter 2 September 1924

had little difficulty in getting boards of health to adopt boarding out, 'speaking generally there is a tendency to put the child into the industrial school…Boards of Health seem to think children are better off under the care of a religious institution'. She disagreed. She also cited 'evidence of mothers leaving the county home with their child, and then applying to the court to have the child admitted to an industrial school' - the mother would then take up a job, probably as a domestic servant. [27]

4.36 Many witnesses, including the assistant-secretary of DLGPH, expected mothers who were in paid employment to make a financial contribution to the cost of their child's maintenance - whether the child was in an institution or boarded out. This determination to make mothers financially responsible for their child resulted in wholly unrealistic expectations;[28] it ignored the reality that very few women at this time earned an income that would support a mother and a child. Many mothers who committed to paying for their child ceased doing so after one or two years.

Working in the homes

4.37 As the name indicates, the Poor Law required all able-bodied adults to work while in the workhouse. Most witnesses to the Commission on the Sick and Indigent Poor believed that the women in mother and baby homes should carry out some work. One witness claimed that women in Pelletstown did 'any work the nuns ask them to do, but there is not sufficient employment for them'. They noted that women in the Dublin Union 'do quite a lot of this laundry work'. Dr Thomas Hennessy TD, a member of the Commission claimed that single mothers in the workhouse worked hard: one described it as 'slavish work. They were delicate refined girls who had the misfortune to fall and the idea seemed to be that because they were unmarried mothers it was good enough for them'.[29] The annual report of the DLGPH for 1928-29 stated that mothers in Bessborough were trained in domestic duties, cookery, needlework, laundry and dairy work, poultry keeping and gardening. In 1930 the Congregation of the Sacred Hearts signed a lease on a shop in Cork that sold produce from Bessborough.[30] No Irish mother and baby home ran a commercial laundry - probably because the maintenance payments by local authorities made this unnecessary. The report of a 1943 inspection of Bessborough by Miss Litster noted that there were nine former patients, who were

[27] Evidence, Tenth day, 16 July 1925
[28] Evidence, fourteenth day, 24 September 1925, Coonan, Kildare Board of Health
[29] Evidence, Fifth day, 23 June 1925
[30] Congregation of the Sacred Hearts annals 19 August 1930. The shop was run for many years by two sisters; it closed in 1977; council minutes 10 February 1977

described as 'old girls' resident in the home. These long-term residents carried out 'a good deal of work' unpaid. They were not maintained by local authorities; she described them as 'voluntary workers'.[31]

4.38 House work was viewed as training women for future employment and married life. It was widely assumed that most single mothers would either return home to their families (probably without the child), or find 'a situation', as servants with a family or in institutional employment. These assumptions were common-sense; in the 1920s the overwhelming majority of single Irish women of working age were either living with their family, and helping with domestic or farm chores - unpaid - or employed as live-in servants in Ireland or overseas.

4.39 The commission's terms of reference included a reference to 'economical relief'. There were strong pressures in the 1920s to reduce the cost of local taxation - rates, which was a heavy burden on farmers.[32] The cost of maintaining women and children in county homes or mother and baby homes was met from local taxes. The secretary of the Co Limerick board of health wanted to make mother and baby care self-supporting by running a laundry or a similar activity; others suggested that some type of dressmaking/textile business should be attached to Pelletstown. Local authorities in the south-east investigated the possibility of establishing a mother and baby home, which would be supported by the mothers working in industries such as mattress covering, or shirt-making.[33]

4.40 The Farmers' Union, which represented larger farmers and lobbied for a reduction in rates, wanted the family of a single mother to be financially responsible for her upkeep, if she had been living at home prior to her pregnancy: 'one feels that there must have been something wanting in parental control and that they should not be permitted to evade a natural and positive obligation to maintain her'. Admission to an institution should be an exceptional arrangement. Women from rural Ireland who became pregnant in Dublin should be returned to their families, who would be asked to maintain them. If a domestic servant became pregnant her employer should be responsible for the upkeep because she/he had failed to exercise proper supervision.

[31] Department of Health, CCP/IMP/O/ 45492
[32] Britain derated agricultural land in the 1920s, but that was financially impossible in Ireland because agricultural land accounted for a majority of rateable valuation in many counties.
[33] County Kilkenny Board of Health and Public Assistance minutes, 25 March 1925

4.41 One of the most revealing statements came from a member of the Mayo Board of Health, who explained that although he was in favour of the principle that unmarried mothers should be removed from county homes:

> I think the financial conditions of the County do not permit…I cannot see any advantage having this class under a religious order in a Central Home when they can be left in charge of a religious order in the ordinary County Home doing useful work. Their removal would mean the employment of several extra wardmaids which would be very difficult to procure. If it were possible to employ them it would be at great extra expense to the Ratepayers. … If they were taken away to a Central Home it would mean employing 20 wardmaids at the rate of about £1 a week, and you would have to keep other attendants as well.[34]

4.42 Although women were expected to carry out domestic duties in county homes and in mother and baby homes, a distinction should be drawn between the two. The residents in a mother and baby home consisted of young women with their babies and the workload was divided between all the mothers. Some witnesses alleged that there was insufficient work in Pelletstown to occupy the mothers. Single mothers in county homes were among the minority of residents who were young and healthy. Most residents were elderly, infirm, children or people with physical or mental disabilities, so the workload in terms of laundry, personal care, feeding and cleaning was considerable. Many county homes did not employ any indoor staff other than the matron; the work was carried out by single mothers, who were unpaid (See Chapter 10). The reluctance of local authorities to lose this significant source of unpaid labour is one reason why single mothers were found in county homes until the 1960s.

Key Recommendations from the 1927 Commission

4.43 The recommendations of the Commission on the relief of the Sick and Destitute Poor reflected the tone of the evidence summarised above. The commission favoured placing unmarried mothers in special institutions; they did not consider whether these institutions should be big or small, and they gave no consideration to the suggestion that hostels should be provided that would enable mothers to work and keep their child.[35]

[34] Evidence, Twenty-fourth day, 20 January 1926
[35] The recommendations relating to unmarried mothers and their children are in Chapter VI, paragraphs 227-73.

First-time mothers

4.44 The commission endorsed the view that there were two categories of unmarried mothers - 'those who may be considered amenable to reform' and 'less hopeful cases'. The first class was mainly comprised of first-time mothers; they concluded that first-time mothers required 'a moral upbuilding…requiring firmness and discipline…characterised by and blended with a certain amount of individual charity and sympathy'. Those in charge should make 'a true estimate of the character of each girl'. The 'treatment' of unmarried mothers should not be overly regulated or too hide-bound.

4.45 The commission considered that responsibility for first-time mothers should rest with the boards of health and voluntary organisations: 'Boards of Health should be allowed an almost complete discretion in the matter of dealing with and paying for this class through the agency of Rescue Societies and other voluntary organisations'. They should pay for the mothers, and make arrangements with charitable organisations for their care. There is no suggestion that these homes should be inspected or should confirm to any standards with respect to accommodation, sanitation, food, staffing or living arrangements.

Others

4.46 As for the 'residue…those who are the least open to good influences', the commission would have wished to recommend the creation of 'special homes…for this residue', were it not for the expense. They estimated that there was a need for 500-600 places in 'institutions under the control of the Boards of Health' for women who were not deemed 'amenable to reform'. Boards of Health also needed to accommodate approximately 500 children under one year of age and 1,000 older children. Pelletstown and Kilrush were viewed as suitable for this 'residue'; it was recommended that these homes should include 'a probationary department and a maternity department' - where mothers could give birth and be 'kept out of contact with the County Home'.

Duration of Stay and Detention

4.47 The commission recommended that women on a second pregnancy should be detained for two years; for subsequent pregnancies 'the Board should have power to retain for such a period as they think fit, having considered the recommendation of the Superior or Matron of the Home'. The commission emphasised that the recommended periods of detention were 'not intended to be in any sense penal. It

is primarily for the benefit of the woman and her child…We are not in favour of the rigid application of fixed periods of detention; those that we have mentioned are maximum periods within which the widest discretionary power should be used.' The Board of Health should 'normally' act on the advice of the Matron.

> No mother should be discharged until she has satisfied the Board of Health that she will be able to provide for her child or children, either by way of paying wholly or partially for maintenance in the Home or boarding it out with respectable people approved by the Board of Health.

4.48 Boards of Health should have discretion to permit a woman to leave without taking her child. Superiors (of religious institutions) and matrons had a duty 'to endeavour to place those fit for discharge in suitable positions outside and to see that they will not be altogether without supervision'.

4.49 The goal of removing unmarried mothers from county homes came into conflict with pressure to control costs. The commission noted that unmarried mothers carried out a lot of work in county homes, and they saw 'no objection in such women as the Matron considers suitable being transferred to the County Home for the purpose of assisting in the work of cleaning etc.', presumably unpaid.

4.50 Despite government statements favouring boarding out, the commission wanted to leave boards of health with considerable discretion as to whether children should be boarded out or sent to industrial schools. Although they described boarding-out as 'particularly suited to the present circumstances of the country, inasmuch as it involves no capital expenditure', they concluded that there 'is good in both systems - boarding-out and Industrial Schools'. Children who could not be boarded out should be sent to an industrial school; the cost should be shared between the board of health and the department. Measures should be introduced to enable this to be done without requiring a court order. The commission saw no reason why a board of health should keep any record of these children, once they had been transferred to an industrial school; this recommendation, plus the shared costs, would have acted as an incentive for boards of health to place children in institutions instead of boarding-out.

4.51 The commission noted that there had been a slight increase in the number of births outside marriage over the previous ten years. They expressed the hope that 'with returning stability of Government and the gradual tightening of the reins of

discipline, both governmental and parental, that we may look forward to a decrease in the number of these births'. This paragraph can be read as an implicit endorsement of measures to control dance halls, and other activities that were believed to have contributed to the rise in the illegitimacy rate.

4.52 The commission also recommended strengthening the law with respect to affiliation orders, and sexual offences. They recommended that all private maternity homes should be licensed by local authorities, and subject to annual renewal of the license; licences should only be granted to homes that are 'properly and suitably equipped for the purpose ….in charge of a respectable person trained in maternity care and nursing'. The *Children Act 1908* should be amended so that anybody proposing to take a nurse child should be required to give advance notice to a local authority, including notification of the number of children in the home. Foster parents should be required to notify the board of health if a child died or was removed from their care, and they should report on the condition of all the children under their care every three months. There was a brief reference to pregnant Irish women going to England, but the commission failed to propose any scheme for their repatriation, hoping that the numbers would decline 'with better organisation' of 'the machinery for dealing with expectant unmarried mothers', in Ireland.

4.53 The most significant outcome of the report of the Commission on the Sick and Destitute Poor, as it related to unmarried mothers and their children, was that there was no recommendation to change the arrangements whereby responsibility rested with the local authorities, working closely with religious institutions. There were no proposals to change the discretion of the boards of health on key decisions, such as retaining some mothers in county homes to carry out unpaid labour and whether children should be boarded out or sent to industrial schools. While the commission recommended the introduction of legislation relating to private maternity homes, and tougher regulations with respect to children placed at nurse, there was no suggestion that mother and baby homes, owned and run by religious congregations should be inspected or regulated by the state or by local authorities, despite the fact that the mothers and children were funded by taxpayers.

4.54 The key principles underlying the recommendations were local autonomy, concern for costs, and an innate belief that religious sisters were the best judge of how to rehabilitate an unmarried mother. A health authority, which wished to send

mothers to a mother and baby home run by a religious order or a charity, signed a generic agreement with that home. The memorandum of agreement signed in 1931 between Tipperary North Riding Board of Health, and Shan (sic) Ross Abbey[36] acknowledged that the Mother Superior had almost total discretion over decisions relating to the home. It stipulated that she 'shall be the sole judge of the suitability for admission of any person…and also after consultation with the Medical Officer in charge of the person of his (sic!) fitness for discharge' from the home.[37] There is evidence that the agreement with Castlepollard - which the Commission has not seen - was altered by the congregation to enable them to refuse admission to women 'suffering from disease, with a vicious history, or who had been in prison'.[38]

4.55 Underlying the recommendations there is also an implicit distinction being made on the basis of family circumstances and social class; some mothers, (presumably poor women) required a lengthy stay in an institution, others could be released at an earlier stage.

4.56 The Dáil showed very little interest in unmarried mothers or their children. The only references occur in debates on the Estimates for the DLGPH when some speakers referred to the number of single mothers and children in county homes. Deputies obviously believed that unmarried mothers should be removed from the county home, not because of any concern for their well-being, but because of a belief that respectable older people should not be in contact with this undesirable group. Money was extremely scarce in 1920s Ireland - and the needs of unmarried mothers were outranked by a considerable margin by demands to build or improve county hospitals, and introduce pensions for widows and their children. Widows with one child could apply for home assistance (under the British system relief outside the workhouse was available only to widows with two or more children), but no consideration appears to have been given to extending home assistance to the unmarried mother and her child, to enable them to live in the community, though it is possible that some local authorities paid home assistance in such cases. None of the legislation passed by the Oireachtas which impacted on unmarried mothers

[36] As is explained in the Commission's 5th Interim Report, the correct spelling is Sean Ross; the correct pronunciation is Shan Ross

[37] Memorandum of Agreement made the 21st day of September 1931 between Tipperary (North Riding) county Board of Health and Shan Ross Abbey

[38] Congregation of the Sacred Hearts Archives. J. A Shaw and co Solicitors Mullingar to Mother General Chigwell re Castlepollard 14 Feb 1952

or their children involved a significant increase in public spending by central government, though several measures impacted on local authority finances.

Changes in provision 1928-39

4.57 The annual report of the DLGPH for 1927-28 stated that following the publication of the commission's report:

> A lot of valuable interchange of views has taken place between representatives of this Department and experienced social workers, and as regards unmarried mothers of first born children, an awakened interest is shown for their welfare and measures are being developed to provide institutions hitherto lacking.[39]

4.58 Regrettably this Commission has not seen any contemporaneous files that might inform us of these discussions.

4.59 The 1927 commission's recommendations affirmed the central role of local boards of health in determining the care and support to be given to unmarried mothers and their children. Given their central role it is not surprising that councillors and officials were often concerned at the cost. The Galway county secretary reported that each illegitimate child cost ratepayers approximately £300; in 1928 one member of Galway County Council called on Dáil Éireann 'to introduce legislation giving power to commit second offenders to a Magdalen Asylum'; he suggested that a copy of this resolution should be sent to every TD in the county. [40] The board of health in Tipperary North protested at paying 21s a week for a mother and child in Sean Ross, compared with 12s in the county home.[41]

4.60 However this concern about the cost to ratepayers had to be weighed against the general opinion that unmarried mothers should be segregated from more 'respectable' sections of the community, such as older residents in county homes, and married women giving birth in public hospitals. While Dublin maternity hospitals had long provided maternity care for all women - single and married - this does not appear to have been the case elsewhere. Despite the potential cost, the Galway board of health agreed to open a maternity unit in Tuam, which would

[39] DLGPHG Report 1927-28
[40] *Connacht Tribune*, 8 September 1928
[41] *Nenagh Guardian*, 29 July 1931

make it possible to exclude unmarried mothers from the Central Hospital in Galway.

4.61 In the mid-1920s there were four homes for unmarried mothers in receipt of local authority funding; three of which - Pelletstown, Tuam and Kilrush - were owned by local authorities, one - Bessborough - was a private institution. Local health authorities in Wexford, Waterford and Kilkenny were exploring the possibility of establishing another local authority home, catering for the three counties in the former New Ross workhouse.[42] This plan did not materialise for reasons that remain unclear. From 1930 the expansion in institutional places for unmarried mothers was in private institutions established by the Congregation of the Sacred Hearts with the opening of Sean Ross and Castlepollard. The local authority home in Kilrush closed in 1932 (see Chapter 16).

4.62 The apparent withdrawal by local authorities from providing mother and baby homes in favour of homes owned by religious orders is consistent with the views expressed by Richard Mulcahy, the Minister for Local Government and Public Health, during the debate on a private member's bill to provide money for nursing organisations from the Irish Hospitals Sweepstake.

> We are trying in a gradual way to bring about a situation in which county homes, instead of being under the direct management of the local authorities, will be under the management of a religious order, responsible to the local authority for taking into the institution, on a capitation basis, persons whom the local authority directs should be taken in.

4.63 He claimed that such arrangements were already in place in the old county home in Mallow.

> It is common knowledge to deputies that every institution in the country dealing with unmarried mothers is run in the same way (as this former county home in Mallow), entirely under the control of religious organisations fed by State money in one way on a definite basis but under the control of the religious orders and drawing funds and inspiration and help from charitable, as well as State sources.[43]

[42] Kilkenny Board of Health minutes, 25 March 1925
[43] Dáil Debates, 18 Nov. 1931 cols 1633-34.

4.64 There is evidence that the DLGPH actively encouraged the Congregation of the Sacred Hearts to establish additional mother and baby homes. In the summer of 1929 Mrs Margaret Crofts, the senior inspector in the DLGPH visited Hayling, on the south coast of England, where the congregation ran an open air school, and it would appear that she met the Mother Superior. She subsequently wrote to the congregation, suggesting that they might establish a home 'in connection with' Bessborough that would accommodate young women over the age of 16 who were 'feeble-minded'. This proposal reflects a belief that many unmarried mothers or women who were deemed to be at risk of becoming unmarried mothers were 'feeble-minded'. Mrs Crofts wrote again some months later suggesting that they should establish homes - presumably mother and baby homes - in Waterford and Limerick.[44] In July 1930 the Mother Superior of the congregation visited several dioceses in Ireland and met bishops to discuss the possibility of opening a home in their diocese. She visited one unnamed institution in Carlow with Mrs Crofts. In September she informed the triennial council meeting of the congregation that the Irish government was 'anxious that a house should be opened' and she read a letter from Bishop Fogarty of Killaloe welcoming them into the diocese 'with certain conditions', which are not stated. Mrs Crofts appears to have been involved in the search for a suitable house, though Corville House near Roscrea was identified by a member of the local Cistercian Order. When the Mother Superior travelled to Roscrea to inspect the house, having already purchased it unseen, she 'had a long chat with Mrs Crofts and after consideration it was thought advisable to erect a new wing in Corville'.[45] Mrs Crofts visited Chigwell in November 1931.

4.65 By March 1932 fourteen health authorities had agreed to maintain women in Bessborough or Sean Ross: South Cork, Kerry, Waterford, Wexford, Wicklow, Kildare, Kilkenny, Laois, Offaly, Tipperary North Riding, Tipperary South Riding, Clare, Galway and Mayo. Efforts were underway to establish a home for unmarried mothers for the counties of northern Leinster plus Monaghan and Cavan. By the following year Limerick City, Leitrim and Monaghan were sending mothers to special homes, and the Congregation of the Sacred Hearts had obtained permission from the Bishop of Meath to establish a third home. The congregation's archives suggest that the department encouraged this expansion. The council minutes of 11 May 1932 record that 'Owing to the near date of the

[44] Congregation of the Sacred Hearts annals 10 Sept, and 3 Dec. 1929
[45] Congregation of the Sacred Hearts council minutes 23 Sept. 1930, 11 Nov. 1930 Annals 23 July 1930 19 Aug. 1930, 10 Oct. 1930, 12 Feb. 1931; 24 Feb. 1931

Chapter, Rev Mother General and Her Council reluctantly give their consent to accept an offer from the Local Government Board of Dublin [sic- the records of the Congregation contain numerous errors in titles of Irish government departments and Irish dioceses] to open another home for unmarried mothers in the diocese of Meath, but in the future interests of the congregation they consider it would not be advisable to refuse the work'. In 1934 two members of the congregation travelled to Ireland to inspect possible sites for a third home. They visited four properties accompanied by Mrs Crofts and an architect, and decided to purchase Castlepollard. They met officials of the DLGPH. Draft terms for the new homes were agreed some days later.[46]

Irish Hospitals Sweepstake and mother and baby homes

4.66 In the 1920s most mothers entered mother and baby homes following the birth of their child. Babies were born elsewhere; for Bessborough this was generally Cork county home; Pelletstown, in the Dublin Union (James's Street); for Tuam the Central Hospital in Galway. The Clare County nursery in Kilrush was the exception - women gave birth in that institution, as they did in many county homes. In March 1930 the minutes of the South Cork board of public assistance recorded that their proposal to arrange for the admission to Bessborough of pre-natal unmarried mothers, chargeable to the South Cork board, had been submitted to the minister, and he saw no objection to the terms of the draft agreement with the Bessborough authorities.[47] The minutes of the Congregation of the Sacred Hearts council record that the Bishop of Cork had asked them to do this in 1924.[48] No copy of this agreement to admit pregnant women has been found in the records of the congregation or the records of the Cork board of public assistance or the DLGPH.

4.67 The extension of the remit of mother and baby homes to provide maternity services was made possible by the Irish Hospitals Sweepstake.[49] The sweepstake, which was founded to meet the financial needs of Dublin voluntary hospitals, had turned into a remarkably lucrative source, with the result that there was pressure to make some of the revenue available for other causes. In February 1931, Dr PJ O'Dowd, Fianna Fáil TD for Roscommon, introduced a private members' bill to extend the sweepstake to public hospitals outside Dublin. He suggested that mother and

[46] Congregation of the Sacred Hearts, council minutes, 11 May 1933, 26, and 27 Feb. 1934 and 27, 28, 29 Mar. and 2 April 1934
[47] Minutes, Cork Board of Health and Public Assistance, Letter 12 March
[48] Council minutes 23 Mar. 1924
[49] Marie Coleman, *The Irish Sweep: a history of the Irish Hospitals Sweepstake, 1930-1987* (Dublin, 2009)

baby homes should also qualify for funding, in order to speed up the removal of unmarried mothers from county homes. Dr O'Dowd abandoned his bill when the government announced that they would introduce similar legislation. Section 6 of the *Public Charitable Hospitals (Amendment) Act 1931*, which was introduced in place of Dr O'Dowd's bill provided that one-third of the available surplus in any sweepstake would be paid to the Minister for Local Government and Public Health 'and shall be applied by him in such manner as he shall think fit in or towards the provision, improvement or equipment of institutions for the prevention, treatment or cure of physical or mental diseases or injuries of human beings'.[50]

4.68 Although section 6 of this Act is headed 'Application of portion of proceeds of sweepstakes to poor law hospitals', Bessborough mother and baby home was one of the first beneficiaries. On 9 December 1931 the Mother-General of the Congregation of the Sacred Hearts wrote to the DLGPH applying for a grant under this section.[51] She explained that the community had opened two hospitals during the past year, one at Bessborough, the other at Sean Ross Abbey. Her request received strong support from Mrs Crofts, who emphasised that the hospitals were 'absolutely separate institutions from the Homes for Unmarried Mothers', and it would be necessary 'to enlarge the accommodation in the near future. We want to encourage expectant unmarried mothers to avail of hospitals consequently the charge cannot be prohibitive'. She described the charge for keeping mother and baby in these homes, one guinea per week, as 'more or less prohibitive', but she suggested that the Sisters had 'to a certain extent to balance the loss on the hospital'.[52]

4.69 On 25 January 1932 the Mother Superior phoned Mrs Crofts in relation to alterations in the building plans for Sean Ross.[53] Some days later a letter in the name of the Minister for Local Government and Public Health was sent to Chigwell asking for an estimate of 'works that would come within the terms of the 1931 Act'. The Mother Superior responded promptly explaining that the hospital at Bessborough was 'merely a cottage'; to build and equip the necessary hospital would require £5,000. To build and equip the hospital at Sean Ross, where apparently work was underway would cost £2,500. She claimed that the hospitals were necessary because

[50] Dail Debates 20 Feb. 1931
[51] Congregation of the Sacred Hearts Annals 9 December 1931
[52] Department of Health, INACT/INA/0/ 463708
[53] Congregation of the Sacred Hearts Annals 25 January 1932

when unmarried mothers are received they are in all cases in need of nursing, due to physical suffering, and in many cases, although not perhaps actually feeble-minded, close study reveals a certain amount of mental deficiency.

4.70 The hospitals were developed 'to meet the need of nursing and the continuing possibility of mental disease'. In the absence of nursing care she believed that 'the girls would develop into chronic invalids and mental deficients'. She expressed the opinion that these hospitals came within the terms of the 1931 act. The highlighting of mental deficiency and mental illness may have been designed to bring this application within the terms of the 1931 act; it is unclear otherwise how hospitals attached to mother and baby homes would qualify. On 11 February 1932, five days before a general election, the department informed the Sacred Hearts congregation that the 'Minister is prepared to give favourable consideration to your application'. An application for a grant towards the cost of a hospital at Bessborough would be approved on condition that plans and estimates were submitted to the department. With respect to Sean Ross 'a report from a medical inspector would probably satisfy the secretary that suitable provision is being made for unmarried mothers both before and during their confinement'.[54] A medical inspector visited Bessborough and Sean Ross some weeks later. He described the work carried out in Bessborough as 'most valuable'; the institution was 'very well administered; they should be given 'every possible assistance'. When he visited Sean Ross he suggested to the Sister in charge that if 'she put her requirements on paper that I would look at them and report to the Dept.'[55]

4.71 The initial letter had requested £5,000 to set up and equip a hospital at Bessborough, but once the congregation had received ministerial approval in principle, their ambition soared. They received initial approval for a grant of £13,000, which was later increased to £17,000 - the cost of constructing a new maternity hospital at Bessborough, minus the cost of the architect's and quantity surveyor's fee.[56] If the department or the Hospitals Commission attached conditions to this grant, no copy survives. We must presume that Bessborough was awarded funding on the basis that the institution was 'partly maintained by a local authority' - though the maintenance amounted to paying for mothers and children.

[54] Congregation of the Sacred Hearts Annals 8 February 1932, 11 February 1932
[55] INACT/INA/0/463708 Grants from Hospitals Trust Fund
[56] *First report Hospitals Commission*, 54,

4.72 It is unclear whether this generous award was approved by Richard Mulcahy, or by Seán T. O'Kelly, who succeeded him as Minister when a Fianna Fáil government took office following the 1932 general election. Tenders for the new hospital were advertised in January 1933.[57] In 1934, as the hospital was nearing completion, the congregation applied to the Hospitals Commission for a grant of £2,802 15s towards the cost of equipment. They received a grant of £1,500, under the provisions of the *Public Hospitals Act 1933*.[58] While these grants were recommended by the Hospitals Commission (whose records do not appear to survive), all decisions on grants were made by the Minister for Local Government and Public Health under the 1933 Act (see Chapter1).[59]

4.73 The *Public Hospitals Act 1933* extended the definition of a hospital to include 'any institution or organisation for affording asylum to blind, deaf, dumb, or mentally defective persons or to expectant mothers, or others with their children of less than five years'. Organisations and institutions catering for unmarried mothers and children were eligible to apply for funding; likewise 'the portions of County Homes utilised as infirmaries'.[60] The construction of a dedicated hospital in Bessborough, and the opening of maternity units in Tuam, Pelletstown, Sean Ross and Castlepollard extended the capacity of these homes significantly, and their remit now included childbirth. This happened at a time when religious sisters were not yet permitted to attend at births. The papal restriction was removed in 1936.

4.74 The introduction of maternity units into these homes reflects pressure to segregate unmarried mothers from other maternity cases in public hospitals. Figures presented to the Commission on the Sick and Destitute Poor suggest that most unmarried mothers outside Dublin gave birth in former poor law institutions, and the quality of the infirmaries in the county homes was very unsatisfactory - they were often without indoor toilets or running water - making them utterly unsuitable as maternity units.(see Chapter 10)

4.75 The Hospitals Commission, which was responsible for advising the minister on the use of the Hospitals Trust Funds, appears to have approved of the segregation of unmarried mothers. Their first report contains a short description of St Patrick's

[57] *Cork Examiner*, 3 and 4 Jan. 1933.
[58] *First report Hospitals commission*, pp 205-6.
[59] Council Minutes Chigwell 3 Feb. 1933, 16 Feb. 1933, 3 Mar. 1933
[60] *First report Hospitals commission*, p 2.

Guild, and St Gerard's, the guild's 24-bed home for unmarried mothers in Dublin's Mountjoy Square (see Chapter 27). It stated that:

> confinements do not take place in the Home except in emergencies, the patients being usually sent to the City Maternity Hospitals. It is doubtful if this is good practice under the circumstances and the Commission would recommend that suitable accommodation for delivery in the Home be provided. This Home offers a desirable privacy not easily attainable in Public Maternity hospitals.[61]

4.76 St Patrick's Guild received a total of £31,274 from the Hospitals Commission in the years up to 1941. The Hospitals Commission met the deficits of voluntary hospitals and in the 1930s it paid a total of £8,338 to meet deficits incurred by St Patrick's Guild. However in 1936 the Hospitals Commission determined that it could only meet deficits on St Patrick's Infant Hospital at Temple Hill, which housed children before they were placed at nurse, and nurse children who were returned to the guild because they were ill. It refused to meet the deficit on the guild's placement services, though it continued to meet deficits on other activities. In 1933 St Patrick's Guild made a successful application for payments under the Maternity and Child Welfare Scheme, which met 50% of the cost of placing children at nurse.[62]

4.77 The Hospitals Trust Fund provided substantial capital funding for dedicated mother and baby homes. Bessborough received £23,605 for the construction and equipment of its new maternity unit; Sean Ross secured £44,063, for improvements and extensions including a new nursery, improvements to drainage and sanitation and a new cow shed and dairy, to ensure that the home would be supplied with clean milk. The largest sum, £68,000, went to Castlepollard. This covered the entire cost of fitting and equipping a 120-bed unit, which included the maternity and infant units, and accommodation for mothers. The building was completed in the 1940s, and although we have no descriptions of the accommodation available in the 1930s, evidence indicates that until it opened some women were sleeping in unheated lofts above the stables (see Chapter 20). Pelletstown received £43,385 for additions to the maternity wing, including a new storey, a 20-bed isolation unit and sanitary annexes.[63] The Hospitals Commission

[61] *First Report Hospitals Commission*, p. 55.
[62] Department of Health, RM/ARC/0/521022
[63] *Hospitals Trust, Ireland's Hospitals, 1930-55*, Appendix II, pp 63-72.

ensured that mother and baby homes had modern facilities - maternity units, sanitation, heating - facilities that were probably comparable to maternity units in the county hospitals that were being constructed or renovated at this time. Galway County Council provided funding for a small maternity unit in the Children's Home in Tuam. This was the only part of the building to undergo any significant improvement (see Chapter 15). In 1938 a grant of £400 from the Hospitals Trust Fund was made to Tuam, which was two-thirds of the cost of erecting a new laundry and disinfecting equipment. A later application for a new entrance gate and wall was rejected.[64]

4.78 The generous capital resources allocated to mother and baby homes reflected the policy of the DLGPH - initiated under a Cumann na nGaedheal government - and continued, apparently seamlessly, by Fianna Fáil. The second report of the Hospitals Commission for the years 1935 and 1936 noted that 'The completion of the institution [Castlepollard] will go far towards meeting the requirements of the scheme initiated by the Department for dealing in an enlightened manner with a particular important aspect of the unmarried mother problem'.[65] There is evidence that the department was keen to see the establishment of an additional mother and baby home. In 1936 the council of the Congregation of the Sacred Hearts noted that the 'Local Government Board of Health Dublin [sic] are anxious another house will be established in or around Sligo'. The congregation secured the approval of the Bishop of Sligo (sic - the correct name is Bishop of Elphin) and a superior was appointed for the proposed Sligo home. The Mother Superior and another Sister visited Sligo 'touring with Mrs Crofts' but they failed to identify a suitable house in that area. Mrs Crofts contacted Chigwell the following year suggesting that they should open a home in Wexford. The minutes note that 'she had an interview with Bishop Codd [Ferns] and he is evidently anxious that we should take up the work of unmarried mothers in the diocese. She thought that Sligo should not be considered until something better offers itself in or around Sligo'. The congregation duly contacted Bishop Codd seeking his permission, and the Mother Superior visited the DLGPH to meet the new secretary of the department. She had 'a very favourable meeting' before Mrs Crofts drove her and her companion to Wexford where they inspected houses, but found 'nothing satisfactory'.[66] By this

[64] The reports of the Hospitals Trust list all applications for funding, both successful and unsuccessful.
[65] The Hospitals Commission, *Second general report, 1935&1936*, (Dublin: Stationery Office 1937), p. 12.
[66] Congregation of the Sacred Hearts, annals 10 Aug. 31 Aug and 14 Sept.1936 8 Mar., 13 Mar., 26 May 1 June 2 June 1937. Council meetings 31 July 1936, 11 Mar. 1937, 9 July 1937

time the existing mother and baby homes were overcrowded - hence the department's wish that an additional home should open.

4.79 The inclusion of mother and baby homes among the institutions eligible for funding from the Hospitals Commission made it possible to expand the number of places, and to add maternity units, marking a further extension in the segregation of unmarried mothers. Unmarried mothers and their infants do not feature in Dáil or Seanad debates and parliamentary questions during these years. Many questions were tabled about availability of hospitals sweepstake money for various institutions, but none relate to mother and baby homes.

The Legitimacy Act 1931

4.80 The funding of mother and baby homes and associated maternity units was only one aspect of government 'policy' towards unmarried motherhood during these early decades after independence. The *Legitimacy Act 1931* provided that the child of a single mother was 'legitimate' if the parents married within ten months of the birth. The UK had introduced a similar act in 1926; the terms were broadly similar in both instances, but in the UK the man could make a statement that he was the child's father either at the time of the marriage, or within a year, which was less stringent than the Irish requirement.[67]

The Illegitimate Children (Affiliation Orders) Act 1930

4.81 This was designed to make it easier to claim maintenance payments from fathers of illegitimate children. Local authorities were financially responsible for maintaining mothers and children in institutions and for the cost of boarded-out children. Many councillors and officials believed that they could reduce the costs to ratepayers by pursuing putative fathers. The Affiliation Orders Act can also be presented as a means of levelling the burden between single mothers and the fathers. Giving evidence to the Commission on the Sick and Destitute Poor, Rev Patrick Devane expressed the view that 'it seems rather unjust to the woman that she should bear the whole brunt of the trouble'; the father of the child should be made 'answerable for his conduct'.[68]

4.82 In the 19th century the law on affiliation orders in Ireland was much more restrictive than in Britain. The only legal remedy was to take a case for seduction against a

[67] Thane & Evans, *Sinners? Scroungers? Saints?,* (London, 2013), p. 50
[68] Evidence Commission on the Sick and Destitute Poor, Twentieth day 5 Nov. 1925

putative father; the case could not be taken by the woman; it could be taken only by her father or her employer. This reflected the subordinate status given to women. Few cases were taken and the success rate was extremely low. A memorandum prepared as background to the 1930 Act noted that the existing remedy 'is a costly one and is of no avail unless the putative father is a "good mark" and has means or property which can be made available to meet an execution order of a Court or an instalment order'.[69] Poor law guardians had powers under nineteenth century legislation to recover the cost of maintaining an illegitimate child under 14 years who was a charge on the rates, but these proceedings required the mother to be examined in court and have her evidence corroborated; it gave the mother no personal redress.

4.83 The Department of Justice memorandum reflected a degree of sympathy for unmarried mothers, while also expressing the unsubstantiated opinion that there was a link between single mothers and prostitution:

> It is doubtful if anybody would be found to question the wisdom or justice of enabling the mothers of illegitimate children to compel the fathers of such children to contribute to their support. Many unfortunate unmarried mothers are denied the shelter of their own families and it is possible that some of them, who might otherwise reform, drift into the prostitute class in a spirit of despair induced by the hardships they suffer. It can be readily appreciated that girls of the domestic servant class who get into difficulty find themselves in a position of great hardship trying to earn their living and to maintain an illegitimate child away from their ordinary place of work. A weekly contribution from the father of the child would ease this situation considerably. It is not impossible too, that the ability to obtain an affiliation order may lessen the number of cases of infanticide.[70]

4.84 In 1928 Roscommon county board of health adopted a resolution, which had previously been passed by Cavan county board of health, asking the minister to introduce amending legislation to enable district justices to make affiliation orders against alleged fathers of illegitimate children 'thereby relieving the Board of a stupendous burden'.[71] Several local authorities interrogated pregnant women who applied to them for admission to a mother and baby home about the identity of the

[69] National Archives of Ireland, Note on illegitimate children bill, 1929 s5931 Children Act 1934
[70] Note on illegitimate children bill, 1929 s5931 Children Act 1934
[71] *Connacht Tribune*, 28 January 1928

putative father; the local authority solicitor would review the cases and determine whether or not to prosecute. In his evidence to the Carrigan Committee, Rev Richard Devane included a report by the secretary of the Galway board of health, titled, 'The Fruits of the Dance-Hall', which stated that the Galway county homes committee had passed a resolution urging the government to introduce laws to make the putative father responsible for the cost of maintaining his child. It claimed that each illegitimate child who became a charge on the poor rates from infancy until the age of 15 cost the county £300; the total bill for the 54 illegitimate children born during the previous year, maintained in the county institutions would reach £16,000.[72]

4.85 There were few successful prosecutions under the 1930 Act. A mother had to provide corroborating evidence as to the identity of the putative father; she needed a witness who was willing to testify. The Minister for Justice claimed that corroborating evidence was necessary to prevent men being blackmailed, and several TDs appear to have been sympathetic towards putative fathers. Cases had to be brought to court, either before the child was born or within six months of the birth. In 1936 the solicitor to Mayo County Council told the board of health that they had failed in a few recent prosecutions against putative fathers. He recommended that the board should cease prosecuting on the evidence of unmarried mothers 'owing to the expensive nature of proceedings'.[73] In 1949 a Department of Health file noted that no proceedings had been taken in Co Monaghan 'In this county, as in many others it is considered a waste of time and money to pursue putative fathers either possessing no means or liable to leave the country as soon as an action is mooted'.[74]

4.86 Some local authorities persisted in attempting to enforce affiliation orders despite the low success rate. In 1943 Galway county council determined to pursue the putative father of one infant admitted to the home, who was serving in the army. Another putative father would be interviewed about his means when he was discharged from Limerick prison.[75] Westmeath County Council was among the most assiduous in this respect. When a woman from that county was admitted to

[72] NAI Department of Justice, Criminal law amendment committee (1930) D Jus90/4/9 Copies of Two Articles by Fr Devane from the *Irish Ecclesiastical Record* (February 1931), forwarded to the Secretary, Criminal Law Amendment Committee, 16 February 1931.
[73] *Connacht Tribune*, 23 May 1936
[74] Department of Health, INACT/INA/0/ 454516
[75] Galway county archives; Galway Manager's Orders 1906/1776; 1916/1186 8 Sept. 1943

Castlepollard, a Senior Assistance Officer (SAO) visited to interview her about the putative father, and he might follow up on her report by carrying out further investigations in her native area. In 1938, for example, the SAO 'interviewed […] in connection with the case'. This man was described as single, 36 years old, living with his mother on a 30 acre farm. He denied 'ever keeping company with […] and stated that he is not the father of the baby'. He claimed to have an alibi for a particular date (presumably the date when […] alleged they had sexual relations). The SAO also interviewed a woman, who could not confirm the statement that […] had made 'regarding the events of 7 November'. A putative Westmeath father investigated the following year was described 'a young labourer and son of a labourer, residing with his father and is presently employed on a relief scheme',[76] so presumably not worth pursuing for child support. Another was traced to the Curragh, where he was serving in the army. One man, who admitted keeping company with a single mother but denied that he was father to her child, was pursued in the courts. One father who had already had a decree issued against him requiring him to pay £1 a week for the maintenance of his child was pursued for the full maintenance cost. It was reported that he had an equal right to a 28 acre farm; he worked with several farmers and did not hand up any money to his mother. In 1941 Westmeath secured £15 15s 6d from a putative father, and then pursued him for the legal costs. His solicitor contacted the board of health, indicating that he would pay the board, but not the mother of the child. A number of mothers interviewed in Castlepollard gave vague descriptions of the putative father - alleging that he was a stranger to the area; sometimes giving what was evidently a false name, but the local authority often pressed for more information. One report from the Westmeath board of health's solicitor in 1941 described the statement of one Castlepollard mother as 'vague and unsatisfactory. No date of any kind is given, neither the date of birth of the child. Nor even the year or month when she first met […] or even started to keep company with him'. The solicitor asked about the occupations of the mother and the alleged father; whether any letters between them existed; had he ever visited her family home? He also threatened to summon other (named) witnesses to give evidence, if they refused to make voluntary statements.[77]

4.87 Westmeath local authority persisted with these investigations. Managers' orders were issued throughout the 1950s, noting the admission of women (initials only

[76] Mullingar, Westmeath Board of Health and Public Assistance minutes 26 Sept. 1938 and 30 Mar. 1939,
[77] Westmeath Board of Health and Public Assistance Minutes , 8 April 1940 ; 12 July 1940; 3 Oct. 1941 22 June 1942

recorded) to Castlepollard with the accompanying instruction: 'X to be instructed to take the usual statement' (as to paternity). Only a tiny proportion of inquiries resulted in prosecutions, either because of lack of corroborating evidence, or the putative father was not worth pursuing. County Kildare took seven affiliation actions between 1939 and 1950, and five were approved. Of the 280 affiliation cases taken in Dublin between 1940 and 1948, the judge's ruling is recorded for 236; an affiliation order was approved in 122 cases - just over half. In only four cases did the man admit paternity. Although the Department of Justice recommended that all affiliation cases should be tried 'without the presence of the public or the press', and the District Justice should arrange where a mother was 'young and friendless' that a 'suitable woman' should accompany her to the court,[78] many local newspapers published details of these cases and gave the names of both the mother and the putative father. Some cases were adjourned repeatedly; some mothers withdrew their claim following a number of adjournments.[79] A 1950 memorandum by the Adoption Society of Ireland claimed that 'in only two out of two hundred cases before the court was paternity successfully established, and the man solvent'.[80] Nevertheless local authority records suggest that the threat of an affiliation order was used to put pressure on putative fathers, and an unknown number probably made payments without being brought to court in order to avoid publicity. The visits of assistance officers, who were generally men, to the mother and baby home to interrogate mothers about intimate personal details would have been traumatic; subsequent inquiries conducted among family, friends and neighbours threatened to destroy her privacy, while exercising social pressure on the putative father, even if he avoided prosecution.

Registration of Maternity Homes Act 1934

4.88 It is because of the high death rate amongst illegitimate children that we want to establish some more effective control over the numerous maternity homes now operating. As Deputies are probably aware, these institutions take it upon themselves to dispose of and to board out these children. From the abnormally high death rate amongst this class of children one must come to the conclusion that they are not looked after with the same care and attention as that given to ordinary children.[81]

[78] National Archives of Ireland, Department of an Taoiseach, S5931
[79] Ann-Marie Graham, 'Unmarried mothers: the legislative context in Ireland, 1921-1979, (M Litt, Maynooth University, 2012), pp 53-5.
[80] Adoption Society of Ireland Memorandum 9 Feb 1950s
[81] Dáil Éireann 7 Feb. 1934

4.89 The *Registration of Maternity Homes Act 1934* was a significant piece of legislation, which had the potential to improve conditions for all women who gave birth outside the family home, irrespective of marital status. It was explicitly seen as a measure to improve the health and survival prospects of unmarried mothers and their children, as it would entail the registration and inspection of the many private nursing homes where unmarried women gave birth and others placed their child. The paragraph in the annual report of the DLGPH for 1934-5 relating to the Act noted that:

> The Commission [on the relief of the Sick and Destitute Poor] adverted to the high death rate of illegitimate children and went on to point out that it frequently happens that the mother of an illegitimate child, or the mother's family at the time the mother leaves the hospital or home, makes arrangements with someone to take the child, either by paying a lump sum down or undertaking to pay something from time to time. These arrangements are often made or connived at by those who carry on the poor class of maternity homes, and the results to the child can be read in the mortality rates. If a lump sum is paid or if the periodical payments lapse, the child becomes an encumbrance on the foster-mother who has no interest in keeping it alive. The aim of the Registration of Maternity Homes Act is to bring maternity homes under proper control, to ensure that the patients who enter them will get skilled treatment, and that the infants will be protected.

4.90 Local authorities were required to keep a register of maternity homes; they had power to refuse registration if the applicant was not a 'fit and proper person'; if the premises were unsuitable or if the superintendent nurse was not a qualified nurse or a certified midwife. Premises would be subject to inspection. Introducing the bill, the Parliamentary Secretary to the Minister for Local Government and Public Health, Dr Conn Ward, who was effectively Minister for Health, but without a Cabinet seat, quoted several paragraphs from the report of the Commission on Sick and Destitute, including statistics showing that in 1924 the infant mortality rate of illegitimate children was five times the national average. He referred to the fact that 'the poorer class of maternity homes' often made arrangements to place the children of single mothers, sometimes for a lump sum.

4.91 A maternity home was defined as 'any premises which are, either wholly or partly, used or intended to be used for the reception of pregnant women or of women immediately after childbirth.' It was not necessary that women gave birth in the

home. In the initial draft any hospital or premises maintained or controlled by a department of the state or by a local authority, or by a body constituted by special act or by charter was exempt from the act, and the minister was given power to exempt from registration any hospital or maternity home, which was 'not carried on for private profit'. This clause would have exempted the mother and baby homes, but speakers in the Seanad demanded that all maternity homes should be registered. An amendment to that effect was introduced at committee stage, though the minister retained the discretionary power to exempt an institution from registering.[82] Each maternity home was required to keep a register recording admissions, discharges, confinements, miscarriages, births, deaths; details about the removal of children and the address to which they were removed.

4.92 Most private maternity homes, catering primarily if not exclusively for single mothers were in Cork and Dublin, though others may have existed elsewhere. Before the 1934 Act, the only powers to inspect these maternity homes were under the *Midwives Act 1918*, which was designed to ensure that only registered midwives and other qualified persons (such as medical practitioners) attended women in childbirth. In 1931 the superintendent medical officer of Cork county borough inspected twenty-two private maternity homes in Cork city and determined that thirteen were unsatisfactory; they had no bathrooms, ten had outside water closets. One home had a water closet in the yard, which was also used to keep pigs.[83]

4.93 When the 1934 Act came into operation, the department was determined that the register should be comprehensive, and they rejected requests by the Dublin maternity hospitals for exemption, arguing that their inclusion was important to send a message.[84] All county homes were included on the register, as were Pelletstown, Bessborough, Sean Ross and Castlepollard, Tuam and the Bethany Home, though Denny House and Regina Coeli were not. Perhaps they did not apply because they thought they were not covered as mothers did not give birth in these establishments. The act subjected mother and baby homes to inspections by the DLGPH for the first time, though only to ensure their compliance with the terms of the 1934 Act, so there appeared to be some doubt as to whether the inspection extended beyond the maternity units.

[82] Dáil Debates, 7 Feb 1934; 20 Mar. 1934
[83] J.C. Saunders, *Cork County Borough: annual report of the medical officer of health for the year* 1931 (1932), pp 54-5.
[84] National Archives of Ireland, M.34.58 Dublin County Borough M.C.W. - Registration of Maternity Homes Act 1934 Reports, Registrations and Cancellations.

4.94 The inspections under the 1934 act were carried out by the medical inspectors of the DLGPH, and by Mrs Margaret Croft, Chief Inspector in the Department, and her successor Alice Litster. The non-medical inspectors who were assigned to this role, required a letter signed by the secretary of the department authorising them to inspect maternity homes.[85] Inspectors completed a detailed printed form that did not distinguish between a mother and baby home and other maternity units. The Commission has seen a number of these inspection reports; they indicate that the DLGPH used these inspections to press for higher standards in all aspects of maternity and infant care, in mother and baby homes and private nursing homes. Maternity homes were also subject to inspection by the local authority; the Commission does not know if their inspections were equally stringent. The department could press for higher standards but it could not de-register a nursing home; this power was available only to the relevant local authority.

4.95 In 1936 the DLGPH inspected the Bethany mother and baby home for the first time. The inspection determined that the bedrooms were overcrowded and the medical staff (which included nursing staff) was inadequate. Several nurses who had previously worked in Bethany had not secured Irish registration, or lacked a CMB (the Central Midwives Board) qualification. Following this inspection Bethany decided to employ a CMB-registered nurse for a week, and give notice to another nurse, who appears to have lacked the appropriate qualifications. This is one indication of the impact of the Act on the standards in maternity homes.[86] However the department only inspected maternity homes at annual or longer intervals, so enforcing higher standards was dependent on the local authorities, and there is considerable evidence of poor and sub-standard private maternity homes well into the 1950s.

Children Act 1934

4.96 The DLGPH regarded the *Children Act 1934*, which amended Part I of the *Children Act 1908* as complementing the Registration of Maternity Homes Act - both measures were designed to improve the survival prospects of illegitimate children.[87] Introduced within days of the second reading of the Maternity Homes Bill, it also followed the recommendations made by the Commission on the Sick and Destitute Poor. It was designed to close some gaps in the *Children Act 1908*.

[85] Department of Health, INACT/INA/O/ 451286
[86] Representative Church Body, Church of Ireland, Library, Bethany board minutes, 11 Sept. 1936 and 9 Oct. 1936.
[87] National Archives of Ireland, S6430 Registration of Maternity Homes 1934

The 1908 Act gave no function to the Minister for Local Government and Public Health, which is not surprising as the act predated independence. This meant that the department had no power to ensure that local authorities were enforcing the 1908 Act. This was rectified. The 1934 Act also implemented the commission's recommendation that anybody proposing to take a child at nurse would have to register their intention 48 hours before doing so, which would (in theory) give the local authority time to prevent a child being placed in an unsuitable home. In future the presumption would be that any child placed in a private home was being kept for reward, unless proven otherwise, and the oversight of the local authority, hitherto limited to children under the age of seven was extended until the age of nine.[88] The act made it an offence to publish advertisements seeking foster homes (small ads of this nature featured in national and local newspapers), unless the name and address of the person who was arranging the placement was given.

4.97 Dr Conn Ward emphasised that the proposed reforms had the support of a wide circle of social welfare workers and societies, including the NSPCC, Irish Women's Citizen's Association, CPRSI, the Nursery Rescue and Protestant Children's Aid Society, Saint Patrick's Guild and the Sacred Heart Home.[89] During the second reading in the Seanad, Sir E. Coey Bigger - former chief medical officer of the Irish Local Government Board expressed the opinion that the Bill 'may reduce very materially the death rate of illegitimate children. These children are not wanted, they are boarded out, and if they died so much the better'. He described the Bill as a 'good one'. Senator Jennie Wyse Power suggested that a mother might come to Dublin with her child 'on a train and she must get rid of the child immediately, as she wants to go back'. Following the passing of the Act she believed that mothers could go to a local assistance officer and find a suitable foster home on their panel of names.[90]

4.98 The concern that children at nurse were being placed in 'unsuitable' homes was not entirely altruistic. The report of the DLGPH noted that:

> If the home or the foster-parent was unsuitable, the only remedy was to proceed to have the infant removed to a place of safety until it could be restored to its relatives or otherwise lawfully disposed of. There was a great

[88] Dáil Éireann 15 Feb. 1934
[89] Seanad Éireann, 11 April 1934.
[90] Seanad Éireann, 11 April 1934, 18 April 1934

likelihood that the infant would then become a charge on the rates, and the persons who should be responsible for it would escape their liabilities'.[91]

4.99 Children placed at nurse by voluntary societies were supported by a combination of government payments and payments by the mother or her family. However the government grant expired when the child was five and most mothers contracted to pay for the maintenance of their child for three to four years. When payments ceased the charitable society would commonly ask the foster parent(s) to 'adopt' the child, but many children had been placed in impoverished homes, and when payments ceased they were commonly sent to a county home, or an industrial school. Although the 1934 Act strengthened the regulations governing the placement and inspection of children at nurse, the benefits of these reforms were largely dependent on the commitment of local authorities to enforcing the regulations, and this varied considerably - see Chapter 11.

The Public Assistance Act 1939

4.100 The *Public Assistance Act 1939* consolidated the laws relating to the relief of the poor by local authorities; it updated and amended the laws, and repealed obsolete provisions but did not significantly change the poor law provisions (see Chapter 1). Although the overwhelming majority of women and children in mother and baby homes were maintained by a public assistance authority, there is no reference in the act to the homes or the maintenance of unmarried women and their children. It does not specify an entitlement to public assistance, for any defined categories of destitute persons, so the decision to maintain a woman or her child in a mother and baby home, or a county home remained at the discretion of the local authority. Local authorities had discretion to charge women, (or their families) for maintenance; the extent to which these charges were levied or enforced is unknown. They would have been levied and collected by the local authority, not by the mother and baby home or county home.

4.101 The specific provisions in the 1939 Act relating to unmarried mothers and their children emphasised duties rather than rights and they were mainly concerned with children. Section 27 retained a core provision of the nineteenth century poor law: that 'every woman was liable to maintain her children - legitimate or illegitimate - under the age of sixteen'; whereas a man was only liable to maintain his legitimate

[91] Report DLGPH 1934-35 para. 166.

children. It specified that 'every illegitimate person shall be liable to maintain his or her mother'; legitimate persons were liable to maintain both parents. A married man was liable to maintain his wife and 'every child, whether legitimate or illegitimate, of his wife who was born before her marriage to him', and was under 16 years of age. The act increased the age at which children could be regarded as dependents, from 15 to 16 years.

4.102 It set out the circumstances under which a public assistance authority would assume the rights of parents over children, and the powers of local authorities to place children at nurse; board out children or send them to special schools - a category that included industrial schools - and place children in service or in a trade. These provisions only applied to children ('legitimate or illegitimate'), whose parent(s) were dead, or a child who was deserted by his parent(s). If an 'illegitimate' child was deserted by his/her mother, the mother could reclaim her child from the public assistance authority at any time. Vesting of parental rights in a public assistance authority did not relieve a parent of the responsibility to maintain their child.

4.103 The 1939 Act reiterated the responsibility placed on a single mother for the maintenance of her child - a responsibility that took no account of her financial and personal circumstances. This was a long and complex Act and there was no real debate about unmarried mothers during its passage through the Oireachtas, though it is perhaps worth quoting from a speech by Deputy Cogan about county homes.

> People who have worked all their lives and who have been in the habit of earning their living cannot be expected to go into an institution, no matter by what name it is called, so long as that institution is also open to other sections of the community. For that reason, I think the county homes, if they are to be continued at all, must be confined exclusively to one section of the community that is the aged and infirm. Other institutions must be provided for the various other types of people who are treated in those county homes.[92]

Conclusions

4.104 The years from 1922-39 were marked by significant changes in provision for unmarried mothers and their children. In 1922 most unmarried mothers received

[92] Dáil Éireann 6 June 1939

no state support. Some gave birth in poor law institutions and remained there for many years; these were probably the poorest and most isolated women, who had no assistance from family and no personal financial resources. Others gave birth in Dublin maternity hospitals, private nursing homes or poor law institutions and they departed with their children shortly after the birth. Most of these children were probably placed 'at nurse' either by the mother, or her family, or through one of the charitable organisations, and the cost was borne by the mother or her family.

4.105 In 1925 there were 772 unmarried mothers in county homes, and an additional 242 women in special institutions. In March 1940 there were 338 women maintained by poor law authorities in extern institutions - Sean Ross, Bessborough and Castlepollard - a significant rise from the 82 in 1931. A further 188 mothers were in Tuam and Pelletstown, but 584 unmarried mothers remained in county homes. The numbers entering mother and baby homes were rising. In 1935 Bessborough was 'obliged to put up extra beds in each ward' and was reported to be overcrowded.[93] When the Mother Superior of the Congregation of the Sacred Hearts visited Sean Ross in February 1935 she 'found a crowded house'.[94]

4.106 In 1938 the home for unmarried mothers and children run by St Patrick's Guild in Mountjoy Square transferred to the suburbs but in the following year there was a dispute between the Committee of St. Patrick's Guild regarding the operation of the home, and Miss Cruice decided to close it 'as she considered that the type of cases for which this home was intended were not coming there'.[95] She made several attempts to persuade the Congregation of the Sacred Hearts to take over this home, but the secretary to Dr McQuaid, Archbishop of Dublin refused them permission to open a house in Dublin.[96]

4.107 By 1938 over 28% of births to unmarried mothers took place in the main mother and baby homes. Pregnant women and unmarried mothers continued to be admitted to county homes, because the three homes run by the Congregation of the Sacred Hearts admitted only 'first offenders', and some local authorities refused to pay for women in mother and baby homes, because they valued their unpaid labour as a means of reducing the rates bill. The refusal to accept mothers who were giving birth to a second or subsequent infant was not confined to the

[93] Department of Health, INACT/INA/O463708
[94] Congregation of the Sacred Hearts annals 26 Feb 1935
[95] Department of Health, RM/ARC/O/521022
[96] Congregation of the Sacred Hearts Council Minutes 19 February 1941 and 24 March 1941

Catholic homes; the Magdalen Asylum, Leeson St. (later known as Denny House) would not admit women on their second pregnancy, though Bethany admitted some second-time mothers. There are indications that women from families who would never have entered a workhouse, for example women who would have formerly given birth either at home,[97] or in the hidden world of private maternity hospitals and private child placements were being admitted to mother and baby homes.

4.108 Bessborough was established at a time when Ireland was in transition between being part of the United Kingdom, and the founding of the Irish Free State, so political and administrative arrangements were in flux. The initiative in establishing Bessborough and arranging for local authority funding rested with the local authorities, the religious order and the local diocese. By the early 1930s the DLGPH was encouraging the Congregation of the Sacred Hearts to expand in Ireland. The minister disbursed Hospitals Commission funds that were under his discretionary control; Mrs Crofts, the Department's chief inspector was in regular contact with the congregation, visiting them in England, chauffeuring them around Ireland and keeping them in touch with developments. In January 1933 she wrote telling them that she expected 'some good news about Sean Ross'; a grant of £8,000 towards the new nursery was approved some days later.[98] The department hoped that the congregation would open an additional mother and baby home. The congregation used their presence in Ireland to meet local clergy and recruit postulants. Minutes of the council of the congregation in 1937 record that the mother general spoke of 'the difficulty in securing Postulants'; she suggested that a sister should be sent to Ireland to tour schools, and there are reports of sisters who visited Ireland returning with a postulant.[99]

4.109 The state and the local authority did not coerce women to enter these homes, and neither did the Catholic church. However it is not surprising that many families or single women, faced with a crisis pregnancy and the cost of ensuring their daughter's privacy and care, resorted to mother and baby homes. They provided accommodation, which was undoubtedly superior to what was available in a county home or some private nursing homes, and maternity care, free of charge, without

[97] Rev PJ Roughneen of Ballaghdereen, giving evidence to the 1930 Department of Justice Committee to review the Criminal Law Act referred to the number of single mothers who gave birth in their family home or in a district hospital. He believed that the number of recorded illegitimate births did not reflect the true figure.
[98] Congregation of the Sacred Hearts, annals 31 Jan. and 3 Feb. 1933
[99] Congregation of the Sacred Hearts, council minutes 18 Oct. 1937

the stigma associated with the poor law. This was a considerable financial saving for the women and their families.

4.110 There are many statements indicating that women who gave birth in the three mother and baby homes run by the Congregation of the Sacred Hearts were expected to remain until their child was two years old and often older, whereas mothers were discharged from Pelletstown and Tuam when their child was one year old. In the 1930s the average stay for a Tuam mother was 256 days after the birth, compared with 379 in Bessborough.[100] In theory the mothers were given training that would enable them to find work when they left the home. The time spent caring for her child was seen as increasing her sense of responsibility and reducing the prospect of a second pregnancy. One of the arguments advanced in favour of mother and baby homes was the belief that mothers would be assisted in finding employment, in contrast to the single mothers who might remain in the county home for many years at ratepayers' expense. The Annual Report of the DLGPH noted that:

> The policy of special institutions recommends itself on the ground of economy, for unless active measures designed to enable them to return eventually to the work-a-day world are taken at the critical time, they are in danger of becoming a permanent burden on the ratepayers or of drifting into a life of degradation.[101]

4.111 It was widely believed that single mothers who left a county home often returned on a subsequent pregnancy; the regime of mother and baby homes was designed to prevent such recurrence.

4.112 Decisions as to the length of stay were left to the Sisters who ran the homes. They had no legal right to retain a mother, (neither did the local authorities) or indeed to insist, as they did that mothers should leave only having been entrusted to a family member, provided that a mother took her child when she left. The two-year stay would appear to have also been the practice in the Sacred Heart home in Highgate (London) - St Pelagia's, however in 1940 the Catholic Moral Welfare Committee (presumably of the Westminster Archdiocese) wrote to Chigwell and suggested that mothers in this home should not be compelled to remain for two years. A meeting was arranged to discuss this change with the Archbishop of Westminster

[100] Mothers whose babies died left the institutions shortly after the death.
[101] Annual report 1929-30

and Canon Craven - who were responsible for the Catholic Moral Welfare Committee - and it was agreed that mothers should in future stay for six months. The congregation's annals record that it was 'all very satisfactory'.[102]

4.113 It is puzzling that local authorities, who were always conscious of the need for economy, did not try to reduce the length of stay in order to save money. Public officials deferred to the views of the Sisters that 'a number of the girls are very weak willed and have to be maintained in the home for a long period to safeguard them against a second lapse'. The belief that the religious orders knew best is also evident in Galway county council's agreement that children should remain in the Tuam home until the age of 6 or 7; it is also found among local authorities who preferred to send children to industrial schools rather than board them out. In the early years after Bessborough was established the Mother Superior of Bessborough asked the approval of the Cork board of public assistance before agreeing to a mother being discharged; in all such cases the mother was said to be going to live with a family member; a number of mothers would join a sibling in America. The board was also asked to approve mothers being placed in 'situations' by the congregation. Women who were 'too weak-willed to care for themselves', in the opinion of the Bessborough Sisters, were transferred to the county home; there is no indication that this alleged incapacity was verified by a doctor. The board also approved Bessborough's decision to 'detain' 16 women in the home, free of charge in order 'to safeguard them from a second relapse and to avoid incurring more expense'.[103]

4.114 A mother's length of stay was determined by her family's circumstances. Mothers were expected to contribute to the support of their infant. Those who could pay to have a child placed at nurse could leave at an earlier date, generally with the support of their family. But for many women the length of stay was determined by the future arrangements that a local authority made for her child - and local authorities generally did not board out children until they were at least two years old, and often older. The number of children boarded out (not all would have been children of single mothers) increased from 1895 in March 1927 to 2,253 in March 1935 and 2349 in March 1939. The report of the DLGPH for 1934-35 stated that:

> it is expected of every mother that when she is placed in a situation she will contribute to the maintenance of her child. The amount of the contribution is

[102] Congregation of the Sacred Hearts, annals 18 March 1940 and 1 May 1940
[103] Minutes Cork Board of Public Assistance, 4 May 1927; 23 Nov, 1927; 27 Aug. 1930; 26 Nov. 1930

based on the wages earned by the mother, the generally accepted principle being that a working girl should be allowed to retain ten pounds annually for her own requirements and should contribute the balance of her wages towards the maintenance of her child should the latter be boarded out by the Board of Health and Public Assistance. No accommodation is provided to children over two years of age, because it is assumed that by the time the child is a couple of years, provision will be made elsewhere for it, either by the mother herself, who should by that time be ready to take up a situation, or by the Board of Health and Public Assistance. For one reason or another, the Boards experience difficulty in finding suitable foster homes and extra accommodation may have to be provided in the special homes for children over two years of age.[104]

4.115 The 1930s brought a significant expansion in welfare provision. The *Unemployment Assistance Act 1934* provided a means-tested income to able-bodied individuals and their families whose income was below a certain level and who were available for work. Although women were not excluded from claiming Unemployment Assistance, in practice very few were successful, though it would appear that some unmarried mothers sought and may have received this payment. In particular, mothers of young children had difficulties meeting the criterion of being available for work. The *Widows' and Orphans' Pensions Act 1935* introduced both insurance based and means-tested pensions for widows, plus additional payments for each dependent child. This had also been among the recommendations of the Commission on the relief of the Sick and Indigent Poor. No reference was made to unmarried mothers or their children during the debate on this Act or subsequent acts relating to widows and orphans' pensions. Widows and orphans were universally regarded as deserving of government support, though the means-tested pensions provided only minimal support. Nobody suggested extending these pensions to unmarried mothers who were supporting a child and this was also true of debates over widows' pensions in other countries. Unmarried mothers and their children ranked low in the hierarchy of deserving welfare claimants.

4.116 In 1939 Alice Litster a DLGPH inspector compiled a report about unmarried mothers and their children for the secretary of the department. In 1938, 1878

[104] Annual Report DLGPH 1934-35, para. 179

births of illegitimate children were registered in Ireland; 426 of these children, 227 per thousand, died before their first birthday, compared with 80 per thousand in England and Wales. She noted that 352 of the 446 deaths occurred in institutions. She continued:

> The chance of survival of an illegitimate infant born in the slums and placed with a foster-mother in the slums a few days after birth is greater than that of an infant born in one of our special homes for unmarried mothers. I except the Manor House, Castlepollard, in which the infantile death rate is comparatively low. In theory, the advantage should lie on the side of the child institutionally born. Pre-natal care, proper diet, fresh air, sufficient exercise, no arduous work, proper & comfortable clothing, freedom from worry, the services of a skilled doctor, the supervision and attention of qualified nurses, all should be available and should make for the health of the expectant mother and the birth or survival of a healthy infant. The mothers are in general young and healthy; the men named as fathers frequently young countrymen, often farm labourers. Skilled attention is available at birth. It should be unnecessary that many of these babies should require to be artificially fed. Cleanliness, medical attention, dietetic knowledge, all that human skill may continue to preserve child life should be at hand. Yet any infant born in any other circumstances appears to have a better chance of life. I have grave doubts of the wisdom of continuing to urge Boards of Health and Public Assistance to send patients to the special homes so long as no attempt is made to explore the causes of this abnormally high death rate.[105]

4.117 One of the reasons why mother and baby homes were established was to reduce the appallingly-high mortality of illegitimate infants, and to reduce the illegitimacy rate. By 1939 some modest improvement had been achieved with respect to infant mortality - but the gulf between the mortality of illegitimate and legitimate infants remained enormous - and Ireland was seriously out of line with neighbouring countries. The rate of illegitimacy was rising. Miss Litster's report appears to be the first criticism of the mother and baby homes by a public servant. The paragraphs quoted above were in a hand-written draft; they were omitted from her typed report, on the recommendation of either the secretary or the assistant secretary of the department.

[105] Department of Health 489778

4.118 It is important not to overstate the amount of attention given to unmarried mothers by the government, the Oireachtas or public opinion, during the first twenty years after independence. There is little evidence that ministers or politicians had a serious interest in their welfare. The detailed arrangements for public support were left to local authorities, with the role of central government limited to legislation, inspections, and making hospitals sweepstake grants available for mother and baby homes. Local authorities appear to have often disregarded government directions but they often deferred to the views of the Sisters in charge of mother and baby homes.

Chapter 5: The War Years

Introduction

5.1 By 1939 a system of mother and baby homes was in place that survived into the later years of the twentieth century. But, as reported in the previous chapter, Alice Litster, the Department of Local Government and Public Health (DLGPH) inspector was questioning the value of sending women to these homes if the objective was to reduce the appallingly high rate of mortality among infants born out of wedlock. The war years provide the first evidence of a strained relationship between the DLGPH and the Sisters that ran the mother and baby homes. Very few records concerning these homes survive for the 1920s and 1930s and most passing references in annual reports of the DLGPH were positive. The files for the 1940s reveal a more critical attitude. The war years confirmed Miss Litster's concerns about the high rate of infant mortality in mother and baby homes. More than three quarters of all child deaths associated with Pelletstown, Tuam, Bessborough, Sean Ross and Castlepollard occurred prior to 1946. During these years Miss Litster and the Joint Committee of Women's Societies and Social Workers (JCWSSW) produced papers that were critical of existing arrangements, and they proposed a number of changes.[1] Yet, although the late 1940s brought major reforms in health care and social welfare with the formation of separate departments dealing with health and social welfare, and proposals for a dedicated Mother and Child Scheme that was designed to reduce maternal and infant mortality, there is no indication that consideration was given to changing the provisions for unmarried mothers and their children despite the appalling level of infant mortality among 'illegitimate' children. The only significant change in the aftermath of World War II was the introduction of legal adoption in 1953 and a renewed effort by the Department of Health to remove unmarried mothers and their children from county homes (see chapter 10).

5.2 This chapter begins with a discussion of the impact of World War II on life in Ireland, because this is relevant to the health of unmarried mothers, conditions in mother and baby homes and county homes and infant and child mortality. This is followed by an examination of conditions in mother and baby homes, with a particular focus on Bessborough and Pelletstown. The next section examines the

[1] The JCWSSW was an umbrella group of women's societies, established in March 1935, chaired by Mary Kettle; they were concerned with a wide range of aspects of women's and children's welfare. Susannah Riordan, 'Storm and Stress' in Catherine Cox and Susannah Riordan (eds), *Adolescence in Modern Irish History* (Houndsmill, 2015), p. 146.

proposals that were put forward for changes in the regime for unmarried mothers and their children, and why they were not implemented.

Impact of World War II

5.3 The traditional freedom to emigrate to Britain was restricted during the war years. Women and men who were planning to work in Britain had to secure travel documents and undergo medical examinations. By 1943 every would-be emigrant had to undergo a medical inspection before travelling and many emigrants were sent to delousing stations, an indication of the appalling sanitary conditions prevailing in many poorer households.[2] In some cases these medical examinations revealed that a woman was pregnant. Wartime pressures in Britain meant that health authorities and charities were showing a greater determination to return pregnant unmarried women to Ireland. The number of 'illegitimate' births rose during the Emergency (the name that was commonly applied to the war years in neutral Ireland).

'Illegitimate' Births

	Number of births	Births per thousand	% of total births
1939	1,781	0.61	3.16
1940	1,824	0.62	3.22
1941	1,975	0.62	3.48
1942	2,419	0.82	3.66
1943	2,448	0.83	3.80
1944	2,567	0.90	3.92
1945	2,626	0.90	3.90
1946	2,642	0.90	3.90
1947	2,348	0.80	3.40
1948	2,163	0.70	3.30
1949	2,006	0.70	3.10
1950	1,627	0.55	2.60

5.4 The increase can be partly attributed to the repatriation of pregnant women and the greater difficulties that women and men faced in emigrating during these years. The number of births registered in 1942 increased by 16%; the number of 'illegitimate' births registered increased by 22%. These are quite exceptional rates

[2] Ruth Barrington, *Health, medicine & politics in Ireland, 1900-1970* (Dublin, 1987), p. 139; Mary E. Daly, *The Slow failure: Population Decline and Independent Ireland, 1920-1973* (Madison, 2006), pp 144-51.

of increase. The Commission on Emigration suggested that the rise in births in 1942 was partly due to an increase in the number of marriages 'and also to the introduction of war-time food rationing', which encouraged prompt and more complete registration of births.[3] However, there was probably also a genuine increase in 'illegitimate' births. They increased in Britain during the war years as they had during World War I. A closer look at changes in the number of 'illegitimate' births registered by county suggests that the war probably resulted in a rise in 'illegitimate' births in areas with strong concentrations of military. They increased by over 55% in Kildare, location of the Curragh Camp, for example. The fall in 'illegitimacy' in the late 1940s, which continued throughout the 1950s, was probably due to the easing of restrictions on women emigrating to Britain in 1946.[4]

5.5 The Emergency placed considerable strain on living standards, especially for poorer citizens. This had significant consequences for general health and well-being and for the health and well-being of unmarried mothers and their infants. The price of food, fuel, clothing and other basics increased substantially and there were major shortages of many items. The capitation rates paid to mother and baby homes and the rates paid to foster parents for boarded out children failed to keep pace with inflation which probably forced the mother and baby homes to reduce their material standards and may have deterred people from applying to become foster parents.

5.6 Infant mortality fell at a gradual pace during the 1930s and the gap between the mortality of 'illegitimate' infants and the national figure narrowed slightly, though it remained far in excess of Britain or Northern Ireland. In 1938 infant mortality among 'illegitimate' children was 193 per 1,000 births, compared to 62 for 'legitimate' children. In England and Wales the comparative figures were 90 and 49; Scotland 96 and 67, Northern Ireland 131 and 68. Infant mortality rose significantly during the war years; the increase was most pronounced in Dublin. The spike in infant mortality in Dublin and urban areas more generally attracted the attention of doctors and statisticians.[5] It was also reported in the newspapers. The *Irish Independent* summarised the report of the Registrar-General for 1941:

> These figures [infant and neo-natal mortality], even if the calculation on which the number of stillborn children is based is not quite accurate, show that here

[3] *Commission on emigration and other population problems, 1948-1954 Reports*, (Dublin, 1955), para. 191.
[4] Daly, *Slow failure*, p. 151.
[5] Mary E. Daly, *The spirit of earnest inquiry. The statistical and social inquiry society of Ireland 1847-1997* (Dublin, 1997), pp 119-22.

> we have a problem of major importance from the point of view of public health. As regards the causes of this relatively great loss of life, many of them seem to be obscure and uncertain in the present state of medical knowledge, but the publication already mentions some points which seem to have a practical bearing.
>
> Thus it reviews experiments carried out at different times and in different parts of the world on diets for expectant mothers, all of which tend to show a satisfactory reduction in the number of stillbirths and of deaths in early life when the mother's diet is brought up to a first-class standard. These conclusions seem to be borne out by the difference in the death-rates during the first month of life in towns and in the country in Ireland. There is a substantially lower rate in the country, where, in general, the diet would be better balanced. It is also suggested that still more could be done in the training of doctors and nurses in infant and child health, especially in the care of premature babies, who constitute nearly half the deaths in early life. And while it is emphasised that the conclusions reached are tentative, at least they serve to indicate lines along which further research may profitably be undertaken with a view to lessening a problem of great moment in these days of falling birth rates.[6]

5.7 In the 1940s it was not possible to determine whether a child was premature so references to prematurity generally imply low birth-weights. The highest rates of infant mortality in the years after 1920 were in 1943 and 1944. Infant mortality in Dublin rose by 40% from 90 per 1,000 in 1939 to 126 in 1943; the national rate increased by 24%. Dublin experienced a long and severe epidemic of gastro-enteritis. In 1941 a total of 1,293 infants died from the disease in the Dublin County Borough. The epidemic continued until 1944, 'before anyone kicked up a row about it'.[7] Mortality was concentrated in infants under one year. In 1943 there were 2,321 cases of gastro-enteritis reported nationally, with 2,182 in the major cities; 1,176 children died under one year, as did 57 aged between one and two years.[8] As gastro-enteritis was not a notifiable disease these figures may be an understatement.[9] In 1942, Dublin's Cork Street Fever Hospital warned of a diphtheria epidemic, and reminded parents that children should be immunised.[10]

[6] *Irish Independent*, 24 Feb. 1943.
[7] Barrington, *Health, medicine & politics*, p. 132.
[8] DLGPH, Annual Report, 1943/44.
[9] Department of Health, RM/ARC/0/521022.
[10] *Irish Press*, 6 June 1942.

Prices and cost of living

5.8 Supplies of food, raw materials and imported goods worsened during 1940. The shortages became acute from January 1941, when Britain imposed draconian cuts on supplies and shipping space allocated to Ireland. The greatest impact was on grain and fuel. The cost of living index rose by 70% between February 1939 and February 1945. Food prices rose by 65% despite the introduction of limited price controls, and the cost of clothing doubled. Clothing was rationed; this had a major impact on poorer people because more prosperous families held on to old clothing, repaired it, adapted it to fit another family member or passed it on to relatives, as opposed to donating it to charity. Shoes were also rationed. There were shortages of hardware, building materials and basic household goods; improvements and repairs to buildings were postponed until after the war.

5.9 In September 1941 the government introduced a food allowance scheme for welfare recipients living in urban areas. Vouchers could be exchanged for specific quantities of food; this was done to avoid having to increase welfare payments.[11] But capitation rates for mother and baby homes remained unchanged until a relatively late period in the war; likewise payments to foster parents of boarded out children. Figures compiled by the Congregation of the Sacred Hearts of Jesus and Mary for the weekly cost of maintaining a mother in Castlepollard show rising per capita costs during the war:

1936: 15s 4d
1937: 15s 4d
1938: 15s 2d
1939: 16s 1d
1940: 15s 1d
1941: 16s 3d
1942: 20s 7d
1943: 19s 5d
1944: 17s 1d
1945: 18s 7d
1946: 20s 4d

5.10 In August 1943 the Mother Superior wrote to the local authorities who sent women to Castlepollard, seeking an increase in capitation rates, 'owing to the increased

[11] Gerard Fee, 'The effects of World War II on Dublin's low-income families, 1939-1945' (Ph.D., UCD, 1996), p. 62.

cost of maintenance etc'. She explained that she had delayed seeking an increase but had found it impossible to keep out of debt over the previous 12 months. Capitation rates for a mother and infant were increased from 21s to 25s; a further increase to 28s 6d was approved in 1946.[12]

5.11 During the war years, Britain adopted an interventionist food policy with extensive rationing and price controls and nutrients were added to basic food products such as bread and flour. This ensured that all sections of the population were adequately fed and, indeed, the nutritional standards of poorer people improved with obvious benefits for health and well-being. Ireland adopted a more laissez-faire approach. Rationing was limited - mainly to tea, sugar and butter. Bread rationing was not introduced until 1947. There is evidence that nutritional standards deteriorated during the Emergency.

5.12 The staple diet for most Irish people, especially those from poorer families, consisted of bread, potatoes, butter, milk and tea. Much of the protein came from eggs and bacon. Ireland was a net exporter of meat, eggs and dairy produce but was heavily dependent on imported wheat to produce flour and ultimately bread. The wheat shortage became acute from January 1941. The amount of creamery butter produced fell by one-quarter between 1938 and 1944 as land formerly used to feed cattle was ploughed for wheat. By the summer of 1942, butter production barely met national needs. Margarine, which was made from imported vegetable oil, disappeared from the Irish diet. There were shortages of milk in the Dublin area in January/February 1942 - mainly because farmers were withholding supplies. In December 1942, the weekly butter ration was reduced from 8 to 6 ounces a week per person and later to 4 ounces. There were shortages of milk during the winter months. Output of bacon, ham and gammon fell by a remarkable 74% because of lack of food for pigs. Exports of eggs rose, because Britain offered high prices, resulting in a shortage of eggs and a sharp rise in prices. By 1943 egg prices were 140% above their pre-war price, making them unaffordable for many poorer families, and tempting small farmers/labourers to sell eggs rather than eat them. Eggs were often unavailable during the winter months, regardless of price.

[12] Department of Health: INACT/INA/0/464172.

5.13 Wartime shortages resulted in acute deficits in essential fats and proteins in the diets of poorer families, especially those living in cities and towns, who could not produce their own eggs, bacon or milk. Higher food prices and shortages of eggs, butter and bacon inevitably meant a greater dependence on bread. Britain introduced bread rationing, but the Irish government was loath to take that step, though it would arguably have been better if it had done so. In order to stretch the supplies of wheat, the extraction rate of wheat used to manufacture flour rose from a pre-war 70% to 75% in September 1940, 80% in January 1941, and 95% in March 1941. This resulted in extremely coarse flour, and unappetising dark bread. Nowadays wholemeal bread is considered a healthier food than white bread but bread made from this coarse flour resulted in an elevated level of phytic acid, which reduces the body's ability to absorb calcium. Lack of calcium causes rickets, especially among children. Britain addressed this problem by adding calcium to flour and the incidence of children's rickets did not rise during the war. In Ireland, by contrast, the incidence more than doubled from ten per 1,000 in 1939-40 to 23 per 1,000 in 1941-2. In 1943 the Irish Medical Research Council issued a report arguing against 100% extraction and recommending that Ireland follow the British practice, but this advice was not followed until June 1946. The first report of the National Nutrition Survey, which examined diets in Dublin families, acknowledged that the high rate of extraction of wheat, the high consumption of bread and the fact that it was not fortified with calcium 'must have been an important contributory factor, if not the main factor, in the high incidence of rickets in Dublin at that time'.[13]

Maternal and Infant health

5.14 The impact of wartime shortages on single mothers and their children should be analysed in two phases. The health and nutrition of pregnant and neo-natal women who entered mother and baby homes and county homes was determined by their diet and living conditions before they entered the home and by the stage in pregnancy at which they were admitted. The nutritional status of the mother after the birth was influenced by conditions in the homes.

5.15 Most unmarried mothers were poor. Food shortages and higher prices meant that their diet deteriorated before and during pregnancy. A 1939 study of pregnant women in Dublin whose husbands were unemployed showed that their

[13] Department of Health, *National nutrition survey. Part I: methods of dietary survey and results from Dublin investigation* (Dublin, 1948), pp 11, 15. The quote is on page 15.

haemoglobin was 64% of the desired level; a 1942 study using the same methodology estimated that the average haemoglobin level had fallen to 45% of the desired level.[14]

5.16 Many unmarried mothers had an inadequate and restricted diet with obvious implications for their health. Some experts pressed for them to be admitted to mother and baby homes several months in advance of giving birth so that they could receive better nutrition. Miss Litster noted that expectant mothers were only admitted to Tuam after their seventh month, in order to save costs for the local authorities; she believed that 'It is doubly important in County Galway to encourage early admission since many of the mothers come from poverty-stricken homes and should have proper food and care in pregnancy'.[15]

5.17 References to ante-natal care begin to emerge in DLGPH files in the 1940s. Ante-natal care was initiated in Britain, the USA and Australia during World War I and it expanded during the 1930s; the primary motivation was to reduce maternal deaths, but the monitoring of maternal blood pressure was also important for foetal health.[16] The Rotunda Hospital was running ante-natal clinics by 1932-33 but most women only attended once. By 1936-37, however, 57% of women who gave birth in the Rotunda had received ante-natal care. In 1937, Holles Street announced that it hoped to increase its ante-natal clinics when an extension to the hospital had been completed.[17]

5.18 Maternal health had a significant impact on a mother's capacity to breastfeed. The 1942 study of nutritional anaemia among pregnant and nursing women in Dublin showed that, when women were given one balanced meal a day for three months before giving birth and two months afterwards, their haemoglobin level increased and they were able to breastfeed, but when the additional food was withdrawn, mothers lost their breast milk.[18] Breastfeeding is important in preventing infectious diseases, especially gastro-enteritis, and ensuring good infant nutrition. By the onset of World War II it was widely recognised that many working class mothers were unable to breastfeed because of poor nutrition. A 1938 inquiry into the causes of infant mortality in Dublin - initiated by the DLGPH and Dublin

[14] Fee, 'The effects of World War II', p. 166.
[15] Department of Health, INACT/INA/0/474129.
[16] Tania McIntosh, *A social history of maternity and childbirth. Key themes in maternity care* (London, 2012), pp 54-60.
[17] Information from the annual clinical reports of the Rotunda Hospital and the National Maternity Hospital, Holles Street.
[18] Fee 'The effects of World War II', p. 166.

Corporation - noted that 'many expectant mothers were suffering from malnutrition'. Only 6% had an adequate intake of protein and only 8% had an adequate intake of calories. By 1941, the Infant Aid Society (a voluntary organisation) was distributing free milk to expectant or nursing mothers in most urban areas and in 29 county health districts. By 1943 the Dublin Archdiocese's Catholic Social Services Council was running 15 pre-natal and post-natal welfare centres, supplying 480 expectant and nursing mothers with 'a substantial meal and pint of milk a day'.[19] Pregnant single women were unlikely to benefit from these schemes. In 1946, calcium intake in the poorest Dublin slum families was just over half (51%) of the recommended intake. The deficit for pregnant or nursing women would have been greater - the National Nutrition Survey cited the recommendation of the Technical Commission of the League of Nations that they should consume 'about two pints [of milk] daily'. The Commission has not seen any evidence that pregnant or nursing mothers in mother and baby homes received two pints of milk a day. Poorer Dublin families also had an inadequate intake of vitamin A (from certain vegetables and summer milk) and riboflavin; their intake of vitamin C was described as 'somewhat insufficient'.[20] The position was similar for those living in large and small towns.[21] There is substantial evidence that doctors and some public officials were aware that poor pregnant women were undernourished with adverse consequences for their health and the health and well-being of their infants. But there is no evidence that this knowledge was applied to the health and nutritional status of unmarried mothers, who tended to be seen as a distinct group.

Mother and Baby Homes during the Emergency Years

5.19 The Commission does not have detailed information about many aspects of mother and baby homes before, during and after the Emergency, so what follows is incomplete. Most of the evidence comes from inspections carried out under the *Registration of Maternity Homes Act 1934*. Not all of the inspection reports survive, which is frustrating, but the evidence, however incomplete, provides valuable contemporary descriptions of conditions in the homes.

5.20 The conditions within the homes and how they fared during the Emergency were dependent on a variety of factors. Did the home produce its own food - especially

[19] Lindsey Earner-Byrne, *Mother and child: Maternity and Child Welfare in Dublin, 1922*-60 (Manchester, 2007), pp 64, 66, 98.
[20] Department of Health, *National nutrition survey*, Part I vol, pp 11, 14, 16.
[21] Department of Health, *National nutrition survey* Part III, p 10.

milk, eggs, potatoes and vegetables? Was there turf or timber on the property? Sean Ross had a farm of over 500 acres, although much of the land was unsuitable for tillage or grazing. In 1946 Sean Ross had 63 acres of arable land, which produced potatoes, vegetables and grain, plus an additional 100 acres of grazing land. The estate supported 44 dairy cows, which produced an estimated 60 gallons of milk a day. This should have been sufficient for the 330 resident mothers and children and the members of the religious congregation. The estate included bog land, which supplied turf, and this meant that Sean Ross did not have to buy fuel.[22] In an interview published in the *Nenagh Guardian* in 1988, Sister Hildegarde claimed that Sean Ross 'came through the difficult war years well'. They cut timber and turf on the estate, and the religious sisters and mothers worked on the bog. 'We were fairly warm in that cold winter 1946/7'.[23]

5.21 Castlepollard, Bessborough and Pelletstown also had farms, which presumably made it easier to maintain food supplies, especially items such as milk, but the 40-acre farm would not have supported enough cows to make Pelletstown self-sufficient in milk. Bessborough consisted of approximately 200 acres, though not all was used for farming and it should have been self-sufficient in milk for much of the year. Tuam did not have a farm, though pigs and poultry may have been fed on scraps, but milk supplies may have been precarious, both in terms of quality and quantity. Milk production was highly seasonal so all the institutions may have experienced shortages in the winter months. A file on a typhoid epidemic in Sean Ross in 1944 refers *en passant* to a herdsman who fell ill on 25 March 1944. This man 'had the job of milking troublesome cows'. The report by the local medical officer of health noted that 'he had none to milk for over three months before the onset of his illness'.[24]

5.22 In August 1942, the Dublin Union, of which Pelletstown was a specialist unit, reported that it might be necessary to ration butter supplies because their regular contractor could only provide half the normal quantity and they had failed to obtain either lard or margarine. A medical official wondered whether some kind of spreadable cheese might be available as a substitute.[25] It is improbable that the butter shortage was unique to Pelletstown and it is noteworthy that this shortage happened in August when butter production should have been at a peak. Diets in

[22] *Nenagh Guardian*, 6 July 1946.
[23] *Nenagh Guardian*, 13 Aug. 1988.
[24] Department of Health, INACT/INA/0/ 445784
[25] *Irish Press*, 13 Aug. 1942.

mother and baby homes and county homes almost certainly deteriorated during these years. The diets reported for county homes (see chapter 10) indicate a heavy reliance on bread as a staple for at least two daily meals. It is unlikely that mother and baby homes were markedly different. It would appear that the mother and baby homes baked their own bread - but that did not necessarily mean that bread was plentiful or nutritious - all the homes had to secure sufficient flour. Children in these homes, in common with children in poorer families, were at increased risk of rickets.

5.23 A report by Miss Litster of a visit to Bessborough on 16 June 1943, described the rate of breastfeeding when mothers had left the maternity hospital (where their babies were born), as 'negligible'. She expressed concern, given the links between gastro-enteritis and non-breastfed babies. She highlighted two issues. One was the quality of milk. Because Bessborough milk was not sold in the market it was not TB tested (a later report confirmed that the herd was TB free). She wondered whether 'the cause [of low breast-feeding] may lie in the adequacy of the diet of pregnant or nursing mothers'; she noted that 'no dietary scale is laid down for such institutions'. (The department approved a dietary scale for county homes).

5.24 On the day of Miss Litster's visit which was 'a fast day',[26] dinner in the Bessborough home (the non-maternity wing) consisted of potatoes, cabbage, cheese, tea, bread and butter; breakfast of tea, bread and butter; evening meal of tea, bread, butter, lettuce, and scallions. She claimed that the older children seemed well nourished, 'and their diet seems ample and good'. Dinner in the maternity hospital consisted of potatoes, cabbage, egg (baked), stewed rhubarb and coffee.[27] No details were given of the other meals, but they were probably similar to those in the home. The diet quoted is seriously lacking in protein; it is difficult to comment on calories. The fact that Bessborough was imposing the dietary restrictions of a 'fast day' on unmarried and nursing mothers is questionable; 16 June 1943 was a Wednesday, and was not in Lent or Advent (when all adults were subject to these dietary restrictions on all days), or pre-Pentecost, so it is unclear why this was a 'fast day'. This suggests that the Sisters may have treated Wednesdays and Fridays as 'fast days', or perhaps more

[26] A fast day under Catholic regulations meant no consumption of meat, and only one main meal and two collations – light meals consisting of little more than bread and tea, coffee or milk.
[27] Department of Health, CCP/IMP/0/45492.

accurately days of abstinence from meat; if that is correct the women were being subjected to a penitential diet, twice a week, that was inadequate for pregnant or nursing mothers. When Castlepollard was inspected on a Friday in 1941, dinner consisted of kippered herrings, potatoes and rice pudding which was more substantial than the Bessborough fare.[28]

5.25 A 1947 report on Castlepollard by Miss Litster recorded a sharp increase in spending on bedding, hardware, crockery, clothing and fuel. This may reflect efforts to address wartime shortages because goods were becoming available. She noted that 'The scale of diet is now ample and I have heard no complaints either as to quantity or quality of food'. Her use of the word *now* and the reference to complaints suggests that the diet was not as ample on a previous inspection (which does not form part of the records made available to this Commission).[29]

5.26 Fuel was equally problematic, because there was an acute shortage nationally of coal and oil and a fuel shortage had implications for health and infection control. There were problems adapting heating systems that were designed to use coal or oil to burn turf and the heating supplied by these systems was less efficient. Sean Ross would appear to have been especially fortunate, given that bog land formed part of the estate. Castlepollard generated its own electricity, but during the war years they were supplying the town of Castlepollard because the power station serving the town was destroyed in 1941 (see chapter 20). That would have reduced the capacity to supply the mother and baby home. The records of the Congregation of the Sacred Hearts state in June 1947 that 'the question of fuel is very serious' in Castlepollard, and the congregation agreed that they should change to oil.[30] The modern purpose-built hospital/home which opened in March 1942[31] had full central heating, but when Castlepollard was inspected in March 1941, 44 mothers were sleeping in two lofts over the stables, a distance from the main house.[32]

5.27 The architectural plans for the Bessborough maternity hospital provided for 75 radiators, which would have ensured adequate heating if the system was

[28] Department of Health, NATARCH/ARC/0/403458.
[29] Department of Health, INACT/INA/0/464172.
[30] Congregation of the Sacred Hearts, council minutes, 1 June 1947.
[31] Congregation of the Sacred Hearts, council minutes, 24 March 1942.
[32] Department of Health, NATARCH/ARC/0/403458.

operating.[33] When Dr Florence Dillon carried out an inspection on 25 November 1943, she reported that there was

> no heating in the hospital except in the workroom where the girls were sewing around the anthracite stove, which I do not consider adequate. For the hospital wards etc. it was very cold, the central heating not being on. The allowance of oil does not permit the engine to function full time.[34]

5.28 When Bessborough was inspected on 6 December 1944, the day nursery for toddlers was unheated and, while some of the children were wearing stockings, others were barefoot; the nursery for younger children was not heated. There was no heating in the maternity hospital but it was expected that an electric radiator would be used in the evening; an electric radiator was in use in the room where sick babies were kept. Fuel shortages were beyond the control of the congregation. In January 1945, the Mother Superior noted that wartime shortages meant that they were unable to heat the hospital and home nurseries sufficiently. When Dr James Deeny, the department's chief medical advisor, visited Bessborough in October 1945 shortly after the war had ended, he was told that the oil fuel ration had been reduced from 840 gallons to 65, a reduction of 92%.[35] In 1946, a meeting of the board of Bethany noted the 'great inconvenience of inadequate water heating owing to the insufficiency of supply of suitable fuel'. A later meeting noted that water heaters had been installed.[36]

5.29 The grounds of the three Sacred Heart homes contained mature trees that could be used for fuel. There is disconcerting evidence that mothers in Castlepollard were engaged in felling trees during these years (see Chapter 20) - a dangerous occupation and one that was not traditionally carried out by women in rural Ireland, though they would have worked on the bogs saving turf. Fuel shortages had serious consequences. There was the obvious discomfort and damage to health from being cold, especially in the case of underweight or premature infants. Lack of heat meant a shortage of hot water, the inability to wash hands, bathe and launder clothing regularly, not to mention the difficulties of drying laundry in Ireland's damp climate. Studies of tenement Dublin during the Emergency noted a decline in personal hygiene because of lack of hot water for personal washing and laundry.

[33] Department of Health, INACT/INA/0/463708.
[34] Department of Health, CCP/IMP/0/45492.
[35] Unless otherwise stated the information about Bessborough comes from Department of Health, CCP/IMP/0/45492.
[36] Representative Church Body Library, Bethany Home Committee, minutes, 8 Feb. 1946; 10 May 1946.

5.30 Failure to maintain adequate hygiene standards had serious consequences in mother and baby homes where large groups of vulnerable infants and children were crowded together. Many women came from houses that lacked running water or any form of modern sanitation and they would not have been aware of the need to wash hands and maintain personal hygiene. While lack of water and sanitation presented health risks in a domestic setting, that risk was magnified in these large and often-overcrowded institutions.

Health, Hygiene and Overcrowding

5.31 The powers of inspection under the *Registration of Maternity Homes Act 1934* represented a significant intervention by a government department into all maternity hospitals/nursing homes (see Chapter 1). The inspections exposed serious shortcomings in the mother and baby homes and at times they threatened to precipitate a confrontation between church and state. However, the inspections also revealed limitations in the department's authority. Maternity homes were licensed by the local health authorities, and they, not the department, had the power to close a maternity home. The key concerns raised by inspections were overcrowding, staffing, staff qualifications, hygiene and the most acute issue - infant mortality. However, there was no provision in the Act requiring the person in charge of a maternity home to have a professional qualification.[37]

5.32 Section 12 of the 1934 Act provided that 'An inspector shall be entitled at all reasonable times to enter any maternity home and inspect such maternity home'. It also provided that

> If any person obstructs or impedes any authorised officer or any inspector in the exercise of the powers conferred on him by this section such person shall be guilty of an offence under this section and shall be liable to summary conviction thereof to a fine not exceeding five pounds.

5.33 All licensed maternity homes were required to maintain a record of every admission and discharge, every confinement, miscarriage, birth and death. They were required to record 'every removal of a child therefrom and of the name of the person by whom and the address to which such child is removed'.

[37] Department of Health INACT/INA/O442853

Bessborough[38]

5.34 On 27 June 1941, Dr Florence Dillon inspected the maternity hospital in Bessborough where women spent the final weeks of pregnancy, gave birth and recovered, before transferring with their infant to the Bessborough home. The hospital also accommodated new-born infants and infants who were not deemed sufficiently well to be moved. She described the hospital as overcrowded with 31 patients in a space designed for 26. One locked bathroom contained a bed; 'the sluice room was full of mattresses etc'; one toilet was used to store dustpans and brooms, and one was out of order. These arrangements suggested scant attention to sanitary requirements in this hospital, which was adequately provided with sanitary facilities by the standards of that time - three baths and five WCs - if not used for other purposes.

5.35 Dr Dillon described the attitude of the religious sister who was in charge of the maternity hospital (the Mother Superior of Bessborough was technically the matron of the hospital) during her inspection as 'quite discourteous and obstructive'. When she insisted on the locked bathroom being opened she claimed that the sister in charge 'queried would she send for the guards'. The register had not been written up since 1939 and there was no record of confinements, contrary to the 1934 Act. She was unable to check the fire prevention arrangements. She claimed that breastfeeding was discouraged, though the congregation denied this.

5.36 This was not the first occasion that the department had expressed concerns about Bessborough. In 1936, Miss Litster and Miss Fitzgerald-Kenny raised questions about Bessborough children who were placed at nurse through the Catholic Women's Aid Society. The inspectors were obviously citing the clause in the 1934 Act that required a maternity home to record details relating to the destination of infants who were being discharged. In 1941 the Bessborough chaplain, who was also chairman of the Catholic Women's Aid Society, claimed that there was no legal obligation to answer these queries. In July 1941 - possibly in reaction to Dr Dillon's inspection - the Bishop of Cork, Dr Cohalan, reassured the Bessborough Mother Superior that

> You are not a Government Institution. But like the Religious who conduct schools, or who have charge of orphans, or of Industrial Institutions, you can do Catholic social work and receive remuneration and allow Government

[38] There is further information about conditions in Bessborough and Pelletstown during these years in chapters 13 and 18.

Inspection. But this inspection must not encroach on your independence as a religious community.[39]

5.37 Miss Litster inspected Bessborough towards the end of 1941, presumably to check whether the issues highlighted by Dr Dillon had been rectified. She gave a favourable account of the home and hospital - 'the food appears to be plentiful and good'; there was an 'atmosphere of kindness' in the home, but 'little personal contact between mother and child'. The 'girls' were employed 'at farm and garden work, butter-making, knitting, kitchen and household work generally'. The hospital was 'scrupulously clean', 'food good and well-cooked', however 'there was not the same atmosphere of kindness' as in the home. She claimed that former 'inmates' described the sister in charge as 'harsh, domineering, and "a slave-driver"'; 'she certainly resents any adverse criticism'. This suggests that Miss Litster had spoken to some Bessborough mothers. She noted that this sister had no qualifications for the position except experience (Dr Dillon had already reported this), which 'appear to decide the point' as to her suitability. Poor record-keeping was not confined to the hospital: 'It is impossible to get any records properly kept in the Home'.

5.38 Miss Litster explained to colleagues that her report had been delayed because she was trying to determine what obstacles might exist to replacing the matron. This proved to be a lengthy affair, and the time-table was determined by the congregation, not by the department.

5.39 In January 1942, six months after Dr Dillon's inspection, and shortly after Miss Litster had written her report, the DLGPH wrote to the Mother Superior in Bessborough highlighting the shortcomings in the maternity hospital: overcrowding; inadequate sanitary arrangements because of the misuse of a bathroom, toilets and sluice room; registers not completed; discourtesy to the inspector who was unable to check on fire safety; a tendency to discourage breastfeeding and the fact that the matron of the maternity home was unqualified. It would appear that these concerns were conveyed to the headquarters of the congregation in Chigwell; on 10 March 1942 the annals record that the Mother Superior, Sister Martina, was 'not very successful in Bessborough- a change may be demanded'.[40]

[39] Department of Health, CCP/IMP/0/45492.
[40] Congregation of the Sacred Hearts, annals, 10 March 1942.

5.40 When the Mother Superior in Bessborough wrote to the department she dismissed all criticisms. She claimed that mothers were forced to breastfeed when they were disinclined to do so. The overcrowding was minor - there was plenty of room and a previous inspector (unnamed and no evidence in the department's files) had given permission to exceed the numbers stipulated on the registration document. Temporary beds were left in place to save the backs of the staff. The 'inmates' had placed 'a few brushes' in the toilet at a time when the sister in charge was 'unwell'…There was 'a misunderstanding' concerning the register. In a follow-up letter she suggested that the apparent discourtesy shown to Dr Dillon was probably due to the matron's state of health. An official in the department described her replies as 'evasive and unsatisfactory'; he suggested that the priority should be to appoint a qualified person as matron of the maternity hospital. A letter issued in the name of the minister, asked when 'a more detailed reply will be furnished as to when the re-organisation suggested will be undertaken'; it demanded an assurance that the congregation would co-operate with inspections. The congregation promised to appoint as matron of the hospital a qualified nurse, a Sister, who was preparing to take her midwifery examinations in June 1942, and they asked the department to wait until she was qualified. However, this Sister died shortly after taking her CMB. By June 1943, two years after Dr Dillon's inspection, the maternity hospital remained under the control of the same, unqualified matron.

5.41 The main focus of Miss Litster's inspection in June 1943 was the appalling rate of infant mortality. There were 27 babies aged from three weeks to nine months in the day nursery in the home; eight were breastfed, only three were fully-breastfed. She described 'the greater number' as 'miserable scraps of humanity wizened, some emaciated, and almost all had rash and sores all over their bodies, faces, hands and heads' (A handwritten note on this file suggested that this phrase should be omitted from the final version of her report). Many children in a second day nursery had sores on their faces, hands or scalps. However, the cots were clean and bed clothes, clean and good. An official in the department commented:

> That 60 per cent of these children die would seem to show that very little pains are taken to keep them alive, this is borne out by the fact that the babies still alive are covered with sores…Overcrowding must stop; the matron should be a trained nurse, and school-going children should not be in the Home.

5.42 He conceded that the capitation rate was probably too low given current prices. The assistant county medical officer of health for Cork South noted that most infant deaths occurred in the home - not in the hospital. The Mother Superior was unqualified; her only training consisted of two months in the Children's Hospital, Temple Street. He recommended appointing a qualified children's nurse, ideally someone with expertise in infant feeding; mortality statistics should be analysed to see if that had an impact. The Cork county medical officer of health claimed that many of the infants were born 'in a state of debility'; he highlighted the low rate of breastfeeding and 'a lack of interest in the child's welfare on the part of the mothers…the most skilled medical and nursing attention is essential' if these infants were to survive. He recommended the appointment of a nurse with special training in infant welfare and he suggested that the Bessborough Mother Superior supported this recommendation, though the Commission has no evidence to that effect.

5.43 The visiting medical officer at Bessborough, who had served since the home opened in 1922, wrote a very exculpatory report on infant deaths. He described the milk produced by the Bessborough herd as of the best quality and tubercule-free. Despite attempting every form of feeding - 'chicken broth, meat juice, Benger's food, extract of malt, cream, halibut oil, cod-liver oil, Sister Laura's food, some of the children lost weight and died'. He claimed that some infants 'show a remarkable difficulty in digesting food'; some even failed to assimilate the nourishment in breast milk. He attributed this to their 'illegitimacy', the fact that their 'period of gestation is different to that of the married woman', which reflected the worry and mental upset of being a single mother. He dismissed the high incidence of gastro-enteritis as 'a disease common in infants in late summer and early autumn', which was 'sometimes very fatal'.

5.44 By November 1943 the matron of the maternity hospital had been succeeded by a religious sister who was a SRN, but who apparently lacked a midwifery qualification. The maternity unit was staffed by only one qualified lay midwife, two nurses and '2 girls' - whether they were paid or not is unclear. Dr Dillon insisted that the minimum requirement was two nurses with CMB.

5.45 In December 1943, two and a half years after Dr Dillon's initial inspection, the head of the firm who audited the Bessborough accounts informed John Garvin, the assistant secretary of the DLGPH, that a Sister who was about to complete her

CMB would join the staff, and that the congregation was willing to appoint another lay midwife if that was considered necessary. The auditor reported that the rashes that affected many infants had been identified as scabies - a highly contagious disease transmitted by mites. (The Commission has not seen independent evidence of this diagnosis.). Eradicating scabies required a stringent regime of hygiene, laundry and isolation. The auditor suggested, citing a press cutting, that the high rate of infant mortality was not peculiar to Bessborough, though the community regarded it as 'their primary concern'. He did not indicate what measures they were taking to address it. Dr Dillon dismissed this intervention: 'I do not see how the medical personnel or mortality data can be advantageously discussed with' the auditor. There was still only one qualified midwife in the hospital.

5.46 The high rate of infant mortality persisted in Bessborough. When Miss Litster reported in December 1944 on a recent inspection, she described control over the home - where most infant deaths occurred - as 'loose'. She recommended closing Bessborough to all patients maintained by the local authorities for at least six months; this was the only power open to the department. Having apparently read this report Dr Conn Ward, the Parliamentary Secretary in the DLGPH, who was effectively the Minister for Health, called for 'drastic action'; an official reported that Dr Ward believed that 'the medical supervision in the institution cannot but be criminally casual'. The Cork county medical officer of health was asked to supply details of the arrangements for medical attendance and the terms of the contract for the medical officer attached to Bessborough, plus weekly details of infant deaths with medical certification of the causes.

5.47 Dr Deeny, the DLGPH's chief medical advisor, suggested that 'any interference from an outside agency would not have a lasting effect'. He recommended that the department write to the Superior General of the congregation, and to the bishop, requesting an immediate change of management, and that Bessborough should be closed to local authority patients for at least three months. Another official, who described Miss Litster's reports as 'most alarming', commented that 'the authorities of this Institution have never been amenable to our advice and instructions and the Matron has the confidence and support of the Bishop in this case'; the only option was to write to Chigwell.

5.48 On 5 January 1945 the Secretary of the DLGPH wrote to the Superior General in Chigwell, telling her that the management of Bessborough had caused Dr Ward 'grave concern for a considerable time'. He referred to the high death rate and inadequate staffing, and he enclosed a copy of Miss Litster's most recent inspection report. If the position did not improve radically Dr Ward would carry out 'a complete review of the policy whereby responsibility for this type of institutional treatment has been committed to communities of your Order'. The first essential step was to appoint a new Mother Superior, who should have satisfactory qualifications and experience in midwifery and children. Pending a reorganisation, local authorities were being instructed not to send any unmarried mothers or expectant women to Bessborough. Local authorities who were maintaining children in Bessborough without their mothers were urged to find foster homes.

5.49 The Superior General replied to this letter on 12 January, expressing her 'shock'. She claimed that she had 'no idea that your Board were still un-satisfied with the management of Bessborough'. She promised to make the necessary change as soon as possible. This letter contains no expression of concern or regret over the high rate of infant mortality; her 'distress' related to the department's letter.

5.50 On 6 January 1945, the day after the department wrote to Chigwell, Dr Deeny visited Bessborough, accompanied by his colleague Dr Lysaght and Dr Condy, medical officer of health for Co Cork. He 'found the institution to be well maintained, perfectly equipped, and seemingly suitably staffed for the present Maternity work'. The institution was 'spotlessly clean' and the rooms reserved for storing milk and preparing infant formula also passed the inspection. He decided to examine the infants, 'owing to the appalling infant mortality', and when he had stripped the infants he discovered that the vast majority had excoriated buttocks due to a failure to change their nappies sufficiently; some infants had septic sores. Many had bowel infections. He concluded that there was 'heavy infection of the home with some organism which is transmitted from child to child'. He claimed that the Mother Superior was completely unaware of the conditions in the nursery: 'The clean counterpanes on the cots etc. satisfied her and she had little or no knowledge of what was hidden below'. The incident revealed 'gross ignorance on the part of the sister responsible. No person with even a smattering of knowledge of child health would allow such a state of affairs to continue'. He commented that 'No attempt has been made to train the mothers in the care of their children and if such an attempt has been made the results prove that it was a lamentable failure'.

5.51 Dr Deeny suggested that 'medical attention must be of a most superficial nature'. He described the visiting medical officer as 'distinctly culpable…There is no doubt that in this case and in view of the hundreds of children whose lives have been lost his complacency or ignorance should be regarded as criminal'.[41] He recommended that the medical officer should be dismissed. The Mother Superior should be 'replaced by someone with ability to administer an institution dealing with maternity and the care of infants and children'. The Sister in charge of the infant department was 'both stupid and ignorant. She, above all others must be held primarily responsible for the hundreds and hundreds of babies under her charge who have died in the past four years'. He recommended she should be removed immediately, and two trained Sisters or nurses should be appointed.

5.52 In response to queries from the department, Dr Condy reported that the visiting medical officer had no fixed hours of attendance. In recent times he had generally visited the home twice a week and when called. He did not necessarily see all the infants; no proper records, such as weight cards were kept; however arrangements were now in place for weekly returns of deaths and their certification.

5.53 There is no typed copy of Dr Deeny's report on the departmental files, which is surprising, because there are generally multiple, typed copies of important documents on file. This devastating report from the chief medical advisor finally prompted the Superior General in Chigwell to announce that the Mother Superior, Sister Martina, would be replaced by Sister Rosemonde McCarthy, the Mother Superior in Sean Ross. A hand-written note by Miss Litster described her as 'a nun of outstanding character and organisational ability', who 'could probably re-organise the Sacred Heart Home effectively', but she expressed regret that Sean Ross 'should lose her resources even temporarily at a time when she is re-organising certain departments in that institution'.

5.54 It would appear that the Mother Superior in Bessborough had contacted the Bishop of Cork, Dr Cohalan. He wrote to the Secretary of DLGPH, stating that she had informed him that the Superior General in England

> was asked to remove her. That procedure was scarcely correct. Mother Martina is Reverend Mother of the community of Sisters; it is an Ecclesiastical appointment, it was not a correct thing to call for her removal.

[41] Department of Health, CCP/IMP/0/45492.

5.55 Bishop Cohalan suggested that 'The thing is, to find the cause of the evil, and the best remedy'. He noted that he had dealings with the DLGPH 'in the early days of Bessborough and got the greatest help from the Secretary and Dr Stapleton' (The Commission has seen no record of these contacts).

5.56 By February 1945 the sister in charge of the infant department had been replaced by a trained nurse, but the Superior General in Chigwell wrote to the department stating that 'it would make things pleasant for all' if the removal of the Sister, who had been in Bessborough for 23 years, was delayed until the congregation held elections, which they proposed to do when the war had ended.

5.57 The department drafted several responses to Bishop Cohalan and the Superior General and they eventually sent two distinct though similar letters. Both letters emphasised that the ecclesiastical status of the Bessborough Mother Superior was not being questioned; the parliamentary secretary was only concerned with her position as matron of a home which had exceptionally-high infant mortality. He claimed that 102 of the 124 infants born or admitted during the year ended March 1944 had died.

> Apart from any public scandal which might result the Parliamentary Secretary felt that the case called for immediate action and that to allow Rev Mother Martina to continue as manager would mean acquiescence on his part in the dreadful state of affairs which has been disclosed.

5.58 Mr Garvin welcomed the bishop's letter, and his acknowledgement that the situation was serious. He expressed the hope that Bishop Cohalan would support the appointment of Sister Rosemonde. The letter to the Superior General at Chigwell emphasised that given the high mortality in the home 'delays or objections, based on internal arrangements in the Order, to the re-organisation suggested in the Parliamentary Secretary's letter…cannot be entertained'; the 'first essential step towards improvement of conditions' was to appoint a Mother Superior 'possessing satisfactory qualifications and experience'.

5.59 It proved easier to appoint a new medical officer than to change the Mother Superior. Dr Sutton, a gynaecologist, was appointed in March 1945. In a letter to Dr Deeny he told him that having paid four or five visits to Bessborough, 'I just don't know where to begin or end. Many changes and improvements are needed but I have no jurisdiction over some of these'. It is regrettable that he did not

expand on these comments. Dr Deeny forwarded the relevant sections of his report 'so that he can see what we want, the matters to which we object etc'.

5.60 Bessborough was closed to patients funded by local authorities on 12 January 1945, although women and infants who were in the home appear to have remained and private patients continued to be admitted. Thirty-nine infants were born between 14 January and 20 July 1945, and 29 '(almost three-quarters)' died. Miss Litster noted that 'The majority of the deaths have again occurred in the Home as distinct from the Hospital'. Sister Martina was still in charge. A department medical inspector, Dr Sterling Berry, reported that 'the authorities appear to be taking in other cases, the appalling death rate amongst the infants is continuing'. He recommended that Dr Condy should be asked to make a thorough inspection, particularly of the home; the licence to operate a maternity home should be withdrawn 'unless he was satisfied'. Dr Deeny recommended its immediate withdrawal. However, this was a matter for the local authority acting on the advice of the county medical officer of health and, as the decision could be appealed to the minister, 'any pressure from this Department…would have to be informally made'. The department contacted Dr Condy, but Dr Deeny noted that 'for some reason or other, whether because he is in an embarrassing position in the matter, sounded to me very non-committal over the phone'. There is no evidence that the local health authority contemplated withdrawing Bessborough's maternity home licence. In fact, Dr Condy and the local health authority do not appear to have taken any initiative in dealing with the high rate of infant mortality and seem to have only taken action when prompted by the department.

5.61 Dr Condy reported on Bessborough deaths some days later; 29 of the deaths were infants under one year, and 'the cause of deaths…was with a few exceptions, of a preventable nature, and the high trend of infant mortality…has continued without improvement for several years'. He and Dr Sutton determined that the nursing staff was 'inadequate in number and without proper training and qualifications for the care of these infants'. The Mother Superior, who was also matron of the maternity hospital, 'was almost entirely occupied in the administrative control of the Institution and attached farm, and appears to have little to do with the medical aspect of the Home'. He claimed that 'the Authorities of the Home appear to be

willing to comply with any necessary requirements'[42] except the requirement to appoint a qualified matron.

5.62 On 13 September 1945, more than four years after Dr Dillon's report, the Superior General at Chigwell informed the department that the congregation had held their general election. Sister Martina would be succeeded by Sister Rosemonde, who was matron and Mother Superior at Sean Ross; Sister Brigid would become Mother Superior in Sean Ross, and Sister Helena - then the matron of a maternity home in Westmoreland - would move to Castlepollard. These changes followed the congregation's time-table and took place at their convenience; the congregation failed to provide the department with copies of the Sisters' qualifications (if any).

5.63 Dr Deeny visited Bessborough in October 1945. He was accompanied by a medical colleague and Drs Condy and Sutton. They highlighted several issues: the need to eradicate chronic skin infections among the children; dividing the large nurseries to ensure that infected children could be segregated; and separating each child's clothing in order to control infection. They recommended improvements in the milk kitchen and the heating of the nurseries plus the provision of a day room for the mothers. The doctors determined that the Bessborough home needed three additional trained nurses, one on night duty, one concentrating on the nurseries and a third floating between the nurseries and the maternity unit.

5.64 Mother Rosemonde asked Dr Deeny to 'use his influence with the Church, as she did not want to begin her work in Cork subject to any prejudices on the part of the Bishop on account of the manner of her appointment'. She did not propose to admit any private patients or request an end to the ban on local authority-funded patients until everything was in order. Dr Deeny met Fr Hegarty, Director of the Catholic Women's Aid Society and assured him 'that we were merely carrying out our duty, distasteful though it may have been'.[43]

5.65 In November 1945 the Superior General from Chigwell met Dr Ward and expressed 'sincere regret regarding the conditions that obtained at Bessboro'. She emphasised her 'appreciation of the patience and understanding that had been

[42] Department of Health, CCP/IMP/0/45492
[43] Department of Health, CCP/IMP/0/45492

shown and the consideration that had been extended to her and to the Order'. Dr Ward indicated that local authorities would be permitted to send women to Bessborough when the reorganisation and some structural alterations (probably dividing the nurseries) had been completed. On 14 December 1945 local authorities were notified that they could send women to Bessborough.

5.66 When Miss Litster carried out an inspection in March 1946 she reported that changes had been made. However, it was 'too soon to expect any noticeable effect upon mortality'. The long nursery 'in which the majority of the deaths of infants occurred' had been divided into three smaller rooms, each containing two radiators and a fixed bath (all apparently new). There were only ten infants in the three rooms, and all 'appeared to be healthy, normal babies…no scalding or excoriation', though very few infants in either the home or the hospital were breastfed. There was also an isolation room. The older children were 'on the whole plump and healthy, a few showed the remains of rash on buttocks, but the condition appears to be rapidly clearing'. New wash-hand basins had been installed in two dormitories for mothers in the home, ten in one 24-bed room, and eight in a 16-bed room, but the water had not yet been connected. This suggests that facilities for washing and bathing in the home had been inadequate. A large 32-bed room on the top floor had no daytime heating, but heat was switched on at night; there was no information about washing facilities.

5.67 There were 23 children in the home without their mothers 'mainly children of private patients who have been allowed to take their discharge soon after confinement'. Sister Rosemonde proposed to end this practice. During the 1940s the infant mortality in Bessborough was substantially higher among the children of private patients. These mothers left shortly after giving birth; their children remained until placed at nurse by the Catholic Women's Aid Society. None of these infants was breastfed and it is unclear who was responsible for caring for them. In 1949 Miss Litster commented that 'mothers left behind are found unwilling to care for the babies of discharged mothers'. It would appear that the children born to private patients experienced greater neglect than infants whose mothers remained in Bessborough.

5.68 During the half year April - September 1946 infant mortality fell to 87 per 1,000, compared with 406 for the previous year (March 1945-46). Dr Deeny noted that the report 'makes very satisfactory reading & completely justifies the action taken

last year'. It proved the value of 'suitable control measures, since most of the deaths were due to enteritis'. By January 1947 an increasing number of infants in the hospital and in the home were breastfed. Infant mortality had fallen significantly but Dr Deeny, noted that it remained too high.

Overcrowding

5.69 The rising number of 'illegitimate' births during the early 1940s put pressure on mother and baby homes. The number of babies born in the homes[44] examined by the Commission rose.

	Births in Major Homes	Percentage of 'illegitimate' births
1939	481	27.01
1940	516	28.29
1941	489	24.76
1942	604	24.97
1943	579	23.65
1944	619	24.11
1945	618	23.53
1946	700	26.50
1947	553	23.55
1948	597	27.58

5.70 The homes were accommodating a smaller proportion of unmarried mothers and babies than in the late 1930s which suggests that there was a shortage of places. There is extensive evidence that it was proving difficult to find foster homes both for privately-placed children at nurse and children placed by the local authorities. These delays aggravated overcrowding among children. Overcrowding did not commence during the war years. Bessborough was installing additional beds in wards in 1935.[45] When Bethany Home was first inspected in 1936, Mrs Crofts determined that the bedrooms were overcrowded and the board of management determined to cap the number of women at 20 except in an emergency.[46] But when Dr Dillon carried out an inspection in June 1939, there were 26 women and 42 children resident in Bethany.[47]

[44] Bessborough, Sean Ross, Castlepollard, Tuam, Pelletstown, Bethany and Denny.
[45] Department of Health, INACT/INA/0/463708.
[46] Representative Church Body Library, Bethany Home Committee minutes, 11 Sept. 1936, 9 Oct. 1936.
[47] Department of Health, NATARCH/ARC/0/521019.

5.71 When Miss Litster inspected Castlepollard in March 1941 she determined that it was overcrowded and she advised the Mother Superior not to admit any women until the numbers had fallen. The department sent a letter to this effect to the local authorities who sent women to that home and they pressed for the removal of children aged over two years. However, when Dr Dillon visited Castlepollard two months later, it was overcrowded. She described conditions as 'very bad', noting that 'there is a serious menace to health in the present conditions'. There is no indication that Miss Litster's recommendation to suspend admissions to Castlepollard had any impact, though numbers were much reduced when Castlepollard was inspected in 1942.[48] The department's capacity to enforce rules about maximum numbers was constrained by the fact that the legislation did not set down regulations with respect to space in maternity homes. Each home was licensed for a specified number of beds, but the licenses were issued by the local authorities.

5.72 Overcrowding was a feature of mother and baby homes from the mid-1930s. Lack of space, combined with large wards/dormitories increased the risks of infection and infant death, especially in the years before antibiotics. The original plans for Bessborough maternity hospital provided for 26 beds, and a babies' room but no nursery, unless the small babies room was intended as such. In October 1934 the matron informed the department that, owing to increased patient numbers, they had turned the single rooms into wards and increased the number of beds in each ward. The statistics given in the various inspections of the Bessborough hospital indicate that the number of 'inmates' was consistently above 26.[49] Although the hospital was designed for 26 women, Cork South public assistance authority appears to have specified 48 on the certificate of registration, and the department did not believe that this could be arbitrarily reduced. The infants' room in the hospital was designed to accommodate 28 infants, on seven infant trollies with four cribs each, to minimise space. This congestion made it impossible to implement infection controls.

5.73 When a department official surveyed Sean Ross in 1945, there were 144 resident mothers, but he considered that the maximum occupancy should be 124. The number in Sean Ross rose to 163 when Bessborough was closed to local authority

[48] Department of Health, NATARCH/ARC/0/403458.
[49] Department of Health, CCP/IMP/0/45492.

patients; in 1949 it was still above the recommended number.[50] In 1948 Miss Litster noted that in 1943 the same official had determined that Castlepollard could accommodate 122 women, but 'the Rev. Mother does not seem to have been informed of that decision, nor does any reference to the number to be accommodated appear in the terms of agreement'. In May 1948 there were 131 mothers and 135 children in Castlepollard; by the following January the number of mothers was unchanged but there were 160 children. Miss Litster suggested that 'in view of the probable effect upon health of over-crowding, it would be well that some decision should be come to and the Community advised of a definite figure not to be over stepped'.[51] It is unclear whether this happened.

5.74 A Department of Health circular issued on 1 July 1949 stated that 'the number of patients who may be accommodated in each room should be based on a minimum space of 1,000 cubic feet for the mother and 200 for the infant'. In a common infants' room, i.e. with several infants, the ideal was to leave 12 feet between cots; a minimum of 8 feet was essential. Those recommendations would permit only two infants in the Bessborough hospital nursery; there were ten at the most recent inspection. The department asked whether permitting 48 mothers to be accommodated in the Bessborough hospital endangered maternal health. If it proved desirable to reduce the numbers, could that be achieved 'through administrative action'? These recommendations were laid down 14 years after the home was registered and they did not have any legal force; as noted earlier, the licence to operate under the 1934 Act was awarded by the local authority, not the department.

5.75 Bessborough's appalling wartime infant mortality exposed several disturbing issues about mother and baby homes. The hospital was probably overcrowded for much of the time since it opened. The absence of a dedicated nursery in the hospital plans reflects a lack of concern for the health and well-being of infants. The reforms introduced by Sister Rosemonde appear to have been effective – the rate of breastfeeding increased; the installation of wash basins and baby baths improved the sanitary facilities and should have helped to reduce infection. This episode exposed tensions between the Congregation of the Sacred Hearts, the Catholic church, the DLGPH and the local authority. The Bishop of Cork objected to the department's intervention. The congregation stubbornly resisted making

[50] Department of Health, INACT/INA/0/464099.
[51] Department of Health, INACT/INA/0/450464.

changes to the management of Bessborough that the department demanded until this could be done by a meeting of the congregation, despite the fact that infants were continuing to die in appalling numbers. Registration of the maternity home was a matter for the local authority and there was a discrepancy in the numbers approved between the department and the local authority. The department withdrew approval for local authorities to pay for mothers (and infants), but Bessborough continued to admit private patients, and many of their infants died, despite the fact that the institution was not overcrowded and the staff presumably had a lighter work load. The determination shown by the congregation to keep Bessborough open for private patients suggests a callous disregard for infant lives.

5.76 The episode also reveals the dangers of disregarding professional qualifications. Bessborough was overseen by Sisters who had no formal qualifications in nursing and midwifery. When confronted with the department's demand to appoint qualified nursing staff, the congregation proposed to appoint members of their order, who were about to sit their professional examinations, to management positions. The failure to check the qualifications of those in charge raises further questions about the oversight exercised by the local authority or the department, but it was consistent with the failure to demand that religious personnel in charge of voluntary health/welfare institutions should have appropriate professional qualifications. The local authority could have withdrawn registration - which would have prevented Bessborough from admitting private patients - but there is no indication that this was considered, and there is some evidence that the Cork local authorities and professional staff was more sympathetically-disposed to the institution than the department.

Pelletstown

5.77 In 1941, the DLGPH inspector, Miss Clandillon, noted:

> At the beginning of March there were close on 400 children in St Patrick's Home Pelletstown and despite the extra accommodation recently provided, there is still considerable overcrowding. Between 20 and 30 children are of an age, and suitable for boarding out, and steps should be taken to place them in foster homes as soon as possible. The relieving officers in North County Dublin and in the other districts mentioned elsewhere in this report should be instructed to make every effort to find suitable foster homes for the children, and I recommend in addition, that a comprehensive scheme of advertising for foster parents in these areas be accepted. Unless additional

foster homes are procured, the question of accommodation in Pelletstown will soon present a serious problem.[52]

5.78 The Pelletstown story is both similar and different to Bessborough. While the infant mortality crisis in Bessborough was not known to the public, conditions in Pelletstown were subject to public scrutiny, because Pelletstown was run by a local authority. Pelletstown also admitted seriously ill 'legitimate' children for whom there was no other suitable facility.

5.79 Infant mortality in Pelletstown peaked in 1937, and although there were mortality spikes in the early 1940s, the outcome was much better than for Bessborough (see chapter 13 statistical report), despite the surge in infant mortality in Dublin in the early 1940s. In January 1940 the paediatrician Dr Robert Collis gave a lecture to the Dublin constituencies' council of the Labour Party. He informed them that the death rate among infants under one year in Dublin was double that in rural Ireland and three times the rate in Swedish cities, and that over 300 per 1,000 Irish 'illegitimate' babies died before their first birthday. He described Pelletstown as a place where a few devoted Sisters gave their lives looking after hundreds of these children, who were often weakly and required special attention, but there was no resident medical officer and few trained nurses in the institution.[53]

5.80 Pelletstown had an isolation unit, in contrast to Bessborough. It consisted of two rooms, where children with diverse infections were accommodated (often crowded) together, and the risks of cross-infections were high. The Daughters of Charity had highlighted the need for an adequate isolation unit some years earlier. In 1937 their solicitor wrote to the secretary of the DLGPH in relation to this. He noted 'many of the infants come from very poor homes where they have been badly nourished'. Roughly 40% of babies were delicate; 'additional nourishment is essential. Many of the mothers, too, require additional nourishment, including stimulants, for some time after admission'. He noted that over the past three years Pelletstown had suffered a number of epidemics, which had 'taxed seriously the resources of the Institution' because of inadequate isolation facilities.[54] Responding to Dr Collis's lecture, which was widely reported, a medical officer explained that the isolation unit

[52] Department of Health, RM/ARC/0/489429.
[53] *Irish Press*, 11 Jan. 1940.
[54] Document supplied by the Daughters of Charity 18 June 1937.

consisted of two large rooms, one of which contained 15 cots, and the children in it were mostly healthy, awaiting discharge. The other contained children suffering from pulmonary and intestinal trouble, who were kept there because they were infectious. As soon as they were well, they were transferred to other parts of the house, where there were spacious rooms, well ventilated. All these children were seen and examined and their ages, weights and condition noted by the medical officer as soon as they arrived. The sister in charge of these children was a trained nurse.

5.81 Pelletstown was in the process of constructing a new isolation hospital. The visiting medical officer acknowledged that Pelletstown was overcrowded 'due to economic conditions'.[55] Representatives of the Irish Labour Party accompanied by Dr Collis visited Pelletstown in February 1940 at the invitation of the Dublin board of assistance. Their report paid tribute to the Sisters and nursing staff:

> Their work cannot be too highly praised - of this we and Dr Collis were always convinced. That they have to carry out their work under conditions which restrict and to some extent circumvent their efforts is not their fault - nor, indeed, is it entirely the fault of the Dublin Board of Assistance.

5.82 The delegation noted that there was no resident medical superintendent to care for the children and provide medical cover in the maternity department. They recommended the appointment of a visiting consultant child specialist to advise on 'all difficult feeding problems and for diseases of children' and the appointment of additional trained children's nurses to bring staffing into line with a children's hospital. Although there had been some improvements since the visit of Dr Collis 18 months previously, the new ward was still unfinished, due to an 'extraordinary delay' in providing it with heat, light and water. The delegation noted that the acute overcrowding could not be resolved until the new ward opened. The new isolation block was unfinished and heating arrangements appeared to be inadequate. The women members of the delegation were impressed with the general happiness and well-being of the children but they expressed concern about the mothers, 'who are, for practical purposes, completely confined to it for two years'. They recommended that they should have a free recreation period each day, a general

[55] *Irish Press*, 25 Jan. 1940.

library and an adequate recreation room with a radio. They also suggested that 'some increase in personal privacy would be very desirable'.[56]

5.83 In April 1942, Minister for Local Government and Public Health, Seán T O'Kelly removed the members of the Dublin board of assistance from office for failing to control expenditure and replaced them with three appointed commissioners, Seamus Murphy, Mrs Mary J McKean and Edward Murray. The *Irish Independent* described Mrs McKean as 'one of the soundest appointments made to a public position'. She was the only woman on the board of the Richmond Hospital, a member of the board of Cork Street Fever Hospital, a former member of the board of Grangegorman Mental Hospital and she had worked for many years with the Infant Aid Society, a voluntary organisation that distributed quality milk to poor Dublin children.[57] The commissioners, especially Mrs McKean, took a keen interest in Pelletstown and they held weekly board meetings in Pelletstown. Their report for the year 1943 noted that 'Many changes were introduced during the past year'. The report noted that

> It will be necessary to make a detailed report on the girls and children in St Patrick's Home - where the girls come from, their mental condition, how they should be treated, when they should be discharged and many other questions, about which divergent opinions are expressed and on which a definite policy has never been decided.

The increased number of very young children in the Home constitutes a problem which will require to be dealt with in the near future'.[58]

5.84 They were examining the future relationship between Pelletstown and St Kevin's Institution (the former Dublin Union).[59] In October 1944 they opened St Clare's Hospital in Glasnevin, a local authority institution to treat children from Dublin who were suffering from infectious disease (see Chapter 2). The hospital had a resident medical officer and trained nurses; it had accommodation for 106 cots. Many Pelletstown children were transferred to St Clare's. Arrangements were introduced to screen women and children for venereal disease before they were admitted to Pelletstown. A report by Miss Litster dated December 1944 noted that infant mortality in Pelletstown had been falling in recent years. She credited this to

[56] *Irish Press*, 16 Feb. 1940.
[57] *Irish Independent*, 24 April 1942.
[58] Document supplied by the Daughters of Charity: Report from general review and report on progress of commissioners for the Dublin Board of Assistance, St Patrick's Home January 1944.
[59] *Irish Press* 22 Aug. 1944, 19 Oct. 1944

the introduction of screening for venereal disease prior to admission. Children arriving in Pelletstown were placed in an isolation unit until it was evident that they were not carrying an infection. Miss Litster noted that Mrs McKean had improved conditions in Pelletstown and the commissioners were scrutinising arrangements for children at nurse.[60]

5.85 In the days before antibiotics became available, isolating women and children to ensure that they were not carrying an infectious disease was one of the most effective means of reducing illness in these homes. Women admitted to Sean Ross were advised to supply an up-to-date medical certificate stating that they were not suffering from an infectious disease; if they failed to do so they were initially confined in an isolation unit. There is no indication that this happened in Bessborough. Tuam also lacked an isolation ward, despite a much greater risk of infection as Tuam admitted older children whose parent(s) were unable to care for them because of some temporary crisis. In 1947 Miss Litster noted 'the constant risk of infection brought in from outside by admission of whole families of itinerants, destitutes, etc', the absence of an isolation unit, which meant that newly-admitted children mingled with 'the others in the Home'. She noted that Dr Dillon had commented on this in an inspection report in July 1945 (which the Commission has not seen). Tuam did not carry out routine examination and testing for venereal disease.[61]

5.86 The large wards that were characteristic of Irish mother and baby homes were a recipe for spreading infection. Improvements carried out in Bessborough in the mid-1940s included splitting larger rooms into smaller units. Instituting a stringent hygiene regime was also crucial. This would have been difficult, if not impossible, in the many county homes that lacked adequate water and sanitation (see chapter 10), and in Tuam, where there is no evidence of significant investment in bathrooms and modern sanitary services, water pressure and water supplies were seriously inadequate.

5.87 When Sean Ross suffered a typhoid epidemic, the visiting medical officer appointed two additional qualified nurses as temporary fever nurses (the local health authority queried his right to do so), and he went to considerable efforts to trace the origins of the outbreak, and prevent its spread. His measures included a

[60] Department of Health, RM/ARC/0/489773.
[61] Department of Health INACT-INA-O-442853.

draconian hygiene regime, which required women to wash their hands in disinfectant after using the lavatories. He noted that 'the use and abuse of the lavatories by the type of girl that enters these institutions and who have not been used to such amenities was such as to convince me that the spread of the disease was due to infection from the lavatory seats'.[62] While readers may be offended by these comments, in 1946 only 33,000 of the 423,000 rural homes had a piped water supply and less than 17,000 had a fixed bath. Only 15% of all Irish homes had a fixed bath. Few women in mother and baby homes would have been aware of the importance of personal hygiene when caring for infants and there is no indication that they were given instruction in the homes.

Proposals for change

5.88 The spike in mortality during World War II was an impetus for reform. Children's allowances were introduced in 1944; the unwieldy DLGPH was divided into the Department of Local Government and the Department of Health in 1947. A major review was carried out of measures dealing with infectious diseases, especially tuberculosis and services for mothers.

5.89 The mortality crisis of the 1940s alerted the department to the overcrowded and unsatisfactory conditions in the mother and baby homes. Miss Litster and her colleagues were meeting unmarried pregnant women who arrived into the Custom House seeking admission to mother and baby homes (See Chapter 8). Many of these women had been returned from Britain, by British Catholic charities or local authorities, often against their will; others travelled to Dublin from provincial Ireland seeking assistance. (See chapters 7 and 8).

5.90 In 1943, the Joint Committee of Women's Societies and Social Workers (JCWSSW), a women's voluntary group with an address at 9 Ely Place, submitted a report to the DLGPH about unmarried mothers and their children.[63] They interviewed people who were knowledgeable about infant and child welfare and they visited three homes included in this inquiry: Pelletstown, Bethany and the Magdalen Asylum (Denny House). They received information by letter from Sean Ross.

[62] Department of Health, INACT/INA/0/445784.
[63] Riordan, 'Storm and Stress', p. 146.

5.91 Their report can be read as a reflection of enlightened and interested female (perhaps even feminist) opinion. It also reflects some contemporary stereotypes about heredity and mental illness among unmarried mothers and their children. The JCWSSW criticised the large size of Irish mother and baby homes and their regimentation and they claimed that mothers were not involved in regular care of their children. The JCWSSW acknowledged the hostility shown towards single mothers, noting that it was usually impossible for a mother 'to take the child to her own people; she has to earn her living and this is extremely difficult with the incubus of a child - not to speak of an illegitimate child'. Affiliation orders were 'difficult to enforce'. The JCWSSW was of the opinion that

> illegitimate children start with a handicap. Owing to the circumstances of their birth, their heredity, the state of mind of the mother before birth, their liability to hereditary disease and mental weakness, we do not get, and we could not expect to get, the large percentage of healthy vigorous babies that we get in normal circumstances. This was noticeable in the institutions we visited.

5.92 While some of these comments are open to criticism, many of the recommendations were enlightened. They believed that mothers should be given charge of their child, feeding, washing and nursing the baby, under supervision. They claimed that in smaller institutions, 'mothers can look after their own babies to a large extent. We found in these institutions, as a consequence, that the babies were brighter and more like normally born babies'. They were in favour of mothers keeping their babies but they noted that 'economic difficulties and public opinion are too strong', so they suggested that the money paid to institutions 'for the upkeep of the child' should be given to the mother to enable her to support her child, though they conceded that it would be difficult 'to induce the mother to take and keep the child in the face of public opinion on illegitimacy. Only the strong-minded, or those with the strong urge of maternal affection will do it'.

5.93 This wide-ranging report highlighted the importance of ante-natal care. It suggested that hospital almoners should ensure that unmarried mothers who gave birth in regular maternity hospitals should have 'a proper place to which to take her child'. Unmarried mothers who kept their children should be visited at least monthly by a health visitor in the early months. Children who could not remain with their mother should be boarded out and monthly payment to foster mothers should be increased to the rate paid for children in institutional care; regulations governing children placed at nurse should be tightened. The JCWSSW 'strongly urge[d] that

the parent, unless special circumstances exist, is the right person to look after the child. Every effort should be directed towards securing this'. Where that was not possible 'the next best alternative' was legal adoption, which, in their opinion was 'urgently needed'.[64]

5.94 This is the first report written in Ireland to advocate keeping mother and baby together and it suggested financial measures that might make this feasible. At this time Regina Coeli (see chapter 21) was the only Irish institution that encouraged unmarried mothers to keep their offspring.

5.95 Commenting on the report of the JCWSSW, Miss Litster noted that it was only possible to provide unmarried expectant women with adequate ante-natal care if they were admitted well before giving birth – she recommended at least three months beforehand. The women who went to private maternity homes, 'for the most part working girls shop assistants, clerks, nurses or teachers' found it difficult to leave work until late in pregnancy, because they had to save the cost of the maternity home; the 'outfit for the baby and probably an adoption fee as well'. In light of these financial pressures and their determination to conceal their pregnancy, she concluded that they were unlikely to have adequate ante-natal care. Many women in county homes and private maternity homes were anxious to return to work as soon as possible after the birth. She agreed that

> Our institutions are undoubtedly too large. The routine, discipline and supervision necessary render it almost impossible to give any individual attention. As a result children are generally kept away from their mothers, mother and child living practically separate lives. The smaller home catering for say 30 would, however prove more expensive to run. Before the unmarried mother can keep her own child with her and maintain her place in the life of the community, a great change in public opinion will have to take place. At present, in this country, society is opposed to the unmarried mother. Few people will knowingly employ her. Then there is the problem of finding a room in which to rear her child. A married couple with children find it difficult to procure rooms at a reasonable rent. The unmarried mother is not wanted

[64] Department of Health, RM/ARC/0/489391: Joint Committee of Women's Societies and Social Workers, 'Memorandum on Children in Institutions, Boarded Out and Nurse Children', June 1943; see Chapter 32 for a description of their role in promoting adoption legislation.

as a tenant. She is forced to take a room in the worst locality at an exorbitant rent.[65]

5.96 Miss Litster described the Regina Coeli 'experiment' as 'not…generally successful'. She had helped a few mothers who were not in Regina Coeli to keep their baby. They went out to work and placed the child in a day-nursery, but 'No permanent success attended these efforts. As soon as the children were at an age to be admitted in an Industrial School steps were taken by their mothers to have them admitted'. She conceded that if things had been easier for the mothers - if they were not living in unsuitable basement rooms or the top floor of a tenement, struggling to prepare food and do laundry in wartime conditions, they might have fared better. It would appear that she was sympathetic to the proposal of the JCWSSW to give mothers financial assistance to enable them keep their children, but she suggested that the scheme might be better run by a charity rather than 'under official direction'. She was also in favour of legal adoption.[66]

5.97 Miss Litster made additional comments in a later, undated file. She conceded that the optimum size of mother and baby homes would be 'say up to 30 patients'. However, the overheads in smaller homes would be considerably higher and 'the cost of maintenance to the Local Authorities would be double or treble the present charge'. She suggested that it might be best to put the question of smaller homes 'into the category of desiderata for the present'. Some charitable group might consider establishing such a home, but 'That is, however, a matter for Catholic Social Service'.[67]

5.98 She criticised the requirement that women who were being maintained by a public assistance authority should remain in these homes for two years after giving birth. It might have been helpful if Miss Litster had been aware that the duration of stay in the Congregation of the Sacred Hearts' mother and baby home at Highgate had been reduced from two years to six months in 1940 at the behest of the Westminster Archdiocese.[68] She mentioned the number of Catholic women who contacted Bethany Home seeking admission, because they would be in a position to leave in less than two years. In 1946 she noted that many Catholic 'girls'

[65] Department of Health, RM/ARC/0/489773.
[66] Department of Health, RM/ARC/0/489773.
[67] There had been a small Catholic home – St Gerard's - that met these requirements but it closed in 1939 - see Chapter 27.
[68] Congregation of the Sacred Hearts Chigwell, Annals of the Congregation 18 March 1940

contacted the Irish Church Missions - 'an Evangelical Protestant Society'. The ICM had 'certain attractions - mothers kept a short time only after confinement and there is little chance of their being recognised while there'. She believed that there was a need for more such homes.[69] A conference had taken place about two years earlier where the Mother General of the Irish Sisters of Charity, the Sister in Charge of St Patrick's Guild, the Secretary of the DLGPH, and Miss Litster discussed a proposal to establish an additional maternity home in Dublin but the project fell through. She noted that 'a home in which infants may be received without their mother is even more necessary'.[70] In 1943, Archbishop McQuaid of Dublin asked Catholic voluntary organisations to explore the possibility of setting up a home where the infants of unmarried mothers could be kept without their mothers, but the Catholic Social Welfare Bureau and the organisations consulted were of the opinion that children should be placed with temporary foster parents while long-term arrangements were being made.[71]

5.99 Miss Litster referred to the practice in the Sacred Heart homes of giving women a 'house name' to protect their identity (Women in Tuam and Pelletstown retained their names). She noted that 'this precaution is frequently nullified by the presence of other inmates from the same district'; she suggested that local authorities should be 'more elastic' in the choice of homes and the Mother Superior might be given discretion to transfer a woman to another home in order to preserve her privacy.

5.100 Although Miss Litster acknowledged that Irish mother and baby homes were too large and she was concerned about overcrowding, she described them as 'a considerable advance on the old system of sending them [first-time mothers] to County Homes…Subject to admissions, organisation, staffing and boarding-out being properly controlled, the institutions will serve an excellent purpose and should conduce to the moral rehabilitation of a considerable number of mothers', though some might develop 'contrary tendencies owing to their finding themselves in the company of such a large number of persons in a similar predicament'. She recommended that an additional mother and baby home should be established to accommodate women who were currently in county homes; she suggested that several neighbouring counties might come together to establish such a home. All

[69] For details about the ICM see Chapter 22.
[70] Department of Health, RM/ARC/0/489778, Litster 21/2/47
[71] Caroline Skehill, *History of the present of child protection and welfare social work in Ireland* (Ceredigion, 2004), p. 215.

mothers admitted to public assistance institutions should be screened for venereal disease.

5.101 Miss Litster focussed on reform, not radical change: reducing overcrowding through 'a more vigorous boarding-out system' (when children were boarded out their mothers left the homes). She noted that the department believed that the high death rate in Bessborough was 'at least partially attributable to over-crowding'. She was keen that controls should be imposed on the admission of private patients to the homes run by the Congregation of the Sacred Hearts and a system put in place to track what happened to the children of private patients when they left the home – they were generally placed at nurse. She recommended that the *Children Act 1934* should be revised to bring all children requiring the guardianship of public authorities under one central authority - this would include children in orphanages and residential schools, boarded out children and children placed privately at nurse. There is no indication that this proposal was considered: it would probably have triggered a clash between church and state, since it envisaged the inspection of private institutions that were not in receipt of public funding. In 1940 Emmanuel Home in Avoca, County Wicklow - a children's home that accommodated many children who had previously been in Bethany challenged the right of the DLGPH to carry out an inspection on the grounds that children placed there were not maintained for reward.[72] The Sacred Heart Home in Drumcondra, (which was not associated with the Congregation of the Sacred Hearts of Jesus and Mary) also refused to register under the *Children Acts* despite pressure to do so from the Dublin Commissioners.[73] In 1941 the Bishop of Cork had objected to Bessborough being asked to supply the names and addresses of private patients – he warned them 'not to do anything that would be a violation of Canon Law. And it would be a distinct violation of Canon Law and of natural justice to publicise the fact of a secret illegitimate birth, with the mother or father's name without the permission of the mother and father'.[74]

5.102 In 1947, when the Irish health and welfare services were undergoing major changes, Miss Litster again made the case for extending the remit of the Department of Health's children's section, because 'the mortality rate amongst illegitimate infants in Eire stands too high'. She acknowledged that efforts were

[72] Department of Health, RM/ARC/0/489773.
[73] Department of Health, RM/ARC/0/489773.
[74] Department of Health, RM/ARC/0/489773.

being made to reduce infant mortality by 'strict supervision over children's homes', but work was needed on 'outside institutions in a field hitherto untouched'. Children placed privately at nurse, and unmarried mothers who had taken their children home should be closely supervised. 'No statistics of mortality amongst these infants are available, as distinct from the general body of statistics. They belong to a section of humanity more than most open to abuse and neglect'.[75]

5.103 Her goal was to bring together all the organisations working with unmarried mothers and their children to create a central advice bureau 'if the Catholic authorities can be got to agree'. The proposed organisation would be similar to Britain's National Council for the Unmarried Mother and her Child.[76]

5.104 There was no prospect that the Catholic hierarchy would have agreed to this proposal. In February 1947 the Taoiseach received a copy of a letter written by an unnamed Catholic bishop to a 'prominent Catholic lay man' (also unnamed). The document that survives in the Department of Health archives is a statement headed 'Re Church Missions to Roman Catholics'; this may have been accompanied by a letter, which is not in the files. This document appears to have been prompted by reports that the Irish Church Mission was planning to buy a property in the Dublin suburb of Blackrock for use as a children's home. It was known as The Boley.[77] The document claimed that it was 'practically certain' that the new home would accommodate the children of Catholic unmarried mothers. It alleged, incorrectly, that the ICM did not accept the children of Protestant unmarried mothers and that furthermore 'there are no Protestant children for such homes'. The document called for legislation that would make it unlawful for a child to be raised in a religion different to his/her mother's unless the mother herself raised her child in a different religion. It also alleged that Protestant children's homes were not inspected, that they did not keep records of children in their care, and that local authorities sent children to institutions and foster homes irrespective of religion. 'I think that according to our present law and its administration, a Mohammedan could open an institution, take destitute children, bring them up as Mohammedans without suffering any interference from the public authority'.

[75] Department of Health, INACT/INA/0/474129.
[76] Pat Thane and Tanya Evans, *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England* (Oxford, 2012) This book tells the history of the National Council for the Unmarried Mother and her Child.
[77] The Irish Church Missions was established in the nineteenth century to convert Roman Catholics to evangelical Protestantism. See Chapter 22.

5.105 The department dismissed all the allegations. The *Public Assistance Act 1939* precluded local authorities from sending Catholic children to Protestant children's homes. Protestant homes received funding in the form of grants under the Maternity and Child Welfare scheme in a similar manner to Catholic institutions. They dismissed the proposed legislation to limit a mother's right to have her child raised in a different religion and they pointed out that Bethany Home (which the document regarded as an Irish Church Missions Home) had agreed some years earlier not to admit Catholic mothers or babies. In the course of this statement, the department noted that in the Public Assistance Section of the Department of Health, which was responsible for boarded-out children, the 'three lady out-door Inspectors', including the head inspector, were all Catholics; the head inspector (Miss Litster) had converted to Catholicism 'a considerable number of years ago'. The principal officer was a Catholic; the assistant-principal was a 'non-Catholic'.

5.106 It would appear that the author of the statement about the Irish Church Missions homes was aware of Miss Litster's remarks about the attractions of ICM homes for Catholic mothers because a postscript conceded that there was a need for a home that would offer Catholic women the same secrecy as an ICM home and that there was a need for a home that would take children to two years, 'the age of adoption', especially as the number of unmarried mothers 'of the better class' was increasing. The department suggested that these were matters for the ecclesiastical authorities, though they would give 'all possible assistance' if these institutions were established.[78]

5.107 The Department of Health appears to have considered some of Miss Litster's proposals. In January 1948, a memorandum written for the secretary stated that, on the question of shorter stays in mother and baby homes, 'there is little we could do as regard extern institutions'; he suggested that Miss Litster might discuss the matter 'with the authorities of the institutions concerned in order to obtain their views'. The department could make a recommendation to local authorities that mothers should be permitted to leave the institution 'in order to take up employment but that they should be obliged to contribute towards the maintenance of the child'. As to Miss Litster's suggestion that an outside body should take responsibility for interviewing expectant mothers and arranging for them to enter a mother and baby home, the department noted that 'Action on this matter has been deferred for years in the hope that religious bodies or voluntary organisations

[78] Department of Health, RM/ARC/0/489778.

would do something about it but this hope is obviously in vain and I think the problem must be faced'. There were plans for the establishment of regional health authorities and this could be included in their remit (regional health authorities were not established until 1970). The department agreed that a national uniform rate of payments should apply to foster parents; at this time payments ranged from 5s to 7s 6d a week but this modest proposal was not implemented.

5.108 A handwritten note to the secretary stated that Miss Litster's proposals were necessary though some would require legislation. Pending legislation he suggested issuing a circular to local authorities asking that County Medical Officers of Health be given responsibility for supervising the work of public health nurses; 'each County Manager and CMOH should enlist through the Bishop of their area – the assistance of the Church in placing these children. In this matter nothing will be achieved without such active considerations'. Miss Litster was asked whether she had any observations on the proposal to enlist the aid of the bishops; she was in favour.[79] As an interim measure she suggested that children could remain in the special mother and baby homes without their mothers as happened in Pelletstown and Tuam. However, she stated that, 'We might, however get very much better results by starting afresh than by amending existing legislation' - responsibility for unmarried mothers and their children was 'too scattered' - it should be possible to 'devise a simpler code, which could be framed to take in all children needing the guardianship of public authorities'.[80]

5.109 The department was aware that the mother and baby homes were working at or above capacity in the 1940s and there was a need for additional places. Although conditions in the mother and baby homes merited severe criticism, the alternatives - county homes (see chapter 10) and private nursing homes - were undoubtedly worse. The McAlpine home in Dublin's Seville Place had a long history of delivering the babies of unmarried mothers and placing them at nurse or in an unofficial 'adoption' for a fee. Mothers paid up to £50 to place their child and the McAlpine home retained a substantial share of this money before handing the infant and the remainder of the money to a foster mother. A 1947 file stated that Miss McAlpine and her daughter's practice was 'getting as much as they could from the mother and giving as little as necessary to the foster mother'. The home was the subject of several unfavourable reports by the department's inspectors,

[79] Department of Health INACT/INA/ O/474129.
[80] Department of Health INACT/INA/O /474129.

beginning in 1938. Following a number of court cases, the proprietor finally surrendered her maternity home licence in 1949. In 1947, by which time the proprietor had been in court on a number of occasions and was continuing to challenge the efforts of the Dublin board of assistance to close this maternity home, a Department of Health official noted that

> the official channels are quite unable to cope with the problem of unmarried mothers & illegitimacy. All accommodation is completely full up and those engaged either officially in social work or on a voluntary or religious basis are at their wits' end to secure some place for women to stay and to place the babies. Until some attempt to improve facilities is made, illegalities such as this case will continue to occur. What is important is the very high death rate amongst illegitimate babies. It is all very well to close this place down, because the proprietor is breaking a law set up to protect infant life, if there is at the same time a serious dearth of accommodation, leading to and in fact the cause of a great number of infant deaths. If her home is closed down, then someone else will start another of a similar kind. Unmarried mothers are usually so desperate that they are not responsible for their actions and I must say that Miss McAlpine's 'crime' does not under all the circumstances of the problem of illegitimacy seem so serious.[81]

5.110 On 30 January 1948 the Mother General of the Franciscan Missionary Sisters and the Mother Superior of Portiuncula Hospital in Ballinasloe met the Minister of Health, Seán MacEntee, to discuss the possibility of opening a mother and baby home. They ran homes in Britain, and they favoured discharging mothers three months after the birth: 'the mother should be not alone sufficiently trained in its care, but should have acquired sufficient attachment to the child to ensure that the latter should be well looked after…Their aim was to get these persons back to a normal existence and a normal occupation as quickly as could be arranged'. They were opposed to large mother and baby homes; they regarded 40 women in one home as 'too high'.[82]

5.111 A draft circular to be issued by the Minister for Health stated that the existing arrangements for unmarried mothers and their children were under consideration: 'The mortality among such mothers and children is unduly high. It was vital to ensure that the 'welfare and education of illegitimate children are safe-guarded'.

[81] Department of Health, CCP/IMP/0/46037.
[82] Department of Health INACT/INA/0/474129

This circular summarised many of Miss Litster's recommendations: shorter stays in specialist homes; screening for venereal disease; improved allowances for foster parents; and sending women who might be admitted to a county home in a neighbouring county. It is unclear whether this advice was circulated to local authorities.

5.112 Despite the impression that some changes in the regime for unmarried mothers and their children were being considered in January 1948, very little happened. A general election later that month brought an end to 16 years of Fianna Fáil governments. Dr Noel Browne of Clann na Poblachta became Minister for Health. Although he is remembered for his efforts to promote a Mother and Child scheme to improve maternal and infant health, there is no indication that he gave any consideration to the specific needs of unmarried mothers or their children, despite the fact that mortality of 'illegitimate' children was much greater than children in Dublin's poorest tenement homes.

5.113 The post-war reforms had only a minor impact on provision for unmarried mothers. The 1951 White Paper on County Homes prompted renewed efforts to remove unmarried mothers and their children from the county homes and this was gradually achieved over the following decade. Efforts to increase the numbers of children boarded out by local authorities, or to ensure that children were boarded out at an earlier age, were less successful (See Chapters 10 and 11). The introduction of legal adoption from 1953 changed the outcome for most children born in mother and baby homes.

5.114 Over-crowding in mother and baby homes, and the requirement that mothers remain for up to two years, were all linked with the key question: who would look after the children? In 1949 Dr Cullen, the medical officer at Castlepollard - who appears to have been very actively engaged with the home - suggested that the department consider establishing homes or orphanages to accommodate children aged between nine months and six to seven years, who were born in mother and baby homes. In response Miss Litster noted that the decision to retain mothers in homes for two years 'was decided by the Community [i.e. the Religious Order] in consultation with an inspector of the Department.' [There is no indication of the identity of this inspector but it was probably Mrs Crofts.] The congregation believed that this was the shortest period 'within which any reformative effective might be expected'. She continued:

> The attitude of society in this country towards the unmarried mother is at the root of the idea of retention for a long period. Unmarried mothers here are persons to be punished. In the Homes a great deal of emphasis is placed upon penance and it is small wonder that girls come to look upon them as places of punishment. Any girl in these Homes speaks quite casually of 'doing my term'. The result is that once the two-year period has passed, continued detention is a cause of discontent.

5.115 She suggested that the maximum length of stay should be nine months, but given that local authorities did not place children in foster homes until they were at least two years of age, some alternative arrangement would be necessary for the children.[83] In the years immediately following the end of the war, mother and baby homes were under considerable pressure from the department to reduce overcrowding, and to ensure that there were no children over two years old in the homes. The suggestion by the JCWSSW that unmarried mothers should be given financial support to enable them to keep their children was not given serious consideration

5.116 . In 1951 officials in the Department of Health rejected the Regina Coeli model of enabling unmarried mothers to raise their child(ren):

> There is a very good reason to doubt the wisdom of encouraging and contributing to the further development of the accommodation for unmarried mothers and children, as at present organised…when the children are older serious difficulties must be expected. There will be problems of segregation of sexes and the consequent need for more accommodation. Each 'household' in the group is abnormal in so far as it lacks a father and a concentration of such 'households' with adolescent children and in restricted accommodation will be in danger of becoming a slum, in spite of the best efforts of the voluntary workers.

5.117 Yet they noted that members of the departmental committee on the reconstruction of county homes

> were favourably impressed by the excellent spirit of the members of the Legion of Mary and by the pleasant relationship between the voluntary workers and the residents. The atmosphere in the Hostel was considered to

[83] Department of Health, CCP/IMP/0/45492, 3 June 1950.

be in many ways superior to that of the usual institutions from the point of view of the happiness of the residents, but the members of the Committee were unanimously apprehensive of changes that must take place as the children grew older.[84]

5.118 This report reveals an incapacity to think creatively about alternative arrangements for unmarried mothers and their children. It acknowledges the 'excellent spirit', the better atmosphere in Regina Coeli and then dismisses these households as 'abnormal', and predicts future difficulties that could be forestalled by expanding the accommodation given to each mother and her child(ren) while retaining the model of group apartments.

5.119 Given the absence of legal adoption in Ireland, the pressure coming on mother and baby homes and local authorities to find foster homes for children, plus the fact that American couples were seeking to adopt European children, it is not surprising that the Mother Superiors of mother and baby homes welcomed US adoption. The department's determination to reduce the numbers of children in mother and baby homes may explain why no official objection was voiced to US adoptions.

5.120 The mid-twentieth century marked a peak in state-regulated adoptions, and at this time social workers believed that adoption offered the most appropriate 'solution' for the children of unmarried mothers. Legislation governing legal adoption in Ireland was finally introduced in 1952 the second latest country in Western Europe; the Netherlands introduced legal adoption in 1956.

Conclusions

5.121 The sharp rise in infant mortality during the early and mid-1940s resulted in greater scrutiny of the public health system and conditions in mother and baby homes. The lack of files relating to these homes in the 1930s makes it difficult to determine whether these shortcomings were new or existed from the inception. There is some limited evidence that would support the latter opinion. In 1932, shortly after the opening of Sean Ross, the annals of the Congregation of the Sacred Hearts recorded that 'babies in Roscrea [are] not doing well'; a Sister was dispatched from Liverpool for a month to try and resolve this.[85] In 1937 Mrs Crofts - who appears to have been well-disposed towards the congregation - suggested that some of the

[84] Department of Health, INACT/INA/0/435392.
[85] Congregation of the Sacred Hearts, annals, May 1932.

Sisters should be sent to the Children's Hospital Temple Street for training - it is unclear whether this would be a short course or the formal training for a children's nurse.[86] This indicates that Mrs Crofts was aware of their lack of professional training. The records of the congregation relating to the Irish mother and baby homes refer to the chapel, meetings with the bishop, the sale or purchase of property but not to conditions in the homes, very rarely to the infants and never to the mothers. Sister Martina was appointed to Bessborough in 1922 and she remained for over 20 years until she was in her 70s. Her long service in one institution was inconsistent with the congregation's regulations stipulating that heads of houses should not serve for more than six years - exemptions to this rule required a dispensation from Rome.[87]

5.122 The wartime crisis in infant mortality resulted in improvements within Bessborough and presumably in other homes, together with proposals for major reforms in health services for mothers and children. The outcome was a much better system of maternity and infant care for mothers and children which was undoubtedly of benefit to the poor. Better healthcare, coupled with improvements in food supplies, better housing and sanitation together with mass immunisation and new drug therapies transformed the outcomes for Irish infants, though neo-natal mortality, (the first month of life) proved more resistant to improvement, and not just in Ireland.

5.123 Unmarried mothers and their children shared these health gains. Penicillin was first used to treat infants in Bessborough in April 1946. Infant mortality in the Bessborough home (i.e. the section that accommodated children who had been discharged from the maternity unit) fell from 40% to 8% in the period April to September 1946. But the system that had emerged in the 1920s and early 1930s was not altered. The only new feature was adoption: babies who were adopted by US couples and the introduction of legal adoption in Ireland.

5.124 The creation of a separate Department of Health appeared to signal a substantial expansion in the role of central government but decisions relating to unmarried mothers and their children remained primarily a matter for local authorities and religious/charitable agencies. The shortcomings revealed by inspections of Bessborough and the appalling death rates of early/mid-1940s appear to have

[86] Congregation of the Sacred Hearts, annals, 4 Jan. 1937.
[87] Congregation of the Sacred Hearts, council minutes, 23 Sept. 1936.

been forgotten and forgiven, perhaps because infant mortality was falling sharply. After 1949 (the date of Miss Litster's last commentary quoted above), nobody appears to have queried whether special homes, run by religious sisters, at ratepayers expense, were the most appropriate way to provide for an unmarried mother and her infant. The religious sisters were generally viewed in a positive light - a department of health memorandum in December 1949 about a possible increase in capitation rates in mother and baby homes captures a widely-held attitude:

> We should not be niggardly in our approach to this question while bearing in mind at the same time that the Exchequer has to pay a portion of the cost. The nuns in charge of these institutions are doing their work well. They do not receive any salary or remuneration for their work. (they were paid in Pelletstown which was not funded by capitation payments) They are continually pinching and scraping to make ends meet and if this institution had to be maintained by local authorities themselves, I am perfectly satisfied that the cost would be very much higher.[88]

5.125 Evidence from county homes, and the lack of concern shown by local authorities for the welfare of boarded-out children in their care, does not suggest that placing these homes under the control of local authorities would have offered a better solution. It is equally fanciful to suggest that mother and baby homes or other services for unmarried mothers and their children should have been provided directly by a government department. In Britain and the Netherlands at this time, mother and baby homes were run either by local authorities or voluntary groups, which generally had a religious ethos.

5.126 Nevertheless this chapter raise serious questions about governance, and the relationship between private institutions - such as the three homes run by the Congregation of the Sacred Hearts - and the state, whether local or central. Regulations with respect to numbers were regularly flouted. Such irregularities were not unique to mother and baby homes; inspection reports on private nursing homes suggest similar infringements. Although local authorities provided significant funding they appear to have shown little interest in what happened in these institutions; a lack of records makes it difficult to determine whether Dublin and Galway health authorities carried out regular inspections of Pelletstown and

[88] Department of Health, INACT/INA/0/464172.

Tuam. In 1941, a DLGPH official conceded that 'apart from the contractual rights of the local authority inherent in the agreement and the powers of the Minister…we have no powers of control or scrutiny of accounts etc. so that we know nothing about the financial position of the community or the Institutions'.[89] More detailed scrutiny of the three homes run by the Sacred Hearts Congregation would have threatened a dispute between church and state and it would have challenged the prevailing mindset of the time that these Sisters - despite their apparent lack of professional qualifications - were best placed to manage the care of unmarried mothers and their infants. The 1947 'letter' forwarded by the Taoiseach's department suggested that denominational tensions and fears that Catholic infants would be raised as Protestants remained a critical concern for at least some sections of the Catholic hierarchy, and that a more interventionist Department of Health would face difficulties asserting their authority. Although the health crisis of the Emergency years resulted in major reforms to Irish health services, and especially those providing for pregnant women and babies,[90] provision for unmarried mothers and their children remained largely as it was in 1939, despite evidence that it demanded radical rethinking.

[89] Department of Health, CCP/IMP/0/45492.
[90] Earner-Byrne, *Mother and Child*

Chapter 6: Post War Years

Introduction

6.1 The years from the late 1940s until the mid-1960s are now recognised as a conservative period in western Europe and North America. Most countries experienced a marriage boom; couples married in their early twenties, and the falling birth-rates of the 1930s were reversed. The number of 'illegitimate' births fell. Families, where the man was the breadwinner and the woman remained at home caring for children were regarded as the ideal. Adoption was seen as the 'solution' to births outside marriage and childless couples. The number of children being adopted rose in the UK and in the United States, peaking in the mid/late 1960s. Ireland's marriage pattern was different; it was only in the 1960s that Irish couples began to marry in their twenties, but Ireland shared in the post-war social conservative values.

6.2 The introduction of legal adoption in Ireland with the *Adoption Act 1952* transformed the outcomes for the children of unmarried mothers. By the 1960s unmarried mothers were no longer spending long periods in county homes or mother and baby homes. In Ireland, as elsewhere, 'illegitimate' births, which had increased during the war, fell significantly. The numbers peaked in 1946 at 2,642 or 3.9% of total births; by 1950 this had fallen to 1,627 or 2.6% of births and it continued to fall. Part of the wartime increase was probably due to the fact that pregnant women faced difficulties in travelling to Britain and remaining there, but even allowing for that distortion in the statistics, the number of 'illegitimate' births undoubtedly fell after the war. The number of births in the major mother and baby homes[1] peaked in 1946 and then declined, though not in proportion to the fall in 'illegitimate' births.

6.3 Social attitudes in Ireland and elsewhere were conservative and there is no evidence of any reduction in the stigma associated with unmarried motherhood until the late 1960s. A much higher proportion of Irish unmarried mothers were admitted to mother and baby homes during the 1950s and 1960s than in the 1930s or 1940s. The introduction of legal adoption and a reduction in the length of stay

[1] The statistics relate to Kilrush, Bessborough, Sean Ross, Castlepollard, Bethany, Denny House, Tuam, Pelletstown and Dunboyne. Regina Coeli is excluded because it admitted a more diverse range of mothers and babies, so these figures underestimate the numbers of 'illegitimate' births associated with mother and baby homes. The figures record all babies born to women who were in these homes, whether the birth took place in the mother and baby home or elsewhere.

may have persuaded more women or their families to seek admission to these homes. In 1950, 498 babies, or 30.6% of registered 'illegitimate' births, were born in mother and baby homes. By 1961 this had increased to 52% of 'illegitimate' births. A majority of 'illegitimate' births took place in mother and baby homes in 1965, 1966 and 1967. The number of births in these homes peaked in 1967, when 821 babies were born. There are no comprehensive statistics for the number of unmarried mothers who gave birth in county homes. However, on 31 March 1953 there were 318 unmarried mothers in county homes and 488 in 'special homes', the term used by the Department of Health to describe mother and baby homes.[2] The number of women in county homes declined during the 1950s. The removal of unmarried mothers from county homes, (which had been government policy since the 1920s) and the admission to mother and baby homes of women on a second or subsequent pregnancy contributed to the increased percentage of unmarried mothers in the special mother and baby homes. However, the steady rise in the number admitted to mother and baby homes in the 1960s happened some years after the disappearance of unmarried mothers from most county homes.

Mortality and health care

6.4 Infant and child mortality fell sharply in the late 1940s and continued to fall. The gap between the death rate of 'illegitimate' children and the national average narrowed, as did the gap between urban and rural mortality, though infant mortality among city children and 'illegitimate' children remained high by international standards. The improvement in neo-natal mortality (first four weeks of life) was much slower than the improvements for children aged between one and 12 months.

6.5 No single factor accounts for the significant decline in infant mortality. By the late 1940s penicillin was in general use, and the survival rates among infants who had contracted pneumonia and other serious infections, such as gastro-enteritis, showed a marked improvement. There was substantial investment in water, drainage and housing, and a major construction programme for hospitals and county homes, though the impact of these investments would have been gradual. Part IV of the *Health Act 1947*, which related to infectious diseases and infestation, gave the Minister of Health power to define infectious disease and make

[2] 'Arrangements by Public Assistance Authorities for the accommodation of unmarried mothers and their children', *Report of the commission on emigration and other population problems, 1948-1954*, Appendix IV, (Dublin, 1955)

regulations to prevent their spread. Regulations introduced the following year provided the basis for nationwide programmes of immunisation against diphtheria, whooping cough and later polio, provided by local health authorities, free to all children. By 1952 almost 60% of pre-school children were being immunised against diphtheria, though rates varied, with over 90% being immunised in Cork city and Louth, but only 44% in Dublin city and 19% in Limerick city.[3] Nationwide immunisation programmes reduced the incidence of infectious disease in the community, with direct and indirect benefits to children in mother and baby homes.

6.6 The decline in infant mortality in the mother and baby homes followed a very similar time-line to national trends, which suggests that at least part of the decline was due to changes within the wider society, but improvements within the mother and baby homes were also important. The introduction of isolation units for mothers and infants limited the spread of infectious diseases; the establishment of St Clare's as a specialist infant hospital for infectious disease helped to reduce mortality in Pelletstown and Regina Coeli (see Chapter 2). The reduction in overcrowding and measures to break up the large infant nurseries were also important in infection control, and the ending of wartime shortages improved the nutritional status of pregnant women. The critical scrutiny of infant mortality and conditions in Bessborough during the war years may have prompted the authorities in charge in Bessborough and the other homes to be more active in reducing and preventing infection. The Department of Health's insistence on the appointment of qualified midwives and nursing staff was also important.

6.7 The General Registrar Office (GRO) described 1948 as 'the healthiest ever recorded in Ireland', with infant mortality at 49 per 1,000 live births, compared with 68 the previous year. Deaths from diarrhoea and enteritis among infants, who were under two years old, fell from 1,092 in 1945 to 340.[4] The report for Cork Street Fever Hospital noted that, in 1941, gastro-enteritis killed 500 babies before their first birthday. Only 59 cases were admitted to the hospital in 1948 and eight died.[5]

6.8 Maternity and child health was a priority in plans for an improved health service. In May 1948, the Minister for Health, Dr Noël Browne, established a consultative child

[3] Michael Dwyer, *Strangling Angel: Diphtheria and childhood immunization in Ireland* (Liverpool, 2018), pp 163-7.
[4] *Irish Press*, 25 May 1949.
[5] *Irish Press*, 8 Oct. 1949.

health council to advise him on measures that would reduce infant mortality and improve children's health. They identified the high rate of infant mortality in Dublin city as the most urgent problem and they appointed a sub-committee to examine that topic. The sub-committee, chaired by the paediatrician Dr Robert Collis, consisted of doctors - including paediatrician Colman Saunders, a paediatric nurse Miss E Healy, and public health experts. They recommended that the child-health services of Dublin Corporation and the Dublin Board of Assistance should be consolidated. They determined that half of the city's milk supply was unsafe, so a strategy to ensure the quality of infant milk was critical. They highlighted cases of 'inanition' - underweight babies, and the high death rate from infections as factors that were responsible for many deaths among the children of single mothers and Dublin tenement families; 90% of babies admitted to St Clare's Hospital were reported to be underweight. They determined that breastfeeding was the most important factor in reducing neo-natal mortality, together with good hygiene and regular weighing of infants; artificial feeding should be used when necessary, and infants infected with diseases should be isolated.

6.9 The sub-committee identified the death rate of children born to single mothers, which was more than three times the rate for 'legitimate' babies, as a problem 'to be faced resolutely if the general infant mortality rate is to be reduced'. Conditions in St Kevin's – Dublin city's equivalent to a county home and county hospital - were described as 'quite out of date'. The nurseries were not constructed to prevent cross-infection, which meant that healthy infants became infected. St Kevin's had no consultant paediatrician. Pelletstown, which was also under the control of the Dublin Board of Assistance, was 'excellently renovated…structurally improved but dangerously over-crowded and with insufficient trained nurses'. They recommended the appointment of a consultant paediatrician; a specialist neo-natal unit should be established in St Kevin's, all healthy 'illegitimate' children should be moved to Pelletstown, and all sick infants moved to children's hospitals. The isolation unit at Pelletstown should be reorganised and staffed with qualified nurses, and the numbers in Pelletstown reduced by the earlier discharge of mothers. Responsibility for boarding out children should be vested in the health authority and inspection entrusted to a public health nurse. Regina Coeli was described as unsatisfactory; infant mortality there was three times the rate in Pelletstown. The hostel was 'lack[ing] almost every proper facility in regard to both nursing and structure' and it was utterly unsuitable for new-born infants. They claimed that infants in Regina Coeli were 'not being properly cared for or

adequately nourished at present'.[6] Dr Deeny, the department's chief medical officer, responded to this report by suggesting that

> the real trouble with the high illegitimate death rate is the inability of the authorities to find suitable homes for the infants and to take reasonable care of them while they are with the mothers. It is useless for the Committee to talk about an early discharge of the mothers from St Patrick's Home [Pelletstown] without suggesting a suitable means by which this can be achieved. A mother cannot walk out of the home and leave it [her infant] in the hands of the charity.[7]

6.10 A new maternity unit opened at St Kevin's Hospital in 1954, with a consultant obstetrician. Dr Victoria Coffey, who had been providing maternity care and care for new-born infants, was given responsibility for neo-natal cases and children in St Kevin's. It is unclear whether her contract included duties at Pelletstown; however in 1960 when the number of children's beds in St Kevin's was severely reduced her duties were revised to include twice-weekly visits to Pelletstown.[8]

6.11 Dr Deeny regarded boarding out as the best solution for the children of unmarried mothers but he claimed that the system had 'broken down' because of a shortage of suitable foster homes. He recommended seeking 'the active intervention of the Church…and…a proper Adoption Act'. He claimed that the medical section of the Department of Health had approached successive ministers over the past seven or eight years and they in turn had made tentative approaches to the bishops, presumably regarding an adoption act, 'but no concrete result has been achieved'. The Commission has seen no record of these interventions, which may have been oral. He suggested that a formal submission should be made to the bishops about adoption, because 'an Adoption Act would do more to lessen infant mortality amongst illegitimate children than any other factor'.[9]

Adoption

6.12 Legal adoption was introduced when the Adoption Act 1952 came into effect on 1 January 1953. This was many decades after it was introduced in Northern Ireland,

[6] Department of Health file: INACT/INA/0/541585. For further details see Chapter 21 Regina Coeli.
[7] Department of Health, INACT/INA/0/541585; it should be noted that St Patrick's (Pelletstown) was not a charity, it was owned by the Dublin Board of Assistance and mothers did frequently leave it while leaving their children behind (see Chapter 13).
[8] Department of Health, PMD/INA/0/520403.
[9] Department of Health, INACT/INA/0/541585.

England and Scotland. The Netherlands was the only other country in Western Europe without legal adoption before World War II; it was introduced in 1956.

6.13 The delay in introducing adoption and government pressure on mother and baby homes and county homes to reduce the number of children in these institutions meant that mother and baby homes probably welcomed approaches from American couples seeking to adopt children in the immediate aftermath of the war. The introduction of adoption in Ireland should, in theory, have brought an end to the practice of overseas adoptions, but they continued. In September 1953, the registrar of the newly-established Adoption Board, An Bord Uchtála, sought advice from the Minister of Justice about overseas adoptions. He was told that

> There seems to be no doubt whatever that, for the present at any rate, there are more children in the country available for adoption than there are suitable persons able and willing to adopt them. That being so a number of children are certain to be denied homes and family life, unless they are adopted by foreigners. Much as the Minister regrets that any Irish child should have to go abroad, he thinks that where the adopters are suitable a foreign adoption is to be preferred to the Institutional life here which might be the only alternative. Accordingly, as long as the supply of children for adoption here is greater than the demand, the Minister would not discourage suitable foreign adopters.[10]

6.14 The introduction of adoption resulted in a fall in the number of boarded-out children and children placed at nurse. The number of young children in institutional care increased. By the mid-1950s St Patrick's Guild (see Chapter 2) was keeping children in Temple Hill until they were adopted. Temple Hill was expanded, with the assistance of a substantial grant from the Irish Hospitals Commission. In earlier years St Patrick's Guild had placed many children at nurse with families.[11] Some adoption agencies did not have access to a specialist baby home. By the mid/late 1960s inspections of maternity nursing homes were increasingly turning up cases of infants being kept in private maternity homes without their mothers. Some of these children were born in the maternity homes; others were placed in these homes by their mother or an adoption agency, pending adoption. In 1968, having removed children from unregistered foster homes and a maternity home,

[10] Adoption Authority, minutes (uncatalogued). These are the first set of minutes for the Adoption Authority, 7 Sept. 1953.
[11] Department of Health, INACT/INA/0/435925.

the county medical officer in Waterford decided that children awaiting adoption should be kept in the county home.[12]

6.15 The records of St Anne's Adoption Society in Cork, which placed infants of Irish unmarried mothers repatriated from Britain, noted the resentment/disbelief of mothers that their infants could not be immediately placed with adoptive parents, as happened in Britain. The Limerick Social Service Council, which worked closely with the Limerick Catholic Adoption Society, arranged for ten couples with families to provide short-term foster care for infants following their discharge from a maternity home and adoption. They reported that this arrangement 'enables the mother to return to her normal way of life with the minimum of delay and inconvenience'.[13]

6.16 In 1955, there were 1,234 'illegitimate' births and 786 adoption orders; 2,184 'illegitimate' children were boarded out, and 582 children were resident in institutions that were certified under the *Health Act 1953*. Department of Health inspector Alice Litster highlighted a 'recent development…the committal of very young children to convent industrial Schools'.[14] She was unable to determine the precise number of children under five being maintained by local authorities from the Department of Education, which was responsible for industrial schools. However, she discovered that in 1953, 26 children under five years, who were charged to Dublin Corporation, were committed to industrial schools; 33 were committed in 1954 and 34 in 1955.[15] In March 1953 there were 389 children of unmarried mothers maintained in industrial schools, 284 in other institutions, and 2,284 were boarded out.[16]

6.17 In 1960, there were 968 'illegitimate' births and 505 adoption orders were made; the number of boarded-out children had declined to 1,861, and 232 children were maintained in institutions. By 1965, when 1,403 'illegitimate' children were born, 1,049 adoption orders were made, and the number of children boarded out had fallen to 1,262; but the number maintained in institutions had risen to 515. There is no evidence that families had become more willing to accept an unmarried

[12] Department of Health, CCL/INA/0/498274.
[13] *Limerick Leader*, 13 Dec. 1969.
[14] It is not clear that this was a very recent development. Very young children were moved from Pelletstown to industrial schools at least from the early 1940s – see Chapter 13.
[15] Department of Health, INACT/INA/0/435925.
[16] *Report of the commission on emigration and other population problems, 1948—1954,* Appendix IV.

daughter and her child back into the family home, and economic conditions brought only a gradual improvement in the job prospects or wages of single women who might wish to keep their child.

6.18 Most of the early adoptions involved the legalisation of informal adoptions and the adoption by foster parents of children placed with them by either a local authority or a charity. The proportion of 'illegitimate' children who were adopted rose steadily during the 1960s. Statistics recording the final confirmed placement of children born in Bessborough show that just under 75% of those born in the 1950s were adopted (many of those children would have initially been placed with foster families); in the 1960s the figure was over 95%.

6.19 By the early 1960s an increasing number of adopting parents were middle-class, though farmers remained reluctant to adopt - only 80, less than 10% of the 840 adopters in 1963 were labourers, 84 were farmers; these figures were much lower than their share of Irish households. As Irish adoptions increased, the number of children adopted in the USA fell. One-quarter of children were placed privately with adopting parents, which was not illegal. In 1964, Michael Viney noted that a child born to an unmarried mother in Ireland had a four-to-one chance of being adopted; 40% of adopted children would be raised in prosperous middle-class homes.[17] In 1958, a majority of adoptive parents were living in Dublin, but by 1969, 60% of adoptions were by rural couples. The *Sunday Press* quoted a spokesman for the Adoption Board who noted that 'the rather conservative country people have accepted adoption'.[18]

The Health Act 1953

6.20 The *Health Act 1953* enacted a modified version of the contentious Mother and Baby scheme that was envisaged as a key element of the *Health Act 1947*. The legislation provided for a full maternity care service - either domiciliary or in a hospital or nursing home; free medical care for infants up to six weeks after birth, and a £4 cash grant for each confinement, plus free milk for pregnant or nursing mothers, and free milk for children up to five years. The act did not distinguish between married and single women. Earner-Byrne notes that 'the underlying assumption was that Irish mothers were entitled to care as citizens, not necessarily

[17] Michael Viney, *No Birthright: an inquiry* (Dublin, 1964), p. 43.
[18] *Sunday Press*, 13 July 1969.

as wives'.[19] In 1954, the Assistant Secretary of the Department of Health instructed the Rotunda Hospital not to demand marriage certificates from pregnant women when they enrolled for ante-natal care. 'The request for the certificate is an embarrassment to the single woman or the woman who married only a short time before the expected birth of the baby, if she wishes to conceal the fact, as she should be at liberty to do so'.[20] Section 54 provided that a person who was unable to provide for their shelter and maintenance was eligible for institutional assistance in a county home or similar institution. Mother and baby homes were deemed to come under this heading (see Chapter 1). The *Institutional Assistance Regulations 1954* provided the details for the implementation of Section 54.

6.21 The *Social Welfare Act 1952* provided that women who had worked in insured employment for a designated period could claim a maternity allowance for 12 weeks - six weeks before and six weeks after giving birth. This payment was made to qualifying married or single women.

6.22 Although the *Health Act 1953* gave women the freedom to select where they would receive maternity care, in 1957 one member of a delegation from the Irish Medical Association, who met Department of Health officials to discuss the 1953 act, complained that the local health authority in Galway refused to admit unmarried mothers to Tuam until they had supplied details of the putative father, and an unmarried woman, who developed complications during pregnancy, could not be admitted to the Regional Hospital (formerly the Central Hospital) unless she was first admitted to Tuam, despite the fact that this delay presented risks for both mother and baby.[21]

Mother and baby homes

6.23 All the mother and baby homes were overcrowded during the war years. The sharp fall in 'illegitimate' births eased the pressure on places. An inspection of Castlepollard in 1950 determined that numbers in the home were too high,[22] but within a few years Castlepollard was complaining of empty spaces, and the Superiors of all the homes were becoming concerned about numbers and potential financial deficits. The numbers of women admitted to Pelletstown fell from 170 in the year ending March 1949 to 102 by March 1955; the number of women in

[19] Lindsey Earner-Byrne, *Mother and child: Maternity and Child Welfare in Dublin, 1922*-60 (Manchester, 2007), pp 163-5.
[20] As cited in Earner-Byrne, *Mother and child*, p. 167.
[21] Department of Health, INACT/INA/0/427509.
[22] Department of Health, NATARCH/ARC/0/413869.

Pelletstown at year end fell from 145 to 102; the numbers of children from 380 to 244.

Health and Mortality

6.24 Infant mortality fell significantly in the mother and baby homes in the late 1940s. When Castlepollard was inspected in January 1949, Miss Litster reported that of the 123 live infants born between 1 April 1948 and 21 January 1949 (there were six stillbirths), only one death was recorded in the maternity section - a twin weighing 3 lbs. 10 oz. at birth. Three older children died in the nursery, two of gastro-enteritis, one with haemolytic jaundice. The death rate of 3% was the lowest yet recorded in any of the 'special homes'; it was one-quarter of the 13% mortality recorded for 1947-48.[23] In the year ending 31 March 1951, 83 babies were born in Bessborough and a further 19 were admitted shortly after birth. One child died - the premature infant of a 16-year-old mother who was admitted in labour. Between 1 April and 7 November 1951 an infant and two older children died - from convulsions and measles.[24] Regular inspections, isolation units, insistence on adequate professional staff, the provision of additional wash-hand basins and sanitary facilities and reduced over-crowding contributed to the reduced mortality, as did penicillin. But infant mortality remained significantly higher than in the general population and the death rate in Sean Ross was reported to be twice that in Castlepollard. An inspection of Pelletstown in 1951 noted that the death rate over the previous 12 months was 10%; between 1 April and 26 October 1951 it reached 27%. Miss Litster suggested that the institution should revert to earlier practices where mothers and babies were not admitted until they had been screened for venereal disease and tuberculosis and given a general clean bill of health.[25]

6.25 By the 1950s the health care provided for mothers and babies appears to have been adequate and equal to, if not better than, that available to many married women. In 1964, according to the annual record of the General Medical Council. The only places outside Dublin with qualified obstetricians were Cork, Galway, Limerick, Sligo, Drogheda, Ballinasloe and Waterford. Inspection reports reveal the poor standards in many private nursing homes where married women gave birth in the 1940s and 1950s and it took many years of inspections to secure

[23] Department of Health, INACT/INA/0/450464.
[24] Department of Health, CCP/IMP/0/45492.
[25] Department of Health, INACT/INA/0/467784.

improvements. One nursing home in County Kerry transformed into a bed and breakfast during the summer months. The McAlpine home in central Dublin, which was discussed in the previous chapter, allegedly consisted of four beds for maternity cases. The house also accommodated two lodgers - a printer and an entertainer - plus parents and three children. In 1949, Miss Litster was uncertain where they would all sleep; she described it as a 'spurious maternity home, all comers being welcome'. In the 1950s a midwife in the west of Ireland delivered babies in rooms above her husband's public house without the appropriate maternity home licence. Baths,bathrooms and sanitary facilities were often inadequate; when maternity homes were first registered there were nursing homes where the only toilet was outdoors but local authorities were often reluctant to withdraw licences from homes with inadequate facilities. Most of the private maternity homes also accepted patients with chronic illnesses or in need of general nursing.[26]

6.26 In 1944, the medical officer attached to Sean Ross described the maternity hospital as inadequate, only equipped for normal deliveries. The matron wanted a new maternity unit with a labour ward, sterilising room, a theatre with connected ante- and post-partum examination rooms and additional equipment and instruments.[27] The medical officer was a former assistant-master in the Coombe Maternity Hospital.[28] An inspection in October 1955 expressed concern that the hospital was located close to the farmyard; an open drain/sewer ran nearby; ante-natal patients were accommodated in converted coach houses with inadequate fire escapes.[29] By 1954 Bessborough had a well-equipped maternity home with an operating theatre where caesarean sections could be performed. The visiting medical officer, Dr Sutton, was a qualified obstetrician. The visiting medical officer in Castlepollard was the local dispensary doctor, Dr Cullen; obstetric emergencies and caesarean sections were sent to Holles Street hospital. Dr Stuart, the visiting medical officer in Pelletstown, was a qualified obstetrician; cases requiring surgery were sent to St Kevin's (gynaecology) or the Coombe (where Dr Stuart was a member of the staff).[30] In 1945, the maternity unit in Tuam was described as 'a new building…well-equipped for its purpose'. Central heating was installed around

[26] Department of Health, INACT/INA/0/447977 (Kerry); Department of Health, CCP/IMP/0/46037 (McAlpine); INACT/INA/0/470241.
[27] National Archives of Ireland, HLTH/H27/2/3.
[28] National Archives of Ireland, HLTH/H27/2/3.
[29] National Archives of Ireland, HLTH/H27/2/3.
[30] Department of Health, NATARCH/ARC/0/413869.

1951, but the unit relied on an external midwife to deliver babies and the services of a local GP; the other homes had trained midwives on their staff. Inspection reports noted a lack of ante-natal care in Tuam.[31] Women admitted to Bethany gave birth in a Dublin maternity hospital, as did the women in Denny House and Regina Coeli. By the 1950s the homes had isolation units, and it appears that new arrivals underwent Wassermann blood tests to detect cases of venereal disease (penicillin had a dramatic impact on treatment for VD). As the ban on admitting mothers on a second pregnancy was gradually relaxed (see below), the medical officer in Castlepollard argued that it was necessary to test blood groups including rhesus status, to alert him to the prospect of haemorrhagic disease.[32]

6.27 Mother and baby homes benefited from child immunisation programmes, and from penicillin and other antibiotics. A letter from the Department of Health to all public assistance authorities, dated 2 May 1947, approving increased maintenance charges for Castlepollard, stated that:

> These charges are intended to cover inter alia the cost of Wassermann blood tests, subsequent treatment of inmates affected with venereal disease, extra remuneration for the medical officer for carrying out such treatment and the cost of drugs, etc. The charges are also intended to cover the costs of immunisation and vaccination.[33] [There is an inference that these services are new].

Infants were routinely immunised against diphtheria and whooping cough. In 1950, the visiting medical officer at Castlepollard wrote to the department requesting higher maintenance charges; he referred to the cost of penicillin, and drug treatment for cases of vaginal discharge, and the cost of inoculating children. Gastro-enteritis was now treated with appropriate drugs; he had recently found that streptomycin had proved effective in some cases. A year later he proposed that where a mother or infant maintained by a Public Assistance Authority (PAA) was being treated with a 'special drug' - such as aureomycin, streptomycin, procaine or penicillin - he would charge the additional cost to the PAA, but in order to treat sick patients in a timely manner, he proposed seeking advance approval to do this. The Department of Health rejected this proposal. The list of drugs indicates the range of modern medicines that were available to treat the diseases that were responsible for many infant deaths in the past. These medicines were costly. In

[31] Department of Health, INACT/INA/0/442853.
[32] Department of Health, INACT/INA/0/464172.
[33] Department of Health, INACT/INA/0/427513.

1954 special drugs administered to one child in Castlepollard cost over £6, which was equal to three weeks maintenance for a mother, or six weeks for a child. The Minister for Health had no objection to reimbursing this cost. But Kildare County Council refused to reimburse Castlepollard for the cost of dental work for a woman patient. The department overruled this decision.[34]

6.28 Despite significant advances, infant mortality in mother and baby homes remained much higher than the national rate. In 1950, the main causes of death listed in Pelletstown included prematurity, syphilis, cardiac failure, pneumonia, congenital debility and inanition.[35]

6.29 Department inspectors visiting Sean Ross in 1949 welcomed the fall in infant mortality, but they believed that more could be done. Miss Litster noted that the death rate at 12% included three infants who would previously have been classified as stillbirths; nevertheless the figures compared very unfavourably with Castlepollard. She complained that a woman with active tuberculosis had been admitted to Sean Ross; she had since been removed to the county home. The department's medical inspectors decried the deaths from pneumonia, which the medical officer described as 'accidental - not likely to recur'. The department claimed that they could be averted, 'in these days of penicillin, sulphadimine etc. by greater vigilance by the nursing staff, so that treatment could be begun earlier'. In 1951, the chief medical officer noted that too many women in Sean Ross were giving birth shortly after admission; some arrived in labour, which contributed to the high rate of neo-natal death and stillbirths. He claimed that half of the mothers and infants left less than three months after the birth, which meant that infants could not be immunised; others left before receiving a second injection. The 'known neo-natal death rate' remained high at 84 per 1,000.[36] The death rate in Sean Ross continued to cause concern. In 1959 it was 50 per 1,000 (the national figure was 32), which was described as 'very high'. The department's inspector Margaret Reidy recalled a report by Miss Litster in 1955, highlighting the deaths from viral pneumonia; she noted that no action appears to have been taken on foot of that report.[37] In 1962, Miss Reidy noted that whereas Castlepollard and Bessborough transferred all seriously-ill infants to hospital, Sean Ross continued to care for them

[34] Department of Health, INACT/INA/0/464172
[35] Department of Health, INACT/INA/0/467784.
[36] Department of Health, INACT/INA/0/464099.
[37] National Archives of Ireland, HLTH/H27/2/3..

in the institution. In 1962 however, deaths in Sean Ross were lower than in the other Sacred Heart homes.[38]

6.30 An inspection carried out in Bessborough in 1961 concluded that 'the hospital was clean and well-kept and records available and properly posted'. However the department noted that infant mortality was around 85 per 1,000 births, three times the national rate. It acknowledged that the rate for 'illegitimate' infants was higher than for the children of married women 'but nevertheless - this figure is too high'. They suggested that this should be discussed with Dr Sutton - whether it happened is unknown.[39]

Diet

6.31 By the 1950s infant/children's diets in county homes and mother and baby homes were informed by modern nutritional science. In 1953 children over the age of three months in the three Sacred Heart homes were given daily doses of adexolin - which contains vitamins A and D3; children aged over six months received a spoonful of cod liver oil. Orange juice was mentioned in diets for children under six months; oranges featured in the diets of older children. Children aged nine months or older received 48 ounces of milk daily, which the department's dietician described as generous. There was a concern to ensure that the milk was tuberculin-tested.[40] Children were put onto solid diets and spoon feeding around six months, which was the recommended practice at this time.[41]

6.32 In July 1954 when Bessborough underwent an inspection, dinner for the women consisted of beef stew, vegetables and milk pudding. The report noted that soup was frequently served especially in cold weather and stewed fruit when fruit was available. Breakfast consisted of porridge, bread, butter and tea, with an egg on Sundays and an occasional rasher. Supper consisted of eggs or salad, with bread, butter and tea. The inspector commented that it 'appears to be nourishing'.[42] Dinner in Sean Ross on the day of the 1954 inspection consisted of soup, meat and two vegetables, semolina and rhubarb. The evening meal comprised sausage, or black or white pudding, or salad or stewed fruit, plus tea, bread, and

[38] Department of Health, INACT/INA/0/464099.
[39] Department of Health, INACT/INA/0/543582.
[40] Department of Health, INACT/INA/0/464172.
[41] Department of Health, NATARCH/ARC/0/403458.
[42] Department of Health, CCP/IMP/0/45492.

butter.[43] But a 1957 inspection noted that the Mother Superior had found it necessary to improve the diet; she was providing extra milk and butter and she planned other improvements both in the quantity and quality of food.[44]

Accommodation and amenities

6.33 The 1950s brought long-overdue improvements to county homes, which continued to resemble Victorian-era workhouses. There was little investment in mother and baby homes probably because they had received substantial capital funding in earlier decades. In Bessborough the only major investment was £3,000 from the Hospitals Commission in 1953 for additional infant accommodation.[45] In 1950, facilities in mother and baby homes, with the notable exception of Tuam, were far superior to county homes. They had running water, some form of heating, bathrooms and flush toilets (the list is basic). Inspectors who visited Pelletstown in 1950 were impressed by the cleanliness, but they noted that extra lavatories were urgently needed - there were only four lavatories for 140 pregnant and post-natal women. Floors in the women's dining room and adjoining kitchen needed repair. There was woodworm in the floor of one of the women's dormitories; the floor in the children's dormitory was 'bad'. The babies' ward was too large, and should be divided. The inspectors could not see how children could sleep in such a large noisy place. Walls needed replastering. In 1953 the sleeping accommodation for women was overcrowded. An inspection in February 1960 reported that there was no heating in the bathroom attached to St Mary's nursery, a 45-cot unit.

> During the three-week cold spell which lasted from beginning of that month until a few days before my visit, it was not possible to use the bathroom and the children had to be washed in their cots. Infra-red heaters, however, had been provided but were lying in the stores awaiting installation. Washing such a large number of infants in their cots is time absorbing, arduous and unsatisfactory for staff and constitutes a certain risk for infants.

6.34 The inspector described the delay in heating this bathroom as 'quite unnecessary'; some windows in the nursery needed repair and the room was 'draughty'.[46]

6.35 The determination to reduce infant mortality resulted in dedicated efforts to reduce overcrowding and divide large dormitories in order to reduce cross-infection. In

[43] Department of Health, INACT/INA/0/464099.
[44] Department of Health, INACT/INA/0/464172.
[45] Department of Health, INACT/INA/0/463707.
[46] Department of Health, INACT/INA/0/467784.

1952 it was reported that the former long nursery in Bessborough had been divided into three smaller rooms, newly-decorated and with glass panels. Another room was equipped with playpens and play materials.[47] Sleeping arrangements differed between the homes. Castlepollard had no separate night nursery for infants; babies remained with their mothers at night, whereas Bessborough had separate night nurseries. Infants in the Sean Ross maternity unit were kept in a nursery at night, which was described as overcrowded and inadequate in 1952.[48] A comparative analysis of neo-natal deaths in the Dublin maternity hospitals in the 1950s noted that the lowest rates were in the Coombe, where babies slept in their mothers' bed at night.[49] Perhaps the absence of a night nursery helped to explain the lower infant mortality in Castlepollard. It also facilitated breastfeeding. However in Tuam and Regina Coeli, members of staff were concerned that permitting babies to sleep with their mothers might result in infant deaths (see Chapters 15 and 21).

6.36 Women slept in large dormitories with little if any privacy, no storage space and often inadequate facilities for washing, bathing and toilets. A reference to the 1956 purchase of storage household cabinets for Castlepollard suggests that the mothers might be getting presses or lockers.[50] An inspection of Pelletstown in 1960 commented that 'Neither of the adult dormitories afford privacy of any kind. The Sister-in-Charge considers, in this day and age, that this is retrograde and I agree with her wholeheartedly'; an official in the Department of Health added a handwritten note 'Agreed'.[51] In 1958, mothers in Bessborough were accommodated in a 12-bed unit for nursing mothers, presumably with their babies; there were three additional wards with 16, 24 and 48 beds respectively.[52]

6.37 There were modest improvements. The wartime backlog of repairs was tackled and there is evidence of a greater awareness of children's needs. Wartime concerns over rickets and a lack of vitamin D meant that Bethany, Bessborough and Sean Ross constructed some form of solarium.[53] With reduced admissions it

[47] Department of Health, NATARCH/ARC/0/413869.
[48] Department of Health, INACT/INA/0/427513 (Bessborough); Department of Health, INACT/INA/0/471890 (Tipperary North Riding Registration of Maternity Homes).
[49] Rotunda Hospital Bicentenary, *Transactions of the international congress of obstetricians and gynaecologists* (Dublin, 1949).
[50] Department of Health, INACT/INA/0/464172.
[51] Department of Health, INACT/INA/0/467784.
[52] Department of Health, CCP/IMP/0/45492.
[53] Representative Church Body Library, Bethany minutes of management committee; Department of Health, NATARCH/ARC/0/413869.

became possible to provide playrooms and recreation room; several inspectors commented that rooms were being repainted in bright colours. By 1953 Sean Ross had provided a new recreation hall for the mothers, which was 'large, equipped with tables and chairs, radio and piano, a raised stage for concerts and plays, book-case with books and magazines'. Minutes of the council of the Congregation of the Sacred Hearts of Jesus and Mary noted that this was erected 'at the expense of the government. They were also hoping to secure government funding for improvements to the nurseries at Castlepollard and Bessborough'.[54] The Sean Ross refectory, the former recreation hall, was 'somewhat dark, being semi-basement. Fluorescent lighting is being installed and mirrors placed on the walls to create an effect of brightness'. The maternity hospital beds had new interior-sprung mattresses (older mattresses were probably filled with straw). In 1958, women in Sean Ross slept in five dormitories each with eight to 14 beds. These were in converted stables, but were described as 'clean, comfortable and centrally heated'. There were four nurseries, three held 30 cots, a fourth had 24 cots; they were described as large, bright and airy. However the large numbers in each nursery would have made it difficult to control infection. In 1965, Sean Ross proposed to provide cubicles in the women's dormitories.[55]

6.38 Castlepollard got a new dining room (there were formerly two shifts for meals), which Miss Litster described as 'admirably designed…airy, bright and attractive'; the women sat at tables for four. In 1958 Miss Reidy reported that the children had 'a plentiful supply of toys and playthings' and the mothers had a television.[56] They must have watched programmes broadcast from Britain and Northern Ireland, because the Irish TV network did not open until 1962. Dunboyne - a new mother and baby home (see below) - also had a television in the 1950s.

6.39 Sean Ross opened a small kindergarten unit for the older children - three years and upwards in 1953; this was run by a Sister who was a qualified kindergarten teacher. It was equipped with coloured alphabet bricks, beads, plasticine, colour and number charts and low tables. There were 16 children in this group - most would be adopted in the USA.[57] Bessborough had a playroom for older boys whose ages ranged from one to four years.[58]

[54] Congregation of the Sacred Hearts, council minutes, 27 June 1952.
[55] Department of Health, INACT/INA/0/464099.
[56] Department of Health, INACT/INA/0/450464.
[57] Department of Health, INACT/INA/0/464099.
[58] Department of Health, NATARCH/ARC/0/413869.

6.40 When officials from the Department of Health visited the three Sacred Heart homes in 1964 they reported that '

> We were impressed by the standards of maintenance of buildings and equipment etc.; by the bathing and sanitary facilities; by the kitchen equipment etc. in all three institutions. The grounds too are in all cases very well cared for'.[59]

6.41 But in 1965 the Mother Superiors of the three homes told the department that beds in the women's dormitories were so close together that there was no room for lockers or wardrobes.[60]

6.42 Major improvements were not being made to the mother and baby homes in the 1960s because the Department of Health was considering closing one or more homes. Improvements were delayed until the 1970s when several homes had been closed. In 1971, accommodation for women in Bessborough, the only Sacred Heart home remaining, consisted of one room with 12 beds; one with six beds; five cubicles with four beds each; five cubicles with three beds each. The cubicles were built of 'light wood'. There were only four baths, one shower and six WCs for potentially 55 women. The description is cursory but it appears that the wash-hand basins were communal and there is no indication that they were individually screened – there were seven in one wash room; five in another. The maternity section consisted of six two-bed rooms with wash-basins and built-in cupboards, and three, five and six bed units.[61] Miss Reidy interviewed eight 'girls' individually and reported that 'all seemed generally satisfied with conditions in the Home', though 'Dormitory accommodation, in certain units, affords insufficient privacy'.[62] *Irish Times* journalist Mary Leland, who visited Bessborough in 1969, described 'bright clean rooms for two and three, and even some for one girl alone', which does not tally with the inspection report above.[63] In 1973, department files indicated that the congregation had spent approximately £50,000 from its own funds on improvements; they sought £13-£14,000 from the department and some money was provided from the Hospitals Trust Fund.[64] By 1974 the women had single cubicles equipped with lockers and wardrobes (similar to boarding school

[59] Department of Health, INACT/INA/0/455744.
[60] Department of Health, INACT/INA/0/465642.
[61] As the scanned page is torn it is not possible to determine how many baths were in the maternity unit.
[62] Department of Health, CCP/IMP/0/45492.
[63] *Irish Times*, 7 August 1969.
[64] Department of Health, INACT/INA/0/463707.

dormitories) and although there do not appear to have been additional bathrooms, the numbers had fallen significantly, which would ease that problem. The dining room was 'colourfully decorated', with ten tables each seating four and there was a TV room, a recreation room, a smoke room and a room where women could play records.[65]

6.43 The worst living conditions were in Regina Coeli and Tuam. In 1955 it was estimated that Regina Coeli required major reconstruction costing £155,000. A staircase collapsed the following year, injuring some voluntary workers who were members of the Legion of Mary. In 1957, an architect's report concluded that although measures might be taken to make the building less dangerous, ultimately it would be necessary to demolish most of the building.[66] Regina Coeli did not receive capitation payments for unmarried mothers or children. It was routinely supplied with worn/used towels, sheets, pillow-slips, blankets and bedspreads and kitchen utensils, furniture and surplus clothing discarded by St Kevin's Hospital - the fact that these donations were welcomed indicates the spartan conditions. By 1963 the survival of Regina Coeli was in jeopardy. The Minister for Health, Seán MacEntee, stated that it would be 'a grave misfortune' if the hostel could not survive; it was 'a feature of the Social Services of Dublin which would be irreplaceable by other methods'.

6.44 1963 was the crisis year. During the summer, three city-centre tenements collapsed with the loss of four lives. During the course of emergency inspections of vulnerable buildings, Regina Coeli was condemned as unsafe, and the Dublin Health Authority ordered the evacuation of the 250 residents.[67] The Legion of Mary was offered alternative accommodation in the former Crooksling sanatorium in North Dublin. Frank Duff resisted the proposal to close the hostel,[68] and a compromise was reached that involved demolishing part of the building and erecting chalets in the grounds as temporary housing. At the time there were 54 single mothers and 90 children in Regina Coeli. Frank Duff asked Dublin Corporation to provide flats where mothers and children could move after a time in Regina Coeli, but there was an acute housing crisis, with homeless families living in squalid accommodation in the former Richmond Barracks, and Dublin Corporation was giving priority to housing families with four or more children, so it

[65] Department of Health, CCP/IMP/0/45492.
[66] Department of Health, INACT/INA/0/435392.
[67] The hostel was also home to older and vulnerable women.
[68] *Cork Examiner*, 5 Aug. 1963.

was unlikely that his request would be met.[69] The difficulties that the mothers in Regina Coeli faced in keeping their children should not be underestimated. When Miss Litster reviewed data on younger children committed to industrial schools in the years 1953-55, she discovered that a large number came from Regina Coeli and Sancta Maria hostels, though the Legion of Mary tried to dissuade mothers from doing so.[70]

6.45 Miss Litster reported that some mothers preferred Regina Coeli to the conventional mother and baby homes, because they could smoke, make tea for themselves and go out to the cinema.[71] This reference to making tea indicates the institutional regime in the other homes. By the 1960s conditions appear to have been relaxed. In 1964, journalist Michael Viney visited one of the Sacred Heart homes. He reported that the women could smoke, but were expected to cut down; they bought and wore makeup and boyfriends could visit.[72] Denny House also facilitated visits by boyfriends by this time.

6.46 Conditions in Tuam were primitive until the end. There was almost no capital spending in the 1920s and 1930s (in contrast to Pelletstown and the three Sacred Heart homes). The only section that was modernised was the maternity unit. In 1953 Miss Ashe, a member of the visiting committee, described the Tuam home as 'a disgrace'. She claimed that the Sisters had been trying to get hot water installed but had failed to do so.[73] In the post-war years, Galway County Council attempted to give the Tuam home to the Sisters of Bon Secours but they refused to take charge of the home until it had undergone major improvements.[74] The home was eventually included in the Department of Health's county homes improvement scheme. Improvements were estimated to cost £150,000 but an economic crisis in 1956 resulted in severe cuts in capital spending on health and housing, and the unwillingness of the Bon Secours Sisters and the local authority to end the practice of keeping children in Tuam until the ages of six or seven (in contrast to all other homes), meant that investment was postponed (see Chapter 15). When a delegation from the Department of Health and the local authority visited the Tuam

[69] Department of Health, INACT/INA/0/435392.
[70] Department of Health INACT/INA/0/435925.
[71] Department of Health, INACT/INA/0/435925.
[72] Viney, *No Birthright*, p. 20.
[73] *Connacht Telegraph*, 24 Oct. 1953.
[74] Department of Health, INACT/INA/0/426520.

home in November 1959 to discuss the planned reconstruction, they described it as

> poorly maintained, uncomfortable, badly heated…totally unsuitable buildings…a typical Workhouse building (with some later additions including a maternity unit) which has received the minimum of maintenance over a long period of years, and that coupled with the negligible heating arrangements, has resulted in a very deteriorated building.

6.47 They contrasted the conditions in the county home at Loughrea, which showed the 'good effect achieved by consistent maintenance and improvements'. In Tuam 'throughout the years since the adoption of the building for its present purpose maintenance appears to have been minimal'; the only money provided to the home was via a capitation rate. Money was first allocated for maintenance in 1957, and the annual grants were small - ranging from £660 to £2,700, sufficient to paint, replaster and refloor a number of rooms and purchase new sanitary equipment. The heating was 'most inadequate even though the day was not particularly cold'. Some rooms had stoves, some were heated with open fireplaces; some children's day rooms had small radiators that were filled with water that was heated on a stove or on the open fireplace and then poured into the radiators. The day rooms had a minimum amount of furniture and play facilities. The room for slightly older children contained a rubber ball and two seats, no floor covering; children aged one and two years were in their bare feet. The dormitories were a major fire hazard; children slept on the second or first floor in large workhouse wards with no subdivision, many wards had 'absolutely no heating', no floor covering and no furniture other than beds and cots. Access was by 'the typical stone stairways common to all County Homes with a very dangerous turn near the top in every case'. There were no washing facilities or toilets on the first or second floors; facilities on the ground level were described as very poor. Hot water was only available at three locations apart from the laundry: the kitchen, a kitchenette in the maternity block and a ward 'which supplies a bath'; the water came from small domestic boilers.[75]

Second-time mothers

6.48 The numbers in mother and baby homes fell sharply in the 1950s. In 1950 there were 135 women and 139 children admitted to Castlepollard; the relevant numbers

[75] Department of Health, INACT/INA/0/443008

in 1956 were 113 and 89. Similarly, Pelletstown had 137 women and 370 children admitted in 1950; this reduced to 89 and 213 in 1956. The numbers in Bessborough went from 116 and 98 in 1950 to 76 and 68 in 1956. In Tuam, the numbers decreased from 33 and 222 to 36 and 181 and in Sean Ross from 149 and 134 to 130 and 117.

6.49 In 1952, the Department of Health noted that the falling numbers in Castlepollard had resulted in higher unit costs. Lower occupancy prompted the Congregation of the Sacred Hearts of Jesus and Mary to consider relaxing their rules against admitting women on a second pregnancy. In 1952 however, the council of the congregation decided not to accept 'second offenders'.[76] The Superior General in Chigwell informed Miss Litster that having considered all aspects of the question they had 'decided to leave it alone and see how things turn out'. She added that 'The three Superiors in Eire are a bit alarmed as their numbers are so low'; she wondered 'if there are first offenders who are not willing to go to our Convents or should we be thanking God that the numbers are less'. Miss Litster noted that the proposal to admit second-time mothers had originated with the Superior General and it was evident that the Mother Superior at Castlepollard had resisted the suggestion. Miss Litster believed that it would be a retrograde step to admit second-time mothers to Castlepollard.[77]

6.50 Given the Department of Health's determination to remove all unmarried mothers from county homes, some provision had to be made for women on a second or subsequent pregnancy. When the county managers from Cavan, Louth, Monaghan, and Meath visited Castlepollard there was a discussion about the Sisters 'doing something about "seconds"'. The Congregation of the Sacred Hearts of Jesus and Mary began to explore the possibility of opening a separate home for these women. In 1953 they inspected properties near Drogheda 'on the quiet', but it appears that Cardinal D'Alton, the Archbishop of Armagh (Drogheda was in his archdiocese) refused permission for a home in his archdiocese when he was approached; approaches to the Dublin Archdiocese were also unavailing. The congregation contacted the Diocese of Meath - where Castlepollard was located - and they investigated the possibility of buying Dunboyne Castle. In 1955 the auditor for Castlepollard, who was concerned at falling numbers and a rising deficit, suggested that they admit second-time mothers. The Mother Superior

[76] Chigwell, Congregation of the Sacred Hearts, council minutes, 27 June 1952.
[77] Department of Health, NATARCH/ARC/0/404806.

agreed, provided that women were not sent to a home where they had previously given birth.[78]

6.51 In 1956 Dr O'Higgins, the Minister of Health wrote to the bishops of Cork, Killaloe and Meath to ascertain their views about the homes in their dioceses accepting women on their second pregnancy. He proposed that second-time mothers would be admitted prior to the birth and discharged when the baby was six months old. Bishop Kyne of Meath was willing to leave the decision to the Sacred Hearts congregation; Bishop Rodgers of Killaloe agreed that these mothers should not be in the county homes; decisions as to length of stay should be determined with reference to individual cases, but he believed that two years was unnecessary. Bishop Lucey of Cork wanted second-time mothers to undergo a rehabilitation stay of at least 12 months and he was opposed to them mixing with first-time mothers. The minister wrote to the Superior General in Chigwell, reporting these views and outlining his proposal. The Mother Superiors of the Irish homes suggested that second pregnancies should be spread among the three homes. But the congregation was unwilling to take care of the babies when the mothers were discharged. The only alternatives were foster homes or sending the infants to industrial schools.[79] There are indications that the Congregation of the Sacred Hearts was keen to open an institution in the Dublin area, and it considered opening a children's home as the first step to establishing a home for mothers and babies.[80] The matter drifted. The mother and baby homes began to accept some second-time mothers in order to fill vacant spaces, though no draft agreement existed that the homes would accept these women.[81] By 1959 mothers on their second pregnancy were accommodated in all three homes.[82] Miss Litster noted that because none of the Mother Superiors of the three Irish homes was willing to state that they would admit second-time mothers 'as declared policy', though they would take an occasional patient, health authorities could not be instructed to send mothers who were pregnant for the second time to these homes.[83]

6.52 The Department of Health noted that some health authorities only sent second-time mothers to the special homes when requested to do so on the mothers' behalf

[78] Department of Health, INACT/INA/0/465642.
[79] Department of Health, INACT/INA/0/464172.
[80] Department of Health, INACT/INA/0/465642.
[81] Department of Health, INACT/INA/0/464172.
[82] Department of Health, INACT/INA/0/465642.
[83] Department of Health, INACT/INA/0/464172.

and some mothers refused to go 'because they believe they would be compelled to work very hard while there'. (This might reflect their experience on a previous pregnancy). They preferred to give birth in the county home and leave with their child after a short period.[84] In 1963, Monaghan County Council informed the department that it was their practice to treat 'second offenders' locally. An official in the department reported that Monaghan's policy reflected the personal attitude of the chief medical officer, which the official described as having 'an overtone of moral stricture which I find rather distasteful'. He continued,

> the Monaghan practice deprives a girl of the possibility of reformation evolving from the missionary efforts of experienced Nuns and other moral welfare workers who staff the special Homes. There is also the consideration that hundreds of Irish unmarried mothers migrate each year for the express purpose of having their babies surreptitiously abroad, with resultant serious problems. Any practice calculated to increase this sad human traffic is to be looked at askance.[85]

6.53 A new mother and baby home opened in Dunboyne in October 1955 (see Chapter 24) to cater for women giving birth to a second or subsequent child, who were funded by PAAs in the north-east - counties Meath, Westmeath, Cavan, Louth and Longford. Monaghan was originally included on that list but withdrew (presumably a reflection of the attitudes cited above). Dunboyne was run by the Good Shepherd Sisters. Meath County Council renovated and equipped Dunboyne Castle. Women did not usually give birth in Dunboyne; a total of 8 babies were born there – cases where it proved impossible to get the women to hospital in time. There was at least one trained midwife on the staff, and a local doctor attended the home. In the early years mothers were admitted to St Kevin's Hospital, but at a later date they went to Holles Street and attended ante-natal clinics in that hospital. By 1958 Dunboyne was overcrowded - in marked contrast to the other mother and baby homes - and admission was restricted to mothers from the north-eastern counties. When the other homes admitted women on a second pregnancy, Dunboyne began to admit first-time mothers. In 1963 a modern extension was added, which a later inspector described as 'institutional'. However living conditions were much better than in other mother and baby homes. The dormitories consisted of one six-bed room with partitioned cubicles, two four-bed rooms, two two-bed rooms and three single rooms. All the rooms had wash-hand

[84] Department of Health, INACT/INA/0/465642.
[85] Department of Health, CCP/INA/0/483137.

basins, and the four-bedded rooms had bathrooms and toilets attached. A separate sanitary unit contained five bathrooms, nine toilets and a visitors' toilet. The women had a television room, a smoke room, a records room, a dining room, two parlours for visitors, and a launderette for their personal laundry - sheets and other institutional laundry were sent to an external laundry.[86]

6.54 Although Dunboyne Castle was purchased, renovated and equipped by Meath County Council in 1957, the Good Shepherd Sisters were responsible for its management. These arrangements reflect a continued willingness to devolve care for unmarried mothers and children to religious orders. Dunboyne was an extern institution and was funded on a capitation basis. Like the Sacred Heart homes, the Good Shepherd Sisters had considerable freedom with respect to staffing. A Meath County Council official noted that 'it is desired to give the Order as free a hand as possible in the appointment and employment of staff so that they would be in the position of other voluntary institutions both in this regard and in the purchase of supplies'.[87] Because Dunboyne did not initially register under the *Registration of Maternity Homes Act 1934,* even though it should have, it was not inspected under this Act (see Chapter 24).

6.55 In 1966 two British social workers travelled to Ireland to investigate facilities for unmarried mothers. At the time one-sixth of unmarried mothers in England and Wales spent time in a mother and baby home and 148 of the 172 homes in England and Wales were run by voluntary organisations, which generally had a religious/denominational ethos.[88] The percentage of English unmarried mothers in mother and baby homes was similar to the proportion of white unmarried mothers in the United States in those years; few black women were admitted to mother and baby homes. (There is information about a small number of black women who were admitted to Pelletstown in chapter 31).[89] A majority of Irish unmarried mothers were in mother and baby homes, and Ireland had much fewer homes, but they were much larger. One of the visitors, M J Farrah, published an account of their visit in a British social work journal. She noted that the 'pre-confinement stay' in Irish homes was not limited, in contrast to most homes in Britain. Length of

[86] Department of Health, FIN2/EST/0/543210.
[87] Department of Health, INACT/INA/0/538518.
[88] Thane and Evans, *Saints? Sinners? Scroungers*, p. 156.
[89] Rickie Solinger, *Wake up little Susie, Single Pregnancy and Race before Roe V. Wade* (New York & London, 2000), pp 103-4.

post-natal stay was 'governed by circumstances, and not by rigid rules'. She noted that the homes were much larger than in Britain and the buildings looked institutional, though

> great efforts have been and are being made to divide the large dormitories and nurseries into smaller units. Where alterations have been completed, and new wings added, the decoration is light and all furnishing modern. Gone are the long tables in the dining rooms, and in their place small tables with three or four places at each. We saw television rooms which could be cleared to make a dance hall, or divided up into two or three smaller recreation rooms by the use of sliding partitions.

6.56 She remarked on the 'atmosphere of freedom and friendliness, and the girls appear to be as happy and relaxed as they are in our Homes over here'.[90] In 1968 Jill Nicholson published a survey of British mother and baby homes, which according to one reviewer presented a 'gloomy picture'. Inspector Margaret Reidy claimed that Irish homes 'afford a higher degree of comfort' than the description given of the British homes, though she may have overstated her case when she quoted a mother that she met some months after discharge: '"I was never so happy in my life as I was during my stay at X. The nuns are wonderful and so understanding and did everything possible for me"'.[91]

Length of Stay

6.57 In 1949 the medical officer of health at Castlepollard commented that

> it is a depressing prospect for these girls to know they have to remain for two years irrespective of their behaviour…From the moral point of view it is my opinion that if these girls are going to mend their ways, the twelve month period is more beneficial than the two years. The discontentment created by detaining a girl for two years or longer outweighs in my opinion the possible benefits.[92]

6.58 There is considerable hypocrisy associated with the judgement that women should remain for two years in a home in order to be 'rehabilitated'. These rules did not apply to private patients - who were quite numerous in Bessborough. In the 1940s

[90] M J Farrah, 'Ireland and the unmarried mother' in *Medical Social work* (February, 1967), p. 303.
[91] Department of Health, CCL/INA/0/523143 has a copy of *British Hospital Journal and Social Service Review* 19 July 1968, with review by Barbara Kahn, of Jill Nicholson, *Mother and Baby Homes, a survey of homes for unmarried mothers* (London, 1968).
[92] Department of Health, INACT/INA/0/450464.

these mothers left shortly after birth and sometimes without their infants. When a new Mother Superior put a stop to this practice (see Chapter 18) they continued to leave shortly after giving birth and they placed their infant at nurse either privately or through a voluntary organisation. More humanely this long stay did not apply to women whose babies were still-born or died shortly after birth.

6.59 Miss Litster suggested that women should stay for a maximum of nine months. This would result in 'a more willing spirit among the inmates'; earlier discharge after birth might encourage women to enter the homes at an earlier stage in pregnancy to ensure ante-natal care. But earlier discharge of mothers meant arrangements to provide care for babies when they were nine months old had to be made. If babies remained in a mother and baby home unaccompanied, it would be necessary to recruit additional staff, 'since mothers left behind are found unwilling to care for the babies of discharged mothers'. She suggested that mothers who were willing to remain as domestic workers or nursery staff should be paid.[93] Following an inspection of Castlepollard in 1950, Miss Litster commented that 'The tendency is growing for patients to apply for admission when confinement is almost due, and to leave at an early date after confinement, taking their babies with them, or placing them at nurse [more probably the latter]. Seven patients were admitted in labour'.[94]

6.60 A memorandum submitted by the Department of Health to the Commission on Emigration and other Population Problems in 1953 describing the arrangements made by Public Assistance Authorities for unmarried mothers and their children, stated that it was the practice for local authorities to board out the children of unmarried mothers at

> about two years of age. This results in a stay of two years in an institution for the majority of the mothers. There is, however, no general rule to determine the length of stay, which varied with the requirements of individual mothers as assessed by the authorities of the institution in which they are accommodated. There are no legal powers to restrain an unmarried mother from leaving a Home at any time with her child. The Matron of a Home would as a matter of course take steps to ensure that the child would not be exposed to danger through lack of means or any other cause on the part of the mother.[95]

[93] Department of Health, INACT/INA/0/450464.
[94] Department of Health, CCP/IMP/0/45492.
[95] *Report of the commission on emigration and other population problems*, Appendix IV

6.61 The introduction of legal adoption does not appear to have resulted in an immediate fall in the length of time that women remained in a mother and baby home. In the 1950s just under 19% of women remained in a mother and baby home for 700 or more days (approximately two years) after the birth of their child. This was fractionally higher than in the 1940s (17.47%), but many of the early discharges in the 1940s were due to the high rate of infant mortality. By the 1960s, when the overwhelming majority of infants born in mother and baby homes were being placed for adoption only 2.47% of mothers spent 700 or more days in a home after the birth of their child.

6.62 In the 1940s the average length of stay in Bessborough for mothers, whose children did not die, was 341 days; it was marginally longer, 360 in the 1950s, but it fell to 156 days during the 1960s. The picture was similar in the other homes run by the Sacred Hearts congregation. As women were admitted approximately two months before giving, birth, by the 1960s women were remaining for 2-3 months after the birth of their child. The report of a 1955 inspection of Denny House stated that

> In this Home, as in all other mother and baby homes, it is now found difficult to induce the mothers to remain for more than a month or two after the birth of the baby…As only 42 of the days spent before confinement rank for recoupment under Mother and Child Welfare Grants, the decrease in average number of days spent before confinement is possibly of financial advantage to the Home.[96]

6.63 Women went to considerable efforts to shorten their stay in a mother and baby home. St Patrick's Guild placed babies at nurse, and for adoption. Despite the fall in 'illegitimate' births during the 1950s, the number applying to St Patrick's Guild rose. In the years 1943-45 an average of 500 mothers (or family members) applied to St Patrick's Guild; in 1953 they received 674 applications, rising to 793 in 1954 - which suggests that a majority of single women giving birth that year (total registered 'illegitimate' births: 1,330) contacted St Patrick's Guild. However they only 'settled' 150 of the 793 who applied - the babies were adopted or boarded out. Miss Litster, who compiled these statistics, noted that 'There is a tendency amongst expectant unmarried mothers in Dublin to avoid PA institutions

[96] Department of Health, CCP/INA/0/483137.

for mothers and babies both because of restrictions on personal freedom and because of the long period of retention'.[97]

6.64 The Department of Health files contain letters demanding that a woman be permitted to leave a mother and baby home. A Cork priest wrote to a TD on behalf of a woman who was in Sean Ross, asking for her release. He explained that 'she was one of the mainstays of her parents and before this crash was very helpful to them'. Whether this letter reflects a genuine concern for this woman (the family do not appear to have been willing to accept her child), or her parents' need for financial or personal support is unclear. In 1961 a Wicklow councillor complained about the length of stay required in Sean Ross. When the Department of Health analysed data on duration of stay for 16 Wicklow patients in Sean Ross from 1956 to 1961, the average was nine months after childbirth. One mother of a still-born infant was discharged after 11 days; the longest stay was two years and seven months; this case concerned 'a delicate infant whose mother was commendably anxious to be with him until he was fit for discharge for adoption'.[98] A 1964 memorandum noted that nothing in the *Health Act 1953* or the 1954 regulations empowered the mother and baby homes to detain a woman. However, there was a provision in the regulations (article 10) requiring that women who intended to leave should give reasonable notice of that intention to the Mother Superior of the home or an appropriate officer. The memorandum stated that despite the absence of any legal powers of detention the Sisters running these homes were 'understandably reluctant to consent to the immediate departure of an unmarried mother after her confinement - leaving the Nuns literally holding the baby'. The author warned about 'the experienced unmarried mother' who might plan to abandon her baby in the home, and mothers who gave false names or misleading information. He suggested that mothers should remain in the home for a sufficient period to provide for 'moral rehabilitation'; 'in the case of a hard-bitten patient' this might involve a lengthy stay. It was agreed that the department inspector would examine length of stay during her next visits to these homes. The official concluded by noting that

> In general, the arrangements for coping with the difficult and delicate problem of unmarried mothers appear to be working well; and it seems certain that any

[97] Department of Health, INACT/INA/0/435925.
[98] Department of Health, INACT/INA/0/464099

attempt by the Department to interfere with the existing machinery would involve exchanges with the higher ecclesiastical authorities.[99]

6.65 By 1964 the Cork Health Authority had arranged for Bessborough to keep children who were awaiting adoption (without their mothers).[100] It would appear that Bessborough was reluctant to agree to this. The Mother Superior discussed the matter with the local authority, and she reported to the congregation's council in Chigwell that there were 'difficulties in this work but Mother Lucina has been advised that if we do not take this work, we shall eventually have no work in Cork'.[101] In the following year the Department of Health claimed that the average stay in the Sacred Heart homes was three months.[102] Women admitted to Pelletstown in 1967 remained for periods ranging from 'a few days to about twelve months'. Women, whose children were being adopted and who could afford to pay for them to be maintained in Temple Hill or a similar institution pending adoption, could leave shortly after giving birth; poorer women might have to remain until the child was placed with adoptive parents. Pelletstown gave 'preference for speedy adoption' to first-time mothers, which meant that mothers on a second or subsequent pregnancy might have to remain for up to 12 months. Mary Frances Creegan suggested that this practice was 'based on a now out-of-date concept of the function of a Mother and Baby Home', moral rehabilitation.[103] Statistics compiled by the Cork Health Authority in 1969 relating to women that it had supported in mother and baby homes over the previous 18 months suggested that 26% remained for less than four weeks; a further 26% spent four-eight weeks, and 28% spent eight-12 weeks.[104] (These statistics only apply to women maintained by the Cork Health Authority, for that reason it is difficult to compare them with the Commission's database, but they are consistent with the institutional data). The days of mothers remaining for two years were over, but as before, the length of stay was determined by financial circumstances.

Closing mother and baby homes

6.66 The Department of Health began to consider the possibility of closing one of the Sacred Heart homes in the mid-1950s. They monitored numbers in the homes and

[99] Department of Health, INACT/INA/0/464099.
[100] Department of Health, INACT/INA/0/464099.
[101] Chigwell, Congregation of the Sacred Hearts, council minutes, 12 Nov. 1966.
[102] Department of Health, INACT/INA/0/455744.
[103] Mary Frances Creegan, 'Unmarried mothers: an analysis and discussion of interviews conducted in an Irish mother and baby home' (M.Soc.Sc., UCD, 1967), see Chapter 13.
[104] Department of Health, CCL/INA/0/488712.

in 1958 they determined that 'one of these institutions is surplus to requirement'.[105] The decision to close Tuam was not part of that process, however when the committee on county homes reviewed the various options for rebuilding or renovating the appalling facilities in Tuam, the secretary of the department suggested that Tuam should be closed and the children accommodated in other mother and baby homes. This decision was contested by the Archbishop of Tuam and local politicians. A deputation from Galway County Council consisting of the TDs who were county councillors and the county manager met the Minister for Health to express their opposition to the proposed closure.[106] Tuam closed in 1961 - see Chapter 15. The council accounts for 1961 recorded a decrease of £9,250 in spending on unmarried mothers and children.[107]

6.67 The department monitored the accounts submitted by the mother and baby homes, knowing that sustained deficits would inevitably trigger demands for higher maintenance payments. In 1960/61 (the date is unclear), it noted that the Sacred Heart homes had an accumulated deficit of almost £20,000; however, the imminent transfer of 117 children from Tuam to these homes 'should have an appreciable impact on the financial deficit'. The decision as to which home would accept the children 'must presumably be left to the nuns'. Forty-one children were transferred to Sean Ross; the congregation was given a higher capitation grant in respect of these children,[108] who were presumably older and without a resident mother.

6.68 The determination to close one of the Sacred Heart homes was motivated by a variety of factors: rising maintenance costs, evidence of vacant places and an urgent need to provide additional accommodation for children with special needs. In 1958, the Irish ambassador to the UK, Hugh McCann wrote to the Superior General in Chigwell on behalf of the Irish health authorities asking if she would consider administering a home for 'mentally defective' children in Ireland. At this time the proposal appears to have been that the congregation would take over an under-used orthopaedic hospital.[109] However, in the same year the department determined that one of the mother and baby homes run by the congregation should become a home for 'mental defectives'. Bessborough was described as 'ideal for this purpose'. The official suggested that it would not be advisable to

[105] Department of Health, INACT/INA/0/464172.
[106] Department of Health, INACT/INA/0/443008; *Connacht Tribune*, 8 Oct. 1961.
[107] *Connacht Tribune*, 31 March 1962.
[108] Department of Health, INACT/INA/0/464172.
[109] Chigwell, Congregation of the Sacred Hearts, annals, 29 July 1958.

approach the congregation without first informing the Bishop of Cork, Dr Lucey; 'the best way of clearing the desks would be for somebody from this Department to have a chat with the Rev Canon Bastible and if necessary with His Lordship to acquaint him of our proposals and to ascertain his reactions'.[110] If the department spoke to Bishop Lucey no record of this meeting survives (Bishop Lucey's papers were destroyed on his instructions after his death). The closure of Tuam may have delayed a decision. In 1964 the department wrote to the Superior General in Chigwell stating that the three homes had shown a steady decline in occupancy rates; all the mothers and children could be accommodated in two homes. She replied that the matter would be considered by the council of the congregation.[111]

6.69 A team of departmental officials visited the three homes with a view to determining which was best suited to accommodating children with special needs. They recorded 'our very favourable impressions of the calibre of the nuns we met in the three homes; in each case we met most of the members of the communities and we were very impressed by their general outlook and their willingness and ability to discuss with us a wide range of topical subjects'. All the homes were suitable, but they selected Sean Ross because it was the biggest, 'on the grounds that it will provide the greatest measure of relief for the greatest number of persons'.[112] The officials may have been deceived by the 'general outlook' of the Sisters and 'their willingness and ability to discuss a wide range of topical subjects', because the congregation was not willing to transfer any mother and baby home. The Superior General contended that all three homes were at full capacity in September 1964. She claimed that the department's statistics on occupancy were incorrect and she produced alternative estimates, which they queried. Her statistics showed, correctly, that the number of women admitted was rising, but women and infants were staying for much shorter periods - so turnover in beds/cots was much greater than in the past. At this meeting, a Sister from one of the Irish homes suggested that they should retain the three homes and reduce the numbers in each home in order to give women more space. The department agreed that if one home closed they would fund some modest extensions to the remaining homes in order to improve conditions for the women.

[110] Department of Health, INACT/INA/0/464172.
[111] Department of Health, INACT/INA/0/455744.
[112] Department of Health, INACT/INA/0/455744.

6.70 When Bessborough applied for a modest capital grant in 1965, the department deferred a decision because they were determined to transform one home to accommodate people with intellectual disabilities. They noted that there appeared to be 'some doubt also as to whether this Order has been inclined to be fully co-operative' about that proposal.[113] It was agreed that the Superior General of the congregation would meet the department on 2 March 1966 to discuss a change of use for Sean Ross. However, on the morning of the proposed meeting the department received a telephone message from Sean Ross reporting that Bishop Rodgers of Killaloe had visited Sean Ross that morning and had heard for the first time of plans to change its use. The record of the phone call stated that 'he had been impressed by the increase in the number of baptisms in recent years', which appeared to imply that it would not be possible to change the use of Sean Ross. 'The suggestion was then made', presumably by the congregation, that the meeting should be postponed. It is highly improbable that the timing of the bishop's visit and the phone call was accidental. Minister for Health Seán MacEntee contacted Bishop Rodgers and explained that any decision about a change of use was at a discussion stage, and it would be premature to discuss the matter with the bishop. A representative of the department travelled to Ennis and presented Bishop Rodgers with statistics of bed occupancy rates and evidence that mothers and babies were staying in the homes for a shorter period. Bishop Rodgers countered that if one of the homes was to close, it should not be Sean Ross. The matter dragged. Further research confirmed that two homes were sufficient to meet current needs. The department contacted the bishops of the three dioceses in which the Sacred Heart homes were located. The bishops of Cork and Meath were willing to leave any decision to the congregation, but Bishop Rodgers remained recalcitrant. Further delays ensued because of the death of the Superior General in Chigwell and the election of her successor. The new Superior General acknowledged that two homes were sufficient and 'subject to the relevant diocesan approval, and subject to ratification by the Council', the congregation would be willing to run a home for children with special needs in one of the former mother and baby homes.[114] Officials again visited Bishop Rodgers, who was accompanied by the chaplain to Sean Ross and a priest who arranged adoptions of Sean Ross children. The report of the meeting, which lasted over an hour, noted that 'it was mainly a repetition of the points and arguments set out above…telling the Minister his Lordship's attitude was that he could have any

[113] Department of Health, INACT/INA/0/463707.
[114] Department of Health, INACT/INA/0/455744.

home he liked so long as it was not Sean Ross'. The official noted that although the bishop 'did not budge an inch I had the idea that he was a bit shaken' when presented with data as to numbers and length of stay, which he had misinterpreted.

6.71 If Bishop Rodgers was 'a bit shaken' he did not change his stance. In 1966 the Minister of Health, Donough O'Malley wrote an apologetic letter to the bishop in the hope of reaching a decision on Sean Ross. Bishop Rodgers protested about the fact that a religious order in his diocese 'should have been asked by a Government Department to give up work for which they had been admitted into the diocese'; he alleged that the need for Sean Ross was 'more pressing and urgent than ever'. He questioned whether a stay of three months (now the norm) was sufficient for the moral rehabilitation of the mothers and the physical well-being of the children.[115] In November 1966 however, the council of the Sacred Hearts congregation agreed that Sean Ross should be used for mentally handicapped children, if the diocesan bishop gave his permission.[116]

6.72 The death of Bishop Rodgers and delay in appointing his successor postponed the decision for over a year. When officials met the new bishop, Dr Harty, in January 1968 he appears to have placed no obstacles to the change of use. The department travelled to Chigwell to meet the Superior General (she had decided not to travel to Ireland because of a foot and mouth epidemic in England). Admissions to Sean Ross ceased in October 1969; the last mother and baby left shortly before Christmas and the first ten children with special needs were admitted in January 1970.[117]

6.73 The closure of Castlepollard was much more sudden. The finances of the Irish mother and baby homes may have been a factor because the congregation reviewed the attached farms and investigated the possible sale or lease.[118] The Superior General visited Castlepollard in 1969. The annals record that the Sisters described their work as 'rather heavy going, but it is quite clear that mother and baby homes are on the way out'. When the congregation's decision to close Castlepollard became known, a local priest visited Chigwell in an attempt to change their mind. The annals noted that 'They clearly do not realise the

[115] Department of Health, INACT/INA/0/455744.
[116] Chigwell, Congregation of the Sacred Hearts, council minutes, 12 Nov. 1966.
[117] Chigwell, Congregation of the Sacred Hearts, Roscrea annals, 1969-85.
[118] Chigwell, Congregation of the Sacred Hearts, annals, 11 May 1968.

hardships the sisters have and do encounter'. The Castlepollard medical officer was 'quite stunned' to hear that the home would close. He claimed that admissions were increasing; they had doubled in the previous six months. The Bishop of Meath informed the Mother Superior that he had received many representations about the closure of the home. The care of single expectant women remained 'an urgent pastoral problem' that could not be adequately handled by social services; women needed a choice of homes in order to maintain their anonymity. He suggested that the Superior General might consider replacing the Mother Superior in Castlepollard with a Sister who would give more consideration to the question of closing the home. A note in the annals dated September 1970 recorded that discussions had been held with the community in Castlepollard, and 'nearly all agreed they could not go on'. The Superior General met the bishop to seek his approval to close the home; the annals record that 'Although he was kind and understanding and he agreed there was nothing else Reverend Mother could do, he rather gave the impression that some pressure would be upon us, and we may not find it easy to move'.[119] Following negotiations with the Department of Health, the hospital was sold to the Midland Health Board for use as a long-stay unit for adults with intellectual disabilities.

6.74 By 1970 Bessborough was the only remaining Sacred Heart Irish mother and baby home and the annals reveal that they considered closing Bessborough. In February 1971 the Superior General visited Cork and discussed 'the work with the Sisters - the Sisters feel there is no future in the work'. She agreed to meet the bishop to inform him of this. Bishop Lucey told her that there was 'a great need for the work the Sisters were doing, carry on, update what you have, you will never have big numbers but the Sisters are needed in Bessborough'. The annals record that 'The Sisters were very happy to accept this decision thank God'.[120]

Conclusions

6.75 By the mid-1960s the overwhelming majority of babies born to Irish single mothers were being placed for adoption. This was a consequence of societal attitudes and the covert and occasionally overt pressures exercised by families and by figures in authority. In 1967 two-thirds of the 100 women in Pelletstown who were interviewed by Mary Frances Creegan planned to have their baby adopted but would not marry the father of their child; two women planned to have the baby

[119] Chigwell, Congregation of the Sacred Hearts, annals, 19 Sept. 1969, 2 Sept. 1970, 4 Sept. 1970.
[120] Chigwell, Congregation of the Sacred Hearts, annals, 10 and 11 Feb. 1971.

adopted and would marry the father of their child; nine planned to keep the baby and marry the father. She estimated that 12 of the 100 mothers had the means to keep their infants - either because they were marrying the child's father or because their parents would accept mother and baby back home. Within a few weeks of these interviews she discovered that at least two women who had planned to keep their baby had changed their minds. She suggested that 'These, together with some of those who had already decided on adoption, were possibly cases where adoption was forced on the mother by social and financial circumstances'. As examples of these social pressures she cited the case of a couple who planned to marry but had decided to place their child for adoption 'for fear of the social disgrace which would result if they acknowledged that they had had a child before marriage'. Other couples planned to set up home away from family and friends in order to conceal the birth of a child before marriage; one couple planned to pretend to adopt their child at a later date. She concluded that 'whatever the success or failure of adoption, the decision of many mothers to give up their parental rights is a response, in great part, to the failure of society to offer the help which every unsupported mother needs to help her to bring up a child without a father'.[121]

6.76 Single women continued to conceal their pregnancy from family and friends, and a breach of confidentiality could give rise to acute distress. In 1962 the CPRSI (the first port of call for many pregnant single women) agreed with the City and County Managers' Association that they could make arrangements for women to be admitted to mother and baby homes without first having to contact the local authority to agree liability. The CPRSI emphasised that 'by approaching the Society rather than the local authority the girls had, in effect, made it clear that they did not wish to have arrangements made for them at local level and wanted the Society thereafter to make all necessary arrangements for them and for the child on a basis of absolute confidence'.[122] In 1966 the CPRSI contacted the Department of Health in relation to a young woman who lived with her married sister and brother-in-law in a Co Louth town. She had arrived at the CPRSI offices 'in a very nervous and apprehensive state'; she was anxious that her sister should not know about her pregnancy. The CPRSI reassured her that all involved in a professional capacity - including the secretary of Louth County Council, 'would strictly honour her confidence', and she was admitted to Bessborough. Some

[121] Creegan, 'Unmarried mothers',
[122] Department of Health, HPO/INA/0/425641.

weeks later (before her baby was born), her brother-in-law visited the CPRSI offices and reported that a county council official had called to his home and informed him and his wife that their sister/sister-in-law was expecting a baby in Bessborough - they were under the impression that she was in London. The official had called, on the instructions of the county secretary, to inquire whether the woman's family could contribute to the cost of her maintenance. Louth County Council claimed that failing to make inquiries as to a family's means would 'appear to be at variance with the Council's obligations to protect the financial interests of ratepayers'. The fact that this house was in a local authority estate should have indicated that they were not in affluent circumstances. In another case an official of Louth County Council had contacted the mother of a pregnant woman who was repatriated from England. The CPRSI understood that 'Mrs F became hysterical, left her young children unattended, and rushed to Dublin to see her husband who works…there'. He made inquiries and informed his wife that the official had the wrong address (which was untrue). The department was concerned at these reports because they had understood that local authorities would not divulge confidential information of this nature. The department commented that 'the whole system and method of helping unmarried mothers in this country must break down completely unless we can guarantee to these mothers that their parents, relatives and neighbours will not be informed…Secrecy is absolutely vital'.[123]

6.77 By the late 1960s fostering (boarding-out) was no longer seen as a long-term outcome for the children of unmarried mothers. In 1968 a department inspector claimed that she had 'reason to believe' that the Longford county medical officer

> exerts pressure on unmarried mothers to allow their children to be adopted by intimating to them that there is no alternative; boarding out is not even mentioned. I have drawn the Department's attention to the misuse of the Adoption Act on previous occasions, and in relation to other Health Authorities, and my views have been endorsed by the recent letter to the Minister by an unmarried mother living in Dublin.[124]

6.78 In a lengthy memorandum, that was headed 'Children in Care', dated 15 November 1968, Miss Clandillon stated that

[123] Department of Health, HPO/INA/0/425641.
[124] This letter has not been identified however this is a reference to it on at least two files of the Department of Health Department of Health, INACT/INA/0/449929.

> No guidelines have been given to health authorities as to when the mother should be advised to place her child for adoption or when the child should be boarded out…As far as health authorities are concerned adoption would, in general be the more satisfactory course (if regard is not had to the over-riding needs of the parents and the child), as it obviates the need for continuous supervision of the child and with the termination in many cases of boarded-out allowance or cost of institutional maintenance, is a financial saving to the authority. Miss Murray, following her inspection recently of the Dublin Health Authority scheme, has reported that undue pressure is being brought to bear on mothers of illegitimate children to have their children adopted and that the health authority threatens to withdraw their support in any cases where the mother refuses to agree to adoption. Whilst not wishing to consider the merits of adoption as against the merits of boarding out, it seems clear that any mother who wishes to retain her illegitimate child should be assisted by having him boarded out or otherwise provided for in accordance with her wishes e.g. kept in a nursery while she is at work during the day.[125]

6.79 The proportion of 'illegitimate' children who were adopted reached a peak in the late 1960s. This was also around the peak of adoptions of children born to single mothers in England - though the proportion of English adoptions was significantly lower than in Ireland, and many English children were adopted by their natural parent.[126] The number of adoptions continued to rise into the 1970s, though it fell as a proportion of total 'illegitimate' births. Some children were deemed 'unadoptable' – i.e. not accepted by adoptive parents. They included children with special needs; children of mixed race; children of mothers who were deemed to have an intellectual disability or mental health issues, however the evidence presented in chapter 31 indicates that many of these children were adopted. Despite this evidence there are indications that some adoptions were delayed or even abandoned in cases where a child suffered from quite minor, curable conditions. Michael Viney quoted a priest, who was involved with adoption: 'We still haven't reached the stage where the adopters' first motive is to give a child a home. They want the perfect child, who doesn't have red hair or a squint or a crooked toe'. One adoption society reported that a baby girl who was born with a dislocated hip - which was eminently treatable - could not be adopted, even after

[125] Department of Health, CCL/ INA/O/523143
[126] Jenny Keating, 'Adoption in England and Wales: the twentieth century', http://www.historyandpolicy.org/docs/dfe-jenny-keating.pdf

the hip had been rectified. Adoption societies were unwilling to offer children for adoption if there was a family history of mental handicap or inheritable illness.[127] A mother whose infant was not deemed adoptable might be kept in a special home much longer than a mother whose child was placed for adoption. In 1964 a Kerry doctor contacted the Department of Health with regard to a woman who had given birth in Bessborough. He described her as 'rather defective herself but can manage satisfactorily under care'; her six-week-old infant was described as 'defective', there was no hope of adoption. The maternal grandmother wished to bring her daughter home (without her child) because 'the young man of the house is now about to settle' and the grandmother wished to have her daughter back home as soon as possible, lest a daughter-in-law might veto her returning at a later date. There are two features of this case - first the conviction that this six-week-old infant could not be considered for adoption - at this age it would have been difficult to determine the child's intellectual state - a medical official in the department raised this point. This suggests that the infant was condemned as 'mentally-sub-normal', because his mother was 'rather defective'.(See chapter 31 for further discussion of such cases). There was a shortage of places for children/infants with special needs, and Bessborough refused to keep the infant without the mother. The fact that all institutions that might be suitable for this infant (if he had special needs) were run by voluntary bodies meant that the minister had no authority to order them to provide a place. It would appear that the mother was condemned to remain in Bessborough, though the long-term outcome is unknown.[128]

6.80 The second point concerns the potential opposition that the older woman might face in bringing her daughter home. A mother wrote to Fr Good in 1967 about her daughter who was six months pregnant: 'I am afraid the brothers will give her a beating and of course she would deserve it if they did but the [quiet] way is the best way'. She asked him to assist her daughter because she was ashamed to speak to her local priest.[129]

6.81 During a 1969 debate on provisions for unmarried mothers at the Cork Health Authority (CHA) one member said that his only criticism was the six-month delay before children were placed for adoption.[130] A report drawn up by the CHA

[127] Viney, *No Birthright*, p. 43.
[128] Department of Health, INACT/INA/0/442989.
[129] Cork Diocesan Archives, St Anne's Adoption Society, Box 3.
[130] *Cork Examiner*, 15 July 1969.

manager stated that they were arranging 60-70 adoptions each year. Over the previous 18 months, the CHA had been responsible for the admission of 146 women to mother and baby homes; 80 went to Bessborough. It was now standard practice for a local authority to pay for maintenance in these homes without carrying out any inquiries into her financial circumstances. The children's officers had worked with 37 women who remained at home and gave birth in a maternity hospital or nursing home, and contacted the CHA to discuss future arrangements for their child.[131] Children's officers visited all unmarried mothers, who accepted their visit, to discuss future arrangements. Where women wished to keep their baby they would arrange for a mother and baby to receive Home Assistance (see Chapter 1); 53 Cork unmarried mothers were receiving home assistance in 1969. In the case of women whose children could not yet be adopted because of medical concerns, the CHA had set up a network of short-term foster homes, where children were cared for, while they underwent specialist medical treatment. This meant that a mother was not forced to remain in a mother and baby home for an uncertain period. By 1969 they reported that no baby was being maintained in Bessborough by the CHA, who was old enough to be placed for adoption and no mother 'has to stay there longer than is strictly necessary'. CHA had engaged in 'protracted negotiations' with Bessborough over setting up a nursery where babies could be cared for pending adoption, at CHA expense, so far without success.

6.82 The manager of the CHA queried whether the structure and organisation of local authorities enabled them to act as effective adoption authorities 'on a continuing large-scale basis'. There were no regulations governing the placement of children for adoption comparable to those that existed for boarded out children. If the CHA continued to engage in adoption they would have to recruit specialist qualified children's officers who should be employed full-time on adoption and other aspects of children's social work. The CHA children's officers had asked for the assistance of a placement committee to assist in placing children for adoption.[132] The Adoption Board was pressing all adoption agencies to establish such committees.

6.83 1968 can be seen as a turning-point. The number of births to single mothers was rising - it was the highest figure since 1950 (the low point was 1959). Infant mortality had fallen to 21 per 1,000, which was equivalent to Scotland, better than

[131] It is not possible to compare these statistics with the data from the Bessborough institutional records; some of the children placed for adoption by the CHA would not have been in Bessborough, and many Bessborough children were not funded by the CHA.
[132] Department of Health, CCL/INA/0/488712.

Northern Ireland but higher than England and Wales. The gap in infant mortality between Dublin and the rest of Ireland had vanished; infant mortality in Dublin was marginally lower than the national average. The commentary in the GRO annual report did not refer to the infant mortality of 'illegitimate' children, which suggests that it was no longer regarded as cause for concern. In 1968, 54 infants born to single women died - a rate of 34.6 per 1,000, which was dramatically lower than in 1948, and the gap between 'illegitimate' infants and all infants had narrowed considerably, nevertheless it was 160% of the national rate - a ratio similar to England and Wales. Women were being admitted to mother and baby homes in very large numbers - indeed numbers were rising, but they stayed for much shorter periods. Conditions in the homes had improved, but they continued to be regimented and institutionalised, and, with the possible exception of Dunboyne, they offered no privacy to the women. Almost all the babies born that year to unmarried mothers were placed for adoption, though that was about to change.

Chapter 7: Pregnant from Ireland

Introduction

7.1 When an unmarried woman discovered that she was pregnant, a common response was to flee from her home or place of work in the hope of concealing her pregnancy from her family and the local community. Women who confided in one or more family members were often encouraged to leave home. This was not a uniquely Irish response, and it happened before the foundation of the state. In the 1830s the Irish Poor Inquiry stated that most single women who became pregnant left their home. In France many single mothers travelled to Paris to conceal their pregnancy and get rid of their infant - using the notorious turning gates at foundling hospitals, or giving birth anonymously and leaving their child with the authorities.[1] In the United States women also sought anonymity in the large cities. In 1925/26 Mr Mac Lysaght, a commissioner for the Dublin Union, claimed that roughly 45% of the unmarried mothers in institutions run by the Dublin Union - which included Pelletstown - were women 'who come up from the country in trouble'. Of the 110 mothers with infants in Pelletstown in 1926, 48 were from the Dublin Union area, 62 were 'from the country', though some had been living and working in Dublin before they became pregnant.[2]

7.2 Many pregnant single women travelled to Britain. It was an obvious destination. Emigration was a normal part of life for young women and men, so an announcement that a woman was travelling to work in Britain would not attract comment or intrusive questions. Many putative fathers also emigrated to avoid an affiliation order, pressure to marry, or the opprobrium of the women's family and perhaps the wider community. The flight of putative fathers was generally uneventful; their past did not follow them to England. But pregnant Irish single women often found that England was less welcoming than they had hoped.

7.3 The number of pregnant unmarried Irish women who came into contact with British welfare services - both voluntary and public - was so great that they were commonly known by the initials, PFIs - Pregnant from Ireland. This chapter examines the history of PFIs from the 1920s until the early 1970s when it is transformed into a flight of pregnant Irish women seeking abortions. The emphasis

[1] Ivan Jablonka, *Ni père ni mère. Histoire des enfants de l'Assistance publique (1874-1939)* (Paris, 2006), p. 11.
[2] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, thirty-second day, 17 Dec. 1926.

in this chapter is on the relationships between British charities and local authorities, and Irish charities and the Department of Local Government and Public Health/Department of Health. The personal stories of the women are told in the next chapter, where they are interwoven with the stories of the other pregnant women who sought assistance from the department. Both chapters should be read in conjunction to get the overall picture.

Church and State in Britain and Ireland and arrangements for PFIs

7.4 Pregnant women were travelling to England in the 1920s, and it is highly unlikely that this was a new development. In August 1921 a Jesuit priest, based in Bournemouth, reported that in the previous year, 12 Irish women had given birth in the local workhouse. Some had become pregnant in Ireland and 'fled over there to hide their shame'. Evidence sent to Archbishop Edward Byrne of Dublin in the 1920s suggests that Irish women continued to give birth in English workhouses during that decade. The West Derby Union recorded a number of Irish unmarried mothers and there were Irish women in St Pelagia's Home for unmarried mothers in London, which was run by the Congregation of the Sacred Hearts of Jesus and Mary.[3] In 1923 the British National Vigilance Association wrote to the Irish High Commissioner in London[4], James McNeill, asking him to deal with the problem of Irish women coming to Britain - often without money, luggage or employment - and pregnant Irish women who were dismissed from pre-arranged jobs because they were unfit for the work.[5] Jennifer Redmond noted that the years after independence 'saw the emergence of a network of welfare organizations designed to help Irish women traveling to Britain and elsewhere'. They included the Legion of Mary, the International Catholic Girls' Protection Society, Girls' Friend Society and Irish Women Police Patron, the Catholic Women's League, and the Port and Station Rescue Work Society'.[6] Lucy Desmond, who worked with the Catholic Aid Society in Liverpool, gave evidence to the Commission on the Relief of the Sick and Destitute Poor in the hope that this migrating trail could be brought to an end. Her society dealt with approximately 50 Irish women every year. She claimed that the numbers travelling to England were increasing. Women migrated 'to hide themselves', but as pregnant women, they found it difficult to get a job, and many

[3] Dublin Diocesan Archives, DDA/AB7/b/Lay organisations, Box 2.
[4] The official representative in Britain of all countries that were members of the British Commonwealth had the title of High Commissioner. When Ireland left the Commonwealth, Ireland was represented by an Ambassador.
[5] Jennifer Redmond, 'The politics of emigrant bodies: Irish women's sexual practice in question', in Jennifer Redmond, Sonya Tiernan, Sandra McAvoy and Mary McAuliffe (eds), *Sexual politics in modern Ireland* (Sallins, 2015), p. 81.
[6] Jennifer Redmond, 'Safeguarding Irish girls: welfare work, female emigrants, and the Catholic church, 1920s-1940s', in Christina S. Brophy and Cara Delay, *Women, reform, and resistance in Ireland 1850-1950* (Basingstoke, 2015), p. 57.

women 'drift into the Union as they have no money'. If they had some savings they would go to a maternity home (no details given), 'and get through their trouble'. The Catholic Aid Society found it difficult to place these babies.[7] The Liverpool Society for the Prevention of International Traffic in Women and Children told the Carrigan Committee (see Chapter 9) that they had met a total of 1947 Irish expectant mothers in the years 1926-30.[8] The concerns expressed by British charities were echoed - and indeed amplified - by the Irish bishops, not just in the 1920s but in decades to come.[9]

7.5 British charitable organisations exerted pressure on the Irish Catholic hierarchy to campaign for restrictions on the emigration of vulnerable young women - a cause that the Irish hierarchy pursued, without success, for decades. Irish government officials pointed out that most of these young women left Ireland with the consent of their parents, sometimes at their urging, and they could not be prevented from doing so.[10] British charities (and via them the British authorities) put pressure on the Irish hierarchy, and the Irish State, to repatriate pregnant Irish women. Earner-Byrne notes that St Patrick's Guild kept Archbishop Byrne of Dublin informed 'regarding their rescue work and the situation of Irish unmarried mothers in Britain. The Archbishop also received correspondence from concerned charities in Britain requesting his assistance'. Earner-Byrne claims that Canon Craven of the Crusade of Rescue (an English Catholic charity for unmarried mothers), 'adopted the issue of Irish unmarried mothers in Britain as a personal crusade the object of which was to force the Irish authorities and charities to assume primary responsibility for their citizens and flock'. He wrote regularly to CPRSI and St Patrick's Guild, and sent a list of Irish unmarried mothers in Britain to the DLGPH inspector, Mrs Crofts.[11] Redmond noted that, according to the records in the Dublin Diocesan Archives, Archbishop Byrne received communications from eight associations and institutions based in London, Manchester and Leeds. 'In total 1,203 Irish women were noted as having been helped by these organizations…376 were reported as having become pregnant in Ireland, 155 became pregnant in

[7] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, eleventh day, 16 Sept. 1925.
[8] Paul Michael Garrett, 'The abnormal flight: the migration and repatriation of Irish unmarried mothers', *Social History*, xxiv, 3 (Oct. 2000), p. 337.
[9] Redmond, 'Politics of emigrant bodies'; Mary E. Daly, *The slow failure: Population decline and independent Ireland, 1920-1973* (Madison Wisconsin, 2006), pp 285-9; Lindsey Earner-Byrne, 'Moral repatriation: the response to Irish unmarried mothers in Britain, 1920s-1960s', in Patrick Duffy (ed.), *To and from Ireland: planned migration schemes c. 1600-2000* (Dublin, 2004), pp 155-74.
[10] Daly, *Slow Failure*, pp 281-3.
[11] Earner-Byrne, 'Moral repatriation', pp 157-60.

Britain, and the remaining 672 represented a combination of both categories'. Redmond highlights 'the impressionistic and unreliable nature of the data'. The numbers assisted declined from a high of 318 in 1925 to 144 in 1929.[12]

7.6 Material in the Archbishop Byrne papers suggests that a number of British poor law unions and several British Catholic charities were paying for the repatriation of Irish women by the late 1920s. In 1929 Canon Craven claimed that he was trying to get English Poor Law Guardians to send unmarried mothers back to Ireland, and they were willing to pay all fares and expenses, provided that he undertook to help end this emigration. He believed that sending these women back to Ireland would be 'a good way of showing authorities in Ireland a sense of what was happening'. Canon Craven feared that the children would be adopted into non-Catholic homes. The West Derby Union was willing to pay the cost of returning pregnant women to Ireland, but this could only be done at the woman's request, which seldom happened, 'the reason is their people will not receive them'. The Liverpool and County Catholic Aid Society explained that it was the 'sense of shame' that caused Irish women to flee to England.[13] Miss Cruice of St Patrick's Guild asked Canon Craven to write a description of his experiences with Irish unmarried mothers, which she submitted to the secretary of the Carrigan Committee.

> I can safely say that quite a large number of the applications I receive are from unmarried Irish mothers. Certainly it is true that never a day passes without one or more applications either by letter or in person being made here at my office. They come from all parts of the Irish Free State and among them are a certain number of girls of respectable parentage. The majority, however, are from the peasant or labouring classes. The larger number of these Irish girls fall in England. They are, however, a large number, which is certainly on the increase, who come here to England pregnant in order to get rid of their baby and hide their shame. To me the saddest part of the whole business is that these girls are ready and even determined to abandon their children without any regard to their claim to the Catholic Faith or any regard whatsoever to their future.

7.7 Canon Craven quoted a letter that he had received from a doctor in England, who was caring for a pregnant unmarried Irish woman:

[12] Jennifer Redmond, 'In the family way and away from the family: examining the evidence in Irish unmarried mothers in Britain, 1920s-40s', in Elaine Farrell (ed.), *'She said she was in the family way': Pregnancy and infancy in modern Ireland* (London, 2012), p. 169.
[13] Dublin Diocesan Archives, AB7/b/Lay organisations, Box 2.

> The position as I understand from her is that she came to this country more or less to hide her shame, and being of decent parents she is anxious to get back again as soon as ever her trouble is over. Then what of the child? I have great fears for its salvation unless we can find some Catholic Convent or Institution willing to adopt it. I shall be glad of your counsel in the matter.

7.8 The canon described her attitude as:

> typical. These girls seem to lack all sense of responsibility (and I assure you I am not exaggerating one little bit) they have no respect either for their religion or the Catholic priest. They will not go back to Ireland, nor will they take their parents into their confidence in order to obtain the assistance of their family. They come invariably in a blackmailing spirit saying to me 'either you take the child or I'll put it in a protestant home'. This is, I might say, the invariable rule of conduct with them. Many of them fall again, and I fear that there must be quite a large number of them on the streets of our big towns. In the course of my work I naturally meet a certain number of men and women who are doing rescue work of one kind or another. Everyone of these people whether Catholic or Protestant have the same story to tell; their hands are full of these Irish girls with their illegitimate children.[14]

7.9 In 1931 the English Catholic hierarchy contacted John Dulanty, the Irish High Commissioner in London, and he convened a meeting in the High Commission between representatives of the DLGPH and English Catholic welfare organisations. It was agreed that the High Commission would pay half the costs of repatriating first-time mothers, who became pregnant in Ireland. The scheme was to be overseen by an Irish committee, though Earner-Byrne notes that it was never established.[15] This repatriation scheme is significant, because it brought Irish government officials - the London High Commission/later Embassy, and the DLGPH into direct contact with unmarried mothers. It was also the only instance where Irish embassies took responsibility for the welfare of a cohort of emigrants. A DLGPH memorandum dated August 1934 states that

> In the case of girls coming from England information should be sent to Mrs. Crofts, Department of Local Government and Public Health, Custom House, Dublin at the same time as a request is made to the Irish Free State High Commissioner for repatriation. Arrangements will then be made to have the

[14] National Archives of Ireland, JUS/90/4/6: Criminal Law Amendment committee (1930).
[15] Earner-Byrne, 'Moral repatriation', pp 157-60.

girl met at Westland Row Station by workers of the International Catholic Girls' Protection Society, 42 Mountjoy Square Dublin. She will then be sent to the special Home for her county of origin for which application will be made through the Public Assistance Boards. Applications to Mrs Crofts should state full particulars of her name, age, home (Irish) address, the date she is alleged to have left Ireland, and the date the confinement is expected. If, for any reason, the girl does not wish to enter the special Home belonging to the area from which she comes, this should be stated, but this may lead to some difficulty and delay and should be avoided if possible.

7.10 Non-Catholic girls would be referred to two Rescue Societies in Dublin and a special home in Cork city - Braemar. They were also free to enter any of the Catholic homes where arrangement would be made for a clergyman of their denomination to visit them. The memorandum emphasised that these provisions only applied to women who were pregnant for the first time.[16]

7.11 In 1935 Mrs Crofts travelled to London and to Liverpool. She met individuals and agencies that worked with unmarried mothers and their children, including the Mother Superior of St Pelagia's Home (run by the Congregation of the Sacred Hearts) and the secretary of the National Council for the Unmarried Mother and her Child (NCUMC). She reported that 'In London the general view expressed by all whom I interviewed, with the exception of Canon Craven, was that the number of Irish girls who came to London pregnant had diminished considerably'. Canon Craven disagreed, but he did not supply any statistics 'which would justify his attitude'. In the homes for unmarried mothers that she visited – apparently four homes in the London area and three in Liverpool - 'there were very few Irish girls who had left this country pregnant but there were many who had become pregnant in England'. Statistics supplied by the Liverpool Society for the Prevention of International Traffic in Women and Children for the period April 1932 to 31 March 1934, recorded only four pregnant 'girls' arriving in Liverpool and five returning to Ireland, from a total of 584 women assisted by the society. Only four women from the Irish Free State had come to the attention of the Liverpool Women Police Patrols over the past year; only 17 of the 246 women admitted over the past year to Nugent House - a Catholic home in Liverpool which did require mothers to pay

[16] Department of Health, NATARCH/ARC/401679.

for their upkeep - were from Ireland, 32 counties; three of the 83 women admitted to a home in Kelton, Liverpool, were Irish 'and these three fell in England'.

7.12 These exchanges hint at some of the political complexities - Canon Craven was probably exaggerating the problem to keep up pressure on the Irish government and the Irish Catholic hierarchy. In 1932 Edith Rose of the Liverpool Port and Station Work Society claimed that the Crusade of Rescue was 'grossly overstating the needs and numbers of the Irish expectant mother and baby in London'.[17]

7.13 In autumn 1938, the DLGPH inspector, Miss Alice Litster, visited London where she met representatives of most of the institutions previously visited by Mrs Croft and representatives of London county council. She reported that the Cardinal's (that is, the Archbishop of Westminster's) Committee for Social Work in London had received 274 applications during 1937 from 'girls' of Irish birth; 89 had become pregnant in Ireland; 185 became pregnant in London or the surrounding area and 108 of the latter named Irishmen resident in London as the putative fathers. The number of PFIs seeking assistance in the period January to October 1938 was 48. On that basis Miss Litster suggested that the numbers were decreasing. In the six months ending 28 February 1938, only 12 PFIs ranging in age from 16 to 26 became chargeable to London county council. However 'the greater number' of mother and babies maintained in Catholic homes, supported by voluntary contributions, were 'stated to be Irish' - though most had become pregnant in Britain. Canon Craven continued to assert that the number of PFIs was 'rapidly on the increase', but yet again he provided no supporting evidence. Miss Litster commented that the statements in the document prepared by the Cardinal's committee, 'are, I believe, intended to make as strong a case as possible for a grant by our government in aid of the work done by the Cardinal's Committee for Irish unmarried mothers in London'. The High Commissioner, Mr Dulanty, suggested that the Irish government should provide the committee with a small grant. Miss Litster noted that the Cardinal's committee would welcome the formation of an Irish committee 'charged with similar duties'.[18]

7.14 Keeping up the pressure on the government, the Archbishop of Westminster, Cardinal Hinsley, wrote to Taoiseach and Minister for External Affairs, Éamon de

[17] Redmond, 'In the family way', p. 170.
[18] Department of Health, RM/ARC/0/489778.

Valera.[19] He claimed that there were almost 100 single women who became pregnant in Éire, 'whose purpose is to give birth to their child in one of our Public Assistance Hospitals, intending to leave the child in England as a charge upon the generosity of English Catholics' - which would appear to suggest that substantial numbers of pregnant women were travelling to England - yet he went on to note that 'a considerable number of Irish girls and young women fall into sin and become illegitimately pregnant in a short space of time after arriving in this country'. He dismissed reports of 'white slavery'[20] suggesting that they became pregnant because 'sheer weakness of intellect and character combined with inexperience is often the cause of their downfall. Girls of this type should not undertake the adventure of migration'. The English charities catering for unmarried mothers were under considerable pressure and were forced to send many pregnant Irish women to public institutions, which had resulted in a letter of protest from the chief public assistance officers of London county council. The London county council gave the Catholic homes in the Westminster archdiocese a weekly grant for each 'inmate', which barely covered the maintenance cost. Cardinal Hinsley wanted the Irish government to pay a similar grant of 5s a week. He also sought 'more sympathetic co-operation from the Government and CPRSI' in receiving the children of these mothers. There was an element of menace in the Cardinal's letter; he 'dreads the scandal to the faith as well as the discredit to Ireland - and consequently the harmful effect on relations between our two countries' if these facts became known to English newspapers.[21]

7.15 Miss Litster explained that if a woman was returning from England at the expense of a public assistance authority she would generally arrange to have her met at the boat or train. On some occasions the returning woman was only given the 'bare fare'; she arrived in Ireland, with no money to pay her bus or train fare to her destination - a mother and baby home. In some instances she was 'brought to the Mendicity Institute' (a Dublin charity) who gave her her fare from the 'Traveller's Aid fund'. Miss Litster described this as 'a loose and objectionable method of dealing with such a contingency'. She would like some society to deal with these cases, and arrange temporary accommodation 'for girls who have returned hastily'. She often had to arrange temporary accommodation for the women in Dublin, generally in Regina Coeli (see Chapter 21), and after a few days in that hostel

[19] Earner Byrne, 'Moral repatriation', p. 161.
[20] Women being exploited for sexual purposes.
[21] Department of Health, RM/ARC/0/489778, letter from Cardinal Hinsley to Éamon de Valera, 25 May 1939.

many women were 'unwilling to go to an institution under the care of nuns'. They preferred 'a certain "free and easy" atmosphere in Regina Coeli'.[22]

7.16 In the early months of 1940 the DLGPH contacted the CPRSI, who were based in Dublin, to see whether they would agree to assume responsibility for returning PFIs, and the CPRSI in turn approached the Catholic hierarchy. The CPRSI was concerned about the cost of undertaking these duties, and there is no evidence that the government gave a commitment to reimburse them. The department then contacted the Irish Catholic hierarchy asking them to take responsibility for the repatriation of PFIs. This request was supported by Joseph Walshe, Secretary of the Department of External Affairs. At some point in the early months of 1940 the CPRSI assumed responsibility for the repatriation of Irish unmarried mothers at the 'special request of the Cardinal and Archbishops of Ireland'.[23] The Irish High Commissioner contacted several English dioceses, in an effort to determine the numbers of unmarried Irish mothers and their children in England, and he forwarded the replies that he received to Dublin. The diocese of Southwark had received 160 applications from pregnant Irish women over the past three years; they claimed that 70 of those pregnancies began in Ireland. The Liverpool Catholic Children's Protection Society reported that there were ten Irish babies in a home with a capacity of 40. Three of the Irish mothers had disappeared. 'In many cases we are unable to secure sufficient information to arrive at any constructive decision. We know nothing of their background but they expect to be helped without question i.e. they expect to be relieved of their babies, and of course do not wish to suffer any personal inconvenience'.[24]

7.17 The number of women repatriated from England under the government's scheme remained low until the summer of 1940. In the year ended 31 March 1939, 41 women applied for repatriation; 24 were approved. There were 37 applicants in the following year and 21 were approved. Pressure on the repatriation scheme increased significantly from the summer of 1940. The bombing raids on major English cities resulted in several mother and baby home being relocated from London to less vulnerable cities such as Oxford. With increasing numbers of civilian casualties, and some hospitals suffering bomb damage, an emergency scheme introduced by the Ministry of Health meant that wards formerly used for

[22] Department of Health, RM/ARC/0/489778.
[23] Annual report of the CPRSI, dated April 1940, quoted in Garrett, 'The abnormal flight', p. 337.
[24] Department of Health, RM/ARC/0/489778.

'waiting unmarried pregnant women' were requisitioned for other purposes. Unmarried mothers were being discharged from maternity homes shortly after giving birth, because of a shortage of places.[25] Mrs Helen Murtagh, a Catholic social worker in Birmingham, claimed that 22 pregnant single women were 'planted all over the city'; the majority were Irishwomen, who were long-term residents of Birmingham, and therefore eligible for UK local authority support services, but the resources were not available. She feared that these women, or more particularly their children, would be taken into care by non-Catholic charities, such as the Salvation Army or Church of England Homes.[26] During the war British charities, social workers and local authorities became more determined to repatriate Irish women. There was a rise in the numbers of women 'returning of their own volition or sent by societies' to Ireland, including women who had been working for some years in Northern Ireland and women who were long-term residents of England or Scotland.

7.18 Most women were sent back to Ireland by the Westminster Moral Welfare Society. Although the society was instructed to refer returning women to the CPRSI, after two or three months, Miss Plater of the Westminster Moral Welfare Society stopped sending women to the CPRSI and referred them instead to St Patrick's Guild. There is no indication as to why this happened.[27] When a British welfare organisation contacted the CPRSI, the CPRSI gave the woman's personal details to Miss Litster: her name, home address, and her circumstances, that is, her expected date of delivery, details of the putative father, whether the pregnancy happened in Ireland, and her occupation and perhaps some details as to her family. Miss Litster would check on 'her bona fides'; contact the relevant local authority, asking them to agree to cover the cost of maintenance in a mother and baby home, and ensure that there was a vacancy. The CPRSI would meet the repatriated woman when she arrived and arrange for short-term accommodation in Dublin, if necessary, and her transport to the mother and baby home where she was booked.[28] In November 1944 the CPRSI informed Coventry city council that they required three days' notice of the arrival of a repatriated woman, and that they only looked after Catholic women. Women returning with an infant were asked to

[25] Pat Thane and Tanya Evans, *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England* (Oxford, 2012), pp 58-60.
[26] Lindsey Earner-Byrne, *Mother and Child. Maternity and child welfare in Dublin, 1922-60* (Manchester, 2007), p. 195.
[27] Department of Health, RM/ARC/0/489778.
[28] Department of Health, RM/ARC/0/489773, Unmarried Mothers in Great Britain and Ireland, undated, but probably late 1940s; see also Department of Health, RM/ARC/0/489778, Fedelma Clandillon memorandum dated 28 Sept. 1970.

bring copies of birth and baptismal certificates, plus a doctor's certificate that mother and child were free of disease.[29]

7.19 In June 1940 Miss Litster reported that, because of a shortage of accommodation and the requirement to evacuate pregnant women from dangerous areas, women in England, who would normally be kept in hospital for medical treatment and childbirth, were being sent to Ireland. Little advance notice was given to the Irish authorities so there was no time to arrange for their accommodation. She complained that 'often the onus is thrown on me of inducing them to seek admission to an institution to which they were unwilling to go, and to find accommodation for those who are obstinately determined not to return to their native country'. The secretary of the DLGPH, James Hurson, told the CPRSI that women were returning to Ireland without any advance notice; they had been told to present themselves to the department's inspector, 'and apparently informed that they would be accommodated in Dublin'.[30] Ten pregnant women were repatriated during the first two weeks of June 1940; three from Birmingham, the remainder from London. A further three, who arrived with babies, were not deemed to be destitute; the babies were 'taken over by St Patrick's Guild'.[31] One of the pregnant women had been in hospital in Britain because she had haemorrhaged, and it was deemed unsafe for her to travel beyond Dublin - it was probably also unsafe for her to have travelled to Ireland.

7.20 The scale of wartime repatriations seems to have taxed the capacity of the Dublin charities. In March 1940, an unidentified person - probably a fellow senior civil servant - wrote to Joseph Walshe, secretary of the Department of External Affairs, enclosing two letters (which the Commission has not seen) from Frank O'Reilly of the CPRSI. This official noted that 'It looks as if the CPRSI regard the problem as one involving considerable financial responsibility and likely to be too great for them'. In June Frank O'Reilly wrote to DLGPH Secretary James Hurson quoting a letter to the effect that Mr Hurson 'expects us to accommodate anyone who may come along, without any notice to us'. The CPRSI suggested that in order to do this, they would need a hostel.[32] Between 1939 and 1944 the CPRSI spent £630 on short-term accommodation and travel within Ireland for repatriated women, and they sought a subsidy from the department, because they had taken on this role at

[29] Department of Health, NATARCH/ARC/0/404309.
[30] Department of Health, RM/ARC/0/489778.
[31] St Patrick's Guild generally required a payment from a mother, or a payment on her behalf, if they were to accept a child.
[32] Department of Health, RM/ARC/0/489778.

the request of the government. The DLGPH countered that they could claim for these costs, though probably not the cost of transport, under the National Maternity and Child Welfare scheme - which only covered half of the allowable costs.[33] Yet despite the wartime pressures, a memorandum written in 1947 or 1948 stated that only 150 Irish women had gone through the CPRSI's repatriation scheme since 1940; in 1947 a total of 1,538 Irish unmarried mothers applied to Catholic societies in England.[34]

7.21 In 1947 Miss Litster noted that 'Many of the welfare workers in Great Britain are so intent on getting rid of the Irish unmarried mothers that they are not straightforward in their dealing with them and us'. The societies that sent women back to Ireland were aware that there was no accommodation in Dublin for women who were not native Dubliners, other than Regina Coeli and 'the type of accommodation offered in this hostel is not of that high standard of comfort obtaining in the small voluntary homes in Great Britain'. The special mother and baby homes only took first-time mothers; women on a second or subsequent pregnancy would have to go to their county home. Women who were admitted to Castlepollard, Sean Ross or Bessborough would be required to stay for two years after the birth of their child, unless they could make financial arrangements 'for the child's future or the Catholic Protection and Rescue Society accepts responsibility for boarding out the child at an earlier date'. She continued 'Nevertheless, girl after girl has returned from Great Britain through these societies expecting that her baby will be "adopted" immediately and that she will be able to return at once to her work on the other side. This makes the problem of dealing with the repatriate doubly difficult'. She claimed that women who had gone to England 'to avoid local knowledge of her condition' were reluctant to return to Ireland. In England she would stay in a home for three to six months; have no difficulty in having her child adopted - at no cost (whereas in Ireland she would have to pay to have her baby placed at nurse), though the adopting family might not be Catholic.[35]

7.22 The number of repatriated PFIs increased significantly during the 1950s - at a time when the total number of 'illegitimate' births in Ireland was falling - and they continued to rise in the 1960s; the peak year was 1967.

[33] Department of Health, NATARCH/ARC/0/404309, handwritten note of phone call between DLGPH and CPRSI dated 15 Dec. 1944.
[34] Department of Health, RM/ARC/0/489773.
[35] Department of Health, RM/ARC/0/489778.

Irish women repatriated from England through the CPRSI[36]

1948	40
1949	50
1950	55
1951	51
1952	85
1953	112
1954	115
1955	121
1956	123
1957	100
1958	85
1959	89
1960	113
1961	181
1962	185
1963	135
1964	173
1965	19
1966	NA
1967	213
1968	120
1969	145
1970	91
1971	33

7.23 The primary reason why pregnant women travelled to England was to protect their privacy. An application to a local health authority for financial support in a mother and baby home often meant that a woman's pregnancy became known, and the long stays in Irish mother and baby homes were also a factor. The annual report of the CPRSI in 1952 stated that

> Apart from the services of a few voluntary societies in Dublin, such as ours, all of which are constantly in financial difficulties, the only facilities available for the unmarried mother are County Homes and the three special Mother and

[36] Garrett, 'The abnormal flight', p. 337. Garrett does not give a number for 1966.

> Baby Homes.[37] The local authorities maintain the girls in these institutions, and a girl has little chance of going free until she has remained almost two years with the child in the institution. How can any girl remain such a long time out of touch with her home and her friends and still preserve her secret? The result is an abnormal flight to England with the consequent danger to both mother and infant.

7.24 Another annual report, also quoted by Garrett, though no date is given, stated that

> In no other country in the world has the unmarried mother to remain for two years in a Home with her child. A few months is regarded as sufficient to allow the mother time to decide on the future of her child and is also believed to be adequate in helping her towards moral rehabilitation. Any longer period is regarded as punitive and it is becoming increasingly obvious that our girls will not submit themselves voluntarily to punitive treatment.[38]

7.25 The CPRSI believed that many women went to England because of the requirement to spend two years in Irish mother and baby homes. The introduction of legal adoption in Ireland does not appear to have reduced the numbers travelling to England. In the mid-1950s 61% of registered cases recorded by the English Catholic Rescue Society related to women who were born in the Republic of Ireland.[39] As mentioned above, the highest number of repatriates was in 1967. While many women decided to travel to England on discovering that they were pregnant, others were persuaded, or contrived, to do so by family members or the father of her child. In 1936 the journalist Gertrude Gaffney wrote a pioneering series of articles on the Irish in Britain. One focussed on PFIs. A priest in England told her about the daughter of a 'well-off farmer. When her people discovered her condition her mother had given her enough money to get to London and told her she never wanted to see her again'.[40] In 1954 and 1955 women were reported as having been advised to go to England by a doctor, and a priest respectively.

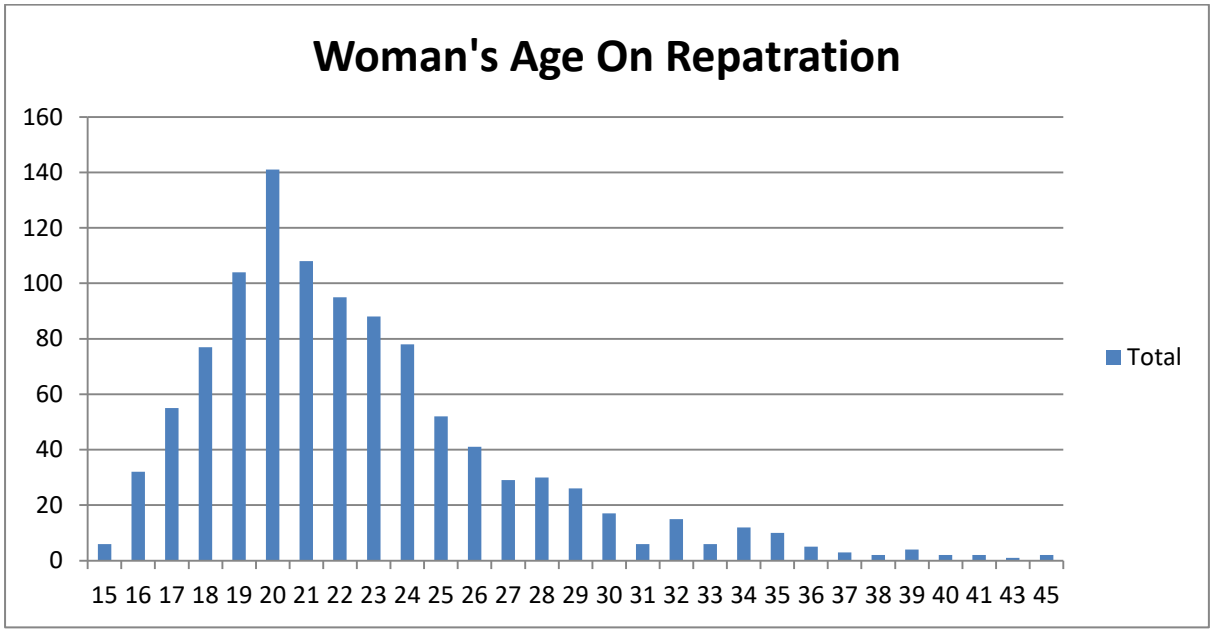
7.26 Women also came under pressure to return. Garrett's researches in the archives of the English Catholic Rescue Society reveal that '"the possibility of returning to

[37] The CPRSI does not mention the local authority homes in Pelletstown and Tuam.
[38] Garrett, 'The abnormal flight', p. 339.
[39] Paul Michael Garrett, 'The hidden history of the PFIs: The repatriation of unmarried mothers and their children from England to Ireland in the 1950s and 1960s', *Immigrants and minorities*, xix, 3 (2000), p. 27.
[40] *Irish Independent*, 15 Dec. 1936.

Ireland" was addressed during a woman's initial interview with one of the caseworkers'. Some women came under considerable pressure to consent to repatriation: notes relating to one woman stated that 'if she failed to co-operate "I shall insist on you going back to Ireland straightaway'. In further correspondence the social worker threatened that if the woman failed to attend an ante-natal appointment she would inform the woman's family of her pregnancy, and her employer - which might result in her losing her job. This story ended reasonably happily, if that is possible, because the woman's mother suggested that she return home, and she was accompanied by her sister. Garrett concluded that 'Case files reveal that staff at the ECRS were not only intent on delineating the choices (or lack of choices) they viewed as available to these unmarried Irish mothers, they were apt, in some instances, to pressurize them if alternative more independent courses of action were embarked on'.[41]

PFIs and the Department of Health index cards[42]

7.27 The Commission has had access to three large files consisting of index cards containing details of unmarried pregnant women or recent mothers, who came into contact with the women inspectors in the DLGPH/Department of Health in the years 1944-61. There are a total of 2,291 cases, and 1,162 of these relate to repatriation. The woman's age is recorded on 90% of the files. One in ten of the repatriated women were pregnant for a second or subsequent time.



[41] Garrett, 'The hidden history of the PFIs', pp 31-35.
[42] Unless otherwise stated the case histories cited in this chapter are taken from Department of Health, RM/ARC/0/489984; Department of Health, RM/ARC/0/489986; Department of Health, RM/ARC/0/489989.

7.28 The agreement reached in 1931 provided that the Irish government would only assist in the repatriation of women who became pregnant in Ireland, but they were frequently prevailed upon to assist women who became pregnant in England, including some who were long-term residents. In 1952 the British embassy contacted the Department of External Affairs asking whether the Dublin board of public assistance would keep an Irish mother and her English-born baby. This 'girl' had written to London county council saying that she would not be kept in Ireland. The British Embassy was anxious to know the Irish policy with regard to repatriation of unmarried mothers. This woman had been in England for over a year before the birth of her daughter, so she was not eligible for repatriation. She returned to Dublin and was sent by CPRSI to a hostel in Cork Street for one night and from there to St Kevin's (the Dublin Union). The CPRSI promised to take her child 'as soon as possible' meanwhile she was admitted to Pelletstown and from there wrote letters to Catholic and Protestant charities in England and London county council.

7.29 Many pregnant Irish women who travelled to Britain (most pregnant women went to England), found it to be a less than friendly place. Women who had recently arrived were denied treatment under the British National Health Service. While free treatment under the NHS was, in theory, available to all legal residents (a category that included all Irish citizens), some services, such as ante-natal clinics, and maternity hospital care, were provided by local authorities, who did not necessarily follow NHS/Department of Health guidelines, and they may have imposed their own restrictions, for example, giving priority to local women, irrespective of medical need. Some NHS hospitals may also have discriminated against certain categories of patients - black women, or single women.[43] In 1968 an article in the Irish periodical *Woman's Way* quoted a social worker with the NCUMC:

> The average Irish girl in Britain is the working class manual worker and is employed behind a bar or as domestic help. Her environment is often bad, possibly long hours in a smoky club listening to bawdy language. The girls have little money. They send part of the wage-packet home to the parents and if the girl finds herself with a child she fears that any lessening in the sum sent home will arouse at least suspicion. Money is one of the big problems

[43] The Commission acknowledges the assistance of Professor Pat Thane and Professor Roberta Bivins in clarifying this matter.

> facing the girls. Another is somewhere to live that will be morally and physically healthy.

7.30 The social worker explained that most Irish unmarried mothers did not qualify for a bed in an NHS hospital, and the emergency bed service was 'far from satisfactory'. English mother and baby homes were booked in advance so Irish women ended up being placed through an organisation that provided welfare for the homeless, or in an institution; both were 'grim alternatives'.

7.31 If women contacted the NCUMC before travelling to Britain, they were dissuaded from travelling, though this was often difficult.

> In the first letter I tell the girl whom she can contact for help in Ireland; in the second I try to persuade her out of fears about the way she will be treated if she stays; in the third I tell her that she will not be eligible for a hospital bed in England and won't be able to get financial help at the time she needs it most. I'm afraid that the letters have become rather stereotyped because I have sent so many.[44]

7.32 Little is known about the attitude of the staff in English Catholic charities or British welfare services towards unmarried Irish women, other than the evidence presented by Garrett, which is cited above, but given the acknowleged existence of prejudice against Irish emigrants it is highly unlikely that unmarried mothers did not experience some hostility/prejudice on occasion. The Catholic church in England came under considerable pressure to cope with the influx of Irish emigrants during the 1950s - creating additional demands on church space, Catholic schools and other services, including mother and baby homes and adoption services.[45] In the mid-1950s, 61% of the almost 800 expectant mothers that were referred to the English Catholic Rescue Society were from Ireland.[46] The pressure on resources, and fears that Catholic women and children would end up in non-Catholic institutions, were key factors in their wish to repatriate Irish mothers and children. In 1963, Fr Good, director of St Anne's adoption society in Cork, advised a priest seeking information about facilities in England for pregnant Irish women 'to try his best to stop her from going to England, even if this is what the parents want. She will be sent back in some publicity if she contacts a Catholic society…they are

[44] *Woman's Way*, 19 July 1968.
[45] A.E.C.W. Spencer, *Arrangements for the integration of Irish immigrants in England and Wales* (Dublin, 2012).
[46] Garrett, 'The hidden history', p. 27.

getting more ruthless than ever in recent times at returning them before birth'.[47] Thirty-one of the 100 unmarried mothers in Pelletstown, who were interviewed by Mary Frances Creegan in 1967, had returned from England; 26 had been repatriated, five returned on their own initiative; 16 of the repatriated women had not wanted to return but the welfare agency had given them no alternative. Several had been living in England for a number of years. Creegan cited one extreme case, where a woman, who had been living in England with an older sister since the age of eight following the death of her parents, was sent back to Ireland by an English welfare agency. She knew nobody in Ireland.[48]

7.33 As Creegan discovered, many women returned unwillingly. In 1952 a priest who interviewed an Irish nurse working in Lancashire, claimed that she was the only Irish woman he had interviewed who was willing to return. She became pregnant in England, by an Irish man, and was not technically eligible for repatriation, but she had to leave her job and hospital accommodation because of her pregnancy. At this point her pregnancy was reported as Irish - not the only occasion that records were changed to enable a woman to qualify for repatriation. One Monaghan woman threatened to commit suicide if she was returned to Ireland, but she eventually agreed to travel if absolute secrecy was guaranteed - she was sent to Sean Ross. Some women were apparently more than willing to come home. One 18-year-old factory worker, who was referred by the Southwark Rescue Society in 1950, had been in London for more than two years. She was described as 'depressed and anxious to embark'. Her only living relative, a sister, was aware of her pregnancy. A young woman who married her husband one month before her first child was born, probably around the age of 16, left that child with her parents, and went with him to England where she gave birth to a second child. He deserted her, and mother (now pregnant again) and baby ended up in a Salvation Army hostel. She wanted to come home with her child. It is unclear what happened. The public assistance authority approved her admission to Bessborough, but there is no evidence that she went there - and it is unlikely that she would have been accepted, as a deserted wife. A woman who had worked for several years in a Birmingham factory, and became pregnant by an Englishman who was reported to be in Korea (presumably in the armed forces), came to Dublin of her own accord and contacted a priest at Westland Row church asking for

[47] Cork Diocesan Archives, St Anne's Adoption Society, Box 8.
[48] Mary Frances Creegan, 'Unmarried mothers: an analysis and discussion of interviews conducted in an Irish mother and baby home' (M.Soc.Sc., UCD, 1967).

assistance. The Family Welfare Bureau referred her to the CPRSI who arranged a bed in Cork Street Hostel and her admission to St Kevin's. A young Mayo woman repatriated from Scotland with her infant and sent to Castlepollard left on the same day and was reported to have returned to Scotland with her child.

7.34 When a 25-year-old nurse discovered that she was pregnant she went to England, where she had trained, and contacted Catholic welfare societies. She reported that they were 'no help', so she returned to her married sister in Dublin and attended the Coombe hospital for ante-natal care. She was admitted to Castlepollard. A Galway woman working in Salford who became pregnant there, was sent back by a local Catholic welfare worker, because 'amount on insurance card would not entitle her to admission to Mother and Baby Home at £3-3-0 weekly'.(for mother plus child) She went to Tuam where the maintenance payment had recently been increased to £1 a week for a mother or a child in August 1952.[49]

7.35 A woman who was deaf and an orphan gave personal details that the local authority dismissed as incorrect, but the Crusade of Rescue was determined to return her to Ireland regardless. Canon Craven of the Crusade of Rescue recommended Bessborough because it appeared that she was from Co Cork - but the department inspector disagreed, presumably to protect her identity. The sister of a 16-year old who went to England pregnant, told the Westminster Crusade of Rescue that their mother had sent all the girls to England as soon as they could earn. The CPRSI were not keen to take care of this pregnant teenager; they described her as 'of very low intelligence'.

7.36 There are many instances where one or both parents, a sister or aunt, accompanied a pregnant woman to England with the intention of making arrangements for mother and baby. A father accompanied his pregnant 16-year-old daughter to London where she gave birth in St Pelagia's Hospital and remained with her; that pregnancy resulted in a court case in Ireland. In another case where arrangements were in train for a pregnant woman to return to Bessborough, her father called to the secretary of the CPRSI and explained that he would take full financial responsibility; she gave birth in a nursing home in London; the baby would be placed in a Catholic home. One mother brought her pregnant 18-year-old daughter to England, but was later persuaded to agree to her return.

[49] Capitation rates given in chapters 15 (Tuam) and Castlepollard (20) confirm the figure for Tuam, but they suggest that the figure for Castlepollard was £2 for a mother and £1 for an infant.

7.37 The files of St Anne's adoption society in Cork (see below) record the story of 'A simple Irish girl' who 'has been co-habiting on and off with a fellow countryman, who has several other friends'. They had three children together; the youngest was in care in England. She was living in a Good Shepherd Hostel. Fr Hall of the Clifton Rescue Society reported that 'the authorities in Britain feel that her going home is the best solution'. The woman was unwilling to return because her family believed that she was married. Fr Hall reported that 'at the moment the English authorities feel that […] may be beginning to weaken in her opposition to returning home, but it appears to them to be the only solution as they understand she has been rather promiscuous in addition to her association with one individual on a permanent basis'. The priest from her home parish, who had obviously been contacted, told Fr Hall that 'it would be a tragedy' if she returned home. There was nobody at home except her father 'who is aged about 70 and whose mental age is 7 and who, obviously is ignorant of his daughter's bad behaviour. Her return here would only mean a transfer to another Good Shepherd convent eventually'.[50] It is not known what happened beyond this point.

7.38 An Irish woman who gave birth in an English mother and baby home was being sent back 'at once, as accommodation required in home'. She was unwilling to return. One 20-year-old, who was described as a 'difficult girl', was returned to Ireland by the matron of a council home in Middlesex and arrangements were made to admit her to Castlepollard. She obviously returned very late in pregnancy because, while in Regina Coeli, pending transfer to Castlepollard she had to be admitted to St Kevin's hospital for the birth of her child. It was then determined that she had become pregnant in England and the county manager was no longer willing to pay for her maintenance; it is unclear where mother and baby went. One woman who had gone to England and gave birth there - she and her baby were living with a married sister - wrote to the CPRSI asking to return; a priest in her English parish wrote with a similar request on her behalf. Canon Flint (Birmingham) described one woman who was sent back and was admitted to Regina Coeli as 'running from one hostel to another in England' - from Regina Coeli she was sent to Bessborough. A woman who had gone to England indicated that she would not return if she was sent to a county home - she was admitted to Castlepollard.

[50] Cork Diocesan Archives, St Anne's Adoption Society, Box 8.

7.39 A Leitrim woman who went to England pregnant and was working as a domestic servant in the bishop's house in Birmingham was sent to a convent by one of the priests when it was discovered that she was pregnant. These Sisters sent her back to Ireland to Henrietta Street Hostel and from there she went to St Kevin's. Another woman, who married a man who was not the father of her child (the putative father was a married man resident in Ireland), a month before giving birth in England, wanted to send her child back to Ireland and would pay 10s a week towards his upkeep. There are also cases where arrangements were made for a mother and child to return to Ireland, but the mother changed her mind - one opted to stay in a home run by Sussex county council.

7.40 Several women were repatriated at a very late stage in pregnancy and in circumstances that presented a serious risk to health. One woman became extremely ill on the boat returning from England, and refused to travel beyond Dublin. When the Sligo health authority was asked to agree to maintain her in Pelletstown, they contacted the department asking whether it was an approved institution. A Waterford woman, who had left home on discovering that she was pregnant, went to Cork and then to England; she was repatriated by the Crusade of Rescue - without any advance notice to the Irish authorities – and ended up in St Kevin's hospital needing medical treatment. She was later sent to Sean Ross. In 1948 a woman returning from England went directly from Westland Row station (now Pearse Street station) to Holles Street hospital because she was haemorrhaging and gave birth there to a 2.5 lbs baby, who apparently survived. A Donegal woman who went to Glasgow in 1956 was returned to Ireland the following day and admitted to Regina Coeli - her baby was born one week later. Another woman sent back from England went home rather than to Castlepollard as had been arranged; her baby was born the day after she returned, in a local district hospital. The pressures to return mothers and babies to Ireland were particularly strong when it appeared that the child might have special needs. The mother of a pregnant 20-year-old with Down syndrome 'rushed' her to London when she became aware of her pregnancy, probably by a married neighbour, but she was sent back to Ireland.

The children

7.41 Earner-Byrne suggested that the government handed responsibility for repatriated pregnant women to Catholic charities. In theory that may have been the case, but in practice Miss Litster, the chief inspector in the DLGPH, was a pivotal figure in

that process. She found emergency accommodation for women who arrived in Dublin, often without money, and without either the department or any charity having advance notice that they were coming. She contacted the local authorities to arrange for them to take financial responsibility for supporting these women, and she worked closely with the charitable organisations to secure placements for the mother and her child. The department was also the first point of contact for UK local authorities who were arranging the adoption of children of Irish mothers who may have returned to Ireland. For example, Northampton diocese Catholic charities were trying to locate a Galway woman to secure her consent to adoption - but this was difficult because 'Parents PP and neighbours unaware of child's existence'. In this instance the department inspector asked the secretary of the department 'for permission to act as representative of Northamptonshire Co. Council and interview mother'. The minister approved this suggestion. In the case of a Galway woman who had given birth in Birmingham and returned to Ireland in 1950, leaving her child in the care of a Birmingham Catholic welfare society, the department and the CPRSI tried to trace the mother to secure her consent to adoption.

7.42 The department generally enlisted the local children's officer - if she existed - to handle the paper work and secure the mother's consent. In 1952, for example, the children's officer of Middlesex county council sought the assistance of the Department of Health in securing a mother's consent to an adoption. They checked whether the adoption 'was sponsored by a Catholic Welfare Society and if assurance can be given that adopters are Catholic'. The department inspector informed the English authorities in confidence that the mother had been a TB patient for some years; she also interviewed the mother (presumably having been satisfied that the infant was being adopted by a Catholic family), and witnessed her signature on the forms. When one mother's signature was required to consent to the adoption of her child in Scotland a female county council official contacted the mother, indicating that she had a query in relation to the woman's social insurance, and asking her to visit her office.[51] Many of these requests were highly sensitive, because the mother might be living with her parents, who were not aware of the child's existence.[52] When the local authorities in Kerry were contacted by Warwickshire county council in 1960, seeking to get a mother's consent to adoption, (the mother was presumed to be living in her parental home), the county

[51] Department of Health, RM/ARC/0/489433.
[52] Department of Health, RM/ARC/0/489433.

manager contacted the department indicating that he was unsure 'what line to take…as obviously I do not know whether this adoption is or is not desirable from our point of view'.[53] Quite what is meant by 'our point of view' remains a mystery.

Returning children to Ireland: family, foster-care, and adoption

7.43 One aspect of the PFI story that has largely gone unnoticed was the return to Ireland by British social services and British Catholic charities of children who were born in Britain to Irish mothers. Ireland was not the only immigrant community that was targeted in this manner. The Colonial Office provided escorts to bring the children of unmarried West Indian immigrants, many of them working in Britain's NHS, back to the West Indies, placing them with the woman's family.[54]

7.44 The CRPSI annual report for 1955 noted that London county council 'had so many Irish babies abandoned or left in their care' that a London county council children's officer was appointed to spend six months each year in Ireland 'trying to get homes for these babies'. The children's officer in question was Miss Harris; she had formerly worked with the Crusade of Rescue. Her official position was child-care officer, employed by Westminster city council. In the 1950s her Dublin office address was South Anne Street - the offices of CPRSI. Garrett has described the background to this 'Daring Experiment'. In 1954, London county council set up a sub-committee to tackle a crisis in two residential welfare nurseries, where children aged under three had been placed, because of a shortage of foster care places for infants. The children's officer reported that many of the children in one nursery had Irish Catholic mothers, so the committee determined that a child welfare officer from London county council children's department should be authorised to travel to Ireland to visit the families of the Irish mothers whose children were in this particular nursery with a view to the children being sent to these relatives in Ireland. The children's officer consulted the Home Office, to confirm that it was not illegal to transfer children to Ireland. But the Home Office believed that payments for foster-care in Ireland should only be made in 'exceptional circumstances'. The children's officer discussed this plan with Catholic charities in London, during the course of their regular meetings, and it was decided that the matter should be organised by London county council and not by a voluntary organisation. In February 1955 London county council officials travelled to Ireland to check out children's homes and foster homes and investigate the possibility of grandparents

[53] Department of Health, RM/ARC/0/489433.
[54] Thane & Evans, *Sinners? Scroungers? Saints?* p. 116.

or other relatives taking the children. They also met Department of Health inspectors and representatives of the CPRSI.

7.45 Garrett notes that the reports associated with this visit and the proposal to repatriate the English-born children of Irish mothers presented an image of Ireland as 'backward, traditional and pre-modern'. They suggested that Irish children in care in England were 'somehow "out of place"'. The inspector, almost certainly Miss Harris, suggested that further work was needed in Ireland but it 'might be expected to produce satisfactory results both in terms of "child care" and financially to the Council'", and these actions might deter PFIs. If it became known that children born in Britain to Irish mothers would be sent back to Ireland (to their families) parents might be less willing to encourage their daughters to travel to Britain. The London county council files record that this welfare worker had developed a method of 'getting the grandmother to consider taking an interest in her daughter's illegitimate child'; she would also work with the CPRSI or parish priest to find foster homes. The long-term goal was to have these children placed with grandparents or other relatives. It is not certain that all the infants in care were the children of single mothers but they probably accounted for the overwhelming majority. By the spring of 1956, 48 children had been returned to Ireland: six were under two years; 18 were in the range two to five years; 15 aged between five and 11; five were aged 11-15 and four were over 15 years. Garrett highlights the fact that the repatriation had been extended to older children; London county council recorded no information about the country of birth of the children and how long they had lived in England. 'Significantly also no information is provided on the question of parental consent or on how the views of children were obtained on plans to remove them to Ireland'.[55]

7.46 By 1956 it was believed that there was a case for London county council welfare officer spending six months of the year in Ireland, and it appears that she secured an office in the CPRSI headquarters. The Irish authorities gave her a petrol allocation at a time when it appeared that petrol would be rationed following the Suez crisis. Some mothers refused to have their children sent to Ireland - probably because they feared the consequences of their family knowing of a hitherto-concealed pregnancy and child. It is obvious from occasional references in the files that Miss Harris was well-known to the Department of Health inspectors. A file

[55] Michael Paul Garrett 'The "Daring Experiment": The London County Council and the discharge from care of children to Ireland in the 1950s and 1960s', *Journal of Social Policy*, xxxii, 1 (2003), pp 75-92, this quotation on p. 82.

on boarded-out children in Kilkenny dated 1959, records: 'Nice little fair haired lad…Came through Miss Harris. Ask Miss H. about baptism'.[56] By 1964 a total of 298 children had been removed to Ireland under London county council scheme.[57] These placements continued until at least the late 1960s. In 1953 Minister for Health, Seán MacEntee, was questioned in Dáil Éireann about a report that London county council had two officers 'permanently stationed in Ireland for the purpose of tracing the grandmothers of illegitimate children born of Irish mothers in London and that the grandmothers are generally delighted to have the children in question transferred to their care in this country'. The minister replied that the newspaper story was 'substantially accurate'. He stated that the department had no formal contact with London county council officers; children who were placed with close family members did not come within the remit of the *Children Acts* and therefore they were not the concern of the local authority or the department.[58]

7.47 Other evidence suggests that the relationship between Miss Harris and the Irish authorities was more complex. In 1968 Miss Clandillon visited a three-bedroomed council cottage in Donabate, which was without running water or mains drainage. The cottage was the home of a widow and her teenage son and daughter. It also contained two brothers who had been boarded out by the Dublin health authority and three children that were repatriated to Ireland by the London Crusade of Rescue - two babies and an 18-month-old child, who was described as 'coloured'. In 1965 this woman had answered an advertisement seeking a foster mother, which had been inserted in an Irish newspaper by Miss Harris 'acting in a voluntary capacity as a liaison officer for Canon Harvey, Crusade of Rescue, London in a scheme for the repatriation of young children born to Irish mothers in London'. The Crusade paid foster mothers £2 a week; it also covered the cost of clothing and medical expenses. The children were brought from London by their mothers and met at Dublin airport by Miss Harris or her assistant. This cottage and a house in Dundrum were being used by Miss Harris and her assistant for short-term foster care. Over the previous three years, the Donabate widow had fostered approximately 40 Crusade of Rescue children; a maximum of five children at any one time. Miss Harris had also placed children occasionally in Madonna House, a children's home in the Dublin suburbs. Miss Clandillon noted that Miss Harris had placed 'a big number' of children with relatives in Ireland; the majority were

[56] Department of Health, RM/ARC/0/489311.
[57] Garrett, '"Daring Experiment"', p. 87.
[58] Dáil Debates, 14 March 1963.

maintained by Westminster city council, though some were being maintained by the Irish health authorities. She was concerned that the Donabate cottage breached a departmental regulation that children who were boarded out (i.e. maintained by the health authority) and children at nurse (i.e. maintained by a charity or a person) should not be in the same foster home. The Dublin children's officer was concerned that there were too many children in this house. It also emerged that Miss Harris and her assistant did not inform the local health authority in advance when children were being placed or removed from a foster home.[59] Miss Clandillon's report is dated 5 April 1968; her inspection was undoubtedly prompted by a story in the English newspaper *The People*, on 31 March 1968, which carried the heading 'AMAZING TRAFFIC IN BABIES EXPOSED'. It reported that an unmarried Irish mother in London had gone to Ireland to reclaim her child who had been sent to Ireland for adoption by Westminster city council, and she had found him 'in a "baby farm"' - the Donabate cottage described above. *The People* claimed that there were nine babies in the house, and they quoted the foster mother: 'I like to have a good selection here…so that when people come they have a few to choose from for adoption'. Minding these children was her livelihood. The child of the young woman who returned looking for him had been in this cottage for six months, according to the article. They described the conditions as:

> appalling. The stench was awful. Cobwebs hung from the ceiling. And cots in what Widow X called 'the nursery' were covered in dirt. In one battered pink cot was an 18 month old coloured boy lying on a torn and pitted foam mattress. There were no sheets on the mattress and the only covering was a tiny piece of blanket in one corner. A six-month old baby was in a cramped Moses-type basket. Another in a carry cot inside an ordinary cot, had his own sick all over his clothes. It had caked dry on him.

7.48 The foster woman alleged that Miss Harris did not inspect the house before placing babies there. She explained that she kept the children warm and fed. 'It's just as though they were in hospital. They just lie in their own cots quietly and are no trouble at all'. Miss Harris told the journalist that 'The conditions at her home are not 100 per cent, but you can't judge these things by English standards'.[60] Some statements in this article are open to query. The foster mother had no role in placing these children and no autonomy as to the number of children left in her

[59] Department of Health, RM/ARC/0/489693.
[60] *The People*, 5 April 1968.

care - so comments about a 'selection' for adoptive parents are not credible - these decisions rested with Miss Harris. However the remarks about 'English standards' are consistent with Garret's evidence taken from London county council records.

7.49 The blurred lines between Westminster city council and the Crusade of Rescue are highlighted by the fact that the short-term foster homes in Dublin were visited by Miss Cutting, Deputy Children's Officer for Westminster city council, though it would appear that the children had been repatriated by the Crusade of Rescue.[61] Miss Clandillon explained that 'for many of these children non-Catholic adoptions were in view. To try to prevent such arrangements being made Miss Harris approached relatives living in Ireland with a view to finding homes for the children with them'. Not all of these arrangements went smoothly. One child was returned to live with his uncle in Limerick - but when the child arrived the uncle 'made some difficulties'; he was disappointed that he would not receive financial assistance, so the child ended up in the City Home.[62] Miss Harris obviously worked closely with the Irish health authorities. There is a record of her approaching the health authority about a 16-year-old boy who was being fostered by his aunt; the local senior assistance officer described him as 'unmanageable'.[63]

7.50 The repatriation of children in care by English local authorities was not confined to London county council. In 1960 the children's officer in Middlesex contacted the department about a two-year-old boy, whose mother had placed him privately with a foster mother. He was taken into care when his mother failed to keep up payments. The Middlesex children's officer asked that his maternal grandmother in Wexford should be visited to explore the possibility that she might take the child. The department contacted the Wexford children's officer. Miss Clandillon suggested that if the maternal grandmother was unwilling to take him, the local authority might consider placing him in foster care in Wexford, 'where we would be sure that he could have a Catholic home'; although the English social worker had mentioned the possibility of placing him with Catholic foster parents she was of the opinion that this would be difficult to achieve.[64] When the child's grandmother was contacted it emerged that 'this woman was not even aware of the child's existence'; the child's mother had broken all contact with her mother, and with two sisters who were married in England. Perhaps it is no surprise that the

[61] Department of Health, RM/ARC/0/489693.
[62] National Archives of Ireland, HLTH/MA124/38.
[63] Department of Health, RM/ARC/0/489311.
[64] Department of Health, RM/ARC/0/489433.

grandmother 'absolutely refuses to have anything to do with the child […] and states that she is not interested in where he goes or who takes charge of him'. The Wexford children's officer paid a second visit to the grandmother, but she resolutely refused to have anything to do with her grandson. The Wexford health authority agreed that he might be placed in Wexford with foster parents.[65] A Meath woman was sent back to Ireland with a day-old baby; shortly afterwards an application came before the courts to have her child admitted to an industrial school (presumably initiated by the mother). The children's officer in Buckinghamshire forwarded several queries concerning maintenance payments that were not being met. One related to a mixed race child placed in private foster care by an Irish mother; in a second case both the mother and the putative father (who denied paternity) had committed to making payments. The Irish address that Buckinghamshire had for the mother was incorrect – possibly deliberately so. One foster mother, caring for a child who was described as 'very disturbed', had returned to Ireland to care for a sick relative, bringing the foster child with her; the Department of Health was asked to report on his well-being.

7.51 In 1960 Miss Clandillon was asked to trace relatives of an Irishwoman who was the mother of three 'illegitimate' children. Her eldest child, a daughter, was raised by her parents; the other two were raised in Britain (details not given). The two younger children, who were in regular contact, were in their teens and they were seeking information about their family. Miss Clandillon contacted the children's officer in Galway but noted that 'If the grandparents are still alive they would probably be in their seventies and the shock of finding out that their daughter had two other illegitimate children might be serious'. She suggested that the eldest girl who had been raised by her grandparents might be contacted with the hope that she might write to her half-sisters. 'We have had similar cases from time to time. The urge to find some family ties is very strong in the unfortunate children who have been reared in institutions'. It transpired that the grandmother was ill but she was being cared for by her daughter, the mother of the three children. This woman had married and given birth to a fourth daughter from this marriage. Miss Clandillon arranged for the daughters in England to write to their mother, describing her as a 'slim attractive woman with brown eyes and greying hair, and with a quite pleasant manner'.[66]

[65] Department of Health, RM/ARC/0/489433.
[66] Department of Health, RM/ARC/0/489433.

7.52 In the 1950s and the 1960s St Anne's adoption society repatriated the British-born infants of Irish mothers, placing them with adoptive parents in Ireland. In 1957 under the headline 'For Export Only' Babies - the *Sunday Pictorial* wrote that the London county council children's department was sending babies to Ireland for adoption because 'No Catholic adopters can be found for these British babies over here'. This article stipulated that 'an abandoned or unwanted child MUST be placed in a home where the religious beliefs are the same as those declared by the child's mother',[67] so if children were being adopted into non-Catholic homes it would appear that this was done at the wish of the mother. The *Sunday Pictorial* asked whether 'it was right that their religion should deny the right to a home with willing adopters of any faith'.

7.53 St Anne's Adoption Society was founded on 7 October 1954 by the Cork diocese 'as a distinct but subsidiary body to St Patrick's Orphanage Committee'. St Patrick's orphanage committee had been running children's homes in the Cork area for approximately 150 years. By the early 1950s the demand for places in orphanages was falling. An undated file, titled 'The history and development of St Anne's Adoption Society', described 'adoption as the way of continuing the work that charity had been doing for 150 years'. Having learned that a considerable number of children of Irish unmarried mothers were being lost to the faith in England, the orphanage committee decided to rescue these children, and to explore the possibility of placing them for adoption. This brief history noted that the English Catholic hierarchy was putting considerable pressure on the Irish hierarchy 'for help in regard to huge number of Irish girls giving birth to babies in England'. There were insufficient Catholic families in England seeking to adopt a baby, prompting fears that mothers would place their children for adoption with Protestant societies, or local authorities that would permit their adoption into non-Catholic families.

7.54 Bishop Lucey of Cork sent the secretary of St Patrick's orphanage to England to explore the feasibility of bringing the English-born babies of Irish unmarried mothers back to Ireland for adoption. In October 1954, working with the Crusade of Rescue, he arranged for five Irish mothers to bring their babies to Cork for adoption through St Anne's adoption society; St Anne's was recognised by the

[67] *Sunday Pictorial*, 14 April 1957. Section 1 (3) b of the British 1948 Children Act stated that children who could not be cared for by their parent should be placed in the care 'where possible [of] a person of the same religious persuasion as the child or who gives an undertaking that the child will be brought up in that religious persuasion'.

Adoption Board in November 1954. In 1955 Fr James Good became director of St Anne's adoption society and he held this position until 1967 though the files suggest that he continued to be involved with the society beyond 1967. St Anne's expanded, to the point that it was repatriating around 100 babies every year.[68] Infants were generally brought back from England by their mothers, and they were placed in a nursery run by the Sisters of Mercy, St Marie of the Isles, while adoptive parents were identified. There was a maximum of ten children in this nursery at any time. In 1959 Fr Good noted that approximately 40% at any time were unsuitable for immediate adoption - either because they were too young, or they had medical problems.[69] St Anne's did not publicise the fact that the children that they were placing for adoption had been born in England. In 1961 Fr Good explained to another priest that

> While we welcome publicity with a view to enlisting an increase in applications for adoption, we do not seek too much of the limelight, as some of the aspects of our work would better remain unknown. We do not divulge that the babies are born to Irish unmarried mothers in England - mainly as it may sow doubts of paternity in prospective adopters. We do explain in confidence to priests every aspect of our work, but we would hope that the information would not be made public.[70]

7.55 Canon Harvey of the Crusade of Rescue explained that they gave priority to babies whose faith was believed to be 'in immediate danger'. If a mother could not be persuaded to bring an infant to Cork, they would arrange for somebody to accompany the child. He noted that one woman was willing to bring her baby to Cork, but she was fearful that she might be recognised on the journey. Mothers were instructed to keep in regular contact with the Crusade of Rescue until the child was finally adopted. An undated note written by Mrs Wrenne, of St Anne's adoption society, suggested that it would be extremely helpful if the mother brought baby clothes, 'tied up in a separate bag or parcel', not mixed with her own clothes. They should also be asked to supply a dozen cloth nappies for the baby, to reduce the cost to the society; 'it would seem to me that many of the girls coming over would not suffer any hardship if they were held responsible for providing at least the necessities for their babies'.[71] However, Fr Good subsequently told Canon

[68] Cork Diocesan Archives, St Anne's Adoption Society, Box 14, Folder marked 'Select Minutes 1958-71'; also 'The history and development of St Anne's Adoption Society – undated.
[69] Cork Diocesan Archives, St Anne's Adoption Society, Box 14, Misc. Minutes; Box 3, 19 Oct. 1959.
[70] Cork Diocesan Archives, St Anne's Adoption Society, Box 14, Statistics,
[71] Cork Diocesan Archives, St Anne's Adoption Society, Box 3, undated but in 1953-56 folder.

Harvey that they did not wish mothers to buy 'any clothes whatever when bringing their babies to Cork', though they would be happy to receive any clothes that the mother might have.[72] Mrs Wrenne arranged to meet the mothers when they arrived in Ireland though the arrangements did not always work smoothly. On one occasion Fr Good informed Canon Harvey that it was a 'complete chance' that two mothers were met in Cork - they had travelled on a later train. These mothers claimed that they had been told that they would be met off the boat at Rosslare by a lady - but they had to travel alone to Cork.[73]

7.56 An undated memorandum headed 'Irish unmarried mothers, child born in England' noted that these children were British subjects and could not claim Irish nationality under the Irish *Nationality and Citizenship Act 1935* 'on the grounds that his father was Irish, because he is *filius nullius*. He can however acquire Irish nationality *aliunde*' - by another means. [74] The Irish *Nationality and Citizenship Act 1935*, unusually at this time, enabled a child to claim Irish citizenship from their mother. A mother could consent to have an English-born child returned to Ireland and there was nothing in the *Adoption Act 1952* to prevent the child's adoption in Ireland.[75] In 1956 Fr Good wrote to a number of dioceses in England, Scotland and Wales, outlining the work of St Anne's adoption society and some key requirements, if they were to accept a child:

- Baby must be born of an Irish mother and an Irish or English father. It must be illegitimate and this must be clearly proved. We cannot, therefore, take 1) the child of a married couple, 2) the child of a married woman even though she is not married to the father, 3) any child in whose case there is a likelihood of marriage between the father and mother.
- Baby must be healthy; a recent medical certificate was necessary.
- The society is principally interested in those children whose Catholic faith is in danger. We are, however, prepared to accept any children recommended to us by an English Rescue Society.
- Travel arrangements. We usually prefer to have the mother bring her baby personally to Cork. The English Society takes care of the arrangements as far as the arrival in Cork. After that our society takes responsibility. The baby is put into our nursery where it will remain for perhaps up to three

[72] Cork Diocesan Archives, St Anne's Adoption Society, Box 3, 1957 folder
[73] Cork Diocesan Archives, St Anne's Adoption Society, Box 3.
[74] Cork Diocesan Archives, St Anne's Adoption Society, Box 14.
[75] Cork Diocesan Archives, St Anne's Adoption Society, Box 14.

months pending acceptance for adoption. The mother is kept in a hostel at our expense for a day and is then free to go to her home in Ireland or to return to England.

- Before final acceptance of a baby by this society we like to have on hand its birth and baptismal certificates, adoption forms A and E and the actual certificate of the mother's blood test.
- When the child is accepted for adoption we expect the English Society to obtain the mother's signature to the consent if she is still within its area.
- Our usual acceptance of babies is from four months to 2.5 years. We have, however, made some exceptions. Happy to clarify points as needed.
- It makes no difference to us whether the mothers are pregnant from Ireland or have become so in England.[76]

7.57 Fr Good claimed that St Anne's had successfully placed older children, who were in English council nurseries, with Irish families.[77] By 1961 he reported that St Anne's was 'giving serious help to half a dozen English societies'.[78] St Anne's came under pressure from English rescue societies to accept some very young children, who were deemed unsuitable for immediate adoption.[79] But by 1966 there were only three children in the society's nursery, and the flow of babies from England was drying up - primarily because St Anne's was unwilling to take children at a very early age. Canon Harvey explained that

> We find also that the biggest obstacle to persuading Irish girls to use the Cork scheme is that they are not free from their responsibility for the child physically, even if we can find them foster parents when the child is perhaps a month old. They react sharply against the need to return from their work where they are not properly re-established, in order to take the child to Cork. They also react sharply at having to see the child again physically and handle it. This latter aspect of the Cork scheme has attracted criticism from workers dealing with unmarried mothers who are non-Catholic, but with whom we try to retain good relationships so that Catholic girls are referred to us.[80]

7.58 By the mid-1960s mothers returning to Cork with their babies apparently expected that St Anne's would have already identified adoptive parents, and they disliked

[76] Cork Diocesan Archives, St Anne's Adoption Society, Box 17.
[77] Cork Diocesan Archives, St Anne's Adoption Society, Box 21.
[78] Cork Diocesan Archives, St Anne's Adoption Society, Box 12, folder Waterford.
[79] Cork Diocesan Archives, St Anne's Adoption Society, Box 14, Statistics.
[80] Cork Diocesan Archives, St Anne's Adoption Society, Box 3.

the fact that the baby would spend some time in a nursery.[81] English law provided that a woman could sign forms consenting to adoption when the infant was six weeks old, and the child had been placed with adoptive parents. In Ireland a mother had to wait until the child was three months old.[82] On this, and several other occasions in the records of St Anne's adoption society, Fr Good complained about the difficulties in persuading a mother to wait until her child was three months old before bringing her/him to Cork.[83] A further complication was the difficulty in finding the mother to sign the final adoption consent form because she might have returned to England and/or changed her address. It would appear that some women placed their infants with St Anne's until they had determined whether to bring up their child, or make some other arrangements; St Anne's was adamant that only women who had decided on adoption should be sent to Cork. Fr Good believed that some women were of the view that they had three to six months to decide whether to place their child for adoption.[84] From the mid-1950s there are frequent references in the St Anne's records to 'unadoptable' children - children with special needs, both physical and intellectual. In 1954, before the society was established, Monsignor Barrett offered some advice:

> Word of caution: if you accept children into your home who might for one reason or another later prove unsuitable for adoption you might very shortly find yourself with a full house which would put a closure on your admissions that would be a tremendous drawback and it would be so difficult to guard against.[85]

7.59 In 1957 Canon Harvey complained 'that your medical man or adopters obviously expect the perfect child. That condition does not prevail here'.[86] St Anne's feared becoming 'a dumping ground for unadoptable children' sent by English charities and they threatened to return such children to England.[87] They made efforts to prevent such children being sent to Ireland but noted that they had no control over the medical examination that was performed before the infants travelled to Ireland and 'many deficiencies have been brought to light by [Dr X] in his examination of the children in the nursery'. The English societies were slow to agree to the children being returned because they claimed that their nurseries were

[81] Cork Diocesan Archives, St Anne's Adoption Society, Box 3, 9 July 1966, 12 July 1966.
[82] Cork Diocesan Archives, St Anne's Adoption Society, Box 9, folder marked 'Dept. of Justice'.
[83] Cork Diocesan Archives, St Anne's Adoption Society, Box 3, 1957.
[84] Cork Diocesan Archives, St Anne's Adoption Society, Box 17.
[85] Cork Diocesan Archives, St Anne's Adoption Society, Box 12, 28 Sept, 1954.
[86] Cork Diocesan Archives, St Anne's Adoption Society, Box 3, 1957 folder.
[87] Cork Diocesan Archives, St Anne's Adoption Society, Box 17.

overcrowded 'and that in any case these are Irish children, and that therefore the responsibility should rest on the Irish authorities'. The county managers of the counties where the birth mothers had once lived were also reluctant to assume financial responsibility, though 'In recent years, all the county mangers have been accepting responsibility for children, natives of their county, abandoned in the care of London County Council'. This arrangement appears to have happened following an agreement between London county council and the Department of Health. Arrangements were made for the Cork health authority and matron of Midleton hospital to care for the 'unadoptable' children in St Anne's nursery.[88]

7.60 In the late 1960s it was decided that, because of the 'evolving culture' in England, probably a reference to the English *Abortion Act 1967*, St Anne's should also repatriate pregnant women. Initially this was done in conjunction with Bessborough. St Anne's developed a family placement service, similar to Ally (see Chapter 12). In the 1970s St Anne's ceased accepting babies from England - presumably because the numbers had fallen sharply, and the society became a regular adoption society placing children who were born in Ireland for adoption by Irish families.[89]

7.61 In 1970 Canon Harvey wrote a long letter to Fr O'Mahony, (who had succeeded Fr Good as director of St Anne's) where he reflected on the fall in the number of mothers and babies being referred to St Anne's adoption society. He suggested that this reflected changing attitudes on the part of Irish pregnant women travelling to Britain. 'Girls have become more sophisticated…Fairer to say that they are much more knowledgeable about changes in the practice of adoption societies on both sides of the Irish Sea'. He noted that 'women's periodicals have done a lot to inform all women about adoption'. Mothers were now very anxious 'about the suitability of potential adopters'; some were willing to remain in England and raise their child…From the time when the Irish girl was often content to remain in a mother and baby home here for six months pending vacancies in Ireland we have now progressed to a situation where in a dire emergency we can, in fact, put the girl on the same day's plane and telephone Dublin to say she is on her way'. 'The main resource we offer to Irish girls ante-natally is repatriation to conditions which satisfy social workers in England as being non-penal'. He noted that emigration in

[88] Cork Diocesan Archives, St Anne's Adoption Society, Box 14.
[89] Cork Diocesan Archives, St Anne's Adoption Society, Box 14, 'The history and development of St Anne's Adoption Society'.

general was falling, some women were 'availing of abortions'. Many adoption societies had long waiting lists of prospective parents but no children for adoption. Their major challenge was placing mixed-race children.[90]

7.62 In 1967 a British social worker published an article about Irish unmarried mothers in a British social work journal, which was designed to inform British social workers about provisions in Ireland and the needs and attitudes of PFIs. The article claimed that an Irish 'girl' 'is usually convinced that everything can be arranged for her over here with the utmost speed and secrecy, and that all she has to do is to have her confinement in hospital and then '"they" will arrange the adoption of her baby. She then plans to return to Ireland after her "holiday" or to remain over here to work'. The author MJ Farrah and a colleague spent some time in Ireland in 1966 to learn about the services available for unmarried mothers. She claimed that many of the women travelling to Britain were not aware of services in Ireland; the main motivation behind them travelling was 'fear of social ostracism' if their pregnancy became known.[91] In the same year the Irish hierarchy wrote a pastoral letter on Emigrant Problems. It made reference to unmarried expectant women who travelled to Britain, where they were 'exposed to exceptional dangers. Anything we can do to keep them at home and help them must be done with great sympathy and fatherly understanding, but it is imperative that we should spare no effort to provide for them here in Ireland'.[92]

7.63 While PFI cases were the subject of extensive consultation between church organisations in Britain and Ireland, and the issue was well-known to Irish public servants, the topic did not receive much public attention until the 1960s, with the notable exception of the Gaffney article quoted earlier. A 1968 article by Michael Keating in *Woman's Way* claimed that almost every boat carrying passengers to England would have a young pregnant woman on board. He suggested that 'as many as 500' Irish single mothers travelled to England every year, 'fugitives from a society they believe to be cold and without understanding and they are fleeing from Ireland's most dangerous weapons - the whispered insinuation and the glance through curtained windows'. He quoted Fr Feargal O'Connor, UCD lecturer and Dominican priest, who founded Ally, an organisation that placed pregnant

[90] Cork Diocesan Archives, St Anne's Adoption Society, Box 3.
[91] 'Ireland and the unmarried mother', *Medical Social Work* (Feb. 1967), p. 302. Copy in Department of Health RM/ARC/0/489367.
[92] Dublin Diocesan Archives, AB8/b/LVII/592: Pastoral letter of the archbishops and bishops of Ireland to the clergy on emigrant problems (1967).

unmarried women in private homes, who claimed that 'we still force these girls into isolation, into loneliness…Social attitudes in this country are very much anti and to this extent unchristian. When it comes down to personal involvement with the problem, then in fact, it is taboo'. Keating noted that Ireland was the only country to have the distinction of a tag, such as PFI. He also quoted criticism by Sean D Loftus, a lecturer in Bolton Street College of Technology, that London county council was caring for people such as 'the 14 year old Irish unmarried mother of twins'.

> One aspect of the problem is very clear - many Irish girls go to Britain unprepared. Piccadilly is a cold cross-roads for the Irish unmarried mother. Most of the girls do not qualify for a maternity grant or a hospital bed. They arrive in London, not realising that 26 insurance stamps (that is 26 week's work in England) are needed to earn these benefits. Ignorance of the realities of Britain's social services complicates the problem for the girls; the candy floss gives way to cold facts. Some of the girls go to England when they are about two months pregnant and take up a job. This enables them to accumulate the necessary stamps for hospital and maternity benefits. They work as waitresses, factory hands or domestic help - jobs which are soul-destroying for many of them. Others take work in hospitals where the routine medical check-up will uncover their secret…The problems of the Irish unmarried mother in Britain are great and are complicated by emotional undercurrents. One Catholic social worker in London says, 'The fear in these girls has to be seen to be believed. What sort of society do you have in Ireland that puts the girls into this state?'
>
> This fear increases to the stage at which a girl will invent stories of how she became pregnant. She will lie about her religion, say that her parents are dead and tell other falsehoods. London can be a lonely, soulless city for immigrants. Many living in squalid bedsitters look to their own kind for affection.
>
> A welfare officer says, 'The average Irish girl is used to the warmth and affection of a big and close-knit family. Can you wonder that when she gets here she seizes what affection she can - at whatever cost?'
>
> The Irish unmarried mother is often pregnant within two months of arriving in Britain. Ironically, that great day for the Irish, St Patrick's Day, shows a sudden peak in the year's illegitimacy graph in Britain; three applications in

two days to Southwark Catholic Rescue Society dated back to the festivities of 17 March.[93]

7.64 Keating cited statistics compiled by the *Redemptorist Record*, which suggested that Irish women accounted for 8% of pregnant single women, whereas the Irish-born only constituted 5.4% of the population.[94] '"The facts are", says Father Lionel Munns of the Southwark Catholic Rescue Society, "that at this office we never find a girl initially willing to return to Ireland before the birth of her child. Only a great deal of hard work on the part of our staff and the fact that we can reassure them that they will obtain help and sympathy, enable us to persuade them to do so"'. However Keating noted, that 'There is rarely some smoke without fire. A social worker I spoke to in London very recently was disturbed that two girls whom her society had repatriated, returned again to England with alarming stories of conditions in the mother and baby home to which they were sent to Ireland'.

Conclusions

7.65 Fleeing to England was the common response of many Irish people to personal difficulties - it happened in cases of marriage breakdown, family disputes, and lack of job opportunities. England was a common destination for ex-prisoners, young men and women who were discharged from industrial schools and mother and baby homes. It appeared to offer readily-available employment, and anonymity - escape from neighbours, family or a troubled past. Given that emigration to England was a common experience, it is not surprising that many pregnant Irish women followed that path. However all commentators suggest that many of the pregnant Irish women in England became pregnant in that country though many of their children were fathered by Irishmen. While it is suggested that young Irish women living in British cities had an above-average rate of 'illegitimate' pregnancy this assertion has not been tested.

7.66 The experience of Irish women who sought assistance from English charitable organisations and public services was probably mixed. While English society was less censorious about pre-marital pregnancy than Ireland, much of the greater tolerance was found in the families rather than the wider society. Mass emigration from Ireland placed a considerable burden on English Catholic charities, and they

[93] Michael Keating, 'Pregnant from Ireland', *Woman's Way*, 19 July 1968.
[94] Irish women could have constituted a higher percentage of young adults, so these statistics do not prove that Irish women were more likely to become pregnant outside of marriage.

were determined that as far as practicable the responsibility for unmarried mothers and their child(ren) should be transferred to Ireland. British local authorities shared that determination, and the collaboration between London county council and the Crusade of Rescue in sending Miss Harris to Ireland to place English-born children with family members is evidence of this.

7.67 The number of pregnant single women travelling to England to give birth fell sharply in the 1970s. In 1976 one Irish woman in London, who styled herself as Mrs, but was obviously pregnant by a man not her husband, contacted the Department of Social Welfare seeking an E112 form – the form that entitled a person to emergency medical treatment in another EEC (now EU) country. She was seven and a half months pregnant but could not access ante-natal care because she was not entitled to it under the NHS and, although she was booked into the Middlesex Hospital for the birth, she would have to pay, which she was incapable of doing. She had been working in a factory in provincial Ireland, and had travelled to England while pregnant. The department explained that the E112 would not cover maternity care. They suggested that she contact the Crusade of Rescue in London, who would assist her to return to Ireland, where the CPRSI would make 'all the arrangements necessary for you…and at no cost to yourself'.[95] This woman was unusual in 1976. By the 1970s most pregnant Irish women travelling to Britain were seeking abortions. The number of abortions carried out on women giving an Irish address rose from 578 in 1971 to 2,185 by 1977 - and these figures were undoubtedly an under-estimate, as many women used British addresses. In 1980 Dr Andrew Rynne estimated, that allowing for this under-reporting, the number of abortions equalled the number of recorded 'illegitimate' births in Ireland.[96]

[95] Department of Health, RM/ARC/0/489389.
[96] Andrew Rynne, *Abortion: the Irish Question* (Dublin, 1982), p. 22

Chapter 8: Profile of unmarried mothers in the mid twentieth century

Introduction

8.1 One of the serious shortcomings of the material that is available to the Commission is the absence of the mothers' voices from the time they were pregnant and making decisions about their children and the shortage of contemporary information about their lives, the circumstances of their pregnancy, and the attitudes of family and putative fathers. This absence is especially noteworthy for earlier decades because the mothers who came to the Commission inevitably were pregnant in later years. Some stories emerge occasionally from the registers of the institutions under investigation, but these are not common. This chapter attempts to provide some impressionistic evidence about the mothers. What happened when they discovered that they were pregnant? What action did they take? Where did they go to seek help? How did their family and the father of their child respond on being told that they were pregnant? What choices, if any did they have? This chapter summarises the stories of many women - the large number given is an attempt to capture the similarities and diversity of the experiences of pregnant single women, and their families in the Ireland of the 1940s and 1950s.

8.2 The core information comes from the files and case-notes kept by inspectors in the Department of Local Government and Public Health/Department of Health over roughly a twenty-year period from 1940-1961.[1] There are over 2,000 card index notes relating to women who were pregnant or had recently given birth. In some cases the women contacted the department; in other cases the department inspectors were contacted by a charity, such as the Catholic Protection and Rescue Society of Ireland, or by a maternity hospital, or a family member. Some relate to women who were repatriated from England (see chapter 7); the remainder were women who had not left Ireland. The overwhelming majority were not natives of Dublin, though some women lived and worked in Dublin. This information is supplemented with occasional pieces of information from other contemporary sources.

[1] Department of Health, RM/ARC/O/489984; RM/ARC/0/489986; RM/ARC/0 489989 These records contain the names and sometimes the addresses of the women.

8.3 There are some limitations with these records. The information on these cards was written by the department inspectors. They generally give us the woman's story from becoming pregnant to her admittance into a mother and baby home or some other 'solution' to her pregnancy. They rarely tell us anything about her experience in a mother and baby home, or a maternity hospital. The inquiries that were conducted into a woman's history could be extremely intrusive. One woman, who went to England pregnant and returned of her own accord, informed the CPRSI that she had a miscarriage some years previously in Glasgow. When she arrived at the department she carried a letter stating that she needed a VD inspection; the CPRSI would bring her to Dr Steevens' Hospital and 'will try to have her kept as widow patient'; meanwhile she was staying in Cork Street Hostel. Social workers attached to English charities appear to have frequently contacted a woman's parish priest - one file noted that they were doing so to 'find out the family background'. Some details came from meetings between a department official and the woman, but the source was often a Catholic welfare organisation or an almoner in a Dublin hospital, and therefore the information might come with certain inbuilt prejudices and attitudes. Despite these shortcomings, this is an extremely valuable source, given the dearth of contemporary evidence. The case histories are of women from modest family backgrounds - women engaged in lower-grade service employment, the daughters of labourers, farmers and tradesmen; women who lacked financial means or social/family support. Women from professional and prosperous business families also experienced crisis pregnancies but few appear to have sought assistance from the department inspectors, though many would have visited the offices of St Patrick's Guild or the CPRSI. Their stories are missing here; likewise the stories of Dublin-born women.

8.4 When Bessborough (see Chapter 18) opened in 1922, the women and children who were admitted came via the county home; they had to enter the county home before being sent to Bessborough. Women admitted to Pelletstown in the early years had to first go to the Dublin Union (see Chapter 13). By the late 1920s the local authority had granted permission to dispensary doctors to send a woman to Bessborough, without first requiring her to enter the county home, and in time women were also admitted if they had a letter from a local authority member or senior officer or occasionally from a priest.

8.5 These entry methods required a woman, or a close relative, to approach either the local authority, the dispensary doctor, or a local priest, and to inform them of her

pregnancy, which often meant that her circumstances would become known locally; and some family members would be aware of her pregnancy. The position may have been somewhat different in Dublin. Given the size of the city, in theory at least, it should have been possible for a pregnant single woman who lived in Dublin, to make arrangements, with less prospect of her pregnancy becoming widely known to neighbours, family and friends. It is also possible that Dublin working-class families may have been more willing to support a pregnant daughter, so that she was not forced to leave home. The three Dublin maternity hospitals admitted single women, and had done so for generations. There is evidence that the city hospital in Galway and the county hospital in Kilkenny - to take two examples - did not welcome single mothers, and they were probably not atypical - many women had to give birth in the county home. Some single women admitted to Dublin maternity hospitals claimed that they were married, sometimes giving the name of a married sister - an indication of the stigma associated with an unmarried pregnancy.

8.6 During the 1930s, (as explained in Chapter 7), an inspector in the DLGPH became involved in making arrangements for women who were repatriated from England, either pregnant or with a young infant. It appears that women in similar circumstances who had not travelled to England began contacting the Custom House (the headquarters of the DLGPH); alternatively welfare workers in Dublin hospitals or Dublin-based charities contacted the department on their behalf in an effort to secure their admission to a mother and baby home. These files begin in the early 1940s, so there are no means of knowing whether Irish-based women were contacting the department in earlier years. The fact that these women, or somebody working on their behalf, contacted the department reflects the difficulties that Irish unmarried mothers faced in finding an institution that would admit them without demanding payment. Some women made contact because they had nowhere to go; some because they were unable to circumvent the system, which required the authorisation of a local authority for their admission to a mother and baby home. Miss Litster, a department inspector, handled many sensitive cases, such as a woman with a positive Wassermann test - who had to be admitted to the Lock Hospital; cases where a mother was suffering from TB, and a bed had to be secured in a sanatorium, but she would only be admitted when arrangements (unspecified) were first made for her child.

Flight

8.7 Miss Litster's account, written in 1945, sets the context for these stories.

> Numbers of expectant mothers drift to Dublin every week, hoping to find a home willing to receive them and to keep the baby later. The main object of most of them is to get back home or to work as quickly as possible so that a prolonged absence will not be remarked upon and suspicion aroused. They are recommended in Dublin to different societies. An expectant mother coming to Dublin…may go from one Society to another and find that none can aid her because they have no institution or home in which to house her before confinement and that nothing can be done to secure the baby's future unless she can find a large sum of money. If the Societies get in touch with me, I try to persuade the girls to seek admission to one of the Special Homes and am frequently successful. Many however will not. These girls often disappear and it is fairly certain that they have sought shelter from the Irish Church Missions.[2]

8.8 Women often turned up at the offices of the DLGPH in the Custom House, penniless and homeless. Many were given short-term accommodation in Regina Coeli (see Chapter 21), while arrangements were made to secure their admission to a mother and baby home. When Regina Coeli was full they were sent to the night shelter in Cork Street; if the night shelter had no vacancies, they went to other hostels. The CPRSI arranged short-term accommodation for repatriated women in a nursing home on the North Circular Road run by a Mrs Farrell and that home continues to feature in many case records during the 1950s. In 1947 Miss Litster explained that 'placing applicants for admission to maternity homes is now practically whole-time employment'. She asked the department to examine whether it would be practicable to establish a bureau - away from the Custom House - under either the department or the public assistance authority, working in close conjunction with the various social service societies, 'to cope with the ever-increasing numbers of applicants for admission to maternity homes'.[3]

8.9 Many of the women who turned up at the Custom House were referred by almoners in Dublin maternity hospitals or by charitable organisations including the Legion of Mary. Women were also referred by welfare officers in the British armed

[2] Department of Health, RM/ARC/0/489778.
[3] Department of Health, INACT/INA/0/474129.

forces or welfare officers attached to British factories. One woman was referred to St Patrick's Guild by an Oblate father in whom she confided when he was giving a mission in her home town; she contacted the Custom House and was later admitted to Castlepollard. One pregnant woman in 1947 was referred by a female member of staff in the Bank of Ireland - the woman worked in the staff restaurant; another was sent by a welfare officer in CIÉ - the national transport provider. The files contain several referrals by the Church of Ireland Moral Welfare Association in Belfast and the Legion of Mary hostel in that city. From 1942, all men and women from independent Ireland had to apply for a permit to take up employment in Northern Ireland. Women who might have been living there for several years lost their residency rights if, as commonly happened, they were dismissed from their job because they were pregnant. There are several instances of women turning up unannounced at Sean Ross or another of the special homes, having been dispatched there by an English Catholic charity, without any provision being made for their maintenance. Miss Litster then had to contact the relevant public assistance authority and persuade them to assume financial responsibility. In 1951 one woman from Offaly, who was pregnant for the second time (by the same man) was reported to have come to Dublin, where she 'went to women on stalls at [Nelson's] Pillar for advice. One took her home and gave her her bed'. The woman was then admitted to the Coombe Hospital. A 16-and-a-half-year-old pregnant woman travelled to Dublin and went to Archbishop's House seeking assistance. She was referred to Pelletstown, who in turn sent her to the Dublin Union. Her parents were separated; when the department arranged for her to go to Sean Ross, her mother declined 'on grounds that girls had to work there'; she was admitted to Castlepollard. A 16-year-old school girl travelled to Holles Street alone by bus (a journey of more than 50 miles) to give birth. Her baby weighed 6lbs; the file noted 'Girl said to have been normal in appearance, neighbours do not suspect'. Her mother placed the baby with a foster family, and she apparently returned to school.

8.10 The department in later years provided travel vouchers covering the cost of fares to special homes, but on many occasions Miss Litster, or another department inspector, had to give mothers the cost of their bus fare and some money for food; they often found it difficult to secure reimbursement.

8.11 Personal impressions, and representations by priests, nuns or doctors, appear to have played a key role in the decisions made by charities such as St Patrick's

Guild or the Rotunda Girls' Aid Society, on whether to accept an infant for placement. A pregnant shop assistant (putative father a commercial traveller) was described as 'lovely girl, nicely mannered'; St Patrick's Guild agreed to accept her baby 'after a month or two', meanwhile the woman who was in Cork Street Hostel would be admitted to Sean Ross. By contrast another was described as an 'ordinary working-class girl'. In 1947 Fr Murray of the Rotunda Girls' Aid Society explained to the department that

> I try to help a decent class of girl, a 'first offender', whose fall was due mainly to ignorance or weakness. By a decent class of girl I mean one of a good family whom it will be possible to rehabilitate in her former position in life.
>
> All my foster-mothers are selected with a view to final adoption and I always give them my assurance that the mother was a 'first offender' of respectable parents and that her child is perfectly healthy…I have found by experience that my foster-mothers are most particular about the health of the baby and the respectability of the mother, they always require at least a brief outline of the mother's history.[4]

8.12 There are instances where a priest referred a woman to the CPRSI, who then sent her to the department; it would appear that the CPRSI determined whether to assist a woman based on her family circumstances - sometimes on the basis of respectability rather than money. St Patrick's Guild accepted only women who could pay for their child to be placed at nurse. In both instances the intervention of a local priest or doctor could prove vital in persuading these societies to support a mother or child. The notes on a young woman who went to Manchester recorded that she 'made favourable impression of [sic] welfare society in Manchester'. The file of one young Mayo woman states that her local parish priest was 'interested in case, some hope of marriage'. Her parents were described as 'decent people, big family'.

8.13 Random letters in Bishop of Galway Michael Browne's archives record a pregnant woman who was 'recommended by a local doctor, family of girl paying for child' (June 1939). In another case, 'the Jesuits in Galway…seem to have taken a great interest in the case from the beginning' - this woman's child was placed with St Patrick's Guild and arrangements were made for adoption by a bank manager and his wife. But a Galway woman, who wrote to Miss Cruice (St Patrick's Guild)

[4] Department of Health, CCL/INA/0/478958.

seeking assistance for her sister, was referred to her parish priest and advised that her sister should go to Tuam. A woman wrote to Miss Cruice asking her to accept 'a young girl of 18 years who is expecting to become a mother in October. Her parents are very poor and it is a friend that is helping her. I know the terms are £1 a week. Would you be kind enough to reduce it to half if possible? I will take her up next week if you would kindly let me know as soon as possible'. She received a blunt rejection, as did a local priest who contacted Miss Cruice about the same case. This young woman explicitly stated that she did not wish to go to Tuam. It is also evident that Miss Cruice kept parish priests informed about any pregnancies among unmarried women in their parish - and any details that she had as to a putative father.[5]

8.14 The women who were rejected by St Patrick's Guild were initially referred to the Dublin Union, but as Dublin increasingly refused to take in women from other parts of Ireland, they were sent to the Custom House. Some made their way independently to Regina Coeli and the hostel contacted Miss Litster, who interviewed the mothers and might make arrangements for their admission to a mother and baby home. There were also referrals by Church of Ireland clergy; the department referred these women to Bethany. In 1947 Regina Coeli referred a woman on her third pregnancy. She was not a Catholic and had been refused admission by Bethany and the Irish Church Missions (ICM), but following Miss Litster's intervention, the ICM agreed to accept her. Miss Litster also received requests for assistance from pregnant women who were natives of Northern Ireland, but she had to point out that they could not be maintained by a public assistance authority.

8.15 Several files note that a woman is 'anxious to get away [to a special home] as soon as possible' - presumably to avoid her pregnancy becoming known. One woman, who arrived at the Custom House from a provincial town, three months pregnant, was advised to get a job in Dublin and contact the Custom House at a later stage in her pregnancy. A woman from Northern Ireland, who had been working in the Dublin area for a short time was described as 'getting very restless in St Kevin's…appears anxious to get rid of baby and go back to work'. Some women attempted to remain at work as late as possible in their pregnancy in order to have some money; the pressures of concealing a pregnancy at work added to the strain.

[5] Galway Diocesan Archive, Bishop Michael Browne Papers, B/12/139.

One young woman working as a domestic in a Dublin nursing home, who came to the department offices roughly six months before the baby was due, was reported to be in 'anxious mental state'. The staff of the nursing home were not aware of her pregnancy; she was described as very unwell and taking medication to control vomiting. One 17-year old became pregnant by a fellow-worker, a porter in the institution where she worked. He had been warned that she was under age and he would lose his job 'if he brought her into his flat'. She was described as 'slim and pretty; very haggard, admits to tight lacing…anxious to work as long as possible'. She had moved to a domestic servant job in a private house. Several women were anxious that their employer should not know of the pregnancy - perhaps because they hoped to return to work there, or would need a reference to secure future employment elsewhere.

8.16 The story of flight and admission to several institutions gives some insight into the difficulties that a single woman faced when pregnant. One young woman, who had gone to England when pregnant, gave birth in the school where she was working as a domestic servant. A woman who suffered from epilepsy, who had travelled to England when pregnant 'would not be accepted in an English hospital'; she was admitted to Sean Ross. One 19-year old who went to England pregnant was described as 'destitute'. Several pregnancies were detected when women underwent a medical examination preparatory to taking a job in England, or during the medical inspection that Irish emigrants had to undergo during the war years in order to secure a travel pass. It is not clear whether these women were aware that they were pregnant before they underwent the medical, but the diagnosis inevitably meant no job, or dismissal from a job - and no alternative other than returning to Ireland.

8.17 One woman, who had spent much of her childhood in an industrial school, was dismissed from a domestic position in a Mercy convent in Cork when it became known that she was pregnant. Another domestic servant, 19 years old, working in a private home in Limerick also lost her job in similar circumstances. A Longford woman who worked as a domestic servant in a large country house in Northern Ireland had her residence permit withdrawn when her pregnancy became known; she came seeking assistance in Dublin. The putative father was a prisoner of war. Another young woman lost her job in St Michael's Hospital Dun Laoghaire because of her pregnancy. She had been raised in an industrial school; her only relative was a married sister, who was unwilling to keep her, perhaps because her

husband was unemployed. The matron of St Kevin's Hospital gave a pregnant wardsmaid, who had worked there for nine years, a week's notice of dismissal when she became aware that she was pregnant. The department tried to arrange a medical certificate from a doctor in the Coombe which would mean that she did not lose her nine years' service (presumably pensionable). A 20-year-old waitress was dismissed by the manageress of a Dublin golf club when she was discovered to be pregnant; her mother would not help and her step father was described as 'antagonistic'. A student nurse in an English hospital had to leave the hospital and her accommodation when her pregnancy became known. In the case of a barmaid who went to England when pregnant, the file noted that 'Patient must return to Ireland immediately as she has no means of support and will not be kept in her lodgings any longer'. She was admitted to Castlepollard. A woman working in an isolation hospital in Essex had to leave her job (and living accommodation) two to three months before her baby was due; she was seeking information about homes in Ireland. The assistant matron contacted the CPRSI but claimed that this woman was finding it difficult to get a place in a mother and baby home; she announced that she might place her child in a Protestant home - which may have been a tactic to persuade the CPRSI, whose mission was to rescue Catholic children from proselytization, to assist her; a place was found in Castlepollard.

8.18 Some employers showed more compassion. The matron of the Rotunda was willing to re-employ a woman who had been working in the hospital and gave birth there - the Rotunda Girls' Aid Society was arranging for the child's 'adoption'; this was prior to the introduction of legal adoption. There are many cases of pregnancies among women working as domestic servants in private homes. This is not surprising; domestic service was by far the largest employer of women, especially those without educational qualifications or skills. Some employers dismissed a servant on discovering the pregnancy, others kept the woman until the birth, and there were some who took mother and baby back following the birth. A family doctor whose servant left his employment when she became pregnant, without informing him of her pregnancy, intervened to find a place for her in a special home, and assumed responsibility for bringing her there. One pregnant domestic servant, who was referred to St Patrick's Guild by her employer, returned to that house - in a very affluent part of the city - following her discharge from Holles Street; mother and baby were later admitted to Castlepollard. Another employer who was 'going away…was anxious to have her [a pregnant servant] fixed up before she leaves'. A Mayo woman, who worked as a domestic servant in

a large house in the south Dublin suburbs, had to leave her employment when it emerged she was pregnant. She did not have an insurance card, and she claimed that her employer had stopped doctors' fees out of her wages. The department was contacted about this case by a Dublin woman, who employed her sister as a servant. A later report indicated that this sister had intervened and ensured that the employer stamped the insurance card; she also pressed for the repayment of money stopped for medical expenses. One woman - described as a mental nurse - is reported as having been promised 'her employment back' after baby's birth', and the employer of a domestic servant in a provincial town arranged that her sister in Dublin would give the pregnant woman a temporary home until other arrangements were made.

8.19 Women who wished to keep their child found it almost impossible to find accommodation. One woman travelled from Tipperary to Dublin 'of her own accord' attending ante-natal clinics at the Coombe Hospital and giving birth there. She lived with her widowed mother in one rented room in Tipperary, and claimed that the landlord would not permit a baby in this flatlet. She was anxious to keep her baby - meanwhile she was admitted to Sean Ross.

8.20 It was not uncommon for women to spend time in two or three institutions. One pregnant woman from Cork, who was sent to Miss Litster by Regina Coeli, was willing to be admitted to Sean Ross, but when she was examined in the Rotunda the doctor deemed it too risky for her to travel, unless she did so immediately. As her public assistance authority had not yet approved her admission to a home, she had to remain in Dublin. She gave birth in the Rotunda, was discharged with her baby to Regina Coeli and went from there to St Kevin's while Miss Litster tried to secure approval for mother and baby to go to Sean Ross. A woman who arrived at Regina Coeli was reported as having been refused treatment in the Rotunda Hospital because it was her second pregnancy, so she had to apply for a ticket of admission to St Kevin's. One woman who went to England pregnant and returned of her own accord wandered around Dublin in an advanced stage of pregnancy. She contacted Gloucester Street convent[6] who directed her to St Kevin's; she gave birth the next day. Another woman who had been two years in Gloucester Street convent but was then taken home by her mother, returned to the convent allegedly of her own accord when she became pregnant - it was her first pregnancy. The

[6] Now Sean McDermott Street; this was a Magdalen laundry.

convent sent her to St Kevin's but the department arranged for her transfer to Sean Ross. A Wexford woman who went to London was sent back the same evening, and admitted to Regina Coeli in an advanced stage of pregnancy. She then left Regina Coeli and turned up at her local presbytery where the priest arranged for her to be admitted to Sean Ross. She called into CPRSI the following day and told them that she would not stay in Regina Coeli; the CPRSI suggested that the authorities in Regina Coeli ask her to sign a statement that she had left at her own risk, because they believed that the birth of her child was imminent. One young woman who was being sent to England by an employment agency was discovered to be pregnant, so did not travel. She was admitted to Castlepollard but was promptly sent to Dublin because she wanted to smoke - she was refused admission to her local county home - where she had previously been an 'inmate' (uncertain why) and was finally sent back to Castlepollard. A medical examination of a PFI, carried out in St Kevin's hospital revealed that she had a previous pregnancy, so she could not be admitted to Castlepollard as planned.

8.21 The journey from Dublin to a mother and baby home in an unknown part of Ireland must have been a harrowing experience for a pregnant woman or a mother and infant. It would have been especially so in wartime conditions, when buses and trains often ran late. There are occasional reports of women being accompanied by a representative of the Dublin Union or the CPRSI - this generally applied to younger women (under 18) or women who were viewed as 'simple' and in need of assistance, or at risk of flight. Some women were transported in an ambulance - which would have brought a patient to Dublin for medical treatment but on many occasions they travelled alone, subject to the curious stares of fellow-travellers. Older residents of Castlepollard say the Dublin bus would stop at the gate of Manor House without comment. One young woman who was working in Belfast for over a year 'without a residence permit' was being sent to Regina Coeli by the Belfast Legion of Mary. The department phoned asking that they send a description of the 'girl' and the time of the train to Regina Coeli. Women who were brought to the train station or bus depot often failed to take the bus or train or disembarked at a different stop and disappeared. A young Mayo woman repatriated from Scotland with her infant and sent to Castlepollard left on the same day and was reported to have returned to Scotland with her child.

8.22 Some women left mother and baby homes with their infant. They often ended up in Dublin seeking assistance and were admitted to another institution. A native of

Mayo who returned from England and was admitted to Castlepollard - following a plea from Miss Litster that she not be sent to Tuam - left and came to Dublin, giving birth in the Rotunda. She placed her child with St Patrick's Guild without giving an address, and returned to England, but was returned to Ireland the same day 'when her passport was examined'. Back in Dublin 'she made a scene at Marlborough Street' (perhaps at the offices of the RGAS) and was admitted first to Regina Coeli and later to St Kevin's. At this point she agreed to be transferred to Tuam with her child. One woman who had pleaded not to be sent to her local county home was admitted to Bessborough but ran away and was then admitted to Regina Coeli. A Limerick woman working for a few months in Dublin, and admitted to St Kevin's and from there to Pelletstown, was reported as wanting to go to Sean Ross. An ambulance was duly arranged to bring her there, accompanied by the matron of a county hospital, because she was advanced in pregnancy, but the pregnant woman then refused to travel and the doctor insisted that she not be subjected to pressure. It was alleged that 'influence has been brought to bear on her' since going to Pelletstown. The Mother Superior in Castlepollard wished to send a woman away 'because of recalcitrance', but her baby was delivered in the home. A native of Leitrim who had been working in Belfast was admitted to Castlepollard in 1946 and left three months later. The Mother Superior at Castlepollard contacted the International Catholic Girl's Protection Society to meet her (presumably off the bus) but she evaded them and disappeared. She came to Regina Coeli two months later, 'penniless and verminous'; mother and child had to be sent for 'cleansing baths'. The child was admitted to St Clare's Hospital (see Chapter 2), suffering from gastro-enteritis. His mother disappeared, reportedly travelling to England to take up nursing but she was admitted to St Kevin's Hospital as a temporary patient some months later; her son was also admitted to this institution. A young woman, who was referred to Miss Litster by Regina Coeli and given temporary accommodation in Cork Street Hostel while arrangements were made to admit her to Bessborough, was 'seen off' on the Cork train by a worker in the hostel but failed to arrive - Bessborough had sent someone to meet her at the train. In some cases personal resistance was finally overcome. One 20-year-old woman who refused to be admitted to any home and was supported by her mother in this decision, was sent with her child from St Kevin's to Castlepollard, under an escort arranged by the Dublin Union. A woman who left Regina Coeli without her two months old son, who subsequently died, was traced by Gardaí to the Good Shepherd convent in Limerick (a Magdalen laundry). A file on a woman who gave

birth in Holles Street and was removed with her child to St Kevin's noted 'parents writing abusive letters to girl and demanding removal of child'.

8.23 One of the longest files concerns a woman who is described as a 'cripple'. She was sent from Sean Ross to Holles Street where her baby was born. Sean Ross refused to readmit her and her child. Mother and baby were removed by ambulance from Holles Street to the county home, but her mother was determined that they should not remain there, and she sent a telegram stating that she was bringing them back to Holles Street. The CPRSI met the grandmother and another daughter in Dublin and tried to agree a solution. Meanwhile mother and baby remained overnight in a private house in Dublin 'but won't be kept tonight'. The grandmother explained her reluctance that they should be in the county home was because they had 'a lot of cousins' in that town. A priest in Westland Row church arranged for St Ultan's Hospital to take the baby for a month, after which St Patrick's Guild agreed to take charge. The child's mother returned home.

8.24 Some women who were admitted to Regina Coeli while arrangements were being made for their admission to a mother and baby home, refused to leave that hostel, because they had greater freedom (including freedom to smoke); some refused to enter any institution run by religious sisters. For women who had grown up in country areas, religious sisters were strange, rather frightening creatures; they would have been more familiar to women who had attended school in towns or cities - though they might also have feared them because of their experiences at school. A file suggests meeting the mother of an infant, who was born at home 'to find out if she is now willing to go to Manor House' but she did not attend the arranged meeting. There are also cases of pregnant women, admitted to Castlepollard or another home, leaving after a few days, with no record as to what happened next; where did they go?

Privacy/secrecy

8.25 Most women who came into contact with the Custom House were determined to keep their pregnancy a private matter - not known to parents or family, not known to the local doctor or priest, and, occasionally not known to the staff of their local council. Many files emphasise that parents did not know and were not to be told. This is often underlined. However, it appears that English and Irish charities might contact a parent(s) in cases of teenage pregnancies, and English Catholic charities often contacted a woman's parish priest to find out some information about her

family background. The file on one 17-year old who went to England, while pregnant, to help a married sister who had had a nervous breakdown recommended that the English social worker should inform her parents 'in view of the girl's age'. Arrangements were made for her to go to Castlepollard. Parents might know of the pregnancy and be equally concerned about keeping it a secret from neighbours and the local community. The parents of one pregnant woman were employed by a local priest and feared that they would lose their employment if he discovered that their daughter was pregnant.

8.26 This desperation to preserve secrecy is evident from the case files. Several women initially gave false names, incorrect home addresses or personal stories that turned out to be untrue: for example claiming that parents were dead - presumably to prevent them being contacted. Before agreeing to pay for a woman's maintenance, the public assistance authority would check out these details, often reporting that there was nobody of that name at the address given. It is highly probable that these inquiries would have made her pregnancy known in the locality. In one case a woman, recently arrived in Dublin from Clare, and staying in a bed and breakfast, was referred to the CPRSI, who noted that she 'told so many obvious lies that the Society sent her away'. One 17-year old 'had told a lot of lies and denied pregnancy but people [her parents] have got the name of man responsible'. A woman who gave birth in Holles Street in 1957 did not admit that she was not married until after the birth. She had been working in England for two years, came to Dublin pregnant and attended ante-natal sessions. She did not wish to part with her baby, so plans were afoot to send her to Bessborough. Her widowed mother declined to help. A woman admitted to the Rotunda from Bethany, under a false name, somehow came to Regina Coeli, where a social worker suspected that she had given a false name. A priest in the town, where her 'married sister' was alleged to live, reported that the 'married sister', who was in reality her mother, 'had a daughter who "got into trouble"'; the priest had assumed that she was in the county home. Arrangements were allegedly being made for her baby to be adopted by a couple travelling to Arabia. When one county secretary was unable to identify a woman's family he made further inquiries in the next county. The almoner in St Kevin's subsequently phoned to say that the woman had admitted that her story - a dead mother, pregnancy resulting from a sexual assault - was untrue. The county secretary travelled to St Kevin's to question this woman, and discovered the name of the putative father, a local businessman, who had written promising to contribute £50 towards the child's

adoption. In another case the mother of a child who was in Regina Coeli disappeared while her child was in hospital for treatment, and it was discovered that the personal details that she had given were false.

8.27 One of the most elaborate cases of deception concerned a young woman who arrived at the Custom House allegedly accompanied by her stepbrother, who then brought her to Castlepollard and paid for her maintenance. He claimed that the matron at the Lourdes Hospital in Drogheda (her home town) had told him that £30 would arrange an adoption. He paid £50 to St Patrick's Guild before the baby was born. The woman's mother, who had been reported as dead, then arrived from London and announced that the supposed stepbrother was 'no relation'. This young woman gave birth in the Coombe and went home with her mother, but the latter contacted the Custom House and explained that her daughter did not want to part with her baby and was 'in bad hysterical condition'. She sought advice about pursuing the putative father - presumably the man who had presented himself as a stepbrother - for maintenance; the department referred this woman to a solicitor.

8.28 Families often sought to conceal a daughter's pregnancy from the local authority, while simultaneously needing to arrange for them to pay for her maintenance in a mother and baby home. The file on one Kildare woman, the daughter of a labourer, noted that her father 'knew some employees in the County Council offices'; he was 'extremely anxious that the matter should be treated very confidentially'. Several women had relatives working for the local authority and were concerned that their pregnancy would be known. In one such case the woman did not want any address given in the accounts from Castlepollard. Another asked that only her initials should be used on forms and accounts.

8.29 One woman refused to attend her local dispensary doctor for medical examination - which appears to have been demanded before the public assistance authority would agree to pay for her maintenance in Castlepollard; she feared that her 'condition would be broadcast' if she did. One woman gave birth at home - her parents were reported as unaware that she was pregnant; her mother assisted at the birth, which took place without any medical attention. The mother gave the infant a private baptism; the birth was not registered, and the department, who learned about this case from the CPRSI (though details are not given), noted that some family members were 'not aware of the presence of baby in the home'. This baby died. There were probably many similar stories that have not been recorded.

A doctor contacted the CPRSI about a Mayo woman, but she did not wait until arrangements had been made, turning up at the society's offices. The woman feared that Castlepollard would write to her parish priest; she lived at home and her parents were not aware of her pregnancy.

8.30 This determination that a pregnancy should not be known to neighbours meant that many women refused to enter particular mother and baby homes. Reasons commonly given were that the woman had a cousin in this home or knew of a girl from their parish who was an 'inmate'. Many women refused to go to the county home or to a mother and baby home near their home because they feared discovery. As the local authority in Galway would pay only for women who were admitted to the Children's Home in Tuam, and all 'inmates' were from either Galway or Mayo, more women refused to go to Tuam than to any other home. One young woman from Galway with a temporary address in Cork Street Hostel, 'does not want to go to Tuam on any account says an aunt lives there and she would be recognised in the Home'. A mother left the Tuam home with her baby and settled in Dublin (it is possible she was a live-in domestic servant), but she was evicted when her child became ill. Having tried and failed to get admission to Regina Coeli and long-term support from a charitable agency (though CPRSI provided short-term assistance), mother and baby were forced to return to Tuam. Files record Tipperary women who were unwilling to be admitted to Sean Ross, but would go to Bessborough; a Meath woman who would not go to Castlepollard if anybody from her home area was there. A woman from Cork was reported as saying that 'she will do anything rather than go to a home so near her own home'. One 20-year old who had returned from England and was admitted to Regina Coeli was sent to Castlepollard without waiting for the county manager's approval because a married woman from the same parish had arrived into Regina Coeli and the young woman 'became hysterical on seeing her there'. The father of one woman, a night-watchman had to pay the Dublin Health Authority 10s a week for 12 weeks towards the cost of his daughter's stay in Braemar House (Cork) because she wished to leave Dublin. By contrast a woman in her mid-thirties, who was admitted to Castlepollard, which was quite a distance from her home, was unhappy there, and asked for a transfer to an institution in her own county. She was physically handicapped and needed assistance, so arrangements had to be made to escort her to Dublin and place her on a train. She was met by ambulance at her destination.

The local authorities

8.31 One of the main tasks for department officials was to secure the agreement of the local authority, after 1942 it was the county manager, to pay for a woman's maintenance in an approved home. This was often a complex and lengthy process. Many women who were not repatriated probably ended up in the Custom House because the department was seen as the only agency that could persuade an unwilling or unsympathetic county manager. County managers often disputed liability - based on the address, or whether the woman had lived and worked outside the county of her birth. The files record many disputes over townlands and county boundaries: disputes between South and North Tipperary; between Limerick city and county, and between Cork city and the three districts in the county - all trying to evade financial liability. Local officials often made detailed inquiries in a locality in order to determine whether the woman had given a correct name and address - a process that might well betray her pregnancy.

8.32 When the department contacted Donegal county council asking them to assume financial responsibility for a woman who had given birth in England, they responded by sending detailed forms which she should complete. The department phoned asking them to withdraw the forms, and then phoned the English welfare agency asking them to elicit further details from the woman; it is uncertain whether Donegal accepted responsibility. In one case where a woman had left Limerick - the file stated that she had had an unhappy home life, the city manager disputed liability for her maintenance. It was quite common for a county manager to suggest that a woman whose case was referred to him should be maintained by the Dublin health authority. When a local priest contacted the county manager seeking financial support for a Galway woman who went to England when pregnant and was being returned to Ireland, the county manager suggested that if she remained in Dublin for a short time the Dublin public assistance authority would look after her; the file indicates otherwise. When the Offaly county manager refused to accept financial responsibility for a woman, it was suggested that she should be put on a bus to Tullamore and instructed to present herself to the county home. The file noted that 'the Department can have nothing to do with this; she must act on her own responsibility'. The county manager in Meath refused to pay for one repatriated woman because she had been working in Dublin for some years before going to England. One of the most outrageous attempts to evade financial liability concerned a 17-year old who had been born in Dublin and brought to Donegal as an infant, where she was raised by her grandparents; her parents

had gone to England and apparently abandoned her. At approximately 17 she went to work in Sligo, became pregnant by a local man, and was admitted to the county home. The Sligo authorities put her in an ambulance and sent her to St Kevin's hospital with a note stating she was 'a case for Dublin'.

8.33 Efforts to determine which county was liable for maintenance could be extremely intrusive. In the case of one domestic servant referred to the Customs House by the CPRSI, information was sought as to whether 'pregnancy is the result of association in Leix [sic] or Kilkenny, and how long she has been employed in Co Leix'. It was determined that 'pregnancy occurred 5 miles from home' - in Kilkenny. The woman was then sent to Sean Ross.

8.34 In one case of a woman returning from England, the Roscommon county manager refused to pay for anywhere except the county home. After several letters Miss Litster persuaded him to agree a 'swap' with the county home in Longford. Given these protracted negotiations, and the unsympathetic response perhaps it is not surprising that when authorities in Birmingham were contacted to arrange for the woman's return to Ireland they reported that mother and child had disappeared. Another Roscommon woman on her second pregnancy was unwilling to go to the county home because a cousin was a nurse there. The county manager agreed that she could be admitted to the Longford county home but he demanded that she travel by train to Roscommon station, where she would be collected by ambulance and brought to Longford - arrangements that made no practical sense, and appear to have been designed to punish or humiliate the woman. Roscommon insisted on a similar arrangement in the case of a Roscommon woman who was returning from England and was to be admitted to Sean Ross. She had to travel from Dublin, to some point in the county where an ambulance could collect her and bring her to Sean Ross. A 35-year-old Donegal woman, pregnant for the second time, refused to go to a county home and declared that she would go to England if she was not admitted to a special home - the county manager relented and she was approved for admission to Castlepollard. By 1957 the convention that only first-time mothers were accepted in mother and baby homes was breaking down.

8.35 There were particular difficulties for women from more comfortable family backgrounds, whose parents were not aware of the pregnancy and were not to be told, because the county manager might refuse to maintain her in a special home, arguing that the parents should pay. One woman had travelled to Nottingham,

pregnant, and was about to lose her accommodation (and presumably her job). When the county manager was asked to assume financial responsibility in a home, he reported that the family were 'comfortable' with over 100 acres of land valued at £37 (presumably the rateable valuation); the household included a six-year old 'ailing child', this woman's child. It is unclear what happened. With county managers disputing financial liability, department officials and those associated with various charities had to interview women, often on several occasions, in order to 'disentangle stories' and determine which local authority was liable. On the other hand, some managers accepted financial responsibility for women from comfortable family backgrounds. One woman with a clerical job, whose father was 'said to hold a high position in the Garda' was maintained by her local authority in a mother and baby home - this was all brokered by Fr Barrett of the CPRSI. In one unusual case a woman friend and work colleague kept a pregnant woman in her flat. This pregnancy was diagnosed when the woman was being treated in a Dublin hospital for varicose veins. Her friend contacted the CPRSI, who contacted the relevant local authority - but the county manager disputed the address given as not in the county; and noted that the woman's family was 'fairly well-to do', i.e. that they should pay for her maintenance in a home. The woman was determined that they should not be informed. The desperation is captured in the note on this file 'Can anything be done?' An official in the Department of Health persuaded the Dublin health authority to pay for this woman, who was allegedly a nurse in their employment, but Dublin then disputed the personal details given. After a lengthy correspondence, Dublin did pay her bill in Sean Ross and the CPRSI arranged for the baby's adoption.

8.36 A summary of this work written by Miss Clandillon in 1970 noted the difficulties in persuading local authorities of the need to maintain confidentiality. When one 20-year-old woman, the daughter of a county council labourer in Meath, whose parents were unaware of her condition, was being repatriated from England, an assistance officer turned up at her parents' home demanding payment for her maintenance in Sean Ross. The department inspector asked a senior official to raise this behaviour with the county manager. One 18-year-old Galway woman had gone to England when she discovered she was pregnant: her mother knew of her pregnancy, her father did not and the putative father, a local man, had gone to America. The woman and her married sister in England were anxious that she should not go to Tuam, which was close to her home, so the department contacted the county manager (without divulging her name) to secure agreement for her

admission to a special home. He replied that he 'cannot justify extra cost of maintenance in extern home and presumes girl cannot contribute to difference'. The CPRSI attempted to secure the necessary money from her married sister, and they were willing to take the baby 'at a few weeks old', which would reduce the expense. It is unclear what happened. Another county manager told the department that he would pay transport costs to Castlepollard, but not to any other home. The woman, who had returned from England, travelled to Castlepollard by bus. When one Wexford woman was admitted to St Kevin's Hospital pregnant, the Wexford county manager demanded details of her parents' circumstances, and whether they knew of her pregnancy 'so that the usual investigations can be made'. She was admitted to Castlepollard, but he refused to pay for her maintenance. A woman who had been working in England for four years, and returned home to Wicklow to care for her mother and find a job locally became pregnant. The county manager disputed liability on the grounds that she had only recently returned to the county.

8.37 The file on one baby born in Castlepollard to a woman who lived on a small farm with her widowed mother and brothers - the latter did not know about the baby, though her mother did - noted that her baby was boarded out in Westmeath for £2 5s a month. Two local officials were alleged to have visited the baby's mother, who was described as 'not very sound mentally', and persuaded her to give an undertaking that her sister who worked in Dublin earning 35s a week would contribute 5s a week towards the maintenance of the baby. This sister contributed £1 a month but Westmeath then demanded an additional £1; the woman claimed that 'threats were made of making trouble for the baby's mother if she didn't pay'. The local NSPCC officer was making arrangements for the child's (age not stated) admission to an industrial school. This confrontation probably occurred because the child was boarded out in Westmeath, whereas the mother's home address was in Offaly.

8.38 The department approached the Galway county manager asking him to agree that a baby with a serious medical condition, the 'illegitimate' child of a Galway woman who was a domestic servant in Dublin, could be treated in the central hospital in Galway. The mother planned to resume her job in Dublin, but the county manager refused to assist, leaving the department trying to persuade St Kevin's Hospital to take the baby. In the case of a young woman from Wexford, who had worked as a domestic servant in Dublin for four months and for a previous 15 months in

Wicklow, Wexford refused to assume responsibility. Wicklow also tried to avoid paying for her upkeep in Castlepollard. In 1950 the county manager of Cork would admit a woman who was being repatriated from Birmingham only to the west Cork county home; he justified this decision (which was contrary to the department's policy that unmarried mothers should not be in county homes), because, he claimed it was impossible to get paid help for the county home. This unfortunate woman was willing to go to any home provided that her relatives were not informed. In 1955 the county manager in Louth refused to admit a woman and baby returning from England to any home other than the district hospital in Drogheda or Dundalk, which was also contrary to department policy. When asked for an explanation, he replied that he would reconsider the decision if he received a '"firm undertaking" from the CPRSI to assume responsibility for the baby when it was six months old'. In the event, an English Catholic charity arranged for the baby's adoption, relieving the county manager of all charges. A Tipperary county manager tried to send a mother on her second pregnancy to the county home in 1959, which was also contrary to government policy. When the department contacted the county manager in Wicklow about an 18-year-old woman from that county who had been referred by St Patrick's Guild, they noted that the county manager 'does not consider family worth helping - standard poor, sister had forced marriage in April'. Sister Elizabeth of St Patrick's Guild suggested that in view of her age it would be better to send this woman to Castlepollard or Sean Ross, rather than the county home, and the department inspector agreed to write again to the county manager. When the Carlow county manager was asked to take financial responsibility for a woman who was a native of that county and had been living there when she became pregnant, he demanded to know the whereabouts of the putative father; it was reported that he had disappeared when informed of the pregnancy. One file records a complaint from Fr Barrett relating to a woman being repatriated from England, who did not want her parents informed of her pregnancy; the Longford county manager had contacted her mother 'on question of maintenance'. The Monaghan county manager refused to assume financial responsibility for a PFI unless he was given the name of the putative father; the English social worker who was dealing with this woman reported that she was unwilling to divulge it. In the case of one woman from Clare who gave birth in Birmingham, having left Ireland when pregnant by a local man, Fr Barrett phoned the department to report that the mother and child welfare committee in Birmingham were 'worried about girl. Had stopped a letter from her mother to girl telling her that 3 [underlined in original] gentlemen had been out to her house and

had informed her of daughter's condition - she was not to return home ever!' The department informed Fr Barrett that they would write to the county manager seeking an explanation.

8.39 Galway was the local authority that showed the greatest determination to extract financial contributions. When they were contacted about a woman who was returning from London having gone there pregnant, the 'county secretary agreed [to accept financial responsibility] but mentioned that family circles might be investigated and contributions asked'. The department stressed that this woman's parents were not aware of her pregnancy and should not be informed. When one Galway woman was being repatriated from Birmingham, Canon Flint was informed that 'there is no alternative to the Children's Home Tuam'. On this occasion the county manager 'agreed to admit to Children's Home provided girl disclose name of father of the child with view to proceedings for maintenance'. The department inspector advised a representative of the CPRSI, who was arranging for mother and baby to return home - it was her second child - that 'if girl presented herself to Children's Home Tuam she would probably be admitted but there would be no use in asking County Manager beforehand'. These files contain a limited number of cases where politicians became involved. General Sean MacEoin, a Longford/Westmeath TD, intervened 'to vouch for bona fides' of one woman. Longford had refused to pay for her upkeep in a mother and baby home, but the county manager subsequently agreed - presumably as a result of political intervention. One woman who had been in Castlepollard with her infant, left the home and took up employment as a domestic servant for a county manager; he placed her child in the county home. Her mother informed the department that the county manager had written saying that if her daughter left his employment she would have to remove her child. A further letter from the same woman stated that she was satisfied with the position.

Families

8.40 The most common response of a family member(s) to news of an extra-marital pregnancy was a determination to protect the woman's reputation and that of her family. Some women travelled to Dublin or to England, determined that their families would not know about the pregnancy; others confided in one or two close relatives. Most of the women whose case notes survive left home; the collection contains very few Dublin women. The most desperate women were those without families - daughters of unmarried mothers, former 'inmates' of industrial schools or

former foster children. In a number of cases, both parents had died, and the pregnant woman had no immediate family to whom she might turn in search of advice or assistance. One woman working as a domestic servant in Drumcondra went to High Park Convent (a Magdalen asylum) seeking advice. One of the saddest stories concerns an 18-year old, who was pregnant for the second time. She had sought admission to Pelletstown, apparently on her own initiative; they sent her to the CPRSI. She had been raised by named woman (address given) and thought that this woman was her mother, but was never told that she was a foster child. Her first baby, born in Sean Ross, had been adopted. She did not wish to marry the father of her second child and had not informed him of her pregnancy. She was given temporary accommodation in Regina Coeli pending admission to Castlepollard. A 21-year-old woman, born in the Wicklow county home to a single mother, went to England and gave birth there; mother and child returned to the county home where she was born. A 24-year-old factory worker who was pregnant in England had been in St Vincent's convent Limerick (an industrial school) until she was 14 years old. She was unable to read or write. She hoped to marry the father of her child and was trying to locate her baptismal certificate. A 19-year old who returned to Ireland of her own accord, when she discovered she was pregnant, could not read or write. The eldest of eight children, she claimed that her parents kept her at home from school to mind the other children. One woman's file stated that her baby was due around the same time as her mother's ninth child.

Concealment

8.41 A constant theme, especially from women who had gone to England, was that their family should not be informed. Other women had informed one or two family members of their pregnancy, but were adamant that other relatives should not be told. The sister of one 18-year-old woman planned to persuade her to inform her parents, but the department inspector suggested that 'it would not be wise for this to be done without her consent'. One woman who had been keeping house for three bachelor brothers would rather withdraw her application for assistance from the public assistance authority than have them informed of her pregnancy. She was in difficult circumstances, now living with a married sister; her brother-in-law refused to let her remain in his house. One pregnant woman thought that her mother might have detected the pregnancy 'but became tearful when it was suggested she should tell her definitely'. All communication with one woman had to be sent to a local priest, who was 'helping the girl'. She lived with her parents

who were unaware of her pregnancy. A 19-year old who gave birth in her home had succeeded in concealing her pregnancy until the birth. The married sister of one pregnant woman who was staying with her in Dublin was 'in a panic to get her away before her condition becomes apparent'. A nurse in a mental hospital was sending money home to support her widowed mother and did not wish her to know about the pregnancy. The cost of her stay in Sean Ross was met by the Dublin health authority; her child was taken by St Patrick's Guild.

8.42 Some parents were supportive. The mother of one pregnant 18-year old contacted the CPRSI to say that her daughter had returned home and was being cared for by her local doctor, so she no longer needed a place in a mother and baby home. This mother thought they might contact the society at a later date (presumably about adoption). A 16-year-old girl who ran away from home on discovering she was pregnant was brought by the Gardaí to Gloucester Street Magdalen Home; they sent her to St Kevin's. When her father was contacted (presumably by either the Gardaí or the authorities in St Kevin's) he came to Dublin to bring her home (she was only three months pregnant), until she went to Sean Ross. Some women asked a social worker, Miss Litster or another third party to contact their parents and ask whether they would take her home.

Rejection

8.43 Reports of sympathetic parents are outweighed by stories of rejection. A Clare woman who returned home from England pregnant, asked to be admitted immediately to a mother and baby home because her mother would not keep her at home. One woman was 'turned out of her house by step-father - a publican with £5'; the putative father denied responsibility. A priest from the Oblate Order contacted St Patrick's Guild on her behalf, and the county manager agreed to pay for her maintenance in Sean Ross, leaving the possibility of extracting a contribution from her family to a later date. A 20-year-old woman from Cork, who was returned to Ireland, had previously lived in her family home with her father and a married sister (there is no information as to whether the married sister's husband and/or family lived there); her sister and father 'put her out'. A woman, whose mother was dead and whose father had remarried, gave birth in her aunt's home, but when another niece returned from England, her aunt refused to let mother and baby stay. She dispatched them to Dublin to the new mother's sister; she refused to help, and sent mother and baby to St Kevin's. The CPRSI agreed to take the baby in about two months. One woman whose parents disowned her when they

discovered that she was pregnant (the father of her child wanted to marry her but she refused - it is unclear whether this affected her parents' attitude) was sent to England by her local doctor and priest, but was returned home within two weeks, and admitted to Castlepollard. A woman, who was living at home with her widowed father and her brother and his wife, was admitted to Holles Street with a threatened miscarriage; her brother refused to let her return home. She went to Castlepollard. One mother, who knew of her daughter's pregnancy, 'refuses to have anything to do with her'.

8.44 One of the most harrowing stories (not from these files) concerns a young woman who gave birth in the county home in Wexford in 1960 and left with her seven-week-old baby to return home. She returned to the county home having slept in the fields with her child for two nights; her family refused to let her into the house.[7] A 20-year-old woman travelled to Dublin 'having been turned out of her home by her father on discovery of her condition'. The mother of a two-month-old baby who was in St Kevin's agreed that her mother could be informed of the birth; she wrote to Fr Barrett rejecting her daughter and grandchild. A happier story concerns a shop assistant who was living in Dublin with her two sisters. She left them a note stating that she had gone to work in Belfast. When they discovered through a friend that she was pregnant, and in a Dublin nursing home, they visited her. Less happy was the experience of an 18-year old from near Tuam. The English authorities wrote to her parents informing them of her pregnancy. Her mother refused to have her daughter home, and insisted that she should not be admitted to Tuam. The county manager would only agree to this if her parents agreed to pay £1 2s 6d (presumably per month) - which was the difference between rates in Tuam and in a special home. He insisted on a signed undertaking from her mother before authorising this. It is unclear what happened.

8.45 Some families may have rejected a pregnant daughter because they lacked the means to assist her, or were unwilling to do so, because they were poor and with large numbers of dependent children. The mother of a pregnant 16-year old was reported as 'having very little means at her disposal and is unwilling to take other members of the family into her confidence'. This woman's sister told the department inspector that Fr Barrett would not take the baby; they referred her to St Patrick's Guild. Some of the women who contacted the Custom House are

[7] Department of Health, INACT/INF/0/499216.

recorded as one of 11, 14, even 16 children - many still at home, and it would have been difficult to welcome a daughter and her child into such crowded and often impoverished households.

8.46 The file on a Kerry woman living with her widowed mother and brother on a small farm - her five sisters were all married - recorded that mother and brother were aware, 'but have done nothing'. The woman was admitted to the Rotunda. After the birth, the almoner contacted her local parish priest and they tried to place her baby with one of her married sisters, who was childless, but the file recorded 'not much hope'. Mother and baby went to Dunboyne. One woman, who had gone to England aged 15 to work as a domestic servant, and remained there for approximately five years, returning pregnant to Ireland, was reported to have 'lost touch with her family for years - did not know how many brothers and sisters she had at home'. She alleged that her parents were not interested in her. The father of her child, described as non-Catholic, paid her fare to Ireland; she was admitted to Sean Ross. The file on one 19-year old who had given birth at home noted 'Conditions unpleasant for her at home'. The county manager was reluctant to agree to pay for her upkeep in a special home. A local priest brought her to the offices of the CPRSI. He reported that 'set up at home very bad - girl's father does not speak to any of the family and she is afraid of what he might do to the baby'. This priest contacted the county secretary who approved her upkeep in a special home. The woman indicated that she wanted her baby to be adopted.

8.47 One of the most disturbing cases concerned an 18-year old who was in Regina Coeli. She had been living at home with her parents in provincial Ireland; when she informed them of her pregnancy, 'Her own father (a Civic Guard) beat her badly'. Her mother sent her to an aunt in Dublin, but her aunt refused to keep her - hence her arrival in Regina Coeli. They referred her to the Rotunda. When she was examined, the hospital insisted that she remain there until her baby was born. The department suggested that one of the Regina Coeli volunteers should suggest to her father that he should 'approach the Co. Manager and make arrangements [for admission] to Castlepollard'; the local authority required him to pay 10s weekly towards the cost.

Family Strategies

8.48 While some women went to England or to Dublin to prevent their families knowing of the pregnancy, others travelled with the advice and assistance of family

members. A Sligo family sent their pregnant daughter to England, where she gave birth, 'to get child adopted' but she was returned and admitted to Castlepollard. This was not an uncommon story. A 20-year old went to England in 1957 accompanied by her mother; her father was said to have 'disowned her'. A mother who travelled to England with her pregnant daughter and tried to 'make arrangements there' - her husband did not know of the pregnancy - returned to Ireland with her daughter having failed to do so. The daughter was admitted to a special home. One of the oldest women was a 45-year old, with an elderly mother and brother who were described as 'very poor'; the woman was described as a cripple; the putative father was a migratory worker, roughly 20 years younger. When her mother and brother became aware that she was pregnant they sent her to Birmingham, where a social worker with a Catholic charity arranged for her to return to Ireland by plane. She was admitted to Castlepollard, and it was discovered that she had TB. The Sisters wanted her to be moved to a sanatorium, but the medical officer sent her to the Coombe Hospital, where her baby was delivered by caesarean section. Mother and baby returned to Birmingham where it was reported that her married sister would take her child. It emerged that the infant had cerebral palsy, so the mother returned to Ireland to care for her elderly mother and asked that her child be returned to Ireland. It is unclear what happened to this child.

8.49 The parents of one woman who became pregnant by her second cousin encouraged her to go to England, but the Catholic Welfare Society told her that they would be unable to arrange adoption because of the relationship between the infant's parents. They tried to send her back to Ireland to give birth, but she refused to travel. One of the most unusual cases concerns a 19-year old who went to her great grandfather in Liverpool. Her widowed father was aware of the pregnancy but refused to permit her to bring her child home because there were seven children resident in the house. Her great grandfather urged a priest in Liverpool to arrange for the baby's adoption. The woman was described as 'a decent respectable girl' but easily influenced.

8.50 A family member, most commonly the mother, might contact agencies such as the CPRSI seeking advice and assistance. This was especially common in cases of teenage pregnancy. The mother of a 15-year-old girl, one of ten children, contacted the CPRSI; the file noted that the family were farmers and would be in a position to pay for the adoption. One 79-year-old father accompanied his pregnant

daughter to England. He had hoped to trace the putative father but failed to do so and was returning to Ireland. Father and daughter were staying with another daughter, in one room; this daughter had recently been discharged from a sanatorium. A small farmer, the father of 14 children, brought his 24-year-old pregnant daughter to Dublin where he assumed that arrangements would be made for her care; she claimed to have been assaulted. A mother travelled to England to bring back her pregnant daughter, who had been diagnosed with a heart condition; she also brought back a second daughter, who was working in England. Another mother contacted the department seeking her daughters' admission to a mother and baby home; she did so to avoid having to send her to the local dispensary doctor - which was the normal channel for admission. The mother of a Cavan woman asked the Sisters of Killeshandra convent to contact the department on her daughter's behalf, perhaps because her husband was not aware of the pregnancy.

8.51 Mothers were the family members who were most sympathetically disposed towards a daughter's pregnancy, but they often had to face a hostile husband or son. One woman, who wanted her daughter and baby to be admitted to the local county home, would try to persuade her husband 'to take her home, he is not disposed to do this at present'. The note on one file states: 'Father old. On his death mother will allow […] to take child home'. The department hoped that a young epileptic woman would be taken home, the mother indicated that she would ask 'brother [presumably the brother of the pregnant woman] if he would consent' to this. In the case of one child, born in Sean Ross, who was described as 'retarded', the maternal grandmother was willing to take the child but a son who lived with her 'threatened to walk out of the house if the child was taken over the threshold'. The infant was eventually given a medical certificate, apparently clearing the infant for adoption in the USA. By this stage the maternal grandmother was no longer willing to accept her daughter (without her child) back into her home.[8] In 1967 the mother of a pregnant unmarried woman wrote to Fr Good, of St Anne's adoption society, because she was too ashamed to contact her local priest. In the course of telling him about her daughter's pregnancy, she wrote that: 'I am afraid the brothers will give her a beating and of course she would deserve it if they did but the [quiet] way is the best way'.[9]

[8] Department of Health, INACT/INA/O/464099
[9] Cork diocesan archives, St Anne's adoption society, box 3.

8.52 The matron of Pelletstown was contacted by the local priest and the mother of a pregnant 17-year-old woman, who explained that she was partly dependent on her daughter's wages to run the home. Arrangements were being made for her baby to be adopted.

8.53 Some parents sent a pregnant daughter to live with a married sister, or a married aunt in England or in Dublin, and some pregnant women did likewise without informing their parents of the pregnancy. A Kerry woman, who went to her sister in Birmingham, had not told her parents she was pregnant and did not wish them to know. Her sister wrote and told them. A Donegal woman, described as 'a bit simple', was brought to Glasgow by a married sister when it emerged that she was pregnant. When the baby was several months old this sister brought mother and baby to the local Catholic welfare society, hoping to arrange an adoption, but they suggested that the baby might have special needs. A woman who went to her aunt's house in Leicester, apparently without telling her that she was pregnant, was asked to leave. A 15-year old who was sexually assaulted was sent by her parents to her married sister in England; she contacted the London county council who took her into care and were arranging for her to be escorted back to Ireland by Miss Harris (see Chapter 7). Another 17-year old, who had been sent to her sister in England, was returning, because there was no room for her. A brother was escorting her back to Ireland. This was not an uncommon story - there was an acute housing shortage in England in the aftermath of the war, and Irish families may not have realised that married couples might be living in cramped accommodation with no space to keep a pregnant sibling. Another woman who was staying with her sister had to leave because the landlady objected to her being there. She had been engaged to the father of her child, who now refused to marry her. One woman who went to her married sister in England was told that her brother-in-law would not allow her to stay. A 17-year old was sent to an aunt in Lancashire, who immediately contacted the local Catholic welfare society, and planned to accompany her back to Ireland. A woman, who arrived in London accompanied by her sister, who brought her to their brother's house, was immediately sent back to Ireland with the same sister - who was returning to her work. A woman, who had been working in England for some time, but became pregnant when home on holidays, was brought back to Ireland by her brother who worked in England. He was 'very anxious about her - not too sound mentally'; he had to return to his job in England. She was placed in a psychiatric hospital, having originally been destined for Sean Ross.

8.54 A woman who was sexually assaulted while working in Belfast, went to America 'knowing she was pregnant', but returned to Ireland some months later - her brother paid her fare. Her parents were dead but her siblings in Ireland were not aware that she had returned. The parents of an 18-year-old woman died shortly after she had been admitted to Sean Ross. The department contacted the county manager, asking for her child to be taken into care so that she could return home to mind her younger siblings - there was a family of eight.

Putative fathers, and a possible marriage

8.55 Most files record information about putative fathers, though not the names. They were farmers' sons, labourers, factory workers, commercial travellers, plus an occasional married man or older man. Files from the early and mid-1940s record putative fathers who were in military service, in Ireland or Britain; including members of the American or Canadian forces; one woman named a German prisoner of war, who was held in Ireland. In at least one case where a woman repatriated from England in 1944 named the putative of father as an army private based at Finner Camp in Donegal, the department wrote to his commanding officer.

8.56 Many pregnant women went to England, as did many of the putative fathers. Some men went to avoid the anger and retribution of the woman's family and perhaps that of the local community. Emigration also meant that they could avoid interrogation by local authority officials and demands for a contribution towards the cost of maintaining mother and child. Stories of men accompanying a pregnant girlfriend to England having promised to marry her, only to abandon her there, are all too common. In one case the father of the putative father, a cattle dealer, gave the woman £50. One woman went to England believing she was pregnant and was followed by her boyfriend. She was not pregnant but became pregnant in England. The file on a 17-year old who was admitted to a county home, noted that 'girl appears to have been completely taken in by put. father who has since had to marry another girl'.

8.57 England was not the only bolt-hole. Other men emigrated to Canada or the USA. In one case where a wedding had been arranged three months earlier, 'on the eve of the wedding the putative father absconded to England'. A farm labourer followed the mother of his unborn child to England, apparently anxious that they marry, but changed his mind. She returned to Ireland and went to either

Castlepollard or Bessborough. When the daughter of a small farmer in Kerry announced that she was pregnant, the putative father, a local farmer 'said he was sorry but he had a girl in America whom he intended to marry'. A woman who gave birth to a still-born infant in the local hospital later went to England pregnant, with the father of her child, who abandoned her. Her mother was aware of this second pregnancy but her father did not know - he was reported as having been very upset over her first pregnancy. This woman was reported to be living in a very bad area.

8.58 One of the most common reactions, throughout history, to the pregnancy of an unmarried woman was to arrange for her to marry the father of her child. Some files note that the couple married, and plans for the woman's admission to a special home are dropped. One man was willing to marry, but would not accept the baby - an indication of the stigma associated with fathering a child outside marriage. One woman was engaged to marry a man who was not the father of her baby; her fiancé was aware of the pregnancy but would not take the baby; neither would her family. The RGAS hoped to arrange an adoption 'fairly quickly'. The department suggested that she go to Regina Coeli until the adoption was arranged because they believed her local authority would dispute maintenance, presumably because her family was described as 'fairly comfortable'. The more relaxed regime in Regina Coeli also facilitated continuing contact between the woman and her fiancé. In one case where a woman who gave birth in England, having lived there for several years, was returning to Ireland, the file noted that the putative father was prepared to marry her 'but there is a temporary estrangement', and the 'county manager fears sending her to Castlepollard will impede their getting together'. He would prefer that she remain in Regina Coeli - a decision that also relieved him of the cost of maintaining her.

8.59 In some instances a woman's parents or a local priest tried to arrange a marriage; likewise English Catholic welfare societies. Several files record that the father of the putative father 'would not agree to marriage, matter in the hands of a solicitor'; such cases were almost invariably initiated by the woman's parents. One woman who had gone to England disclosed that the father of her child was a temporary national teacher in her home parish; the parish priest met the young man, but he refused to marry her - it is unlikely that he secured a permanent post in that parish. When an Irish woman working in England became engaged to the father of her future child - an RAF officer - her parents made contact with him independently

and discovered that he was married. One Irish woman in Birmingham gave birth to two children by the same Irishman. The first child was adopted through Birmingham social services. Canon Flint tried to arrange for their marriage, but the file noted 'no hope now'; she was repatriated to Ireland on her second pregnancy. Her mother was aware of the first child but not of the second pregnancy. The mother of one pregnant woman acknowledged that the name and address given to the almoner in the Rotunda was incorrect. This mother was keen to institute proceedings against the putative father; her daughter who was now in Castlepollard eventually divulged details. The parents of one woman contacted the department to secure her admission to a mother and baby home, but the last record on file stated that their daughter had divulged the name of the father of her child and a marriage was being arranged.

8.60 Cases where the woman's parents were utterly opposed to marriage are at least as common as reports that her parents were trying to arrange one. The widowed mother of one pregnant woman dismissed the putative father as a 'featherhead' and indicated that she would not agree to their marrying; the family - farmers - was described as 'quite comfortably circumstanced'. The mother of one 23-year old would not permit her to marry the 18-year-old father of her child; both went to England, but she was returned and was admitted to Sean Ross. The parents of a 29-year-old pregnant woman originally opposed her marriage to her 19-year-old boyfriend, however the young man, who worked in England, visited on several occasions and they eventually agreed. The fact that he was Protestant, and she was apparently Catholic, may have also been a factor in their opposition. One 20-year-old woman who went to England with the father of her child - a next-door neighbour - was uncertain about marrying him because her parents were opposed to their marriage and were not aware of her pregnancy. One woman was living with the father of her child - a widower; they had arranged to marry and had bought a wedding dress and furniture but she was now unwilling to marry him 'as he has begun to ill-treat her' so arrangements were made for her return to Ireland.

8.61 In one case neither set of parents would agree to marriage. The woman and man were only children; the putative father was unemployed and he was unwell, probably suffering from TB - many Irish families would have ruled out marriage in a case of TB. The woman was sent to Dublin by a Dominican priest in Cork; she was 'absolutely without money', living in a bedsit but had nothing to eat. The department asked this priest to contact the county manager. A further report

noted that 'the girl is greatly disturbed'; her boyfriend told her that the priest had seen the county manager who stated that the board (presumably health authority) would have to be consulted. They feared that their fathers would learn of the pregnancy; the woman's father was a friend of the manager. The department contacted the county manager - presumably to ensure confidentiality; he gave approval for her admission to Castlepollard or Sean Ross.

8.62 Social distinctions between families could prevent couples from marrying. Matchmaking and dowries had not yet disappeared in rural Ireland. Parents might oppose marriage if a proposed spouse or a family member suffered from TB, physical or intellectual disability or mental illness. One 19-year old, the son of a 'well to do farmer', admitted paternity of a child whose mother was the daughter of a local gardener and lodge keeper but he later denied paternity when his father was present. A man was willing to marry a 16-year-old woman, who was pregnant with his child. She was described as crippled because of contracting polio; however the file notes that 'parents consider marriage unwise in view of her crippled condition'. The pregnant daughter of a labourer had been 'keeping company' with the 22-year-old son of a guard and a teacher - his parents objected to the relationship. The young couple went to Birmingham, presumably because of the pregnancy, and lived together as a married couple. The girl's parents addressed letters to her as Mrs X. Her parish priest (in Ireland) tried to persuade the woman to return following the birth of their child and enter a special home. He claimed that her parents would press her to return - but it is unclear what happened. The opposition of the young man's parents probably reflected the fact the woman was only 16-years old and a labourer's daughter. In the case of one pregnant woman, who was described as 'a cripple…uses a crutch' the putative father, a lorry driver, would not marry her. (It may be that her handicap was the reason.) The county manager was determined to pursue this man for maintenance. In one case where a marriage had been arranged the putative father had a nervous breakdown and was admitted to a mental hospital. When the woman visited him after the birth of their child, she determined that it would be unwise for them to marry. The CPRSI took her infant. The file noted - underlined 'People not to be informed'. Another couple planned to marry but the putative father had TB and a doctor advised that they postpone any decision. A nurse in a sanatorium, who became pregnant by a patient, was 'terrified in case he may find out'. She was staying with the proprietor of a Dublin nursing home, who claimed that the 'girl is not very responsible, stays out late at night…perhaps it might be

better for her to remain a few months with baby'. She was admitted to Sean Ross. The couple had arranged to marry, but the wedding was deferred when the man had to return to the sanatorium. Meanwhile the woman's sister had written to a priest who knew about the pregnancy, urging that they should not marry. Records indicate that the child was adopted.

8.63 The file relating to a Kerry woman who came to Dublin and lodged in a private house, when she discovered that she was pregnant, stated 'no chance of marriage', and arrangements were made for her admission to Bessborough. But a representative of St Patrick's Guild phoned some days later and reported that a marriage had been arranged and cancelled the Bessborough booking. A further entry noted that the records almoner in St Kevin's reported that the woman had been admitted and 'there was apparently no question of marriage'. In another case a marriage was arranged for a 21-year-old pregnant woman, but not with the putative father. In the case of a woman who became pregnant in England the putative father would marry her but only in a registry office. One case concerned a widow with children, and the putative father, her brother-in-law who was a widower with children. The initial report stated 'no question of marriage', but a later note stated that 'PP has arranged marriage and obtained dispensation'. A file on the 19-year-old farmer's daughter, whose child was fathered by the son of a neighbouring farmer, notes, 'advised informing the PP and trying to arrange marriage, otherwise parents to get in touch with Manor House' [Castlepollard]. One woman went to England with the father of her child, who promised to marry her, and was living with him when the child was born, but he had no intention of marrying. The English social worker who met the couple reported that 'the girl feels let down', and was willing to enter a special home. The Wexford county manager inquired whether her family could contribute to her maintenance; the department confirmed that the parents were not aware of the baby; they persuaded the local authority to pay for her maintenance. A pregnant woman who was referred to Miss Litster, but did not keep her appointment, turned up five years later (no explanation given). She had married the father of her child; they were now parents of four children, 'poor but happy and children are well and healthy'.

8.64 One putative father was the woman's widowed brother-in-law. The parish priest reported that there was a prospect of marriage, but the man went to England. The pregnant 18-year-old woman told an almoner in St Kevin's that there had been no arrangements for marriage and her parents would not permit her to marry her

brother-in-law. This report suggests that there was a disagreement between her parents and the priest; the woman's views are not stated. There were other cases where the putative father was a brother-in-law.

8.65 A 40-year-old farmer would not marry the local woman who was pregnant with his child, but he appears to have been in contact with the local priest and doctor. Another man paid for the woman to travel to England and promised to marry her, but was recorded as having no intention of doing so. An 'older' woman (35 years) became pregnant by a married man, who brought her to England and 'parked her with relations of his own', before returning to his wife in Ireland. A Cork woman who had been living in England with the father of her child and was pregnant for a second time, was reported to be willing to return to a mother and baby home provided that she could bring her first child. When one woman told the father of her child that she was pregnant he gave her £10 and suggested that she should 'go away'.

8.66 Many men abandoned long-term girlfriends on discovering that they were pregnant. It may be that the rate of non-marriage in such circumstances was higher in Ireland than elsewhere. A 39-year-old woman, who fled to London, had been 'keeping company with man responsible for 9 years'. He also left the country when he learned of her pregnancy. She was admitted to hospital in London suffering from extremely high blood pressure; instructions were given that she was not to be given any exciting news. Her baby was born by caesarean section and adopted in Cork. She returned to her job in a Dublin department store, which had been held for her by the employer. Another pregnant assistant who travelled to England, by agreement, to meet the father of her child - a shop assistant from the same town - who had agreed to marry her in England, could not find him when she arrived. Her story was not unique.

8.67 Some putative fathers were unable to marry the mother of their child because they were unable to support a wife and family, or did not own or control the family farm. In the 1950s Ireland had the lowest rate of marriage in the western world and the latest age of marriage. One man told the woman that he could not afford to marry her. A 20-year-old woman went to England with the father of her child at an early stage in her pregnancy, and lived with him there. He told her that 'he can't afford to marry', so the Birmingham Catholic Welfare Society determined to return her to Ireland. This was a tragic family - her mother was in a mental hospital and two

family members were being treated for TB. There are cases where a couple had two 'illegitimate' children; some of these men were married, others were single, yet files record no prospect of marriage, as in the case of a 19-year-old Limerick woman. The file on a 20-year-old shorthand typist reported 'had hopes of marriage but man now unwilling'.

8.68 Some women were unwilling to supply any details about the putative father of their children or they were unable to do so. One explained that she had been home from England at Christmas, and was drinking in a public house with two men - she did not know which man was the father of her child. A farmer's daughter who became pregnant by the son of the next door neighbour was determined that neither family should know of the pregnancy. Several women claimed that the putative father had been killed in an accident - some specified road accidents; such stories may reflect an unwillingness to divulge a name; some may be true. One woman reported that he would have married her, but was killed. One woman had 'narrowed down to two', the possible fathers. One file noted that the putative father was 'usual behind a bush'. Several women said that they became pregnant by men they had met at a dance. Such stories would have confirmed the worst fears of many priests, who thundered about 'the devil at dances' and similar themes. One putative father was reported to be 'engaged to another girl apparently in same condition'. Several men had given the women false names or false addresses; others met them always at a cinema or a public place and the women did not know their address. The putative father of the unborn child of a Kildare woman who was physically handicapped, arranged for them to marry, but then went to England. Her mother informed the Gardaí. The local doctor who examined the woman referred to a 'bottle of pills' produced by the PF. This woman's widowed mother was willing to raise her child but sought 'Assistance' (presumably home assistance). One 20-year old who was in America for two years became pregnant by a college student (described as not coloured), and came home because her father was ill. She went to London but returned to Ireland. Most women knew the identity of the father of their child, who was often a long-term boyfriend.

8.69 It was quite common for the putative father to deny parentage. A building worker, who followed a pregnant woman to Dublin and visited her in hospital, when interviewed at his place of work, apparently by a department inspector, said 'plenty of others as well as me'. There are many stories of duplicity, family opposition to a

marriage and other domestic dramas. In the case of one pregnant woman, working in Dublin who had been admitted to Castlepollard, her parish priest interviewed the putative father and reported that his parents opposed the marriage, but he was willing to marry her and had asked for her discharge. However no marriage materialised - the next report indicated that he had left the country.

Complex Stories

8.70 A number of pregnancies were the result of sexual assault; some were incestuous, and in other cases either the woman or the man was married. Some of the most difficult cases concern pregnant widows, who probably suffered a higher level of social ostracism than a single woman. There were several cases of women who were living with a married sister and became pregnant by their brother-in-law. A number of men, or more unusually women had entered into a bigamous marriage. Some putative fathers paid for the woman's maintenance and the child's 'adoption'. One married man was recorded as in good standing. A married woman, who gave birth to two children who were not her husband's, was maintained in a private nursing home in Dublin by the putative father.

8.71 One woman returned from England with her four children to be admitted to a county home - her 'common law' English husband and father of her children was in prison. One woman was brought to St Patrick's Guild by the mother of the father of her child - a married lorry driver, who was separated from his wife, and childless - he had served time in prison. He had 'installed her in a flat in Rathmines'. This woman was described as willing to go to a special home but 'does not wish to part with her baby at present'. A young woman who had been living in London for two years was admitted to St Pelagia's Home, pregnant - her baby was 'coloured'. The home was run by the Congregation of the Sacred Hearts but, in contrast to their Irish homes, they allowed women to leave the home on outings. While in St Pelagia's this young woman became involved with a married man in his fifties. His wife and family contacted the Crusade of Rescue, claiming that the marriage was breaking up because of her, so they determined to send her back to Ireland 'immediately because of moral situation'. She was sent to Dublin at short notice and admitted to Pelletstown while arrangements were being made for her to go to Bessborough. It is unlikely that she was permitted 'outings'. One married woman who was pregnant by a man who was not her husband was referred by a local priest to St Rita's, Sandford Road (Mrs Keating's nursing home - see Chapter 2). She had to pay £3 3s a week for the maintenance of her child, who was described

as 'mentally deficient'. The department explored possible homes for the child; the baby was sent to Stamullen (see Chapter 2) where the county manager would pay for his maintenance, after some delay because of his state of health and lack of vacancy. A married woman, mother of two 'legitimate' children, whose husband was in the British army, had an extra-marital birth. The authorities in Cardiff were concerned to repatriate her because they feared she would abandon her third child. Some married men were prepared to make a contribution towards the cost of adoption; one Galway man stipulated that his wife must not be informed. One married man 'of good standing' who was the putative father of the child of a woman being repatriated was contacted by the CPRSI and asked to pay for her accommodation as a private patient in a mother and baby home.

8.72 A young widow with one child, whose husband had committed suicide, fled to England pregnant, leaving her child with her mother. She stayed with a relative but after the birth it emerged that she was suffering from TB. English and Irish Catholic charities, the department and the county manager were all involved in making decisions in this instance. It was arranged that the woman 'a stretcher case' would travel to a sanatorium in Ireland, accompanied by a Red Cross nurse; an ambulance would meet them at the boat. Her mother would be paid to maintain her child; however her child was boarded out, after a short stay in a district hospital. This was one of several cases where the personal tragedy of an extra-marital pregnancy was compounded by TB. One woman who had given birth four years previously and was living with her child in Regina Coeli contracted TB and had to be admitted to a hospital close to her family home. The department arranged for the care of her child while she was in hospital; her parents were not aware of the child.

8.73 A young Irish woman, who left her husband with whom she had two children, went to London to live with her married sister and had a child by her brother-in-law. When her sister learned of this child's parentage she arranged for him to be taken by London county council. The mother was reconciled with her husband in Ireland, and he was aware of the child's existence, 'and would have it here only for his mother who lives with them and will not have the child about the place at all'. It was hoped that he could be boarded out nearby until his mother died.[10]

[10] Cork Diocesan Archives, St Anne's Adoption Society box 12.

8.74 The mother of one 22-year-old repatriated woman in Regina Coeli had to be contacted to sign papers committing her to a psychiatric hospital. It is unclear whether her mother had been aware of her pregnancy. The department went to considerable efforts to have her child admitted to Stamullen, to the point of asking a county manager to get a Stamullen child boarded out to make way for this infant. By the mid-1950s Stamullen had emerged as the institution where infants whose mothers could not care for them were sent; such as the one-month old child of a TB sufferer with one lung, who was returned from England, who needed medical attention.

8.75 Some of the most complex stories relate to women who were separated from their husbands. One 39-year-old Cork woman, mother of three children, had been separated for five years. One child was being raised by her mother, two by her husband. The county manager reported that she was also the mother of three 'illegitimate' children and there was a suggestion that local clergy had asked her to leave the country; Cork was prepared to accept responsibility. She was referred to St Patrick's Hospital, Fermoy. One young woman who became pregnant at the age of 17 had married the putative father 'against priest's advice'. Her child was born prematurely and died; 'she left her husband and returned to her mother'. She went to England on a second pregnancy but was sent home with her child to a county home. A woman on her third pregnancy was living with an elderly man who survived on home assistance. She had applied for home assistance as the man's wife but his actual wife was living in the next county. A pregnant woman, described as 'simple', who had been separated from her husband for ten years, had arranged to marry the father of her child, assuming that her husband was dead; she had then discovered that he was alive.

8.76 One of the longest files concerns a young woman, described as a children's nurse, who gave birth in England. She returned to Ireland with her child and stayed in the Gresham and Royal Hibernian hotels (two of the most expensive hotels in Dublin) and placed her infant in Stamullen. She returned to Dublin at a later date when her child was ill and brought him to Temple Street Hospital for treatment. When he was returned to Stamullen she was reported as going on a pub crawl with a taxi driver and was arrested for stealing in a hotel, winding up in Mountjoy. The last report stated that a wedding with the putative father had been arranged and the couple were emigrating to Australia. It is unclear what happened to her child.

Sexual offences

8.77 Three sisters from Cavan were described as 'on the streets' in London. One was admitted to Castlepollard with her baby; another gave birth in London, the putative father was Turkish, a third was reported to have married an Iraqi (outside the Catholic Church) and was living in Baghdad. The London Catholic Welfare Society contacted the family's parish priest in Cavan. A 16-year old was charged with indecency in a public place in England; her probation officer contacted her parish priest in Ireland who described the family background as 'not good; father useless'; the family was large, her mother refused to permit her to come home, saying that she could not control her; she was admitted to St Anne's Kilmacud (a reformatory and industrial school).

8.78 A small number of cases concerned statutory rape - where the woman was under the age of 17. An 18-year-old girl, who had been in a foster home but was now working as a domestic servant, became pregnant by a 30-year-old neighbour of her foster home. The file recorded that she had sexual relations with him 'before she was 16 and even before puberty. She says she never told her foster-mother thinking it was no harm'. This man had recently married another woman who was also pregnant. The young woman refused to go to Sean Ross, because there were 'local girls' in that home; she was admitted to Castlepollard. A teenager who was attending a technical school was assaulted on her way home by the son of a well-known horse dealer.

8.79 A 21-year-old woman accused her father of being the father of her child. She had been interviewed by detectives and court proceedings were imminent. She had reported the incest to a missionary priest who ordered her to leave home 'at once'. The father of a 14-year-old pregnant girl was serving a term in Mountjoy prison for incest. A mother brought her 17-year-old pregnant daughter to the CPRSI. The father of her child was reported to be her 22-year-old brother. The woman's father was not aware of the pregnancy. The mother was anxious that her daughter should be admitted to Bessborough; she was also concerned for another 14 year-old daughter at home.

8.80 St Patrick's Guild would not take babies born from incestuous relationships for adoption. A 20-year-old woman, pregnant for the second time fled to Wales, but was thrown out by her landlady. Her baby was born in Wales. This was a case of incest; a local priest interviewed her brother who denied paternity. Mother and

baby returned home, but her mother refused to let her stay. One woman who gave birth at the age of 15 - a court prosecution of the putative father collapsed - was described as giving trouble; she had apparently beaten her mother and would not come in at night - so she was brought to the Magdalen laundry in Donnybrook. Her child was placed in Stamullen pending adoption.

Religious and moral concerns

8.81 Religion and sectarian divisions permeate all aspects of the history of Irish unmarried mothers, and they feature in many of these files. The mission of the CPRSI and St Patrick's Guild, and British societies such as the Crusade of Rescue was to prevent Catholic infants becoming Protestants and to rescue women who were believed to be in danger of losing their Catholic faith. Those who worked with single mothers and their children appear to have been on the alert for indications that a Catholic mother, or more probably, a Catholic infant, was being handed over to a Protestant charity. When one young woman gave birth in the county home in Trim, her father contacted the Irish Church Missions to arrange for them to take her child, but this became known and his parish priest contacted the county manager. It was suggested that the grandparents might foster their grandchild and be paid for doing so through home assistance. The parish priest agreed to keep an eye on this case. A child, placed at nurse in Dun Laoghaire by a Catholic mother through the Irish Church Missions, was taken from the foster home to a Catholic orphanage; this appears to have happened because of a watchful neighbour. A number of Catholic women, who had previously been supported by the ICM, were admitted to mother and baby homes; some defied that process. A Catholic Monaghan woman, who was brought to the ICM by the Protestant father of her child, came to the attention of the authorities when her child, who was born in the home of an ICM foster family, was treated for scabies. She went to Sean Ross presumably with her baby, but returned almost immediately to the ICM home; arrangements were then made to admit her to Bessborough, but her ICM house-mother reported that she and baby had left for Belfast.

8.82 In 1946 Miss Litster noted that many Catholic women were admitted to homes maintained by the Irish Church Missions. She noted that 'the information available' suggested that these mothers 'have tried and failed to obtain help from Catholic sources'. Bethany Home had agreed some years previously not to admit Catholic women or Catholic babies, 'and apparently have kept that agreement…I do not think that the Irish Church Mission [sic] seek out Catholic unmarried mothers. On

the contrary, the mothers seek out the Irish Church Missions and ask to be admitted'.[11] Miss Cruice, the former Secretary of St Patrick's Guild had arranged a meeting between Miss Litster and representatives of the Irish Church Missions. Reverend Coates, Director of the ICM, was willing to give an undertaking not to admit any Catholic mothers or babies 'provided he were given assurance that any who appealed to the Missions for help would receive shelter and help from Catholic sources, and would not be told to apply for admission to a County Home'. According to Miss Litster, 'that assurance, as things stand, cannot be given'.[12]

8.83 Mrs Glover, the Bethany matron, referred a number of women to St Patrick's Guild. In 1951 a department inspector interviewed a woman who had given birth in the Bethany Home. She admitted that she was a Catholic but had presented herself to Bethany as a Protestant; she had worked for a Methodist family who believed that she was a Protestant. Her employer appears to have assisted her in securing an affiliation order in court. A Catholic woman was a domestic servant for the widow of a Protestant clergyman, who referred her to the Magdalen Asylum (later known as Denny House). They sent her to the CPRSI. One mother and baby were sent by a senior assistance officer attached to a local authority, to Castlepollard, with instructions that 'Baby was to be baptised Catholic and adopted into Catholic family'; the woman and her parents were Protestant and would pay for adoption. The Mother Superior asked that she be referred to a Protestant society; the department contacted the Church of Ireland Moral Welfare Committee.

8.84 One woman was engaged to the Protestant father of her child but her parish priest in county Monaghan would not give her a letter of freedom permitting her to marry him. Her child was born with cerebral palsy; her boyfriend was paying the bills but 'his people have more or less put him off the marriage'. The child was diagnosed as 'mentally defective'. One pregnant woman who was referred by her local priest was engaged to marry a Protestant, but the file noted that the marriage would not now take place - it is not known what happened to prevent the wedding. In another case the putative father was Protestant and the woman Catholic; he was travelling to Dublin to see her. The St Vincent de Paul Society, who were in contact with the woman, were keen that she go to Castlepollard before his visit, but the woman was not willing to leave until she had met him. A later note stated that the woman had 'Promised to give up P.F if he does not agree to condition for

[11] Department of Health, RM/ARC/0/489778.
[12] Department of Health, RM/ARC/0/489778.

marriage', presumably either to raise the child as a Catholic or that he become a Catholic. The woman travelled to Castlepollard. A woman who was admitted to a county home as married and a Protestant, left shortly after the birth with a man who claimed to be her husband. It emerged that she was single and a Catholic. They were traced (unclear by whom) to a guesthouse in Limerick and the infant was baptised by a local priest. St Patrick's Guild took charge of the baby. A Mayo woman in a 'non-Catholic home in London', contacted a London Catholic welfare worker; instructions were given that she return immediately to Ireland - the woman was unwilling to go to Tuam, but the Mayo county manager would maintain her in Castlepollard.

8.85 A woman left Castlepollard with her new-born baby and went to CPRSI in Dublin. When they contacted Castlepollard the Mother Superior demanded that she return. The woman refused, stating that there was a prospect of marrying the father of her child who was in England. She also refused to go to Sean Ross, so she was sent to a nursing home on Dublin's North Circular Road, which the CPRSI used as a short-stay home for unmarried mothers. She then went to the Protestant Adoption Society representing herself as Protestant, but they contacted the CPRSI seeking information. The ultimate outcome for mother and child is unknown. A Monaghan woman, who went to the Irish Church Missions and was received into the Church of Ireland, subsequently disclosed that she was pregnant. She then went to the CPRSI and explained that she had married the father of her child in a registry office. Arrangements were made to bring her by ambulance from the Rotunda Hospital to the county hospital in Monaghan.

8.86 In 1958 the department was contacted by phone from Regina Coeli. One of the workers had learned that a 19-year-old Wicklow woman was in Bethany and due to give birth. The Legion of Mary worker phoned Bethany, who confirmed that she was in the home 'with her mother's consent [underlined in original]' and she was 'received into their church before she was admitted'. Regina Coeli referred the case to the CPRSI who suggested they contact the department. Bethany reported that this woman had one child in Pelletstown, and she intended removing that child to Bethany, but when Regina Coeli contacted Pelletstown, they had no knowledge of any child with the woman's surname. Following lengthy efforts to contact the mother of this young woman, two members of the Legion of Mary went to Bethany to meet her - she apparently answered the door. The file notes that 'Girl was abusive at first had been "instructed" by Irish Church Missions in January - said

she was desperate. Broke down finally and said she would come back'; her three-month-old daughter had not yet been baptised. The legionaries left mother and infant in Bethany promising to call again; she wanted her baby adopted 'does not want her committed or sent to foster home. Said she would like to make a fresh start if room could be got for mother and herself…Told by Bethany to "be strong" against Legionaries'. The Legion of Mary tried to involve the department, but although they referred this case to the assistant secretary there is no indication that the department took any action.

8.87 One 20-year-old woman travelled to England with the putative father, 'who is said to be divorced'; they planned to marry in a registry office, but as she was under age she required parental permission. The CPRSI accepted responsibility for her baby. A woman was 'sent over hurriedly 4-5 days ago' to Regina Coeli when a British Catholic charity discovered that she was making arrangements to transfer her baby to a Church of England home. Some months later when the child was eight months old a priest intervened to try and get mother and child out of Castlepollard. A 20-year old woman was 'sent back by nuns there - had been keeping bad company'. The father of her child was married and was reported as trying to divorce. She wished to return home and was put on the bus to Roscommon by the CPRSI but she wrote to them the following day saying that her father would not keep her; she was staying nearby with her grandmother. Her behaviour was described as 'unbalanced'; the CPRSI agreed to make arrangements for the mother and her unborn child. An Irish woman was living in London with the putative father of her child. The file noted that he was not a Catholic and there was no prospect of marriage. He accompanied her to the Crusade of Rescue in Westminster. Their landlady, a Catholic, later rang the Crusade of Rescue and said that the story that her parents were dead had been concocted. The woman was under age, one of nine children; both parents were alive. She claimed that the 'putative father helped her to invent the first story - of good family himself and thinking of his own ends'. The woman was sent to Bessborough.

8.88 The CPRSI assisted any case where there appeared to be a risk that a child would not be raised as a Catholic. A Donegal nurse, who had worked in Glasgow for seven years, and became pregnant by a named non-Catholic man, was assisted in going to Castlepollard. It is unclear whether Donegal public assistance authority paid for her stay; however they paid for her child's treatment in Coole orthopaedic

hospital. Catholic charities in Britain invariably treated cases where the woman was co-habiting with the father of her child as urgent. A file on one case - where the couple had gone together to England when she discovered she was pregnant - noted that it was 'desirable to remove her from his bad influence'. One Offaly woman, whose first child was being raised by her mother, was described as 'a weak type in moral danger'. She was in England 'with father of both her children and his wife who does not know position'. The Offaly county manager agreed to her going to Dunboyne but he was prepared to maintain her and her child there for only a few weeks because of the cost. She had been living and working in England for five years.

8.89 The threat to place a child in a non-Catholic family was an effective means of securing the support of a charity such as the CPRSI. A 19-year-old woman was living in a non-Catholic nursing home; this case was described as 'urgent'. An 18-year-old who had been a domestic servant in a Protestant house in Ireland was sent by her employer to the latter's sister in England when it emerged that she was pregnant. An English Catholic charity expressed fears that she would 'avail of Protestant Rescue' - though that may have been a strategy to encourage prompt action by the Irish authorities.

8.90 A Cork woman in her late thirties, whose first child was born in England and adopted through the Crusade of Rescue, faced difficulties in placing her second child, and she was reported as arranging a non-Catholic adoption. She was immediately sent to a special home in Ireland. A Monaghan woman threatened to give her child to a Protestant home, possibly because her local public assistance authority had refused to maintain her in a special home. One woman whose baby was born in Sean Ross took the child to her mother in London. The Mother Superior of Sean Ross wrote to an English Catholic charity expressing her doubts about the baby's religious welfare and an unidentified priest agreed that there was danger, so mother and child were returned to Sean Ross. The file noted that the baby 'does not appear to be an adoptable baby, may prove to be MD [mentally-defective]' so arrangements were being made to place him in an institution.

8.91 The Department of Health was the contact point for English local authorities and English Catholic adoption societies who were processing the adoption of English-born children of Irish mothers. Many mothers appear to have returned to Ireland without signing consent papers. The department was also the contact point for

English local authorities and Catholic charities in cases where an Irish mother had given birth in England and disappeared. The department, and most especially Miss Clandillon, was concerned about possible adoptions by non-Catholic families. When she was forwarding a query from Lanarkshire to the children's officer in Wexford she noted that she was 'not altogether happy about the case…we are not given the names of the proposed adoptors [sic], nor is their religion stated'. The form that had to be signed noted that the mother had already given consent - this was merely a confirmation. She continued:

> If you are not satisfied that the adoptors [sic] are Catholics and if the mother is willing to withdraw her consent it would be advisable to refer the case to Catholic Protection and Rescue Society. In these circumstances it would be best not to return the forms to [a Lanarkshire official], until the Society has had time to act. We had a case some time ago in which the mother had given her consent to the adoption of her baby by non-Catholics. Catholic Protection saw the mother and she agreed to travel over for the hearing with somebody from the Society who briefed a lawyer there. The upshot of the case was that the baby was brought back to Ireland'.[13]

8.92 At no point in this letter is any consideration given to the interests of the child - who might have already spent some time with adoptive parents. The wishes of the mother are also treated with scant consideration. A similar obsession with religion occurs in the case of a woman who had a child, presumably in Ireland and later married in England. Her daughter had been boarded out with a family in Ireland for many years; her mother and stepfather called to see the teenager, and her mother was anxious to take her to live with them when she reached the age of 16 (and would no longer be in the care of the local authority). Miss Clandillon was 'rather worried about the matter as it is not clear whether the marriage took place in the Catholic church or whether […] are suitable people to have the care of […]'. She contacted a parish priest in Manchester, near where the mother and stepfather lived, seeking information. This is another example of the blurring of the line between church and state.

8.93 The files record strong prejudice against Irish women in Britain associating with men from ethnic minorities. The CPRSI feared that a Monaghan woman who had recently given birth in London and was scheduled to return to Ireland might no

[13] Department of Health, RM/ARC/0/489433.

longer be willing to enter a mother and baby home 'because she had got in touch with a coloured man'. A pregnant woman who had recently arrived in England was described as working in a 'low type of café frequented by coloured men. Not given time to go to Mass'. The English Catholic welfare society was 'anxious to get her out of these surroundings as soon as possible'. A woman who was repatriated from Lancashire was reported by a religious sister, who worked with the local Catholic welfare society, to be living in 'a mixed lodging house, where she shares a room with three other girls and coloured men are among the lodgers'.

Outcomes for the children

8.94 In the majority of cases, family assistance did not extend to welcoming the new mother and baby back to the family home. While women entered mother and baby homes prior to giving birth, others only went to these homes after the birth - an indication that for many women the real problems began following their discharge from a maternity hospital or nursing home. Some women gave birth at home and were then admitted to a mother and baby home, as happened with a young woman who was keeping house for her widowed father, a farm labourer, and four brothers. Her local priest had contacted the CPRSI seeking a place in a mother and baby home. It is not clear if her father and brothers wanted her and her baby to leave home or if this was done on the initiative of the priest. This was one of several cases of babies born at home 'who will not be kept at home'. The mother of one single mother wrote to the department stating that 'her husband is aware of the existence of the baby and is willing to forgive her but will not accept baby'. Some files indicate that parents were prepared to take mother and child and provide for them - but that might mean placing the child at nurse. One father dispatched his daughter to England with her new-born child, only to have her sent back by an English Catholic charity. However when this widowed father was contacted he agreed that mother and baby could come home - she was accompanied by a welfare worker to make sure that all was well.

8.95 Another widower, whose daughter had been housekeeping for him, was willing to have her return home, but without the baby. That was all too common. Equally, if not more common were statements such as 'parents know about baby but are unwilling to take mother and baby home'. In another case it was reported that the woman's mother, 'a widow has no home to bring her to' and counties Meath and Dublin disputed financial liability.

8.96 A number of women were pregnant for a second or a third time. There are many instances where a woman's family was raising her first child, but seemed unable or unwilling to take a second baby. One Louth woman, who was pregnant for the second time by her employer, gave birth to her first child in her parent's house without medical care. She told the CPRSI that she 'does not know what parents did about it - they said it was stillborn'. Her parents were not aware of the second pregnancy. They were described as small farmers; the 25-year-old putative father was supporting his parents so could not marry. She was sent to Dunboyne. The parents of a 21-year-old woman, on her second pregnancy, were raising her first child. They knew of her pregnancy, but 'have turned her out', so she went to London. A woman pregnant for the second time (there is no information as to the whereabouts of her six-year-old daughter) reported that her parents had prevented her marrying the father of her first child. The father of her second child was English and Protestant and she had approached the Protestant Adoption Society who referred her to CPRSI. She is described as wanting to go to Bessborough. If a pregnant woman had a married sister, she was often contacted by the Catholic charities to see whether she would take the baby and there are reports of children being adopted by a married, childless sibling or an aunt.

8.97 Some parents who were raising a daughter's first child were unwilling to raise a second or subsequent child. The mother of a woman, who was pregnant for a second time, contacted the department and asked that she be sent to a mother and baby home. In both cases the father was their next door neighbour - he was paying £1 maintenance for the first child, who was being raised by her maternal grandparents. Payments had ceased and the putative father was being brought to court. The grandparents were unwilling to raise a second child, because their home was crowded - with parents and six resident children (mainly adults). The woman was admitted to Pelletstown. In the case of one woman, pregnant for the second time, whose three-year-old child was being raised by her parents, the father of her first baby was reported to be anxious to marry her, but he did not know about her second baby. It appears that this child was placed in a district hospital in Louth. There are several cases where a woman, pregnant for the second time, had been working and contributing towards the upkeep of her first baby. One Longford woman, repatriated in 1944, had given birth in Sean Ross in 1936. She had taken up a domestic service job in Dublin, having agreed to pay Longford county council 5s a week towards the upkeep of her child, who was presumably boarded out. In 1947 she is reported as unemployed and owing them

£6; Longford enlisted the assistance of the NSPCC in securing the arrears. She decided to have her child committed to an industrial school, which would relieve her of financial responsibilities but may not have been in the best interests of her child. A 34-year-old Donegal woman was pregnant for the fourth time: two children were at home with her mother, a third had been 'adopted' in Dublin. She had arranged with the midwife and doctor for a home birth, but her mother was 'anxious to get her away'. A factory worker, who lived with her widowed father and brothers, and her first child, believed that she would have to arrange for her second child to be adopted. She was being admitted to a special home; and expected that the neighbour who minded her child while she was at work would continue to do so while she was in the mother and baby home.

8.98 There is evidence of growing resistance/impatience at the requirement to remain in a mother and baby home for two years. One woman wrote to the Taoiseach, John A Costello, asking that her daughter be permitted to leave Castlepollard and leave her baby behind. Many mothers wanted to place their child either in a home or with a family and return to paid employment, but the system frequently did not facilitate this. A domestic servant who made this request was sent to the county home in Wicklow prior to taking paid employment in the county sanatorium. The aunt of a woman admitted to Sean Ross explained that the woman's mother was anxious to have her daughter released home for a week's holidays; and this was arranged. They were also trying to have her baby placed at nurse, but could not afford the £100 fee. Miss Litster pressed for arrangements to be made that would enable the woman to return home. One woman from Wicklow, who was referred to the CPRSI by a local priest, had been planning to travel to England. She was reported to have agreed to remain in Ireland if she could go to a home in Dublin. 'Appears she had heard stories of length of stay in Roscrea and Castlepollard and knew girls there'. Her family were aware of her pregnancy and they could visit her if she was in Dublin. The local authority 'could not see any reason for maintenance in St Patrick's Navan Road' (Pelletstown) - the department tried to change their mind, but the outcome is not recorded. The aunt of one woman who was in Pelletstown wrote to the minister asking that she should not have to remain for 12 months in the home 'as her help was required at home'. The department suggested that her aunt should take the baby, but she was afraid that the neighbours would know that it was her niece's child. The aunt later decided to adopt the baby. A woman who had been in the county home in Stranorlar with her three-year-old son contacted the department because 'she was anxious to get out'.

This woman wrote regular letters to her mother, who was in Gloucester Street Magdalen Home, threatening to take her child to England. The authorities told her that because she was a native of Sligo she would have to return there if she wanted her son 'fixed up'. Further 'frantic' letters followed from the woman saying that the matron of the Donegal county home would not let her leave without her child. Mother and baby were finally transferred to Sligo; the woman went to her aunt; her child to Nazareth House, and her mother who had been in Gloucester Street left the convent after 12 years there. Women were obviously conflicted about future arrangements for their baby, and some changed their minds; it is impossible to establish whether this happened because of pressure being brought to bear on them, by family or by the authorities in the mother and baby home. One mother in Sean Ross was noted as having told the Mother Superior that she was unwilling to have her child adopted, but she told the department inspector 'that she was anxious to have him adopted'. A file relating to a woman from the west of Ireland who gave birth in Belfast City Hospital described her as 'not willing to be separated from her child', and arrangements were being made for her to be admitted to Castlepollard; however a further note indicated that her baby was being admitted to Nazareth House and the mother was not going to Castlepollard. Another file notes that the mother was 'not at all interested in child'. A woman who had been repatriated from England and admitted to Sean Ross 'panicked about adoption of baby and left Sean Ross, turned up at CPRSI who promised to take child at three months if she went to Manor House'. The file notes, 'Sending her by bus'. Some women in Sean Ross applied to have their children admitted to an industrial school so that they could then leave - see Chapter 19.

8.99 A small number of files indicate where the mother went following her discharge from a mother and baby home. One 19-year-old domestic servant, who had been working in Dublin, gave birth in one of the city's maternity hospital; she and her child were sent to Castlepollard. Two years later, in 1946, she took up a domestic position in the Leopardstown hospital (a British military hospital), and from there transferred to a military hospital in England. When she left Castlepollard, her child went for a brief period to a county home, but she removed him and placed him at nurse in Dublin. The county manager agreed to pay for his boarding out in Dublin. This mother subsequently reclaimed her child and brought him to England.

Conclusions

8.100 The stories recounted above give some indication of the hardship, heartbreak and complexities associated with single pregnancy in the Ireland of the 1940s and 1950s. They highlight a number of key factors: the fathers of these children; families and the central role played by the local authorities. Religion is also central in a variety of ways: denominational charities in Britain and Ireland acted as advice and referral centres and their values often determined a woman's fate, and the wish to ensure that a child was raised in his/her mother's religion was implicit in the decisions made by department officials. Priests were often the first people to be contacted by pregnant women; the person who wrote or telephoned the CPRSI or the department, an indication of the lack of social services, and some distrust of local authorities - most especially women's fears that their pregnancy might become known. The department was sensitive to the concerns of women who were desperate to keep their pregnancy private, and they were highly critical of local authorities who betrayed that confidentiality; they tried to meet the women's wishes to go to a particular home or not to go to a particular home, but there is no sense that any alternatives were available to entering a mother and baby home, and placing a child for fostering or adoption.

8.101 The files reveal the gradual break-down of the rule restricting entry to special mother and baby homes to first-time mothers. One woman on her second pregnancy, who had left Ireland, wrote to Sean Ross asking to give birth there but wishing to leave when her child was three-four weeks old. It was suggested that she should be admitted to Dunboyne, which was originally opened as a mother and baby home for women on their second or subsequent pregnancy. By 1955 however it is evident that Bessborough and the other special homes were accepting some women on their second pregnancy, presumably because of falling numbers. However in 1957 Bethany refused to accept one Protestant woman, who was pregnant for the fourth time and Braemar House was likewise unwilling to admit her; the department hoped that Miss Litster might persuade them to change their mind when she visited Cork. A Leitrim woman in Birmingham was pregnant for the third time. Her first child was born in England and 'taken by Birmingham Catholic Rescue', because the mother refused to return to Ireland. Her second child was born in Castlepollard and boarded out by Leitrim. When she became pregnant for a third time she wrote to Sean Ross asking for admission, but the Mother Superior informed the CPRSI that as she had not lived in Leitrim for five years, the local authority was unlikely to accept maintenance charges. The

department proposed to contact the authorities in England to see 'if other help forthcoming'. This woman gave birth to a daughter in England and again wrote to Sean Ross asking for admission. The department suggested that the Mother Superior might appeal to the local authority 'on moral grounds'. This apparently proved successful. Her efforts to secure admission to a mother and baby home, and countless other stories in this chapter, call into question the widely-held opinion that women were sent to these homes against their will. Mother and baby homes were often the only shelter available to unmarried mothers.

8.102 As noted earlier, these files do not reveal any information about the women's experience in a mother and baby home. A woman in Castlepollard was described as 'very despondent' when seen by the department inspector. The inspector asked a social worker to write her a cheerful letter; she is unlikely to have been the only woman in a mother and baby home who was depressed or 'despondent'. In one case it is reported that a woman had received a letter from a man with an address in Kent advising her to abscond from Pelletstown. The department advised the Mother Superior and doctor to get an ambulance and send mother and baby to Castlepollard. A later report from Castlepollard said that 'she gives great trouble to the sisters. Does not wish to part with baby'. This snippet appears to indicate that the woman's letters were opened and read in Pelletstown, secondly that she was transferred to Castlepollard without regard to her wishes. A mother's wishes were generally respected when it came to deciding which mother and baby home she might enter, but women had much less traction when it came to bigger decisions - about her future and that of her child. A Kilkenny woman 'wanted a quick adoption at first' but she was told that this was not possible, so she agreed to go to Castlepollard; the CPRSI was involved, as was the local doctor. Many files note statements such as father 'anxious to have baby adopted soon after birth so that girl can return home' which suggests that this critical decision was being made by a parent, not by the woman. 'Girl anxious to keep baby', recorded on one 1951 file is noteworthy - one of very few statements to this effect. Women could be subjected to the influence and advice of several individuals/agencies that might tug in different directions. The records on one woman note that a local priest was 'instrumental in getting her away to England' and he was annoyed at the 'interference' - by the CPRSI - because he had arranged for the baby to be admitted to Nazareth House. One woman who gave birth in Castlepollard ran away with her child and returned home - on foot. Her parents took charge of the child and the child's mother - allegedly 'of her own volition' - went to the Magdalen

home in Donnybrook. But two years later she was reported to be 'fretting after the child, would not agree to adoption; stated her father would be cruel to the baby. Said she wanted to go home at once; appeared to be on the verge of a mental breakdown'. The sister in charge in the Magdalen home arranged for her to return home for a brief visit. The department suggested that the woman needed a medical or psychiatric check-up, but there is no indication that this happened. The last report stated that she was at home, and wanted to find employment as a domestic servant close to her home and her child.

8.103 These diverse stories indicate that women who became pregnant outside marriage faced a series of crises: homelessness, loss of employment, destitution, possible rejection by their family. Mother and baby homes provided immediate relief from these challenges, but these women had little if any choice about the long-term future of their child. Few women at this time earned enough money to support themselves and their child, and even fewer would have had the confidence to withstand the opprobrium that they would face, from family, neighbours and society.

Chapter 9: Attitudes

Introduction

> Unmarried motherhood has proved as problematic in Ireland as it has in most other European countries. Reflecting badly on the moral character of the woman, unmarried motherhood carried a stigma that was almost impossible to shake.[1]

9.1 The attitudes towards unmarried mothers and their children and how they changed over time are illustrated throughout the Commission's report. This chapter does not pretend to duplicate that information. It examines some of the broader aspects of that topic including Irish society's attitudes towards marriage and sexual reproduction and the relationship between Catholic teaching, government and Irish society, as a prelude to exploring the attitudes towards unmarried mothers and their children in Ireland and internationally. In relation to Ireland the focus is on statements by national and local politicians, clergy, public servants and professional women and men. Chapter 8, which gives short case histories of many women who contacted the Department of Local Government and Public Health from the 1940s to the 1960s, contains extensive evidence about the attitudes and behaviour of families and putative fathers. The time period covered by this chapter is from the early-twentieth century until approximately the late 1960s. This cut-off date is determined by a major change in the nature of the evidence at that time. Until the mid-1960s, almost all the evidence comes from court cases, reports of local authority meetings, sermons, evidence to government inquiries, government files, and a small number of articles in periodicals and newspapers.

9.2 The most common public response to 'illegitimacy' in the past was silence - though that did not preclude gossip, ostracism and widespread censure. Most of the Irish material cited in this chapter comes from the 1920s and the 1930s; there was relatively little discussion of unmarried mothers in the 1940s or the 1950s, except in relation to adoption - and the focus in that material was on the children and would-be adoptive parents. At no time in the first 50 years after independence was unmarried motherhood a dominant preoccupation for politicians, churchmen, public servants or the media. Catholic clergy preached about the decline in moral standards but they rarely made specific reference to unmarried mothers; local

[1] Maria Luddy, 'Unmarried mothers in Ireland, 1880-1973', *Women's history review*, xx, 1 (2011), p. 110.

councillors denounced the cost of unmarried mothers and their children to ratepayers, and so-called experts expressed opinions about the intellectual, moral and emotional state of unmarried mothers and perhaps their children. Media coverage was generally indirect, likewise the references in Lenten pastorals, Dáil debates and other public fora. When a priest or a bishop thundered from the pulpit about the evils of modern life, 'illegitimacy' was generally mentioned only *en passant* in a litany of 'occasions of sin' that included dance-halls, cinemas, motor cars, immodest dress and immoral literature. References to unmarried mothers in publicly available media were limited until at least the 1960s and, with the exception of infanticide cases, they tended to be couched in indirect language, and they rarely provided any sense of the women and their stories: their voices are absent.

9.3 There is much more public reportage and debate about extra-marital pregnancy and about the treatment of the mothers and their children from the mid-1960s - this is discussed in chapter 12. By then attitudes were changing, and the expanding media coverage informed policy towards the mothers and their children. One underlying question is whether attitudes and practice towards unmarried mothers were significantly different in Ireland than elsewhere - and if so, what determined these differences? With that question in mind, this chapter opens with a discussion of Irish society and the Irish family in the early-twentieth century.

The family in early-twentieth century Ireland

9.4 Ireland was a predominantly rural and agrarian society until the 1960s. Provincial towns mirrored the structures and attitudes of farming Ireland - they were also dominated by family businesses, social gradations, and familial networks. In the decades after the great famine of the 1840s Irish society developed some distinct features - a sustained high rate of emigration; a pattern of late marriages and a low marriage rate, but those who married had very large families, particularly when the late age of marriage is taken into account. Approximately one in four adults aged 45 and older were unmarried and it would appear that only a minority of single adults were sexually active. At various stages during the years from the 1920s to the early 1960s fears were expressed about the low marriage rate and the reluctance of Irish men to marry. These were probably best encapsulated in the edited collection *The Vanishing Irish*, published in the mid-1950s, which warned that 'Today Ireland is teetering perilously on the brink of near extinction'. Most of the blame was placed on 'the strangest species on the face of the earth today [is]

the Irish bachelor', who 'Instead of engaging in the social life common to men and women in other countries, the Irish bachelors spend their evenings in "pubs", engrossed in cards, drinking and endless chatter about horse racing'.[2]

9.5 Attitudes towards 'illegitimacy' and premarital pregnancy were shaped by a wider social system governing decisions about marriage, inheritance, emigration and authority within the family. Marriages were few and late because of a wish to preserve the family farm/family business and pass it intact to the next generation. Matchmaking and dowries formed an integral part of the marriage process and marriage was often linked with transfer of the family enterprise. Attitudes towards 'illegitimate' births and extra-marital sex must be seen in that context. One sociologist used the term 'prolonged parental control' when describing Irish families.[3] Earner-Byrne suggested that the 'very existence' of unmarried mothers and their children 'violated all understandings of family and morality…Understandings of sexuality and appropriate sexual behaviour in Ireland were informed by the cultural understanding of the family and its social status. There was little room for sexual individualism in a society that considered the family guilty by association with very real consequences'.[4]

9.6 In the 1930s a team of anthropologists from Harvard carried out a study of life in county Clare, and although some elements of their analysis are open to question, their research provides a framework for exploring attitudes towards the unmarried mother and her child and they identify features that might help to explain why Irish attitudes towards 'illegitimacy' might differ from those in other countries. In the Irish countryside, and to a lesser extent among small town businesses, inheritance was critical. By the 1920s most farmers owned their farm and they were determined that it should remain intact and in family ownership. Families were large but there was no automatic right of inheritance, for example, by the eldest son. Land almost always went to a son or nephew, not to a female relative. The father, and if he was dead, the mother, determined who would inherit. Arensberg and Kimball described the father as 'the court of last resort, which dispenses punishment for deviations from the norm in all spheres'.[5] They noted that 'the

[2] John A. O'Brien (ed), *The vanishing Irish. The enigma of the modern world* (London, 1955), pp 1, 32.
[3] A.J. Humphries, 'Migration to Dublin: its social effects', *Christus Rex*, ix, 3 (1955), pp 192-6.
[4] Earner-Byrne, 'Reinforcing the family: the role of gender morality and sexuality in Irish welfare policy, 1922-1944', *History of the family*, xiii, 4 (2008), p. 363.
[5] Conrad Arensberg and Solon T. Kimball, *Family and Community in Ireland* (Harvard University Press, second edition, 1968), p. 55.

family relationships regulate sexual conduct…the technological training of the individual [in farming] goes hand in hand with the sexual. Marriage prohibitions, like the sanctions of the exercise of sexual rights in marriage, are part of and take their form in family groups'.[6] A son who deviated from acceptable norms - by marrying a young woman without a dowry or a woman from a less respectable family - perhaps the daughter of a farm labourer - would not inherit. Matchmaking was central to marriage among 'respectable' families in rural/small town Ireland. It involved assessing 'the relative status of the families and any possible barriers to the union, such as consanguinity, insanity, or notorious crime in past ancestry'. Arensberg and Kimball cite the case of a man who eloped with a servant girl; his mother would not let him return home - she sold the farm. A daughter who married in a runaway match was disowned by her family. 'A runaway match upsets the whole pattern'; it generally involved '"marrying beneath"'; in such cases 'the son is usually cut off and the daughter leaves a very good place for nothing but a cabin and they get none of the money'.[7]

9.7 If a runaway match was punished in this manner, giving birth to an 'illegitimate' child was regarded as an even greater crime.

> To "destroy a girl's character" in the countryside is to upset the pattern of family and community life by overthrowing the possibility of an orderly change in farm succession. Much more than a shooting or a fight, a sexual irregularity which cannot be righted in a match is capable of destroying the intricate mutual obligation and expectancies of rural familism.

9.8 In some cases a match was hastily arranged for the couple; the alternative was 'to expel the offenders bodily'[8]. While expulsion was a more common fate for the woman, some men who were known to have fathered an 'illegitimate' child were forced to emigrate and lost their prospects of inheriting the family farm. Arensberg and Kimball claimed that such action would be supported by the community. The knowledge that a woman had an 'illegitimate' child would damage the marriage prospects of her brother(s) and sister(s). The 'family' often extended well beyond the nuclear unit, so knowledge or rumours of 'illegitimacy' among cousins, nieces or nephews could impact on a family's standing in the community. Emigration was often the only option, though some men who were known to have fathered a child

[6] *Family and Community in Ireland*, p. 78.
[7] *Family and Community in Ireland*, pp 106, 114-115.
[8] *Family and Community in Ireland*, p. 208.

might manage to remain at home. There was a close association between a family's standing and the sexual status of that family.[9]

9.9 The late age of marriage reinforced the need for a stringent code of sexual relations; 'the comment and attitude of the small farmers towards sexual behaviour cannot be divorced from their appreciation of status in family or community'. Arensberg and Kimball reported that

> The farmers and their wives were full of animus against 'the "crabbit" great "bucks" of lads who led girls astray and from whom the innocent were not safe'. However they also believed that 'the pure young maidens are also not without blame'. On the specific topic of premarital intercourse and 'illegitimacy', 'the question would arise. Would you believe such a thing could happen in Ireland? In such countries as England and America well it might, for there, the country people hear, the boys and girls just take a liking for one another and go off and marry and "never mind the money". And we remember that in this case the "money" means the re-formation of the entire two families as well'.

9.10 They suggested that 'country people' did not explain premarital sex or 'illegitimacy' in terms of emotions, but rather that 'young "bucks"' tried deliberately to impregnate the girls and force marriages. They were motivated by greed for land and dowries. 'Sex without familism seems beyond the country people's imagination'. 'Illegitimacy' or premarital sex was identified with 'the debased conduct of the lower ranks of the landless and disreputable of the countryside, the labourers of the towns, the runaways, remnants of broken households'.[10]

9.11 A man or woman who was known to have been involved in a premarital pregnancy lost their standing within the community and were viewed as akin to the disreputable lower social orders. Earner-Byrne claimed that 'sex outside wedlock demeaned the family and threatened the social order'. She further noted that 'The issue of reputation was central to much of the social control exercised in Ireland. The fear of the loss of one's reputation was based largely on the understanding of the family as a unit: if one member disgraced themselves the rest of the family was tarnished'.[11]

[9] *Family and Community in Ireland*, p. 210.
[10] *Family and Community in Ireland*, pp 197, 199, 203 and 204.
[11] Earner-Byrne, 'Reinforcing the family', p. 363.

9.12 Arensberg and Kimball are unusual in explicitly addressing the question of 'illegitimacy'. Robert Cresswell's account of Irish rural society in the 1950s, which was centred around Kinvara (close to where Arensberg and Kimball had conducted their field-work), does not mention 'illegitimacy'.[12] Sklar suggested that in Ireland 'the problems posed by illegitimacy were aggravated because inheritance of property was the basis for a marriage and thus the basis also for maintaining or improving relative social and economic status. Lines of descent and inheritance had to be defined clearly and unambiguously so that families could assess with reasonable assurance whether a match would sustain or improve their social standing, and the legal status of an illegitimate child made such assessment difficult, if not impossible'.[13]

9.13 Inheritance, dowries and matchmaking were less important in Dublin and other cities and large towns, and they had no significance for working-class families, but a family's standing remained critical. Humphreys, who carried out field-work in the late 1940s and early 1950s, suggested that Dublin families kept a very close eye on their children's potential marriage partners. The following quotation concerns the family of a skilled worker. 'When a boy and girl began to take serious interest in one another, their parents, according to one of the Dunn's neighbours, would investigate each other's family "root and stock, seed, breed and generations". The parents were less concerned about money, than '"what sort of people they were"'.[14]

9.14 Some of the more thoughtful comments about Irish unmarried mothers were very critical of family attitudes towards an extra-marital pregnancy. In 1936 Gertrude Gaffney published a series of articles about Irish women in England. One article, which concentrated on pregnant single women, was titled, 'Unchristian attitude of parents':

> All the priests, nuns, and lay people connected with rescue work in London spoke with great severity of the unchristian and inhuman attitude in Ireland towards the unmarried mother, and declared that this attitude made their problem so much more difficult and gave the girl or child very little chance of making good.
>
> Mother's Attitude

[12] Robert Cresswell, *Une communauté rurale de l'Irlande* (Paris, 1969).
[13] June Sklar, 'Marriage and nonmarital fertility: a comparison of Ireland and Sweden', *Population and Development Review*, 3 (June 1977), p. 362.
[14] Alexander J. Humphreys, *New Dubliners, Urbanization and the Irish family* (London, 1966), p. 116.

> One priest told me of a girl brought to him who was the daughter of a well-off farmer. When her people discovered her condition, her mother had given her enough money to get to London, and told her she never wanted to see her again.
>
> 'Can you imagine,' he asked me, 'any mother treating her child like that? I wrote to the priest about her. I wanted them to take the girl back again and let her put the child into a place where she could see her from time to time. But the mother would not have her. And I am sorry to say the priest took her side. Do you think that would have been the attitude of Our Lord?
>
> You can tell them in Ireland that what they want is more charity and more Christianity in their outlook on these matters.
>
> We have no trouble at all with the English girls; their relatives will take both the girl and the child, and if the girl goes back to work they will bring up the child and give it the same normal existence as any other child. And the man will usually contribute something. The Englishman takes his responsibility in these matters. The Irishman gets off scot free; he has the same callousness as the parents and relatives, and everything is done to encourage that callousness'.[15]

9.15 In 1951 the gynecologist Bethel Solomons addressed the annual general meeting of the Dublin Magdalen Asylum (later known as Denny House), a mother and baby home that admitted Protestant women. He said 'that there was nobody more neglected than the unmarried mother and he thought it was "disgraceful" the way parents treated their unmarried daughters. In his long experience of obstetrics he had seen many girls who would not "have gone to the bad" if their fathers and mothers had looked after them in their trouble'.[16]

9.16 The damage that an extra-marital pregnancy would do to a family's social standing was undoubtedly a major factor in the reluctance of many pregnant Irish women to inform their parents/family and it might explain, but cannot justify, the hostile reaction that they often encountered if a pregnancy became known to a woman's family or the local community. This hostility explains the quest for privacy - the tendency for women to leave home and move either to Dublin or to England. There is substantial evidence of this search for anonymity; pregnant women who were repatriated from Britain frequently refused to enter the mother and baby

[15] *Irish Independent,* 15 Dec. 1936.
[16] *Irish Times*, 25 May 1951.

home that was closest to their home (see Chapters 7 and 8). The wish for anonymity was also cited by the Congregation of the Sacred Hearts of Jesus and Mary as the reason why women were given a different first name in mother and baby homes. Although this explanation is disputed, it should not necessarily be rejected out of hand, and the practice of giving women a different name was not confined to Ireland.[17]

9.17 Within the family pregnant women appear to have found more sympathy from female relatives; or perhaps they were more inclined to confide in their mother or sister. Rattigan and Guilbride, both writing about infanticide, quoted women who expressed fears at the response of their brother(s) or father if they discovered her pregnancy - 'afraid of her brothers to go home'. But they also record cases where pregnant women feared their mothers; some instances of sympathetic fathers and women who came under pressure from relatives to kill their infant. Shame was 'one of the motivating factors in a number of cases involving relatives of the birth mother who assisted the infanticide; one mother explained that they had assisted in the infanticide in order "to shield her daughter's shame"'.[18] Rattigan noted that 'in Ireland, and in rural Ireland in particular, the police pursued and investigated rumours about unmarried pregnant women…communities across Ireland felt they had the right to intervene and inform the authorities about unmarried women suspected of having killed an infant or concealed its birth. Sexual transgression was seriously frowned upon by most Irish people at this time. There appears to have been little sympathy for single women who became pregnant outside wedlock. Rural communities did not support such women; instead, they informed on them. In so doing they made clear their intolerance of such behaviour'.[19]

9.18 One of the most common responses historically to an extra-marital pregnancy was for the couple to marry before the birth of their child. In 1939 the UK Registrar General estimated that almost 30% of all mothers were single when they became pregnant with their first child, though almost 70% of these women married before the child was born.[20] Thane and Evans suggest that one factor in the rise in

[17] Women in Pelletstown and Tuam used their own names; women in Denny House traditionally were not known by their own name; there is no evidence that this happened in Bethany. For the USA see Marian J. Morton, *And sin no more. Social policy and unwed mothers in Cleveland 1855-1990* (1993, Cleveland), p. 10.
[18] Cliona Rattigan, *'What else could I do?' Single mothers and infanticide in Ireland 1900-1950* (Dublin, 2012), pp 107-12. Rattigan, '"Done to death by father or relatives". Irish families and infanticide cases, 1922-50', *The history of the family*, xiii, 4 (2008), pp 370-83, Guilbride's unpublished thesis, is cited on p. 378.
[19] Rattigan, *'What else could I do?'* p. 188.
[20] Jenny Keating, *A child of one's own. The history of adoption in England, 1918-45* (London, 2009), p 17.

'illegitimate' births during both the first and second World Wars was the difficulty that couples might face in marrying - because of military service, or the death or imprisonment of the father.[21] There does not appear to be comparable data for Ireland. In the years 1943-45, just under 7% of married women who gave birth in Dublin city had been married for less than six months.[22] Fr Anthony Gaughan, writing about his experiences as a priest in a working-class Dublin city parish in the early 1960s, claimed that 'quite a few' of the marriages at which he officiated were 'ARPs - the sign we put after marriages where the young lady was already pregnant'.[23] Given Ireland's low marriage rate and the proportion of marriages that were dependent on inheritance or parental approval, Irish couples may have found it difficult to arrange a prenatal marriage; this is indicated in some of the stories told in Chapter 8. The reluctance of Irish bachelors to marry may have resulted in a lower proportion of post-conception marriages than elsewhere. However in 1966 the master of the Coombe Hospital, Dr Feeney, claimed that approximately half of 300 unmarried women who enrolled in the hospital's antenatal clinic, (he does not give the time period) married before the birth of their child.[24]

9.19 Given the stigma associated with births outside marriage, it is not surprising that impressionistic evidence suggests that the proportion of children of Irish unmarried mothers who were raised within the maternal family was lower than elsewhere. Lucy Desmond of the Liverpool and County Catholic Society told the Carrigan Committee that 'The ordinary Catholic girl of this City [Liverpool] who falls does not run away from home - she goes into the institution and returns with her baby into the family circle again. The Irish girl, D.V.[25] has the sense of shame and flees, but all this does not solve the problem'.[26] In England in the 1930s and 1940s 'many unmarried mothers and their children vanished from the official record through absorption into the mother's own family'.[27] In 1933 21% of 'illegitimate' children in Manchester lived with their maternal grandmother. Thane and Evans relate the story of a grandmother who asked the National Council for the Unmarried Mother and her Child to arrange for her daughter's baby to be adopted because she was

[21] Pat Thane & Tanya Evans, *Sinners? Scroungers? Saints?: Unmarried Motherhood in Twentieth-Century England* (Oxford, 2012), p. 13.
[22] Stanley Lyon, 'Natality in Dublin in the years 1943, 1944 and 1945', *Journal of the Statistical and Social Inquiry Society of Ireland*, xviii (1947-48), p. 66
[23] Anthony Gaughan, *At the coalface. Recollections of a city and country parish, 1950-2000* (Dublin, 2000), p. 56.
[24] Department of Health, INACT/INA/0/448171.
[25] Deo Volente, a Latin phrase that means God willing.
[26] National Archives Ireland, JUS/90/4: Criminal Law Amendment Committee 1929-1934.
[27] Pat Thane, 'Unmarried motherhood in twentieth century England', *Women's history review*, xx, 1 (2011), p. 15.

raising her five children and could not cope with an additional child.[28] There would have been many similar grandmothers in Ireland. A survey carried out in England in 1945 of 7,500 children born in areas with high rates of 'illegitimate' births, reported that 81% of the infants remained with their mothers and 59% of these mothers were living with their parents.[29] These statistics suggest that if an unmarried mother was to keep her child, she needed the support of her family, and a willingness to accept mother and child to live in the family home.

9.20 In Ireland neighbourhoods and communities were close-knit; it would be difficult to pass off a young child as the offspring of her grandparents; her/his presence would be a constant reminder of the family's loss of status. Even if such prejudices could be overcome, Irish families were among the largest in the western world at this time. Most houses were small and they were often overcrowded, so an additional child would have been a major inconvenience and a drain on resources. Many families were poor. Marriage of the inheriting son was dependent on the house being cleared of non-inheriting siblings. In the early 1960s the Limerick Rural Survey reported that many farmers' sons were unable to marry, even after the death of both parents, because they had a brother(s) and/or sister(s) living in the family farmhouse.[30] An unmarried mother returning home with her child, and an 'illegitimate' child/grandchild as a long-term resident would have jeopardised an heir's marriage prospects. Until the 1960s Irish couples married at a late age; around 29-30 for women and mid 30s for men - much later than in other countries, which again made it more difficult for an Irish grandmother to pass off a grandchild as her child and meant that in some cases the grandmother was dead or incapacitated.

9.21 Concern with a family's reputation and an unwillingness to take a daughter and her child into the family home influenced decisions about a pregnant woman leaving her home and her local community and going to a mother and baby home. Nicholson's 1968 study of English mother and baby homes noted that

> There seemed to be a regional difference in the prevalent attitude towards illegitimacy. All the factors which might reflect the force of social pressures were more marked in the south than in the north. There were proportionately more residents in the southern region than in the north who concealed their

[28] Thane & Evans, *Sinners? Scroungers? Saints?* p. 36.
[29] Thane & Evans, *Sinners? Scroungers? Saints?* p. 62.
[30] Patrick McNabb, 'Demography', in Jeremiah Newman (ed.), *Limerick Rural Survey, 1958-64* (Tipperary, 1964), p. 227.

pregnancy from their family…more likely to have moved away from home during pregnancy and less likely to return to parents on leaving Home. Less likely to have contact with friends and relatives.

9.22 She suggested that unmarried mothers in the south of England 'had suffered more than those in the north from the social stigma'. In the north of England 'unmarried mothers were left in no doubt of their neighbour's disapproval and they themselves felt they warranted it. But with the disapproval of their conduct went sympathy…willingness to ease the difficulties…offers of practical kindness'.[31] In the United States in the 1950s black families were much more willing to accept the child of an unmarried daughter whereas 'If a girl were white and broadly middle class…there was a pretty fair chance her parents would pack her off to a maternity home just before she began to "show"'. A family's standing in the community, and with their friends and their local church was a key consideration.[32] Greenlees, writing about Scotland states that 'throughout the twentieth century, family support was a crucial factor in enabling women to keep their baby, including acceptance of themselves and their baby and with practical financial support'.[33]

Religion

9.23 The Irish Catholic church enjoyed a dominant position in Irish society until the closing decades of the twentieth century. In the decades between the end of the great famine and Irish independence the overall population almost halved; the number of Catholic clergy doubled and the number of religious sisters quadrupled. This expansion in the number of religious continued after independence; the peak was in the mid-1960s. Many Irish families had a close relative who was a priest, religious sister or a religious brother. In rural parishes the priest was often the best educated member of the community (and the best-educated member of his family); in provincial towns he belonged to the tiny educated and social elite. Their education and an attitude of assumed authority meant that priests were often viewed as community leaders. They were the managers of the local national school; commonly chaired the vocational education committee, determined whether a particular book was suitable for the public library, and they played a leading role in community development, and in securing government assistance - leading a delegation to Dublin seeking a new industry or a new school. Many

[31] Jill Nicholson, *Mother and baby homes: a survey of homes for unmarried mothers* (London, 1968), pp 59-60.
[32] Rickie Solinger, *Wake up little Susie* (New York, 2000 edition), pp 1- 5.
[33] Janet Greenlees, *Unmarried motherhood in Scotland during the twentieth century: Mother and Baby homes* (Nov. 2015), p. 24.

families, faced with a pregnant unmarried daughter, sought their advice; files also indicate that some women confided in a priest rather than her family. So their advice was often sought and followed though it should be noted that only a small minority of women in the mother and baby homes give 'religious' as a referral pathway.

9.24 The nineteenth century was a deeply religious age, marked by increased church attendance, a 'devotional revolution' among Irish Catholics, and a militant evangelical movement among Irish Protestants - which has been described as 'the second reformation'. Catholic and Protestant churches shared a common fear that people in need, especially unmarried mothers and their children, or impoverished widows and destitute married couples, would consent to their children being raised in a different religious denomination in return for economic assistance.[34] This denominational competition was a major impetus for the establishment of mother and baby homes and charities such as St Patrick's Guild and the Catholic Protection and Rescue Society of Ireland.

9.25 During the nineteenth century the Irish Catholic church sought to overcome the discrimination that it had experienced under the penal laws. As part of that process it created an infrastructure of Catholic hospitals, orphanages, and other charitable institutions that were designed to ensure that Catholics no longer had to rely on Protestant charities. The British administration in Ireland was willing to delegate the running of institutions, such as industrial schools and nursing services in the workhouses, to female and male Catholic religious communities. By doing so it fostered a network of state-supported charitable institutions and state-run institutions, such as workhouses, where important roles, such as manager or matron, were delegated to members of religious communities. This network of state-supported, sometimes state-controlled (as in Kilrush, Tuam and Pelletstown) institutions, staffed and run by religious communities expanded after independence, and this gave the Catholic church, and Protestant charities the capacity to influence policy and practice within social and medical institutions. This delegation of responsibility for major aspects of health and welfare care also limited the capacity of government to implement change. For example, in the 1940s the Department of Local Government and Public Health (DLGPH) was

[34] Oonagh Walsh, *Anglican women in Dublin: philanthropy, politics and education in the early twentieth century* (Dublin, 2005), pp 166-7; Lindsey Earner-Byrne, *Letters of the Catholic Poor. Poverty in independent Ireland, 1920-1940* (Cambridge, 2017), pp 107-117.

unable to secure the removal of a superior in Bessborough who appeared to be incapable of implementing appropriate standards of care; they were forced to wait until the congregation appointed her successor (see Chapter 18). In the 1960s the closing of Sean Ross as a mother and baby home and its transformation into a much-needed home for children with intellectual disabilities was delayed by a number of years because of the opposition of the bishop of Killaloe and the need to wait for the appointment of his successor who immediately agreed to these changes (see Chapter 19).

9.26 Religion played a central role in the lives of Irish people. Attendance at Sunday mass and other religious duties was almost universal and many Catholics participated in additional religious observances, such as religious retreats, sodalities, or daily mass during the penitential season of lent. There appears to have been little difference in religious devotion between rich and poor, young and old, male and female, rural and urban, and this gave the Irish Catholic church an unrivalled position of authority. The authority of the Catholic church undoubtedly increased after 1922. In 1911 Catholics constituted 74% of the population of Ireland; in 1926 they constituted almost 93% of the population of the Irish Free State.

9.27 Marriage, social life and often employment were influenced by religion. There was widespread opposition within both Catholic and Protestant families to inter-church marriages and the stories of unmarried mothers told in Chapters 8 and 12 suggest that some Irish children were born out of wedlock because of family opposition to religiously-mixed marriages. Instances of such opposition can be found in the 1980s. Schools were segregated on the basis of religion. Social life, including sports activities, drama groups, social outings and dances were often organised around the parish - both Catholic and Protestant. The segregation of religion and social life by religious denomination was designed to prevent inter-church marriages. The Adoption Act required children to be adopted into the same religion as the birth mother.

9.28 What role did the Catholic church play in influencing Irish attitudes towards ‘illegitimacy’? J H Whyte suggested that there was ‘a tradition of independence of clerical guidance on some issues’; many Irish people defied the Catholic church’s condemnation of agrarian crime, support for Parnell despite his divorce, and

involvement in secret republican organisations.[35] K H Connell has argued that the Irish clergy, who were commonly the sons of modestly-comfortable Irish families - middling/strong farmers, small town businessmen, reflected and reinforced the values of those families in their sermons and general attitudes. The Catholic church and indeed most churches at this time condemned sexual relations outside marriage but in Ireland, Catholic church teaching may have been given additional weight by the social patterns of late marriage and matchmaking which put a high premium on preventing premarital pregnancies, or inappropriate contact between young people.[36] Guinnane claims that 'Connell viewed Catholicism primarily as something that helped young people to reconcile themselves to a life that was necessitated by other forces'.[37] One factor that secured the high status and wide acceptance of the Irish Catholic church was the degree to which it reflected the society from which it came and the church's support for key causes - such as national independence, or the importance of prudent marriages that protected a family's property and good standing. According to Guinnane 'few academic historians credit the Church with any ability to influence the demographic behaviour of Irish Catholics' and his comment takes account of the strictures of Catholic clergy against inappropriate social contact between young men and women.[38] Joe Lee, writing about Ireland in the late-nineteenth century commented that 'The Churches, however merely reflected the dominant economic values of post famine rural society'.[39] Sklar noted that 'the Church's position was influential in part because illegitimacy endangered the realization of social and material ambitions',[40] such as prudent marriage brokered by a matchmaker. These scholars suggest that the Catholic church did not independently determine Irish attitudes on sexual matters; it was influential because the attitudes that churchmen expressed and their strictures against early sexual adventures, and premarital sex, reinforced a set of values that met the needs of Ireland's conservative, agrarian society. 'Illegitimacy' was deplored by most Irish families because it damaged the family's standing and threatened the basic social fabric. Anybody who challenged the conventional attitudes towards extra-marital pregnancy would have faced the

[35] J.H. Whyte, *Church & state in modern Ireland 1923-1979* (second edition, Dublin, 1980), pp 8-12.
[36] K.H. Connell, *Irish peasant society: four historical essays* (Oxford, 1968); 'Catholicism and marriage in the century after the famine', pp 113-161.
[37] Timothy Guinnane, *The vanishing Irish. Households, migration, and the rural economy in Ireland, 1850-1914* (Princeton, 1997), p. 218.
[38] Guinnane, *The vanishing Irish*, p. 74.
[39] Joseph Lee, *The modernisation of Irish society, 1948-1918* (Dublin, 1973), p. 5.
[40] Sklar, 'Marriage and nonmarital fertility', p. 363.

condemnation of the Catholic church, whether this condemnation was meted out in private, or in public.

9.29 The foundation of the Irish Free State, with an overwhelmingly Catholic population, was seen by some Catholic churchmen and zealous lay people as an opportunity to create a modern Catholic state, introducing laws and practices that were consistent with Catholic teaching, not just on sexual morality, but on a wide range of social issues. In 1932, around the time of the Eucharistic Congress in Dublin, the English Jesuit periodical *The Month* wrote two editorials about Ireland. An editorial in January 1932 titled, 'Ireland's Year', emphasised that 1932 marked the tenth anniversary of the Irish Free State, and the year of the Eucharistic Congress. It claimed that 'the one interest is to see how a nation ninety-three percent Catholic has succeeded in embodying in its Government and its political conduct the principles of Christian civil, social and industrial life as taught by the Catholic Church'. It asked 'whether the country is resolutely determined to recover its full Catholic heritage, whether those who through education, station or office, are the leaders of the people know in what directions they should lead, and are making reasonable progress. Never before in the world's history has there been a people so united in their Catholic belief'. Their verdict was that the Irish Free State should 'try harder' to achieve a truly Catholic state and society:

> Much remained to be done before the Saorstat can claim to represent, as it ought the political mind of a Catholic people - much in the way of suppressing excessive gambling, of purifying stage and cinema, of banning the propaganda of birth-prevents, of thoroughly Catholicizing its University education, and, in the economic sphere, of developing Irish industries and agriculture...The conclusion is that it will be an uphill struggle to create a truly Catholic state.[41]

9.30 In August, after the success of the Eucharistic Congress, *The Month* returned to this theme,

> Does that mean that in Ireland there may ultimately emerge a wholly Catholic government one whose policy will always be in harmony with the moral law and whose legislation will never, even indirectly, make the practice of the Faith more difficult.[42]

[41] *The Month*, Jan. 1932.
[42] *The Month*, Aug. 1932.

9.31 This determination to enact legislation that would sustain the values of a Catholic society was most evident in relation to sexual and moral matters. In the first decade after independence, the Irish Free State passed laws to regulate access to alcohol, impose restrictions on dances and measures to implement the censorship of films and printed material. These campaigns were driven by a Catholic Action movement that saw the new independent Irish state as a sympathetic instrument for such legislation.[43] Concerns about sexual permissiveness were at the heart of this wider moral panic; dance halls, motor cars, cinemas and evil literature were all seen as promoting a receptive attitude towards birth control which was linked with rising 'illegitimacy'. The decision in 1930 of the Anglican Church (of which the Church of Ireland was a member) to withdraw its opposition to contraception for married couples appears to have prompted Pope Pius XI to write an encyclical on Christian Marriage - *Casti Connubii* - which was published on 31 December 1930. The encyclical reaffirmed traditional Catholic teaching on the indissolubility of marriage; the importance of conjugal chastity; hostility to contraception and abortion, and the submission of a wife to her husband. It made a brief reference to 'illegitimacy' in one of the final paragraphs:

> We are sorry to note that not infrequently nowadays it happens that through a certain inversion of the true order of things, ready and bountiful assistance is provided for the unmarried mother and her illegitimate offspring (who, of course must be helped in order to avoid a greater evil), which is denied to legitimate mothers or given sparingly or almost grudgingly.[44]

9.32 The publication of *Casti Conubii* on New Year's Eve 1930 almost certainly accounts for the fact that Catholic teaching on sexual morality dominated the content of the 1931 Lenten pastorals issued by Irish bishops. David Fitzpatrick noted that

> Of the twenty-six episcopal pastorals, twelve reaffirmed the sanctity of marriage or inadmissibility of divorce: eleven deplored the insidious effects of the press, wireless or evil literature; eight inveighed against the cinema or theatre; six warned of the dangers of dancing; four alluded delicately to contraception, abortion or infanticide; three condemned company-keeping;

[43] Maurice Curtis, *The splendid cause: the Catholic Action movement in Ireland in the twentieth century* (Dublin, 2008), pp 113-54.
[44] *Casti Connubii*, para. 122.

while irregular unions and immodesty in female dress each provoked two admonitions.[45]

9.33 This ideal of legislation and social policy that was 'in harmony' with Catholic teaching was shared by many Irish people, including politicians and public servants. Most politicians and senior public servants in national and local government were Catholic and a substantial number were devout Catholics whose religious practice extended to active involvement in organisations such as the Society of St Vincent de Paul, confraternities, and the secretive Knights of St Columbanus. Many files seen by the Commission reflect an implicit, almost automatic assumption that public policy should be in line with the views of the Catholic hierarchy, or the religious sisters who were in charge of various institutions. Some accounts of Ireland in the early years after independence suggest that the Catholic church was imposing its views about sexual morality on the government and the wider society. It would be more accurate to suggest that a majority of politicians, officials, citizens and male and female religious, shared a common set of views on a wide range of moral issues, and many of these views were also shared by the Protestant community. The enforcement of censorship of books and periodicals was assisted by dedicated postal officials and customs officers who opened packages and travellers' suitcases confiscating material that they deemed inappropriate. Many books that were subsequently banned were available for a short time in Dublin bookshops or the shelves of public libraries until a zealous member of the public reported them to the censor, having identified the offensive passages.

9.34 The *Criminal Law Amendment Act 1935* prohibiting the sale, manufacture and distribution of contraceptives, and literature that provided information or instruction on contraception, was arguably the legislation that came closest to enforcing Catholic moral teaching. There were laws against contraception in many other countries at this time, but it was not uncommon for condoms to be available, ostensibly for public health reasons - to prevent venereal disease. No country complied with Catholic teaching on birth control in as dedicated a fashion as Ireland. The late-nineteenth and the early-twentieth century were a time of falling fertility within marriage throughout much of the western world. Couples appear to have made serious efforts to limit family size, and while Catholic couples were less

[45] David Fitzpatrick, *The two Irelands, 1912-1939* (Oxford, 1998), p. 228.

dedicated to this than Protestant couples, they were not exempt. The fall in family size in Ireland was much less than in other parts of Europe and North America, with the result that by 1961, despite the late average age of marriage, Irish Catholic couples had among the highest levels of marital fertility in the developed world.[46] This was consistent with Catholic teaching promoting the merits of large families. Lack of access to contraception or an awareness of the possibilities of family planning served to perpetuate Ireland's large families.

9.35 The church/state consensus on this matter is evident in the report of the Commission on Emigration and other Population Problems, which sat from 1948-54. It stated that the decline in family size was 'unwelcome and every effort should be made to arrest it'. Without citing any supporting evidence, the commission stated that large families were only a burden for a relatively short time; there was no evidence that large families 'makes for a general condition of poverty'; or that 'our family pattern imposes an undue strain on mothers in general', or that 'apart from the increased risk associated with more frequent child-bearing' that they had an adverse effect on the health of mothers; the number of families with a large number of dependent children - defined as ten or more - was 'relatively few'. The chapter titled Population Policy faithfully and unquestioningly repeated Catholic social teaching 'The primary purpose of marriage, in the natural order of things, is the birth and bringing up of children. The principle which rightly guides the normal Christian married couple in this matter is to have as many children as they can reasonably hope to bring up properly'.[47] The Irish clergy, in contrast to their counterparts in other countries, were not in favour of Irish couples learning about the 'rhythm method' of family planning, despite the fact that in 195x Pope Pius XII had expressed his support for this method.[48]

9.36 In 1960 Fr Barrett, director of the Catholic Social Welfare Bureau wrote that

> Irish children grow up in an atmosphere where purity and chastity are reverenced. The purpose of marriage, its obligations and its indissolubility are all recognised. There is a healthy reverence for the God-given power to share in the procreation of the human race. Immoral influence by press, radio and cinema are minimised by state control operated to a high standard of public

[46] Robert Kennedy, *The Irish. Emigration, marriage and fertility* (Berkeley, 1973), pp 173-205.
[47] Commission on Emigration and other Population Problems*, Report 1948-54* (Dublin, 1954), para. 458.
[48] John T. Noonan, *Contraception: A history of its treatment by the Catholic theologians and canonists*, (Harvard, 1965), pp 445-6. William Conway, 'The recent papal allocution: the ends of marriage', *Irish theological quarterly*, 19, (1952), pp 75-9.

> morals. (The prevailing criticism is exemplified by the frequent criticism of English newspapers circulating in Ireland because of their low standards of morality - although the editions are special Irish editions differing radically from editions on sale in England). The Irish catholic thus grows up without significant exposure to the naturalistic theories of sex education which permeate the popular press in a country where the moral standards of the natives no longer reflect traditional Christian teachings. There is, indeed, in Ireland an extreme reticence, both in public media of communication and in private conversation, in relation to matters of sex.[49]

9.37 Mary-Claire Prendergast, a psychiatric social worker at St Patrick's hospital in Dublin (a mental hospital) disagreed. She commented on the lack of sex education, and

> the ill-defined but powerful influence of atmosphere, which in Ireland excludes the subject of marriage from family and school, discourages somewhat any meetings between boys and girls, at home or at school, or anywhere else; jeers at fellows suspect of being 'soft' about the women, and writes off as 'brazen hussy' any girl showing signs of liking for the boys. The men have been heavily condemned for their marriage shyness, but they are only products of this extraordinary system, one would almost say conspiracy, which no more helped a boy mature into a man than it helped a girl mature into a woman…
>
> …the same soul-destroying attitude would again be apparent when the young woman would be expecting a child, and all she had been taught - or not taught - would make her half ashamed of the fact. She would regard it as slightly indecent to be seen in public; her efforts would be geared towards concealing the news as long as possible.
>
> …Somewhere in our growing up we should learn the biological facts of reproduction and it is too sadly common in Ireland to find adults who just never did.[50]

9.38 Evidence given by witnesses to this Commission and further evidence from the archival records suggests that a number of women, who became pregnant outside marriage, were ignorant about the process of sexual reproduction.

[49] Dubin Diocesan Archives, AB8/b/XIX. Comments on First Draft of Report by Newman Demographic Survey on 'The religious arrangements for the integration of Irish Catholic immigrants in England and Wales'. This is published in A.E. C. W. Spenser, *Arrangement for the integration of Irish immigrants in England and Wales* (Dublin, 2012), p. 124.
[50] Mary Claire Prendergast, 'The family that isn't', *Christus Rex*, xiv, 2 (1960), p. 95.

9.39 Article 41 of the 1937 Constitution of Ireland recognised the family 'as the natural primary and fundamental unit group of Society'. The state guaranteed 'to protect the Family in its constitution and authority, as the necessary basis of social order', and to 'guard with special care the institution of Marriage on which the Family is founded'. This constitutional protection given to the family based on marriage was copper-fastened by a constitutional prohibition of divorce. Under the constitution, the family and associated protection consisted of a married couple with or without children; it did not extend to a single woman and her child, or a cohabiting couple who were not married.

9.40 The struggle to protect Irish society from the evils of the modern world persisted into the late-twentieth century. Censorship laws were relaxed in the 1960s but the prohibition of divorce, contraception and abortion continued. The extent to which these restrictions succeeded in preserving Ireland as a living exemplar of Catholic moral teaching is open to question.

9.41 The existence within Ireland of unmarried mothers - even if the 'illegitimacy' rate was low by international standards - challenged the image of Ireland's moral superiority, as did the number of pregnant single women who travelled to Britain. Between 1939 and 1942 the number of 'illegitimate' births registered increased from 1,761 (0.61 per 1,000) to 2,419 (0.82) and continued to rise, peaking in 1946 at 2,642 (0.9 per 1,000). Yet in contrast to the moral panic during the 1920s, this increase did not prompt a similar wave of Lenten pastorals and public denunciations. Luddy suggests that the increase was 'due in no small part to the travel restrictions placed on Irish women during the war years'.[51] PFIs (Pregnant from Ireland) were a regular topic of debate and dispute between British and Irish Catholic clergy and charitable organisations, and the Irish government but, with the exception of the Gaffney articles discussed earlier, the topic remained largely hidden from the public until the 1960s, though PFIs raised serious questions about the success or otherwise of the efforts by church and state to maintain stringent moral standards on Irish society.

[51] Maria Luddy, 'Unmarried mothers in Ireland, 1880-1973, *Women's history review*, xx, 1 (2011), p. 143.

Providing for unmarried mothers: redemptive morality or social science

9.42 In the nineteenth-century and early-twentieth-century, institutions that were publicly-funded, such as the Irish or British workhouses, did not distinguish between unmarried mothers and other impoverished and needy women so unmarried mothers in a workhouse were not segregated or subjected to a distinct regime,[52] though they tended to be viewed as 'undeserving' poor, in contrast to widows, who were regarded as meriting public support.[53] By the end of the nineteenth century however, there was a widely-held belief that the 'rescue' or 'rehabilitation' of unmarried mothers should be carried out within a strongly religious environment; prayer and penance were central to the process. Special facilities for unmarried mothers were provided by charities, not by the state. Mother and baby homes were seen as places where women could be redeemed and offered the opportunity to repent and do penance for their 'sin' by working and praying. Redemption and religious practice were seen an integral part of the care and 'rehabilitation' of unmarried mothers, by Protestant and Catholic charities alike. There is a considerable similarity between the practices and attitudes found in Protestant and Catholic mother and baby homes or charities that worked with the mothers and their children. Mother and baby homes in Scotland were run by charitable organisations with a strong religious/denominational ethos.[54] In the Netherlands, 'This association between a single mother and a sinful life, or even prostitution, has continued to be the basis of all care provided to single mothers and their children up to the 1960s'.[55] In the United States in the decades after World War II, two-thirds of the licensed maternity homes (the term used for mother and baby homes) were operated by religious charities.[56] In 1956 there were 397 beds in local authority mother and baby homes in Britain and 1,666 beds subsidised by local authorities in voluntary homes that were run by religious charities.[57]

[52] Sally Macintyre, *Single and pregnant* (London, 1977), p. 13.
[53] Margaret Jane Hillyard Little, *'No car, no radio, no liquor permit'. The moral regulation of single mothers in Ontario, 1920-1997* (Toronto, 1998), p. 27.
[54] Janet Greenlees, *Unmarried motherhood in Scotland during the twentieth century: Mother and Baby homes*. Reproduced in chapter 37
[55] Nelleke Bakker, *Mother and baby homes in the Netherlands in the 20th century* Reproduced in chapter 37

[56] Solinger, *Wake up little Susie*, pp 103-4.
[57] Thane & Evans, *Sinners? Scroungers? Saints?* p. 107

9.43 A study of facilities for unmarried mothers in Toronto at the beginning of the twentieth century noted that 'Unwed mothers, along with other female sexual transgressors, were variously depicted as irresponsible, led astray, driven by lust for material goods, or thrill-seekers. Some were deemed prostitutes while other cases were blamed on the influence of "keepers of houses of ill fame", or by the "bad lot of Italians"'.[58] That statement might equally have been uttered about Ireland at the same time with the obvious exception of the comments about Italians. Leanne McCormick noted that those in charge of rescue homes in Northern Ireland presented the residents as corrupted innocents. The terms used to describe women in the homes, such as 'unfortunate creatures, unhappy sisters, fallen women, defiled, wreck', all convey a picture of victims who were in this position due to their ignorance and trustfulness, often having been betrayed by wicked men. They were portrayed as pathetic, aimless women, who wandered the streets like 'withered leaves driven in the wind', or drifted about like 'derelict vessels'. They had lost their sexual purity, and with it their sense of direction and purpose.[59]

9.44 This moralising tone receded with the expansion in the number of professional social workers but many of the early social workers replaced moralising arguments with a belief that single mothers were somehow deviant - suffering from mental illness or of below-average intelligence. In the United States, according to Kunzel, '"Feeblemindedness," a diagnostic that enjoyed enormous popularity beginning in the 1910s, seemed to social workers to provide a useful explanation for out-of-wedlock pregnancy. She noted that 'In some ways, the conceptualization of unmarried mothers as feeble-minded overlapped with the evangelical understanding of them as victims of seduction'.[60] In 1917 it was claimed that only 14 of 138 unmarried mothers in Toronto General Hospital could be regarded as normal.[61] At around this time a Canadian commission that investigated the care of the 'feeble-minded' and 'mentally defective' included unmarried mothers within its remit; it concluded that 'feeble-minded' women should be placed in institutions 'to prevent them from producing other feeble-minded citizens'.[62]

[58] Karen Bridget Murray, 'Governing unwed mothers in Toronto at the turn of the twentieth century, *Canadian Historical review*, lxxxv, 2 (2004), p. 259.
[59] Leanne McCormick, *Regulating sexuality. Women in twentieth-century Northern Ireland* (Manchester, 2009) p. 49.
[60] Regina Kunzel, *Fallen women, problem girls: unmarried mothers and the professionalization of social work, 1890-1945* (Newhaven, 1993), pp 52-3.
[61] Murray, 'Governing unwed mothers', p. 260.
[62] Little, '*No car*', p. 6.

9.45 Eugenics is the belief that mankind can determine the characteristics of a population through selective breeding including reducing the capacity to have children among those who were deemed to be physically or mentally unfit. The Commission has received one allegation of eugenical practice but it has no reason to believe that it was ever practiced in Ireland not least because the concept was at variance with the teachings of the Catholic church. In the early-twentieth century a number of countries legalised the non-consensual sterilisation of women who were believed to be 'feeble-minded' or behaved immorally, including unmarried mothers. In 1927 the US Supreme Court ruled that the State of Virginia could carry out the eugenical sterilisation of a young woman who had become pregnant following rape and was deemed to be 'feeble-minded'.[63] In 1968 a total of 27 US states had compulsory sterilisation laws. 'The more recent application of eugenic legislation was punitive or economically motivated as in the case of women with illegitimate children supported by welfare payments'.[64] Sterilisation particularly targeted black single mothers who were receiving welfare payments.[65] In the aftermath of World War I, in order to protect society against 'a visible dissolution of sexual morals among women', the Danish authorities opened an institution on an island, close to Copenhagen, where 'slightly imbecile, erotic girls' were confined and sterilised.[66] It was widely believed throughout Scandinavia that 'the "degenerate" were more promiscuous, had more children and threatened social order'. In Switzerland, where compulsory sterilisations were carried out on the basis of agreements between local authorities and doctors, most sterilisations were carried out on 'unmarried, socially deprived women with children born out of wedlock who were categorised as "maladjusted", 'sexually promiscuous', 'mentally disabled' or 'feebleminded'.[67]

9.46 Spensky, writing about Britain noted that 'Until the Second World War, unmarried motherhood had been considered as being the result of the seduction of an overcredulous girl, who was particularly weak in character, ignorant or mentally

[63] Rickie Solinger, *Pregnancy and power. A short history of reproductive politics in America* (New York, 2005), pp 93-94.
[64] Jean-Jacques Amy & Sam Rowlands, 'Legalised non-consenual sterilisation – eugenics put into practice before 1945 and the aftermath. Part 1: USA, Japan, Canada and Mexico', *European Journal of contraception & reproductive health care*, xxiii, 2 (2018), p. 124.
[65] Solinger, *Wake up little Susie*, pp 53-5.
[66] Brigit Kirkebæk, 'Sexuality as disability: the women on Sprogo and Danish society, *Scandianvian journal of disability research*, vii, 3-4 (2005), pp 194-205.
[67] Jean Jacques Amy & Sam Rowlands, 'Legalisation non-consensual sterilisation – eugenics put into practice before 1945, and the aftermath. Part 2: Europe', *European Journal of contraception & reproductive health care*, xxiii, 3, pp 194-200.

defective'.[68] In the aftermath of World War II, the explanation shifted somewhat from genetics to focus on social explanations; this has been described as 'The pathologisation of unmarried motherhood':

> In this phase of social-scientific thinking bastardy was taken as a prime example of something which interrupted the proper functioning of social processes, and revealed a failure of social control, the control of individual behaviour by family and kin, by political and education authority, by all the influences which persuade most people to obey the established order. The conditions which were associated with high illegitimacy levels in any one locality tended to be thought of as pathological, and the individuals who engendered bastards as in some way victimized, disordered, even mentally abnormal.[69]

9.47 John Bowlby, a leading authority of the time on early childhood development, stated that 'It is the opinion of many social workers with psychiatric knowledge and experience of this problem that, with many girls, becoming an unmarried mother is neurotic and not just accidental. In other cases the girls are chronically maladjusted or defective'.[70] However Bowlby distinguished between 'socially accepted' cases where an 'illegitimate' child might grow up with his/her mother and her parents, or with both parents in an irregular union, and the 'socially unacceptable' mother, with 'a neurotic character'.[71]

9.48 The argument that unmarried mothers were neurotic women who deliberately wished to become pregnant was expressed most vigorously by Leontine Young in her 1954 book *Out of Wedlock* which was widely-used in the education and training of social workers. She explored the reasons why single women became pregnant from a Freudian perspective and determined that 'everything points to the purposeful nature of the act' - i.e. a single woman became pregnant because of factors in her 'past life, her home and her childhood'; she was undergoing some form of 'pathological drama'.[72] In the Netherlands, in the aftermath of the war, moralising arguments about unmarried mothers gave way to 'sociopathology',

[68] Martine Spensky, 'Producers of legitimacy. Homes for unmarried mothers in the 1950s', in Carol Mart (ed.), *Regulating womanhood. Historical essays on marriage, motherhood and sexuality* (London, 1992), p. 106.
[69] Peter Laslett, Karla Oosterveen and Richard M Smith (eds), *Bastardy and its comparative history: studies in the history of illegitimacy and marital nonconformism in Britain, France, Jamaica, and Japan* (Cambridge, 1980), pp 1-2.
[70] Quoted in Spensky, 'Producers of legitimacy', p. 108.
[71] Thane & Evans, *Sinners? Scroungers? Saints?* p. 93.
[72] Leontine Young, *Out of wedlock* (McGraw Hill, 1954), chapter 2 'Why does it happen?' pp 21-39. The copy in UCD Library has a date stamp for 1970, which is the year when it was bought.

where unmarried motherhood was viewed as 'part of a larger and alarming social problem', and unmarried mothers were now cared for by 'a multidisciplinary team with a psychologist, a social worker, a clergyman, a judicial advisor and a social psychiatrist as head of the team'.[73]

Attitudes in Ireland

9.49 The records of the mother and baby homes and government files almost always describe unmarried mothers as 'girls'. This terminology was common in Ireland and internationally.[74] Luddy stated that referring to 'girl' suggested that 'Young women [in 1920s Ireland] were represented simultaneously as adults and as children'.[75] The 1907 Vice-Regal Commission used the term 'girl-mothers'.

9.50 Some echoes of the ideas summarised above can be detected in Ireland. A former guardian of the Dublin Union submitted a statement to the Commission on the Sick and Destitute Poor (she also gave evidence in person), claiming, apparently based on her experience in the Dublin Union that:

> We are firmly convinced by what we have seen ourselves, that many of these girls and women are not normal. We would have every unmarried mother who seeks admission to a Maternity Home under the Local Authority examined by a mental specialist with a view to deciding whether or not after the birth of the child she is a fit person to take up again normal life or should she be subject to special care and control.[76]

9.51 Sir Joseph Glynn, who was involved with a number of Catholic charities, claimed that a single woman who fled to Dublin in order to prevent her pregnancy becoming known in her neighbourhood was only 'burying her head in the sand'; it would be common knowledge. He suggested that many of these women were often 'more sinned against than sinning'. However on another occasion he implied that they were 'weak-willed' if not 'abnormal'.[77]

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[73] Bakker, *Mother and baby homes in the Netherlands*, p. 8.

[74] This may reflect a common practice of restricting the designation 'woman' to women who were married or had been married. One definition given in the Oxford English Dictionary refers to 'a female who has reached adulthood…a female person who is considered mature. Frequently contrasted with girl'.

[75] Luddy, 'Moral rescue and unmarried mothers in Ireland in the 1920s', *Women's Studies*, xxx (2001), p. 812. She suggests that 'they were not deemed to be in need of protection'.

[76] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, twenty-fifth day, 21 Jan. 1926.

[77] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, fourth day, 11 June 1925; sixth day, 24 June 1925.

9.52 When Fr Richard Devane, a Jesuit priest who was a prominent commentator on social issues, was giving evidence to the Commission on the Sick and Destitute Poor, a member of the commission referred to the fact that some countries sterilised unmarried mothers to prevent further pregnancies. Fr Devane suggested that the same ends could be achieved 'by depriving them of their liberty'. He was presumably thinking of the Magdalen Asylums. Miss Fitzgerald-Kenney, a DLGPH inspector, asserted that 'the unmarried mother is not normal'; she claimed to be speaking from personal experience. 'The very shock of finding that is she is going to be a mother affects the child. That is a big handicap to begin with'; she suggested that many children suffered long-term damage as a consequence.[78] She wrote about this topic in a number of annual reports of the DLGPH:

> Many unmarried mothers have come to me for help, or in other necessity, and I would like to point out how sorely needed some work is for them. This is specially so when they have to make their own way. Usually it is difficult to know what plans will succeed with them. They agree regularly enough to fall in with ordinary healthy conditions of life; but often they run away from the smallest effort. To get any of the younger cases to face of their own choice anything they do not like to do will not usually succeed; with the older it is always useless. If we had guidance as to the history of each - family history, home conditions, motives of interest, employment, mental conditions - possibly much would be explained, now condemned wholesale as due to the girls own choice, and it would be found, I believe, that often they need personal service and individual handling. It is not enough, in my experience, to understand these mothers as 'total personalities' in the 'total situation' of unmarried mothers. Each wants straightening out singly.[79]

9.53 On another occasion she commented on mothers of more than one 'illegitimate' child, women:

> mostly older women, loving their children, perhaps, but perfectly indifferent about their own methods of life. These unfortunates regard their falls (for they are usually more than one) as unimportant. They have placed, perhaps, several illegitimate children in Industrial Schools or other places and are only waiting now until the latest child is old enough to be committed also. These women invariably take it as a right that well paid places should be found for

[78] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, ninth day, 15 July 1925.
[79] DLGPH, Annual report, 1932/3, p. 298.

them. Frequently it happens that little or nothing can be believed of what they say.

She claimed that first time unmarried mothers tend 'to develop into the other'.[80]

9.54 Alice Litster, an inspector of boarded-out children, reported that in several cases in the past year she had come across boarded-out children who 'are well looked after yet are without interest in school-work and are unresponsive to any stimulus and dismissed by their teachers as unteachable':

> In these cases I have had to fall back for explanation upon that factor which I have possibly been too much inclined to disregard except as it manifests itself in pre-disposition to disease - heredity. The mothers of these children are, without exception, of a class frequently found in our Co. Homes, weak-minded, not mental defectives, but almost on the border-line of mental defect, and completely lacking in moral stamina…It is difficult to know how to deal with children of this type; they are apparently amoral; they are not amenable to kindness or discipline; they are almost inevitable delinquents.

9.55 She went on to comment in greater detail on the unmarried mothers in county homes:

> This type will present a problem even when, as we hope, special institutions are set up to deal with the unmarried mother. County Boards of Health and Public Assistance generally have dealt fairly and leniently with unmarried mothers with their first child, affording them the opportunity of rehabilitation by placing their children at nurse, and allowing them to leave the County Home to take up employment. In dealing with the class of women I have previously spoken of, the matrons of many of our County Homes are very strongly against affording any such facilities, and even where the women concerned have expressed their intention of taking out their children and maintaining them outside, have placed every obstacle in the way of discharge. It is practically certain that a woman of this type, allowed to leave the County Home, will return again in a short time. They are of weak intellect and completely lacking in moral fibre. If their children are placed at nurse, there is no obligation upon them to remain in the County Home and, indeed, no authority for maintaining them there, and they are invariably eager for the freedom of the outside world. A grave wrong is done to their children by

[80] DLGPH, Annual report, 1933/4, p. 325.

> retaining them in the County Homes, but retention of the children is the only means of securing their mothers from the danger which freedom spells to them. It is a question also whether a graver social wrong is not committed by allowing these women their freedom since freedom to them will undoubtedly mean the birth of another child whose chances of average health and intelligence are small. I have no solution to offer except one which is repugnant to me, that is, the power of detention in special cases, which would allow of boarding-out the children and at the same time keeping their mothers under control and discipline.[81]

Factors promoting unmarried motherhood

9.56 In the first two decades after independence, according to Susannah Riordan:

> successive Irish governments came under pressure from an alliance of feminist, religious and social work organizations to introduce legislation that would give greater protection to children, girls and women from sexual exploitation…while campaigners had little sympathy with older women who were deemed to have embraced a life of immorality - the mothers of more than one illegitimate child, married women who became pregnant by men other than their husbands and women who were sometimes called 'deliberate prostitutes' - they sought to establish the fundamental innocence, victimhood and amenability to moral reclamation of the sexually-compromised adolescent. Their preferred narrative was one of seduction and betrayal, in which a girl, often a domestic servant, was impregnated by an older and more powerful man, perhaps her employer.[82]

9.57 James Smith noted that Fr Devane was 'unique among his religious brethren who appeared before the [Carrigan] committee', because he referred to '"the dual standard of morality accepted in this country, *as in perhaps no other*; where the woman is always hounded down and the man dealt with leniently"'.[83]

9.58 The belief that unmarried mothers were 'weak-willed' or 'feeble-minded' complemented the argument that the more lax nature of modern social life was a major factor in the rise in 'illegitimate' births. The stereotype of the

[81] DLGPH, Annual report, 1931/2, p. 293.
[82] Susannah Riordan, "'Storm and stress': Richard Devane, adolescent psychology and the politics of protective legislation 1922-1935', in Catherine Cox & Susannah Riordan (eds), *Adolescence in modern Irish history*, (London, 2015), p. 129.
[83] James M Smith, *Ireland's Magdalen laundries and the nation's architecture of containment*, (Notre Dame, 2007), pp 10-11.

innocent/ignorant trusting young women who were preyed upon by men was dominant. Dance halls were places where

> young and unsuspecting girls are placed in great danger. They meet in these places young men of whose character and antecedents they know nothing. They leave the halls with them without supervision and without protection. Commercial dance halls are the hunting grounds for a certain type of man who wants more than dancing and invites the young lady out just for an innocent drink or a drive in his car.[84]

9.59 Such arguments featured in Lenten pastorals and church sermons, though it is important not to distort the picture. Sermons were delivered on these topics, but they were not weekly events, and references to unmarried motherhood were brief and indirect, not least because the congregation at Sunday masses included children and teenagers who should not be exposed to such concepts. It is probable that more explicit sermons were delivered at parish missions - where the attendance was confined to adults and there were separate missions for women and men. In 1938, Dr Michael Browne, Bishop of Galway, stated that:

> No one who is aware of the facts can deny that late dances and especially the commercialised dance hall are a source of danger and of harm to young people. The Catholic clergy are aware of it because when the harm occurs, when shame and disgrace are brought on young people and on their families, it is to the clergy that they come with their complaints and sorrow. We see the wreckage.

9.60 He referred to the cost of maintaining unmarried mothers in public institutions and complaints by English Catholic charities about 'the number of young women who come to them from this country to hide their shame'.[85]

9.61 The link between modern dance halls and 'illegitimacy' featured in comments by local and national officials. In the annual report of the DLGPH for 1933/4 Miss Fitzgerald-Kenney pontificated that

> The causes leading to these lapses from virtue are perfectly evident to all who trouble to observe life around them: no parental control, cheap romantic fiction, cinematograph performances showing vivid scenes often of low vices under an attractive semblance, all night dances in halls or dance places

[84] *Connacht Tribune*, 8 Oct. 1938.
[85] *Connacht Tribune*, 8 Oct. 1938.

> conducted without supervision, harmful and dangerous friendships, not to speak of other occasions too well known to need particular mention…In truth, the fact is that we have no cause for surprise if the young and inexperienced fall an easy prey to the terrible temptations with which their path is strewn. It is hard to see how the young can be saved from these dangers, while those of mature experience, their parents, do practically nothing to help them. Too often they only throw up their hands in helplessness at the first encounter with a wilful child who sets out to defy them. It is the parent who holds both responsibility and authority and no plea of an emancipated age, or headstrong disobedience on the part of the children, frees them from the traditional obligation of parenthood. They cannot lay duty aside because they find it uncongenial.[86]

9.62 In 1932 the secretary of the Galway Homes and Home Assistance Committee expressed the hope that the supervision of dance halls would reduce the numbers admitted to the Tuam home 'considerably'.[87] Limerick county council debated a motion that would require every dance hall to appoint a local supervisory committee of 'responsible persons' - approved by the parish priest. The proposer claimed that dance halls 'have been a serious cause of the increasing laxness of morals in recent years and an important factor in a problem was that of unmarried mothers - which is causing anxiety to all serious minded citizens, and adding unduly to the rates already an almost intolerable burden'.[88] In 1939 a Redemptorist priest, who was giving a mission in Westport, stated that modern dance halls were 'more responsible than any other evil for filling up the County Homes of the country with unmarried mothers'.[89] Rev. H.V. Gill, delivered a sermon on 'The Home and the Regeneration of Society', one in a series of Lenten sermons given in Limerick in 1935. He quoted from the encyclical *Casti Connubii* about the 'bountiful assistance' given to unmarried mothers 'and her illegitimate offspring' (see 9.31). He claimed that 'the Catholic Church is called narrow-minded and out-of-date because she absolutely condemns such practices'.[90]

[86] DLGPH, Annual report, 1933/34.
[87] *Connacht Tribune*, 16 April 1932.
[88] *Limerick Leader*, 26 Aug. 1935.
[89] *Connacht Tribune*, 4 Nov. 1939.
[90] *Limerick Leader*, 30 Mar. 1935.

Denunciation

9.63 A number of witnesses to this Commission, who were relatives of women who gave birth in mother and baby homes, have claimed that the parish priest demanded that she leave the parish, or called out her name from the altar. The Commission has discovered some limited contemporary evidence regarding this practice. In 1927 a member of the county Galway Hospital and Dispensary Committee, which was discussing the case of two sisters who were allegedly pregnant by the same man, commented that 'there was a time in Ireland when a parish priest would denounce the scandal from the altar and the culprit would be forced to leave'. In this instance it would appear that the 'culprit' who should be denounced was the putative father. A meeting of Galway Hospital and Home Committee passed a resolution:

> That considering the prevalence of sexual immorality, as evidenced by the number of illegitimate births in the maternity hospital attached to the Central Hospital, this Committee deplores the departure of the old Gaelic tradition of purity, caused in our opinion, by the lessening of parental control and want of supervision on the occasion of dances and other such entertainments; and we most respectfully suggest to the members of the Hierarchy in this county to appeal through the clergy to the people for a return to the old Gaelic customs under which such scandals were practically unknown.[91]

9.64 'Old Gaelic customs' presumably included denouncing unmarried mothers from the altar. A history of the Archbishops of Tuam records a minute of a 1934 conference which instructed that

> Whenever an illegitimate birth occurs in a parish, and is publicly known, the scandal ought to be denounced without mentioning names, with a view to calling the guilty to repentance and as a deterrent to others. The denunciation ought to be in sorrow more than in anger and the preacher ought to point to the scandal as:
>
> A grave sin against the sacrament of matrimony and against the sixth commandment,
>
> A degradation to the family,
>
> As a disgrace to the family,
>
> As a sin against the good name of the locality

[91] *Connacht Tribune*, 18 June 1927.

Not only is the general permission given, but a direction is also given to make this denunciation. In a special case after consultation with His Grace the Archbishop, the matter may be deferred for a time. But in every case the scandal is to be immediately referred to the Archbishop.[92]

9.65 In February 1935, the parish priest of Westport wrote to the Archbishop of Tuam.

> I have the very unpleasant duty to report to His Grace the Archbishop that an illegitimate child was born to a girl named [full name was given] in this parish, living about three miles from here. The child lived only a few days and was not brought to the church for baptism. It was given lay baptism. The guards exhumed the body and the medical evidence showed it died from natural causes.

A denunciation will take place on Sunday next. I am told the alleged father denies guilt in the matter.[93]

9.66 The Tuam Diocesan Archives contain a letter in 1936 from the parish priest of Cornadulla, reporting that the reading of a letter 'had a profound effect on the congregation'. This letter is filed under 'scandal in the parish'. Two other letters survive from parish priests reporting the birth of an 'illegitimate' child in their parish - one names the putative father, but noted that he denied paternity.[94] Waldron's history of the Archbishops of Tuam states that the practice of reading such a letter 'remained in common use until the 1950s and, of course, was a cause of great pain, not just to the two persons directly concerned but to the wider families of both parties'.[95]

9.67 In 1969 *Woman's Choice Weekly* published an interview with an unmarried father, whose child was born around 1961. He related how the local priest 'gave a disgusting sermon' at mass about an extra-marital pregnancy in the community. This man was present with his parents

> with my face blushing right down to my collar. I owned up to being the father and immediately the whole town was ready to lynch me. The parish priest called round my house to see me. By this time my parents had told me to get out, so I was in the middle of packing a suitcase when he came around. He

[92] Kieran Waldron, *The archbishops of Tuam, 1700-2000* (Galway, 2008), p. 119.
[93] Tuam Diocesan Archives, P/2/6-4: Scandal Westport Parish.
[94] Tuam Diocesan Archives, P25/7/6-1: Scandal in the Parish; P39/7/4: Miscellaneous General Administration Kilmeena; P54/7/9-1: Scandal in the Parish; P27/4/36.
[95] Waldron, *The archbishops of Tuam*, p. 120.

went on and on about the poor girl I had defiled and I knew right well that the minute he saw her he would call her a whore and a disgrace to her sex.

9.68 This man claimed that following the birth, his child was placed in an orphanage and the woman was sent to the 'infamous' Magdalen Home in Galway.[96] In 1993 when it became known that Bishop Eamon Casey had fathered a son, a man wrote to the *Sunday Independent*, giving his name and address: 'I remember sitting at Mass in a country church in the early 1950s, when a single pregnant girl in the adjoining pew was "read off the altar" to a hushed congregation and references to "the Devil visiting the parish" compounded the poor girl's agony'.[97]

9.69 Despite these stories of public denunciation, most Catholic clergy preferred secrecy, as did Irish society, if only to protect a family's reputation. A letter from a parish priest in Cork to the Dublin archdiocese - a follow-up to a letter from a pregnant single woman - stated that she was 'from a respectable family that lives in the mountains. Brother is in a missionary order. She has managed to keep lapse a secret'. He emphasised that the pregnant woman was protecting her brother, the priest and her 'very worthy father' from shame.[98] In 1936 journalist Gertrude Gaffney claimed that Irish mother and baby homes were 'so guarded that no lay person, who is not concerned with them knows of their whereabouts',[99] and this is confirmed by letters and newspaper articles in the 1960s that are cited in Chapter 6.

Containment, segregation and classification

9.70 By the 1920s as Kunzel shows, responsibility for unmarried mothers in the United States was passing to professionally-trained social workers and similar trends can be seen in Britain. Ireland had few social workers, and most of whose who were described as such had no formal training. So, responsibility for unmarried mothers, especially the younger first-time mothers, was left with what Riordan describes as 'socially-engaged middle-class women', a category that included the department's inspectors, religious sisters, the women who worked with Catholic and Protestant charities and as visitors for the Dublin Union. She suggests that witnesses to the Carrigan Committee, which was established to address concerns about sexual exploitation of adolescents, 'were keen to absolve the fallen girl from

[96] *Woman's Choice Weekly*, 23 Sept. 1969.
[97] *Sunday Independent*, 18 April 1993.
[98] Dublin Diocesan Archives, AB8/b/LII/C/100/4.
[99] *Irish Independent*, 15 Dec. 1936.

guilt. Responsibility lay rather with the predatory male and a society that maintained the sexual double standard'; their solution for these young 'fallen girls' was 'containment and religious discipline…because of a belief that the nun, like the social worker, had an intrinsic understanding of and sympathy for the "girl in trouble"'.[100]

First-time mothers

9.71 The distinction between 'first offender', 'first fall' and the mothers of two or more 'illegitimate' children was well-established internationally and in Ireland by 1920. It is important, both as a reflection of attitudes and because it had a major influence on policy. This distinction is firmly embedded in the report of the 1907 Vice-Regal Commission, which recommended that all women 'on the occasion of their first lapse' before giving birth should be sent to a designated institution, owned or run by a religious community or philanthropic persons in the hope that she might be 'restored to the possibility of living a good and useful life'.[101] One member of the Commission on the Sick and Destitute Poor divided unmarried mothers into the 'unfortunate class' - first-time mothers - and the 'incorrigible class'.[102]

9.72 There was a degree of sympathy shown to women who were pregnant for the first time. Rattigan argues that most single women who were tried for infanticide in the Central Criminal Court between 1922 and 1950 'fitted the stereotype of the infanticidal woman as young, unmarried, seduced and abandoned, driven to infanticide by shame and desperation'.[103] Miss Fitzgerald-Kenney suggested that the existence of mother and baby homes had reduced the incidence of infanticide: 'A girl tortured by her sense of shame will take almost any step to keep hidden from the public the knowledge of her fall. The fact she can turn to one of these homes in her predicament, gives her a loop hole of escape'.[104] Criminologist Ian O'Donnell commented that 'all who killed infants received lenient treatment'. Most of those charged were the mothers of 'illegitimate' infants. Of those sent to trial approximately half were acquitted; most convictions were for manslaughter or concealment of birth; roughly half of those convicted received a short custodial

[100] Riordan, "Storm and stress", p. 144.
[101] Poor Law Reform Commission, *Report of the vice-regal commission on poor law reform in Ireland, Volume I: 1906* (Cd 3202), paras, 168-9.
[102] Oireachtas Library, Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor, minutes of evidence, first day, 27 May 1925.
[103] Rattigan, *What else could I do?* p. 19.
[104] DLGPH, Annual report, 1934/5.

sentence. He claimed that it was 'surprising how few mothers who killed their babies were deemed to satisfy the legal definition of insanity'.[105]

9.73 Juries recommended mercy in every one of these cases; the judge endorsed their recommendations in all but one case. O'Donnell suggests that the leniency shown to all those who killed infants 'resulted from the perpetrators following the rules of an intolerant and stigmatizing society…What saved these murderers was not so much their gender or relationship with the victim, but an unspoken acknowledgement that their predicament was a result of society's moral strictures and a low value placed on infant life'.[106] The 'murderous mothers were pitied but understood' and 'The more reflective government members must have appreciated that these women's conduct resulted from profound shame at their failure to live up to the social and sexual mores that were privileged by the new nation. By reacting as they did, they showed a deep awareness of what constituted acceptable conduct in the austere doctrinaire Ireland that was emerging and for this reason it would have been hypocritical - to say nothing of being disproportionately severe - to make them suffer further'.[107]

9.74 Ferriter detected 'a degree of charitable thinking, perhaps even sympathy towards unmarried mothers' in a 1929 memorandum presented to Cabinet.

> Many unfortunate unmarried mothers are denied the shelter of their own families and it is possible that some of them, who might otherwise reform drift into the prostitute class in a spirit of despair induced by the hardships they suffer.[108]

9.75 The distinction between first-time mothers and those with two or more children centred on the belief that 'first offenders' could be rehabilitated by the regime in a mother and baby home, whereas there was much less certainty that mothers who had given birth to a second or subsequent child were capable of rehabilitation. The term 'rehabilitation' continued to be used for many decades in relation to unmarried mothers; it was even used in *Chains or Change* - the manifesto of the Irish Women's Liberation Movement.

[105] Ian O'Donnell, *Justice, mercy, and caprice. Clemency and the death penalty in Ireland* (Oxford, 2017), p. 25.
[106] O'Donnell, *Justice, mercy, and caprice*, pp 187-8.
[107] O'Donnell, *Justice, mercy, and caprice*, pp 193-4.
[108] Diarmaid Ferriter, *Occasions of sin. Sex and society in modern Ireland* (London, 2010), p. 133, the quotation is from National Archives of Ireland, TSCH/ S5931: Illegitimate Children (Affiliation Orders).

9.76 In 1928 Fr Richard Devane, wrote that:

> The Poor Law Commission[109] now proposes to group first offenders, or those amenable to reform, and to segregate the others, and deal with each case apart. The Commission is convinced that reformation must be based on religion, and gives the widest latitude to public bodies to deal with the problem accordingly. The Church has now a unique opportunity in this country for reclaiming these young girls, for the Commission practically suggests that they should be handed over to religious bodies to be dealt with, and reformed through 'individual charity and sympathy', based on religion…Here is an opportunity for nuns to exercise Christ-like charity towards their weak and unfortunate little sisters, to raise them up to virtue and self-respect, and save them from drifting further down the road to ruin. Little by little the poor are coming into their own…
>
> … The Poor Law is being exorcised of the paganism in which it was originally conceived, and poverty in this Catholic land will, before long, be freed from the stigma of disgrace to which the destitute, forced to seek public relief, have been too long condemned. By this recommendation the unmarried mother who is amenable to reform may be boarded out in special institutions set up by the Church, and under the control of religious women, who will bring all the power of example and charity to bear on those young lives, and thus help to restore them again, as honourable members, to society and to the Church…It is further suggested that relief to unmarried mothers must have as a condition their being willing to agree to be detained, in case of a first offender for twelve months, of a second offender two years…These recommendations are conceived and put forward in a truly Christian spirit, and in them we see big possibilities for applying Christian principles to many different social problems with which we are encompassed on all sides and which have been passed on to us as an unfortunate legacy from those days when our people were denied any practical voice in the solution of such problems.[110]

This is an example of the determination to bring government policy into conformity with Catholic teaching.

9.77 It was widely recommended, internationally and in Ireland, that first-time single mothers should be segregated from mothers of two or more 'illegitimate' children.

[109] His term for the Commission on the Sick and Destitute Poor.

[110] Richard Devane, *The unmarried mother and the Poor Law Commission: illegitimacy and allied problems a 100 years ago* (Dublin, 1928. Reprinted from the *Irish ecclesiastical record*, June 1928).

It was also suggested that a first-time mother should remain with her child and feed her child until the infant was approximately one year old. This was often viewed as an integral part of the woman's rehabilitation. Requiring a mother to care for her child at least until the infant was weaned, for perhaps a year, would give her a sense of maternal responsibility that would deter her from another pregnancy and perhaps encourage her to contribute to her child's upkeep. Miss Fitzgerald-Kenney expressed the opinion that:

> if the children's mothers are available, they should not be separated from them until they are 2 years of age. If the mother is of unsuitable character she should be detained in the Home. If she can go and earn her daily bread in the world she should be encouraged to do so, but be influenced to keep in touch with her child, for all experience goes to prove that, if the affection for her offspring which nature has stepped in and exacted is kept alive through her contact with her baby during the nursing years she will keep straight for its sake more easily than for any other motive in life.[111]

9.78 Miss Cruice of St Patrick's Guild did not believe that keeping mother and child together nurtured a maternal instinct. She claimed that 'At Pelletstown and in various country Unions they drop the children just like an old garment. They never want to see them again. The children become a burden to them that they drop them and there is no more about it'.[112] But her views would appear to have been the exception at this time.

9.79 It was widely believed that mothers who were permitted to abandon their child shortly after birth tended to become pregnant within a short period. Emily Buchanan, a member of the committee of the Nursery Rescue and Protestant Children's Aid Society, believed that it was essential that mother and child must be kept together for at least nine months

> the girls cannot possibly look forward to the birth of the children with anything but the most dreadful feelings. If the child is taken away, as is commonly done, the girl cannot have learned to care about it. She knows she has to pay for it. That position must be most demoralising for the girls and the result is that they get reckless very often and fall a second time.[113]

[111] DLGPH, Annual report, 1931/2.
[112] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, tenth day, 12 July 1925.
[113] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, thirteenth day, 23 Sept. 1925.

9.80 According to the annual report of the Nursery Rescue and Protestant Children's Aid Society for 1931/2: 'Facing out into a world, which all know is full of temptation, [the mothers] are strengthened to resist it by the love of their children, the necessity of paying towards their maintenance, and the knowledge that the Committee take a real interest in them and are ready to advise them in their difficulties'.[114] The annual report for the previous year stated that

> The Committee are most anxious to impress on the Church [the Church of Ireland] the two-fold value of the work for which they are asking assistance. The care of her child is one of the most important levers in the reformation of the mother, the love and regard for it acting as a deterrent should temptation assail her. At the same time, it seems a very doubtfully desirable arrangement that she should retain the charge of it personally, especially if a girl. As the child grows up, and learns something of life, it is inevitable that either a very painful situation must arise, or that the daughter must think lightly of her mother's lapse, and therefore be herself more open to temptation. On the whole, the most beneficial system appears to be that adopted by this Society.[115]

9.81 The implication was that a mother should care for her child for some time in order to aid her rehabilitation but her child should then be brought up in a more respectable family. There is no indication that any thought was given to the emotional consequences for mother or child of having a mother care for her infant only for them to part when the child was one or two years old. The belief that caring for her child for a time should form part of an unmarried mother's rehabilitation was not unique to Ireland; it led to an insistence that mothers should remain in a mother and baby home for a minimum period after the birth.[116] Nicholson described the idea that a mother should care for her infant before giving him/her up for adoption as 'ambiguous maternity'.[117]

9.82 Remaining in a mother and baby home for a specified period was deemed necessary to ensure that a woman underwent moral reform. Religion was an integral part of the process of moral reform, not just in Ireland. Nicholson's 1968 book records that the matrons held daily prayers in all except two of the English mother and baby homes and all the women were expected to attend church

[114] The Nursery Rescue and Protestant Children's Aid Society, Twenty-third annual report, 1931/2 (Dublin, 1932).
[115] The Nursery Rescue and Protestant Children's Aid Society, Twenty-first annual report, 1929/30 (Dublin, 1930).
[116] Morton, *And sin no more*, p. 48.
[117] Nicholson, *Mother and baby homes*, p. 115.

services on Sundays.[118] Fr Devane told the Commission on the Sick and Destitute poor that all 'first-fall' mothers and some mothers of second children should be given every assistance to help them reform;

> 'every effort should be made within whatever system is devised to bring religion to bear on their lives in an intensive form'. As part of this process, every unmarried mother should be deeply impressed with sin, so that with the royal sinner, her sin should in the future be always before her. The merely natural shame and disgrace will soon pass away when the child is placed at nurse: the only real deterrent will be to bring the spiritual side of her fall before the girl, and impress her in no superficial way with the guilt of her sin, and leave her with an abiding memory and sorrow.

9.83 He recommended that unmarried mothers should undergo 'a few days of retreat in which, she and some others like her, should be gathered together, and made to think deeply on their sin, and to realise what a woman has done when she has lost her virtue and her honour'. He believed that this practice would prevent subsequent pregnancies.[119] The chapters on the individual institutions record that women in Regina Coeli attended retreats; bible classes were among the religious activities in Denny House and a number of Bethany mothers underwent conversion. Prayer and regular attendance at mass and other religious services was part of the routine in the three homes run by the Congregation of the Sacred Hearts of Jesus and Mary.

9.84 There was a strong current of denominational competition among the charities that ran mother and baby homes and children's homes or placed children with foster parents or adoptive parents, and this was not confined to Ireland. Vulnerable women and their children were seen as potential targets for conversion and evangelisation. The greatest rivalry was between Catholics and Protestants.[120] In Ireland the primary motivation behind the establishment of St Patrick's Guild and the CPRSI was to prevent the children of Catholic unmarried mothers being raised as Protestants; the chapters on Bethany and Regina Coeli suggest that denominational competition persisted until at least the 1940s.

[118] Nicholson, *Mother and baby homes*, p. 123.
[119] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, twentieth day, 5 Nov. 1925.
[120] Morton, *And sin no more*, pp 37-39.

9.85 The Congregation of the Sacred Hearts of Jesus and Mary determined that some of the women admitted to Bessborough were more 'weak-willed' than others, and therefore needed to be kept in the home for longer 'to safeguard them against a second lapse'.[121] Miss Fitzgerald-Kenney regarded the Bessborough regime as highly successful; she claimed that few former Bessborough mothers had been admitted to county homes to give birth to a second child, and 'of those who have fallen again the majority spent only a short period in the special home either because of the death of the first child or through the interference of their relatives'.[122]

9.86 It was believed that it was essential to segregate first-time mothers, who were regarded as amenable to reform/rehabilitation, from women who had given birth to two or more 'illegitimate' children. The 1907 Vice-Regal Commission described the latter as the 'more depraved cases', 'multi-generations of illegitimacy found in workhouses'. They claimed that in one workhouse they were shown 'a baby, its mother, its grandmother and its great grandmother, or four illegitimate generations in the female line'. The Vice-Regal Commission claimed that such 'confirmed immorality' appeared to be 'a tendency in Irish workhouses' - though their commentary might suggest that society rather than the mother was responsible for this: an unmarried mother was often unable to return home 'owing to the sentiment of aversion from immorality which is too strong in most parts of the country to permit her to face that and to return with her baby to her relatives, even if they would receive her'.[123]

9.87 Because first-time mothers were regarded as susceptible to influence, whether positively or negatively, it was deemed vital that they should not come into contact with unmarried mothers of two or more children. Jennie Wyse Power, a member of the board of Dublin Union, claimed that the religious sisters running Pelletstown told her that it took a considerable time to undo the adverse influence on young single mothers of spending time in the Dublin Union in the company of women who had several 'illegitimate' children.[124] The first report of the DLGPH covering the years 1922-25 described Bessborough as 'a home for the reception and reformation of…first offenders. The Sisters believe they can influence these cases

[121] Cork Board of Public Assistance, Minutes, 26 Nov. 1930.
[122] DLGPH, Annual report, 1934/5.
[123] Vice-regal Commission, Report, para 170.
[124] Oireachtas Library, Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor, minutes of evidence, eighth day, 14 July 1925.

best by keeping them dissociated from those who have lapsed a second time or oftener'.[125] The DLGPH report for 1928/9 reiterated that Bessborough was 'intended primarily for young mothers who have fallen for the first time and who are likely to be influenced towards a useful and respectable life', going on to note that 'It is now generally accepted that the number of unmarried mothers in county homes should be diminished and that encouraging results can be anticipated if special provision is made to help them'. The same report suggested that 'By timely sympathetic help the mother, who is often friendless and inexperienced, can be protected from degrading influences and enabled to regain her footing in the world' and this would reduce the number of mothers given birth to subsequent 'illegitimate' children.[126]

9.88 There was some debate about the appropriate treatment of mothers who had given birth to a second child outside marriage. A number of people, including Fr Richard Devane, believed that some of these mothers might be worthy of rescue/reform. Jennie Wyse Power, who had first-hand experience of the unmarried mothers in the Dublin Union and Pelletstown, claimed that there were 'some very good mothers in the second offenders', though she agreed that 'the persistent offenders' and their babies should be kept in an institution for longer than at present.[127]

9.89 The regime that was suggested for mothers who had given birth to more than two children, (and some mothers of two) was often punitive; references to 'detain[ing]' mothers, perhaps as a punishment, but more commonly to protect society from further immorality and local taxpayers from the cost of additional children. It was widely alleged that mothers of two or more 'illegitimate' children suffered from mental illness or intellectual deficiencies, which they might transmit to their children.[128] Miss Cruice claimed that 'The other class of girl, the wanton girl, is mentally deficient. There is a slight mental deficiency in nearly every one of them'.[129] Fr Devane claimed that the problem of unmarried mothers with more than one child

> cuts down the roots of the Poor Law System as she is in so many cases the prolific mother of degenerates; imbecility, insanity, venereal disease,

[125] DLGPH, Report, 1922-25.
[126] DLGPH, Annual report, 1928/9.
[127] Oireachtas Library, Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor, minutes of evidence, eighth day, 14 July 1925
[128] Vice-Regal commission, Report, para. 220.
[129] Oireachtas Library, Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor, minutes of evidence, tenth day, 12 July 1925.

blindness, in a word a physical and moral degeneracy can to a considerable extent be referred back to her as a source. Deal with the radical problem and you deal with all the others to a considerable extent.

9.90 He described the unmarried mother

> who drifts back three, four, five times into the single nursery of the Workhouse, the women who are semi-imbeciles, or mentally deficient, who drift on to the streets or into the nurseries in workhouses, and especially those who have more than one child…These are not absolutely wicked but mentally weak and are simply a prey to everybody who wants to come their way…Their children come on the rates and it would be better to deal with them radically in some way. It is a big problem as there is a big principle involved, that of depriving the individual of liberty. But the individual is deprived of liberty in many ways, and in many cases, and it seems to me that something should be done with those people who drift on to the streets, who are continually drifting into the present workhouses, who are a burden on the rates, who are spreading diseases, creating degeneracy, blindness, insanity and everything else. Why should they be not taken up and hidden away for their own good and for the good of society? I think something in that way should be done and that such people should be committed to some central Home, or that the prostitute should be committed to a Good Shepherd Home. They are the mothers of those wasters that go backwards and forwards, like the case that came before the Vice-Regal Commission of a great-grandmother, grandmother, mother and child all being illegitimate and in the same workhouse at the same time.
>
> The Vice regal Report on the Poor Law suggests that she should be regarded as an unfit guardian of the child and should be locked up while she is a burden on the rates. These mentally deficient women, whether ordinary single mothers or prostitutes, should be locked up for their own and the public good until they show sign of amending.[130]

9.91 In 1935 the wife of a Church of Ireland rector wrote to the Irish Church Missions seeking a home for a woman who had recently given birth to her second child and was about to be discharged from Bethany. She described this woman as '[mentally] weak - quite soft, as people say, and is liable to get into trouble again

[130] Richard Devane, 'The legal position of the unmarried mother in the Irish Free State', *Irish ecclesiastical record*, xxiii (Jan-June 1924), pp 172-88.

and again'. Her local clergyman and his wife were determined that she should not return to her native parish, 'where she is only a beast of burden to her old mother and is at the mercy of any tramp who comes along'. This woman was 'not a mental case, but…quite unfit for work as a ward maid'. She was 'only fit for doing some farm work - on a farm where the people would understand her and care for her like they would a helpless animal'. The local bishop had suggested sending her to a Church Army Home [Salvation Army] in England - but they had declined to take her. The clergyman's wife asked whether anybody was needed to clean shoes and scrub at the Fold, a children's home.[131]

9.92 Miss Litster told the Commission on the Sick and Destitute poor that 'the old offenders', i.e. the mothers of several 'illegitimate' children, - who are 'always a charge on the rates' should be confined 'for a sufficiently long period to enable you to do something with them'. She would send mothers, who left the county home with their child and then sent the child to an industrial school, to a Magdalen institution. She believed that very many of these mothers were mentally ill.[132] The secretary of DLGPH was opposed to letting unmarried mothers leave their children in order to go out to work, because that 'relieves the mother of her responsibility'.[133]

9.93 Miss Litster is widely cited throughout the Commission's report and in almost all instances she emerges as an intelligent woman whose insights were far better informed than her peers. In 1931/2 her work was confined to boarded-out children; she would have had no first-hand experience of unmarried mothers. In this statement she is relating the views of matrons of county homes, who were invariably religious sisters. But the image is grim; it suggests that children were being detained in county homes, as quasi-hostages, to prevent their mothers being freed to embark on yet another extra-marital pregnancy.

9.94 The chairman of the Commission on the Sick and Destitute Poor distinguished between 'the woman or girl, who has fallen', and 'others who may be called continuous offenders'. One witness agreed that 'where a woman has fallen more than a couple of times - put whatever limit you like on the number of her falls -

[131] Irish Church Missions, ICM/CF/0048. The Children's Fold was a children's home run by the Irish Church Missions.
[132] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, ninth day, 15 July 1925.
[133] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, first day, 27 May 1925.

cases of that kind may be treated as quasi-criminal'; he agreed with the chair that such women were 'a possible danger to the community', and that it would be advisable to keep them in an institution for a period of time.[134] The annual report of the DLGPH expressed the opinion that many mothers of more than one 'illegitimate' child 'appear to be feeble-minded and need supervision and guardianship'; some should be sent to Magdalen Asylums.[135] An exchange at the commission reveals that one member of the commission and the secretary of the DLGPH concurred that 'the second class, the incorrigible class, are [as] more akin to criminals than the unfortunate class'; the questioner expressed the opinion that these mothers should be deprived of their liberty, though the secretary of the DLGPH was more circumspect, suggesting that second-time mothers should be required to stay for a longer period in an institution than first-time mothers. Another witness wanted to discharge some 'very wicked' mothers of several 'illegitimate' children as soon as possible to prevent them having a bad influence on other mothers.[136]

9.95 In 1933 Bishop Fogarty of Killaloe divided unmarried mothers into three categories: a large number who were 'feeble or weak-minded sort…never be able to take care of themselves…easy victims to the wicked'. He believed that they should be placed in institutions under the care of religious sisters though he claimed that no such institutions existed. A second category were 'naturally decent…who have fallen through accident or environment'. Sean Ross could deal with these 'girls'. The third class were 'women of a wild and vicious nature, who are a harmful influence wherever they prevail. They are neither amenable to religion outside, nor will they consent to abide permanently in religious institutions'; he noted that some of these women were admitted to homes run by the Good Shepherd Nuns (Magdalen Homes).[137] This distinction between first-time mothers and women who were pregnant for a second or subsequent time remained powerful in Ireland until the 1950s when Dunboyne was established as a mother and baby home for second-time mothers, though from an early stage it also admitted first-time mothers.

[134] Oireachtas Library, Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor, minutes of evidence, fifth day, 23 June 1925.
[135] DLGPH, Annual report, 1931/2.
[136] Oireachtas Library, Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor, minutes of evidence, first day, 25 May 1925; fourth day, 11 June 1925.
[137] *Nenagh Guardian*, 2 Dec. 1933.

Unmarried mothers in national and local politics

9.96 Unmarried mothers did not feature much in the debates in Dáil Éireann except in the context of legislation on matters such as extending eligibility for funding from the Irish Hospitals Trust to mother and baby homes; the *Registration of Maternity Homes Act 1934;* the *Children Act 1934*, and the *Illegitimate Children (Affiliation Orders) Act 1930.* The 1930 Act was designed to make it easier for a single woman to secure support for her child from the alleged father. Earner-Byrne states that the Minister for Justice, James Fitzgerald Kenney, who introduced the legislation 'presented a disturbingly misogynistic approach to welfare', presenting the unmarried mother as 'temptress and blackmailer'.[138] Replying to the minister, Fianna Fáil TD Dr Conn Ward stated that

> I have had some opportunity of studying these people in the course of my professional work in institutions where these people are treated, and I want to say that it appears to me that the male section of the population will require some protection under the terms of the Bill. The vast majority of these mothers are more sinned against than sinning, we will all agree, but there is little doubt that some of them would use the powers conferred by this Bill for the purposes of blackmail…After the birth of the child the mother is an outcast to a certain extent, and she is in a desperate plight. Her disgrace has become public and her condition is such that it cannot become worse. People in such circumstances are liable to become the victims of unscrupulous schemers who have been known deliberately to select a victim.

9.97 He suggested that 'in cases where it is possible, marriage is the best solution'.[139] Other speakers referred to the loss of reputation and financial ruin that a man who was named in court as a putative father would incur, and the dangers of malicious paternity claims. One senator categorised the women and men in such cases as

> the innocent girl who has been wronged; the girl who is well aware of what she is doing, but who made a mistake; the older woman who is alarmed at the poor prospect of matrimony, except by guile of some kind; the hopeless case…the girl who has had two or more children of which there is a considerable number, the dangerous woman, whom it is suggested, will make a living out of affiliation orders; and the blackmailer…
>
> the simple boy who is led astray by sexual instincts and is probably not as much to blame as the girl, the marauder, the man who goes from town to town

[138] Earner-Byrne, 'Reinforcing the family', p. 363.
[139] Dáil Debates, 30 Oct. 1929.

and leaves his mark; the innocent victim of blackmail, and finally, the selected one out of several sinners, who is selected because he has a long purse and is the most likely to be able to pay.[140]

9.98 The number of statements about unmarried mothers and their children in the Oireachtas debates is limited, and similar views to the above were uttered in other legislatures in these years. The *Registration of Maternity Homes Act 1934* was designed to reduce mortality among 'illegitimate' infants because of a belief that many of these children were born and died in poorly-run private maternity homes. The *Children Act* of the same year was also motivated by a wish to save the lives of 'illegitimate' children. During the 1940s, 1950s and 1960s there were several debates and many Parliamentary Questions tabled about children in industrial schools. There is a marked contrast between the intermittent interest shown in these children and the silence concerning mother and baby homes. It is also noteworthy that the questions and debates about children in industrial schools never referred to the fact that many of these children were 'illegitimate' or the reasons for their institutionalisation.

9.99 Most coverage in local or national media that refers, even in passing, to unmarried mothers related to reports of meetings of local health authorities, court reports concerning attachment orders against putative fathers, and prosecutions for concealment of a birth or child neglect. A word search of the *Cork Examiner* from 1920 to 1960 under key words 'unmarried mothers' and 'illegitimate' produced 28 stories relating to infanticide or the discovery of dead infants; six stories - all in the 1920s - relating to Bessborough, or the cost of unmarried mothers to the various public assistance authorities; five stories about adoption - all in the 1950s, one court report of a sexual assault and one report relating to the Illegitimate Children Affiliation Bill. This coverage is typical of Irish newspapers at this time. The local newspapers contain extensive information about boarded-out children and children at nurse: advertisements seeking foster homes, reports of prosecutions for failure to register children at nurse or inquests on foster children who had died. Such stories should have been known to any regular reader of local newspapers[141] and their circulation and readership was extensive. But there is no reason to believe that these reports, which often contained graphic details of neglect, prompted

[140] Seanad Debates, 7 May 1930; The McGillicuddy of the Reeks.
[141] There are many examples in local newspapers. *Nenagh Guardian*, 5 July 1932; *Nenagh Guardian*, 11 Dec. 1937; On concealment of a birth, *Nenagh Guardian*, 9 Oct. 1937.

anger or agitation over the mistreatment of the children or any reflections as to the circumstances of their birth.

9.100 There are more references to unmarried mothers in the years before 1942, because provision for unmarried mothers in mother and baby homes and county homes was the responsibility of the local health authority, and minutes of their meetings were commonly reported in the local press. After that date the key decisions were taken by the county manager and the managers' orders were not reported in the local newspapers. Local authorities continued to have occasional discussions about boarded out children but there is less material than in earlier years. The most common theme in debates at local authority meetings concerned the costs to ratepayers of maintaining unmarried mothers and their children.

9.101 A number of comments made by councillors or members of local authority committees are offensive. One member of the Galway Hospital and Dispensaries Committee, who was complaining about unmarried mothers giving birth in the Galway Central Hospital, because this deterred married women doing so, suggested that 'there should be a shed erected at the County Home', to cater for them. The chair of the committee, Canon McAlinden replied that these women were not 'hospital cases. They are coming in as refugees'.[142] In the following year the Galway newspapers were asked to publish a denial of a rumour that 'coloured illegitimate' children had been born in the Central Hospital.[143] In 1931 the Galway Hospitals and Dispensary Committee reported that for the first time no unmarried mothers had been admitted to the Central Hospital during the previous month, presumably because births were now taking place in the Tuam Children's Home.[144] The resident medical supervisor of the Limerick County Hospital at Croom complained that unmarried mothers in Limerick city and county were sent to give birth at Croom. He claimed that 'both parties are a stigma to the institution. To me personally, all patients are the same, but I have reason to believe that a large number of married women are refusing to come here on account of what they consider as undesirable associates in the hospital'. The board of health decided not to admit unmarried mothers from Limerick city in future, allegedly because the hospital was overcrowded.[145] In 1931 Macroom Cottage Hospital refused to admit an unmarried mother who was in labour with twins despite the local midwife

[142] *Connacht Tribune*, 8 Sept. 1928.
[143] *Connacht Tribune*, 8 Nov. 1928.
[144] *Connacht Tribune*, 14 Feb. 1931.
[145] *Limerick Leader*, 14 Aug. 1926.

determining that she was 'in a serious medical condition'. The dispensary doctor announced that she could not be moved and the woman gave birth to twins in Macroom Cottage Hospital, (assisted by the doctor). Within two hours of the birth of the first baby, and little more than an hour after the second delivery, mother and babies - each weighing approximately 3lbs. - were placed in an ambulance and transported to Bessborough; one baby died and one survived. The medical officer justified their speedy transfer by citing a recent circular stating that all first-time unmarried mothers should be sent to Bessborough; he claimed that he had no alternative 'from a moral and administrative point of view'. He expressed more concern for the well-being of the matron in the Cottage Hospital than the well-being of the mother. He claimed that: 'The general experience is that if you keep such cases until they are up and around they will not then go into such a home as Bessboro' but return home generally with harmful results to themselves and the child'.[146] In 2018, an RTÉ radio documentary told the story of Peggy McCarthy, an unmarried pregnant woman with intellectual disabilities who was refused admission to hospitals in Listowel and Tralee (both in Kerry) in 1946, and died from eclampsia.[147]

9.102 There were reports in local newspapers that some residents in county homes were unwilling to associate with unmarried mothers. A member of the North Tipperary county council complained that poor people entering the county home had to mix with 'part lunatics and a lot of unmarried mothers'.[148] In 1929 a member of the Galway Home and Home Assistance Committee commented on a visit to the county home in Loughrea that 'at dinner time four girls were sitting at a table all by themselves' - they were pregnant single women. He suggested that advantage was often taken of their 'ignorance'; they were often 'more sinned against than sinning'.[149] In 1931, a member of Tipperary North county council objected to plans to send unmarried mothers to Sean Ross rather than to the county home because the latter was more expensive: 'he did not see why the women should be sent to a mansion in Roscrea'. Another suggested that the superior facilities in Sean Ross would lead to a doubling in the numbers of unmarried mothers -'Instead of having 40 cases you might have 80 if you send them to a place like Roscrea'. A third claimed that the council was 'putting a premium on immorality by giving them free lodgings', though a colleague expressed the hope that the women 'might get

[146] South Cork Board of Health and Public Assistance, Minutes, 11 Feb. 1931.
[147] First broadcast 18 August 2018. https://www.rte.ie/radio1/doconone/2018/0807/983666-shame-love-in-shame/
[148] *Nenagh Guardian*, 23 Feb. 1929.
[149] *Connacht Tribune*, 9 Feb. 1929.

reformed at Roscrea'.[150] When the County Clare Nursery in Kilrush was closing a meeting of the Clare board of health was told that the 'second-offenders' were refusing to enter an (unspecified) institution, prompting a member of the board to comment that 'It looks like a case of releasing the prisoners so'. A colleague suggested that these women would be 'back again in 12 months'; they were 'a dangerous type to have roaming the country'.[151]

9.103 Occasionally the language used suggests a condescending sympathy, as in the *Nenagh Guardian's* comment that Sean Ross was a shelter created out of 'pity for the unhappy Magdalens of society'.[152] One member of Limerick board of health described unmarried mothers as 'unlucky women' - adding that 'After all these poor women were human beings: the welfare of themselves and their unfortunate blameless children was a matter for the State to attend to'.[153] However, a 1924 paper presented by the Galway senior assistance officer to a DLGPH conference on 'the administration of home assistance' argued that 'imbeciles and harmless lunatics' should not be given home assistance - their proper place was 'in some institution where they will receive suitable treatment'; if they were left in the community the 'young girls might become unmarried mothers - a contingency doubly abhorrent, increasing the large number of imbecile children already in the country'. He believed that a high proportion of unmarried mothers in Co Galway were 'mentally defective'.[154] In a paper presented to Muintir na Tíre Rural Week in 1939, the assistant county medical officer of health for Kildare, who was a woman, argued that it is 'highly desirable that unmarried mothers, some of whom are often of weak mentality, should not become the outcasts of society and add further to the difficulties of the situation'. She disapproved of unmarried mothers in county homes, and believed that special homes marked 'a decided advance in the solution to the problem'. She suggested that the best outcome for the children was to be reared by their grand-parents, because many children were being fostered in unsuitable homes where the foster parents were only interested in the money.[155]

9.104 Members of the Galway local authority directed considerable invective against soldiers or Gardaí who were alleged to have fathered 'illegitimate' children. A TD

[150] *Nenagh Guardian*, 25 July 1931.
[151] *Nenagh Guardian*, 5 Mar. 1932.
[152] *Nenagh Guardian*, 12 Sept. 1936.
[153] *Limerick Leader*, 25 Jan. 1925.
[154] *Connacht Tribune*, 12 July 1930.
[155] *Connacht Tribune*, 26 Aug. 1939.

and local councillor complained about ratepayers being responsible for 'the cost of these crimes', suggesting that the women should be sent home to their parents.[156] In the 1950s Galway county council rejected recommendations by Department of Health inspectors that they should appoint a dedicated children's officer, because of the cost to ratepayers, and the fact that 'there must be some limit to the number of officials appointed by the Council' - 'they would eventually have more officers than ratepayers in the county…if parish priests and local councillors took an interest in boarded out children there would be no need to appoint a children's officer'.[157] When this matter was discussed some years later, one councillor expressed disappointment 'that so few had the courage or the humanity to support the weakest section of the community', but this observation failed to sway the meeting.[158] When the Department of Health presented Galway county council with a devastating report on the shortcomings of the boarding-out system in 1956, an editorial in the *Connacht Tribune* commented that

> One would imagine that all members of Galway County Council would have been shocked by the report which was before them last Saturday regarding the conditions in which some children are boarded out by the Council. There were some expressions of indignation, but the reaction in a general way suggested that the Council were more annoyed with the case that cruelty could arise in a system that they as a council administered than that a number of children were exposed to the cruelty of neglect and indifference.[159]

9.105 This editorial was severely criticised by some councillors, which only served to trigger another editorial arguing that the *Connacht Tribune* had highlighted the report

> for the purpose of arousing public opinion against the system that permitted the ill treatment of children born, as most of these children were, outside wedlock and who never knew a home other than a public institution. They have no father or mother to protect them, but the ratepayers, who undertake the expense of maintaining them while they are in the institutions, and to some extent after they are taken from the institutions, look to the Council to ensure that they are properly cared for and provided with some at least of the comforts to which all childhood is entitled.

[156] *Connacht Tribune*, 22 Feb. 1936.
[157] *Connacht Tribune*, 12 Dec. 1953.
[158] *Connacht Tribune*, 31 Mar. 1956.
[159] *Connacht Tribune*, 30 June 1956.

9.106 The editorial asserted that it was 'not in the best interests of the children - or of the Council - to airily wave aside the Inspector's report and say: "That could not happen here"'.[160]

9.107 The good name of a community was regarded as important, and it is evident that it could be damaged by reports of 'illegitimate' births. The Galway Hospital and Dispensaries Committee received a letter from the parish priest of Carraroe, complaining about a reference at a previous meeting to an unmarried mother from Carraroe parish - he alleged that the woman had left Carraroe nine years earlier 'and has not been heard of since'; an earlier report of a single mother from Carraroe related to a woman who had been working in Galway as a domestic servant for two years. He suggested that the people responsible for such reports should 'verify their accuracy before casting at the doors of any parish such unsavoury fare'.[161]

Church and State: providing for unmarried mothers and their children

9.108 There is a substantial literature about the relationship between church and state after independence, but it is almost entirely focussed on the national government. Very little has been written about the relationship between the Catholic church and the local authorities,[162] a relationship that was much more overt and much closer than the relationship between the Catholic church and the national government. When county and district hospitals and county homes were being created out of the old workhouse system in the early 1920s many councillors preferred to appoint religious sisters as matrons, believing that they would be more effective.[163] While the *Local Government Act 1898* excluded religious from standing for election, priests often served as chairs of local committees, including committees dealing with health and related matters. In the fraught climate of Ireland after the civil war, the clergy could achieve authority and consensus. Most matrons of county homes were religious sisters as were many of the matrons of county hospitals. When a matron who was a member of a religious order reached retirement age, the Department of Health contacted the superior of the religious order and invited her

[160] *Connacht Tribune*, 11 Aug. 1956.
[161] *Connacht Tribune*, 13 Apr. 1929.
[162] J H Whyte's coverage of the appointment of priests as chairman of vocational education committees, in Whyte, *Church and State in modern Ireland,* pp 37-8, is an exception.
[163] Mary E. Daly, *The Buffer State. The historical roots of the Department of the Environment*, p. 77-8 noted that when the workhouses were being reconfigured under the First Dáil, religious sisters and lay nurses competed for positions as matron; in Leitrim a lay nurse became matron of the county home, and a religious sister became matron of the county hospital.

to nominate a suitable successor. The posts were not filled by the Local Appointments Commission - which filled permanent local authority posts, and the job requirements provided either that the candidate should be a registered nurse, or alternatively should have 'resided [presumably meaning worked] for a period of not less than two years in a general, clinical or other hospital recognised for this purpose by the Minister'. The file relating to the appointment of matrons to Kilkenny county home indicates that these religious sisters held nursing posts in a variety of district hospitals and other nursing institutions before taking up the appointment as matron.[164]

9.109 Local authorities commonly deferred to the advice given by various religious figures about the care of unmarried mothers and their children. Galway county council adopted, without question, the recommendation of the Bon Secours sisters who were in charge of the Tuam Children's Home, that boys should be retained in the home until the age of five, girls until the age of seven and a half years and sometimes later,[165] despite the fact that this was at variance with the practice in other local authorities and contrary to the wishes of the DLGPH that children should be boarded out at two years old. The practice persisted until the Tuam home closed, despite repeated efforts by departmental officials to bring it to an end (see Chapter 15).

9.110 In 1924 the *Connaught Tribune* wrote an enthusiastic account of the Children's Home in Glenamaddy, which was the forerunner to Tuam. This article reflects an unquestioning belief that the religious sisters knew best, together with the opinion that unmarried mothers should not go unpunished, and an awareness of the censorious nature of Irish society towards 'illegitimate' children.

> Better a thousand times that these children should remain in some sort of industrial centre where they would learn a craft and be under the control of sympathetic sisters than they should be put to the shame that might be theirs in a home in the hard world outside, where they would learn their origin before they had been given the opportunity to outlive it and to form their character…One day these little mites, if they survive the rigours of life in such a home, will be projected into life. They will have to start with a heavy handicap. That handicap should be lessened as much as it is humanly possible to lessen it. Their care is a grave responsibility, and one cannot but

[164] Department of Health, INACT/ INA/0/448287.
[165] *Connacht Tribune*, 28 June 1930.

> feel unbounded admiration for these wonderful, motherly nuns, who know every child by name…Whenever possible, mothers should be sent with their charges. It is the negation of justice that nameless little ones should be sent to a home, whilst the parents go free of responsibility.[166]

9.111 When a decision was taken to close the Clare county nursery in Kilrush, the Clare board of health sought the advice of the Bishop of Killaloe, Dr Fogarty about the appropriate treatment of unmarried mother and their children. They invited him to nominate a committee of priests that they could consult. Bishop Fogarty assured them that 'the system selected by your Board could hardly be improved' - sending first-time mothers to Sean Ross. The main difficulties concerned 'how to treat those mothers after they leave Sean Ross, as second offenders are not admitted there'; no satisfactory system had yet been determined 'not even the Nuns at Sean Ross, who have almost world wide experience in dealing with this problem'. [167]

9.112 On the question of whether children who were being raised without their parent(s) should be in an institution, or in foster care, until legal adoption became common, the Catholic Church and religious orders appear to have promoted the merits of institutional care and many local officials and politicians concurred. In 1937 the administrator in the town of Roscrea gave a sermon in St Cronan's Church where he praised the Congregation of the Sacred Hearts who 'gave their lives to this work of assisting the unfortunate Magdalen and her child when friends disown them and the world frowns on them'. He claimed that the Sisters gave the women 'moral uplift', and vocational training. He criticised local authorities for following 'too slavishly the old workhouse tradition of boarding out the little children at too young an age'; he believed they should remain in the care of the religious sisters until the age of six.[168]

9.113 The chief medical officer of North Tipperary was also highly critical of the practice of boarding out children. He suggested that 'with few exceptions, the homes in which they are accommodated are not ideal. The child is given a minimum education and is usually unfit for any but unskilled labour. On the other hand, life for those children in large institutions, like the present industrial schools, would be equally unsatisfactory'. He qualified the latter statement by noting that the religious

[166] *Connacht Tribune*, 21 June 1924.
[167] *Nenagh Guardian*, 2 Dec. 1933.
[168] *Nenagh Guardian*, 27 Feb. 1937.

sisters and brothers who ran these institutions 'do for the children committed to them all that is within the power of the nuns and brothers who manage them to do'. He suggested that smaller homes, with a maximum of 20 children would provide 'more of that family life which the children in the larger institutions lack; and they might serve as a place to which the children could have recourse in after life'. He expressed regret that children were not adopted, as happened in England but he viewed adoption as a charitable act.

> If childless couples took unto themselves some of those babies whose parents do not provide for their future, there would be less reason to be concerned for the fate of the little ones, for persons who adopt children as a general rule treat them as if they were their own. There could be no greater work of charity than that of giving a true home to an infant whose misfortune it was to be born to parents who did not want it. Is there not something in the Gospel about doing for God whatever is done to one of his little ones?[169]

9.114 In 1943 the Joint Committee of Women's Societies and Social Workers sent the DLGPH a lengthy memorandum setting out their findings and opinions on the treatment of children in institutions and children who were in foster homes. It concluded that

> The majority of the children with whom we have been dealing are illegitimate. They are handicapped from the start; the circumstances of their birth and their heredity militate against them. We are told that a large percentage are subnormal, or mentally deficient. The aim should be to give them the normal conditions of the ordinary child i.e. a home with the parental affection and encouragement essential to the proper development of the child.[170]

9.115 Although the DLGPH and the Department of Health consistently pressed for children to be placed in foster care rather than in institutions, many local authorities continued to send children to industrial schools throughout the 1950s and 1960s often in breach of government regulations (See Chapter 11). In doing so they were more in line with the wishes of Catholic religious orders than government policy.

9.116 In 1945 reports of the circumstances surrounding the death of a foster child in Britain prompted an editorial in the *Irish Times*. It cited a case in Derry [Northern Ireland] where an 'illegitimate' infant, who had been boarded out with his mother's

[169] *Nenagh Guardian*, 30 Aug. 1947.
[170] Department of Health, RM/ARC/0/489391.

sister was starved to death, and another case where a Westmeath woman was fined £10 for ill-treatment of a boy who had been boarded out with her by the local authority. The editorial suggested that 'the system as a whole has little to recommend it'. Most of the children were orphans or 'illegitimate'. The editorial urged 'A searching attention to the credentials of would-be foster parents and a system of frequent inspection, preferably by women'.[171] In 1946 the *Irish Times* reported on a speech by R.M. Smyllie (the paper's editor) at the AGM of the Nursery Rescue Society, where he stated that 'An attitude of scorn and patronage towards the unmarried mother was entirely wrong. The problem was a social problem, like TB or cancer, and must eventually be solved by State action'. His focus was on foster children. A second speaker at this meeting advocated the case for legal adoption. 'We want a generous spirit of love and affection shown to our children, so that they may grow up to be useful and fine men and women. We cannot bring that about in Ireland if we have not legal adoption'.[172]

9.117 By the 1940s there is evidence of public pressure for the introduction of legal adoption, and the topic received attention in the newspapers and in Dáil Éireann. During the 1948 general election campaign, John A Costello, who was elected Taoiseach in the inter-party government that was formed after the election, promised legislation on adoption. This appears to be the only occasion in the first 50 years after independence that any issue relating to unmarried mothers featured in an election campaign. Adoption continued to receive newspaper coverage throughout the 1950s and 1960s but the focus was mainly on the children and adopting parents. The *Adoption Act 1952* is yet another instance where the state accommodated the views of the Catholic church (see Chapter 32).

9.118 There were repeated calls from English Catholic charities and occasionally from Irish politicians and clergy for the government to appoint a social worker to the London embassy to work with emigrant women. Such demands tended to blur the lines between material and spiritual welfare - with concerns being expressed about irregular attendance at mass, marriage to non-Catholics in civil ceremonies and unmarried mothers.[173] In 1948 the government established a Commission on Emigration and other Population Problems. Two members of this commission

[171] *Irish Times*, 16 April 1945.
[172] *Irish Times*, 29 May 1946.
[173] Mary E. Daly, *The slow failure. Population decline and independent Ireland, 1920-1973* (Madison Wisconsin, 2006), p. 264.

carried out extensive inquiries in Britain about Irish emigrants, and they sought information on pregnant Irish women. The published report does not contain any substantial information about Irish women who fled to Britain when pregnant; it dismissed, or perhaps evaded, the topic noting that

> for us as a Population Commission, the significance of the problem of illegitimacy rests primarily on the loss by emigration of many unmarried mothers who find it preferable for one reason or another to emigrate rather than to face all the circumstances of an illegitimate pregnancy and confinement in this country.

9.119 The report was the subject of extensive, mostly critical, commentary in newspapers and in Dáil Éireann but there is no indication that this statement about unmarried mothers was noticed. However, despite its inadequacy and brevity, the population commission had highlighted the fact that Irish attitudes towards an 'illegitimate' pregnancy, and conditions of 'confinement' were driving women to England.[174]

9.120 The files relating to boarded-out children reveal instances where officials appear to have failed to distinguish between questions of child welfare and Catholic church teaching. In 1960 Miss Clandillon wrote to a parish priest in Lancashire concerning two sisters who had been in foster care in Ireland and were now working in England. They were aged 21 and 16 respectively so they were 'free agents' and no longer the responsibility of Irish social services. She asked him to send a priest to their address 'to see whether the surroundings are suitable and whether the girls are attending to their religious duties'. She claimed that she was writing on behalf of their 'anxious' former foster mother. Miss Clandillon wrote to another parish priest in England to inquire about the mother of a girl, now a teenager, who was in foster care in Ireland. The mother had married and was living in England. She and her husband had visited her daughter and they planned that she would go and live with them when she reached the age of 16. Miss Clandillon was 'rather worried about the matter as it is not clear whether the marriage took place in the Catholic church or whether the X are suitable people to have the care of Y'. She asked whether 'the family is known to your clergy'. The department inspectors and local authority officials were particularly concerned about cases where a child born in England to an Irish mother was being placed for adoption. When Miss Clandillon received adoption papers from a Scottish local authority with a request

[174] Daly, *The slow failure*, pp 285-9.

that she arrange for the mother, who had returned to Ireland, to sign them, she advised the local authority children's officer to defer action, until investigations had been made as to whether the adopting family were Catholic. She noted that in a recent similar case, a representative of the CPRSI had travelled to Britain, and arranged for the child to be brought back to Ireland for adoption. She noted that the child in this Scottish adoption case appeared to be in his teens (unless as Miss Clandillon noted, the date of birth given was an error), which might mean that he had been living with the prospective adoptive parents for some time but that consideration does not appear to have prevented her from suggesting that their religion should be investigated.[175]

9.121 An article on lone mothers in twentieth-century England 'challenges the notion that social attitudes became increasingly enlightened over the century'. Thane noted that there was 'moral panic' over teenage mothers in 1960s England because the 'illegitimacy' rate was rising; there were similar concerns in the United States.[176] In Ireland, where the 'illegitimacy' rate remained significantly below the figure for the early and mid-1940s, there is less evidence of moral panic; throughout the 1950s 'most of the bishops were still preoccupied with the same kind of topic as had concerned them in previous years, and their attitudes on these topics had not changed. Indeed, the choice of subject sometimes showed a harking back, not just to the immediate past, but to the Ireland of pre-war years, such as the evil of dance halls'.[177] Repetition of the same warnings for several decades probably blunted their impact.

9.122 The proportion of Irish unmarried mothers who gave birth in mother and baby homes was at its height in the 1960s and the overwhelming majority of the babies were adopted. By the end of that decade, however, the expanding numbers of social workers working with socially-committed clergy such as Fr Fergal O'Connor, were beginning to offer pregnant women an alternative to entering a mother and baby home in the form of family placements. By the late 1960s there is emerging evidence of a more sympathetic attitude towards unmarried mothers on the part of some Catholic clergy. This change in attitude reflects greater activism among some Catholic priests about social issues, such as housing, poverty, and rural decline, plus the fact that a growing number of priests had worked as pastors to

[175] Department of Health, RM/ARC/0/489433.
[176] Thane, 'Unmarried motherhood in twentieth century England', p. 12. Thane & Evans, *Sinners? Scroungers? Saints?* p. 132; Solinger, '*Wake up little Susie*, pp 20-40.
[177] Whyte, *Church and state in modern Ireland*, pp 303-4.

Irish emigrants in Britain, where they were confronted with a variety of personal and social problems, including unmarried mothers. The introduction of liberal access to abortion in Britain in 1967, and evidence that unmarried pregnant Irish women were seeking abortions in Britain, was also a factor prompting greater sympathy towards unmarried women who continued with their pregnancy. In 1969 Fr Eoin Sweeney, who had worked for some years as a chaplain to Irish emigrants in England, published a short paper in the Catholic journal *The Furrow* on 'The pastoral care of unmarried mothers'.

> The unmarried mother is not a prodigy. She has always been a factor in society, in every social category, and always will be. Education, profession or social status is not a guarantee against this misfortune. And the average girl to whom this happens is a perfectly normal girl, not a psychiatric case. However from the moment that she first realises her plight, she goes through a period of intense strain, sometimes verging on desperation.[178]

9.123 But efforts to establish a non-denominational council for unmarried mothers - an Irish equivalent of Britain's National Council for the Unmarried Mother and her Child - were thwarted by a determination on the part of some Catholic clergy to preserve the status quo. In a memorandum sent to all the bishops and to the directors of Catholic adoption societies in January 1971, Fr Barrett, who was about to step down from his long involvement with the CPRSI and Catholic social services in the Dublin archdiocese, stated that a lay-run, non-denominational organisation would have an

> utter lack of understanding of the nature of the unmarried mothers' problems. Neglect of her religious duties - Mass, the Sacraments and prayer - is very often the cause of her fall. Repair of that neglect contributes very much towards her rehabilitation.[179]

9.124 This reiteration of the links between religious practice and penitence restated the case for sending unmarried mothers to mother and baby homes. This argument was not unique to Ireland. Morton, who wrote the history of the Cleveland (USA0 mother and baby homes, stated that 'Because of the belief that conversion, whether religious or psychological, is best achieved within an institution, maternity homes remained committed to institutionalization long after it ceased to be

[178] Owen Sweeney, 'The pastoral care of unmarried mothers', *The Furrow*, xx, 10, (10 Oct. 1969), p. 542.
[179] Press cutting on Department of Health, INACT/INA/0/448171.

standard social welfare practice'.[180] The total number of women in Irish mother and baby homes peaked in the 1970s, though their stay was significantly shorter than in the past.

9.125 When Margaret Bramhall addressed a conference in Kilkenny in 1970 on the unmarried parent in Irish society she opened her speech with the statement that 'Illegitimacy is a subject that until recently was rarely discussed in respectable society',[181] and she informed the audience that she was not speaking about Ireland. By 1971 the Department of Health and local officials were taking steps to give pregnant women greater choice both in terms of the late stages of her pregnancy and future arrangements for her child. Thane and Evans, writing about England, suggest that changing attitudes towards single mothers from the 1960s onwards 'owed little to conscious government action'.[182] In Ireland, the silence in Dáil Éireann and the newspapers when the Unmarried Mothers Allowance was introduced in 1973 suggests that the government may have been in advance of public opinion (See chapter 12).

9.126 Attitudes towards unmarried mothers in Ireland reveal many similarities with those found elsewhere, but there were important differences. Irish families were less willing to provide a home and support to a daughter who had given birth outside marriage and her child. This was due to a combination of factors - large families, poverty, but above all a concern with respectability and a family's status in the community. In the late 1960s the number of unmarried mothers who kept their child was substantially lower and the proportion of 'illegitimate' babies who were adopted was substantially higher than elsewhere. In 1971 Fr Barrett claimed that 'Parents are not overly sympathetic to pregnant daughters and those allowing them to come home are very small'.[183] Adoption was introduced later than in any other European country except the Netherlands, partly because there was limited demand (this was a factor promoting legislation for legal adoption elsewhere), and because of the need to enact legislation that accommodated the views of the Catholic church. Psychology and social work were disciplines that were slow to develop and they therefore had a minimal role in provisions for unmarried mothers before the 1970s. The decades after 1970 are marked by a determination to preserve the constitutional ban on divorce and the prohibition on contraception,

[180] Morton, *And sin no more*, pp 50-52.
[181] Department of Health, INACT/INA/0/448171.
[182] Thane & Evans, *Sinners? Scroungers? Saints?* p. 3
[183] Department of Health, INACT/INA/0/448171.

and the enactment of a constitutional amendment protecting the life of the unborn, but this rear-guard action to preserve Ireland's distinct moral and legislative culture coincided with a steady rise in the number of unmarried mothers.

Chapter 10: County Homes

Introduction

10.1 The unmarried mothers and children who were in county homes have attracted much less attention than those in the mother and baby homes but there is conclusive evidence that they experienced much worse physical conditions than the women who were in mother and baby homes, with the exception of Tuam and Kilrush. In addition, the women in county homes had to carry out onerous and unpleasant work for which they were not paid, sometimes for several years.

10.2 County homes were the successors to the workhouses established under the *Poor Relief (Ireland) Act 1838* to provide indoor relief for all categories of poor and needy - the aged and infirm, destitute, homeless, tramps, and single mothers and their children. The policy outlined by the First Dáil and the Irish Free State was to abolish the workhouses, providing for those in need in the community where possible, and creating specialist institutions for those who required institutional care. A number of workhouses, renamed county homes, would accommodate the aged and infirm and those with disabilities. Unmarried mothers would be sent to homes that were exclusively for them; children would be placed in foster homes, though it was unclear where unmarried mothers of two or more children would be accommodated. Yet despite this intent - which was frequently reiterated - until the 1950s, the county homes continued to shelter the same disparate categories of adults and children as were found in Irish workhouses before 1919 including substantial numbers of unmarried mothers and their children and children without their mothers. In 1927 a former clerk of Baltinglass Poor Law Union told the Commission on the Relief of the Sick and Destitute Poor that the county home was 'practically the workhouse in another name'.[1]

10.3 The major change after independence was that services were organised on a county basis; the 19th century poor law unions ignored county boundaries. Most counties designated a former workhouse as the county home. Cork, the largest county, was divided into three health districts: north, west and south, with their three respective county homes, in Mallow, Clonakilty and Cork city.[2] There was no county home in Louth; the men, women and children who could elsewhere be

[1] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, ninth day, 15 July 1925.
[2] See chapter on Cork County Home, chapter 28.

accommodated in county homes were maintained in three district hospitals.[3] The pre-1922 financial and governance structures survived almost unchanged. Health and welfare services were funded by rates - a local tax on land and property - and they were overseen by a county board of health, consisting of elected councillors and a number of co-opted members. With finance and governance locally-based, practices varied between the various health authorities. Affluent counties were not necessarily more generous in providing for the needy. When Ireland was part of the United Kingdom the Local Government Board Ireland, based in the Custom House, oversaw the poor law system; it established regulations that applied to all unions; carried out inspections; applied sanctions for failure to observe regulations, and it authorised loans to poor law unions for capital expenditure. This administrative system survived after independence, with the DLGPH replacing the poor law commissioners. The Irish poor law/welfare system continued to be governed by pre-independence legislation until 1942 when the *Public Assistance Act* 1939 came into effect and which incorporated much of the earlier legislation (see Chapter 1)

Single mothers and children in county homes

10.4 A witness to the Commission on the Relief of the Sick and Destitute Poor (the 1927 commission) estimated that, in 1925, 1,000 of the 1,662 'illegitimate' births took place in either a county home or a district hospital. Dublin was an exception; the majority of unmarried mothers did not give birth in a local authority institution; they gave birth either in the city maternity hospitals or in private maternity homes.[4] The Dublin maternity hospitals appear to have been unusual in admitting unmarried mothers; elsewhere these women tended to be excluded from the main hospitals. Some women left the county home or district hospital with their baby shortly after the birth, others became long-term residents.

10.5 There were 772 unmarried mothers in county homes in 1926; 391 were mothers of two or more children. As the number of places in mother and baby homes increased during the 1930s, there was a gradual decline in the number in county homes. In 1939 there were 584 unmarried mothers in county homes; this fell to 582 in 1942 and to 450 by 1949. Unmarried mothers continued to be found in

[3] Donnacha Seán Lucey, *The end of the Irish Poor Law? Welfare and healthcare reform in revolutionary and independent Ireland* (Manchester, 2015), p. 42.
[4] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, seventh day, 25 June 1925.

county homes throughout the 1950s and occasionally in the early 1960s. On 31 December 1963 there were only three unmarried mothers in county homes - in Cashel and Midleton.[5]

10.6 During the 1920s and 1930s, the Department of Local Government and Public Health (DLGPH) inspectors made considerable efforts to have first-time mothers removed from county homes. In 1926 Miss Fitzgerald-Kenney urged the Kerry board of health and public assistance to send them to Bessborough because that would give the women a 'chance of reclamation'. The department issued a circular to all boards of health and public assistance in 1929, seeking information as to the number of unmarried mothers in county homes; local authorities were asked to submit those statistics on a six-monthly basis. The statistics were undoubtedly used to inform decisions about the need for additional places in special homes, and they enabled the department to monitor whether counties were implementing the policy of removing unmarried mothers from county homes. Donnacha Lucey documents a succession of letters to the Kerry board of health and public assistance in the early 1930s, all urging that unmarried mothers should be transferred from the county home to Bessborough. He describes the 'DLGPH's identification of women in county homes who it wanted sent to Bessborough' as 'thorough and systematic'.[6]

10.7 In the 1920s women from the South Cork board public assistance area, who were seeking admission to Bessborough, were first admitted to the Cork county home (which later became known as St Finbarr's), and until a maternity unit opened in Bessborough in 1930 most of the women gave birth in the county home and were then transferred to Bessborough. In 1930 the Mother Superior in Bessborough explained that many women refused to go to the county home before being transferred. She suggested that they should be admitted directly to Bessborough with a note from a home assistance officer, a local authority medical officer or the Bessborough medical officer. The South Cork board approved this arrangement for their area; women from other health areas would first have to enter the county home.[7] In the early years South Cork paid for the maintenance of women from outside their area in Bessborough; in December 1930 they wrote to the minister

[5] Department of Health, INACT/INA/0/464099.
[6] Lucey, *The end of the Irish Poor Law*? p. 96.
[7] South Cork, Board of Health and Public Assistance, minutes, 26 Mar. 1930.

demanding that the cost should either be a national charge, or local authorities should pay.[8]

10.8 Women were likewise admitted to Pelletstown in the 1920s and early 1930s via the Dublin Union and many women gave birth in the Union (see Chapter 13). In the 1920s a pregnant woman or mother of a new-born infant who sought admittance to the Dublin Union was interrogated by the porter about her circumstances, including the identity of the putative father of her child.[9] In the Donegal county home in Stranorlar the storekeeper was rewarded for investigating the personal circumstances of unmarried mothers and eliciting payments towards the maintenance of mother and child from either a putative father or her family.[10] Some of the women admitted to special mother and baby homes were subject to similar inquisitions by their local authority.

10.9 Records from the war years show that PFIs (women who returned from England either pregnant, or with a new-born infant), were frequently admitted to the Dublin Union for a brief period before being transferred to a mother and baby home. When a mother and child left Bessborough or the other homes run by Congregation of the Sacred Hearts, her child was often sent to the county home prior to being boarded out. The records of the Kilkenny county home at Thomastown reveal many instances of children, who were born in Bessborough or Sean Ross and maintained there by Kilkenny board of health and public assistance, being transferred to the county home, prior to boarding out. If, however, the child had special needs or some physical ailment he/she might remain in the county home for many years, and children who had been placed in foster homes might be returned to the county home at a later date (see Chapter 11).

10.10 Local authorities appear to have distinguished between the women who were admitted to special mother and baby homes and those who remained in county homes, and this distinction was not just between first-time mothers and women who were pregnant for a second time. Lucey suggests that 'similar to pre-independence workhouses, county homes were utilised mostly by poorer women who were more knowledgeable of the poor law system'. By the 1930s Kerry board

[8] South Cork, Board of Health and Public Assistance, minutes, 31 Dec. 1931.
[9] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, fifth day, 23 June 1925.
[10] 'Tirconaill Central Home', *Donegal News*, 2 June 1923, 1.

of health and public assistance was maintaining women in Bessborough, including women from more comfortable families, who would not normally qualify for poor relief. 'While unmarried mothers in county homes were invariably poor, more middle-class individuals were willing to turn to mother and baby homes'.[11] The private (that is those owned and run by religious congregations such as Bessborough) mother and baby homes had the discretion to reject a woman or expel her from the home. In 1927, for example, the Sisters refused to re-admit a young woman who had recently left Bessborough in a fit of temper when asked to change sleeping apartments. The Sister reported that she had been 'very unsatisfactory, insubordinate, and from our experience of her misconduct we consider her of a very low type. Owing to such bad influence with the other girls we think it advisable not to admit her'. This young woman was in the South Cork Union.[12]

10.11 Local authorities had absolute discretion over whether they would pay for a mother and her child in a special mother and baby home. Women had no statutory entitlement to maintenance in a special home, and the files reveal some unseemly wrangles between different local authorities as to who was financially responsible for her maintenance. Some local authorities refused to send any women to special mother and baby homes, despite being repeatedly urged to do so by the DLGPH. In 1940, the department inspector Miss Litster reported that counties Kerry, Limerick, Roscommon, Louth and Wicklow refused to send any women to mother and baby homes 'except by special arrangement'. Women in Mayo and Galway were sent only to Tuam; counties Donegal, Sligo and Wexford did not as a rule send women to special homes.[13] In 1947 the Roscommon county manager refused to pay for a pregnant woman who was returning from England to go to anywhere other than the county home - which she refused to enter.[14]

10.12 Until the 1950s, Pelletstown and Tuam, both under local authority control, and Bethany were the only mother and baby homes to admit mothers on a second or subsequent pregnancy, so most of these women had no alternative to the county home. For example, a woman whose first baby was born in Sean Ross was admitted to the Waterford county home on her second pregnancy.[15] The mother

[11] Lucey, *The end of the Irish Poor Law?* p. 95.
[12] South Cork, Board of Health and Public Assistance, minutes, 3 Aug. 1927.
[13] Department of Health, RM/ARC/0/489391.
[14] Department of Health, RM/ARC/0/489984.
[15] Department of Health, RM/ARC/0/489989.

and baby home in Dunboyne, which opened in 1955 was initially designed to cater for mothers who were giving birth to a second or subsequent child. Women in bigamous marriages, widows and married women with extra-marital pregnancies were generally admitted to county homes, because they would not be accepted in the mother and baby homes. A file from the Department of Health concerns an Irishwoman whose English 'common law' husband was in prison. She and her four children were repatriated to a county home in Ireland.[16]

10.13 A woman's family background, her employment and intellectual and physical capacities appear to have commonly been considered when a local board of health or a county manager was determining whether to send a woman to a mother and baby home or a county home. A report by the DLGPH in 1944 noted that 'the mothers who go to County Homes are mainly drawn from the poorest class' and they generally had one or more children.

> Such mothers, unless their parents are willing to keep them up to a short time before confinement, go to their County Home fairly early in pregnancy. In most County Homes they receive adequate and nourishing food and extra milk. There is no need for any attempt to conceal their condition, and in general girls of this class are more philosophic, more willing to accept consequences, as inevitable, than those drawn from a class where appearances count for a good deal. They have no anxiety about getting back to their work which is often of a casual nature.[17]

10.14 The attitudes reflected in this report influenced decisions as to where a particular pregnant woman would be sent. Women from poorer families who contacted charitable agencies catering for unmarried mothers, such as St Patrick's Guild, were commonly referred to a county home. Miss Cruice of St Patrick's Guild told the Commission on the relief of the Sick and Destitute Poor that she would assist 'a sensible girl who realises her fall and is anxious to regain her good name or to conceal the fact that she did fall…The other class of girl, the wanton girl, is mentally deficient. There is a slight mental deficiency in nearly every one of them. If I find that girl, a half lunatic in some cases…I try to send her to the Dublin Union'. She admitted that she would 'coax' 'girls' who lacked money to go into the Union.[18]

[16] Department of Health, RM/ARC/0/489986.
[17] Department of Health, RM/ARC/0/489773.
[18] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, twelfth day, 22 Sept. 1925.

10.15 The county home was also the default institution for women who were rejected by the special homes, or transferred from these homes, because they had physical or intellectual disabilities, or they had contracted a venereal disease. One woman who was unable to walk - she was described as a 'cripple' - had been resident in Sean Ross before being sent to a Dublin maternity hospital to give birth (presumably for medical reasons). When she was discharged from hospital, Sean Ross refused to readmit her so she was sent to the county home - much to the distress of her family, who had several cousins who were 'inmates' in that county home.[19] A 1949 report on the Wexford county home at Enniscorthy noted that there were two pregnant unmarried women in the home 'both regarded as sub-normal…The number of mothers coming within this category appears to be on the increase. This bodes ill for the average intelligence of children in the County Homes'. There are several references in inspection reports of county homes to unmarried mothers who had tuberculosis,[20] and there is some evidence that women with tuberculosis were excluded from special mother and baby homes.

10.16 In one case a county manager wrote to Miss Litster concerning an appropriate placement for a single mother. The woman's father owned a 50-acre farm. He commented

> Normally one would assume that a girl coming from such a home would be suitable for some of the special homes [i.e. mother and baby homes], but I do not think that the father is much use and the social and family background - apart from the mental stature of the girl - does not indicate that the case is one for such an institution.

10.17 He proposed that she be transferred to the county home, despite a clear policy from government at this time to remove unmarried mothers from county homes. There are similar examples of prejudicial judgements relating to women being repatriated from England during the 1940s and 1950s. The CPRSI determined that one woman was not suitable for a special home because she was 'incapable of thinking for herself', and suffered from 'nervous tensions', so she was sent to the county home in Killarney. A young woman, who it was claimed wanted to be admitted to Castlepollard but was described as a 'mental defective', was sent to

[19] Department of Health, RM/ARC/0/489984
[20] Department of Health, INACT/INA/0/476463.

her county home in 1952. Another woman, who was described as 'handicapped', was admitted to the county home in Athy.[21]

10.18 Some women refused to go to their local county home because of fears that their pregnancy would become known to neighbours or family. By the 1940s a number of councils were making arrangements for women to be admitted in a different county. A married woman, who was separated from her husband and pregnant, was admitted to the Kilkenny county home in Thomastown rather than her local county home in Cashel. Another woman, who refused to go to the county home in Roscommon because she claimed that she had relatives working there, agreed to go to the Leitrim county home in Manorhamilton. She was eventually admitted to the Longford county home because Roscommon did not have a reciprocal arrangement with Leitrim. In another case, a Department of Health inspector tried to arrange that a woman who was chargeable to Louth would be admitted to another county home because she refused to enter any of the district hospitals in the county. This type of arrangement appears to have been initiated by the public assistance authorities in Donegal and Sligo; both counties had refused for many years to send women to special mother and baby homes. But in 1952 when the Department of Health queried why this arrangement was not being observed, an official in Sligo county council reported that all the unmarried mothers in the county home refused to go to Donegal because they wanted to stay close to family and friends. When one young woman, who was in an advanced state of pregnancy (her first child), was asked if she would go to another institution 'she became hysterical', and refused to leave the Sligo county home.[22]

A number of women expressed a wish to be admitted to a county home rather than the special mother and baby homes. One woman asked for a transfer to her local county home - in Newcastle West - because she was unhappy in Castlepollard. In 1952 Miss Litster reported that first-time mothers were still being admitted to the county home in Killarney. It was claimed that some were unwilling to go to Bessborough because of 'fear of a lengthy period of detention or hope that, if they are in the County Home their relatives may take them and their babies home in a short time'.[23] On another occasion she commented that 'there is a good deal to be said for admission to this [Wicklow] County Home'; babies were boarded out earlier than in the special

[21] Unless otherwise indicated all these cases, and those cited later in this chapter come from the repatriate files and files of women who approached the Department of Health seeking assistance. Details of these files are given in Part 5: Archives
[22] Department of Health, INACT/INA/0/538765.
[23] Department of Health, INACT/INA/0/447861.

homes, so the mothers were not detained for as long, and there were classes in domestic economy.[24]

10.19 There was a wide variation in the length of time that mothers spent in county homes. Some remained for many years, but others left within a few days' of giving birth. Over 40% of women in the Donegal county home in Stranorlar were resident for less than 50 days in every decade (see Chapter 29A). A report by the DLGPH dating from the late 1940s noted that 'It is difficult to make any calculation as to the number of such [long-stay] cases. The attitude of parents towards the return of their daughter in such circumstances is not predictable, and while a large number may return home in one year from one institution, none may be permitted to do so in the following year'. It estimated that roughly 300 of the 1,000 children who survived infancy were taken home by their mothers - though it was unclear what arrangements were then made for their care. 'A number remain with their mothers in the County Homes and at a suitable age find their way to Industrial Schools generally through the good offices of the district inspector of the NSPCC'. This was usually done through a private arrangement between the child's mother and the NSPCC inspector and was not disclosed to the county home.[25]

Physical conditions and diet

10.20 In 1949 the government established an inter-departmental committee to report to the Minister for Health on the reconstruction and replacement of the county homes. This report suggests that not much had changed since the Commission on the Relief of the Sick and Destitute Poor had reported more than 20 years earlier. Although 5,208 of the 8,585 'inmates' nationwide were over 65 years or younger adults who were described as 'chronic sick', the remaining one-third included 'other adults': 'mental defectives', blind, deaf mutes, casuals and 450 unmarried mothers and 829 children.

10.21 This committee repeated the recommendation made in 1927 by the Commission on the Relief of the Sick and Destitute Poor that county homes should be reserved for the aged and the chronic sick and should 'cease to be institutions housing a variety of persons for whom specialised accommodation is obviously more desirable'. The committee members recommended that unmarried mothers should be removed to special homes; additional special homes should be provided by

[24] Department of Health, INACT/INA/0/430895.
[25] Department of Health, RM/ARC/0/489778.

groups of counties and placed under the control of 'appropriate organisations specialising in the care of unmarried mothers and their children'. All children should be removed from county homes. The committee described boarding out as a 'reasonably satisfactory method of dealing with this problem', and recommended that it should be extended. Children for whom foster homes could not be found should be placed in industrial schools. Additional special homes should be established to accommodate children who were below the normal age for boarding out and for 'unmarried mothers for such time as it was found necessary for them to remain with their children and be maintained by the local authority'.[26] The committee made no reference to adoption.

10.22 During the 1950s the Department of Health kept up a sustained effort to have unmarried mothers and children removed from county homes. They monitored the statistical returns on numbers in county homes; department inspectors recorded personal details of the children and mothers in the county homes and there were frequent follow-up letters from the department, asking whether any action had been taken to remove named children (aged over two years) from a county home. It is important to recognise that county homes provided emergency accommodation for needy women and children. During the 1950s occupants included children whose parent(s) were being treated for tuberculosis in sanatoria; children and mothers with a parent(s) or spouse in a mental hospital, deserted wives and homeless families (Some of the women and children in the Tuam Children's Home had similar profiles). A 1953 inspection of the Kildare county home in Athy noted that 'This County Home generally has a fleeting population of families admitted because of eviction, unemployment, illness of one or both parents or some other cause of break in family life'.[27]

10.23 Unmarried mothers continued to give birth in county homes during the 1950s. A Department of Health file dated 1952 lists maternity beds reserved for unmarried mothers in most county homes. Medical care was provided by the medical officer attached to the county home, though some counties were no longer delivering women in the county home - all Sligo women gave birth in the county hospital, likewise in Tipperary South, and Limerick. In Meath women gave birth in Trim

[26] Department of Health, *White paper on the reconstruction of county homes and improved care of the aged and other classes at present in county homes* (Dublin, 1951).
[27] Department of Health, INACT/INA/0/448082.

maternity hospital which was in the grounds of the county home.[28] Many women who gave birth in county homes left shortly after the birth. A report on the Wexford county home in 1951 noted that women were entering the home at a very late stage in pregnancy, sometimes after giving birth, and they were exiting the home at an earlier stage; 'many discharged mothers return with baby to their employment. No means of knowing type of care. At least the baby is in the mother's care'. Most single mothers in county homes were described as domestic servants or were working in the parental home. The inspector suggested that higher wages and better job prospects (an increasing number of young women were refusing to take jobs as domestic servants in Ireland) accounted for the late admissions and early discharges.[29]

10.24 In 1952 the Department of Health issued instructions that 'If unmarried mothers are confined in county or district hospitals each mother and child should be discharged to the appropriate special homes at the end of the puerperium, approximately 30 days after delivery'.[30] Despite this instruction, single women continued to give birth in county homes until the early 1960s. There are references to children who were born in the Monaghan county home in Castleblaney in 1961, though on each occasion the mother and child left shortly after the birth.[31] There were seven mothers - six single, one married - in the Limerick county home in Newcastle West in 1962. When the department challenged Miss Reidy, the inspector, to explain why the women had not been sent to special homes she reported that the special homes would be reluctant to accept most of the unmarried mothers who resort to county homes; many of these cases would have a bad moral influence on the usual 'inmates' of the special homes and she saw no alternative to accommodation being provided as required for such cases in county homes.[32]

10.25 The department was not convinced by these arguments, because other local authorities were no longer admitting unmarried mothers to county homes. There was one unmarried mother in the Carlow county home in October 1963.[33] On 31 December 1963 unmarried mothers were found in only two county homes - Cashel (Tipperary South) and Midleton (Cork). The Department of Health noted that

[28] Department of Health, NATARCH/ARC/0/413869.
[29] Department of Health, NACT/INA/0/476463.
[30] Department of Health, INACT/INA/0/443008.
[31] Department of Health, NATARCH/ARC/0/409782.
[32] Department of Health, INACT/INA/0/ 449398.
[33] Department of Health, INACT/INA/O/425267

'anything approaching a "colony" of unmarried mothers in a county home is for all practical purposes now a thing of the past'. They conceded that 'It is unlikely, however, that admissions of unmarried mothers to county homes will cease entirely. Women far advanced in pregnancy or with some special reason of their own for not going to the special homes will occasionally look for and be granted accommodation in a county home'.[34]

10.26 The reduction in the number of unmarried mothers giving birth in county homes was partly due to an expansion in the number of maternity beds in provincial Ireland. In the 1950s a number of county hospitals reserved specific numbers of beds for unmarried mothers, but that was not standard practice. Some county homes had provided maternity care for married as well as single women but that gradually ceased. In the early 1950s the Wicklow county home in Rathdrum appears to have been used by dispensary doctors as a 'dumping ground' for difficult maternity cases; complex paediatric cases were also sent to the county home without any prior notification - this practice reflected inadequate hospital facilities within the county and difficulties in having Wicklow cases admitted to Dublin hospitals. The maternity unit at the Wicklow county home closed in 1955 because the county medical officer was not satisfied with the quality of medical care.[35] Midwifery ceased in the Donegal county home in 1960.

Conditions in the Homes

10.27 All county homes were located in former workhouses. During the course of their investigations, the Commission on the Relief of the Sick and Destitute Poor, which reported in 1927, visited every county home. The majority were in very poor condition. Whether this reflects a lack of investment prior to 1920 or the fact that many of these institutions had been occupied by military forces - British forces, the Irish Free State army and the anti-treaty IRA - is not clear - but their poor condition is not in question. They concluded that the county homes were 'not fit and proper places' to accommodate their residents. They set out some basic essentials - 'good water supply and sanitary and bathing accommodation; well-ventilated wards, good beds, sufficient dormitory accommodation, good kitchen and laundry arrangements and possibly, above all a sympathetic and maternal administration'. They described the sanitary and bathing facilities, and the kitchen, laundry and day rooms in some homes as 'extraordinarily bad'. The wards needed improvement.

[34] Department of Health, INACT/INA/0/464099.
[35] Department of Health, INACT/INA/0/430895.

The county home in Cavan presented 'a cheerless appearance and everywhere looked gloomy and cold'. The accommodation provided for unmarried mothers and their children was 'only moderately good'. The West Cork county home in Clonakilty was 'one of the most primitive institutions in the country'; it was 'doubtful if it has been improved in any way since it was built. The walls are unplastered, the water supply is poor and the kitchen is not good. The sanitary accommodation is very bad'. This home contained 23 unmarried mothers and there were 55 children in the nursery. Some of the children, despite being of school age, were getting no schooling. There were 38 unmarried mothers in the Kilkenny county home in Thomastown; only eight were 'first offenders'. The water supply was 'bad', bathing and sanitary accommodation was 'very bad', and the standard of comfort 'from a home point of view poor, little effort being made to brighten the lives of the aged and infirm or to reform those who, through moral weakness, were obliged to seek shelter there'. The accommodation in the attached maternity department was 'insufficient' - and the inadequate water and sanitary services presumably included the maternity unit.

10.28 Thomastown had 41 children under three years, and 17 aged over three - these 58 children slept in 23 cots (see Chapter 30). In the case of the Laois county home the Commission on the Relief of the Sick and Destitute Poor commented that it did not appear that 'any great effort had been made to justify the change in name from Workhouse to Home'; the accommodation in the attached maternity unit was 'not good'. The Leitrim county home at Manorhamilton had a low standard of comfort: 'the walls of the wards are not plastered; there is no bathing accommodation, and except for a flush closet in each of the yards, no sanitary accommodation. Except on the ground floor there is no method of heating any of the wards. The kitchen is poor and the laundry primitive'. The adjoining county hospital, which had a maternity unit attached, appears to have been better. The Longford county home 'has not yet advanced much beyond the poor standard of workhouse comfort' and the accommodation in the maternity department was 'not good'. The Meath county home in Trim was described as 'a gloomy depressing institution, indifferently managed…in no way changed, [from its days as a workhouse] except for the worse'. Pregnant women were sent to await confinement in a maternity hospital on a separate site. Some male and female 'inmates' in the Roscommon county home were sleeping two to a bed.

10.29 The seven school-going boys in the Tipperary South county home in Cashel attended an outside school, but they mixed with the male 'inmates' in the county home - which the 1927 Commission described as 'unsuitable'. Although the Cashel town water supply 'comes practically to the building' it was not connected to the county home, and bathing conditions were 'totally insufficient'. Female children were housed in a shed at the back of the home. There was a maternity ward - which presumably lacked proper water and sanitation. The water supply at the Donegal county home was 'bad'; there were no flush toilets in 'the body of the home and the contrivances in the yards are very bad and rather revolting'. Elderly women, 'lunatics', 'imbeciles' and unmarried women were all herded together. The home was fully occupied and occasionally overcrowded. Accommodation for unmarried mothers and their children in the Westmeath home was 'bad - the whole place wanting in comfort'; there was an attached maternity hospital. Accommodation in the Wexford county home at Enniscorthy was described as 'ample, but rough'.

10.30 In Carlow, Cavan, Cork North and South, Kildare, Kilkenny, Louis, Leitrim, Longford, Meath, Offaly, Tipperary South, Westmeath, Wexford and Wicklow there was some form of maternity unit attached to the county home. While some counties such as Westmeath admitted only unmarried mothers, others delivered the babies of both single and married women. It is not clear whether a qualified midwife or a doctor was in attendance. The Limerick county home at Newcastle West appears to have been among the best in the country. Considerable money had been spent; sanitary arrangements were described as 'good', there was a storage tank for water, 'a good kitchen, laundry, and engine house', presumably for heating the home. The former workhouse at Castleblayney, Co Monaghan, was being reconstructed and the commission expressed the belief that it would be 'suitable' when work was complete. The Offaly county home was located in the former Tullamore workhouse. While the premises had been improved and the commission described the management as 'good and sympathetic', sanitary and bathing arrangements 'should be improved'. The commission was not prepared to blame the local authorities for the poor condition of the homes, but it did state that 'a continuance of the present conditions would be a serious blot on the Schemes

adopted for the purpose of improving and humanising the administration of public assistance'.[36]

10.31 There is no evidence of significant improvements to most county homes until the 1950s. Under the *Public Hospitals Act 1933*, the sections of county homes which were used as an infirmary were eligible to receive funding from the Hospitals Trust,[37] but the only such institution that was funded was St Kevin's Hospital in Dublin which was on the same grounds as the Dublin Union. By contrast there was significant capital investment from the Hospitals Trust in the mother and baby homes run by the Congregation of the Sacred Hearts.

10.32 Waterford is one of the few county homes for which inspection reports survive for the 1930s. In February 1933 indoor lavatories and bath accommodation was 'lacking throughout the institution'. Nine wards had no ceilings - i.e. the rafters were exposed. Dust continually fell down, as did water when the floors in upstairs wards were being washed. The 'inmates' were segregated. Able-bodied women, who were almost exclusively unmarried mothers, had no dining room, or day room; the only space available to them for eating or any form of relaxation was their sleeping quarters. By 1934 there were hopes that the water supply to the home would soon improve.[38] There is no indication that Waterford was atypical. Some improvements were carried out during the 1930s; many county homes were connected to mains water supplies and mains electricity, and other minor works were carried out. The white paper on the reconstruction and improvement of county homes quoted the report of an inter-departmental committee established in 1949, which concluded that

> while the buildings are sound and spacious, they are lacking in comfort and amenities. In general, the day rooms and dining rooms are cheerless and badly furnished. They are frequently unceiled and have unplastered walls. These factors combined with unsatisfactory lighting and rough bare floors render the atmosphere depressing.
>
> There is considerable variation in the standard of the kitchens and cooking facilities. In some Homes the standard is very good, in others is it so low that the food, while originally of good quality, is unappetising when served.

[36] Commission on the Relief of the Sick and Destitute Poor including the Insane Poor, *Report* (1927), Summary of principal conclusions and recommendations 4, 5, 6, and 7, p. 124.
[37] Hospitals Commission, First Report, p. 8.
[38] Department of Health INACT/INA/O 475469

> The wards are large and commonly have unplastered walls, no ceilings, rough floors, poor beds and bedding, very few chairs or lockers and no dressing tables or mirrors. A number of the wards still have the original central valley or depression which served as a gangway when the inmates slept on straw spread on the raised portion of the floor at either side.
>
> The narrow, steep stone stairways, which elderly and ailing people find difficulty in using, still survive in many Homes. In a number of Homes, however, efforts have been made to improve the staircases by covering them with wood. No County Home has a lift. Windows are generally too small and often have the original workhouse diamond panes and in general they are ineffective either for the provision of ventilation or light
>
> Sanitary and bathing facilities are insufficient and are generally rather crude. Baths are the ordinary deep reclining type into and out of which helpless patients must be lifted, often with great difficulty. Supplies of running water, especially running hot water, are frequently insufficient. Sluice rooms are few. Central heating is a rarity and the standard of heating resulting from the single open fire in a large ward or room is usually quite inadequate. Quite often, too, the fires smoke, thus adding to the prevailing gloom…
>
> The accommodation provided for unmarried mothers and children is, in general, equally unsatisfactory and in particular the committee reported that the environment of a County Home is most unsuitable for children. The nurseries are rough, poorly furnished and lacking in elementary playing facilities. In some County Homes proper segregation of children and adults is not possible.[39]

10.33 Inspection reports confirm the account given above. The county home in Castleblaney was reported in 1926 to be undergoing major improvements. It is unclear whether they were carried out. In 1948 the floor in the day nursery which was used as a dining room for mothers and babies, was 'rotting in many places'; the open fire place was broken; plaster was peeling from the walls and one corner was very damp. The floor in the mothers' dormitory was also rotting and there were large holes along the skirting board and a rat trap under one bed. The nearby bath had not been useable for some months 'as the water cannot get away'; the water supply to the WC was described as 'all right, but the manhole

[39] Department of Health, *White paper on the reconstruction of county homes and improved care of the aged and other classes at present in county homes* (Dublin, 1951), pp 9-10.

outside is constantly getting choked' as it was when Miss Litster visited.[40] In 1952 the nursery in the North Cork county home was described as 'The usual long room on the ground floor opening directly off the yard. Conditions are primitive. No water is laid on. Hot water is brought from the laundry for bathing of babies. There is one WC in the yard. It is also used by the epileptic women. It is not as clean as it might be'.[41] In 1949 the nursery in Enniscorthy contained 16 small and seven larger cots. The cots were described as in good condition, equipped with hair mattresses, but the blankets were worn, old and discoloured from use and washing. There was 'a stock of good new Foxford blankets' - but it is unclear whether they were being used. The nursery also contained five adult beds - two were occupied by mothers who slept there and attended to the children during the night; the others were occupied by 'casual' women: one bed had recently been occupied by a woman who had been brought in drunk by the Gardaí at 10pm.[42]

10.34 Most nurseries were heated by an open fire - with a fire-guard (though there is at least one report where there was no fireguard); the open fire was used to heat milk for children's bottles in several homes.[43] Facilities for washing and feeding the infants varied. In Rathdrum (Wicklow) in 1952 there was a wash-room, which was described as 'dark', plus a large sink with hot and cold water but no WC or bath.[44] The Laois county home in Mountmellick had a bathroom beside the nursery, that was unused because it only had a cold water supply; babies were bathed in small baths beside the fire. Bath water was heated on the open fire. Given that there were children in the room, and this fire was also used to heat the children's milk, there must have been a considerable risk of accidents. Such arrangements raise serious questions about the cleaning of infants' feeding bottles. The only WC was outside in the yard, and it was adult-sized; children used chamber pots.[45]

10.35 In 1948 the nursery in the Waterford county home was also used as a dining room for mothers and children; it was heated by an open fire. Food was brought from a kitchen 'some distance away'. 'A door opening from the nursery directly outside is badly fitting and rain and wind sweep in under the door'. There was no bathroom or indoor sanitary accommodation. When a Department of Health inspector visited

[40] Department of Health, NATARCH/ARCH/0/407915.
[41] Department of Health, INACT/INA/0/ 429074.
[42] Department of Health, INACT/INA/0/466697.
[43] Department of Health, MHS/INA/0/490058.
[44] Department of Health, INACT/INA/0/430895.
[45] Department of Health, MHS/INA/0/490058.

some months later, workmen were carrying out repairs that would address these complaints. However the cooking facilities for 260 people were still inadequate; the inspector recommended that a large cooker - Aga or Esse - should be installed without delay.[46]

10.36 In the Limerick county home, as elsewhere, breastfed infants slept in the mothers' dormitory, other infants slept in the nursery - a room that was roughly 40 feet by 16 with 26 cots; those against the wall were close together with no space between them. A Department of Health inspector estimated that where a nursery was used day and night, '50 square feet may be regarded reasonably as minimum floor space per cot' - the space available was just under half that figure. An adjoining bathroom contained six small baby baths; water was heated in an old-fashioned boiler and then ladled into the baths. There were four outdoor WCs. The older children had access to a day room but the children did not appear to have any toys - except a toy horse on wheels 'from its appearance, [it] does not seem to have suffered by use'. The children were minded by a paid attendant - an elderly woman who was described as 'no doubt kind to them' but 'much too old to enter into play and organised games'. The older children slept in a separate dormitory. The mothers' dormitory contained 27 beds but only six were occupied at the time of this inspection. The walls were 'rough surfaced, painted green below and distempered in pink above'. There were two WCs and a wash basin off this dormitory but no mention of baths.[47]

10.37 The first substantial investment in county homes commenced in the early 1950s when money was specifically allotted in the capital budget for this purpose. Between 1950 and 1952 the main passages in the Mountmellick home were laid with terrazzo flooring; the kitchen was provided with 'excellent cooking facilities; the dining room furnished with covered tables seating four to six adults with good solid chairs; a boiler in the kitchen supplying hot water to the men's bathroom'. The department's inspector described this as 'entirely laudable', before going on to note that 'The contrast with primitive conditions in the quarters allotted to mothers and children is pointed'.[48] Several inspections report that nurseries were recently painted, dormitories ceiled and walls plastered. In Wexford the children's dormitory was a 'large bright airy room, 18 beds, clean and comfortable'. There

[46] Department of Health, INACT/INA/0/475557.
[47] Department of Health, INACT/INA/0/430462.
[48] Department of Health, MHS/INA-0/490058.

was a bathroom off this dormitory with hot water. In 1952 the mothers' dormitory in the Wicklow county home contained 15 beds; good sheets and blankets, flock mattresses - which were seen as a major improvement on straw and similar mattresses. Each mother was provided with a locker - this seems to have been a recent improvement - and was uncommon in county homes at this time. There was a WC and bathroom off the 'old women's ward', which was presumably shared with the old women; and another WC and bathroom on the ground floor, plus five wash basins 'situated in the passage opening directly from outside, and an outdoors flush WC.[49] A 1949 inspection which described identical sanitary facilities said that the hot water supply was 'ample' and 'there is no restriction on baths'.[50] Capital expenditure on county homes was reduced as part of the curbs on public spending resulting from an economic recession in 1956.[51] In 1959 an official in the Department of Health commented that 'the greatest single need in any county home over four or five months of the year, having regard to the type of people accommodated is adequate heating'. This report described 'a circle of inmates huddled together round a fire'.[52]

10.38 The investment in county homes was designed to create appropriate accommodation for the 'elderly' and 'infirm'. Unmarried mothers were not a priority. Inspectors' reports indicate that most unmarried mothers had no privacy or personal space. There is no indication that beds in mothers' dormitories were screened by curtains; in several instances there would not have been sufficient space between the beds. Many homes did not even provide women with a locker to store personal belongings. The lockers in the Kildare county home in Athy in 1952 had been made in the home - they were 'simply tables with a small drawer, closed by a wooden catch, sufficient to hold small personal belongings'.[53] Mothers in the county home in Killarney had to store personal belongings in a suitcase which was kept in a cloakroom. Miss Litster noted that there did not appear to be sufficient room in the dormitory for lockers or chairs.[54] In the Laois county home a four-bedded room contained chairs and a press, plus five cots where children, including one five-year-old boy slept. The two women who slept in the larger

[49] Department of Health, INACT/INA/0/430895.
[50] Department of Health, INACT/INA/0/430895.
[51] Mary E. Daly, *The buffer state – the historical roots of the Department of the Environment* (Dublin, 1997), pp 434-7; see also Chapter 15.
[52] Department of Health, INACT/INA/0/443008.
[53] Department of Health, INACT/INA/0/448082.
[54] Department of Health, INACT/INA/0/447861.

children's dormitory, which contained ten cots, each had a chair and a locker.[55] Providing five wash-hand basins in a passage 'opening directly from outside' indicates a complete disregard for the women's privacy or dignity. Improvements continued throughout the decade. Donegal county home installed central heating in 1962, though by that time there were almost no unmarried mothers and few children in the home.[56]

10.39 In the years following World War II efforts were made to provide play spaces or leisure activities for the children in county homes. In Enniscorthy in 1949, 20 toddlers and children used a 'shelter' in the playground which was heated by a stove. They came there in the morning and meals were served to them, seated on long benches. In Wicklow a recreation room with wireless, table, piano and comfortable chairs was available to the mothers after the babies' bedtime, until their own bedtime at 8.30 pm.[57] The dining room was being ceiled. Miss Litster commented that 'an attempt is being made in the County Home to provide some comfort and amenities for mothers'.[58]

Diet

10.40 The diet of county homes, like the workhouse diet pre-1922, was carefully regulated and overseen by central authorities. In 1924 the diet in the Donegal county home for female patients, unmarried mothers and children consisted of

Breakfast, 8.00 am: 6 oz- bread, 1 oz margarine, 1 pint tea
Dinner, 1.00 pm: 4 oz beef or mutton, 2 lbs potatoes, vegetables
Evening Tea, 3.00 pm: 4 oz bread, 0.5 pint tea, 0.5 oz margarine
Supper, 1 pint porridge, 1 pint milk

10.41 The Minister for Local Government and Public Health deemed this diet to be excessive and administrators were ordered to bring it into line with other county homes. The local board of health and public assistance resisted this instruction for two years, but eventually complied. We have no record of the reduced dietary scale.[59] No further diet sheets survive until the mid-late 1940s. The inspectors appear to have been more interested in what the children ate, rather than their mothers' diet. By the late 1940s the Department of Health employed a resident

[55] Department of Health, MHS/INA/0/490058.
[56] Department of Health, INACT/INA/0/434275.
[57] Department of Health, INACT/INA/0/430895.
[58] Department of Health, INACT/INA/0/430895.
[59] Donegal, Board of Health and Public Assistance, minutes, 19 Jan. 1925.

dietician, who advised on these matters, and inspection reports contain references to children receiving various vitamin supplements, such as cod liver oil, Abidec (vitamin drops), Parish's Food (an iron supplement) and Virol (malt extract).[60] The introduction of these supplements reflected greater awareness of dietary needs and key vitamins, which was reflected in the reports of the National Nutrition Survey.[61] In 1947/48 Miss Litster reported that

> Diets vary considerably. On the whole children are sufficiently nourished in County Homes. There is however, no variety in diet. In some Homes eggs are never given; fruit may be obtained by mothers and given to children but forms no part of regular diet. Tomatoes, prunes, lettuce are unheard of. Milk puddings are given occasionally in some Homes when cereals are available, in others not at all. Diet generally consists of porridge, bread and milk, mashed potatoes and butter or soup. Older children are probably given scraps from their mothers' plates and so add a haphazard variety to their diet.[62]

10.42 In 1947 children in the Carlow county home aged from six months to three years were allocated 12 oz of bread and one quart (2 pints) of milk daily, 'No butter, eggs, meat or fruit appear on the dietary scale'; nursing mothers were given a child's allocation of milk but nothing extra. The medical officer had suggested that the diet should be improved. On the day of Miss Litster's inspection in 1951 the children's dinner consisted of peas, potatoes mashed with butter and soup made with meat and vegetables. She noted that a daily egg and minced vegetables had recently been added to their diets.[63] In one Louth district hospital in 1949, breakfast was served 'about 10.30', on the day of the inspection. It consisted of bread and milk or porridge and milk. The inspector was uncertain whether the late breakfast was due to a late delivery of milk or a late mass. The children might get an egg on a 'special day'. Dinner at 1.30 pm consisted of mashed potatoes with gravy or soup poured over. Sometimes they were given butter or eggs mixed through the potatoes; older children received 'a little meat'. Babies commencing a solid diet were given a milk pudding consisting of cornflour or sago. Milk pudding was not usually included in the older children's diet, and there was no fruit. Tea at 4 pm consisted of milky tea, bread, butter and jam; supper at 7 pm was porridge

[60] Department of Health, 475469
[61] Department of Health, *National nutrition survey*, *Parts I –VII* (Dublin, 1948-53).
[62] Department of Health, INACT/INA/0/474129.
[63] Department of Health, INACT/INA/O/425267

and milk - with unlimited supplies of milk. Bottle-fed infants were fed at four-hourly intervals.[64]

10.43 Diet sheets for the Waterford county home in 1951 showed that able-bodied women received 6 oz of bread, ¾ oz of butter and a pint of tea every day. Working 'inmates' also got either an egg or 8 oz of porridge for breakfast, and two eggs, 6 oz jam or 4 oz of cheese, or liver or 6 oz of fish at their evening meal. Another report suggested that the only means of cooking liver was on an open fire. Dinners consisted of 1.5 lbs of potatoes and ½ lb of vegetables daily plus 6 oz of bacon, beef or a pint of stew, in which case no separate potatoes or vegetables were served. Friday's dinner seemed very austere, consisting of eggs, bread and butter. Breastfeeding mothers and children were given milk mid-morning, and breastfeeding mothers were allocated two pints of milk a day.[65]

10.44 In 1952 the children in the Limerick county home had breakfast at 8 am, consisting of porridge and milk, one egg daily, generally soft boiled plus bread, butter and tea. Dinner at 12.30 pm consisted of potato and 2 oz minced meat; vegetables in season, milk to drink. Soup was not generally given. Tea, at 4.30 pm, was bread and a milk 'goody' or bread, butter and milk or tea. They were given daily doses of cod liver oil, and Virol and Parish's Food when required; orange juice for infants; oranges were sometimes given to the older children.[66]

10.45 The diet in county homes up to and during the Emergency was almost certainly deficient in key nutrients, but the post-war improvements and the introduction of dietary supplements probably ensured that the diet, though boring, was adequate. It probably compared well with the diets of larger families of small farmers/labourers and unskilled workers in cities and towns.

Work carried out by unmarried mothers in county homes

10.46 Requiring able-bodied 'inmates' to work without pay was a core principle behind the 19th century workhouses - hence the name - and this principle survived into the 20th century. A man who worked in an English workhouse from 1924, when asked about unmarried mothers, recalled that

[64] National Archives of Ireland, HLTH/A20/47
[65] Department of Health INACT/INA/O 475469
[66] Department of Health, INACT/INA/0/449398

> The ladies came…into the workhouse and did domestic work, cleaning up and washing and they did that until such time as the baby was due and then they were moved into another section to have the baby. Whilst they were with the baby and providing they were feeding the baby they stayed there looking after the babies in the nursery. They came back again, if they had nowhere to go, back into the workhouse to do ordinary domestic work.[67]

10.47 In Ireland, many of the pre-independence workhouse regulations continued after independence, and they were often incorporated into revised legislation, so able-bodied 'inmates' of county homes - a category that included unmarried mothers - were required to work. Section 25 of the *Public Assistance Act 1939* stated that

> A public assistance authority may, as a condition of the granting of general assistance to a person, require such person, either before or after or during receipt of such general assistance, to perform such work as such authority shall consider suitable to that sex, age, strength and capacity of such person and shall direct such person so to perform.

10.48 There appears to have been no effort to conceal the extent of unpaid work carried out by unmarried mothers in county homes. A representative of the Mayo board of health told the Commission on Relief of the Sick and Destitute Poor that, while he agreed in principle that first-time unmarried mothers should be sent to special mother and baby homes,

> I think the financial conditions of the County do not permit. I do not agree with the suggestion that all unmarried mothers should be removed to a Central or Provincial Home except as regards second offenders. The reason for my forming this opinion is, there is not very much difference for the moment, I cannot see any advantage having this class under a religious order in a Central Home when they can be left in charge of a religious order in the ordinary County Home doing useful work. Their removal would mean the employment of several extra wardsmaids which would be very difficult to procure. If it were possible to employ them it would be at great extra expense to the Ratepayers.[68]

[67] Elizabeth Roberts Archive, as quoted in Jenny Keating, *A child for keeps. The history of adoption in England, 1918-45* (London, 2009), p. 31.
[68] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, twenty-fourth day, 20 Jan. 1926.

10.49 The record of an inspection of the Waterford county home in the early 1930s noted under the heading of rehabilitation that unmarried mothers received 'lectures from nuns'.[69]

10.50 Although the 1927 commission recommended that first-time unmarried mothers should be removed from county homes, they qualified that recommendation:

> There is in each County Home a good deal of work, such as is done by wardsmaids, that would afford useful employment for some of the women who would be received into the special institutions. We would see no objection to such women as the Matron considers suitable being transferred to the County Home for the purpose of assisting in the work of cleaning, etc.[70]

10.51 The organisation, financing and running of a county home was determined by the local authority and funding came from local taxes. The value of the unpaid labour carried out by unmarried mothers remained a key consideration in the decisions made by local authorities on sending women to special mother and baby homes or keeping them in the county home.[71] In 1931 Tipperary South board of health and public assistance estimated that the weekly cost of a mother and baby in the county home was 6s each, which was roughly half the cost of maintaining them in a mother and baby home.[72] The significantly lower cost reflects the inferior conditions in a county home plus the value of the unpaid work performed by the mothers.

10.52 Draft material prepared in 1940 for the Annual Report of the DLGPH noted that 'In general laundry work, scrubbing and polishing of floors, kitchen work, wardsmaid work etc. is done by the mothers who are inmates of the institution. Whether adequate time is permitted to mothers for attention to their infants or proper supervision received over cleanliness and comfort of cradles, cots or nurseries or over preparation of foods for bottle-fed infants varies considerably with the institution. Conditions for mothers and babies in some of our County Homes are bad'.[73]

[69] Department of Health INACT/INA/O 475469
[70] Commission on the Relief of the Sick and Destitute Poor including the Insane Poor, *Report* (1927), para. 235.
[71] Department of Health, INACT/INA/0/430462.
[72] *Nenagh Guardian*, 25 July 1931.
[73] Department of Health, RM/ARC/0/489391.

10.53 While the women in mother and baby homes also carried out unpaid work, it is important to distinguish between the respective workloads. In July 1925 there were 287 residents in the Donegal county home, including 33 infants under three years, 21 older children and 39 unmarried mothers. The infants and children needed care and attention, as did the 194 other adults - many of them elderly and infirm, or with special physical and mental needs.[74] The 39 unmarried mothers were responsible for caring for 194 adults and 54 children, and for the cooking and cleaning in the county home. Much of that work was physically difficult, and often unpleasant. Facilities were primitive, with no hot water on tap and inadequate/non-existent toilets, bathing and laundry facilities. Comparable duties in a mother and baby home were shared between a much larger cohort of women, and their work did not include providing personal care or doing the laundry for elderly, infirm, or/and handicapped adults. The homes run by the Congregation of the Sacred Hearts were reconstructed in the 1920s and 1930s to cater for their new function as mother and baby homes and they had much superior heating, cooking, laundry and sanitary facilities, plus proper floors (this is not to say that conditions were ideal). While some women in special mother and baby homes may have taken part in farming, market gardening and saving turf, no mother and baby home inflicted a workload on the mothers comparable to that in county homes.

10.54 Evidence about the mothers' work in county homes is scanty and often incidental. It can be assumed that in the 1920s all the unskilled work was done by the able-bodied 'inmates'; outdoor work was carried out by able-bodied men. Although the county homes were subject to regular departmental inspections, almost none of these reports survive before the 1950s. In November 1950, Miss Litster reported on her inspection of the Wexford county home in Enniscorthy that 'The mothers do most of the domestic work in the institution. They are not as a rule employed in the kitchen. A large part of the work allotted to them is in the laundry, where conditions are not good'.[75] There were no paid domestic staff in Mountmellick during an inspection in February 1952 - the mothers carried out all the laundry and domestic work.[76] When the county home in Athy was inspected in September 1952 Miss Litster reported that

> The mothers do the household work. There appears to be three or four women, not all unmarried mothers, working daily in the laundry under the

[74] Donegal, Board of Health and Public Assistance Minutes, 20 July 1925
[75] Department of Health, INACT/INA/0/476463.
[76] Department of Health, MHS/INA/0/490058.

> supervision of an older woman. None are paid workers. The washing for the whole institution is done here. Many begin work about 10 a.m., have a break at about 11.30 and have tea, dinner 1 to 2 o'clock generally. They finish about 5.30 pm or may wash babies' napkins later than that. There is no washing machine. The provision of a washing machine would lessen their labour. The matron complains of the difficulty of getting good work from the mothers. What surprises me is that, in the conditions in which they have to work, they do not rebel. It is not a question of each mother washing her own children's clothing. Clothing for all children must be washed, sheets and often blankets from all dormitories, wards and cots: this daily unpaid and without holidays.
>
> Other mothers work as ward attendants, nursery attendants and one looks after the nurses.
>
> There are in the Home women admitted as unmarried mothers whose children have been boarded-out. They are employed according to their capacity but not paid. It would be an incentive to work and a deterrent to their leaving if they could be given some remuneration for their work. Article 38 of Gen. Regulations state definitely that no inmate shall receive any remuneration for work. Elsewhere this is got over by a technical discharge as inmate and readmission as paid staff.[77]

10.55 There is evidence that the Kildare local authority objected to this report, though their letter is not on the file. A handwritten note by an official in the Department of Health dismissed most of their response as 'entirely irrelevant' and went on to note that 'The Inspector did not criticise the facilities provided in the Hospital, but the conditions in which the unmarried mothers live there, with particular reference to long hours and unpaid labour. The matter has been studiously avoided in the letter'.[78] The most damning evidence of the draconian work regime in Athy is given in Miss Litster's observations of one nine-week-old infant:

> Appears healthy, clean and well cared for. She was however, lying in her cradle with a half emptied bottle of milk beside her. I suggested to her mother in the presence of Matron and the nurses that she should be lap-fed and not put into her cradle until she had finished the feed. The excuse she gave was that she would never get her work done if she had to spend so much time feeding the baby. This is not an isolated case by any means. It is mentioned

[77] Department of Health, INACT/INA/0/448082.
[78] Department of Health, INACT/INA/0/448082.

> as being significant in the relative importance of the welfare of infants and the domestic work of the institution *even in the view of the mothers*.[italics added in pen][79]

10.56 By contrast she described the Wicklow county home in Rathdrum, 'as one of the few homes where unmarried mothers were treated like human beings'. In 1952 there were ten paid employees, 'in addition to the mothers'. Mothers whose children had been boarded out were expected to remain in the home, carrying out unpaid work, for two years after giving birth - this also appears to have been common practice in other county homes. Wicklow babies were generally boarded out at the age of nine months. In the late 1940s classes were organised in this county home on three days of the week, given by domestic economy instructresses, who taught cookery and needlework. The classes were designed to give mothers skills that would help them to find work when they were discharged - this was at a time when domestic or institutional service was the largest source of paid employment for Irish women. Miss Litster noted that the classes had not resumed in 1952. She was told that they could not encourage enough mothers to enrol, but her account suggests another explanation:

> It is possible that the inevitable disruption of routine in the Home by the holding of these classes has led to discouragement of the girls from attendance. Also, the labour of girls attending the classes is necessarily withdrawn from work in the institution for about 3 hours a day for three days weekly. It is merely of course a surmise on my part that failure to recommend classes may not be altogether the fault of the girls'.[80]

10.57 While the regulations specified that the 'inmates' should work without pay, a number of local authorities appear to have circumvented that rule. The paid staff of the county home and hospital in Cork city included a number of unmarried mothers whose children had been boarded out. When the South Cork board of public assistance decided that these mothers should be asked to contribute towards their children's upkeep the matron objected: 'They have but 15/- a week and rations and a claim of the nature suggested would leave them with little more than 9/- a week for which they are unwilling to work'. She described them as 'very good girls' who carried out 'important duties'.[81] The proposal to deduct payments

[79] Department of Health, INACT/INA/0/448082.
[80] Department of Health, INACT/INA/0/430895.
[81] South Cork, Board of Health and Public Assistance, minutes, 28 Feb. 1938, 28 March 1938.

was dropped. In this, as in other aspects of health and welfare at this time, practices varied between counties. County Meath operated a punitive regime. If an unmarried mother, whose child(ren) had been boarded out, determined to leave the county home, her child(ren) were removed from their foster home and presented to her, making her responsible for the upkeep. Some mothers placed their children at nurse.[82] The practice was similar in Wexford.

10.58 When the *Health Bill 1952* (which became the *Health Act 1953* - see Chapter 1) was going through the committee stage in Dáil Éireann, Deputy Noël Browne (a former Minister for Health) moved an amendment, which was accepted by Minister for Health James Ryan, to delete a subsection that retained a requirement from the *Public Assistance Act 1939* that those in receipt of general assistance should carry out unpaid work. During the course of the debate, Deputy Jack McQuillan argued that by allowing that subsection to be included in the legislation 'we are condoning a system of slave labour. Whether that is to last for a long or a short period, we cannot say'. He argued that 'if unmarried mothers have to work in these institutions and are asked to work they should be paid for it'. Ironically most of the contributors to the Dáil debate on this topic referred to 'he', rather than 'she'.[83] Deputy Kyne (Labour) noted that whereas casual men were no longer required to break stones before getting their breakfast, unmarried mothers were still 'kept in and made wash filthy linen and made do the most menial tasks…we put them to carry out some of the most menial tasks, made to do unnecessary work sometimes, just maybe as a lesson to them not to come in again'. Dr ffrench-O'Carroll TD stated that unmarried mothers were 'maintained in an institution and, as part of the return for the maintenance and treatment which they got, were obliged to give certain domestic services for a period of a year or two years, apparently without any remuneration'. The minister tried to play down the type of work demanded of women in the county homes. He claimed that they were only asked to do work which was suitable for their age, sex, strength and capacity. He suggested that local authorities were now employing people

> from outside…in the laundries, in the cook-house, in the kitchen, where they had not got them some years ago. . . .
>
> Up to some years ago-maybe up to recently, in some cases - they had the unmarried mothers to do a lot of that work, laundry work and kitchen work.

[82] Department of Health, RM/ARC/0/489697. This was in the 1940s.
[83] Pressure to end unpaid work came from trade unions who objected to male 'inmates' of the Dublin Union carrying out unpaid work.

> That has disappeared from some institutions and even where it is left they are not doing as much of that type of work as they were doing before.

10.59 Deputy McQuillan countered that by permitting local authorities to make these women work without payment 'we are giving an example to private institutions to make things even worse for the girls in these institutions because they can point to the example set by local authorities and say that the power has been given by this house'. He referred to institutions 'where unmarried mothers from the day they go in until they die are not allowed out', which is an obvious reference to the Magdalen laundries.[84]

10.60 The inspection reports on county homes are incomplete, and not all give information about work practices and staffing, so it is not possible to determine when the practice of requiring mothers in county homes to carry out unpaid work ended. In September 1953 however, a letter was sent to the secretary of Kerry county council on behalf of the Minister of Health, stating that 'he is seriously concerned to learn that unmarried mothers who should be accommodated in special homes are being retained in the County Home on the grounds that their removal would necessitate the employment of additional attendants…In the Minister's view it is inexcusable that girls, who as stated in your letter could have been sent to any of the three Special Homes should be kept in the County Home'.[85] A memorandum dating from the early 1960s claimed that 'The Health Act, 1953, repealed, inter alia, the provisions of the Public Assistance Act, 1939, which related to the giving of institutional assistance. No inmate of a county home therefore can now be required to work'. In 1962 however unmarried mothers were still carrying out work without pay in the Limerick county home in Newcastle West.[86]

Children

10.61 An undated memorandum by Miss Litster, which was probably written in 1947/48 stated that

> The care given to children in County Homes varies considerably. It is customary to find that all the domestic work, laundry etc. is carried out by the labour, unpaid except by maintenance, of the mothers.

[84] Dáil Éireann, 14 July 1953
[85] Department of Health, INACT/INA/0/447861.
[86] Department of Health, INACT/INA/0/449398; INACT/INA/0/464099.

> Under the supervision of an enlightened and liberally-minded Matron, mothers are encouraged in breast-feeding and given ample time for nursing and care of their infants. The case may be far otherwise where the Matron is a stern disciplinarian, more concerned with the efficient running of the institution than with the case of infants.

10.62 The regime presented serious health risks for infants who were not breastfed. County homes did not have refrigerators until at least the 1950s. In 1947/48 milk was commonly stored 'in airless cupboards in nurseries used days and night, or in vessels left uncovered on tables or window-sills. The cleaning of feeding-bottles, preparation of feeds etc. is usually done by the mothers. Milk is generally heated on an open fire'.[87] An inspection of the Waterford county home in 1951 reported that 'the milk food for the children were mixed in a not too clean mug and given from unboiled bottles'.[88]

10.63 Babies slept with their mothers in most county homes, either in the same bed or in cots that were brought to the mothers' dormitory at night. Boys of school-going age generally slept in the men's ward - a practice that carried potential risks for the children, apart from the fact that it gave no recognition to children's needs. A report on Roscommon county home in November 1943 noted that there were 23 children in the home; eight were suitable for boarding out. The nursery was overcrowded and three children had to be accommodated elsewhere - two brothers, aged six and three, slept in the female 'mental ward' and one seven-year-old boy slept in the men's ward. Two children were described as 'mentally defective' and 'a deaf mute.[89] The county home in Kildare had a separate nursery in 1952, but this had disappeared by 1954 and the 24 children - whose ages ranged up to their early teens - were scattered throughout various dormitories.[90] In the Laois county home in Mountmellick, five-year-old boys were sleeping in the men's dormitory and girls of that age slept on the women's side. Miss Litster expressed concerns about the sleeping arrangements for the boys:

> There are doubtless good and kindly old men on the male side. There are doubtless also the degenerates and the sub-normal. Much of the language and behaviour heard and witnessed by an impressionable child cannot be worthy of his imitation. Is it to be wondered at that the language used by

[87] Department of Health, INACT/INA/0/474129.
[88] Department of Health, INACT/INA/O/ 475469
[89] Department of Health, RM/ARC/0/489727.
[90] Department of Health, INACT/INA/0/448082.

children boarded out directly from County Homes is often such as to horrify country folk not for the most part unaccustomed to bad language? [91]

10.64 One might suggest that Miss Litster should have been more concerned about other aspects of these sleeping arrangements, and less concerned about the possibility that the children might learn 'bad language'. In Mayo most mothers and children who sought public assistance were sent to Tuam, but a small number of children who were awaiting medical treatment, transfer to Tuam or boarding out, were in the county home. As there was no nursery the children slept in the adult wards, mainly sharing a dormitory with infirm and elderly women.[92]

10.65 A mother could not leave the county home without her child. There was no law preventing a mother from leaving, provided that she took her child.[93] The poor law regulation stipulating that 'every woman shall be liable to maintain such of her children, whether legitimate or illegitimate, as are for the time being under the age of sixteen years' was restated in the *Public Assistance Act 1939*. (It remains the law that parents are liable to maintain their children.) The Commission on the Relief of the Sick and Destitute Poor noted that in Kerry it was the practice to refuse to discharge unmarried mothers with their children for a period of three years, despite the fact that the local authority lacked the statutory power to enforce this 'at present'.

10.66 The children in county homes included those who were born there; children admitted with their mother shortly after birth; children transferred from another institution; and children who had been living either with their parent(s) or were nursed out/boarded out and ended up in the county home for various reasons. The county home was the catch-all place for women and children who had nowhere to go. There were children of married couples, those with serious medical needs, children whose parent(s) were sick, in prison or had abandoned them; children who were being cared for by a grandparent, aunt or other family member who had died or become incapacitated and could no longer cope and children who were returned or rejected by a foster parent.

[91] Department of Health, MHS/INA/0/490058.
[92] Department of Health, INACT/INA/0/451522.
[93] Commission on the Relief of the Sick and Destitute Poor including the Destitute Poor, *Report* (1927), para. 125.

10.67 In Cork, it appears to have been standard practice to transfer children from Bessborough to the county home prior to boarding out, and this also happened in Kilkenny and in other counties. A review, carried out in 1937 by the South Cork board of public assistance, of children placed at nurse by the Catholic Women's Aid Society showed that many had been placed with foster mothers whose sole source of income was public assistance. The Catholic Women's Aid Society paid these foster mothers for the upkeep of children for three or four years (this money had been given to the Catholic Women's Aid Society by the child's mother or a family member), after which time payments ceased and the foster parent was expected to 'adopt' the child. Many foster mothers could not afford to maintain these children, so they sent them to the county home. The Cork health authority issued instructions to the Catholic Women's Aid Society that children should not be placed with foster mothers whose sole source of income was home assistance and the fee paid for maintaining the child.[94]

10.68 The county home was often the revolving door for children of unmarried mothers. Children who were rejected by a foster parent or had to be removed from a foster home for some reason were taken to the county home, sometimes as a short-term arrangement pending their transfer to an industrial school or another foster home, but some children remained in the county home for long periods. There are records of children who were long-term residents in county homes attending a local national school.

10.69 In 1946 Miss Litster noted that public assistance authorities were reluctant to admit children who were not accompanied by their mothers - and might refuse to do so. 'There does not appear to be any legal authority for refusal to admit infants unaccompanied by their mothers, provided they are destitute'. She described the public assistance authorities' reluctance as

> understandable. In few of the County Homes is there any provision for care of motherless infants and the PAA find it more difficult to procure suitable foster homes for infants than for older children. If infants were to be admitted to County Homes in any great numbers unaccompanied by their mothers, a properly equipped and staffed nursery would require to be provided in each institution. The care of infants as well as the general work of County Homes is as a result carried out by the mothers who are maintained there. They are

[94] South Cork, Board of Health and Public Assistance, minutes, 26 July 1937, 17 Sept. 1937.

for the most part unwilling to give attention to any child other than their own, and the motherless child is liable to neglect.[95]

10.70 In 1952 seven of 17 children in the Wicklow county home were without their mothers; in Killarney seven of the 19 children aged from one to five were without their mothers. An inspection report from 1952 noted that 20 of the 34 children in the Kildare county home 'are members of families admitted because of failure to procure accommodation or other temporary cessation of home life. This is such a frequent occurrence in the Home that it is regarded as part of the pattern of normal population'. The 1953 inspection commented on the presence of five siblings, whose ages ranged from two to 11 years. Their mother was being treated for TB in a sanatorium; their father visited them occasionally. Miss Litster suggested that it should be possible to give the family financial support to hire a housekeeper under the TB scheme, which would enable the children to remain in their home.[96]

10.71 Another family of four children were in the Kildare county home in 1952; they had been evicted from their home when their father deserted his family. They were still in the county home in 1954, when the older children were 14 and 12 years old; a third child was being treated for suspected TB in a sanatorium. Despite repeated pressure from the Department of Health and promises by the local authority to find them a house, the family was still in the county home in 1955. By 1958, as a result of sustained pressure from the department the number of children in the Kildare county home had fallen to eight; six were the children of single mothers, the remaining two had serious medical problems.

10.72 There were 37 children in the Limerick county home in 1952, whose ages ranged from three months to six years; the two children aged over four years were blind and suffering from intellectual disabilities. There were 24 mothers with children in the home (several had two children in the home); three expectant women; and 17 women without children, who had originally been admitted as unmarried mothers but who were retained as unpaid workers and whose children were either boarded out or in institutions. Approximately 40% of the children in the nursery were breastfed.[97]

[95] Department of Health, CCL/INA/0/478958.
[96] Department of Health, INACT/INA/0/448082.
[97] Department of Health, INACT/INA/0/449398.

10.73 Little information is available about the extent of contact between mothers and their children in county homes once they were no longer babies. Mothers in the North Cork county home were described as

> not over-worked. They are given occasional domestic work but have ample time to devote to the care of their children. The children are kept clean and comfortable, but they are quite obviously receiving no training, nor is there any attempt at training the mothers in mothercraft. It requires patience to teach a child to eat from a spoon and to drink from a cup.

10.74 Miss Litster described the fact that children in this home were still using a bottle up to three years of age as 'laziness'.[98] She reported that in Donegal

> Mothers of babies not breast-fed and of older children sleep in the main body of the County Home and work there. They are allowed no freedom of access to their children. On their 'day off' Sundays they may visit their children and if the children are ill they are allowed special visits. It is stated that more frequent visits cause disruption of routine, quarrelling and a general upsetting of the children. There is under this system no fostering of affection for and interest in their children. On the other hand, if we have nothing to offer the mother eventually but complete separation from her child, it is perhaps kinder to avoid the growth of affection. Nevertheless we may have to consider whether or not the loss of maternal care may have some share in the mounting death rate.[99]

10.75 The age range of children in county homes varied widely. Some counties made serious efforts to place children with foster families at a relatively early age. In 1951/2 the youngest Wicklow child boarded out was 14 months old. The inspector noted that in the past children were placed in foster home when they were under a year, but it was becoming more difficult to find foster parents who were willing to take very young children, though the local authority made great efforts to do so.[100] But in North Cork in the same year, Miss Litster reported that 'children of suitable age are generally committed to industrial schools from the institution. The Matron informs me that she may send for the N.S.P.C.C. inspector who interviews the mother and makes the necessary arrangements for committal'.[101]

[98] Department of Health, INACT/INA/0/429074.
[99] Department of Health, INACT/INA/0/434275.
[100] Department of Health, INACT/INA/0/430895.
[101] Department of Health, INACT/INA/0/429074.

10.76 Although the number of children in county homes declined during the 1950s, they proved to be a more permanent presence than the mothers. Following the introduction of the *Adoption Act 1952*, most long-stay children in county homes had some physical or intellectual disability, which meant that they were regarded as unsuitable for adoption or fostering. In some cases the mothers refused to agree to adoption or boarding out, though many of those children who were not placed for adoption ended up in industrial schools. Some children who spent long periods in a county home had quite minor problems. A report on the Killarney county home in 1952 identified one five-year-old boy who was 'a bed-wetter and for that reason unsuited at present to boarding out, unless the foster-mother were warned about the habit'.[102] Foster parents often returned children if they were suffering from any medical complaint. In Laois one five-year old was reported to be back in the home because he was suffering from a prolapse of the rectum - which was successfully treated.[103]

10.77 However many of the children had severe physical or intellectual disabilities. When Margaret Reidy inspected the unmarried mothers and children in the Tipperary North county home in 1958, she found

> three bedfast children in the nursery, two invalids - a spina bifida and a hydro-cephalic - and an apparently normal healthy baby. The infant was feeding itself from a bottle which was propped on the pillow and there was evidence that the two invalid children (who because of their disability were lying on their backs) had fed themselves also as partially empty feeding-bottles were on the floor beside their cots. The two invalids were lying on bare mackintoshes and it appeared to me that quite a time had elapsed from when they were given care last. The door was closed and the children were unsupervised. The other children were in a Dayroom which looked equally unkempt and neglected, a 'bad' low-grade (female) mental defective was eating bread which was being shared by the toddlers from the floor which was far from clean and which had been 'abused' by the toddlers. Altogether, it was a very distressing sight.

[102] Department of Health, INACT/INA/0/447861.
[103] Department of Health, MHS/INA/0/490058.

10.78 The matron, who was out visiting the dentist, 'pointed out that the care of invalid children and low-grade defectives was very time-absorbing, that there were fewer unmarried mothers now in institutions than in the past to assist'.[104]

10.79 In 1953 one woman wrote to the Minister for Health complaining that mothers whose children were boarded out were required to remain in the Wexford county home, as unpaid workers, sometimes until their child was 15 years old. If a mother insisted on leaving the county home her child(ren) were removed from foster homes and the mother was made responsible for their maintenance. When Miss Litster checked with the Wexford authorities she was informed that this rule still applied though

> Matron has assured me on several occasions that although she must leave mothers under the impression that it will be enforced, she will not in fact remove children from their foster homes if their mothers leave the County Home. It is thought to be in their interests to subject them to the discipline of the institution as long as possible.

10.80 Miss Litster reported that a few years previously several women, whose children were boarded out, had left the county home without permission, but no attempt was made to enforce their return 'and it is difficult to see how return could have been enforced'. Mothers, if permitted to leave to take up employment, were asked to contribute to the support of their children - but 'no hard and fast rule as to amount can be made'. A memorandum in the department noted that the local authorities justified this rule on the grounds that 'if the mothers are relieved of their responsibilities, and discharged, they will fall into similar trouble again, and that discharge in such circumstances only encourages immorality'. The officials determined that the matter 'calls for delicate handling…any official reply…might have the effect of fomenting trouble with other inmates in a similar position and create an embarrassing situation both for the local authority and the Department'. It was agreed that Miss Litster would meet the matron 'with a view to relaxation of the rather rigid attitude of the local authority'.[105]

10.81 In Wicklow, mothers whose children were boarded out were 'expected to remain in the home until two years have elapsed from the date of confinement', working without pay. In 1943 Miss Litster reported that if a mother left the Meath county

[104] Department of Health, INACT/INA/0/471871.
[105] Department of Health, INACT/INA/0/476463.

home any children that had been boarded out were 'handed to her'; believed that Meath was the only county to follow 'this short-sighted policy'. . In 1950 the Department of Health, noted that one child who had been in a 'very satisfactory foster home' was returned to her mother in such circumstances; the mother subsequently returned to the county home to give birth to another child and the whereabouts of her older child was unknown. A local official claimed that Meath was planning to pay mothers working in the county home for their labour, using this money to meet the cost of boarding out.[106] The minutes of the South Cork board public assistance record several instances of mothers 'escaping' from the county home - generally during mass. Although the Gardaí were asked to apprehend them, and in at least one case were aware of the address in Cork city where a mother was staying, there is no evidence that they were returned to the county home.[107]

Conclusions

10.82 County homes continued to accommodate single mothers and children until the 1960s, despite frequent statements by the DLGPH that they should be removed from the county home. This happened for a combination of reasons: for many years they were the only places that admitted single mothers on a second or subsequent pregnancy, and a woman could bring her older children to the county home during her confinement; the homes were the last-resort refuge for mothers and children. Local authorities acquiesced, indeed probably connived at the retention of single mothers, because they valued their unpaid work. The conditions in Ireland's county homes were primitive, lacking in privacy and dignity, and they were utterly unsuitable for children. Until the 1950s the mothers in most of the homes (perhaps all) were required to carry out physically-demanding, unpleasant chores in primitive conditions. The type of work that was required of unmarried mothers in county homes was far in excess of the work that was expected of women in mother and baby homes, and until the 1950s, and in some cases the 1960s, the living conditions for both mothers and children in the county homes remained largely unchanged from the pre-independence workhouse.

10.83 There was also an unstated segregation between mothers and children in county homes, and those who were maintained by local authorities in mother and baby homes. Women from more deprived backgrounds, those deemed to have physical

[106] Department of Health RM/ARC/O/ 489391; NATARCH/ARC/O/408587
[107] South Cork, Board of Health and Public Assistance, minutes, 13 Dec. 1937, 23 May 1938.

or intellectual needs, and children with special needs were much more likely to be found in county homes.

10.84 Generations of single mothers in county homes, institutions which were owned and run by local authorities, carried out onerous and often degrading unpaid labour, and some were effectively held hostage in these homes, threatened with having to take on responsibility for maintaining their child(ren) if they attempted to leave. This is yet another instance of a gulf between the regulations laid down by central government, and their implementation by the local authorities. County homes also provided emergency accommodation for women and children in need - a role that was later undertaken by women's refuges.

Chapter 11: Boarded out Children

Introduction

'It would need a very considerable amount of supervision to be able to follow the movements from birth of all children maintained apart from their parents'.[1]

11.1 The purpose of this chapter is to provide some insights into the lives of many children who were born to unmarried mothers before the introduction of legal adoption. The reforms of the health and welfare services outlined by the First Dáil and by the government of the Irish Free State included a strong commitment to place children who could not be raised by their mothers in foster homes, not in institutions (see Chapter 1). An editorial in the *Nenagh Guardian* titled 'Workhouse Reform', which appeared in an edition dated 25 December 1920, was enthusiastic about the advantages:

> What a change for the better, what a contrast to the poorhouses! Cast iron rules, bare whitewashed walls, the high enclosures, the absence of the little comforts, the general feeling of being subjected to commands, and the degradation of the whole system! What a priceless boon to the children to take them from the horrors and contaminations of poorhouses! The blighting and corrupt influences of such institutions on children cannot be gainsaid. You need but look at the children to note how in everything they are handicapped. Clad in ridiculous and humiliating dress, ill-fitting, baggy and uncomfortable, with boots to match, they shuffle along, poor stunted children feeling no doubt the difference in dress and appearance to those other more fortunate children they may meet on their too few outings. They come too early in contact with evil. The natural healthy appetite of children, which in homes can be satisfied every time it manifests itself, is here restricted by rules and official time tables. The dietary, according to official scheme, lacks the little comforts all children crave and to a greater or less extent receive everywhere but in the poorhouse. No toys, no petting, nothing of love or affection, and who can wonder at the result? In no place, no slum, can a child be worse than in a poorhouse. In the former there is a better chance of receiving some benefit. In the poorhouse the food may be more regular and in other matters perhaps somethings may be better, yet in its after effects the workhouse influence is the most harmful. It is intended that every child who

[1] Department of Health, RM/ARC/0/489773

can be boarded out will be boarded out and as early as possible. It is anticipated that there will be little difficulty in this and in exercising through charitable and patriotic societies, rather than officialdom, of a wise and kind supervision. The question of the unmarried mothers who habitually frequent poorhouses is a difficult one, which under the proposed scheme will be dealt with properly.

Policy and practice

11.2 Despite the commitment of the Department of Local Government and Public Health (DLGPH) and later the Department of Health to boarding out children, many children remained in county homes (as the workhouses had been renamed), orphanages, industrial schools and other institutions, and some of the descriptions of the workhouse children - dressed in clothing that distinguished them from other children, lacking love and affection - could be applied to children who were boarded out by the local authorities or voluntary organisations. There is evidence of foster children who were grossly neglected; some were required to carry out work or caring duties that were inappropriate to their age, and some experienced appalling living and sleeping arrangements. However there is also evidence that some foster mothers were deeply attached to their foster children and tried to protect them from exploitation. When considering the histories of children raised by foster families it is important to remember that there are no comparable descriptions of the lives of children who were raised in their birth family during these years. Many Irish children who lived with their family were kept from school to carry out farm tasks or caring duties; children carried out heavy chores before or after school; some were abused by a family member; many went to school in bare feet, without adequate outer clothing or a proper lunch and they would have slept in conditions that were not dissimilar to some foster children.

11.3 A number of children experienced several forms of care - in foster homes and in institutions. A woman, or more commonly her family, who had some financial means could leave a mother and baby home with her child shortly after giving birth, and place her child with a foster parent, 'at nurse'.. Women who lacked such means had to remain in the institution until the local authority arranged to take responsibility for her child, which was generally around the age of two years and sometimes later. Some children were placed at nurse by their mother or her family shortly after birth. When the payment to the nurse mother ran out, the nurse mother might send the child to the county home. From there a child might be then

boarded out by the local authority. Children who were born in county homes might remain there for several years - some attended local national schools. Many children who were initially placed 'at nurse' were later committed to an industrial school, often with the assistance of the NSPCC, when payments to the nurse mother ceased. Boarded-out children who were returned to the county home, because their foster parent was no longer willing or able to keep them, were also sent to industrial schools. A number of local authorities kept children in county homes for several years after their birth and then sent them to an industrial school, despite the fact that this contravened government policy. The conditions in industrial schools have already been investigated by the Commission to Inquire into Child Abuse (the Ryan Commission) so they are not examined here, though we know very little about the junior industrial schools where a majority of younger children were placed.

11.4 The Department of Health provided this Commission with a considerable volume of records about boarded-out children and children at nurse. These files document the lives of many children who were born in the institutions that have been investigated by the Commission. Most of these files are records of inspections carried out by the female inspectors in the DLGPH and later the Department of Health. They give details of the living conditions of foster children; their education and health, and there are occasional comments about the children's appearance and personality. The records are not comprehensive and the level of detail varies.

11.5 Until the unmarried mother's allowance was introduced in 1973 few single mothers could afford to raise a child without the support of her family or the child's father. Legal adoption was introduced in 1953, though children were being sent to the USA for adoption from the late 1940s, and an indeterminate number of children were 'adopted' informally in Ireland, Britain and Northern Ireland. Some families were willing to support the mother and her child, but it was more common for grandparents, an aunt or another close relative to assume the role of parent. Similar arrangements were quite common when children in a two-parent family lost one or both parents or one parent was ill. There were also many instances where a childless aunt or uncle might take one child from a large family into their home, in order to ease pressures on that family, and make the child their heir, less

frequently their heiress.[2] But most children of unmarried mothers did not grow up within their family circle.

Children who left mother and baby homes

11.6 The institutional records of the mother and baby homes investigated by this Commission show the exit pathway for many of the children. The Commission has been able to compare the recorded exit pathway with other records - usually local authority records - to find out what subsequently happened to the child. In many cases, children who are recorded in institutional records as going with their mother to her family home show up in the boarded out records of the local authority. It appears that the mother did leave the home with the child but then placed the child for boarding out, or 'at nurse'. The majority of children who left Bessborough alive in the 1930s and 1940s were placed in foster homes. The comparison between the initial destination and long-term placements suggests that being placed at nurse or boarded out was not always the long-term outcome. Many children were later adopted, either formally or informally, by their foster family. While these figures are incomplete, they suggest that few Bessborough children ended up in institutions. The proportion of Pelletstown children who were transferred to an institution was much greater; the institutional records show that in the 1940s almost half of the children who left Pelletstown were transferred to another institution (which included hospitals); for the 1950s the figure was 33% (see Pelletstown statistical appendix).

Governance and regulation

11.7 There were two distinct categories of foster children and they were governed by different legislation - children at nurse and children who were boarded out.

Children at Nurse

11.8 Children who were placed in a foster home by a private person or by a charitable organisation were described as being 'at nurse'. The maintenance cost was paid by their mother or by a member of her family, directly to the foster mother, or to a charitable organisation such as St Patrick's Guild, or the Nursery Rescue and Protestant Children's Aid Society.[3] These organisations assumed responsibility for finding a foster mother, making regular payments, and, in theory, monitoring the

[2] Conrad. M. Arensberg and Solon T. Kimball, *Family and Community in Ireland* (Cambridge, Mass., second edition, 1968), p 133.
[3] For information about the Protestant Nursery Society see Chapter 23.

child's welfare. Some infants were placed for a fixed sum of money, which was generally seen as encouraging foster mothers to neglect the child (for example, see Chapter 13 where concern was frequently expressed about the evils of 'adoption' for a lump sum). Foster mothers recruited by a charitable organisation received a weekly payment for a fixed number of years, as evidenced in the records of the Cork Catholic Women's Aid Society. When the payments ceased, after three or four years, foster parent(s) were expected to 'adopt' the child, though many could not afford to keep these children without continuing financial assistance. Private individuals who placed children at nurse - many were the proprietors of private nursing homes - were often accused of 'baby-farming'. An unmarried mother or her family might pay a fixed sum to a woman who promised to find a foster home for the infant. This woman would retain perhaps half of the money as her fee, and pay the residual to the actual foster mother.[4]

11.9 The *Children Act 1908* set regulations that applied to any person taking on the 'nursing or maintenance', 'for reward', of a child under seven years. A woman who agreed to maintain a child at nurse for reward was required to notify the local authority within 48 hours of accepting the child, and to notify the local authority within 48 hours if a nurse child died or was removed from their home. If there were children at nurse in a locality, the local authority was required to appoint infant life protection visitors who would inspect the children and the foster homes. A local authority could permit a 'philanthropic society' such as St Patrick's Guild to exercise the powers of the infant life protection visitor; in such cases the voluntary society had to submit regular reports to the local authority. A number of recognised charitable agencies that placed children at nurse, such as the Catholic Protection and Rescue Society or the Nursery Rescue and Protestant Children Aid Society were eligible for financial support under the Maternity and Child Welfare scheme, amounting to half the approved cost of maintaining these children up to the age of five years.

11.10 The *Children Act 1934* strengthened the powers of local authorities and they were extended to apply to children up to nine years. The 1934 Act required that any home taking a child for reward should be inspected and approved by the local authority before a child was placed there. Under the act any 'illegitimate' child placed with a family was deemed to have been placed for reward. The act

[4] See Chapter 6, for information on the McAlpine maternity home.

prohibited advertisements relating to children at nurse (by would-be foster parents or somebody seeking to place a child) unless it gave a name and address. The act also gave the Minister for Local Government and Public Health authority to set regulations and oversee the compliance of local authorities.

Children who were boarded out

11.11 Children who were placed in foster care by local authorities were described as being 'boarded out'. The boarding out of children by local authorities was initiated under the nineteenth-century poor law (see Chapter 1). Initially under the poor law regulations a boarding-out allowance was paid only for children who were under five years. This was later extended to ten years, by which time it was assumed that the child had become 'so thoroughly affiliated and capable of making itself useful' that he/she would not be returned to the workhouse; in 1898 the age-limit was extended to 15.[5] After independence in 1922 payments continued until the age of 15, or until a foster-child had left full-time schooling.

11.12 As part of the reform of the poor law system, the *County Boards of Health (Assistance) Order 1924*, set out the responsibilities of Boards of Health/Public Assistance with respect to boarded-out children. This did not involve any major change to the previous arrangements. In summary, the order provided that:

- A board of health could not board or place out at nurse any child, other than an orphan or deserted child, without the consent of the Minister.
- The limit of age up to which a child could be boarded out or placed out at nurse was 15.
- The foster parent had to be of the same religion as the child.
- A child could not to be boarded out or placed at nurse in a house in which there was not a woman of full age with experience in the management of children.
- The boards were required to satisfy themselves as to the healthy situation of the proposed home, the sleeping accommodation, the water, the food and milk supply, and the convenience to a public school.
- The number of children who could be boarded out with one foster parent could not exceed two, unless they were children of the same parents.

[5] Royal Commission on the Poor Laws and Relief of Distress, Report on Ireland, paragraph 285; Department of Health, RM/INA/0/505478.

- Boarding out was prohibited in homes in which children were boarded out by persons other than the board of health; with persons who kept farm animals in the dwelling-house or an accumulation of filth or manure in dangerous proximity to the house; or with a person residing in a house or premises licensed for the sale of intoxicating liquor by retail.
- Children could not be boarded out in towns or villages without the consent of the minister.

11.13 The regulations provided that boarded out children would be inspected by officers or committees of the board or officers of the minister. They also covered matters such as monitoring the attendance of the children at school, and divine worship; medical attendance in case of illness, and generally for their care and clothing.

11.14 As stated, these regulations were similar to those introduced by the Irish Local Government Board - the prohibition on boarding out in cities and towns was introduced in 1902.[6] In 1947, inspector Miss Alice Litster claimed that the regulations relating to boarded-out children were 'practically identical' to those that were introduced in 1902.[7] Responsibility for boarded-out children was placed with assistance officers; they were also responsible for outdoor assistance, approving admission to a county home, or a mother and baby home and other institutions (see Chapter 1). The assistance officers were responsible for selecting foster homes; placing children with a foster parent; carrying out monthly visits to inspect the home and the child and pay for the child's maintenance. If a child died they were responsible for arranging the funeral. Foster parents were required to sign a contract with the board of health.

11.15 The *Public Assistance Act 1939* consolidated and updated laws relating to the relief of the poor by local authorities but did not significantly change the rules about boarding out of children (see Chapter 1). Section 27 stated that children remained the responsibility of their parent(s); 'illegitimate' children remained the responsibility of their mother. Section 44 set out the circumstances under which a public assistance authority would assume the rights of parents. These provisions only applied to children, whose parent(s) were dead, or a child who was deserted by her/his parent(s). If an 'illegitimate' child was deserted by his/her mother, she could reclaim her child from the public assistance authority at any time. Sections

[6] Department of Health, RM/INA/0/505374.
[7] Department of Health, ed006406/INACT/INACT/0/443909.

44-46 provided that the vesting of parental rights in a public assistance authority did not relieve a parent of the responsibility to maintain their child; section 48 stated that 'A public assistance authority may provide…for the assistance in any one of the following ways (whether in or outside their public assistance district) of a legitimate child…or of an illegitimate child in respect of which the rights and powers of its mother are vested in such authority, that is to say, by placing such child out at nurse, or by boarding it out, or by sending it to a certified school, or where such child is not less than fourteen years of age, by placing it out at service, or by placing it in any suitable trade, calling or business', and paying either an apprenticeship fee or contributing towards their maintenance during their apprenticeship.

11.16 Section 48 (4) provided that the minister could make regulations in relation to placing by a public assistance authority of children out at nurse: fixing the minimum and maximum ages at which they could be placed; prescribing the form of contract with the person taking care of the child; providing for supervision and visiting on behalf of the minister of these children and generally securing the welfare of children placed at nurse and fixing the age - no less than 14 - at which children might be apprenticed or placed in employment; fixing conditions under which they could be placed; prescribing the form of contract; providing for supervision and visiting on behalf of the minister or the local authority.

11.17 The *Health Act 1953* gave greater latitude to local authorities to board out children. Section 55 (3) provided that a health authority could, with the approval of the minister, assist any person eligible for general assistance within the meaning of the *Public Assistance Act 1939* by doing, with the consent of such person and in accordance with regulations, any of the following things in respect of any child for whom such person was liable under the *Public Assistance Act 1939*, to maintain, that is to say boarding the child out, or sending him to a school. The prohibition on placing boarded-out children in cities and towns was removed, though it appears that the local authority officers who were responsible for placing children in foster homes were slow to look for foster homes in towns. In 1957 the Department of Health sent local authorities a reminder of this change.[8] The *Boarding out of Children Regulations 1954* required the foster parents and the health authority to

[8] Department of Health, ed006406/INACT/INACT/0/443909.

sign a contract, and it imposed tighter regulations on the selection of foster parents and inspection of foster children.

11.18 The 1906 Vice-Regal Inquiry into the Irish Poor Law, the Dáil Éireann Department of Local Government, and the Commission on the Relief of the Sick and Destitute Poor which reported in 1927, all expressed a belief that boarding out was the best means of caring for children who could not be raised by their family, and they encouraged local authorities to take children out of institutions and place them with foster families. There was some ambiguity in the early 1920s about whether children of unmarried mothers qualified for boarding out. The pre-1922 poor law regulations stipulated that only orphaned and abandoned children could be boarded out by a local authority, so local authorities frequently sought the permission of the Minister for Local Government and Public Health to board out children of single mothers. However Alice Litster claimed that the reform of Irish poor relief after independence abolished previous restrictions on outdoor relief so boarding out was no longer restricted to orphans and deserted children.[9] Before 1922 Irish poor law authorities had been slow to place children in foster homes. Virginia Crossman noted that 'Despite official acknowledgement of the benefits of boarding out, the majority of poor law children in England and Ireland remained in some form of institutional care. In Scotland the majority of children were boarded out'.[10] This reluctance persisted after independence.

11.19 A circular letter issued by the DLGPH to local authorities in 1924 stated that:

i) It is believed that the successful upbringing of the children would best be achieved by having the children individually cared for in the families of the respectable poor. The requirements of home life supply the means of cultivating natural affections, self-reliance and the perception of the duties of every-day life which are invaluable towards the development of the children into normally minded adults. In the home life under the boarding-out system strong ties of affection spring up between the child and the members of the family with whom it lives. Where the homes of foster parents are suitable in rural localities the children are reared in healthy surroundings and have opportunities of acquiring training and experience

[9] Department of Health, RM/INA/0/505374.
[10] Virginia Crossman, 'Cribbed, contained, and confined? The care of children under the Irish Poor Law, 1850-1900' in *Éire-Ireland*, xliv, 1&2 (Spring/Summer 2009), p. 39.

> suitable to them in after life. It is not unfitting that they might for the most part become absorbed in the agricultural industry.[11]

11.20 The annual reports of the department reiterated the benefits of boarding out:

- The care of children in foster homes is a much cheaper form of maintenance than in institutions; but the advantages of boarding out do not rest on its comparative cost alone although cost is an important consideration…Suitable homes can always be found, there is no lack of them.
- The best of all homes is a country home occupied by parents with children of their own of more or less the same age as the foster child, but excellent homes are also given by childless couples.

11.21 The reports noted cases where couples willed their home and land to a foster child. They urged that children should be boarded out at an early age:

> indeed the younger the age the better the prospects of success. For in this way the child is more quickly absorbed into the family. It then becomes more easy to regard its foster parents with filial regard, and becomes itself more easily the object of parental love.
>
> Children should always be boarded-out in country homes, and except for very compelling reasons never in towns or large villages. Good food, good milk, fresh air, are easily obtainable in country homes; temptation to evil-doing is less strong, and a superior class of foster parents can be there obtained than can generally be obtained in towns or large villages…The child brought up in this system has the advantage of a home upbringing. The world is seen as it really is, with its ups and downs, its joys and sorrows. The atmosphere of the foster-home is the atmosphere of real life.[12]

11.22 Some foster homes lived up to this ideal, but many failed to do so, and the argument that boarding out offered the best outcome for children who could not be raised by their birth mothers was not uncontested. The Commission on the Relief of the Sick and Destitute Poor heard testimony from a number of witnesses who were highly critical of boarding out:

> Speaking from an experience that extends over a long number of years, I can say that with regard to the people who apply to take out these children in 99

[11] DLGPH, First report, 1922-25.
[12] DLGPH, Annual report, 1927-28.

> cases out of 100 they are of the very poorest. No one else applies to take out children, and that being so the applications which these people make for children to board out with them are rarely refused. They take out the children who are not sent to school or properly fed. As regards the clothes supplied by the Board of Guardians for these boarded out children, it is not an unusual thing to see the clothes divided up amongst the members of the family of the foster parents. The great complaint I have to make in the case of these boarded out children is that they are not sent to school or to the catechism classes. They hardly get any religious instruction at all, and that to us Catholics is most objectionable.[13]

11.23 Another witness, who was from Wicklow, claimed that 'A man said to me one time ''it is just as easy for me to keep that baby as to keep a little pig''. He looked upon the thing in a commercial light'.[14] A member of Rathdown Board of Guardians believed that orphanages offered much better prospects for training children.[15] The manager of Artane industrial school, who was the secretary of the association of industrial schools, was highly critical of boarding out,[16] and the Bon Secours Sisters who ran the Tuam home were insistent that Tuam children should not be boarded out until the age of six or seven (See Chapter 15). Some members of local authorities believed that placing children in an institution, under the care of a religious order, provided a better future for them than boarding out. In the 1920s Pelletstown kept some children up to the age of four; in later years many Pelletstown children were transferred to St Philomena's Home (see Chapter 13). Some children remained in institutions because the mothers wished them to remain where they could visit, and the mothers hoped to take their child home at some future date.

Numbers involved in boarding out

11.24 The DLGPH, and later the Department of Health, maintained pressure on local authorities to remove children from institutions such as county homes and industrial schools and place them with foster families. In 1924/5 there were 1,907

[13] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, nineteenth day, 4 Nov. 1925..
[14] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, ninth day, 15 July 1925.
[15] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, nineteenth day, 4 Nov. 1925.
[16] Oireachtas Library, Commission on the relief of the sick and destitute poor, including the insane poor, minutes of evidence, twelfth day, 22 Sept. 1925.

children boarded out; by 1936 this had risen modestly to 2,304. Most of the increase was concentrated in counties where few children were boarded out in the 1920s; for example the numbers in Galway increased from 45 to 151; Kerry from 44 to 128. The county statistics indicate that the commitment by a local authority to promote boarding out was critical: how otherwise can the discrepancy between 151 children boarded out in Galway and 53 in nearby Mayo or 29 in Roscommon be explained? Despite many complaints during the war years that payments to foster parents were not keeping pace with inflation, the numbers remained stable, though this was at a time when the number of 'illegitimate' births was rising. There were 2,330 children boarded out in 1943, and 2,351 in 1945.[17]

11.25 It can be assumed that statistics for boarded-out children are accurate, because these children were maintained by the local authority. The statistics for children at nurse are much less reliable. A DLGPH memorandum in 1943 estimated that 2,300 children were boarded out by local authorities and an additional 2,500 children were placed at nurse by charitable agencies or by individuals. Not all of these children were 'illegitimate'; some were orphans or children whose mother suffered from a long-term illness; some were foundlings. The registers kept by the local authorities did not record the child's status, but it would appear that the great majority were the children of unmarried mothers. A Department of Health memorandum in 1954 noted that according to Miss Murray, an inspector of boarded-out children, 75% were the children of women in county homes or special homes (the term used by the department for mother and baby homes).[18]

11.26 Local authorities came under renewed pressure in the early 1950s to increase the numbers of children boarded out. This is evident in a 1950 letter to South Tipperary county council from the Department of Health asking whether they had secured more foster homes following recent advertisements, and querying their practice of committing children to industrial schools. The council was asked to supply 'a precise and detailed statement' regarding the procedures they used to commit children, the grounds for committal, and who initiated it. The letter continued:

> It appears to the Minister that in the minds of people who were not familiar with the details of the legislation committal to a Certified School suggests an

[17] Figures for the number of children boarded out, or at nurse, were published annually in the reports of the DLGPH until 1945, but not in later years.
[18] Department of Health, ed006406/INACT/INACT/0/443909.

added stigma on children who are already socially handicapped and for that reason committal proceedings are objectionable. As regards the relative merits of boarding-out and institutional accommodation, it is noted that the County Manager has discussed the matter with ecclesiastical authorities and that he has doubts as to the advantages of boarding-out, but, the reasons for his doubts are not mentioned in your letter.

11.27 This letter cited article 20 of the *Public Assistance (General Regulations) Order 1942*,[19] which stipulated that a public assistance authority could not send a child to a certified school unless the authority was satisfied that the child could not be suitably boarded out. It noted that 'the responsibility of the PAA administering the legislation does not, therefore, extend to deciding between the relative merits of the different methods of assisting children deprived of a normal home life…it is surprising that consideration of "saving the rates" in such a small measure should influence a Public Assistance Authority to choose a course disadvantageous to the children in its care'. The argument that placement in a certified school would save money was 'without foundation' because from April 1948, the Department of Health would meet the full cost of any increase in health spending over the 1947-48 figures until expenditure had doubled.[20]

11.28 This letter referred to the attitude of the ecclesiastical authorities. In a memorandum on foster care probably written around 1949, Miss Litster commented on the attitudes of parish priests. She noted that many had 'a keen interest in boarded out children' and some sought to secure children for their parish to maintain the numbers on the school roll, though they only wanted children of school-going age. A number of parish priests objected to foster children, believing that they should all be sent to industrial schools. Miss Litster noted, 'Generally neither opposition nor assistance is encountered, simply apathy'. However she believed that it was advisable to secure their co-operation in encouraging families to accept boarded-out children. Yet not all parish priests were opposed to boarded-out children.[21]

[19] http://www.irishstatutebook.ie/eli/1942/sro/83/made/en/print
[20] Department of Health, RM/ARC/0/489409.
[21] Department of Health INACT-INA-0-474129

11.29 Article 4 of the *Boarding out of Children Regulations 1954*[22] increased the pressure on local authorities to board out children, as opposed to sending them to approved schools. It provided that 'A health authority shall not send a child to a school approved by the Minister…unless such child cannot be suitably and adequately assisted by being boarded out', and it extended the age at which children could be boarded out to 16 years. The department monitored the number of children in county homes closely throughout the 1950s, and they repeatedly urged local authorities to place children in foster homes. Despite these pressures to board out children, and repeated strictures against dispatching children to industrial schools, a number of local authorities continued to commit many children to industrial schools without ministerial approval.

11.30 Offaly was regularly noted as having few boarded-out children. The number fell from 40 in 1950, to 24 by 1955, by which time the department's inspector believed that 'the scheme is threatened with collapse'. Only three children were boarded out in 1954 and 1955. Despite repeated pleas from the inspector, Offaly failed to advertise for foster parents, leaving it to the assistance officers to identify suitable homes. Having failed to convince Offaly that boarding out was in the best interests of the child, the department inspector suggested that they consider the financial benefits of fostering: it cost substantially less than the cost of keeping a child in an approved school. Nevertheless Offaly persisted in keeping the children of unmarried mothers in the county home for several years, and then transferring them to industrial schools. Girls were generally sent to Lenaboy; boys went to St Joseph's, Salthill. The department reminded Offaly, in vain, that children should only be sent to institutions when efforts to place them with a foster family had failed. Many of the children who were placed in foster homes in Offaly were removed; the department's inspectors interpreted this as evidence that foster homes were not chosen with sufficient care.[23] In 1965 there were 146 children from Laois and Offaly in institutions, 'the vast majority of whom appear to have been sent automatically'; having spent their early years in the county home or a mother and baby home, these children were then dispatched to industrial schools.[24]

[22] http://www.irishstatutebook.ie/eli/1954/si/101/made/en/print
[23] Department of Health, INACT/INACT/0/457780.
[24] Department of Health, RM/INA/0/489849.

11.31 Department of Health inspectors consistently criticised the policy of delaying the boarding out of children from Tuam. In 1957 Alice Litster stated that 'The trouble with the Children's Home is persistent. The Sisters are not helpful in getting children boarded out at an early age. It is distressing to see a 'crocodile' of children going to school from the Home.'

11.32 She recommended that the Galway health authority should require the Mother Superior to notify them when a child reached the age of three; prospective foster parents should be encouraged to visit Tuam 'in order to select a child'.[25]

11.33 The number of children boarded out or at nurse declined during the 1950s, though it is important to emphasise that the figures for children at nurse were incomplete. Between 1948 and 1953, the numbers boarded out by the Dublin health authorities fell by over 50%.[26] The introduction of adoption had a major impact but the decline started before adoption was introduced; it probably reflected the fall in the number of 'illegitimate' births in the late 1940s. During the 1950s the charitable agencies that had been prominent in placing children at nurse became adoption agencies, and local authorities began to view adoption as the preferred outcome for 'illegitimate' children. Many of the early adoptions involved foster parents adopting children who had been in their care for some years.

11.34 A mother had the right to refuse to have her child boarded out. There are documented cases of mothers leaving a county home with her child and then applying, via the NSPCC, for his/her committal to an industrial school. Limerick county council sent 41 children to industrial schools in the years 1953-59; all children except one were committed as a result of an application by their parent.[27] The local authority claimed to have identified suitable foster families for all of these children; in all cases the mothers refused to have their children boarded out.[28] It seems that these mothers were unwilling to part with their child to another 'home' where the child might develop an attachment to another 'mother' or 'family'; they hoped to sustain more of a parental relationship if the child was in an institution. In 1960 several women, whose children were in the Wexford county home, refused to

[25] Department of Health, INACT/INA/0/442719.
[26] Department of Health, RM/ARC/0/489429.
[27] A number of these children were committed by their father; their mother may have died or was in long-term medical care, perhaps in a mental hospital
[28] Department of Health, INACT/INA/0/449398.

consent to them being boarded out; they wanted them to be sent to the Good Shepherd Convent in New Ross, where mothers could visit.[29]

11.35 Mothers could reclaim a boarded out child at any time. In 1969 an inspector described one mother of several 'illegitimate' children who were boarded out: 'when a whim overtakes her, the mother turns up to the foster-home and demands the children back'; she would take them to her cottage but abandon them shortly afterwards. One of these unfortunate children was admitted to an industrial school because of his mother's erratic behaviour.[30] In 1946 Alice Litster wrote a memorandum on children boarded out by public assistance authorities. She stated that foster parents who would willingly take an orphan would often refuse to care for the child of an unmarried mother because of fears that the birth mother might appear and cause trouble. Miss Litster reported that 'one of the fears of a good foster home is that the child's parent may claim him, as often happens, when he arrives at wage-earning capacity'.[31] In 1933 a woman whose child had been boarded out in North Tipperary informed the local authority that her daughter was now 15 and 'she intends putting her to business'.[32] The papers of the inspector Miss Clandillon record several instances where the birth mother or a member of her family, who had had no contact with the children since infancy, contacted them when they reached their fifteenth birthday and were in a position to become self-supporting and perhaps help to support their mothers or relatives. One grandmother sought to claim a foster child, though her foster mother wished her to continue at school. A teenager who was reclaimed by his mother when he reached working age ran away from his mother and her husband (who was not his father). When the department's inspector met him three years later, by which time he was in his early twenties, she reported that he was working and living with his mother and her husband, but was extremely unhappy there. This practice of reclaiming children when they reached working age was not unique to Ireland.

Payments to foster parents

11.36 The number of children boarded out within a county reflected the socio-economic conditions and the attitude of the local authority. Children were commonly boarded out in the homes of small farmers and rural labourers, so the number of

[29] Department of Health, INACT/INF/0/499216; this was an industrial school for girls; there was also a Magdalen laundry on the same site.
[30] Department of Health, INACT/INA/O/475557
[31] Department of Health, INACT/INA/O/474129
[32] Tipperary North, Board of Health and Public Assistance, minutes, 14 July 1933.

households in those categories often determined the presence or absence of foster children. Local authorities could encourage or discourage boarding out by advertising for foster parents, or not doing so, and by the sums that they paid to foster parents. Each local authority set the rate, which had a bearing on the number of foster homes. During World War II (the 'Emergency' years) payments to foster parents failed to keep pace with the rising cost of living. In 1943 the department carried out a review of provisions for unmarried mothers and their children. The section headed 'Boarded-Out' reported that the inspectors for boarded out children were emphatic that the allowances for maintenance and clothing should be increased in light of the rising cost of living. The department wanted all local authorities to pay 30s a month. Children should be boarded out as young as possible 'so that they may have the advantages of family life from their earliest years'. They wanted an end to the practice of placing foster children in homes of elderly people and other reforms. In 1947 Galway was the only county to retain 'the antiquated practice' of paying less maintenance for children aged nine years and older - which 'appeared to invite foster families to make the children earn their keep' by working on a farm or in the home. This practice had been widespread in the 1920s and 1930s; in 1933 Tipperary North Riding paid a weekly maintenance rate of 7s for children aged two to four; 6s for children aged four to ten; and 5s for children aged ten to 15.[33] In 1947 the average payment per child nationally was just under 7s, weekly payments to foster parents in Monaghan ranged from 8s 6d to 11s, the highest payment was for infants; Galway paid 5s weekly for children up to the age of ten, and 4s weekly for older children.[34]

11.37 Payments varied considerably between local authorities. In 1949, for example, Limerick city paid foster parents 8s a week, which Miss Clandillon judged insufficient to give the children an adequate diet. In contrast Co Limerick paid foster parents 14s a week[35] - and as most Limerick city children were boarded out in the county, the discrepancy was significant.

11.38 Local authority minutes and managers' orders indicate that many local authorities tried to extract a contribution towards the cost of boarding out from the child's mother or the putative father, though there is no evidence as to their success in doing so. The annual report of the DLGPH for 1934-35 indicated that the mother's

[33] Tipperary North Riding, Board of Health and Public Assistance, minutes, 14 Dec. 1933, letter from the Minister for Local Government and Public Health in relation to an inspector's report.
[34] Department of Health, RM/INA/0/505478.
[35] Department of Health 489431

contribution towards the cost of foster care was estimated on the assumption that she would retain £10 a year for her own needs, with the balance going towards maintaining her child. These figures assumed that the mother was working in a service position that provided her with food and lodgings. Some mothers were detained in county homes for years, working without pay, in return for the local authority paying the cost of their child's foster care. In Meath and in Wexford, a mother who had been working unpaid in the county home and whose child had been boarded out, was forced to claim her child and maintain her/him if she decided to leave the county home.[36]

11.39 Galway was among the most assiduous local authorities in trying to extract payments to cover the cost of maintaining the children of unmarried mothers. In 1943 the county manager sought information from other local authorities as to their practices. The North Tipperary county manager reported that unmarried mothers, before leaving Sean Ross, had to provide suitable foster parents for their children and that was usually done by the woman's parents, a prospective employer or some other interested party. He claimed that the mothers paid the foster parents half the weekly cost of maintenance plus a full clothing allowance; the other half of the cost of maintenance was paid by way of home assistance through the local assistance officer. Only in exceptional cases, where the mother was incapable of looking after herself and her child, was the child boarded out (by the local authority), and in such cases the mother was usually provided with employment in a convent or other institution under the control of religious sisters and a contribution in proportion to her earnings was made direct to the local authority. The South Cork Board of Public Assistance reported that in cases where an unmarried mother contributed towards the cost of her child no agreement was entered into and repayments by the mother were made through the Mother Superior of Bessborough and credited to the board's account. The board had no means of checking the accounts; they accepted the word of the Mother Superior. They claimed that all payments were voluntary.[37] They noted that an unmarried mother qualified for unemployment assistance amounting to 9s a week in rural areas so long as her child lived with and was being maintained by her. The Galway county manager ordered that copies of the above letters should be sent to Sister Hortense, the Mother Superior in the Tuam home, asking her to get mothers in Tuam to identify foster parents. He suggested that Tuam should follow the Sean

[36] Department of Health, INACT-INA-0-451829; Department of Health INACT/INA/0/476463
[37] It is not clear to the Commission that the South Cork board's description is accurate.

Ross model: the mothers would pay half the cost of maintenance and the full cost of clothing their children, and the remainder would be paid by the public assistance authority. He gave instructions that the local unemployment officer should be consulted in regard to the payment of 9s unemployment assistance to unmarried mothers to enable them to contribute to maintaining their children.[38] A later communication from Westmeath county council to the Galway county manager stated that unmarried mothers in rural areas did not qualify for unemployment assistance during the summer - from the last Tuesday in June to the last Wednesday in October (when they were expected to find work in agriculture), but mothers could apply for unemployment assistance during the remainder of the year, if they were available for work but could not find work. Unmarried mothers living in urban areas could apply for unemployment assistance throughout the year.[39] This correspondence suggests that unmarried mothers were encouraged to apply for unemployment assistance on the assumption that part of that money (which came from central government) would be used to contribute towards the cost of maintaining their child - reducing the cost to the local authority, however few women were awarded unemployment assistance..

11.40 The requirement that children could not be boarded out in cities or towns, which applied until 1953, meant that many Dublin city children were placed in other local authority areas. The fact that Dublin retained the pre-1922 poor law unions of Dublin, Rathdown, and Balrothery added to the complexity (see Chapter 1). In the 1940s Mrs McKean, a Commissioner appointed to oversee the Dublin Board of Assistance, increased the number of Dublin children who were boarded out, as opposed to being placed in an institution; many Dublin children were boarded out in Donegal and Wicklow.[40] In 1952 there were 248 boarded-out children under the care of the Dublin Board of Assistance; but only 34 children were fostered in the Dublin Public Assistance District; the remaining 214 were outside the area; many were in the Balrothery and Rathdown Districts - to the north and south of the city. Local authorities elsewhere complained about the competition that they faced from Dublin in securing foster homes, so Dublin was forced to agree not to pay higher rates than were paid by the county in question. But as the local assistance officers received additional payments for inspecting Dublin children, whereas inspections

[38] Galway County Archives, Managers' Orders, 1775/1084, 1943.
[39] Galway County Archives, Managers' Orders, 1908/1178, 1943. The Commission's research on Sean Ross suggests that the account given by the Tipperary North county manager is not accurate.
[40] Department of Health, INACT/INA/0/474129.

of children placed by their local authority were part of their normal workload, it was alleged that they preferred to place Dublin children in foster homes.[41] By the late 1940s a succession of county managers - under pressure to increase the number of children who were boarded out - claimed that the placement of Dublin children in their area meant that they were unable to secure foster homes for children under their care, and the department reluctantly conceded that if a county manager objected, Dublin would cease to place children in that county. The chief executive officer of the Dublin board of assistance pointed out that of 36 children recently boarded out from Dublin, only five had mothers who were natives of Dublin. By 1951 11 counties were refusing to accept any children boarded out by the Dublin authorities.[42]

11.41 By the 1950s children at nurse and boarded-out children were scattered across many parts of Ireland, often in a seemingly random manner. For example in 1960, of the 357 children who were boarded out by the Dublin board of assistance, 171 or approximately half, were in foster homes outside Dublin city and county; 20 were placed in Galway, 32 in Mayo and 23 in Roscommon. An additional 183 Dublin children were in industrial schools or other institutions.

11.42 Alice Litster claimed that there were advantages associated with placing foster children away from their home area, because 'Women are not anxious to take into their homes children who may have undesirable relatives resident in the neighbourhood or wandering about the county'; they were more willing to foster 'children about whose history nothing is locally known'.[43] However there were major logistical problems associated with long-distance foster care. During the 1950s, Donegal households who were fostering Dublin children complained about long delays in getting approval for specialist medical care or glasses, and reimbursement for the cost of medicines. A woman whose foster child had tuberculosis was not given any additional money to cover extra expenses. There were also serious shortcomings among the foster parents. School attendance among Dublin children boarded out in Donegal appears to have been extremely irregular, and warnings and reprimands were generally ignored. Miss Murray noted that 'The Board of Assistance is at a disadvantage in dealing with foster parents so far removed from the home county, since the removal of a child is a

[41] Department of Health, 489373
[42] Department of Health, INACT/INA/0/435925.
[43] Department of Health, ed006406/INACT/INACT/0/443909. This was in a lecture that she gave to social science students in 1947.

matter of difficulty and inconvenience. Foster parents are well aware of this situation and take advantage'.[44]

11.43 Despite the firm messages issued by the Department of Health, the decision as to whether children were boarded out, remained in a county home or were dispatched to an industrial school were taken by local authority officials, and the practice varied significantly between counties, as it did before independence. Some local authorities placed children with foster families at an earlier age than others. Wicklow placed children 'at as early an age as homes can be found for them'; whereas in Galway children were not boarded out until they were at least four to six years old.[45] The fact that Donegal had 'no prejudice against young children' was cited as one of the reasons why Dublin children were placed in Donegal.[46] By contrast, in Kerry it proved 'impossible' to place children in foster homes under the age of three or four years, and most prospective foster parents asked for children who were five years or older. In Sligo applications for foster children generally specified that 'they should be of school-going age and capable of doing occasional messages for the foster parents'.[47] The Tuam children's home insisted on retaining children until the age of five and seven years, which meant that children in Mayo and Galway were boarded out at a later age than elsewhere. In 1953 it was reported that most foster parents in Mayo were only prepared to accept children aged six years and older.[48] There appears to have been little reflection on the difficulties that children raised in an institutional setting faced in adjusting to life with a foster family. Foster parents, irrespective of the county or the age at which children were placed, received no support or advice about the difficulties involved in parenting a foster child.

11.44 Children boarded out by local authorities could only be placed in a town or village with the express permission of the minister. This provision ended with the *Health Act 1953*. This requirement, which pre-dated independence, was not necessarily misguided, because until the 1950s child mortality was significantly higher in cities and towns and the practice of placing foster children in rural areas was not unique to Ireland. In the nineteenth century 'orphan trains' carried thousands of children - who were offspring of single mothers or poor families - from the American cities,

[44] Department of Health INACT/INA/0/426516.
[45] Department of Health, RM/INA/0/505478.
[46] Department of Health 489373.
[47] Department of Health, INACT/INA/0/447861 (Kerry); Department of Health, INACT/INA/0/538765 (Sligo).
[48] Department of Health, INACT/INA/0/451521.

placing them with foster families in the countryside. Children born to unmarried mothers in Paris and other large French cities were placed with families in the countryside - partly to redress the falling rural population. Given the low birth-rate in France many of these children inherited farms or other properties of their foster parents.[49] There was no restriction on placing children at nurse in cities, and many were placed in tenements or small cottages in central Dublin and Cork.

11.45 So there were two distinct but overlapping fostering systems in operation: one organised by the local authority, the other organised by individuals or by charitable bodies, and to some extent two discrete concentrations of children - most children at nurse were placed in cities and larger towns (though there were some in the countryside); boarded-out children almost exclusively in country areas.

Inspection

11.46 The regime for inspecting boarded-out children and children at nurse predated the foundation of the Irish Free State. The *Infant Life Protection Act 1897* required each poor law authority to appoint infant life protection officers to inspect children placed at nurse, and this requirement was restated in the *Children Act 1908*. The 1902 Local Government Board Ireland regulations provided for the appointment by each poor law union of a ladies committee with responsibility for selecting and inspecting foster homes and supervising the welfare of foster children boarded out by the poor law authority. Miss Litster noted that 'being frequently composed of women belonging to the well-to-do classes' these ladies often employed former boarded-out children.[50] Most of these local ladies committees disappeared after 1922, probably because the membership included many women from Anglo-Irish landed families. In 1947 Miss Litster noted that the longest surviving committees were in Wexford and Dublin South, but it would appear that they had disappeared by 1947.[51]

11.47 In 1902 Mrs Dickie was appointed as the first woman inspector of boarded-out children; she was joined some months later by Miss Fitzgerald-Kenney.[52]

[49] Jeanne F. Cook, 'A history of placing-out: the orphan trains', *Child welfare*, lxxiv, 1 (1995), pp 181-196. Many of these children were Catholic children who were placed with Protestant families; the descriptions of their placement are not dramatically different to a slave auction, except that no money changed hands. On France, see Ivan Jablonka, *Ni Père, ni mère. Histoire des enfants de l'assistance publique (1874-1939*(Paris, 2006).

[50] Department of Health, RM/INA/0/505478.

[51] Department of Health, RM/INA/0/505478.

[52] Caroline Skehill, *History of the present of child protection and welfare social work in Ireland* (Lewiston, 2004), pp 196-207. gives an account of the early history of boarding out and the role of women inspectors.

According to Miss Litster 'the first result of the appointment of women inspectors was a storm of protest against inspection of children and homes and especially against inspection carried out at schools'.[53] The system of inspection established under the Irish Local Government Board continued after independence. The work of these pioneering women, and their successors Mrs Crofts, Miss Kennedy-O'Byrne, the redoubtable Alice Litster, Fedelma Clandillon, Mary Murray and Margaret Reidy should be acknowledged; their reports constitute the primary source for this chapter.

11.48 In the 1920s the Dublin Union had an extremely active ladies committee that inspected foster homes and made regular reports to the Board of Guardians (see Chapter 13). In the 1940s the DLGPH noted that inspection of Dublin foster children had improved when Commissioners were appointed - probably because one of the Commissioners, Mrs McKean, had extensive experience of working with child welfare groups. Tipperary North considered appointing a ladies committee in the 1930s but it is unclear whether it was ever established. A 1923 report to the Laois Home and Hospitals committee suggests that inspections in that county were conducted by a nurse; she explained that she had given a foster mother 'every opportunity for improving the place and on this visit I find it worse'. This child was removed to the county home while a more suitable foster home was sought.[54]

11.49 The *Children Act 1908* required all local authorities where there were children placed at nurse to appoint infant life protection visitors. In 1947 Miss Litster stated that Cork South (which included the city) had appointed a nurse as a dedicated infant life protection visitor. In Wicklow and Louth the role was filled by public health nurses (in addition to other duties); Wicklow had designated two nurses; in Monaghan it was held by the senior assistance officer, 'who happens to be a woman'; Galway had delegated the function to the NSPCC officer. The remaining local authorities gave the role to assistance officers. Miss Litster suggested, diplomatically, that her objections to assistance officers inspecting foster children was 'not based on any assumption that they are all lazy, incompetent and not interested in the welfare of the children'; they were 'for the most part of the wrong sex'. Most assistance officers were men; the small number of women tended to be

[53] Department of Health, RM/INA/0/505478.
[54] Department of Health, NATARCH/ARC/0/527135.

widows of assistance officers. She also objected to the fact that this arrangement meant that fostering was associated with public assistance.[55]

11.50 Many assistance officers regarded boarding out as a form of supplemental home assistance. Fostering was viewed as meeting the needs of foster parents, rather than the best interests of the child. Many local authorities adopted a careless, even negligent attitude to their responsibilities to inspect children and foster homes. The department's inspectors frequently criticised local authority inspections and their general oversight of boarded-out children. A report on Clare in 1953, which was broadly positive, noted that the assistance officers lacked the capacity to report on children's health or inspect girls' clothing.[56] The department's inspectors criticised the lack of record-keeping, inspections not carried out, reports of late payments to foster parents, where the local assistance officer undoubtedly had the money, but paid parents in arrears. The assistance officers were required to pay monthly visits to foster homes - checking on the child, their school attendance and health, while handing over the monthly fee to the foster parent, and recording details of each visit in an inspection register, but these regulations were widely flouted. There were reports from Galway in 1938 that assistance officers were failing to carry out inspections; foster parents were paid in dispensaries or depots, which meant that the home and the child were not inspected. Some assistance officers left the money to be collected in a local shop, or required the foster parents to call to their office - which might involve a round-trip of ten miles; details of children's health and school attendance were rarely recorded. A 1946 report on Leitrim noted that

> There is every reason to believe that the Assistance Officers' visits of inspection to the foster homes are extremely irregular. The condition of many of the homes is ample proof that the foster parents do not anticipate visits of inspection. The monthly maintenance allowance is rarely if ever paid in the foster home, the foster parent collects it in the nearest town or calls to the home of the Assistance Officers.[57]

11.51 The report of an inspection in Monaghan in 1949 commented that requiring foster mothers to collect maintenance grants from the public assistance office 'must

[55] Department of Health, ed006406/INACT/INACT/0/443909.
[56] Department of Health, C3/11, 489850
[57] Department of Health, NATARCH/ARC/0/404325.

militate against finding a good type of foster-parent, as women do not care to be obliged to attend with recipients of public assistance'.[58]

11.52 Relations between local officials and the inspectors were occasionally fraught and some local officials resented the fact that female inspectors could review and comment on their work. In 1942, Mary Murray informed John Garvin, secretary of the DLGPH, that she 'had never had any help or co-operation' from the county secretary in Meath: 'he invariably supported the SAO and AOs and always opposed any reforms I wished to make'. Efforts to arrange a meeting with the senior assistance officer before a planned visit were invariably thwarted, and the senior assistance officer tended to be unavailable when she carried out an inspection. This dispute continued for over a decade. In 1954 she was denied access to the files of boarded out children; local officials demanded that she apply to the county manager, providing an advance list of every detail that she might want to check. They told her that 'there was no reason why all the medical certs or medical reports should be examined…No necessity to carry out a detailed inspection of the records'. When files were eventually supplied to her a member of the local authority staff kept her under observation to make sure that she only examined the portion of the file that they had opened. The Department of Health informed the county manager that the inspector was entitled to have full access to all files.[59] It would appear that they sent another inspector to Meath to carry out later inspections. A 1957 department memorandum that was sent to Miss Litster and Miss Murray stated that 'It is considered necessary to bring to the attention of inspectors the necessity of eliminating from their reports any statements regarding local conditions or practices which cannot be substantiated if challenged by the local authority concerned'. It noted that one recent inspection report had included information given in confidence to the inspector; such information should not be included in future.[60]

11.53 Tensions between the department's inspectors and the local authority were not confined to Meath. Louth also resented any outside advice or interference. In 1947 Mary Murray reported that there were only 18 children boarded out in the county, compared with 27 at the time of her last inspection (no date is given and no report survives of this inspection, but it was probably two years previously). Louth

[58] Department of Health, INACT/INA/0/454516.
[59] Department of Health, INACT/INA/0/451827
[60] Department of Health, ed006406/INACT/INACT/0/443909.

had only placed two children with foster families over the previous two years, whereas they had sent a much larger number to industrial schools, or discharged them with their mothers from the district hospitals. Local officials claimed that they were unable to secure foster homes, but Miss Murray suggested that they had made little effort to do so. They also ended boarding out before children reached their fifteenth birthday (regulations stipulated that foster children remained under local authority care until their sixteenth birthday or had completed their schooling). They also failed to transfer children to vocational schools, hiring them out 'at absurdly low wages', or leaving them with the foster family 'as unpaid domestic and agricultural workers'. Miss Murray's report prompted a letter to the county manager, which was signed by the parliamentary secretary (junior minister) Liam Cosgrave, expressing his concern at her report and asking for a response. The senior assistance officer in Louth dismissed the report as 'in the same tone as previous reports by this Inspector with its inaccuracies and destructive and, in places, sarcastic comments, instead of being constructive and symbolical of that co-operation which should exist between this inspector and the officials concerned'. The county manager was less hostile, but he took refuge in the fact that her report was 'out of date'. The department replied that 'The Minister takes grave exception to the tone of the report' from the senior assistance officer.[61] However the department's criticism appears to have had little impact. Louth continued to retain children in institutions - whether district hospitals or industrial schools. By 1963 there were only ten children boarded out, four in the county, five in Monaghan and one in Kerry; no child had been placed in the county since 1958. Louth was planning to place three children in Cavan. In 1967 the department complained that

> the set up in Louth is very unsatisfactory and has shown no improvement over the years; in fact it has deteriorated steadily. From the County Manager down the officials are hostile to the scheme and no effort is made to co-operate with the Dept. or to establish the scheme on a satisfactory basis. The CMO [chief medical officer] knows little of the work, his staff are antagonistic or indifferent and the Public Health nurses confine their interest to spasmodic visits to the foster home.[62]

11.54 In 1951 the Department of Health asked local authorities to provide details of their inspection practices. Limerick City Public Assistance Department (which was

[61] Department of Health, RM/INF/0/82807
[62] Department of Health, INACT/INA/450148

distinct from the county) reported that assistance officers provided monthly reports on children who were boarded out and these reports were laid before the city manager. The matron of the City Home and Hospital (a county home) - who was a religious sister - paid surprise visits to foster homes and reported to the city manager on the children and conditions in the homes. The inspector and public health nurses provided monthly reports on children at nurse. However the Department of Health inspector provided a much more critical account of Limerick city inspections. She claimed that reports submitted by assistance officers consisted of a printed sheet with entries such as 'satisfactory' and similar comments. Inspections were not thorough. In one case where three boys had to be removed from a home following allegations of cruelty, two successive matrons of the City Hospital had reported favourably on this foster home, though they acknowledged that it was overcrowded, because the foster mother's daughter, husband and two children had returned to live there.

11.55 The Limerick infant life protection visitor was also the senior assistance officer. Miss Clandillon claimed that he had never kept a register and had to be shown one; she was sceptical that he would perform his duties adequately. He informed her that he had removed some names from his list of children at nurse, because they had been 'adopted' by the families - i.e. payments for maintenance had ceased. She had to explain that these informal 'adoptions' had no legal validity and any children who had been kept for payment should remain on the register until the age of nine, or until legally adopted. Miss Litster had given this official a detailed explanation of the legislation - apparently to no effect.[63]

11.56 The reforms of health and welfare services in the late 1940s resulted in pressure on local authorities for the appointment of designated, full-time children's officers with responsibility for boarded-out children; children placed at nurse, and hired-out children. Miss Litster recommended the appointment of trained social workers to this role. She recommended that they keep detailed case notes for each child, including health, progress at school and their intellectual aptitude; they should advise foster parents on the choice of future occupations for these foster children; inspect possible places of employment and provide follow-up support after they left foster care. Their duties should also involve 'giving advice and guidance to

[63] Department of Health, 489431

unmarried mothers'.[64] There is no indication that this proposal received serious consideration and there were insufficient trained social workers in Ireland to fill these jobs. The Limerick county medical officer of health designated public health nurses to carry out these duties.[65] The nurses inspected boarded-out and nursed-out children, but the foster homes continued to be selected by the assistance officers, probably without checking with the nurses, and the assistance officers continued to handle payments to foster parents and clothing allowances. The medical officer would not agree to the public health nurses providing written reports of inspections, 'his view being that their sole duty consists in satisfying themselves to the physical welfare of the children'. [66]

11.57 In 1950 Seamus Murphy of the Dublin Board of Assistance determined that inspections of boarded-out children carried out on behalf of the Dublin Board should be made by a dedicated children's officer, who should be a woman. In Carlow, Cavan, Meath and South Cork, public health nurses were responsible for inspections. In Balrothery and Rathdown (both Dublin), and Wicklow, infant life protection officers who were qualified nurses inspected all foster children. In the remaining counties inspections continued to be conducted by the assistance officers.[67] The workload of public health nurses increased significantly with the expansion of health services for mothers and infants under the *Health Act 1953*, routine medical inspections of school children and immunisation programmes; consequently public nurses had little time for inspecting foster children. In 1953 the Joint Committee of Women's Societies and Social Workers submitted a report to the Minister of Health in relation to boarded out children and children at nurse, and this resulted in a meeting between a deputation from the Joint Committee and officials in the Department of Health. The deputation pressed for the appointment of dedicated children's officers, who should be trained social scientists, and the introduction of stronger regulations relating to the registration and inspection of children in foster homes. Officials explained that it was the Department of Health's policy that inspections should be carried out by trained children's officers, but as the appointments were made by local authorities, 'the most the Minister could do is urge such an authority to make an appointment'.[68]

[64] Department of Health, 489431
[65] Department of Health, RM/ARC/0/489768.
[66] Department of Health 489717
[67] Department of Health, INACT/INA/0/435925.
[68] Department of Health, INACT/POL/0/499217.

11.58 The introduction of legal adoption meant that many unmarried mothers were faced with deciding between adoption and foster care (few had the option of raising their child) but there was a 'lack of cohesion in child-care practices'; the department believed that the appointment of full-time, qualified children's officers to deal with boarding out, private placement of children and adoption would improve the position.[69] Most local authorities continued to resist this proposal, pleading that they were under pressure to keep rates bills under control - despite the fact that under the *Health Services (Financial Provisions) Act 1947* the additional cost in health spending was borne by the Exchequer. Public health nurses objected to proposals that the position of children's officer would be open to candidates who were not qualified nurses. Galway appointed a children's officer in 1958, but a department inspector noted that 'the results of the appointment are disappointing, and that it has in no way fulfilled its expectations'. Reports and records were described as 'generally unsatisfactory'; inspection reports showed 'little if any improvement on those carried out by the Assistance Officers'.[70] Many local authorities continued to divide responsibility for foster children between assistance officers and public health nurses. In 1962 the *Connacht Tribune* reported that the Galway county manager and county councillors had expressed disagreement with the recommendation of the assistant county manager to a Dáil Éireann Select Committee on the Health Services, that all counties should appoint a 'suitably qualified' children's officer.[71] In 1960 Miss Clandillon suggested that Laois and Offaly should appoint a joint children's officer to take responsibility for the approximately 60 boarded out children in the two counties; in 1965 she reported that responsibility had been transferred to public health nurses, which 'only resulted in a worsening of the situation'. Wexford, by contrast had a very active and effective children's officer, who worked hard to identify suitable foster homes, and to prevent children being sent to institutions.[72] However in 1970 only six of the 17 children's officers were social workers or social science graduates.[73]

11.59 Sections 55 and 56 of the *Health Act 1953* required each local authority to keep an up-to-date register of boarded-out children, including details of their date and place of birth. The department urged all local authorities to have copies of every child's birth and baptismal certificates, which would be available to foster parents as

[69] Department of Health, INACT/INA/O/ 475224
[70] Department of Health, INACT/INA/0/442719.
[71] *Connacht Tribune*, 21 July 1962.
[72] Department of Health, INACT/INF/0/499216.
[73] Skehill, *History of the present of child protection and welfare social work in Ireland*, p. 257.

required, under article 17 of the *Boarding Out of Children Regulations*.[74] Many children who were fostered at an early age came to be known by the surname of their foster family and the department inspectors reported cases where a child was not aware that he/she had been fostered.[75] In 1958 Miss Clandillon expressed concerns about one such boy in his early teens who was attending the local vocational school; she feared that this would be a bad age to make this discovery. This boy wished to join a religious order; she wondered whether they would accept him.[76] In another instance where the foster mother was keen to adopt a seven-year-old girl who had lived with her for many years, Miss Clandillon urged the woman to tell the child about her personal history - the girl's mother's surname had been used at school. This foster family were finding it difficult to trace the birth mother to secure her consent to the adoption but they eventually succeeded. Local authorities appear to have been extremely lax about birth and baptismal certificates. In 1963 Miss Clandillon complained about the difficulties getting birth and baptismal certificates for children born in the Limerick county home.[77] A baptismal certificate was required when a child was being confirmed.

11.60 Documentation appears to have been even more cursory in the case of children placed at nurse. One 13-year-old girl, who had been placed at nurse when she was 12 days old, was known by the name of her foster family, 'and has not been informed that she is not a member of the family'.[78] In another case, a foundling received the sacrament of confirmation, but it was then discovered that she had no baptismal certificate, so she was given conditional baptism, and confirmed (again) at a later date. Her foster mother reported that she was 'very depressed and upset' as a consequence.[79] One foster mother did not know the child's mother's surname and she had no birth or baptismal certificate, so was unable to claim children's allowance.[80] In 1959 Mary Murray reported that Galway foster children had difficulties in obtaining their birth and baptismal certificates, 'due to the inadequate records kept by the Children's Home, Tuam. Personal files, to serve as case histories of the children, have only been opened during the past few years

[74] Department of Health, INACT/INA/0/434322
[75] It should be noted that it was not illegal to use the surname of the foster parents; until the *Registration of Births Act 1996* came into effect, children were not given a registered surname.
[76] Under Canon Law an 'illegitimate' child could not enter a seminary to prepare for ordination unless he obtained a dispensation.
[77] Department of Health, RM/ARC/O/489717
[78] Department of Health, RM/INA/0/489849.
[79] Department of Health, RM/ARC/)/489717
[80] Department of Health, RM/ARC/0/489716.

and many of them are incomplete'.[81] Birth certificates were increasingly required when young people were starting work, as evidence that they complied with regulations about minimum age. Miss Murray reported a case in Donegal where a boarded out child got a job in a local hotel and was asked to produce a birth certificate for social insurance purposes. When he and his foster parents could not produce one - they had not been given one by the local authority - he lost his job.

Foster homes

11.61 Most of the Commission's knowledge of boarded-out children and children at nurse comes from the reports of the departmental inspectors. Some of their comments are impressionistic and reflect their personal opinion but they indicate that the female inspectors were very concerned about the welfare of the children that they inspected. They tried to speak to the children, apart from their foster family; they often collected them at school and drove them home, using this as an opportunity for private conversation. Their reports indicate that they generally accepted the child's account of their foster home and treatment at home and in school. By comparison, a study of foster children in Sweden in the mid-twentieth century suggests that social workers only spoke to children in the presence of the foster parents.[82] The inspection notes often recorded the children's concerns. One boy was told by another older foster child that he would be moved to another home. Children boarded out in Longford in the mid-1950s 'were obviously apprehensive of being removed and sent to America', and as a result were nervous and ill at ease and 'have lost the feeling of security which is so essential'. Foster parents were also uneasy at this development'.[83] Their fears were not unreasonable because the Longford county manager had approved a number of American adoptions. The inspectors spoke to the child's teacher, and they noted cases where the teacher was critical of the foster family or the children. A report on one foster home stated that the 'children seemed repressed and nervous in contrast with other boarded out children in the area'.[84] One foster mother was described as 'a quarrel-some type and shouted at the child telling him she would send him away. I had to tell her to stop frightening him'. A 1964 report of a foster home stated that

[81] Department of Health, INACT/INA/0/442719.
[82] Johanna Sköld, Emma Foberg, Johanna Hedström, 'Conflicting or complementing narratives?: Interviewees' stories compared to their documentary records in the Swedish commission to inquire into child abuse and neglect in institutions and foster homes', *Archives and Manuscripts*, xl, 1 (2012), pp 15-28.
[83] Department of Health, RM/ARC/0/489432.
[84] Department of Health, 489373

> There appears to be no affection whatever for this boy in this home though he has been there since September 1950. The foster-mother, her son-in law and daughter said he would be of no use to them on the farm as he is very small for his age and is rather frail - asthmatic…it is quite obvious these people are only too anxious to part with […] as soon as possible. The boy has always appeared to be nervous and unhappy in this home and he has certainly got no encouragement here.
>
> He was described as 'backward'; the inspector suggested that he might be admitted to the special school at Lota.[85]

11.62 Most foster parents were selected by assistance officers. In many instances the decision was made primarily, even exclusively, with the needs/wishes of the foster parent in mind. Children were boarded out to foster mothers who had large numbers of resident children; in such cases the purpose was presumably to increase household income. Women who fostered children placed by a local authority were forbidden from taking children at nurse, but it was common to find both groups in the same house - yet another attempt at maximising household income. A foster mother in Tipperary North who was reprimanded by the assistance officer for doing this threatened to return the boarded-out children to the county home. There are also reports of foster children (both categories) sharing a private house (and occasionally a bedroom) with a lodger, who were another source of income for hard-pressed households.[86] In the 1950s Miss Clandillon reported allegations that some Dublin families fostered children in order to qualify for a local authority house;[87] the number of children in a household was taken into consideration in determining a family's place on the housing list. Some children were boarded out by the local authority with a close relative, commonly their grandmother; it is unclear whether this happened from the 1920s; most of the inspection reports referring to such arrangements date from the 1950s or 1960s.

11.63 One inspection report claimed that when two children had to be removed from their foster homes - a girl whose foster mother had died and a boy whose foster parent no longer wished to keep him - the assistance officer was reported to have brought

[85] Department of Health, INACT/INA/0/429427.
[86] Tipperary North, Board of Health and Public Assistance, minutes, 18 Aug. 1933; Department of Health, RM/ARC/0/489299
[87] Department of Health, RM/ARC/0/489429.

both children around the neighbourhood in his car until he found new foster homes. The girl was described as in tears throughout the journey.[88]

11.64 Foster mothers included single women, childless widows and elderly women, some living alone, others living with their husband, or an unmarried brother(s). Miss Fitzgerald-Kenney urged that 'single women who say they want a child "for company"' should not be approved as foster mothers. She alleged that younger single women tended to turn the foster children into 'servants attending only upon their personal wants'; childless couples were not accustomed to caring for younger children. She described an inspection visit to one foster home, 'which the foster-mother (a childless woman) had locked up while she went to visit her sister, residing a little distance away. The foster-child had been left behind tied into a bed and had obviously spent its time crying. 'Risks of the child injuring itself by going too near the fire, or otherwise, had, of course, to be guarded against, and there was no other course open to the woman. It is difficult however to estimate the terror a child may feel in being thus left alone'.[89] The inspectors repeatedly urged that 'Children should not be boarded-out in homes where the maintenance allowance is a necessary addition to family budget. In these circumstances the Boarding Out system becomes a form of Outdoor Relief, which naturally it was never intended to be'. One foster mother in Kildare informed an inspector that she intended to send her two foster children, boys aged five and ten, back to the county home. 'She appeared to have no affection for them whatsoever'. She already had had three others, one taken by family, two sent back to the county home.[90] The fact that a succession of foster children had been placed with this woman suggests that council officials ignored her record of rejecting previous foster children, and gave no consideration to the children's welfare. One mother of eight children - six living at home - kept two foster children, 'because her husband's wages were low'. Miss Clandillon believed that children should not have been placed with this family - the 'motive for taking the children appears to be purely financial'. However the boys remained in that home, and some years later the family fostered a girl. The inspector's reports became progressively more positive and the family adopted the girl.[91] Income from a foster child was taken into consideration in determining a widow's pension (non-contributory); the department inspector pointed out that this money was to be used to support the

[88] Department of Health, INACT/INA/0/442719.
[89] DLGPH, Annual Report, 1934-5.
[90] Department of Health, RM/ARC/0/489399.
[91] Department of Health, RM/ARC/0/489244

child(ren) 'and was never intended as a source of profit to the foster parents', so it should not be viewed as a source of income for the foster mother.[92]

11.65 Foster children were commonly viewed as a source of unpaid labour. In 1931 an inspection in North Tipperary noted that 'Mrs C admitted that she did not take the boy to foster but as help. This is in reality paying her his maintenance to have her own work done, for which a servant boy should be paid'. The inspector recommended that this boy should be moved 'to a genuine home with genuine foster parents' and no children should be placed with that foster mother in the future. A 12-year-old girl in another labourer's cottage, which was occupied by a widow and her elderly brothers, was very poorly clad. She appeared 'to be there really as a help for general work with no home attention to her'. She was only in third class at school. The inspector suggested that her lack of progress was because of her work duties. A 12-year-old boy boarded out nearby was 'here for work. Going to the creamery and anything else that he can do. Appears hardworking and industrious but walks with a stoop such as children acquire from carrying loads of heavy buckets'.[93] A 14-year-old boy was described as extremely unhappy in a foster home, where he was expected to do a man's work unpaid.[94] Another family wanted to foster a child to help on the farm; they would not take a child under nine years and would prefer a 12-year old.[95] A Donegal foster mother claimed that she got so little money for keeping a boy that her husband had a right to keep him from school to work on the farm whenever he needed help.[96]

11.66 One report claimed that

> the principles which appear to determine the selection of foster homes in Co Mayo give cause for grave concern. There appears to be a complete misunderstanding of the aims of boarding out. The primary requirements of the children for whom foster homes must be provided are affection and stability. Both these vital requirements are frequently missing in Co Mayo. Owing to faulty selection in the first instance many children have to be moved with disastrous results…Owing to a high emigration rate there is a dearth of domestic and agricultural workers in the country and, as a consequence,

[92] Department of Health D|O 64637
[93] Tipperary North, Board of Health and Public Assistance, minutes, 14 Dec. 1933, copy of inspection carried out by Miss Fitzgerald-Kenny.
[94] Department of Health, 489850
[95] Department of Health, RM/ARC/0/489399.
[96] Department of Health 489373

> boarded-out children have come to be regarded as a substitute for the normal labour supply. When an older child is available for boarding out - usually as a result of removal [from another foster home] - there is a spate of applications from middle class householders which require domestic or agricultural help. Generally speaking this type of home does not extend to the child that affection which is the first requirement for successful boarding-out. There is no question of the child becoming a member of the family or of having that feeling of belonging which is essential for normal development. I found that children who had been placed in this type of home were under no illusion as to the reasons for their being there.

11.67 One girl was boarded out in a hotel which had a ballroom and a bar, and it would appear that her duty was to care for the children of the family; there did not appear to be any domestic staff. This foster mother was described as 'truculent and difficult'.[97] When a public health nurse attempted to inspect a house where a 14-year-old boy was boarded out, the owner prevented her from examining the boy or inspecting the house. The senior assistance officer refuted the nurse's report, but the county medical officer supported her account. The county medical officer claimed that 'The boy appeared to be in fear and was evidently used to slave labour'; he supported the nurse's recommendation that he be removed from this house. The local authority appealed to the department to determine whether the boy should be removed, but the department demurred.[98] In 1960 Galway county council wrote to the department asking permission to remove a boy from a foster home. They had received 'numerous complaints' about the boy's treatment by his foster mother. His school attendance was poor and the teacher and the local priest confirmed 'that it was common knowledge that […] was severely beaten'. The priest had also received complaints from visitors who had stayed in this house about the amount of housework that the boy was required to carry out. This house was in the Gaeltacht and it became a 'boarding house' during the summer months.[99]

11.68 Many foster children were placed with women who were in their sixties or even seventies. The inspectors repeatedly reminded the local authorities that a foster home was expected to be a permanent home for a child, and 'anything that

[97] Department of Health, INACT/INA/0/451521.
[98] Department of Health, INACT/INA/0/442718.
[99] Department of Health INACT/INA/0/442718

threatens this permanency should be seriously regarded as impairing the suitability of a foster home'. For that reason children should not be placed with elderly foster mothers, because that generally meant that a foster child would have to be removed to another home; 'in the normal course of events the woman will either die or become incapable through old age or infirmity.[100] There are many instances where children had to be removed from foster homes following the death of the foster mother, or when the elderly foster mother showed 'signs of mental deterioration'.[101] An inspection carried out in Mayo in 1946 stated that 'practically all the children boarded out during the past few years have been placed with elderly foster parents - at least two of these were over 70'.[102] In the early 1960s the foster father in one Clare home was 82.[103] An 80-year-old Limerick foster mother was responsible for at least two school-going boys. Two girls, boarded out in Monaghan in the 1950s, lived in a home where the man was over 80 and the foster mother 'admits to being 65 but looks older'.[104] In 1963 Mary Murray reported on a ten-year-old girl whose foster mother, a widow with no cohabiting relatives, 'appeared to be in her sixties…a thin and feeble person physically with a decided tremor in her limbs'. Miss Murray believed that this woman was unable to carry out normal housework. The house was extremely clean, but the foster child had an appalling school attendance record. The inspector had commented unfavourably on this foster mother in 1948 - she was described then as 'incapacitated', and a child was removed as a result, but this particular girl was placed with her in 1954. This was not a unique case. Another child in Mayo was fostered by a woman who was paralysed from the waist down and in a wheelchair. When this home was inspected the entire family (other than the foster mother) was working in England, as migrant workers, and the foster child aged seven or eight was alone in the house to care for her.[105] Miss Murray noted that

> Mayo is an exceptional county in respect of local intrigue connected with the boarded-out children. The general attitude seems to be to regard the advent of a boarded-out child rather from the foster parent's point of view than from the point of view of the welfare of the child, in other words people are anxious to see boarded-out children coming to a home from the point of view that the

[100] Department of Health, 489373
[101] Department of Health, INACT/INA/0/451521.
[102] Department of Health, NATARCH/ARC/0/404307.
[103] Department of Health,489317
[104] Department of Health, 489320; Department of Health INACT/INA/0/454516.
[105] Department of Health, INACT/INA/0/451521.

child's advent will mean some help for the foster parents in the physical sense and some money also.[106]

11.69 There were huge variations in the relationship between foster mothers and foster children. One report noted 'Bed not too clean' but the foster mother's two sons were 'very fond of the boy'. The inspector met him on the road, and noted that 'he seemed to be very intelligent and well cared for'.[107] There are several instances where a foster mother died, and other family members continued fostering the child, obviously regarding her/him as part of the family. The 1950s was a decade of high emigration, and a number of foster families, who were emigrating to England, arranged for their foster child to accompany them, and a family who moved from Donegal to Tyrone continued to receive maintenance payments for a foster child.[108] Some families fostered a succession of children successfully for two or more decades. By 1952 one Kilkenny couple had cared for three boys, now adults, and were fostering a fourth; they also took a child from an industrial school for the holidays. The inspectors' description was very positive. Another Kilkenny woman, whose teenage foster daughter gave birth in Sean Ross (she was working and living away from her foster home when she became pregnant), was willing to take her and her child into her home.[109] When a foster child was no longer under the care of the local authority, it was expected that he/she would retain links with the foster family. In 1935 the DLGPH wrote to Clare board of health about a 15-year-old boarded out child, whose foster mother had declined to 'adopt' him. The letter emphasised that it was undesirable to place children with foster parents who would be either unable or unwilling to 'adopt' the child when he/she was 15.[110]

11.70 A series of reports in the late 1940s from a Munster county, chosen at random, record 'two children - well cared for; an older girl, previously fostered there but now working some distance away was home on holidays at the expense of the foster mother and apparently considers this her permanent home, while a girl of 21 years, another foster child still lives there and works in a local factory'. However reports from the same area in the mid-1950s described a 15-month-old child 'found sitting on a stone flour with a sack under him; his only clothes a thin vest which half covered him'. He was 'thin and white', his feet were 'blue with cold'. The home

[106] Department of Health, INACT/INA/0/451521.
[107] Department of Health, RM/ARC/0/489306.
[108] Department of Health INACT/INA/0/442989
[109] Department of Health, RM/ARC/0/489311.
[110] *Nenagh Guardian*, 27 July 1935.

was 'poverty-stricken', the foster mother was 'well-intentioned but hardly able to cope with four foster children'. Another home had three children at nurse who were described as 'well cared for quite at home' with the foster mother's three children. The accommodation was adequate; the children had pet rabbits.[111]

11.71 Some individuals believed that they had a right to a boarded out child. In the late 1950s one Mayo councillor complained about the 'gross abuse of the Boarded - Out Children scheme in the mountainy parts of the county'. A 'brother and sister living in a mountainy area wanted a boarded out child' but they were refused one by the assistance officer. This councillor contacted senior officials 'to prove the rights of my case, that this brother and sister were entitled to a boarded out child'.[112] A Donegal woman wrote to the Taoiseach, Eamon de Valera, in 1947 asking his assistance in getting a boarded out child from the county home. She already had two foster children, though one child was no longer being supported by the local authority and it refused to grant her a third child.[113] There is no indication that either of these appeals was successful.

11.72 Although the *Health Act 1953* provided that a foster child should not automatically be removed from a home if there was no resident woman, many local authorities promptly sent a child in such circumstances to the county home or industrial school. There were many instances where the harmony of the foster home, and the relationship between foster mother and child was disrupted when an adult son or daughter moved back into the family home, often with a spouse and children. When fostering arrangements broke down the children were placed in the county home before being sent to an industrial school or another foster home. In 1951 Miss Clandillon reported that in the Cork South area, which included the city, 'at least 14 boarded-out children have been removed from their foster homes and sent to industrial schools', over the past 12-18 months.

> There is no doubt that the changing of children from one home to another has a very bad effect on their mental and physical well-being and it is not surprising to find adverse comments on their behaviour in some of these cases…If more care were taken at the outset to place the children with suitable foster parents these drastic removals need not occur.

[111] Department of Health, RM/ARC/0/489718.
[112] Undated press cutting in Department of Health, INACT/INA/0/451521.
[113] Department of Health, NATARCH/ARC/0/522938. Letter dated 15 Dec. 1947.

11.73 She complained that no time was spent trying to find alternative foster homes for these 14 children; they were sent to industrial schools on the recommendation of the matron of the county home, who was a religious sister, some having spent only one night in the county home.[114] The inspectors pressed local authorities to identify homes that could provide emergency accommodation for foster children who had to be moved.

Living conditions

11.74 The descriptions and standards of foster homes reflect the living standards in a particular county; the worst conditions were undoubtedly found in poorer counties. Many of the reports by the department's inspectors were very positive about the standards in foster homes. In the early 1940s, the inspector who was responsible for the southern half of Ireland reported 'a very high standard of cleanliness, tidiness and comfort in the foster homes'; 'the children were healthy and well cared'. All the foster homes in Wexford were 'very satisfactory and the boarded-out children well cared and well nourished'. Some homes were described as 'excellent'. In Carlow the children 'appear healthy and well cared'; the board of health 'exercises great care in the selection of foster homes. The manner of inspection is regular and thorough and the medical care of the children excellent'. 'On the whole', the homes in Clare were 'comfortable and good and the children…well-nourished and happy'.[115]

11.75 Until the 1950s boarded out children were placed in rural homes that would have lacked running water, indoor sanitation, and perhaps electricity, but most rural families lived in similar conditions. Many were fostered in homes with inadequate and inappropriate sleeping accommodation, and they were poorly clothed, despite the fact that each child received a twice-yearly clothing allowance, and from 1944 they qualified for a separate footwear allowance that applied to other welfare recipients. The value of the clothing allowance varied between counties and some allowances were manifestly inadequate. In assessing living conditions the inspectors applied their concept of acceptable standards. However many Irish children, who were living with their families, were in overcrowded insanitary homes, went barefoot to school, or in wellington boots. Very few children of rural labourers and small farmers would have had sandals or dedicated summer clothes; their clothing was often scanty and hand-me-down. When reading descriptions of the

[114] Department of Health, INACT/INA/0/429427.
[115] Department of Health 489391

living conditions of boarded-out children, it is important to remember that there are no similar reports for the children of rural labourers and small farmers. There were many children living with their parents in squalid and overcrowded homes. In 1933, Miss Fitzgerald-Kenney recommended that boys boarded out should have two pairs of boots or shoes; two suits of clothes; three pairs of socks, one pair of braces, a new overcoat every third year, two caps, three collars, one gansey, one comb and a prayer book. For girls she recommended two pairs of boots or shoes, two dresses, three pairs of stockings, one serge over-petticoat; one dark bloomers, two pairs of knickers, two flannel petticoats, three shifts, four pinafores, one heavy outdoor coat, jacket or shawl, and one prayer book.[116] Few children living with their parents in 1930s Ireland would have had a comparable wardrobe. She also reported that several children suffered from tooth decay and should be taught how to brush their teeth; at this time it is probable that many Irish children never brushed their teeth. Some officials were conscious of the danger of imposing standards for boarded-out children that did not apply to the children living in the neighbourhood, who attended the same schools. In 1943 a departmental memorandum commented that

> an effort is made to hold an even balance between the very proper zeal of the inspectors for a better administration of the system and the knowledge which the Department's Officers have as to the standards of life actually prevailing in the ordinary households of the areas concerned. It is difficult to suggest that homes should not be selected at a distance from schools or to be over critical in the matter of footwear, etc. if there is reason to believe that the children of ordinary households in the district incur hardship on account of the distance from the schools or through lack of proper footwear.

11.76 It noted that 'nearly all the reports indicate that generally the children are found in a satisfactory condition and the foster homes clean and comfortable'.[117] However this final sentence was unduly positive. It certainly did not apply to two boys who were being fostered in Co Monaghan during these years. The smaller boy, who was aged three, could not walk properly. 'He was dressed in a cotton overall, many sizes too big and two woollen jerseys. He wore no vest and no other clothing was produced for him'. A six-year-old boy was dressed in 'a torn short and a worn pair of trousers. No other clothing was produced for him'. The younger boy slept in a box, 'a large one containing a layer of straw and obviously

[116] Tipperary North, Board of Health and Public Assistance, minutes, 14 Dec. 1933.
[117] Department of Health, RM/ARC/0/489773.

used for nesting fowl'. The foster mother was described as 'definitely obstructive and obstinately refused any information'.[118]

11.77 Although the clothing worn by these Monaghan children was exceptionally bad, a report by the department's inspectors for the year 1944/45 described the clothing for boarded out children in general as 'far from satisfactory'. Clothing allowances were paid twice a year. The clothing allowances paid by local authorities had failed to compensate for war-time price increases, and many boarded-out children 'have been very badly clad since the outbreak of the war' - particularly children boarded out in Longford and Westmeath.[119] Foster parents in Mayo and Galway complained that children boarded out from Tuam arrived with scanty clothing, and they had to wait until the next six-monthly clothing allowance from the local authority before they could buy additional clothes. They also complained about delays in payment by the assistance officers.[120] Similar complaints were made about children boarded out from county homes, and from Castlepollard.

11.78 Clothing allowances were sometimes given in the form of vouchers to be exchanged in a particular shop. In many instances the senior assistance officer arranged that all clothing had to be bought in a particular shop, using his authority as a form of patronage. Some local authorities determined what clothing was needed, and then bought in bulk. This often meant that children had a long wait for clothing. One female assistance officer in Donegal insisted on clothing being bought in one shop. She accompanied the foster parents and chose the clothing so that all the foster children were dressed identically - foster parents (and presumably the children) resented her actions.[121]

11.79 This was not the only instance where an assistance officer insisted that all boarded-out children should have identical clothing. In Limerick city, foster parents contacted the matron of the City Home and Hospital detailing the clothes that they required, and she sent them clothes, but they were often the wrong size, and Miss Clandillon was concerned that dressing the foster children in clothes that originated in the City Home and Hospital emphasised their links with this local authority home. In 1951 the city manager agreed to give foster parents clothing vouchers,

[118] Department of Health, NATARCH/ARC/0/403408
[119] Department of Health, 489391
[120] Department of Health, NATARCH/ARC/0/404307.
[121] Department of Health 489373

but these could only be exchanged in one department store.[122] There were reports of staff in drapery stores being extremely rude to boarded out children who came for new clothing. In many cases the foster parent received cash to buy clothes for the child. In 1946 one inspector reported that the change to cash payments, together with an increased allowance, had been beneficial and most of the foster children were better clad than in the past. 'In the case of girls, however, underwear was scanty and generally in need of repair. Footwear was also much worn'. In Meath shops had to tender to supply clothing to boarded out children; all the clothing had to be of Irish manufacture, and the foster parents were given vouchers that they used to get clothing in a designated shop.[123] Foster parents had to produce itemised receipts for purchases, but some local officials were lax in checking these, and foster parents often used some of the money to buy clothing for themselves or their families. One foster mother in Offaly in 1945 allowed herself 25s because she had made some small garments for her five-year-old foster child; others bought material but it was unclear whether that would be used to make clothes for the foster children.[124] An inspector who visited children fostered by Limerick county council in 1944 - i.e. during the Emergency when clothing was scarce - criticised the fact that two children boarded out in one house did not have a warm overcoat. The receipts for clothing vouchers showed that the foster mother had bought knitting wool - but it was unclear whether this had been used for the children.

11.80 Instances where a foster parent used the money to buy clothing for herself or her family were all too common. An inspection in Offaly in the early 1950s described how the foster mother had received £13 the previous month to buy clothing for three foster children but the clothes shown would not have cost half that sum, and the children were dressed in worn-out garments. Some foster parents bought the clothes, but did not let the children wear them - one Offaly foster mother was reported as 'inclined to hoard clothing, particularly undergarments, for inspection purposes while the child is clad in worn out garments'. This was not a unique case and it suggests that foster mothers probably feared visits by a department inspector. Another foster mother was described as 'addicted to hoarding the children's clothes and had bought suits which were much too large and could not

[122] Department of Health 489431
[123] Department of Health, CCL/INA/0/498270
[124] Department of Health 489849

be worn for a considerable time'.[125] In 1949 the clothes of one girl, who was fostered by a single woman in Meath were described as 'scanty and well-worn' despite the fact that this woman 'appeared to be in more comfortable circumstances than the majority of foster parents'. [126] In another case it was evident that the clothing produced for inspection, a hat and two dresses, had not been bought for the foster child.[127] In 1957 one foster child in Galway had no clothing other than what she was wearing. Inspectors frequently reported that children had very inadequate underwear and no night clothes. In 1960 one foster mother was given a delicate reminder that she should buy night clothes with the next clothing allowance.[128] These are only a tiny sample of cases; misuse of clothing allowances was widespread.

11.81 An inspection in Offaly in March 1951 prompted several complaints about foster children who were barefoot going to school or around the home. Although the children were eligible for free footwear under a public assistance scheme, many foster children were not receiving this. But lack of footwear, inadequate or non-existent underwear would not have been unique to foster children. In 1953 the Department of Health approved the payment of additional clothing allowances by the Dublin board of assistance to cover the cost of First Communion and Confirmation outfits, but they stipulated that this should be a fixed sum per child, not reimbursing foster parents for the cost of an outfit[129] - beginning a practice that survived into the twenty-first century.

11.82 The Commission has found almost no information about food, other than occasional reports that children were under-weight and seemed malnourished, and the all-too-frequent reports of boarded out children bringing dry bread to school as their lunch. One Cork girl brought home most of the free milk that she was given at school - an indication that she did not get milk at home, or she was instructed to bring it home for household use.

Sleeping arrangements

11.83 Sleeping arrangements were a common cause for concern in inspection reports. Children tended to be placed in poorer households, which often had only one or

[125] Department of Health 489373
[126] Department of Health, CCL/INA/0/498270
[127] Department of Health 489373
[128] Department of Health 489849
[129] Department of Health, INACT/INA/0/435925.

two bedrooms and few beds. Bedclothes were inadequate, sometimes non-existent. Reports of homes with no bed clothes were quite common in the 1940s.[130] There is no reason to assume that a lack of bed clothes or many people sharing a bed were unique to boarded out children - such circumstances were all too common in poorer Irish homes, both rural and urban at that time, but some sleeping arrangements raise serious concerns about child protection. The Department of Health was critical of boys and girls, who were not from the same family, being boarded out in a house together. Given that many foster children were placed in small cottages with only two bedrooms, these concerns were valid. The regulation about children of different sexes who were not siblings was relaxed in the 1950s. In 1960 Miss Clandillon noted that one foster mother, who was keen to foster another, older girl, who could bring her existing foster children to and from school 'would find it difficult to provide adequate bedclothes'.[131]

11.84 On many occasions the inspectors were shown the best bedroom in the house, and they were convinced that this was not the foster child's bedroom, though it was impossible to challenge this. One inspector reported that a 13-year-old nurse child shared a double bed with one of the foster mother's daughters and the bed was in the same room with the foster mother - she described the arrangement as 'unsuitable'. One Offaly foster mother in 1945/6 reported that the boy she had fostered slept in a particular bedroom, but the child, when questioned, told the inspector that he shared a settle bed in the kitchen with the workman. Another child was fostered in a labourer's cottage, home to three adults and six children; the entire household slept in two double beds and one single bed.[132] In 1957 one boarded-out child in Wexford was sleeping in an outhouse used to store potatoes.[133] In 1949 one nurse child in Limerick slept in a cot lined with straw. In 1957 a ten-year-old girl in Co Galway slept in what was described as a 'fixture' at the end of her foster mother's bed - instead of a mattress this 'fixture' used a seat from a pony trap. There are numerous instances where young children slept in the same bed as the foster mother - often because the home lacked a cot(s) or bed(s) and bedding. In 1960 two foster children (boys) in Co Limerick were sleeping in a very damp caravan beside the house; they were removed to the Limerick City

[130] Department of Health, RM/ARC/0/489306.
[131] Department of Health, RM/INA/0/489849.
[132] Department of Health, RM/INA/0/489849.
[133] Department of Health, RM/INA/0/489382.

Home.[134] Miss Clandillon reported cases of nurse children in Dublin in 1941 who were sharing a bedroom and perhaps a bed with a lodger.[135]

Health

11.85 By the 1950s the inspectors were paying increased attention to children's health - identifying children who were short-sighted, with a squint, skin infections, tooth decay, orthopaedic complaints and other treatable conditions, and demanding that these be addressed. Some foster children had more serious medical problems. The local officials appear to have been lax in documenting foster children's health. There were frequent complaints from foster parents who were unable to secure the approval of the local health authority for a child needing specialist treatment to travel to Dublin; many foster parents complained that they had not been reimbursed for the cost of medicines, or trips to hospital. The department was highly critical of a case where the assistance officer had failed to inform the health authorities in Galway that a foster child suffered severe epileptic seizures.[136] In 1952 Miss Litster commented on an inspection report on children boarded out in Meath which noted that a number of children needed some minor medical treatments: 'There is little use in having a nurse trained in PH work if she does not take action when children obviously require care'.[137] During the 1950s inspectors often commented on children who appeared to have intellectual disabilities and a growing number of children were referred to child assessment clinics.

Conflict

11.86 There were repeated disagreements between local officials and the department's inspectors over the suitability of foster homes. In 1946 Miss Murray reported a labourer's cottage in Leitrim consisting of two rooms and a kitchen that was home to nine people including the foster child (who was a nephew of the foster mother). She only managed to see one room, 'where the bed consisted of a bundle of straw covered with a few old coats. There were no blankets or bed clothes of any kind. The child was verminous'. She noted that the assistance officer 'reports each month that this house is satisfactory, child clean, bedding clean and sufficient etc. If this case is taken as a criterion', she concluded that 'his reports are not of much value'. The assistance officer countered with a description of 'the bed in which the child slept…a bed that was clean and as good as is to be found in the ordinary

[134] Department of Health 489320
[135] Department of Health, RM/ARC/0/489299.
[136] Department of Health, INACT/INA/0/442718.
[137] Department of Health, CCL/INA/0/498270 .

country house'. The other room contained, he claimed, 'a large settle bed in which a bunch of children could be put without danger of falling out. The coverings were laid on the beds. They were dark in colour like army blankets. They were not new neither were they old nor torn'.[138] When Miss Murray tried to inspect this home on her next visit, all appeared to be in order, but she was aware that the foster mother had been given advance notice of an inspection.

11.87 Some of the worst conditions were in Mayo. In 1944 one boy 'had no clothes except what he was wearing'; two girls were described as 'dirty and verminous'. In the case of another boy, the inspector commented that

> This is a home in which a child should never have been boarded-out, and has been commented on in all my reports. Though the foster mother appears to be kind to the boy she is evidently in rather poor circumstances and has several young children. The child was not clean in person or in dress, and his school lunch consisted of dry bread.[139]

11.88 Conditions in some Donegal homes were equally bad. In 1950 Miss Murray reported on a home where there were two girls aged seven and nine; the foster mother, a middle-aged single woman was

> of a highly nervous and irritable temperament. The foster mother's attitude was hostile from the start. She refused to allow me to inspect the children's bedroom and only yielded when I insisted that I must see where the children slept. The bed was filthy. She stated that she had her own room, but the children told me that they slept in the same bed as their foster mother. When I examined their clothes I found that they had insufficient underwear and that one child had no change of undergarments. I had been informed that the children frequently got dry bread and when I questioned them on this point they replied that they 'used to get dry bread but now they got butter'. I had also been told that the foster mother was very severe with them, but I did not mention this, or any other form of 'cruelty' as I was afraid she might retaliate by beating the children again. They appeared to be cowed and afraid and I found it very difficult to get any information from them. That was in sharp contrast to the friendly carefree attitude of the other boarded-out children in the district.

[138] Department of Health, NATARCH/ARC/0/404325.
[139] Department of Health, NATARCH/ARC/0/404307.

11.89 She noted that 'there appeared to be no affection between her and the children' and recommended that they be removed to another home. This foster mother sent a solicitor's letter to the Dublin board of assistance, which had placed the children with her, demanding that Miss Murray be severely reprimanded for her report, and denying its truth.[140] By the late 1950s however the quality of foster homes was improving, and there are many references to the family moving into a new house, close to their former home, or references to houses being repaired or extended.

11.90 There are few references to corporal punishment, yet it must be assumed that many foster children, perhaps the majority, were beaten - how violently cannot be established. The paucity of references is partly a reflection of the fact that evidence of beatings would not have been readily apparent during the course of a visit by an inspector, plus the fact that corporal punishment was common in most Irish households at this time. In 1952 an inspector reported that she 'heard child crying as I came up to the cottage. Foster mother beating her over her knee'. The four-year old was being punished for having a 'tiny cut' on her finger. She informed the foster mother that the child would be removed; the foster mother 'asked for a chance because she needed the money'. The assistance officer and local public health nurse wanted to leave the child with this foster mother but the inspector insisted that she be removed. She noted that an older boy ran away from this home to his grandfather because he was badly treated.[141] In 1955 a teenage girl refused to return from school to her foster home, and asked to stay in the convent attached to her school; she alleged that her foster mother had chastised her. The inspector noted that she wished to enter the convent.[142]

11.91 In 1947 an inspector reported that a young man had been convicted two years earlier and sent to prison for a criminal assault on a girl who was boarded out in Donegal, but the assistance officer, recorded only a 'bald statement' to that effect and did not carry out any further inquiries.[143] When a Cork foster child was seen with a black eye, and the foster parent and child gave contradictory statements, he was removed to the county home.[144] In 1960 Miss Clandillon threatened to report another teacher who struck a boarded-out child on the face, causing severe

[140] Department of Health, INACT/INA/0/ 434322
[141] Department of Health, RM/ARC/0/489311.
[142] Department of Health, INACT/INA/0/442718.
[143] Department of Health, 489373
[144] Department of Health, RM/INA/0/489384.

bleeding.[145] In the early 1960s an inspector recommended that a child being fostered in Kilkenny should be moved because she was being beaten.[146] One foster child in Cork was so unhappy that she went to the local convent and asked them to take her in. She was wearing a dress given to her by a neighbour. Arrangements were made to move her to another foster home and plans were put in place for her to attend secondary school.[147] She was not the only child who ran away from a foster home.

Foster children: the teenage years

11.92 When foster children reached the age of 15 or 16 it was expected that they would be 'adopted' by their foster parent; alternatively they might be hired out by a local authority as farm labourers or general servants. In the 1920s and 1930s it was not uncommon for poorer families to place their children at hire with farmers, but the practice appears to have died out in the 1940s though the evidence is scant. The number of boarded out children who were hired out by local authorities peaked during the Emergency, when there was a strong demand for agricultural workers to assist with compulsory tillage and wartime turf cutting and harvesting. In 1936, 89 children who had been boarded out and remained under the care of the local authority were hired out. In 1945 there were 105 children hired out in the northern half of the country; the greatest number, 44, were in Galway; the only other counties in double figures were Donegal with 11, and Mayo with ten. In 1946 Mary Murray recommended that the hiring out by local authorities of boarded-out children should cease, but it continued.[148] Some children were hired out before their fifteenth birthday, which was contrary to the law.[149] In the 1930s an inspector suggested that children should not be hired out in places distant from their foster parents: 'The ties that bind to the former foster-home are weakened and grave moral risks may be incurred in that way'.[150] Children were advertised for hire in local newspapers. When a foster child was about to reach 'hiring out age', the Galway county manager directed that an 'advertisement be issued for an employer' if the foster parent was not willing to employ her.[151] An inspection in Co Meath in the 1940s claimed that there was a misunderstanding about the objectives behind the hiring out scheme. It was designed

[145] Department of Health, INACT/INA/0/476179.
[146] Department of Health, 489311
[147] Department of Health, RM/INA/0/489384.
[148] Department of Health, RM/ARC/0/489391.
[149] Department of Health 489373
[150] Department of Health, 489431.
[151] Galway Managers Orders, 286/156, 14 Oct. 1942.

for the sole benefit of the children, and aims at preventing their exploitation, by ensuring that they are adequately remunerated for their work. It is not the intention of the Department that children should be removed against their will from their foster homes or separated from foster-parents to whom they are attached. On the contrary, every effort should be made to enable the children to remain in or near their foster-homes by procuring work for them in the neighbourhood or at a convenient distance.

11.93 The inspector reported that 'Distressing scenes were witnessed during the past year when a girl of 16 was removed against her will from her foster-home to be hired out at a distance'. Hiring-out contracts only lasted for one year, and they should only be renewed 'if the child is satisfied' and was receiving a fair wage.[152] Some employers regarded the hiring of formerly boarded out children as a means of paying less than the going rate. During the Emergency, Galway approved the hiring out of children at rates as low as £4 a year; the inspector described this sum as 'miserably inadequate' and only justifiable if they received a substantial increase in the second year, or if that low rate meant that they continued to live in their foster home. The normal starting wage at this time was £6. Although agricultural wages rose during the Emergency, most hired-out children remained at their starting rate.[153] In 1946 one inspector recommended that hiring out by local authorities should be discontinued because it was being abused. In 1949 the department was not satisfied that placing Meath foster children in service was in their best interests. Their wages remained lower than the general rate, and these former foster children were not aware that they were free to leave their employer when they were 16. An inspector reported that a 19-year-old boy thought he was still under local authority control. He did not know what wage he was paid.[154]

11.94 The regulations stated that the hired-out child should be kept and clothed by her/his employer and their wages should be deposited in a post office savings account in their name. These rules were occasionally ignored. In 1946 seven boys and girls were hired out in Offaly; their annual pay was £9 for the first year; £11 for a second year, and £13 for a third year. Although their wages were lodged regularly in a savings account, these accounts were in the joint names of the employer and the teenager, which was 'contrary to the practices in other counties'.

[152] Department of Health, RM/ARC/0/489697.
[153] Department of Health 490807
[154] Department of Health, RM/ARC/0/489697.

The inspector advised that a hired-out child should be free to leave his employer at the year's end; if that happened the assistance officer should collect the post office book and hand it to the new employer. The post office book only became the exclusive property of the hired-out child when she/he reached 18 years. It is obvious that this system was open to abuse. In one case in Clare the inspector discovered that the employer/former foster parent had not placed any money in the child's Post Office book; furthermore the employer was quite explicit that when this boy reached the age of sixteen he was not in a position to pay him the statutory wage rate specified by the Agricultural Wages Act. The inspector pointed out that when he reached his sixteenth birthday this boy was free to take any job that he wished and could not be bound by an agreement reached between the local authority and his employer. She reported that she had failed to find any employer who was willing to pay former boarded-out children the wage rates determined by the Agricultural Wages Act. She suggested that the local authority should be less well-disposed to applications to hire former foster children for agricultural work.[155]

11.95 Several local authorities removed children from their foster home before the age of 14 (the end of mandatory school attendance) and placed them in a convent - such as the Limerick House of Mercy - where they were given domestic training, before being hired out as domestic servants. Miss Clandillon reported that the local authority - who had statutory responsibility until the foster child's fifteenth birthday - had no involvement with this convent, and did not pay for their maintenance. 'Therefore, it was explained to me by the Sister in Charge that nobody is allowed to visit the house'. She complained that no academic subjects were taught in this 'school'; some of the girls placed there had not sat for their Primary Certificate, an examination sat by children at the end of their primary schooling (it ceased in 1967). She considered it 'unwise and unjust' that they were denied that opportunity. She urged that foster children should not be hired out at a distance from their foster home 'as this is liable to break the very valuable ties between the child and the foster parent which are of especial importance in their adolescent years'. One former foster child who was on holidays in Co Limerick with her foster family had been placed as a servant in Co Louth, where she received 2s 6d a week pocket money; an additional 7s 6d a week was placed in a post office account. The Limerick city manager contested these allegations and he provided some further evidence as to the age of these girls, though it emerged that several

[155] Department of Health 489850

had been placed in employment before their fifteenth birthday which was contrary to the law. It also transpired that he lacked the authority to place these girls in the Limerick House of Mercy, as it was not certified under the *Public Assistance Act 1939*. In 1949 two foster children in Limerick were working at a rate of 10s a week in the City Home and Hospital (the county home for the city of Limerick). Another who had spent some time in the Limerick House of Mercy was sent to a private home as a domestic servant; eight months after being sent there she had received no payment. The matron of Limerick City Home and Hospital appears to have retained some oversight role, keeping the savings book for one of these girls.[156]

11.96 In 1954 Mary Murray visited a laundry that was run by the Sisters of Mercy in Navan, where Longford county council was maintaining a 15 year-old girl who had formerly been boarded out. She reported that 'conditions in this institution are unchanged. A public laundry is attached to it where all the girls (with the exception of one in the kitchen) are employed full time. In theory [underlined in the original] they are supposed to be moved from one duty to another but in practice this is not done'. This particular girl had been working in the laundry for approximately three months. 'I had a talk with the girl herself and asked her if she would like to be transferred to another school. She said the work was hard and trying but that she was used to the place and would not welcome the prospect of starting off again somewhere else'. Miss Murray had previously recommended that this girl should be sent to a domestic economy school when she reached the age of 15, but she had been sent to this laundry that was run by the Sisters of Mercy. The department officials acknowledged that in this institution 'the "training" means little more than working in a public laundry for no wages'. They had inspected this laundry five years earlier, and in 1949 the department had refused to approve a proposal to send two boarded-out girls in Kildare to this laundry. On this occasion they agreed that this teenager could remain in the laundry for a year because she seemed willing to remain, and Longford claimed that they were unable to find her a place in two domestic economy schools, however the department emphasised 'that work in a public laundry is considered unsuitable - children should not be sent there in future'.[157] This was not an isolated incident. In the 1950s girls in foster homes in Kildare were being sent to St Joseph's Training School Kilkenny, before their fifteenth birthday, to work in the laundry. The Sister in charge told the inspector that they were not paid, 'but that they are given pocket money

[156] Department of Health 489431
[157] Department of Health, INACT/INA/0/449929.

sometimes'. The work was allegedly designed to train them for domestic service, but the department's inspector doubted whether the conditions and equipment 'would approximate in any way to those found in the average household'. She suggested that 'each girl's case be judged on its merits'. If the foster parents wished the girl to attend a secondary or technical school 'it would be of far greater benefit for the girls if they were left in their foster homes as members of a normal family. The value of a permanent home background in the years of adolescence cannot be over-estimated'. One of the girls was being fostered by her grandmother who was keen that her granddaughter should be sent to the local Mercy Convent (presumably as a domestic worker) when she was 16.[158] The authorities in Kilkenny wished to send a girl to Stanhope Street Convent in 1958 for 'training in domestic knowledge' but Miss Clandillon noted that the institution was not registered under the *Health Act 1953* and had a public laundry attached. She recommended that she should attend the local vocational school.[159] By moving these young people before the age of 15, the local authority (and these schools/laundries) were avoiding the requirement to pay these young people; they were also in breach of the regulations.

11.97 A 1951 inspector's report expressed 'some uneasiness' about the practice where foster parents in Galway had to commit to paying their former foster child £15 a year plus clothing and lodging when she/he reached the age of 15. If they were unable to do so the child would be advertised as available for hire. She conceded that this provision was designed to prevent children being exploited - i.e. retained as unpaid labour. However many 'otherwise estimable foster parents' could not afford this arrangement, and in such cases the child was 'removed from what is in fact his home and the only parents he has ever known'.[160] In response the Galway county manager issued a directive that children should not be hired out until they were 16 years, 'and that children so boarded-out be sent to a continuation school at 14 or 15 years of age'. The department's inspector noted that 30 children in the counties that she inspected had been placed in employment during the past year, but none was under 16 years, except in Galway, where 'many children were still placed for very inadequate wages when they reached the age of 16…and given to understand that they cannot change their place of employment nor ask for higher wages until they reach the age of 18'. The department's inspectors were

[158] Department of Health, RM/ARC/0/489399.
[159] Department of Health, RM/ARC/0/489311.
[160] Department of Health INACT/INA/0/442719

determined that these young people should be made aware of their rights: former boarded-out children going into employment should have it explained 'in the presence of their foster parents' that at the age of 16 they were 'free to choose their employment and state their wage demands without interference. Wages should be exclusive of clothing…If they wish to remain on in their foster parent's home without payment of wages no obstacle should be placed in their path but the decision is entirely one for the children themselves'.[161]

11.98 In 1960 one woman wrote to Miss Clandillon about her former foster son, who had been hired out by the local authority as a farm labourer. She claimed that he was 'badly treated'; he was milking six cows every day, cleaning out from 16 cows and four calves; giving them hay and delivering milk in town twice a day to 40 people - all for the promise of 10s a week which had not yet been paid. She had rescued him from his employer - who was a woman; 'the door was slamed [sic] in my face'; his employer had refused to permit him to return to his foster home, and she kept all his clothes, and later refused to give them to the local sergeant. She told Miss Clandillon that it has cost her £6 to rescue her foster son.[162] Miss Clandillon once arrived at a foster home 'to find a car drawn up outside and a teenage girl being escorted to it'. The foster parents explained that the girl was being removed 'against their wishes to work as a domestic, at an extremely low wage, for relatives of a local official who had a family of small children'. She arranged for her to be returned to her foster home.[163] Some children of small farmers/agricultural labourers probably suffered similar exploitation, but they had a parent(s) who might come to their assistance.

School attendance

11.99 The question of school attendance crops up in many inspection reports and they are revealing about attitudes towards foster children. Foster homes were often chosen by the assistance officers, with a view to keeping up the number of children on a school roll. Mary Murray reported that in Donegal a teacher had on occasion canvassed households 'in order to have them take in boarded-out children with a view to keeping up the average of his school'.[164] One woman living near Ballinasloe informed the department that the local assistance officer had removed a child from foster parents and placed her with a family in another area in order to

[161] Department of Health,INACT-INA-O-434322
[162] Department of Health 489850
[163] Department of Health, INACT/INA/0/478140.
[164] Department of Health, INACT/INA/0/451521.

'make up the average for his wife', who was a teacher in the local national school.[165] These were not isolated cases. The first half of the twentieth century was a time of falling population, with high emigration and a very low marriage rate; the numbers of school-age children were falling in many school districts, and schools were at risk of closing or losing a teacher. In 1939 Miss Litster reported that

> There is a decided tendency in Co. Galway to board-out children in certain districts on account of a falling school average without due regard for the suitability of the home or the welfare of the child. School averages are not the concern of the Homes and Home Assistance Committee and no child should be sacrificed in order to raise or maintain them. Foster parents should not be compelled to send children who are under school age, long distances in winter to maintain the average in the school.

11.100 She noted that foster parents were 'ignorant of the law and have no weapon to combat the pressure upon them'.[166] Miss Litster claimed that parish priests often asked for foster children to be placed in their district to maintain school enrolment, but 'in such cases, they invariably want children already of school-going age'.[167]

11.101 Local authorities were required to provide foster children with school books, pens, pencils and other requisites, but there is evidence that this did not always happen[168], and some children were humiliated at school by teachers because they lacked school requisites - but this also happened to children from poor families. A boarded out child in Cork was not allowed by his foster parent to join his classmates on a school educational tour; the inspector arranged in future the health authority should be informed about upcoming school trips and would pay the cost.

11.102 Foster parents were required to report absences from school to the local authority; the local officials who were responsible for boarded out children were required to monitor school attendance, though many failed to do this. Children were frequently kept from school to help with farm work or domestic work. When Miss Clandillon called to one midland house in December 1960 to inspect a child, she found her at home from school picking potatoes, with 'some of the foster mother's twelve

[165] Department of Health, NATARCH/ARC/0/412645. The writer gave her name and address.
[166] Department of Health, RM/ARC/0/490807.
[167] Department of Health, INACT/INA/0/474129.
[168] Department of Health, 489373

children'. When she checked with the school she discovered that this 13-year-old girl had only been at school for three days since September and had missed six weeks of school in the previous spring. When an inspector visited a foster home in Clare in the early 1950s she discovered that the boy was off school helping at a threshing,[169] though many rural children would have done likewise. In 1956 one 15-year-old boy was absent from school and working on the farm; his foster mother objected to the fact that he was still at school. A 13-year old was also absent from school and working on the farm; a ten-year old was on the bog. Another boy's foster parents were on holidays; he was left in the care of their shop assistant.[170] A foster child in Donegal was marked as present on the school roll when the inspector called, but she was absent, 'having been allowed to return home in the forenoon at the request of her foster parent'.[171]

11.103 One of the most positive features of government policy relating to boarded out children was the commitment to maintaining them in full-time education. A 1944/45 report on boarded-out children stated that in the northern half of Ireland:

> Sligo was the one bright spot in educational matters…
>
> There is a tradition in this county that talented boarded-out children should get every opportunity to continue their education beyond the primary stage and become independent. The present Co. Manager has very laudably adopted this policy and a number of the children are now attending continuation and technical schools. Some of the older children have secured good positions as a result of this enlightened policy.[172]

11.104 More than a decade before the introduction of free second-level education, and at a time when compulsory schooling ended at the age of 14, the *Health Act 1953* contained a provision removing the upper age limit for supporting boarded out children if they were in full-time education. The department's inspectors tried to persuade foster parents and local authorities to keep children in school; children who were faring well in national school were encouraged to compete for scholarships that would enable them to attend a secondary school; the department inspectors demanded that local authorities supply them with bicycles to enable them to travel to a nearby vocational or secondary school. The local authority was expected to pay any school fees and cover the cost of books. Inspectors advised

[169] Department of Health 489850
[170] *Connacht Tribune*, 4 Aug. 1956.
[171] Department of Health, 489373
[172] Department of Health, RM/ARC/0/, 489391.

foster parents about future careers and discussed these with teenage foster children. At this point the practice of boarding out children in rural areas became a disadvantage. An inspection report on foster homes in Waterford recommended that more children should be placed in foster homes in the towns, where the children would have the benefit of modern amenities in the home and opportunities for post-primary education.[173]

11.105 This commitment to post-primary education was often thwarted by foster parents, local officials, and occasionally by a national teacher. Some assistance officers failed to provide bicycles; one foster child in Donegal had to walk five miles each way to vocational school on an exposed mountain road.[174] A 1947 report on children in Galway noted that the number 'accorded the benefit of vocational education is negligible'; many boarded out children over the age of 14 remained in national schools, in order to keep up the numbers on the school rolls. In 1949 Miss Clandillon complained that girls who had been in foster care were automatically sent to service positions. She suggested that 'there are undoubtedly some children who have shown intelligence and ability', who should be given a chance of extending their schooling. She could only discover one case in Limerick of a foster child (a boy) who had been sent to the local technical school.[175]

11.106 Mary Murray reported that foster parents and national school teachers in Donegal were reluctant

> to encourage the transfer of children to vocational schools when they reached the age of 14 years. This means that intelligent children frequently waste the years between 14 and 16 at a national school. The reluctance of foster parents is due to a belief that the children will be less useful to them if they were attending a vocational school; and the attitude of teachers is probably determined by the school average.

11.107 One foster mother was not in favour of an 'intelligent' boy going to the vocational school, 'as he was so useful to her on the farm'. Two girls described as 'above-average' were 'wasting their time' still in a national school two years after passing the primary certificate which was generally regarded as a terminal examination for primary schools because, yet again, the foster mother did not want them to attend

[173] Department of Health INACT-INA-O 475224
[174] Department of Health 489373
[175] Department of Health 489431

a vocational school. The inspector also noted that foster parents in one district complained that boarded-out children were treated very harshly by the local teacher 'and this was confirmed by the children themselves. The situation is not even hinted at in Assistance Officer […]'s reports although foster parents stated they had brought the matter to her notice on several occasions'. Two years later in 1956 she reported that matters had come to a head when two boys refused to attend that particular school and the assistance officer had sided with the teacher. She also reported about the case of one 14-year-old boy,

> by far the biggest boy at the National School. The teacher however has not recommended him for a vocational school, as a punishment for being disobedient during the year! The boy denies this and says that the teacher has always been 'down on him' which I believe is correct. Even if the teacher's accusation were true it is not a valid reason for depriving this boy of vocational education.[176]

However in 1956 the headmaster of a vocational school urged the local authority to permit one boarded-out girl who was attending his school to continue her education.[177]

11.108 Miss Clandillon wanted all children to transfer automatically to a vocational school when they reached their fourteenth birthday, unless there was a 'well authenticated reason' for not doing so. In the 1950s one or two years of post-primary schooling enhanced a young person's career options significantly; they could train as a nurse in England, secure an apprenticeship leading to skilled employment with state agencies, such as Bord na Mona or the ESB, and secure scholarships to CERT - the training agency for hotels, restaurants and tourism. By the early 1960s foster children were attending residential summer Irish courses; several had secured scholarships enabling them to become boarders in convent secondary schools or diocesan colleges; a number of teenage boys were awarded scholarships enabling them to attend a residential course in an agricultural college, which would qualify them for a variety of jobs. The inspectors encouraged families to be ambitious for their foster children, and pressed local authorities to provide the money to enable them to attend summer Irish courses. This broadly positive story must be qualified; records also show delays in remunerating foster parents for school books or bus fares to school and other shortcomings. Westmeath county council was paying the cost of boarding school for one boy; other local authorities gave financial support to

[176] Department of Health 489373
[177] Department of Health, INACT/INA/0/434202.

boys who entered seminaries - one in England. However Westmeath had sent some teenage foster children to a rehabilitation centre where they worked in gardening/horticulture, despite the absence of evidence that they had special needs. The department's inspector determined that they should not be in this institution.[178]

11.109 In 1965, of the 728 boys and 542 girls boarded out by local authorities, 224 were attending vocational schools, 69 attended secondary schools, two were at university; 13 attended other educational institutions, such as an art college or agricultural college.[179] These statistics predate the introduction of free second-level schooling, school transport (1967), and grants for attending third-level institutions (1968). There were increasing reports from the department's inspectors of foster children who were sitting their intermediate certificate, taking jobs in the factories that were opening in many provincial towns; some joined the army and a number of girls who had been boarded out trained as children's nurses in Temple Hill, where they would have looked after children who were being placed for adoption. One of the last reports compiled by Miss Clandillon concerns a foster child who was attending a course in one of the new regional technical colleges; he failed his exams and was in danger of being excluded from the college; she interceded with the college authorities on his behalf.[180]

11.110 Local authorities were not always sympathetic to the inspectors' ambition to keep foster children in school. Some boys and girls – often those deemed to be smart - were removed from school by the local authority and placed as servants or farm labourers. In 1967 Miss Clandillon reported that

> A teenage girl attending vocational school was prevented from sitting for the Group Certificate [a terminal examination for students at a vocational school] and was placed as a maid, through the efforts of one of her teachers, with this lady's nephew and his wife who had eleven children.

11.111 Miss Clandillon removed her from this home, but the girl failed to complete her vocational schooling. She also reported a case where another girl, who had not completed her education, was being sent as a domestic servant 'for an influential family in the county who had applied to the health authority for a maid!'. She

[178] Department of Health, INACT/INA/0/476179.
[179] Department of Health, INACT/INA/0/468472.
[180] Department of Health, RM/ARC/0/489422.

succeeded in keeping this particular girl at school, but another foster child was removed from school and sent to work for this family. Although the second girl left and returned to her foster mother 'her education had lapsed'. The family where she was working as a domestic servant had suggested that she attend night classes.[181]

Children at Nurse

11.112 In March 1945 there were 2,494 nursed-out children, and 2,351 children boarded out by local authorities. There are many similarities between the stories of children at nurse and boarded out children and there are some important differences. While both were subject to inspection and oversight by local authorities the monitoring of children at nurse was less thorough and it ceased at the age of nine. Many women who took children at nurse failed to register with the public assistance authority. They denied that they were receiving a financial payment for a child who was living in their home, in order to avoid inspection and registration. The *Children Act 1934* sought to address this by presuming that any 'illegitimate' child who was placed with someone who was not a close family member had been placed 'for reward'. The DLGPH inspectors frequently remarked on the small number of children at nurse who were registered in a particular county; they invariably assumed that the reported figure in such cases was an underestimate. In 1931 Miss Fitzgerald-Kenney asked Tipperary North Board of Health and Public Assistance whether the *Children Act 1908* was enforced in their district, because the most recent returns did not record any nursed-out children. They informed her that the Act was not enforced.[182] Tipperary North was not the only negligent local authority, and the position appears to have deteriorated in later years. In 1941 South Cork board of public assistance contacted the department to express their concerns about the failure to register children at nurse. They commented that 'Persons who agree to accept such children from Bessboro or from the Catholic Women's Aid Society are often of a class that it is very difficult to bring home their responsibilities to'.[183] In 1939 the department noted that the number of children at nurse registered in Cork South (which included the city) had risen from 80 to 378 following the appointment of an infant life protection visitor whose sole job was carrying out inspections under the *Children Acts* i.e. children at nurse.[184]

[181] Department of Health, INACT/INA/0/478140.
[182] Tipperary North Board of Health and Public Assistance, minutes, 14 Dec. 1931.
[183] Cork Archives, South Cork Board of Health and Public Assistance, 7 Oct. 1941, number 45492.
[184] Department of Health, RM/ARC/0/489391.

11.113 In 1943 the DLGPH were clear that the provisions of the *Children Act 1934* were widely evaded. They noted that 'illegal traffic in children in Dublin has been detected by the more vigilent [sic] attitude adopted since the Commissioners were appointed' and public examples have been made of some persons connected with it who were prosecuted in the Courts'.[185] Two years later, Mary Murray, who was responsible for the northern half of the country, noted that

> With the exception of Co Dublin the Children's Acts are very indifferently administered in my area. Local authorities take their obligations in this connection lightly, and make little or no effort to ensure that the provisions of the Acts are put into operation. Advertising is haphazard and irregular, and usually lapses altogether in the interval between annual inspections. Prosecutions are extremely rare, and the fines imposed, usually 1/-are more of an encouragement than a prevention. In no county apart from Dublin, is 48 hours prior notice insisted on, and this means that many unsuitable homes must be tolerated.[186]

11.114 She described the register of children at nurse in Westmeath as 'a masterpiece of confusion', despite the fact that she had taken time several years earlier to compile an up-to-date register of names.[187] There were only four nurse children registered in Offaly in 1945; the inspector concluded that the Act was not being observed in that county. Galway county council claimed that they had no children at nurse. In 1949 there were only four children on the register in Limerick city although a further 13 had been identified. Miss Clandillon reported 'an extraordinary lack of interest in the welfare of nurse children in Limerick City'. Part of the difficulty there and indeed elsewhere was that 'there are a number of charitable ladies who help in placing children at nurse usually in the most unsuitable homes and with a disregard for the registration'.[188] Five children at nurse died in Co Limerick over the years 1948-51. In two cases there was no death certificate - the department's inspector had previously recommended removing a child from one of these homes. One of the dead children had been placed at nurse for a lump sum of £100. Several of the children's names remained on the register; nobody had informed the authorities that they had died and their deaths were not investigated. Nurse

[185] Department of Health, 489773. In 1942 the Dublin Union was suspended and replaced by three appointed commissioners. The 'illegal traffic' mentioned related to private nursing home proprietors or other individuals who placed children at nurse for a fee, and might encourage the nurse mothers not to register under the *Children Acts*.
[186] Department of Health, RM/ARC/0/489391.
[187] Department of Health, INACT/INA/) 476180.
[188] Department of Health 489431.

children also died in Co Limerick in 1946 and 1947 and their deaths were not registered.[189]

11.115 Many children at nurse were fostered in cities, whereas this was prohibited in the case of boarded out children until the 1950s. The women who took children at nurse were among the poorest in Irish society: widows, mothers of large families, perhaps with an invalid, tubercular, alcoholic or chronically-unemployed husband; single women whose sole means of support was home assistance. There were few opportunities for women in Irish cities and towns to earn an income, other than as a live-in domestic servant, a laundry woman or cleaner, so many women viewed nurse children as an essential source of income. In 1947 Miss Litster, in a lecture given to social science students, wrote that

> The manner in which foster mothers are found by private persons is haphazard in the extreme. The person placing the child is generally its mother, although frequently persons who conduct a maternity home may undertake to find a foster home or to secure adoption for a child born in the maternity home.
>
> Often enough, the mother has been known to carry the child from door to door, enquiring for a foster mother.

11.116 She described a case in Cashel that ended up in court, where a foster mother who was registered to take three nurse children was found to have 11 in her home. 'Five of the smaller babies from infancy to 4 years old were neglected and emaciated. This woman stated in Court that she had been pestered by women coming to her house at night begging her to take their babies'.[190]

11.117 Although the homes where children were placed by charitable organisations were in theory vetted by these charities, there is no evidence that they were superior to private placements. The financial or personal needs of the foster mother appear to have ranked much higher, in decisions about placing a child, than the capacity of the foster parent to provide appropriate care and attention. The suitability of either the home or the person to care for a child was not necessarily a consideration.

11.118 Many unmarried mothers found it difficult to find the money to place their child at nurse. This is evident in the story of one woman who was in her thirties, who

[189] Department of Health, RM/ARC/0/489717.
[190] Department of Health, ed006406/INACT/INACT/0/443909.

cared for an elderly blind aunt and uncle in rural Ireland. She became pregnant having been raped during the Irish Civil War. When she was several months pregnant she borrowed money, and stole from her aunt to go to Dublin, without any clear plan as to what to do. She eventually went to St Patrick's Guild in Abbey Street, where Miss Cruice advised her to return home until the baby was due. The baby was born in Holles Street. When he was nine days old the mother brought him to St Patrick's Guild. It would appear that Miss Cruice had not explained (or perhaps the mother had failed to grasp the fact) that she would have to pay 25s a month to place her child at nurse with St Patrick's Guild. For £20 Miss Cruice would 'take the Baby completely off my hands'. She managed to keep up payments for nine months, often by taking the money from her aunt and uncle's pensions. In despair she wrote to the Archbishop of Dublin, Doctor Byrne, asking for his assistance, and threatening that otherwise she should 'have to ask some Protestant charity to take it [her son]'. Having checked her story by writing to the Franciscan Friar in whom she had confided, the archbishop sent her a cheque for £20.[191]

11.119 Foster mothers taking children at nurse were in a more precarious financial position than women who fostered children that were placed by the local authority. Children boarded out by local authorities were supported until they reached the age of 16, and sometimes longer; the foster parents received regular payments. Payments for children at nurse generally ceased by the age of five or six years, if not earlier, and many nurse children were placed for a fixed sum. For this reason nurse children were probably at greater risk of being sent to an industrial school or another institution.

11.120 Mothers who made private arrangements to pay a weekly sum to the foster mother frequently ceased making payments after one or two years. Most foster parents were poor, and incapable of maintaining a child without some outside assistance so, when payments ceased, nurse children frequently ended up in a county home or an industrial school. In 1925 seven children nursed out by St Patrick's Guild were admitted to the Dublin Union; the foster parents complained that they could not afford to maintain the child for the £5 'adoption' fee that they were given.[192] The Cork board of public assistance received applications from families who had

[191] Lindsey Earner-Byrne, 'The rape of Mary M: a micro-history sexual violence and moral redemption in 1920s Ireland' in *Journal of the history of sexuality*, xxiv, 1 (2015), pp 75-98.
[192] Dublin Union, minutes, 1 July 1925.

previously been paid to keep a nurse child, asking for payment from the public assistance authority to keep the child under its boarding out scheme. They sent instructions to the Cork Catholic Women's Aid Society that children were not to be placed in households where the only income came from home assistance, because these foster parent(s) could not support a child once payments had ceased.

11.121 Children were placed at nurse in city-centre tenements in Cork, Limerick and Dublin, where households were grossly overcrowded; the only access to running water was often a tap in the yard, sanitary facilities were non-existent and the rear yard was often heavily littered and soiled. In February 1925 the clerk of the Dublin Union notified officers of several rescue societies that no children were to be placed in Corporation Buildings, Corporation Street, Gloucester Street (Upper & Lower), Gloucester Place (Upper & Lower), Railway Street, Waterford Street, or Foley Street because these streets had been condemned as unsuitable. This was the notorious 'Monto' prostitution area. Some weeks later the Dublin Union approved a list of women who were banned from taking any children at nurse in future; in at least one case the children had been placed by St Joseph's Guild of Rescue.[193]

11.122 Many of these nurse children were neglected, even abused. An inquest on the death of one such child in 1921 returned a verdict of natural causes, although the doctor noted that his body had several bruises.[194] The minutes of the Board of Guardians noted the outcome of a court of inquiry into the sudden death of a nurse child in a cottage in Glasnevin, which found that the cottage was 'not suitable for "child farming" except on a more limited scale if at all'. At the next meeting the ladies committee reported that as the court had restricted this household to keeping two nurse children, two of the four children should be removed. This meeting also approved the prosecution of a woman in Dorset Street for failing to notify the Union that she was keeping two children at nurse. In 1922 the committee reported on the prosecution and conviction of a woman in Little Denmark Street for having five children who were not registered; she was fined £10 and ordered not to take any nurse children in future. The committee also reported that a woman who placed children at nurse had advised foster mothers to have the foster children baptised with her surname in order to avoid having to register them. The Dublin

[193] Dublin Union, minutes, 26 Aug. 1925.
[194] Dublin Union, minutes, 7 Sept. 1921.

Union warned that they would take action against this woman if they became aware of this happening in future.[195] In 1923 the ladies committee determined that no children should be placed in future with a particular woman because several children had died while in her care. They also investigated the case of another nurse child aged five months, who was admitted to the Dublin Union in a neglected condition; they gave instructions that the child should not be returned to that home.[196] Some of these children had been placed by Catholic priests. The ladies committee wrote to a priest at the Pro-Cathedral urging him not to place any children in future with a particular woman. Despite being banned from taking children for reward, she had recently been found with another child at nurse. The committee also followed up on instances where children placed by St Patrick's Guild had not been registered with the local authority. This had some effect; in 1923 Miss Cruice informed them that she had been instructed by the DLGPH to register all children placed at nurse and was seeking forms to do this.

11.123 Miss Litster pressed for the Dublin board of guardians to be supplied with lists of all children placed by voluntary societies, but there was no legal power to require a voluntary society to provide this information. Responsibility for registering a child at nurse rested with the foster mother, not with the individual or the society that placed the child. There were occasional disputes between Miss Cruice of St Patrick's Guild and the ladies committee over children being removed from foster homes. In one case Miss Cruice and her nurse were adamant that a particular woman provided good care, the committee pointed out that two children had recently died in this woman's care; her house was 'anything but clean' and they regarded her as unsuitable to care for children. On another occasion Miss Cruice was censured for placing a child with a woman who lived in an underground kitchen with no natural light. The clerk of the Union was instructed to write to the Sisters of Charity Convent, Gardiner Street, stating that in future they were not to place children at nurse in any home until the Dublin Commissioner gave sanction that the home was suitable. A religious sister had recently placed a child with a woman in a cottage near the convent; this child died in St Ultan's Hospital a few hours after admission.[197] Another woman was prohibited from taking nurse children because several children had died while in her care. In 1924, the secretary of St John's Ambulance wrote to the Union stating that a widow with no

[195] Dublin Union, minutes, 25 Jan. 1922.
[196] Dublin Union, minutes, 25 Jan. 1922.
[197] Dublin Union, minutes, 23 Sept. 1925.

means of support was caring for a nurse child; the ladies committee was concerned that the child was not properly treated.[198]

11.124 Many children were placed at nurse for a single payment. Such arrangements were widely condemned, on the basis that it was in a nurse mother's interests not to keep the child alive; if the baby died she could take another child. But the practice was not illegal. There is no indication that consideration was ever given to banning this practice, and it continued until the 1950s. In 1947 Mary Murray noted that of the 25 children at nurse, registered in Westmeath, 'more than half are in Athlone, and practically all are "lump sum" adoption cases, the majority from Manor House' (Castlepollard); many were fostered by the wives of army privates and corporals. The foster mother received a sum ranging from £50 to £70 for each child.[199] In 1949, while carrying out an inspection in Co Roscommon, Miss Murray found that a named NSPCC inspector had placed four children at nurse 'in consideration of lump sums ranging from £40 to £75'. The foster parents of one of these children - a girl, who was later deemed to be 'mentally defective' - sent her to the county home when she was 18 months old.[200] In 1951 a child was placed at nurse in Offaly for a lump sum of £100, in a home that contained a family of seven children.[201] A Limerick woman who had taken a child in 1946 for a sum of £100 was told by the religious sister, who had presumably placed him with her that she would have to return the money, when he was admitted to hospital. He had been with her for almost two years and he appears to have suffered from a serious medical condition.[202]

11.125 Mary Murray reported on one case in Westmeath, where the foster mother had received a lump sum of £100 for taking a child. 'When it was spent she neglected the child knowing that the local authority would be obliged to remove him, and she would be relieved of all further responsibility'.[203] Several nurse children in Co Limerick were removed at an early stage and sent to industrial schools. The inspector reported that one woman had already sent two children to industrial schools and 'She told me in the boy's hearing she was thinking of sending […]. She apparently uses this threat frequently'.[204]

[198] Dublin Union, minutes, 16 Jan. 1924.
[199] Department of Health, INACT/INA/0 476180
[200] Department of Health, INACT/INA/0/463064.
[201] Department of Health, RM/INA/0/489849.
[202] Department of Health, NATARCH/PER/0/504141.
[203] Department of Health, INACT/INA/O/476180
[204] Department of Health, RM/ARC/0/489717.

11.126 Some children were placed at nurse in homes where they had a poor prospect of surviving. In 1949 a father removed his daughter and her two-week old child from the county home in Killarney where she had given birth. The matron reported that he refused to give any information as to what would happen to the child. The infant was placed in 'a wretched home' in the town, and was readmitted to the county home 12 days later, and died the following day. The coroner determined that the infant had died of neglect.[205] In 1951 an inspection was carried out of the Dunscombe home, a private nursing home in Cork city run by an elderly woman and her daughter. It contained four 'illegitimate' babies, without their mothers, three had been born to private patients in Bessborough, the fourth was born in this nursing home. The mothers had brought their infants to the Dunscombe home on the day that they left Bessborough. All three children were neglected, with scalded buttocks. The fourth child, aged two and a half years, was described 'a pale, gentle, listless little girl who has no playmates and gets no fresh air'. The inspection gave details of a further four children, who had been in this home but were not placed at nurse or 'adopted'. Five babies born in Bessborough had died in Dunscombe Home, two of marasmus. In one case no cause of death was registered. The proprietor's mother, who carried out most of the work, was described as showing no interest in the children. The local authority had not been notified that these children were in the nursing home, contrary to the terms of the *Children Acts*, and the owner had denied keeping infants without their mothers. All of these babies, including those who died, were examined by Dr Sutton in Bessborough and certified as fit before they left. In this instance all barring one of the Bessborough babies who died were the children of private patients (see Chapter 18).

11.127 The department had few sanctions against this negligent nursing home; the offence of not registering the children was only a misdemeanour. When the proprietor's daughter agreed to comply with the law in future the Cork city manager agreed not to institute proceedings.[206] There was a similar outcome in another private nursing home in Dublin, which was also run by a mother and daughter. This home survived despite a number of convictions.[207] It proved difficult to monitor the treatment of children at nurse: the Catholic Bishop of Cork refused to

[205] Department of Health, RM/ARC/0/489408.
[206] Department of Health, RM/ARC/0/489773.
[207] Department of Health, CCP/IMP/0/46037.

give the authorities details of babies born to private patients,[208] and the Kerry county home had no authority to know where the father who removed his daughter and her infant planned to place the child. Some women who took children at nurse claimed that they were not being paid, which, if true, would exempt them from the requirement to register under the *Children Acts*.

11.128 Nurse children were often moved from house to house, without informing the local authority, in defiance of the law. An inspection in Roscommon noted that 'A number of unmarried mothers leave the County Home each year taking their children with them. It is probable that some of these children are subsequently placed at nurse but none of the children registered so far come from this source'.[209] One nurse child, who was born in Bessborough, and placed at nurse in Limerick shortly after birth by the Cork Catholic Women's Aid Society, was not on the register. Evasion of the regulations was all too easy - and it often happened with the connivance of the local authorities. In 1946 Mary Murray reported that a nurse child had died in Mayo. She had previously condemned this home and recommended that the child should be removed, but nothing happened; 'the AO had not visited the home for almost a year prior to my inspection'.

11.129 Inspectors removed some nurse children from homes that were obviously unsuitable, only to find that there were new nurse children in these homes on their next visit! In 1949 one home in Limerick city with three nurse children (not all registered) consisted of a kitchen, two small bedrooms and an attic; it was home to 11 people. One nurse child shared a bed with a nurse child who suffered from TB of the abdomen, and these boys shared a small attic room with a married daughter of the foster mother and her two young children. Another child was placed in a condemned house with a couple aged 65 and 75 respectively and shared their bed. Miss Clandillon reported 'evidence of lack of hygienic habits in the spittle on the floor'. The child had lived there for six years, but had never been inspected.[210] Another nurse child in Co Limerick, who was visited in 1944 was 'in a dirty condition and covered with sores, and appeared to be undernourished'. The house also contained, contrary to regulations, two boarded-out children who were 'badly clad and dirty'.[211]

[208] Department of Health, RM/ARC/0/489773.
[209] Department of Health, INACT/INA/0/463064.
[210] Department of Health 489431
[211] Department of Health 489768

11.130 In 1941 Miss Litster drafted a note for DLGPH Secretary John Garvin setting out the position with respect to children at nurse:

> The general procedure with regard to the placing at nurse of infants born to private patients in the Sacred Heart Home, Bessboro is that either (a) the Cork Catholic Women's Aid Society agrees to take over the child on payment of a lump sum of £70 in advance by the mother, relative, putative father or other interested party or (b) the Bessboro Community finds a foster mother and either pays over a lump sum or makes periodic payment. In either case the foster mother is required finally to 'adopt' the child. As there is no machinery for legalised adoption, the obligation of the mother to maintain her child is not removed by any document which the foster-mother might sign.[212]

11.131 Charitable societies appear to have operated a lax regime when placing children at nurse or for informal 'adoption'. The inspectors noted that:

> Some of the Boarding-out Societies in Dublin make a practice of sending children for 'adoption' to various parts of the country. They make no enquiries of the local authority beforehand as to the economic circumstances of the applicants, the only reference necessary being one from the Parish Priest. This procedure is extremely unsatisfactory as many of the foster parents are in very poor circumstances and are occasionally in receipt of Home Assistance. Local authorities very naturally resent the action of these Societies, but they do not appear to have any redress, as the Societies contend that no fee or reward has been paid or promised to the foster parent, and that therefore the children are not subject to registration or liable to inspection.[213]

11.132 Bethany Home (see Chapter 22) placed children at nurse on the basis of a reference from a local clergyman. Some charitable societies employed inspectors; others did not. Inspecting children placed at a distance would have proved expensive and was probably often not done. Protestant children were placed at nurse in Monaghan, Wicklow, Tipperary and Carlow in areas with numbers of Protestant small farmers who were willing to take foster children. Mrs Keating, proprietor of St Rita's Nursing Home in Ranelagh, was reported to be placing children in Wicklow in unsuitable homes. In the 1940s children were placed in Roscommon by St Patrick's Guild, and by Manor House, Castlepollard. The

[212] Department of Health, CCP/IMP/0/45492.
[213] Department of Health 489391

majority of nurse children registered in Donegal in 1947 were placed by St Patrick's Guild; others were placed by the CPRSI, the Rotunda Girls' Aid Society, Mater Dei Hostel Belfast, and Nazareth House. It is difficult to determine how these foster homes were selected; many were unsuitable. Some of the descriptions are grim - abusive foster mothers, overcrowded homes and acute poverty. In 1947 one Donegal nurse child 'appeared to have rickets'.[214] Arguably the worst description of a child at nurse was that of a boy, in Mayo in 1946, who had been placed by the Rotunda Girls' Aid Society. The inspector described the home as 'easily the most wretched that I have ever visited. There is only one room in use, which appears to be shared with the farm animals, no furniture except a bed, and the whole structure in wretched repair'. The foster parent 'stated that he had applied for some assistance and had been refused'. The inspector 'had no opportunity of examining the boy who disappeared when he saw a stranger approaching the home'. The assistance officer dismissed this report. He claimed that when he visited 'there were no signs of cattle being kept therein'; the boy slept in the kitchen with the male foster parent; the man's wife slept in an adjoining room (though Miss Murray described only one room). The outcome of this inspection did not necessarily improve the boy's welfare; the priest in charge of the Rotunda Girls' Aid Society proposed to move the boy to 'a suitable school', presumably an industrial school. [215]

11.133 The CPRSI was the largest agency placing children at nurse. In the half year ending December 1943 it maintained 399 children; 200 of the children were eligible for grants under the Maternity and Child Welfare scheme. Some were the children of married women, who were ill, widowed or otherwise incapable of caring for their child, perhaps for a temporary period.[216] Miss Litster was highly critical of the fact that placing children at nurse was 'frequently a stepping stone to committal to an industrial school'. Young children were removed 'from the only home and parents he has ever known' and 'the nurse mother los[ing] a child to which she has probably become attached'.[217] Government subsidies to charitable societies in receipt of money under the Maternity and Child Welfare scheme ceased when a nurse child reached the age of five years and the societies generally ceased to make any payment to the foster home. Unless the foster parent(s) agreed to 'adopt' the child - they were usually offered a modest lump sum if they did so - the

[214] Department of Health 489373
[215] Department of Health, NATARCH/ARC/0/404307.
[216] Department of Health, RM/ARC/0/489773.
[217] Department of Health RM/ARC/O/489773

children were brought before the court for committal to an industrial school. Patrick Touher was placed at nurse in Sandyford - which was then a rural area - by St Brigid's orphanage in Eccles Street; his mother had died and his father had vanished; the parents appear to have been married. His account suggests that he was happy in his foster home, attending the local school and playing with pals who were also foster children. He described the older daughter in his foster home as 'just like a loving big sister to me'. In 1950 when he was seven he was taken to a nearby courthouse, where it was determined that he should be sent to Artane industrial school.[218] As there was no industrial school for Protestant children, children placed at nurse through Protestant charities such as the Irish Church Missions and the Protestant Nursery and Rescue Society were sent to Protestant orphanages such as Emmanuel Home, Marlfield House, the Cottage Home Dun Laoghaire and the Children's Fold. The Department of Health emphasised that 'These are charitably maintained and although there may be doubt as to legality of inspection in view of the words "for reward" in the Act, they have submitted to inspection under the Children's Acts and the homes have been found to be generally well run'.[219] St. Brigid's Nursery and the Sacred Heart Home Drumcondra - two Catholic institutions, were unwilling to submit to inspection, and Emmanuel Home won a legal case to prevent inspection.[220]

11.134 In 1943 the CPRSI agreed to continue to maintain children, whom it had placed at nurse, beyond their fifth birthday.[221] It seems likely that the society absorbed the additional cost. In 1948 the director of the Kirwan House - the official name was the Female Orphan House - wrote to Dr Noel Browne, Minister for Health, complaining that the charity was finding it increasingly difficult to cover its costs. This was a time of high inflation, and while they received a government grant for children up to the age of five under the Maternity and Child Welfare scheme, they received no support for children over that age, and they asked that this should be reconsidered. Almost a year later Fr Barrett, director of the CPRSI, wrote a similar letter on behalf of several Catholic voluntary societies - in addition to the CPRSI he listed the Rotunda Girls' Aid Society; Holles Street Girls' Aid Society, and St Patrick's Guild, requesting that the government subsidy be extended to cover children at nurse up to the age of 16 - i.e. making them comparable with boarded out children. He asked 'what is supposed to happen when a child turns five years old. Does the

[218] Patrick Touher, *Fear of the collar. Artane industrial school* (Dublin, 1991), pp 9-13.
[219] There is further information about these organisations in Chapters 22 and 23.
[220] Department of Health, RM/ARC/0/489773.
[221] Department of Health, RM/ARC/0/489773.

State envisage they should be transferred from the foster home to an industrial school?' He argued that it was 'not in the best interests of such children to send them to institutions or have them committed to Industrial Schools'. He claimed that the societies only took that decision 'with great reluctance and only as a last resort'. They tried to persuade foster families to 'adopt' children before their fifth birthday, but that was not always possible - some children were unsuitable 'for one reason or another'; some were 'somewhat backward with an intelligence quotient below average; others are unsuitable for adoption because of bad parental history or because they are delicate or the mother will not give her consent'. These references to 'adoption' are several years before the introduction of legal adoption. Fr Barrett claimed that parents rarely contributed towards the support of a child aged over five. The Department of Health official who reviewed this application conceded that restricting government grants to children under five years was a purely arbitrary decision, but he then took refuge in the demarcation lines between government departments. He claimed that contributing towards the cost of maintaining children at nurse should be a matter for the Department of Social Welfare. The Department of Health's reply to Fr Barrett complimented the societies on their work but emphasised that 'it is difficult to maintain that they should be regarded as ministering to the health of their charges rather than to their social and moral welfare'.[222] There is no indication that any consideration was given to extending the state subsidy to enable charitable societies to support children at nurse until they reached the age of 16; the failure to do so resulted in many children at nurse being sent to industrial schools.

11.135 The register of children at nurse kept by the Dublin board of assistance recorded the names of 816 children in September 1951. Many had been placed by the CPRSI and other well-known charities. They were concentrated in areas with local authority housing: Ringsend, Mountpleasant Buildings, Cork Street, Oliver Bond House, York Street, Dorset Street and Sean McDermott Street. A growing number of children at nurse were living in the newer local authority housing in Crumlin, Ballyfermot, Cabra and Finglas. There were a total of 16 foster children on Galtymore Road Drimnagh in 1951; nearby roads had similar large concentrations of children at nurse.[223] The living conditions for nurse children and for working-class households improved significantly in the late 1940s and 1950s, with the

[222] National Archives Ireland, HLTH/A/128/429
[223] Department of Health, RM/INA/0/489392.

provision of modern local authority houses, which had running water, toilets and (in a majority of cases) bathrooms, and a greater number of bedrooms.

11.136 With the introduction of legal adoption in the 1950s, boarding out increasingly became a short-term arrangement, prior to adoption. However in 1960 an inspector reported that there were only 12 boarded out children on the register in Limerick city but 55 nurse children. She suggested that these numbers meant that the local authority was shirking its responsibilities. 'The wide difference between these figures reflects little credit on those responsible for the care of deprived children in this area up to the present, indicating as it does that most unmarried mothers are left to make what arrangement they can for their children'. Many mothers disappeared having left children with foster mothers, who received no further money. She noted that 'It is to the credit of the foster mothers that few have requested the removal of children to industrial schools'. In one case where a mother was working in the laundry of the Limerick City Home and paying for her child at nurse, Miss Clandillon recommended that he be boarded out, relieving her of the cost.[224]

Adoption (see chapter 32 for more complete discussion)

11.137 Adoption brought about major changes with respect to boarding out and children at nurse. Charities that had previously placed children at nurse were now concentrating on adoption. Adoption also had a major impact on boarding out by local authorities. Couples wishing to adopt a child often saw fostering as a first step. The inspection reports describe many cases of couples who wished to adopt their foster child, and successfully doing so. In 1956 an inspector, visiting Donegal, reported that 'a large percentage of the placings [of children at nurse] have been de facto adoptions, which were legalised when the Act came into force'.[225] The high proportion of boarded out children or children at nurse who were formally adopted indicates that many foster children were cherished by their foster family and this evidence qualifies some of the bleaker material presented in this chapter. However an inspector noted that parents who had taken children at nurse from Castlepollard and now wished to legally adopt the child faced difficulties because the child had been placed through intermediaries and the adoptive parents did not know the name of the child's mother or how to contact her.[226] The

[224] Department of Health, RM/ARC/O/489717
[225] Department of Health, INACT/A/O/434322
[226] Department of Health, INACT/INA/O/476180

transition from boarding out to adoption presented difficulties for some foster parents. Couples who had fostered a child for many years were threatened with the loss of the maintenance payments if they adopted their foster child. Section 55 (9) of the *Health Act 1953* permitted local authorities to continue to pay the fostering allowances in such cases, but many foster parents were not aware of that possibility until the department's inspectors informed them, and the payment was made at the discretion of the local authority. It also presented some difficulties - should that house and the child continue to be subject to inspection despite having been adopted? Former foster parents who had adopted a child resented the continuing inspections, which did not apply to other adoptive parents. In 1968 the parents of 247 former foster children who had been adopted were in receipt of boarding out allowances.[227] The age restrictions in the *Adoption Act 1952* also presented difficulties; children could not be adopted after the age of seven - which effectively meant that it was almost impossible for foster parents to adopt children who had been in Tuam (because they were boarded out at a late age). The requirement that adoptive parents should be within a certain age bracket also presented difficulties. There were cases when it proved impossible to comply with both regulations - the adoptive mother only becoming old enough to adopt when the child was already aged over seven, and other cases where the foster parents were too old to adopt.

11.138 Adoption appears to have been welcomed by the local authorities; it relieved them of the cost of boarding out, and responsibility for inspection. When the Department of Health carried out a review of services under the *Children Acts a*nd the *Health Act 1953* in the late 1960s, an inspector of boarded-out children commented that

> In very many cases health authorities favour legal adoption as the best solution to the placement of children. No guidelines have been given to health authorities as to when the mother should be advised to place her child for adoption or when the child should be boarded out…As far as health authorities are concerned adoption would, in general be the most satisfactory course (if regard is not had to the over-riding needs of the parents and the child), as it obviates the need for continuous supervision of the child and with the termination in many cases of the boarded-out allowance or cost of institutional maintenance, is a financial saving to the authority.

[227] Department of Health, CCL/INA/O/523143

11.139 This memorandum reported that, following a recent inspection of the Dublin Health Authority scheme, the inspector reported that 'undue pressure is being brought' to bear on mothers to place their children for adoption; many mothers were not aware of alternatives. [228]

11.140 In 1969, a total of 1,005 children were boarded out by local authorities, compared with 1,861 in 1959. In 1971 responsibility for health and welfare services passed from the local authorities to the regional health boards. By then the children of unmarried mothers no longer constituted the majority of these children.

Conclusions

11.141 The Commission has had limited access to the voices of foster children or children placed at nurse; what is known of their circumstances in the early or mid-twentieth century comes mainly from the reports of the inspectors of boarded-out children. There are very few insights into the emotional and psychological problems that these children faced; the prejudice shown towards them by class-mates, teachers, priests or the affection or lack of affection displayed by foster parents. The only evidence of concern for their emotional circumstances comes from the inspectors of boarded out children - their preference for placing children in a family as young as possible; their belief that boarding out should be a permanent arrangement and their comments about the emotional cost when children were moved from one foster home to another. There is also very limited information available about the feelings of foster parents. Some foster children were occasionally violent, engaged in petty theft, and proved difficult to parent. Most foster parents had no support or advice from childcare professionals.

11.142 In contrast to the detailed statistics that the Commission has compiled on the women and children in mother and baby homes, the evidence relating to boarded out children and children at nurse is scant. Not all of these children were 'illegitimate'; many were not born in mother and baby homes or county homes; it is impossible to disentangle those that specifically come within the remit of this Commission, however there is no reason to believe that the circumstances which they experienced, when boarded out or placed at nurse, differed from what is described here.

[228] Department of Health, CCL/INA/O/523143

11.143 Until the 1970s few of the children born to Irish unmarried mothers were raised by their mother or her family. The outcomes for these children included boarding out, being placed at nurse, or long-term care in an institution. By the late 1950s a majority were being placed for adoption. The Department of Health and its predecessor (the Department of Local Government and Public Health) consistently advocated the benefits of boarding out over institutional care, but they presented no evidence to support this assertion, and some of the experiences of children both at nurse or boarded out, especially in earlier years, were appalling. Although the care and oversight of children at nurse and boarded out children was tightly regulated by the DLGPH, later the Department of Health, these regulations were often poorly enforced by local authorities. Practice and attitudes varied between counties. Many local authorities failed to implement the requirements with regard to inspection, or ensuring that homes taking children at nurse were registered, and there was a serious lack of professional expertise in childcare. The fate of an individual child was at the mercy of her/his mother's financial means, and the views of local authorities and local officials - an assistance officer, a county manager or the matron in a county home. They determined which children should be boarded out and in what family; which children should remain in a county home, and which children should be dispatched to an industrial school or another institution. Some of these decisions were undoubtedly arbitrary, made with little consideration for the best interests of the child.

11.144 This discordance between national and local government is only one aspect of a piecemeal approach. In Britain, the 1946 Curtis report resulted in all aspects of care for children who were not living with their family being placed under a single government ministry.[229] At around this time Miss Litster recommended that the *Children Acts* should be revised to bring the guardianship of all children under the care of public authorities under a single government department and a single Act.[230] That did not happen. In Ireland the industrial schools remained under the Department of Education, and there is little evidence of any co-ordination between that department and the Department of Health with respect to the care for these children. It is significant that the 1970 Kennedy report on the Reformatory and Industrial School system does not mention boarding out children. The women inspectors attached to the Department of Health displayed a consistent and

[229] Gordon Lynch, 'Pathways to the 1946 Curtis report and the post-war reconstruction of children's out-of-home care' in *Contemporary British history*, xxxiv, 1 (2020), pp 22-43.
[230] Department of Health, RM/ARC/0/489773.

admirable commitment to improving the welfare of foster children, but they had a limited impact on practice and policy. A comprehensive account of the outcomes for the children of unmarried mothers, who were not raised by their family, would require the integration of the histories of children in industrial schools (especially those sent at an early age to junior industrial schools); of boarded out children, of those placed at nurse, and those who were adopted.

Witness Statements

11.145 A small number of former residents of mother and baby homes, who gave evidence to the Commission, spoke about being boarded out by the local authority, or placed at nurse. Those who were boarded out by the local authorities were former residents of Tuam; those who were placed at nurse were former residents of Bethany and Denny House. Their statements support evidence in the reports by the department inspectors about the varying quality of foster care. They are of especial value when they describe their treatment at school, within the community and more subtle aspects of their treatment by a foster family. Several witnesses were placed in more than one foster home. Two witnesses were happy and well-cared for in their foster homes: 'I was fortunate where I was reared'. One man who was placed in more than one foster home spoke warmly of a foster mother, but he was less positive about that woman's husband. A man who was placed at nurse by the Protestant Nursery Society suggested that in one foster home the woman was cruel to him, whereas her husband appears to have been kinder. One man who was boarded out by the local authority with an elderly woman and her 50-year-old bachelor son 'had a horrendous life there' - he suffered physical abuse. However another former Tuam child was 'well looked-after' by a couple in their thirties who were unable to have children and wanted a family. Several witnesses described being required to carry out very heavy farm chores, before and after going to school, which left them with little time for homework and a poor attendance record: 'our school work collapsed and we never recovered'. One man frequently left school early by agreement to carry out farm chores, having been marked present on the school roll. However another was moved to a different foster home because of his many absences from school. One man described himself, and another foster child, as 'free child labour on the farm'. By contrast one man said that his foster parents 'didn't want a slave or a workman or anything like that'.

11.146 The witnesses cited some telling examples of discrimination. Two reported that they were never permitted to serve mass - which was something of a rite of passage for many school boys when they had made their first communion. One was forbidden by his foster family to visit neighbouring houses, though he claimed that the neighbours were 'nice'. A man who was placed at nurse, with a Protestant family in Leinster, was sent to the local Catholic school with another foster child, despite the fact that they were being raised as Protestants and the children of that family had attended a Protestant school. He claimed that this family was 'too socially embarrassed' to send them to the Protestant school, though it should be noted that they would have had to be driven to and from that school. He said that he and other foster children were last in line when Christmas presents were given to local children, and they only received colouring pens, drawing paper and some sweets. In one foster home this man ate breakfast with the family, but he ate all the other meals, including Christmas dinner, separately in a 'back kitchen'. One man described himself as 'an outcast'. Several witnesses mention ill-treatment at school; left out of sports; physically abused 'mainly by the other children'; 'children picked on you all the time…the dreaded "B' word"; taunted that their mother and father had not wanted them. When one man, who had been boarded out, was placed at hire on a large dairy farm where the work was long and hard, he suffered abuse from the farmer's sons: they kicked him, they 'ganged up on me' and accused him of breaking objects that one or more of the family had damaged.

Chapter 12: Unmarried mothers and their children in the late Twentieth century: from the 1960s to 1998

12.1 The things they say

'What did I do to deserve such a daughter'

'It's a fate worse than death'

'If we had heard that you had cancer it would have been easier to accept'

'Why didn't you go to England?'

'Of course your [sic] not going to keep the child'

'Every child needs two parents'

'You are thinking of yourself not of the child'

'Your child will hate you when it's eighteen'

'Of course you never think of the family'

'What about your poor mother'

'Your child will be a bastard'

'What about the neighbours'

'Couldn't you have it adopted?'

'Have it adopted and you can come home'

'But you'll never get married if you keep the child'.[1]

12.2 This chapter focuses on the years from the mid/late 1960s until the end of the 20th century. This was a time of major change in Irish society. Ireland ceased to be a country of late marriage, large families and a high rate of permanent celibacy. The 1973 Report of the *Commission on the Status of Women* recommended significant reforms relating to women's work, legal status and welfare entitlements. In the 1970s the prohibition on married women working in the public service ended and women were given legal protection against being dismissed from their job because of their pregnancy.[2] Women in insurable employment became entitled to maternity leave in 1981.[3] There was a sharp rise in the number of 'illegitimate' births and in the numbers of children being raised by single mothers. In 1973 unmarried mothers who decided to keep their children became eligible for social welfare payments. The number of adoptions, which was the outcome for most 'illegitimate' children born in the mid-late 1960s, fell steadily. In 1975, the number of adoptions

[1] Department of Health, RM/ARC/0/489397. No source or date is given for this document, but other material in this file relates to the late 1960s.
[2] Employment Equality Act 1977
[3] The Maternity (Protection of Employment) Act 1981.

was 57.4% of the number of 'illegitimate' births; in 1976 this fell to 43.4%; by 1980 the figure was 29.9%; in 1990 it was 8.5%. By the end of the 20th century almost no Irish babies were adopted outside their immediate family. Pregnant Irish women continued to travel to Britain, but from the 1970s, they were seeking abortions. Despite these changes, a substantial number of women continued to be admitted to mother and baby homes throughout the 1970s. In 1980, a total of 552 babies were born to women who were in mother and baby homes, which was higher than the 498 in 1950 or the 456 in 1960. The numbers only fall significantly in the 1980s, when mother and baby homes closed, down-sized or were replaced by flatlets and hostels, and these services tended to cater for women with particular needs.

12.3 Despite the absence of divorce until the late 1990s, Irish family structures underwent changes that were broadly similar to other western countries. A growing number of children were born outside marriage and were living in a single-parent family, most commonly with their mother; many children were living in households with a resident male who was not their father, and/or with siblings who had different fathers.

12.4 Hostility towards unmarried mothers waned; however the attitudes of parents, family and the community continued to impact on the decisions made by single mothers. By the 1970s the Catholic church was adopting a much more sympathetic attitude. This change was partly and perhaps primarily prompted by concerns over the high numbers of single Irish women having abortions in England where abortion laws were relaxed in 1967. Single mothers were no longer absent from the narrative; they wrote to the newspapers and they were interviewed by journalists. An Irish unmarried mother had greater choices and some financial resources to assist her in keeping her child. Social attitudes had mellowed, but many single mothers continued to experience poverty and personal difficulties that demanded new forms of support.

Unmarried mothers in literature and the media

12.5 "The maturity of any society can be gauged from its list of taboo subjects. One of these for many societies even today is 'illegitimacy'. It is not something that is openly discussed, certainly not in Ireland."[4]

[4] *Irish Press*, editorial, 'The Illegitimate child', 1 Dec. 1970.

12.6 There are very few references to unmarried mothers in Irish media before the 1960s, and they are generally found in reports of local authority meetings, church sermons, court cases and fictional writings. (see Chapter 9). Irish society did not comment much in public about unmarried mothers or what happened to them or their children, though private commentary and condemnation may have been widespread. It is only in the 1960s, with the emergence of advice/problem pages in Sunday newspapers and women's magazines and the development of investigative journalism, that more personal stories emerge. The 1960s constitute a watershed in terms of public information and public discussion about extra-marital pregnancy. Until that time unmarried mothers' voices were almost completely absent, but they began to emerge in letters to advice columns, and occasionally in press articles. The growing number of articles may not have been accidental. Thane and Evans note that during the 1960s the British National Council for the Unmarried Mother and her Child 'built up its media contacts including "with a group of reliable journalists"'. They list a series of newspapers and periodicals that were targeted; it includes the *Irish Times*.[5]

12.7 Adoption was one of the first topics to bring unmarried motherhood into mainstream Irish media. A growing interest in Irish emigrants to England and their difficulties also focussed attention on unmarried mothers. PFIs had featured in regular communications between British and Irish churches, and officials from the 1930s onwards, but these communications were not generally known to the public. During the 1960s the Catholic Hierarchy held annual Easter conferences on emigration and the proceedings were reported in the newspapers. PFIs featured frequently in conference papers and discussion. Any investigation of the reasons why pregnant Irish women travelled to Britain raised questions about Irish attitudes towards pre-marital pregnancies, and conditions in mother and baby homes.[6] In 1969, Reverend Vincent Buckley, director of missions to emigrants, claimed that 'Many suffered from a persecution complex which they believed would be manifested by being read by the priests from the altar', and 'by being ostracised by parents and friends'.[7] These emigrant conferences were one aspect of a growing interest by the Catholic church in contemporary social problems. The publication in 1966 of Tuairim's pamphlet *Some of our children*, which investigated the number of Irish children in institutional care, and the increased publicity given to conditions

[5] Pat Thane and Tanya Evans, *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England* (Oxford, 2012), p. 136.
[6] Daly, *The Slow Failure*, pp 296-305.
[7] *Cork Examiner*, 11 April 1969.

in institutions such as Artane Industrial School, prompted questions about the identity of these children, and why they were in long-stay institutions. The Tuairim pamphlet was written by a group of Irish university graduates who were living and working in Britain.[8] A new generation of Irish-published women's magazines provided an outlet for articles on topics relating to women and sexuality. Magazines and national newspapers published letters from women seeking advice on a range of personal matters, including extra-marital pregnancy. The letters and the responses of 'agony aunts' exposed readers to the reality of pregnancy outside marriage and the difficult choices faced by unmarried mothers.

No Birthright

12.8 In 1964 the *Irish Times* published seven articles by Michael Viney on the topic of unmarried mothers; the articles were subsequently published as a short book under the title *No Birthright. A study of the Irish unmarried mother and her child*. Viney opened with the story of Clare, who went to England on discovering that she was pregnant - the outcome of rape by her boyfriend, who was a foreign doctor. Clare kept her child, despite pressure from social workers in the London hospital to place him for adoption. She did not tell her parents about their grandson until he was several months old. They refused to permit her to bring her child home. Her mother was concerned about what the neighbours might think - 'The neighbours had always ruled her view of things'. She said that they would have to move house if Clare was seen with her baby. Her father urged her to have her son adopted. Clare's story highlighted parental attitudes. Viney also reported the case of a woman who wrote to a Catholic priest in London asking him to tell her daughter, who was a single mother, not to set foot in Ireland - 'she has disgraced her family and her country'. English social workers reported that Irish girls were terrified of their parents knowing about their pregnancy - most went to England to keep it secret. A social worker in a London Catholic agency commented on the 'fear' of Irish pregnant women: their expectations of moral censure. Viney cited stories of Irish emigrant couples who, rather than face parental censure over a pre-nuptial conception, placed their child for adoption. Fr Munn of the Southwark Rescue Society suggested that greater publicity about pregnancies among single women might reduce the fear of scandal, and fears of damaging a family's reputation.

[8] Tuairim, *Some of our children. A report on the residential care of the deprived child in Ireland* (Dublin, 1966).

12.9 These articles provided information about provisions for unmarried mothers, the role of social workers in Dublin maternity hospitals and the repatriation of 'pregnant from Ireland' (PFIs). The article on mother and baby homes said that the women were 'protected by a benevolent conspiracy of unexpected thoroughness and ingenuity'; the Sisters helped women who did not wish family or friends to know of their pregnancy to keep it a secret. Viney suggested that the homes had an 'unfavourable, out-of-date image…of a forbiddingly austere institution in which the unmarried mother is likely to be shut away for two years or more, doing useless work in the laundry at the bidding of censorious nuns'. Women fled to England, determined 'not to be shut away for two-and-a-half years'; refusing to have their child 'put out to slave labour on a farm'. He suggested that this was 'an out-of-date impression'; the position had changed since the introduction of adoption and washing machines. The Mother Superior of one unnamed home claimed that 'moral censure…is no part of our work. We're here to help not lecture'. He described the accommodation as 'furnished simply' but 'by no means Spartan'. The overall impression was of 'a fairly good-class boarding school for girls', and indeed the routine of early rising, morning mass, ending with time in the evening spent watching television, dancing or listening to the radio is similar to a boarding-school time-table at that time. Mothers whose children were placed for adoption might leave within eight weeks of giving birth, though a mother who 'opts' for an American adoption might have to remain for up to 15 months. Viney asked whether these mothers resented the 'good fortune' of mothers whose babies were taken by the CPRSI enabling them to leave at a much earlier date. He claimed that some mothers 'do seem perfectly happy to stay in the sheltered, unexacting environment of the home for a year or more'; some might be 'reluctant to return to the everyday stresses of life outside', but he queried whether the boarding-school regime was appropriate for women who would be resuming 'adult life'. He also commented, indirectly, on the absence of advice/counselling services asking 'is guidance in spiritual terms alone sufficient to help them face up to life again?'

12.10 The final two articles dealt with adoption. He stated that the children of Irish unmarried mothers had a 'four to one chance' of being adopted. The fear of 'what people will say' was the most important factor deterring women from bringing their baby home. Working-class Dubliners were most likely to keep their babies and to tell their parents that they were pregnant. In the closing paragraph of the series he noted that

> The legal machinery of good child care already exists in Ireland; it is in the implementation and practice of it that there are failures and omissions…public attitudes - not the law - are primarily responsible for a lot of unnecessary suffering…even from a non-religious, humanist point of view, the production of an 'accidental child' outside the security of marriage is socially irresponsible. But there is a world of difference between condoning conception outside marriage and treating the unmarried mother and her child in an un-Christian, inhumane way.

12.11 He again quoted the phrase 'what will the neighbours say', as 'an expression of taboo… Many cruel things are being done in its name'.

An Triail

12.12 *An Triail*, or in English, *On Trial*, was a play by Máire Ní Ghráda, that was written as a court trial. It concerned a young, rather naïve woman from the west of Ireland who became pregnant by a local schoolteacher. She fled to Dublin, gave birth in a tenement and killed the baby. The summary of the play in the *Field Day Women's Writing*, states that 'secrecy, hypocrisy, prejudice and negligence are the real cause of the crimes'. *An Triail* was first produced in Irish in 1964, at the Dublin Theatre Festival; it ran for four weeks in Dublin's Damer Theatre, before travelling around the country. President de Valera attended a production at the Cork Opera House. It returned to the Damer for a further run, and was produced on television in February 1965 attracting further plaudits. An English-language version opened in Dublin's Eblana Theatre later that year.[9] In those days, most Irish households could only receive one television channel, so the Sunday night broadcast would have reached a large audience. A review of the English language version in the *Irish Independent*, Ireland's best-selling daily newspaper, noted that

> In its terribly real reflection of individual attitudes, the play is undoubtedly the most eloquent indictment of society's collective and unchristian cruelty towards the unmarried mother that has come out of this country. In its quiet and unsentimental compassion, it is also the most moving portrayal of a betrayed girl's personal tragedy.[10]

[9] Angela Bourke, Siobhan Kilfeather, Maria Luddy, Margaret Mac Curtain, Geraldine Meaney, Máirín Ní Dhonnchadha, Mary O'Dowd and Clair Wills (eds), *The Field Day anthology of Irish writing, Volume V: Irish women's writing and traditions* , pp 11249-53 (Cork, 2002); *Tuam Herald*, 12 Dec. 1964; *Irish Independent*, 27 Feb. 1965; *Cork Examiner*, 21 Feb. 1966.
[10] *Irish Independent,* 20 April 1965.

12.13 The *Irish Times* review of the original production carried the headline

> *An Triail* is Viney stressed on stage, crystallised into a searing drama that challenges every aspect of the nation's treatment of this social problem.
>
> …The ultimate stigma: the Irish mother reared in our version of the competition with the Joneses, backgrounded as it is by a religious outlook smug with righteousness and the betrayal by the invincible and ungetatable man; the system of secret domicile (pungent with the threat of blackmail information to the parents) - all this is challenged as well as the adoption system in which all the drab history is quietly smothered…the girl in An Triail is in every hostel-citadel in the country where fallen women do penance for the babies they must lose to the comfortable (if barren) and where hypocrisy hides its head.[11]

12.14 A speech by the widowed mother of the young woman captures some of key themes in this play:

> Mother: But don't blame me for what happened. God knows I worked hard to give her a good Christian upbringing. It was the will of the Lord to leave me a lone widow, with my man dying on me three months before my youngest child was born. I've had to work and to save and to make sacrifices to bring up and to educate my family, with not a living soul to lift a hand or a foot to help. My head bent and my back bent from dawn till dark, working and slaving and sacrificing myself. And what have I for it in the heel of the hunt? What had I but to be disgraced in the eyes of the world. I can't lift my head, but the neighbours mocking me and whispering about me behind their hands, and tittering at me as I show my face at church or at chapel, at fair or at market among them.
>
> Counsel for the defence: The neighbours would appear to be your predominant concern.
>
> Mother: I have to live my life in their midst.
>
> Counsel for the defence: Would it be true to say that your harshness drove her from home? Would it be true to say that you attempted to get rid of the unwanted child?
>
> Mother: It's neither a sin nor a crime to get rid of an unholy thing that was accursed at its making by both God and men…(she bursts into noisy tears). She deceived me. She deceived me wilfully and wickedly…

[11] *Irish Times*, 25 Sept. 1964.

Adoption and Agony Aunts

12.15 The rising number of adoptions received extensive coverage in national and local media. Adoption was generally presented in a positive light, though a 1947 comment by an unnamed 'special correspondent' that adoption was 'Not nearly as simple as it looks'; that there was a need for 'a full examination of all the circumstances',[12] suggests a more critical attitude. The annual reports of the Adoption Board were summarised in national and local newspapers. Local newspapers reported on meetings of the Adoption Board in their area, which appears to have been designed to raise awareness of adoption and encourage couples to consider adopting a child.[13] In 1966, for example, the *Limerick Leader* claimed that there was an apparent lack of interest in adoption in Limerick compared with Cork. The article suggested that those interested should contact the Limerick Catholic adoption society. 'Once an adoption order is made, the child legally belongs to his new parents and no further enquiries are made by the Board'. This particular article appears to have been effective; when the Adoption Board came to Limerick 12 months later, it reported a 60% increase in the number of adoption orders - a total of 23.[14]

12.16 Although most coverage was positive, some columnists presented questionable statements. In 1959 Fr Lucius McClean, a regular columnist in the *Sunday Independent*, headed his column, 'Is it wise to adopt?'. He was responding to a letter from a couple who were considering adopting a specific baby who would soon be born to an unmarried mother; this adoption was being facilitated by a priest. Fr McClean claimed that many people were 'ready enough to take an orphaned child but would be afraid to take an illegitimate child' - fearing that the parents 'might have been wicked or wayward people' and the child might have inherited tendencies 'that would present problems later'. He advised this couple to review medical advice to see whether there was any prospect of them having a child; if not they should adopt this child, because the priest who was acting as intermediary knew the birth mother and they could be assured that 'despite the fall…she is a good girl and that her child will be more than just physically sound'.[15] Fr James Good of St Anne's Adoption Society took serious issue with this article. In a private letter to Fr McClean he said that 'no reputable adoption worker would commit herself to arrange the adoption of an unborn infant'; the priest mentioned in

[12] *Connacht Tribune*, 29 Nov. 1947.
[13] For example, *Sunday Press*, 6 Dec. 1964; *Limerick Leader*, 22 Jan. 1966.
[14] *Limerick Leader*, 22 Jan. 1966, 21 Jan. 1967.
[15] *Sunday Independent,* 26 July 1959, 18 Aug. 1959.

this article 'presumes far too much and far too often'; he failed to understand that a woman might have second thoughts about adoption following the birth of her child. He criticised the suggestion that would-be adoptive parents should bypass registered adoption societies in favour of private arrangements. Monsignor Barrett, director of the CPRSI, not commonly an ally of Fr Good, shared his concerns; he informed him that Fr McClean had agreed to write an article correcting some of his statements, when he returned from America.[16] Private adoption placements were not illegal in Ireland until the late 1990s but such practices facilitated illegal registrations of births. The family background of adopted children was a major cause of concern to would-be adopters at this time; another article recommended that adoptive parents should not seek information, lest it cause them undue worry and stress. Several articles discussed the possibility that a mother might change her mind and reclaim her child from adoptive parents; the journalists' sympathies appear to be very much with the adopting parents.

12.17 During the 1960s the problem pages of Irish women's magazines and Sunday newspapers emerged as a source of advice/information. Several correspondents claimed that they became pregnant not knowing the full 'facts of life'. A 17-year-old who was raised by adoptive parents, apparently happily, wanted to contact her birth mother, but Angela McNamara dissuaded her 'don't let your curiosity drive you needlessly hurting her now'.[17] A correspondent who had just discovered that she was adopted and was disturbed at learning this and wanted to learn about her parentage was advised that

> Your adoptive parents are truly generous and loving people. You are their much wanted child. Please don't hurt them and be proud of them as they are of you. If questions occur outside, say quite naturally that you are adopted and that information about the circumstances of adoption are not given. This is wise, because when parents give up a child for adoption the situation is thoroughly investigated at the time and what is best for the child is done. So do rest content that the best was done for you.[18]

12.18 Columnist Joan O'Brien told a woman who had been adopted that it was perfectly natural that she was interested in learning about her mother. But she advised that it might prove difficult to trace her mother, and 'meeting her might not be

[16] Cork Diocesan Archives, St Anne's Adoption Society, Box 23.
[17] *Woman's Way,* 20 Jan. 1967; Paul Ryan, *Asking Angela McNamara: an intimate history of Irish lives* (Dublin, 2011).
[18] *Woman's Way*, 17 Sept. 1971.

wonderful. She may have married and had a family, and not want to be faced with evidence of a past mistake. Or she may have had a difficult life and be different from the kind of person you hope she is'.[19] A long article in *Woman's Way* described the case of a couple whose final adoption order was delayed for several hours when the birth mother arrived in the court, though she ultimately agreed to sign the adoption order. [20]

12.19 McNamara advised a pregnant single woman who was under pressure from her parents to marry the father of her child and no longer felt that she loved him, to reconsider her attitude, because 'John was standing by you in your trouble…In marriage you can start anew, and give your child its due - a father, a mother and family life'.[21] Her column in the *Sunday Press* frequently featured letters from young women who were pregnant, and an occasional letter from the father of the 'illegitimate' child, seeking information about facilities for unmarried mothers. She generally referred them to the CPRSI; an inquirer from Cork was referred to the local health authority.[22] These queries in a public medium were new; they confirmed the views of English social workers that Irish women were not aware of what services existed and more information should be provided.

12.20 Many articles relating to unmarried motherhood concentrated on PFI (Pregnant from Ireland) cases. In 1968 Michael Keating described pregnant women who travelled to Britain as 'fugitives from a society they believe to be cold and without understanding and they are fleeing from Ireland's most dangerous weapons - the whispered insinuation and the glance through curtained windows'. This and other articles were part of a wider campaign for government assistance to provide welfare supports for emigrants; single mothers comprised a significant component of the emigrants who needed assistance.[23] Keating suggested that

> The average Irish unmarried mother's ideas of conditions in this country's mother and baby homes are based on out of date rumours and idle gossip. In a recent press article Dorene Reihill[24] mentioned some existing impressions such as 'these places are like jails…the girls are made to work in the fields up

[19] *Woman's View* – formerly *Model Housekeeping*, Dec. 1966. It is not clear from this article whether this referred to a court case or a hearing of the adoption board.
[20] *Woman's Choice Weekly*, 10 Feb. 1970.
[21] *Woman's Way,* 30 June 1964.
[22] *Sunday Press*, 6 Jan. 1966, 9 July 1968.
[23] *Woman's Way*, 19 July 1968.
[24] The Commission has failed to identify this article.

to the time they go into labour', or 'the nuns allow the babies to die at birth because there is nobody to look after them'. These ideas are commonplace.

12.21 The Mother Superior of Bessborough described such descriptions as 'one of the major problems curtailing the spread of our work'. She claimed that many people were not aware of the existence of Irish mother and baby homes. 'For those who have heard of them the image is of young girls almost locked in dungeons or being denounced hourly by the staff for their sins'. However Keating concluded that 'There is rarely some smoke without fire'. He quoted a London-based social worker who 'was disturbed that two girls whom her society had repatriated, returned again to England with alarming stories of conditions in the mother and baby home to which they were sent in Ireland'.[25]

12.22 *Sunday Independent* columnist Brenda Maguire asked:

> how do we treat the child born out of wedlock? …The child born of an illegitimate pregnancy has done no wrong. Yet we treat him as a second class citizen. Why innocent babies should suffer the stigma of ''illegitimacy'' because of the sins of their parents, is a question that merits deep and serious thinking. Surely, there are no ''illegitimate'' babies only ''illegitimate'' parents?

12.23 Maguire's article focused on adoption; she described the positive experiences of a childless couple who had adopted a child. This prompted responses from a number of unmarried mothers. One mother criticises Maguire for describing these babies as 'children whose birth is more an embarrassment than a joy'.[26] In a follow-up column Maguire acknowledged that few would regard adoption as the ideal solution. 'There is something wrong with a society where this is the accepted practice'; it must have 'a traumatic effect on a child to be told one day that he is adopted'. She claimed, incorrectly, that mother and baby homes were run in the main on voluntary contributions and she praised the Sisters who 'do a wonderful and sympathetic job and undertake work that the remainder of society (including the parents, friends and colleagues of the unmarried mother) turn their back on, or refuse responsibility for'. She dismissed complaints from unmarried mothers at having to do housework before and after the birth, pointing out that many pregnant mothers with families 'cook, wash and polish right up to the birth of the baby and

[25] *Woman's Way,* 19 July 1968.
[26] *Sunday Independent*, 9 Feb. 1969.

within a few days after the birth they are back in harness again'. Maguire concluded by noting that

> We all have something to learn from these letters, because whether or not we face up to it, we are all involved…girls become unmarried mothers through weakness, some lack in their upbringing, immaturity, ignorance or sheer misfortune. The climate of opinion might with profit change, so that unmarried mothers and their children are not asked to pay for what is only one of the many mistakes we all make. But self-pity, whatever the reason, and however great the cause, solves nothing at all.

12.24 The *Sunday Independent* published two letters from unmarried mothers to accompany this article. One was from a Protestant woman who had raised her child - now 14 years old. She secured an affiliation order against the father, but only received 12s 6d a week, which was later increased to £1. The second, from a Catholic woman whose child was adopted, was headed 'Call them Baby Factories, Markets'. She asked whether a tolerant society 'forces the unmarried mother to seek "Rescue and Protection" in an institution?' She described a regime of waking up at 6.45 am (6.30 on Sundays and 5.45 after the baby was born). After mass, breakfast, 'a plentiful supply of white bread'; after breakfast, allotted work in laundry, kitchen or convent; 'The only therapy the girls get is the recitation of the aspiration "O Mary by thy pure and immaculate conception, obtain for me purity of body and sanctity of soul" innumerable times each day'. She claimed that most women in the home 'were paid for by the Adoption Board of their county'.[27] These letters appear to be the first occasion when the unmediated voices of single mothers are reported in an Irish national newspaper. A *Seven Days* programme, 'All Our children', broadcast in November 1968 included comments by unmarried mothers on their situation, but these were voiced by an actress. One reviewer of this programme claimed that it was

> a terrible indictment of our approach to the girl who 'gets into trouble'. Our 'solution' is callous, cruel and quite simple. The girl vanishes either to England or behind the walls of an anonymous 'home for Unmarried Mothers'. Tongues wag and heads nod knowingly. The unmarried father goes completely free…And as one girl in the programme put it 'In Ireland it's a sin you pay for all your life'.[28]

[27] *Sunday Independent,* 16 March 1969; the Adoption Board had no role in mother and baby homes; most women were paid for by their local health authority.
[28] *Cork Examiner,* 7 Dec. 1968; *Kerryman*, 7 Dec. 1968.

12.25 The *Irish Times* featured two articles by Cork-based journalist Mary Leland later that year that were prompted by a forthcoming report by the Cork Health Authority about facilities for unmarried mothers in the county. Leland featured the story of a 23-year-old woman who became pregnant as the result of a casual sexual encounter. She continued at work until the final month of her pregnancy, when she was admitted to a mother and baby home that was almost certainly Bessborough. Her employer was willing to pay for her maintenance in a maternity hospital or nursing home of her choice. Leland claimed that this young mother was shocked to discover the large number of women in the home. 'It was the first indication she had that there were many others in her situation'. She claimed that 'the girls were nice to each other…but she liked only three of the nuns' - those who were most closely involved with her during labour and delivery. She was not given any ante-natal instruction about what to expect during labour;[29] she was cared for by a Sister who was a qualified midwife and two 'inmates', and she was given drugs to relieve the labour pains. 'The midwife told her what to expect at each stage, the girls brought her tea and sympathy'. The midwife, assisted by a nurse, delivered the baby. Leland noted that there was not sufficient staff to care for the babies and the mothers, so each mother fed, washed and cared for her own baby until the baby was adopted. The young mother was stunned when her baby was taken away - 'I knew she was being taken to a foster home…but I hadn't expected it so soon…I thought my heart was broken'.[30] A second article described a visit to Bessborough. Leland noted that 'The Reverend Mother is well aware that Bessborough has an unfortunate - she didn't say unpleasant - reputation. But, as she points out, the girls themselves can hardly publish how nice the place is, as in doing so they would reveal their familiarity with it'. Leland acknowledged that many women 'still feel that it is a prison, where their sentence may be of years'. The Mother Superior was concerned that this reputation prevented unmarried mothers from going to Bessborough 'until they are frantic with fear and see it as a place to hide'. Leland described how women were assigned a 'house name', and addresses were set up where post could be sent if the woman wanted to conceal the fact that she was in Bessborough. She corroborated statements made in her previous article, i.e. that the women were not given any information about the labour or birth until they were actually in the labour unit. She spoke to one woman, 'a tall graceful girl of 24', who only learned what facilities were available to her from Angela McNamara's newspaper column. She had planned on going to England

[29] That would have been the norm for all first-time mothers at this time.
[30] *Irish Times*, 6 Aug. 1969.

until she learned of the CPRSI. Her boyfriend had refused to accept that he was the father. 'Her family know nothing of it all; she writes long letters describing non-existent activities. She prefers it that way. Still she has been under terrific mental strain, the high point of which will come shortly, as her baby will soon be adopted'. This mother had bought clothes to dress the baby prior to her going away, 'She dreads it - "it's like death. I can't describe it"'. She would have kept the baby 'if she had had any help at all'.

12.26 Leland noted that the mothers that she met were not bitter, 'they would like to see some social acceptance of the unmarried mother and her child…for them it seems as if society is something from which they are now safely removed'. The Mother Superior would also like to see 'a willingness on the part of parents to accept the girl and her child but feels that this will not come for a long time'. She commented on the fact that the fathers of these babies were free whereas the mothers were 'trapped'.[31]

12.27 Leland's articles prompted several letters in response; one was from the proud adoptive father of three children. A woman took issue with her comment that 'the stringent cleanliness of the whole place indicates the somewhat unpalatable fact that much of the housework is done by the girls themselves'. She pointed out that most married women did all the housework until they gave birth, and often looked after several children as well. One letter came from a single mother who had been in Bessborough and kept her child. Her description of the home as 'a baby factory and a baby market' suggests that she had read the letter in the *Sunday Independent* which was discussed earlier. She described Leland's articles as 'sensitively and very well written'; they had made her see Bessborough in a 'more objective and less horrific light'. When she was there, she was 'on the border of mental breakdown'. She suggested that Leland had failed to confront the question of adoption; 'judging from the remarks of the girls, the pro-adoption brain washing campaign is as effective as ever'. She described adoption as 'akin to capital punishment - it involved the taking of a life'.[32] Leland contacted the Mother Superior before replying to these letters. The Mother Superior confirmed that all women underwent a Wassermann test, but Leland pointed out that the test was obligatory for all pregnant women in England and in the Dublin maternity hospitals,

[31] *Irish Times,* 7 Aug. 1969.
[32] *Irish Times,* 19 Aug. 1969.

though not in Cork. The Mother Superior claimed that most work in the laundry consisted of folding nappies.[33]

12.28 Newspapers and magazines published several articles about mothers who had kept their babies. Angela McNamara while condemning pre-marital sex was supportive of families who assisted a daughter to raise her child within the wider family. In 1969 she featured a letter from the mother of a pregnant, single 19-year old, who wrote about the 'shock and hurt', the fact that 'there would be talk around here if our girl brought the baby home'. She and her husband sought advice as to what they should do. McNamara encouraged them to bring mother and baby home. 'Whenever it is possible for the baby to remain with its mother and become part of the family, this is the most ideal solution'. McNamara cautioned that the entire family should be prepared for comments in the neighbourhood, 'each member of the family must be prepared for these, and must be able to support your move in having the child home', but if they remained calm, 'the gossip will die down, and in fact people will admire you'.[34] A woman who had apparently written to Angela McNamara when she was pregnant, intending to place her child for adoption, had changed her mind and was now asking for information about day nurseries where she could place her child during working hours.[35] Joan O'Brien published a letter from a single woman with her own home, who had gone through her pregnancy alone 'because my relatives were all against me'. She brought her baby home from hospital but he later died. O'Brien commended her for her courage in living 'as an unmarried mother to be in the place where you always lived', and she referred to the probability that a single mother and her child might be 'the object of unkind comment in the neighbourhood'.[36]

12.29 Journalist Ella Shanahan described the pregnant unmarried Irish 'girl' as 'one of the loneliest people in any community anywhere in the world'. She claimed that the 'awful stigma' attaching to unmarried mothers was 'a peculiarly Irish phenomenon'; she compared it to the inhumane attitude shown towards young girls raped by soldiers during the war in Bangladesh. At a time when she was most in need of assistance and sympathy the unmarried mother 'finds herself bereft of parents, former friends and neighbours, and dogged by financial and material worries'. She claimed that attitudes were changing

[33] *Irish Times*, 20 Aug. 1969.
[34] *Sunday Press,* 6 April 1969.
[35] *Woman's Way*, 23 Oct. 1970.
[36] *Woman's View*, 10 Jan. 1967.

> Being unmarried and pregnant no longer means that a girl must incur the wrath of her family and the sly and vicious talk of neighbours. It no longer means that she must enter into an unworkable marriage, doomed from the start or that she must take the first boat to England. Girls who find themselves in this unfortunate position can now have their babies quietly and confidentially at home in Ireland, and return to their homes and jobs within a short time, and no-one save a social worker and one or two other strangers need ever know.

12.30 She emphasised that services for unmarried mothers had improved,[37] - but Shanahan presumed that the baby would be adopted.

Social Research, Policy, Changing Attitudes and Provisions

12.31 The late 1960s was marked by a rise in pre-marital and extra-marital sex throughout the western world. The three books cited below all have chapters with 'sexual revolution' in their titles. The sexual revolution is generally associated with the availability of the contraceptive pill, though the evidence from the United States, Britain and Australia suggests that the relationship between the two was complex. Hera Cook, writing about Britain, comments that: 'The pace of change in the second half of the 1960s was astonishing. By the late 1960s, many of those who wanted a new sexual morality felt able to talk openly about wanting sex before (and a different approach after marriage)'. She notes that 'From 1965 to 1969, there was a transformation of sexual mores. This happened as a result of supplying contraception to women publicly and solely for the purpose of sexual pleasure, indeed explicitly to prevent reproduction'.[38] In Australia a growing number of unmarried couples were living together by the early 1970s and public disapproval of such arrangements was declining.[39] In the United States there was increasing sexual activity among single women, though the early adopters of the pill were overwhelmingly married women.[40] In Ireland access to contraception was prohibited under the *Criminal Law Amendment Act 1935*, though the contraceptive pill became available in 1963/4 as a means of regulating a woman's menstrual cycle. Despite the prohibition on contraception, a family planning clinic opened in Dublin in 1969; by the early 1970s condoms were being imported and distributed in

[37] *Cork Examiner,* 10 Oct. 1973.
[38] Hera Cook, *The long sexual revolution, English women, sex, and contraception 1800-1975*, (Oxford, 2004), pp. 292, 295.
[39] Frank Bongiorno, *The sex lives of Australians, A history*,(Collingwood, Victoria, 2012), chapter 8, Sexual revolution', pp 222-58
[40] Elaine Tyler May, *America + the pill*, (New York, 2010), pp 71-91.

Ireland by mail order. In 1974 the Irish Family Planning Association clinic at Synge Street reported that 43% of their clients were unmarried and 53% were under twenty-four years.[41] A survey by Emer Philbin Bowman of the women attending this clinic suggested that while three out of five single women were planning to marry in the near future, two out of five had no such plans. While the proportion of single women who were sexually active was rising, it was lower than in Britain or the United States, and the age of first intercourse was higher. She concluded that Ireland was experiencing - albeit more slowly - the changes in sexual behaviour found elsewhere, and lack of access to contraception was not a deterrent. Most of these women were well-educated and from middle-class backgrounds, and all but 6% were sexually experienced, and indeed they had been sexually active for an average of 2.2 years before coming to the clinic. By 1975 almost half of the clients attending this family planning clinic were single women, but opinion polls showed that 20% of respondents and only 21% of young married women were in favour of contraceptives being available to single people.[42] Between 1968 and 1979 the number of 'illegitimate' births in Ireland more than doubled from 1,558 to 3,331. The *Health (Family Planning Act) 1979* made it legal to supply contraceptives 'for the purpose, bona fide, of family planning', which was generally assumed to limit access to married couples, though that was not explicitly stated. Access to contraception did not become widely-available in Ireland until the enactment of the *Health (Family Planning), (Amendment) Act 1985*.

12.32 The late 1960s brought changes with respect to unmarried mothers and their children. Forty mother and baby homes in Britain closed in the late 1960s (English homes tended to be much smaller than those in Ireland). The numbers of babies being adopted in Britain peaked in the mid-1960s, so trends in Ireland were not out of line, though the proportion of Irish women in mother and baby homes and the proportion of 'illegitimate' children who were adopted were much higher in Ireland. In 1973 Britain's National Council for the Unmarried Mother and her Child (NCUMC) changed its name to the National Council for One-Parent Families, and expanded its remit to include all single-parent families such as separated or divorced women and men. These changes were in response to pressure from public opinion and parents who contacted them.[43] It was also consistent with the British government's appointment of a committee to investigate the problems

[41] *Irish Independent* 8 April 1974
[42] Emer Philbin Bowman, 'Sexual and contraceptive attitudes and behaviour of single attenders at a Dublin family planning clinic, *Journal of Biosocial Science*, 1977, no. 9, pp 427-45.
[43] Thane & Evans, *Sinners? Scroungers? Saints?* pp 4, 131.

facing one-parent families - the Finer Committee was appointed in 1969; it reported in 1975.[44] This practice of seeing unmarried mothers and their children as part of a wider community of one-parent families became a common feature in the policy and practice of social work in many western European countries though unmarried mothers 'continued to be the most seriously disadvantaged lone parents'.[45] In Ireland unmarried mothers continued to be seen as a distinct category until almost the end of the century. By the late 1960s, 90% of 'illegitimate' children born in Ireland were placed for adoption; the next highest rate in Europe was 35% (the country is not stated, it would appear to have been either Britain or Sweden). In Denmark, 93% of unmarried mothers kept their babies and fewer than 7% were adopted.[46] However Ireland was changing. Fr Gabriel Colleran, chaplain of the CPRSI, claimed that 60% of the women who contacted the CPRSI in 1969 had informed their parents, and they were supportive;[47] but 40% of parents were either unaware of their daughter's pregnancy or unsupportive. The birth rate to unmarried women was rising, as was the number who gave birth outside mother and baby homes.

12.33 There was a 50% increase in the number of unmarried mothers giving birth in Holles Street between 1966 and 1971; almost a quarter of the mothers (24%) were 18 years or younger.[48] In 1969, 27.8% of Irish unmarried mothers gave birth in the three Dublin maternity hospitals. When interviewed by officials in the Department of Health, the chief social worker in the Rotunda said that unmarried women who gave birth in the Rotunda 'were encouraged to wear wedding rings, receive male visitors if possible during husbands' visiting time, and generally to give the impression toward mates that they are married…..A disturbing feature in 1970 was the development of co-habitation'.[49]

12.34 A profile by Dr Declan Meagher of 400 consecutive unmarried mothers who gave birth in Holles Street highlighted the increased medical hazards of 'illegitimate births'. The health of a new-born baby was strongly linked to maternal health and the quality of ante-natal care. Most women who became pregnant while

[44] Benjamin Schlesinger, 'One parent families in Great Britain' in *The Family Coordinator*, vol. 26, no. 2 (April 1977), pp 139-41.
[45] Thane & Evans, *Sinners? Scroungers? Saints?* p. 4.
[46] Dermot Walsh (ed.), *The unmarried mother in the Irish community: A report on the National Conference on Community services for the unmarried parent* (Kilkenny Social Services, 1972), pp 13-4.
[47] *Irish Independent*, 23 Nov. 1970.
[48] *Irish Times,* 17 Feb. 1972.
[49] Department of Health INACT/INA/ 0/448171

unmarried, married before giving birth.[50] Over 50% of the unmarried mothers who gave birth in Holles Street had received no ante-natal care until the final month of their pregnancy; 17% first received care when in labour. Many complications of pregnancy, including some serious complications, were significantly higher among the 400 unmarried mothers than the hospital average. Hypoxia - interference with oxygen supply to the baby, which put infants at risk of death or brain damage - affected 20% of the unmarried mothers. The incidence of anaemia - a reflection of social disadvantage, and a failure to be prescribed iron tablets, which was standard practice in the hospital's ante-natal clinics - was twice as common among unmarried mothers. These additional risks reflected the financial and social stress of a pregnancy outside marriage. A failure to attend ante-natal clinics meant that blood pressure and the development of the foetus could not be monitored. Doctors often lacked accurate information on gestation date, which meant that it was more difficult to identify infants at risk from failure to grow in utero. The greater risks were not unique to Ireland. In Finland in the 1980s, despite a high incidence of cohabitation and social tolerance of pregnancy outside marriage, there was a 45% difference in the rate of 'small for gestational age', a 17.5% difference in the rate of preterm birth and a 26% difference in the incidence of babies weighing less than 2.5kg, approximately 5 lbs. at birth.[51]

12.35 Seventy per cent of the unmarried mothers in the Holles Street study held service jobs, 20% were unemployed and the remainder were still at school. Many came from disadvantaged families; some were the children of single mothers. Single mothers from more privileged family backgrounds probably gave birth in private nursing homes. Dr Meagher claimed that there was 'an over-representation of girls who have themselves been illegitimate and who have grown up in the emotionally sterile, unisexual atmosphere of an institution and who are thrown at an early age into a world of whose complexities and subtleties they have learned little'; he described these women as 'clearly vulnerable, emotionally, intellectually and otherwise'. He suggested that the inadequate medical care received by unmarried mothers reflected their sense of shame, which made them reluctant to attend ante-natal clinics. As long as Irish society condemned unmarried mothers it made it more difficult for them to seek medical care. Impressionistic evidence suggested that many of their infants failed to thrive; they had a higher incidence of infection

[50] Walsh (ed.), *The unmarried mother in the Irish community*, pp 15-21.
[51] Kaisa Raatikainen,Nonna Heiskanen, Seppo Heinonen, 'Marriage still protects pregnancy' in *British Journal of Obstetrics and Gynaecology*, v. 112, issue 10 (Oct. 2005), pp 1411-16. Information supplied by Dr Patricia Crowley, Fellow of the Royal College of Obstetricians and Gynaecologists.

and remained physically backward until placed for adoption. Children who failed to thrive were not placed for adoption; they were retained in institutions, which meant that they continued to fail to thrive. He claimed that there was discrimination against adopting children who were handicapped. Unmarried mothers also had a poor standard of post-partum care; many failed to return to the hospital for a check-up. He recommended that the government should pay a special maternity grant to single mothers at an earlier stage in pregnancy to encourage them to enrol for ante-natal care.[52]

12.36 The *Reformatory and Industrial Schools Systems Report 1970* (commonly known as the Kennedy Report) noted that a high proportion of children in industrial schools were the children of unmarried mothers. 'Traditionally a stigma attached to the unmarried mother at various levels - family, neighbourhood, official - which made it extremely difficult for her to keep her child. Financial and housing difficulties added to the problem'. The report suggested that there was a trend 'towards a softening of this attitude in recent years. The unmarried mother now meets with more sympathy and understanding than was once the case and everything possible should be done to encourage this trend'. The 'first pre-requisite', was 'sympathetic advice and help' from the welfare authorities and voluntary organisations.

> The object should be to help the mother to keep her child if at all possible. The alternatives available should be explained and sufficient time given to enable her to consider the problem fully.
>
> Adequate benefits should be available to enable unmarried mothers to keep their child. Support should include housing, providing day nurseries and other facilities to enable her to work, if she wished…
>
> A sympathetic and helpful approach to all problems is essential and any hint of discrimination on the part of authorities, organisations or individuals must be rigorously avoided. Social workers should be on hand to provide mothers with advice and support.[53]

12.37 Ireland was extremely late in developing a cohort of professionally-educated social workers, because many of the institutions and agencies that cared for deprived children, adults with special needs and unmarried mothers were run by voluntary organisations, whose staff commonly lacked professional training. The censuses

[52] *The unmarried mother in the Irish community*, p. 35.
[53] *Kennedy Report*, Illegitimate children, paragraphs 9.10 and 9.11.

in 1961 and 1966 list 'social welfare worker' as an occupation, but most of those included under that heading were probably home assistance officers and senior home assistance officers. The first census to list 'social worker' as an occupation was 1971; there were 831 social workers - 476 men and 355 women.[54] The Irish Association of Social Workers was established that year.[55] In the 1981 census the numbers had more than quadrupled to 3,680 and a majority - 2,004 - were women.

12.38 The Dublin maternity hospitals had employed almoners/social workers for many years. During the 1960s there is evidence of greater interaction by these social workers with unmarried mothers. In the year 1966/67 a social worker was appointed to Pelletstown (see Chapter 13). Kilkenny and Limerick established social service councils - partnerships between the Catholic church, voluntary organisations and the local health authorities. The 1969 report of the Limerick social service council noted that

> Since 1965 a professional casework service was available to multi-problem families throughout the city, and during 1967 was intensified in St John's Parish. Voluntary workers were recruited, assessed and trained. They worked in St John's Parish under the direction of the social welfare workers, especially to help the mothers of underprivileged families…Casefiles were opened and classified under the following headlines: Itinerants, men of non-fixed-abode, adoption, unemployed and its consequences, marital problems, alcoholism, mental and physical handicap, childcare, housing and unmarried mothers.

12.39 This service was funded by the Catholic diocese of Limerick; its bishop, Jeremiah Newman, had both an interest and expertise in applied sociology.[56] The *Health Act 1970* created regional health boards in place of county-based services, which facilitated the appointment of specialist child-care professionals and social workers. By 1971 the Eastern Health Board, which covered Dublin and surrounding area, employed three children's officers (who were mainly nurses) and

[54] It is unlikely that these were all professionally qualified social workers. The first social worker in the statutory health services was employed by the Dublin Health Authority in 1966; by 1971, its successor, the Eastern Health Board, had 11 'social workers' but they were not all professionally qualified. The first professional qualification for social workers in Ireland was introduced in 1968; see *Report into the Catholic Archdiocese of Dublin* 2009, page 108. http://www.justice.ie/en/JELR/DACOI%20Part%201.pdf/Files/DACOI%20Part%201.pdf

[55] Caroline Skehill, *History of the present of child protection and welfare social work in Ireland* (Lampeter, 2004), p. 103.

[56] *Limerick Leader*, 29 Nov.1969

several social workers (as noted above, not all were professionally qualified); one social worker was based permanently in Pelletstown.[57]

12.40 In 1972 Fr Colleran, who had succeeded Fr Barrett as director of the CPRSI, contacted the Department of Health to inquire about the arrangements with regional health boards for dealing with unmarried mothers, and the need to ensure confidentiality. His request was prompted by the experiences of two women who had been admitted to Pelletstown. One, a native of Leitrim, had contacted the CPRSI the previous autumn, 'in a very upset state'. She was determined that no family member should learn of her pregnancy. The CPRSI arranged that she would be admitted to Pelletstown and they would arrange for her baby's adoption. Some days before her baby was to be placed, an official from the North Western Health Board rang the CPRSI and informed them that he had arranged adoptive parents for the Leitrim woman's baby. He also phoned the mother in Pelletstown - she was shocked by the call, as they were acquainted, and he wished to place her baby with a Leitrim couple. This man made a similar intervention in another Leitrim pregnancy. In the latter case the woman was told that the health board would pay for her maintenance only if they placed her baby for adoption. The CEO of the North Western Health Board explained that the particular official was intervening in matters 'outside his bailiwick'; this man believed that 'anything anybody could do in regard to adoption he could do better'. The CEO promised that this would not recur. In response to a query from the Department of Health to all the health boards, prompted by these events, the CEO of the Western Health Board explained that a code number was used for each mother when paying bills in mother and baby homes. Enquiries were limited to determining that the mother lived within the Western Health Board area; individual files were under lock and key. Another health board explained that they automatically acquiesced in any requests from CPRSI to sanction admission to a home, without seeking the woman's name.[58] In the 1970s the Mother Superior in Bessborough claimed that the greater concern for confidentiality created difficulties in billing health boards and some health boards had refused to pay for a patient.[59]

12.41 From the early 1970s social workers attached to the regional health boards assumed a greater responsibility for unmarried mothers in their area. They

[57] *Sunday Independent*, 10 Jan. 1971
[58] Department of Health HPO/INA/O/425641
[59] Department of Health, INACT/INA/0/538770.

informed women about their social welfare entitlements and options; arranged their admission to a mother and baby homes if that was the woman's wish; visited her while she was in the home, and they outlined future arrangements for mother and baby. Evidence given to the Commission relating to Pelletstown and Dunboyne confirmed that social workers attached to the regional health boards paid regular visits to women in mother and baby homes, who were supported by that particular health board. Visits were also made by social workers attached to charitable organisations such as the CPRSI. These regular visits by social workers changed the culture of mother and baby homes.[60] Women who were undecided as to their future and that of their child had access to a professional social worker, who might suggest alternatives to those presented by the Sisters in the home. Health board social workers co-operated with voluntary agencies, which were beginning to employ professional social workers. In 1973 there were four agencies in the Cork-Kerry region working with unmarried mothers, all employed trained social workers. Two were voluntary agencies; two were run by the Southern Health Board. One of their goals was to dissuade women from travelling to England.[61] In 1973 the Southern Health Board published a brochure, written by social workers, listing the services for unmarried mothers in that area; this ready access to information reflected a major cultural change from past secrecy.

12.42 In 1967 Mary Frances Creegan, author of a master's thesis on unmarried mothers in Pelletstown, suggested that 'illegitimacy' and unmarried motherhood constituted 'a source of strain in the society as a whole'. The only solution was 'to work to change the attitude of society… If the mother decides to keep the child while remaining unmarried she may be faced with years of struggle and difficulty in an attempt to bring up a child without the support of a husband or family'. She noted that in Britain there was a trend from institutional to community care for unmarried mothers but in Ireland 'as yet' no alternative existed 'for mothers who cannot remain at home…but efforts are being made'. She was referring to a family placement service established by the Irish Dominican priest and UCD political philosopher Fergal O'Connor that was later known as Ally. Creegan highlighted two issues: the need to change social attitudes so that pregnant single women and unmarried mothers could live in the community, ideally without feeling a need to conceal their status, and providing pregnant single women with an alternative to a mother and baby home. The 1968 report of the Rotunda Hospital stated that the

[60] Based on evidence given by the Good Shepherd Sisters and by social worker.
[61] *Cork Examiner*, 10 Oct. 1973.

Rotunda was using Fr O'Connor's scheme. The social worker also noted that an increasing number of single mothers were keeping their babies - '(almost all want to)'. Those who did not have family support faced major difficulties - the greatest being lack of suitable housing, the inadequate level of home assistance and the low maximum payment that could be secured from putative fathers.[62] Twenty of the 98 unmarried pregnant women who attended the Coombe in 1968 married the father of their child, either before or after the birth.[63]

12.43 In 1971 the Irish magazine *This Week* carried a cover story about 'illegitimate' pregnancies. It suggested that women who entered Pelletstown 'encounter, successively, professional compassion, adequate care for self and infant a minimum three-month period of protection from Society's stigma and finally a bruising emotional encounter with the harsh realities of unmarried parenthood in Ireland'. This article suggested that before the birth of their child 'local authority and Department function effectively even kindly'. Women had a range of options, but these options 'taper off following the birth, forcing mothers into adoption'.[64]

Kilkenny Conference

12.44 The article in *This Week* was almost certainly prompted by a major conference in Kilkenny on 'Community Services for the unmarried parent': the first conference on this topic in Ireland. The event was organised by Kilkenny Social Services, a consortium of voluntary social services in the city and county, initiated by the Catholic Bishop of Ossory, Peter Birch. An undated document in the files of the Department of Health, which was probably written in 1972/3, states that a group of people interested in unmarried mothers had begun to meet in the Dominican Priory in Dominick Street approximately six or seven years earlier (presumably with the support and involvement of UCD lecturer and a member of the community, Fergal O'Connor) and they came up with the idea of establishing an Irish National Council for the Unmarried Mother and her Child. The Kilkenny conference was designed as part of that process.[65] Newspaper articles suggest that the conference was instigated by Fergal O'Connor and others who were keen to develop alternatives to mother and baby homes and adoption. They invited Margaret Bramall of the

[62] Clinical Report of the Rotunda Hospital, 1968, p. 77.
[63] Clinical Report of the Coombe Hospital, 1968, p. 74.
[64] *This Week,* 12 Feb. 1971.
[65] Department of Health HPO/INA/O/425641 425641

NCUMC to speak in Dublin in the summer of 1970.[66] Many of those involved were professionally-trained social workers.

12.45 The agenda for the Kilkenny conference was largely based on the Council of Europe's resolution on *Social Protection of Unmarried Mothers and their Children*, which was published in May 1970.[67] It set out a series of recommendations with respect to medical and social care, employment and housing facilities. Among other things, member states were asked to stimulate a greater comprehension in society of the problems faced by unmarried mothers and their children and to bring about 'the use of non-discriminatory terminology with regard to the mother and children in question'. The non-discriminatory language is evident in the title of the Kilkenny conference - 'unmarried parents'; however the report of the conference proceedings used 'unmarried mother' in the title.

12.46 The Council of Europe's resolution expanded on paragraph 17 of the European Social Charter (which had been agreed in 1961) which set out the rights of mothers and children to appropriate social and economic protection irrespective of marital status and family relations.[68] The underlying premise was that the health, satisfactory upbringing and the future of every child was dependent on the capacity of a mother to provide her child with 'a welcoming home and…the social and psychological situation created by society'. The Council of Europe's resolution highlighted the importance of appropriate social and medical care during pregnancy to reduce the high rates of stillbirth and infant mortality. It was opposed to segregating unmarried mothers and children, suggesting that social workers should not deal exclusively with them. It set out recommendations that member states should adopt: providing comprehensive information about the medical and social services available to unmarried mothers; health care and social and psychological supports during and after pregnancy; supporting a mother in retaining her job and facilitating access to vocational training following the birth of her child; temporary housing during pregnancy; assistance in finding suitable housing for mother and child, plus day nurseries and other facilities; a guarantee that single mothers and children had access to the same benefits as other families; assistance in establishing paternity and securing maintenance from the father of her child. Psychiatrist Dermot Walsh, who edited the proceedings of the Kilkenny

[66] *This Week*, 12 Feb. 1971.
[67] https://rm.coe.int/native/09000016804c3355
[68] https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168006b642

conference, noted that the Council of Europe document 'hardly mentions adoption'.[69]

12.47 The Kilkenny conference was attended by 161 women and men from all the major state and voluntary organisations involved with unmarried mothers and their children. No unmarried mother was present. A pencilled note by Miss Clandillon recorded that 43 attendees came from health authorities, six from government departments, two from the Dublin Corporation housing and welfare unit. The remainder were attached to social service and welfare agencies operated by the Catholic and Protestant churches; social workers attached to hospitals or working in the community; representatives of mother and baby homes, adoption societies, and agencies working with children, marriage counselling and related services. More than a quarter of those present - 42 - were religious Sisters; evidence of their greater freedom post-Vatican II.

12.48 The opening session was chaired by Dr McAdoo, Church of Ireland Bishop of Ossory, Ferns and Leighlin; the second session was chaired by Dr Birch, the Catholic Bishop of Ossory. The opening speech, by Minister for Health and Tánaiste Erskine Childers, adopted a conservative tone. He began by suggesting that 'the unchristian attitude often encountered towards the unmarried mother…stemmed from the traditionally high regard for the sanctity of marriage'. He warned 'against the danger of double-thinking by expecting Irish communities to have the highest regard for the sanctity of marriage, and, on the other hand, to accept without qualms procreation outside of marriage'. Parents and neighbours should display 'a Christian response' to unmarried mothers. He praised the 'excellent work' of mother and baby homes, suggesting that in addition to medical care appropriate for a normal birth they provided 'a range of social services including counselling for the girls and placement of the babies'. He described medical services for unmarried mothers as adequate but acknowledged that social services should be improved. There was also a need to provide advice and information to prospective unmarried mothers, and it was vital that those providing information and advice should respect the need for confidentially. There was 'an obligation to give the mother a real choice' between keeping the baby or placing it with foster parents or for adoption. He asked whether the special difficulties facing mother and child and the lack of financial or social support justified the existing

[69] *The unmarried mother in the Irish community*, p. 11.

tendency to favour adoption. However he did not indicate any plans to provide mothers with financial support to enable them to keep the baby.[70]

12.49 One of the most important speeches was given by Margaret Bramall of the NCUMC. She described the experiences of unmarried mothers in Britain and in Scandinavia; she claimed that Scandinavia offered the best support for unmarried parents. Bramhall expressed the opinion that the high proportion of single mothers who agreed to adoption reflected 'the punitive attitude of society', although the number placed for adoption in Britain was falling. She claimed that most single women in the UK who became pregnant continued to feel 'fear, guilt and shame, and suffer deeply because of the grief they feel their families will undergo'; 'we still have not attained the situation where one can honestly say that any mother who wishes to do so can bring up her child rather than have him adopted'. She highlighted the importance of social attitudes to an unmarried mother - 'unless society is accepting of her and willing to treat her as an ordinary citizen worthy of dignity and tolerance, the very services that are needed will never be provided because if state or local authorities are to make provision for a minority group there needs to be a firm public opinion'.

12.50 Minister Childers made several references to the importance of confidentiality, whereas Bramhall was determined to puncture the 'aura of secrecy'. She echoed the Council of Europe's resolution which advised against segregating unmarried mothers because, 'it isolates and diminishes the status of the mother and makes it less likely that society will accept her'. Segregating services for unmarried mothers prevented agencies from comparing married and unmarried women and consequently they had too high expectations of single mothers. She noted that single mothers were expected to behave in a different manner to other mothers - 'in some countries it is almost accepted as normal that they should part from their children for adoption, even though this can be a tragic bereavement from which they may never recover'. The churches continued to provide services for unmarried mothers in Britain; Bramall suggested that there might be disadvantages in concentrating these services in religious organisations, especially as 'the problem is related to the moral attitudes of society to religious organisations in a country where lay statutory workers are the general rule'. She told the conference that it was important to foster independence among single mothers; if the mothers

[70] Department of Health INACT/INA/ 0/448171

and children were hidden away 'we shall never get society to accept them or to appreciate their problems'. She welcomed the proposal in the Council of Europe's resolution that the state should guarantee a regular maintenance payment to all one-parent families. The senior assistance officer of the Dublin Health Authority supported Bramall's suggestion that public services for single mothers should form part of wider services for widows, deserted wives and families.[71]

12.51 During the course of his address to the conference, Fr Colleran, chaplain to the CPRSI, criticised the family placement service operated by Fr Fergal O'Connor. He suggested that it might fail to protect the secrecy of pregnant women and the women might receive unprofessional advice from a host family. He even suggested that some marriages might be threatened because the husband could become emotionally involved with their house guest.[72] This aspect of his speech was criticised in the media.[73] The conference discussed the merits of small family group homes, 'in preference to the large impersonal institution which had been only too common a feature of services in the past'. The Mother Superior in Bessborough spoke of seeing large impersonal homes in the United States, a description that may also be applied to Bessborough though she did not say this. She claimed that it was unrealistic to condemn mother and baby homes when no alterative existed and Irish society remained hostile to unmarried mothers.[74]

12.52 Several speakers indicated their remorse and the need to improve on past treatment of unmarried mothers. Bishop Birch suggested that Irish society had lacked the social and moral responsibility to ensure that unmarried mothers and children were brought up in suitable environments. He claimed that the children of unmarried mothers, lacking affection, became unmarried mothers.[75] The conference heard from Dr Declan Meagher (whose paper was summarised above), and from psychiatrist Dr Dermot Walsh, who highlighted the fact that mental health care was an important part of medical care for unmarried mothers. Many single women who became pregnant required specialist psychiatric treatment. They suffered from depression; 'a period of intense rejection, rejection of above all herself and very often of the father of the child, and perhaps rejection of the baby'.

[71] *Sunday Press*, 29 Nov. 1970.
[72] *Sunday Press*, 29 Nov. 1970.
[73] *Irish Press,* 1 Dec. 1970.
[74] *The unmarried mother in the Irish community*, pp, 7, 28.
[75] *The unmarried mother in the Irish community*, pp 9-10.

Unmarried mothers were, 'inevitably' at greater risk of psychological disturbance than the general population. Dr Walsh suggested that in mother and baby homes,

> where large numbers of pregnant girls and young infants live together under the same roof, a great deal of emotional damage and trauma can be effected, as the tensions which each girl at this particular time holds within herself tend to overflow onto the others and in doing so to build up large resonating waves of disturbance and turbulence.

He highlighted the damage to the children of unmarried mothers resulting from institutional care, and the importance of early adoption to prevent the damage from the 'mass environment' of mother and baby homes.[76]

12.53 The report of the conference, which was edited by Dr Walsh, stated that 'the conference expressed the opinion that it was a fundamental human right that a mother should be given all assistance to keep her child'; the state had a responsibility to ensure that she had the social and financial support that would enable her to do so. The senior assistance officer of the Dublin Health Authority suggested that a single mother and her child constituted a family, one that required greater support than a two-parent family.[77] The concept of civil rights - which was extensively deployed at the time in relation to Northern Ireland - also cropped up. Dr Walsh noted that Irish society provided 'absolutely no assistance' to enable the unmarried mother to exercise her fundamental human right - that of keeping her child; deserted and unsupported wives, widows and prisoners' wives were also treated as second-class citizens.

> One single deficiency emerged more indelibly than another. It was that we in Ireland offer little real alternative to adoption and that in doing so we violate the basic human right enshrined in the Council of Europe document that the mother has a right to retain her child and that that right must be supported and fostered by the provision of services to make it possible.[78]

12.54 The report of the conference highlighted the need to stimulate:

> modern mass communication media…to make public opinion aware of the problems of unmarried mothers and their children and to seek to obtain a greater comprehension of those problems by society, with a view to doing

[76] *The unmarried mother in the Irish community* pp 18, 20-1, 37
[77] *The unmarried mother in the Irish community*, pp 5-6.
[78] *The unmarried mother in the Irish community*, pp 11, 51-2.

away with prejudice against them and to securing their acceptance on an equal footing with other families'.[79]

12.55 The conference attracted extensive media coverage including a number of supportive editorials. The *Irish Independent*, echoing the 1916 Proclamation, noted that 'the State has a duty to cherish all its children equally and while insisting on the marital family as the basic unit in society it was not entitled to ignore the unmarried mother and her child'.[80]

12.56 One of the underlying motivations for the Kilkenny conference was to establish an Irish equivalent to the NCUMC; a single organisation with representation from all parties involved in providing for single mothers and their children. The idea was proposed by the prescient Alice Litster in the 1940s; (see chapter 5) it featured among the demands made by the Irish Women's Liberation Movement (IWLM) in their manifesto *Chains or Change*. The IWLM claimed that 'The unmarried mother who keeps her child does not officially exist as a class as far as this State is concerned. It is time she was recognised'. They called for a central organisation to 'help and rehabilitate the unmarried mother', and advise her on practical and financial matters, 'encourage her to keep her child if she so wishes'; assist her in finding housing, employment and crèches and engage in a programme of public education to improve public attitudes towards unmarried mothers.[81] Bramall alluded to this proposal in her speech, as did Minister Childers, who said that he would welcome such an organisation and gave a commitment of Department of Health assistance.

12.57 The proposed Irish national council for unmarried mothers would be lay-controlled, and non-denominational. It would act as a publicity/referral agency; press for statutory provision to enable mothers to keep their child, including financial support and housing, and conduct research into single motherhood. The conference failed to reach a decision on establishing a national organisation, perhaps because Bishop Birch and the Bishop of Kerry, Eamonn Casey, expressed reservations.[82] Both men were influential; Bishop Birch was the founder of Kilkenny Social Services, and Bishop Casey had worked closely with single mothers in London. Bishop Birch suggested that if a national council was established, it was important

[79] This comes directly from the Council of Europe resolution.
[80] *Irish Independent*, 28 Nov. 1970.
[81] Published March 1970.
[82] *Irish Press*, 25 Jan. 1971.

that shy unmarried mothers from rural areas were not excluded; he believed that they would be more inclined to seek assistance from someone known to them. Yet evidence presented elsewhere in the Commission's report, and in this chapter, suggests that many women sought assistance far from their home to protect their privacy. Bishop Birch feared that the proposed council would be 'another, cold impersonal efficient Dublin group dictating to the whole country'. Bishop Casey was dubious about the proposal, and his views carried some weight, given that he had been a member of NCUMC while in Britain. He believed that unmarried mothers should be looked after as part of wider provisions for families in need, rather than being segregated.[83]

12.58 The Archbishop of Dublin, Dr McQuaid, opposed the formation of a non-denominational organisation under lay leadership. Fr Barrett, the long-time director of the Dublin archdiocese's Catholic Social Service Conference and the CPRSI, alleged that, although the Kilkenny conference 'purported' to examine the Council of Europe's recommendations, the main agenda item was a proposal to establish an Irish variant of the NCUMC. He described the conference as 'non-denominational'; there were many Protestants in attendance; 'at least two of the main speakers were agnostic'. One panel contained no member of a Catholic voluntary society. The proposal for a national council was 'conceived by people who, though well-meaning, certainly lack adequate experience and would appear to have ultimate objectives differing substantially from those of the Catholic agencies'; the Archbishop of Dublin was not consulted before the conference. Fr Barrett rejected claims that a publicity/referral agency was needed; the CPRSI, doctors, priests and 'women's journals' provided adequate information. Working with unmarried mothers demanded 'the highest degree of prudence and confidentiality…over-publicity could very well damage the work by robbing it at the onset of the quiet, controlled and discreet manner in which the good and balanced worker tries to carry it out'. This put him in direct conflict with those who believed that publicising unmarried motherhood would help to remove stigma and prejudice.

12.59 Fr Barrett expressed fears that the role of publicising services for unmarried mothers would be 'handed over to or taken over by a non-denominational body that could not be controlled by the Church and would scarcely show sensitiveness towards our attitudes'. This agency would 'exercise a very powerful influence on

[83] *Irish Times*, 16 Feb. 1972.

the activities of all voluntary agencies in this field, by simply not using those of which it did not approve'. A lay, non-denominational organisation would have 'serious implications for the spiritual and moral welfare of our Catholic unmarried mothers'. It would have no interest in their 'spiritual rehabilitation'; there was no guarantee that Catholic social workers would be made responsible for Catholic mothers. He claimed that the proposal revealed an

> utter lack of understanding of the nature of the unmarried mother's problems. Neglect of her religious duties - Mass, the Sacraments and prayer - is very often the cause of her fall. Repair of that neglect contributes very much towards her rehabilitation.

12.60 He echoed Fr Colleran's opposition to family placements because they might discourage women from entering mother and baby homes. He queried the proposal that single mothers should be provided with an allowance and housing to enable them to raise their children. If the number of mothers who were keeping their child was increasing (and he had no statistics on the subject), he believed that this reflected greater willingness by parents to accept their daughter and her child into the family home, though he conceded that the numbers who did so remained small. He acknowledged that some women came under parental pressure to place their baby for adoption. Parents justified their refusal to permit their daughter to return home with her infant by referring to the 'family reputation, their daughter's future, the interests of their other children'. He believed that most mothers readily consented to their child's adoption at six months; most of those who withdrew consent were marrying the child's father. Providing an unmarried mother with the necessary support to enable her to raise her child was 'not a panacea'. Few women wanted to live independently with their child. An unmarried mother and her child would be unable to survive on an allowance equivalent to that given to widows and deserted wives; giving them a higher allowance would raise an outcry, as would allocating public housing to single mothers given the long waiting lists for local authority housing. He claimed that 'any experienced social worker will agree that these cases are exceptionally difficult to support through to ultimate success'. Fr Barrett expressed the opinion that unmarried mothers were 'in some instances at least, unstable, perhaps even in need of psychiatric care'; their children showed 'signs of deprivation' by pre-school age. A mother's right to her child 'derives from her duties to her child'; if she was unable to provide 'a normal upbringing' the child should be adopted.

12.61 Fr Barrett further claimed that the CPRSI had been providing financial assistance to unmarried mothers who were raising their children for some years - supplementing their wages or home assistance, but these arrangements were not successful. Mother and child missed the support of a father/husband, and 'whether she started with a high-minded sense of duty…or a more emotional and natural, but often in effect selfish, reluctance to part with her child' in time the mother found herself unable to cope.[84] There is no indication as to the number of mothers who were assisted by the CPRSI to keep their children. Its annual report for 1969 does not contain a heading for such expenditure, unless it is included in 'Grants to Foster Mothers and Others' - totalling £517 - which was a tiny fraction of the CPRSI annual expenditure of £21,409.[85]

12.62 Fr Barrett's memorandum was circulated to all bishops and to the Central Council of Catholic Adoption Societies. It is evident that he was using this organisation as a means of thwarting the formation of the proposed non-denominational national council.[86] In January 1971 Fr O'Mahony (now in charge of St Anne's Adoption Society) reported to Bishop Lucey of Cork on a recent meeting 'where it became obvious to me and to a considerable number of non-Dublin delegates' that Monsignor Barrett was using the council 'to preserve the national status' of the CPRSI 'and knock a group different to him in Dublin'.[87] *This Week* claimed that he had 'capture[d]' the Central Council of Catholic Adoption Societies - whose role was to co-ordinate the work of all Catholic adoption societies, and they noted that Archbishop McQuaid was reluctant to see it controlled by another bishop.[88]

12.63 *Irish Press* journalist T P O'Mahony reported on these efforts to block the proposed national council for unmarried mothers. An editorial in the same issue commented that 'Even a cursory acquaintance with the situation here in Ireland would suffice to show that in attitude toward and provision for unmarried mothers we have an awful long way to go'. There was 'no room for smugness or complacency…new thinking and new approaches are vital, especially at a time when it is being increasingly recognised that many unmarried mothers accept adoption only because of society's punitive attitude towards them'.[89] Fergal O'Connor emphasised that the

[84] Irish Press, 25 Jan. 1971, copy on Department of Health INACT/INA/ 0/448171
[85] CPRSI, Annual report, 1969.
[86] *Irish Press*, 25 Jan. 1971.
[87] Cork Diocesan Archives, St Anne's Adoption Society, Box 29, letter from Fr O'Mahony to Dr Lucey, 29 Jan. 1971.
[88] *This Week*, 12 Feb. 1971.
[89] *Irish Press*, 25 Jan. 1971.

Kilkenny conference had been organised by a group of professional social workers, several of them working with unmarried mothers, and whose goal was to expand and supplement existing services and promote greater co-operation between the agencies. Fr Barrett's assertion that they had no experience of working with unmarried mothers was incorrect. He rejected Fr Barrett's suggestion that non-Catholic social workers were not concerned about the spiritual welfare of Catholic clients.[90] Fr James Good, the Cork theologian and former director of St Anne's Adoption Society, continued to press the case for establishing an agency that would help single mothers to examine their options 'as rationally and as deliberately as the circumstances allow'. In its absence he suggested that 'we will continue to have these girls making decisions on inadequate or inaccurate knowledge, we will have them pressurised into decisions which they will regret as soon as they are made'.[91]

State supports for the single mother and her child

12.64 By 1971 the position for mothers who were determined to raise their child was somewhat better than in the 1930s. A growing number were in insured employment, which entitled them to maternity benefit for six weeks before and six weeks after the birth of their child. A mother with social insurance could apply for unemployment benefit;[92] mothers who had exhausted this benefit or did not qualify could claim home assistance, a discretionary payment disbursed by local authorities to persons with inadequate means to survive (see Chapter 1). The proportion of the population in receipt of home assistance varied widely between counties, as did the criteria for eligibility. As it was funded by the rates, counties with a high rateable valuation - areas with larger farms and fertile soil - had greater rateable income. In 1966 the national average of recipients was 5.2 per 1,000; it was 14.3 in Kilkenny, 13.3 in Tipperary South, but only 6.38 in Tipperary North.[93] There are no statistics as to the number of unmarried mothers in receipt of home assistance for themselves and their child. In 1937 there were 1,046 'illegitimate' children receiving home assistance; whether these children were being raised by their mother or another family member is unclear. In 1937, 3,939 able-bodied women were receiving home assistance; the numbers who were unmarried

[90] *Irish Times*, 26 Jan. 1971.
[91] *Irish Press*, 16 Feb. 1971.
[92] Availability for employment was a condition for getting this payment. Very often, mothers with small children (whether unmarried or married) were not regarded as meeting this criterion because of their childcare responsibilities. The same criterion meant that most mothers did not qualify for the means tested unemployment assistance.
[93] Seamus Ó Cinnéide, *A law for the poor. A study of home assistance in Ireland* (Dublin, 1970), pp 23, 30, 34.

mothers is not known.[94] Occasional pieces of information relating to boarded-out children suggest that in some cases a grandmother or grandparents received home assistance to enable them to care for their daughter's child. These statistics were not published in the 1960s so it is impossible to determine how many unmarried mothers were in receipt of home assistance.

12.65 Seamus Ó Cinnéide, whose 1970 book remains the only substantial study of home assistance, cited an undated memorandum that was supplied by the Assistance Officers and Senior Assistance Officers Association listing their duties. They included 'assisting unmarried mothers with the many problems arising from their condition; making contact with their parents or with doctors; arranging adoptions and maternity hospital accommodation or facilities in homes for unmarried mothers; helping to arrange for the rehabilitation of these girls'.[95] It does not refer to assessing their eligibility for home assistance. Ó Cinnéide sent a questionnaire to all the public assistance authorities asking what weekly rate they would pay to various home assistance recipients. The numbers of assistance authorities replying and weekly payments were as follows (the amounts are in shillings, there were 20 shillings to a pound*).*

	Single man living alone	**Unmarried mother one child**
10s - 25s	4 local authorities	1 local authority
40s	15	12
55s	8	13
70s	2	2
Over 70s	0	1
NA	1	1

12.66 This suggests that all local authorities paid home assistance at varying rates to unmarried mothers. One county manager emphasised that payments were discretionary; similar cases did not necessarily get similar rates. There is some evidence that by 1970 home assistance was seen by the Department of Health as a means of providing financial support to unmarried mothers who wished to raise their child. A long file on the topic of children in care, at a time when responsibility for unmarried mothers, foster children, and all aspects of children in care was being transferred to the new regional health boards, includes the suggestion that

[94] Department of Local Government and Public Health, Annual report, 1938.
[95] Ó Cinnéide, *A law for the poor*, p. 9.

home assistance 'should be recommended (if the Legal Advisor agrees) as an adjunct to boarding out and an alternative to placing children in institutions'. A draft Circular no. 70 titled *Children in Care*, which was being drafted in 1970 to be sent to the health authorities, included a section on unmarried mothers, which contains the phrase 'Should she decide to retain her child she should be assisted in doing so in every way open to the Health Authority', though it does not mention home assistance.[96] This circular marks the first apparent acknowledgement by the Department of Health that unmarried mothers should be assisted to keep their child.

12.67 In 1967, 5% of those receiving home assistance in Dublin city were married women who were not supported by their husbands; the majority of these were deserted wives, in the remaining cases the husband was in prison. Assistance officers generally referred cases of deserted wives with children to the ISPCC. Home assistance records did not include a separate classification for unmarried mothers with children. Ó Cinnéide interviewed only one unmarried mother for his study. This woman was atypical: she had six children ranging in age from 20 to two.[97] In 1971 *This Week* suggested that the Dublin Health Authority tried to ensure that a mother had £5 a week after paying her rent, and home assistance was calculated accordingly. The article concluded that any single mother who wished to keep her child 'faced a major economic struggle'.[98] Until March 1972 the maximum sum awarded under an affiliation order was £1 a week, regardless of the wealth or income of the father. From that date a district court could award a maximum of £5 a week, and there was no limit to the award made by the High Court,[99] but few unmarried mothers applied for maintenance orders against the father of their child, and an even smaller proportion secured long-term support.

12.68 In November 1972, two years after the Kilkenny conference, journalist Mary Maher reported that provisions for unmarried mothers had not changed; women who decided to keep their child had no entitlement to financial assistance or accommodation. Services continued to be provided on a sectarian basis. She reported that a group of women was meeting in Dublin with a view to founding an

[96] Department of Health, CCL/ INA/O/523143 The file does not contain the final version of this circular
[97] Ó Cinnéide, *A law for the poor*, pp 41-2, 84.
[98] *This Week*, 12 Feb. 1971.
[99] James O'Reilly, 'Illegitimacy and the law', Cherish conference on 'The unmarried parent and child in Irish society', October 1974, p. 26.

organisation for single mothers.[100] A report on the Church of Ireland Social Service confirmed the continuing importance of denominationally-based services. A social worker attached to the Department of Health noted that in 1971 over half of the cases coming to the attention of the Church of Ireland Social Service related to 'illegitimacy', and 'the demands for help from unmarried parents continues to increase'. She had discussed the implications of the expansion in local social services (through the regional health boards) with the director and senior social worker of the Church of Ireland Social Service. They all agreed that in light of the volume of work associated with 'illegitimacy', 'and bearing in mind traditional attitudes in rural Ireland to this problem' the need for the Church of Ireland Social Service was unlikely to diminish in the near future. She recommended that they should receive a grant from the Department of Health.[101]

Unmarried Mothers' Allowance

12.69 In February 1972 the *Irish Times* published three articles about unmarried mothers. One was titled 'The problem now approaches major proportions'. Journalist Frank Kilfeather warned that action was necessary before the problem became 'insurmountable'. A growing number of women were keeping their child, and support services should be developed that would enable this choice. 'With the more liberal attitude on the unmarried mother, the homes seem to be losing their importance as places of refuge'; a growing number of women were continuing at work until the final weeks of their pregnancy. There was increasing emphasis 'on the elimination of the stifling and suffocating secrecy and the abolition of the old-fashioned stigma and disgrace attached to having a child out of wedlock'.[102]

12.70 Ireland became a member of the European Economic Community in January 1973. Membership was expected to result in a significant expansion in the value and range of social welfare payments, because the cost of agricultural subsidies, which was substantial, would now be borne by the EEC's Common Agricultural Policy. A general election in February 1973 brought 16 years of Fianna Fáil governments to an end and a Fine Gael/Labour coalition took office. On the eve of the election the *Irish Times* submitted a series of questions about women's rights to the main political parties. One question asked what they planned to do to help an unmarried mother who wished to keep her child. Fianna Fáil cited a response to a

[100] *Irish Times*, 28 Nov. 1972.
[101] Department of Health CCL/INA/0/478957

[102] *Irish Times*, 16 and 17 Feb. 1972.

parliamentary question in November 1972 when the Minister for Social Welfare stated that mothers were entitled to children's allowances, and any unmarried mother in need could apply for home assistance. The answer indicated that unmarried mothers were being considered as part of a programme to reform social assistance services, including home assistance. Labour gave a commitment to implement changes in social welfare that would enable an unmarried mother to keep her child. Fine Gael does not appear to have replied.[103] In May 1973 Brendan Corish, Labour leader, Tánaiste and Minister of Health and Social Welfare gave a commitment to improve state assistance for the unmarried mother and her child in the forthcoming social welfare bill. An unmarried mothers' allowance - similar to the 1970 deserted wife's allowance - was introduced. This allowance was means-tested. A deserted wife's benefit - which was non means-tested, and paid to deserted wives who had paid social insurance - was also introduced in 1973.

12.71 The introduction of an unmarried mothers' allowance was met with silence in Dáil Éireann - the minister was the only person to mention it. That silence extended to the local and most national newspapers; the only references found following a word search of the Irish newspapers database (which includes many local newspapers and the main national newspapers other than *The Irish Times* and the *Sunday Press*) were a small number of government advertisements setting out changes in social welfare regulations. The family placement agency Ally, that was founded by Fergal O'Connor, reported that approximately 5% of the women placed with host families were keeping their child, and they estimated that a higher proportion of mothers that they had met, but who were not in family placements, had kept their baby.[104] An article in the *Irish Independent* claimed that in Northern Ireland two-thirds of single mothers, mainly working-class mothers, kept their babies.[105] In 1974 women who returned from Britain with their infant became eligible for unmarried mothers' allowance; initially they could only claim the allowance if they had been resident in Ireland for two years.[106] The introduction of a means-tested unmarried mothers' allowance meant that single women had no incentive to seek an affiliation order against the father of their child, because any

[103] *Irish Times*, 28 Feb. 1973.
[104] *Irish Times*, 16 Feb. 1974.
[105] *Irish Independent*, 4 April 1973.
[106] One Family (formerly known as Cherish), administrative records.

payment would automatically result in a reduction in the unmarried mother's allowance.[107] The number of claimants rose steadily from an initially small base.

	Mothers	**Children**[108]
1974	2,156	2,760
1975	2,823	3,484
1976	3,334	4,031
1977	3,799	4,490
1978	4,041	4,940
1979	4,575	5,586
1980	5,267	6,419
1981	6,222	7,582
1982	7,592	9,251
1983	8,534	9,851
1984	10,309	12,685
1985	11,530	14,324
1986	12,039	15,026
1987	13,930	17,596
1988	15,062	19,302
1989	16,564	21,291
1991	18,761	24,400
1991	21,366	22,860

12.72 The introduction of the unmarried mother's allowance is generally assumed to have transformed the options for unmarried mothers and their children, but that transformation was not instantaneous. The silence in the Oireachtas suggests that TDs were uncertain how to respond; it does not indicate strong support for mothers who wished to keep their children. They continued to face censure from family members and neighbours, and practical difficulties, especially the inadequacy of the allowance, and difficulties in securing housing. By the 1980s the rising number of claimants was attracting some hostile commentary. Journalist Helen Shaw noted that

> Because women are trying to support themselves and their babies on the Unmarried Mother's Allowance they are often judged by the public as social

[107] James O' Reilly, 'Illegitimacy and the law' , p. 27.
[108] Taken from Anthony McCashin, *Lone parents in the Republic of Ireland. Enumeration, description and implications for social security* (Dublin, 1993), Appendix 9.

welfare parasites. Much is made of the alleged abuses within the system. Of mothers living in Corporation flats, claiming the allowance for several children, while living with the father of the children. Nobody is denying that such abuses do happen, but are they the overall reality? A social worker suggested that such abuses were 'minimal but they are used by the public to cover-up the real problem, because they can't face up to the situation and imagine what it's actually like trying to support yourself and a child on £47 a week. If you are living in rented accommodation, half your allowance is gone on rent before you've even bought food. The truth is that people living on the allowance are on the poverty line'.

12.73 Shaw noted that no distinction was made between women who were living at home with their parents and those who were living separately, though the latter had much greater expenses. From 1977, women in rented accommodated could apply for a rent supplement from the Community Welfare Officers in the regional health board under the Supplementary Welfare Allowance scheme (see Chapter 1) but it took some time for this supplement to be widely available. If women earned more than a tiny sum their means-tested supplement was reduced, which meant that were caught in a long-term poverty trap; added to this was the cost of nursery care.[109] The statistics given above for the number of qualifying mothers and children refute the claim that many mothers were claiming the allowance for several children. However some conservatively-minded politicians argued that these payments constituted discrimination against married people.[110] A former single mother who had married was very critical of the social welfare system, particularly the supplementary welfare allowance scheme, which she described as 'degrading and had much of the ''poor law'' mentality about it'. Other mothers complained about the attitude of social welfare officials: especially their 'humiliating' efforts to check whether mothers were cohabiting.[111]

New Support Services, family placements and voluntary organisations

12.74 Dr Dermot Walsh described family placement schemes as 'the first real evidence of community concern for this particular problem'. He suggested that there was 'an untapped reservoir of social concern' that could be developed.[112] Ally and the proposed national council were ideas that emerged from informal meetings held in

[109] *Sunday Press*, 8 Feb. 1983.
[110] *Sunday Press*, 2 Feb. 1986.
[111] *Sunday Independent*, 7 July 1985.
[112] *The unmarried mother in the Irish community*, p. 45.

the Dominican Priory. Initially the family placement service was an ad hoc voluntary activity.[113] Fergal O'Connor contacted friends in England in the mid-1960s asking them to shelter a pregnant single woman, and that prompted him to set up a similar scheme in Ireland.[114] The Church of Ireland Social Services had operated a family placement scheme for some years, and one of the speakers at the Kilkenny conference had hosted pregnant women under that scheme. She explained that all host families were screened by a social worker. It was important not to make the woman feel that she was the recipient of charity. She suggested that the placement gave the woman security and shelter; the host family should help to increase her self-respect. The family should not ask questions or proffer advice, and they should have access to a social worker, if needed. If the woman had a continuing relationship with the father of her child, the host family must enable him to visit and grant them some privacy. She advised that the reaction of neighbours to their hosting a pregnant woman reflected 'the social attitudes and prejudices of the community at large'; close questioning by neighbours must be deflected. It was important to visit the young mother in hospital after the birth; on occasion her husband had posed as the father of the new-born child. Post-natal arrangements - such as whether the mother would return to the family, with or without her baby should be agreed before the birth.[115] The report of the Kilkenny conference emphasised that family placement could not 'go it alone'; it should be carried out by a sponsoring agency, with professional help to hand.

12.75 Ally was constituted as a formal agency in 1971. It recruited a full-time social worker, though it remained heavily reliant on voluntary workers. Host families received no financial payment but women were expected to help with child-care and perhaps some light housework. In the 12 months 1971-72 the Ally caseload comprised 402 women; 239 were placed with private families. By 1973 over 500 families and individuals had volunteered to assist Ally, and it was placing an average of 16 women each month; at any time an estimated 40-60 women were living with host families, the majority in Dublin.[116] Ally opened a second office that year, in the south city, in premises provided by the Eastern Health Board.

12.76 In 1973 Fergal O'Connor wrote to the Department of Health requesting financial support for three projects: a hostel for homeless girls, Ally, and the proposed

[113] Department of Health, HPO/INA/0/425641
[114] *Irish Independent*, 2 April 1973.
[115] *The unmarried mother in the Irish community*, pp 42-5; *Irish Times*, 20 Jan. 1971.
[116] One Family, administrative records.

national council for unmarried mothers. He explained that by placing pregnant single women with families, Ally was reducing the costs incurred by the health boards. Approximately one-quarter of the women who contacted Ally went to a mother and baby home. He wished to employ a second qualified social worker and he suggested that Ally should receive a fixed sum of £10-£20 for each woman placed with a family. The department refused to support this proposal, but suggested that he might secure funding from the health boards and they would favour such an arrangement. The department agreed to pay heating, light and phone bills for Ally's Dorset St office.

12.77 The department further informed Fergal O'Connor that the objections raised in 1971 to the proposed national council for unmarried mothers no longer existed, but they required a more complete description of the proposed council and its activities. They emphasised that 'it must be acceptable to all religious belief [sic] in the country and also be capable of providing a service which is acceptable to the organisations already active'.[117] This indicates that, despite the change of government, an innate deference to the wishes of the Catholic hierarchy survived. The possibility of establishing a national council rumbled on throughout the 1970s. In 1975 the *Irish Independent* reported that many of those working with single mothers remained concerned about the 'inadequate services and the disjointed manner in which the services operate, and for that reason they were still trying to set up a national council'. Single mothers continued to travel to England because they were not aware of the services available in Ireland.[118]

12.78 By 1979 only 10% of Ally clients were willing to enter a mother and baby home and the women were younger. In 1977, 70% were aged between 19-25 years; by 1979 70% were in the age-group 18-21.[119] Ally assisted 624 pregnant women in 1984, but from that time the numbers plummeted. Ally closed in 1989, evidence of changing attitudes. Pregnant single women were increasingly staying at home and at work.[120]

Federation of Services for the Unmarried Parent and Child

12.79 In 1974 the group of social workers who were campaigning to establish a national council for unmarried mothers published a directory of services available in Ireland

[117] Department of Health, INACT/INA/0/448171.
[118] *Irish Independent*, 25 Mar. 1975.
[119] *Sunday Independent*, 24 Aug. 1980.
[120] *Sunday Independent*, 29 Jan. 1989.

in conjunction with the Medico-Social Research Board, of which Dr Walsh was a member. They continued to highlight the need for an organisation to co-ordinate these services.[121] *Women's Choice* noted that until the publication of this directory, unmarried mothers had no means of discovering their entitlements or the services that were available. The directory brought the problems of single mothers 'more into the open'.[122]

12.80 The inaugural meeting of the proposed Federation of Services for Single Parents and their Children, which was the title originally proposed, was held in November 1975. The objective was to promote the welfare of single parents and their children and to supply and co-ordinate information on the existing services. The federation was given office space by the Eastern Health Board.[123] When the Catholic bishops announced plans to establish CURAM (sic) as an agency to assist single mothers, the federation urged the Department of Health to ensure that CURAM would not be permitted to impede or diminish health board support for the federation.[124] Department officials recommended that the minister should urge health boards to provide financial support for the federation, which was providing an essential, non-denominational service for unmarried mothers and children and for people who encountered these mothers and children 'sometimes in circumstances of acute desperation'. If CURAM 'gets off the ground' it would be acting in consort with the federation but the two organisations might be competing for funding. The official who wrote this memorandum added that, 'My personal approach is coloured by the impression that many pregnant girls who flee their homes are refugees from clerical wrath as much as from parental distress and the strictures of local society'.[125] The department awarded a grant to the federation, and it recommended that all the health boards should make a contribution proportionate to their size (CURA is discussed later).

12.81 By 1978 the membership of the Federation of Services for the Unmarried Parent and Child included the Dublin maternity hospitals; Pelletstown and Bessborough; five of the seven health boards; the social services councils in Kilkenny, Limerick and Sligo; many adoption agencies including CPRSI and St Patrick's Guild and voluntary organisations such as Ally, Cherish and Barnardo's. The federation was chaired by Dr Dermot Walsh. The theme of their 1978 conference was 'Finding

[121] Department of Health, CCP/INA/0/482259.
[122] *Woman's Choice Weekly*, vol. 6, no. 36 (1974).
[123] Department of Health, CCP/INA/0/482259.
[124] Department of Health, CCP/INA/0/482259
[125] Department of Health, CCP/INA/0/482259.

parents for children with special needs'; in 1979, it was 'The unmarried parent - working towards the best decision'. By 1979 the federation was handling a significant number of inquiries from social workers, community welfare officers and GPs. Federation staff had established contacts with health board community care officers, Dublin Corporation housing officers and others who worked with single mothers and children. They produced quarterly information brochures and papers on topics such as adoption and 'illegitimacy'.

12.82 When they met the Department of Health in 1978, the department claimed that the federation was a less significant source of information than anticipated, partly because of the emergence of CURA, and the postponement of the federation's planned advertising campaign and lack of walk-in offices. However the department acknowledged that it was assuming greater importance as a forum where organisations working with single mothers met and exchanged views, and it facilitated liaison between statutory and non-statutory bodies. The Central Council of Catholic Adoption Agencies was working with the federation. By 1982 there were 40 member organisations. The health boards remained the primary source of funding but the budget remained tight, as did public funding for Cherish. The 1980s was a decade of economic depression, and these services, like other public services, had to contend with budgetary stringency in the Department of Health and the health boards.[126] The federation and some of its members, notably Cherish and Ally, were active in campaigns to abolish the status of 'illegitimacy' - see Chapter 32.

Cherish

12.83 Cherish, an organisation for one-parent families, was founded in October 1972 by two single mothers, Maura O'Dea and Colette O'Neill. It may have been inspired by Gingerbread, a self-help organisation for one-parent families established in England in 1970. By 1973 there were 70 Gingerbread groups in Britain and one in Belfast. Gingerbread provided support, advice and information for one-parent families. They were unwilling to extend their reach into Ireland because the differences in health and welfare services would complicate their operations.[127] Cherish was established by and for single mothers as a mutual-support group and a lobby for better provisions for mothers wishing to keep their child. They advertised their existence in *Woman's Way* in March 1973.[128] In 1973 Cherish

[126] Department of Health, CCP/INA/0/481800: 1987 budgetary pressures on health boards.
[127] *Irish Independent*, 13 Jan. 1973.
[128] One Family, administrative records.

became a limited company with Senator Mary Robinson as President. William Duncan, one of the three Commissioners of this Commission and an authority on family law, played a key role 'in their development and politicisation'.[129]

12.84 Cherish promoted the acceptance of single pregnant women in Irish society, arguing that this would enable them to make a realistic choice about the future of their child. They demanded the introduction of a lump-sum grant, which would not be means-tested, and a change in the laws to make it easier to secure maintenance payments from the fathers and a higher maximum affiliation payment. They campaigned for changes in the language used when dealing with 'illegitimacy' - they preferred the term 'natural child'; they also campaigned for changes in the law on 'illegitimacy' and the legal rights of 'illegitimate' children, including inheritance rights.[130]

12.85 By 1974 they had employed a social worker and made contact with the Departments of Health, Social Welfare and Justice, and the Eastern Health Board. They publicised their existence through health centres, social workers and clergy. The Eastern Health Board determined that Cherish provided 'acceptable alternative services' for unmarried mothers and children to those provided by the EHB and they should be awarded a grant of £1,000.[131] By 1975 Cherish was operating from offices in Pembroke Street, employing two social workers and an administrator who took responsibility for fund-raising. They had been given a house that was used to accommodate mothers and children.

12.86 The EHB cited the large number of Irish single women travelling to England for abortion because of social attitudes as an argument for grant-aiding Cherish.[132] However Cherish based their case for funding and legal reform on the equal rights of all children. Concern about the number of Irish women seeking abortions in England may also have prompted the 1974 statement by the Irish Hierarchy on Family Law Reform, which Cherish claimed 'goes a long way in supporting our proposals for legal reform'.[133] The gap between income and expenditure in Cherish rose steadily during the mid-1980s. In the years 1988-93 Cherish received £20,000 annually from public resources, which later rose to £25,000; this

[129] Gráinne Farren, *From condemnation to celebration. The story of Cherish, 1972-1997* (Dublin, 1997), p. 7.
[130] Margaret Murphy, 'Cherish – its formation, aims and policy' - Paper read by Margaret Murphy, Secretary of Cherish (Oct. 1974).
[131] *Irish Press*, 7 Jan. 1974.
[132] Department of Health, CCP/INA/0/482353.
[133] One Family, administrative records, letter for Minister for Justice Patrick Cooney dated 17 Sept. 1974.

amounted to 40-45% of total expenditure. Cherish received its first grant from the newly-established National Lottery in 1988 (£10,000).[134] They also secured small grants from the Minister of State for Children.

12.87 From the mid-1970s Cherish became a regular contact point for all who wanted to learn more about single mothers. Their leaflets were in high demand from public libraries, social workers in maternity hospitals, public health nurses and women's networks. They raised awareness of the realities of life for single mothers. The correspondence and social worker files show the diverse range of queries that they handled. One mother asked whether she should adopt her son. Another, who had falsely registered her child as 'legitimate' wanted to change this, so that she could claim unmarried mothers' allowance. Cherish advised mothers on their entitlements to social welfare, how to apply for equipment and furniture from the home assistance officer (known as community welfare officer from 1977) or apply for unmarried mothers' allowance. Women were advised that it was important to put a father's name on the birth certificate, though that could only be done with his consent and would not affect the child's succession rights. A mother looking for work was advised not to tell her employer about her baby 'until you have got the job and proved you can do it. Then tell them'. Letters were forwarded to Cherish by the Gay Byrne Radio Show and women's magazines. They received letters from religious sisters who were seeking assistance for a pregnant woman; one woman mentioned that her personnel manager had advised her to contact them.

12.88 While Cherish helped and encouraged women to keep their children, they also warned mothers of the difficulties that they would face. The mother of a second child, whose parents had adopted her first child, had placed this child for adoption, because her parents were unable to take her/him; she was now reconsidering her plans for adoption. Cherish told her that 'It is very difficult to keep the baby. First of all you have to find accommodation for yourself and a nursery to place the baby in during the day, then you would have to get a good job to support yourself and the baby'.

12.89 They provided mothers with prams and other essential equipment, as well as advice on securing accommodation and crèche places, both of which were extremely difficult. Seventeen of the 74 callers to the office over four weeks in April-May 1974 were seeking accommodation, 11 were facilitated. Twelve callers

[134] Department of Health, CCP/INA/0/482591, Statement by Cherish auditors, 1995.

had a 'general discussion'; three were parents of pregnant daughters. Miss Clandillon, an inspector in the Department of Health, with responsibility for boarded out children and unmarried mothers, commented that the above list showed that Cherish was meeting 'a great need'; she recommended that the department should pay the £1,000 grant recommended by the EHB. But for some time the Cherish grant question was sent by the EHB to the Department of Health, and by the Department of Health to the EHB; both parties avoided a financial commitment.[135]

12.90 Cherish operated as part of a network of services for unmarried mothers. In 1975 a list of 61 'specific referrals' - presumably where Cherish made contact on behalf of a client - included 12 to Ally; 12 to mother and baby homes; 11 to legal services; five to adoption agencies; six to day-care providers; five to the National Rehabilitation Board. Ally referred 22 clients to Cherish; hospitals referred 22, health boards 19; adoption agencies 15, mother and baby homes 15, family members 28; family planning clinics six, clergy one.[136]

12.91 In 1977 one woman who had sought advice from Cherish wrote later and said that she had gone to Pelletstown: 'I found it very nice and they were most helpful to me when I needed their support'. She planned to keep her baby and was contacting Cherish seeking a cot and the address of her nearest branch. When Cherish contacted one woman from a provincial town telling her that they had arranged for her to be admitted to Pelletstown she replied:

> I am very glad to hear the good news. I will be glad to go to St Patrick's Home and to stay there until the baby is born. I will be very glad of the company even though I hope I won't have to stay that long…please let me know as I want to tell my parents I am going to the Civil Service.

12.92 A woman who went to Dunboyne wrote that she had been there for two weeks and 'likes it very much'; another woman in Dunboyne said that it 'really is nice and the nuns are very understanding', however a third complained that there were too many rules and regulations, 'it is like boarding school'. Another client referred to mother and baby homes as 'those dreadful places'. Women who sought information about abortion were referred to Open Door Counselling. A woman who was placing her child for adoption wanted to talk to somebody about 'what to

[135] Department of Health CCP/INA/0/482353
[136] Department of Health CCP/INA/0/482353

expect within myself after the adoption'. She had sought advice from St Patrick's Guild 'but they just keep telling me to leave it all in God's hands'.

12.93 The growing number of professional social workers who were working with unmarried mothers removed many of the religious/ideological barriers that had existed in the past to such cross-agency referrals. Journalist Mary Kenny suggested that Cherish had been enormously effective as a pressure group; its influence had resulted in an increase in affiliation rates, in the unmarried mothers' allowance, and a fall in the adoption rate from 94% to 50%,[137] though other factors - national and international - were also driving these trends.

12.94 The financial difficulties that single mothers faced were a recurrent theme in the Cherish files of the 1970s and 1980s. The cost of child care and accommodation made it difficult for them to return to work. Cherish received pleas for support from mothers who were in debt, from mothers who wanted money to buy Christmas presents for their children and mothers who had borrowed money (perhaps from a money lender) and were unable to repay it. Many women commented on how unfair it was that the father of their child had a well-paid job and lived in some comfort, whereas they were living in penury. One woman acknowledged that she did not love the father of her child but would marry him if he asked her 'in order to secure a name for herself and the baby'. A Cherish worker described one putative father as 'supportive'; he intended to marry his girlfriend 'but not because of baby'. Cherish referred one woman, who was planning to marry, to a marriage counsellor because the social worker believed that she wanted 'the false security of a wedding ring'. In 1983 one 17-year-old, who wished to marry her boyfriend 'as soon as possible', was refused permission by her local priest and was trying to get approval from the bishop. Yet several women were determined not to marry. One woman, who had married the father of her child while pregnant, was seeking advice about 'getting out' of the marriage.

12.95 Housing was the most pressing need among the mothers who contacted Cherish. One woman who was living in a flat in Dublin had to leave when it became obvious that she was pregnant. Many single mothers were living in squalid, damp accommodation; several were in squats. Cherish informed one mother who was looking for accommodation that it was difficult 'as landlords are prejudiced against children'. At that time there was no legislation to prevent such discrimination. One

[137] *Sunday Independent*, 7 Nov. 1976.

pregnant woman was fearful that her landlord would throw her out because he had already done that to another pregnant tenant. A letter from Cherish to Dublin Corporation housing section reported that one woman who had been evicted from her flat had suffered 'continual harassment because of her child'.

12.96 By 1976 Cherish was accommodating six one-parent families in flatlets at Newlands' Cross - most remained for short periods until long-term housing was secured. Some years later they ran a shared house for mothers and their children in Dundrum. They helped mothers with babies to find private accommodation. When Cherish met the Minister for Health and Social Welfare in 1977 they highlighted the need to increase the rent supplement when calculating welfare payments, given the high rents in Dublin. In 1980 housing was the primary concern of 53% of first-time callers. Almost half of those seeking housing were living with their parents. A follow-up study of 130 callers showed that only 12% were now living with relatives; 24% were in privately-rented accommodation, 22% with voluntary organisations, 8% in Dublin Corporation housing, 7% in Regina Coeli, 6% cohabiting; 14% had secured live-in employment.[138]

12.97 In 1978 the Federation of Services for Unmarried Parents and their Children sent a questionnaire on housing to member agencies. The 18 agencies that replied reported that 184 clients had sought assistance with housing over a four-week period. The majority were pregnant women; 63% were leaving the family home; 24% were leaving privately-rented accommodation. The federation commented on the low instance of forward planning by mothers. Most agencies helping with housing were in Dublin, but more than half of their clients came from outside Dublin - so the pattern of pregnant single women coming to Dublin, which was identified in the 1920s, continued. The federation concluded that there was 'a high incidence of housing breakdown', when a single woman became pregnant.[139] Regina Coeli continued to house significant numbers of mothers and children, though the quality of accommodation was poor - some viewed it as a means of fast-tracking access to local authority housing.

12.98 In 1980 a Cherish social worker commented that many women were so desperate to find accommodation that they were often forced to take 'anything they can get no matter how bad or expensive'. Most local authorities gave priority to married

[138] Department of Health, CCP/INA/0/489154.
[139] Department of Health, CCP/INA/0/482721.

couples with children and they took the number of children into consideration when allocating houses, so a single mother with one child ranked far below a two-parent family with four or more children. The social worker described Dublin Corporation as 'probably the most enlightened authority in the country. On their books a single mother and child are given the same number of points as a married couple with a child, which means that there is no discrimination towards the single parent'. A number of local authorities had adopted a similar policy, but the practice was not uniform. She claimed that for a mother and child to live with her parents was successful in only a small percentage of cases:

> There are obviously some caring and enlightened parents, but many others, while allowing the girl and her child a roof over their heads, are anything but understanding and tolerant. There is often bad feeling if the girl goes out in the evening, so because of this and because of a guilt feeling, many single mothers never really have a life of their own. Others become far too dependent on the family support and are afraid to venture out on their own, despite the fact that often this is the best solution. Relationships can become very strained and problems that may appear petty to outsiders can loom very large in the family life.

She claimed that many arrangements where mother and baby lived with a family exploited the woman, because the family was only looking for cheap labour.[140]

12.99 In 1975, over 20% of applicants on the Dublin Corporation housing list, 30% in Co Dublin and 20% in Cork city were one-parent families (deserted and separated wives and single mothers). By the 1980s there is evidence of some advances in meeting their housing needs. Dublin Corporation regarded women who were in Pelletstown and who otherwise qualified for housing (for example, had been resident in Dublin) as 'homeless' which gave them priority on the list.[141] Applications from two-parent families with children were falling. The birth rate in two-parent families had fallen; there was renewed emigration and local authority housing lists were much shorter than in the past. Gingerbread – A UK single-parent support group – formed a co-operative housing group with a view to building houses for one-parent families in Ireland and in the early 1980s the National Association of Building Co-Operatives contacted Cherish suggesting that they become involved in co-operative housing schemes.[142]

[140] *Woman's Way*, 2 May 1980.
[141] Pelletstown discovery
[142] Department of Health, CCP/INA/0/482591.

12.100 Several schemes, supported by the health boards, had emerged that provided short-term housing for single mothers and their infants, often with social workers on site to provide advice and assistance. Miss Carr's Home, a long-established charity for Protestant children, opened eight flatlets in Northbrook Road with a nursery attached, where mothers could stay for up to one year. Mothers were usually referred by social workers in the Eastern Health Board, Ally, Cherish and other organisations (see Chapter 25). Denny House, Belmont flatlets and Miss Carr's Northbrook Road flatlets also accommodated mothers and children when they left a maternity hospital.

12.101 When Cherish met the Minister of State for Women's Affairs and Family Law, Nuala Fennell, in 1983 they complained that single mothers were often offered accommodation 'in particularly disadvantaged areas of Dublin often very far from their families'. However both parties agreed that it was virtually impossible for single mothers to get local authority housing outside Dublin, which meant that mothers tended to move to the city. They noted that there was a need for greater co-ordination between the Department of Health (which supported programmes for single parents) and the Department of the Environment.[143] *Singled Out*, a pamphlet published by Cherish in 1983, claimed that homelessness was a constant threat for single mothers. It recommended changes in local authority housing policy: more units for smaller families and the abolition of restrictive residency requirements (i.e. that a person must have lived in the locality for some time before they were eligible to apply for local authority housing).[144] It acknowledged that Dublin Corporation made efforts to house unmarried mothers, but they often ended up in 'what have been termed the Corporation's transit camps, areas of Corporation housing which gradually become filled with ''problem'' cases', such as Ballymun.[145]

Mother and baby homes in a changing environment

12.102 In 1970, 43% of the 1,708 'illegitimate' births were to mothers in the major mother and baby homes. By 1980 the number of births had more than doubled to 3,691 but less than 15% were associated with mother and baby homes. By 1990 when the number of births had risen to 8,766, only 2% were to women in mother and baby homes. A significant number of women continued to be admitted to mother

[143] Department of Health, CCP/INA/0/482591.
[144] *Singled Out*, p. 17
[145] *Sunday Press*, 8 Feb. 1983.

and baby homes in the mid-1970s though they were a declining proportion of unmarried mothers. In the 1980s there was a substantial fall in the occupancy of mother and baby homes and they increasingly cared for specific categories of unmarried mothers: students, or women with special needs, addiction issues or difficult family circumstances. The denominational divisions that were deeply embedded in Irish mother and baby services disappeared, and the surviving homes, supervised flatlets and other facilities were accessed by women regardless of religion.

12.103 In the early 1970s there were four mother and baby homes: Bessborough, Pelletstown, Dunboyne and Denny House, which was still known as the Magdalen Asylum and exclusively for Protestant women. The 1970s was the first time that mother and baby homes were subjected to public criticism, some of it from former residents. This happened, paradoxically at a time when conditions were improving - but arguably not sufficiently fast to meet changing demands and perceptions. In 1973 the *Sunday Independent* reported claims by a former Bessborough mother that the food was inadequate, medical care was minimal and there was a lack of recreational facilities.[146] The chair of the Southern Health Board described these allegations as 'grossly unfair', but we have no evidence that he visited the home and spoke with the women. The sister in charge claimed that they were totally without foundation. In addition to breakfast, the diet included a full lunch and a tea consisting of a fry or cold meats or salads. The women had tea and biscuits, bread and butter or cake at 10am, 3.30pm and 9pm. There was a plentiful supply of fruit when in season from the community's orchards. A gynaecologist called every morning, and they had the services of two 'top paediatricians' and a GP. One sister described communication between the girls and the staff as 'frank and open and above all sympathetic'. The editor of the *Sunday Independent* claimed that they had received a number of letters from former Bessborough residents, including one signed by five women, praising the 'kindness, love, care and attention' which 'they would never be able to forget'; other former inmates also rejected the allegations.[147] Several witnesses who were in Bessborough around that time and who gave sworn testimony to the Commission described the food as adequate; some suggested that it was similar to boarding-school fare, and there is independent evidence from contemporary inspections that Bessborough had recreation rooms and a television, so the assertions of this woman, who apparently

[146] The Commission has failed to identify this story.
[147] *Sunday Independent*, 8 July 1973.

spent only five days in Bessborough (perhaps in the maternity hospital, where there wouldn't have been any recreation facilities), are open to question. What is significant is that she chose to speak out - that would not have happened in earlier times.

12.104 In 1974 Dr Dermot Walsh highlighted four priorities in services for unmarried mothers: smaller mother and baby homes; group homes for mothers and children; housing requirements in general; crèches, nursery facilities operated by trained child-care workers, and adequate social work providing guidance, advice and support for single mothers - including the organisation of mutual self-help support for unmarried mothers and their children.[148] Dr Walsh's criticism of large mother and baby homes was not new, but it was now given a more scientific edge, given his concerns for the psychological well-being of pregnant single women. In 1971 a department inspector complained that mothers in Bessborough had no privacy. By 1974 the dormitories had been replaced by individual cubicles, and there were improvements to bathrooms and other facilities. Pelletstown, another old institution, underwent similar improvements. In 1974, apparently for the first time, the department's inspector spoke to eight women individually about their experience in Bessborough. (It is unclear how they were selected). She reported that 'all spoke highly of conditions in general and in particular expressed much appreciation of the work of the community: their understanding of their problems and efforts to iron out difficulties'. In the case of four of these women, neither parent was aware of her pregnancy; the mother of two women was aware, so presumably were both parents of the remaining two women. The women expressed minor criticisms - lack of bath cleaning materials and under-heated dormitories - but the inspector pointed out that there was a nationwide shortage of fuel oil, and economies were necessary; the infant nurseries were adequately heated. The heating shortage was not specific to a mother and baby home.[149] In 1982 *Woman's Way* quoted a woman who had given birth in Bessborough: 'everybody was fantastic…I felt very secure…They did not want me to keep the baby, but as soon as he was born he became important to me and it didn't seem right to put him up for adoption. He was my responsibility'.[150]

[148] Walsh in Cherish 'Conference on 'The Unmarried parent and child in Irish society', p. 42.
[149] Department of Health INACT/INA/0/463707
[150] *Woman's Way*, 17 Dec. 1982.

12.105 The average length of stay fell sharply during the 1960s, though most women remained until their infant was placed for adoption. By the 1970s mothers were no longer required to remain until their infant left the home. In 1975 the Mother Superior explained that 'For the past year or two the scene has changed very fast'. Because abortion was now available in Britain they decided that mothers should be discharged as soon as they were medically fit to leave after the birth - six to 12 days. Babies remained in the home until the mother determined whether she would keep her child or place the baby for adoption; by 1981 babies stayed for four-five weeks on average.[151] In 1983 the average length of stay for women in Pelletstown was just under nine weeks.[152]

12.106 If a woman planned to keep her child, Bessborough would keep the infant until she had arranged accommodation. Most women entered a home only during the final weeks of pregnancy or the immediate post-partum days, so they were no longer carrying out any significant work. Bessborough had to recruit nursery nurses to care for the infants, at a time when wages/salaries were rising sharply, as were non-pay costs. The Mother Superior conceded that 'if the girls are to be prevented from going to England for abortion there must be something to offer them'.[153] Staffing levels were considerably higher than in the past, though she claimed that they were not adequate. In 1975 there were five midwives; two at night and three during the day; one SRN for night or day duty, plus one auxiliary during the day in the maternity hospital. There were eight SRNs in the home, two full-time and one part-time auxiliary, plus paid domestic staff in the kitchen and laundry in addition to the Sisters. The number of women joining religious orders had fallen significantly and many were leaving religious life, so Bessborough was increasingly dependent on lay staff - which further increased the costs because the Sisters did not receive a salary, in contrast to Pelletstown where they were local authority employees. When the Department of Health inspector visited Bessborough in 1978 the weather was warm and sunny. She reported that 'From what I could observe the "girls" took full advantage and spent most of the day sun-bathing. They give little, if any assistance in routine work. The staff are hard at it full-time'; she believed that staff numbers were not adequate for the work involved.[154]

[151] Department of Health, FIN2/EST/0/543210.
[152] Pelletstown discovery E 11 Social worker's report
[153] Department of Health, INACT/INA/0/538770.
[154] Department of Health, CCL/INA/0/488268.

12.107 Large mother and baby homes were increasingly uneconomic because of falling occupancy. Short stays meant that a home could be full one week, and almost empty two weeks later. Rising costs, coupled with falling occupancy (and double-digit inflation) meant that capitation grants were rising steadily, yet finances showed little improvement. The Sisters were pressing to be paid salaries; the Mother Superior claimed that Bessborough was being subsidised by the congregation. A department inspector noted that the order was performing a vital role, and unless steps were taken to provide them with adequate salaries the home might close, adding 'this would create unsurmountable difficulties for the Heath Boards in finding care and accommodation for young unmarried mothers'.[155]

12.108 In 1978 a social worker in Cherish sent a note about current needs of single mothers to the chair of the Magdalen Asylum/Denny House. Greater tolerance on the part of families meant that more women remained at home during pregnancy; others opted for family placements. The improved social welfare provisions meant that mothers had some choice about future arrangements for their child, but this had resulted in 'new areas of need' such as day nursery places and housing for mothers and children, temporary accommodation immediately after the birth and long-term housing. She suggested that the Magdalen Asylum could provide temporary accommodation for mothers and infants immediately after the birth; many mothers had to place their infants in residential care because they had nowhere to go, which disrupted the bonding between mother and infant. They could also provide emergency accommodation for mothers and babies from the country who often arrived at the Cherish offices with nowhere to live. She also suggested that they should consider extending their facilities to woman of all Christian denominations; its mission since the eighteenth century was confined to Protestant women.[156]

12.109 Miss Clandillon visited this home in 1979 to discuss possible changes, and the trustees appear to have kept the department informed of their plans.[157] The Magdalen Asylum changed its name to Denny House, honouring Lady Arabella Denny, their eighteenth-century founder, and amended its charter to enable them to admit unmarried mothers without religious restriction, and, in certain circumstances, married women who were separated from their husband, deserted

[155] Department of Health, INACT/INA/0/538770.
[156] One Family, administrative records, 1980.
[157] Department of Health, CCP/INA/0/482129.

wives, and pregnant widows.[158] The numbers rose significantly following these changes. By the early 1980s women were being admitted to Denny House in the final weeks of pregnancy. They gave birth in a Dublin maternity hospital - presumably the hospital of their choice, because returns show no consistent pattern. They returned with the baby and remained for approximately three months. Social workers in the Dublin maternity hospital referred mothers who needed time and space to determine their future arrangements or needing support in developing parenting skills. Other women spent their time in Denny House resolving their relationship with their parents or the father of their child (see Chapter 23). During this time mothers were expected to decide whether to keep the baby and make arrangements for their future. They were required to take responsibility for their baby while in the home - as part of the process of making them aware of the demands of motherhood. When Denny House staff met Augusta McCabe, the department's social work adviser, they cited several instances where young women, who had planned to keep their baby, changed their mind 'when faced with the reality of caring for the small baby', and contrary cases where women who had planned on adoption also changed their minds. By 1982 Denny House which only accommodated ten women at any time, had a waiting list.[159]

12.110 Miss Carr's Children's Home, a long-established charity for Protestant children, was increasingly providing accommodation for the children of separated parents and single mothers; some children were maintained by local health authorities. Miss Carr's aimed to keep mother and children together and would occasionally permit the mother to live in the home with her child(ren).[160] In 1972 they bought a house adjoining the children's home that they planned to turn into flats for deserted wives/unmarried mothers and their children and they applied to the EHB for a grant to cover part of the cost. The concept of a health authority giving financial support to a voluntary organisation that provided housing for deserted wives or unmarried mothers and their children was a 'new development', though the EHB had been provided with some flats by Inter-Aid, which they used as supervised accommodation for unmarried mothers who were keeping their child. The Department of Health was broadly supportive of these initiatives, noting that they

[158] Department of Health, CCP/INA/0/482129.
[159] Department of Health, CCP/INA/0/482129.
[160] Department of Health, CCP/IMP/0/45687.

were in line with the Council of Europe resolution and accommodation would be available on a 'non-denominational basis'.[161]

12.111 The Eastern Health Board held an Open Day in Pelletstown in 1981 to introduce social workers and others working with unmarried mothers to the new matron and to discuss new social work arrangements.[162] It would have been unimaginable even ten years earlier to hold such an Open Day. Pelletstown, which was described as 'an old rambling building' and a 'fire risk', had capacity for 100 women, but there were only 37 residents. At this time Pelletstown was primarily used to accommodate children with special needs. The EHB considered demolishing the large building and replacing it with flatlets designed to accommodate mothers and babies.[163] In 1982 the Federation of Services for Unmarried Parents and Children announced that a study of mother and baby homes was underway in the EHB region to determine the views of social workers as to the benefits and shortcomings of the homes. They noted that 'the response from the social workers was poor'.[164]

12.112 A handwritten page dated January 1979 in a Department of Health file noted that at a recent meeting of the Federation of Services for Unmarried Parents and their Children 'reservations were expressed at the level of obstetrical care' provided in mother and baby homes.[165] The maternity unit at Pelletstown closed in 1980. Doctors had wished to close it for some time, but some members of the EHB believed that it enabled women to keep their pregnancy a secret; the doctors were concerned about the quality of care and potential risks to mother and baby. In 1981 the senior health officer at the Department of Health expressed concerns about 'the high level of risk' in Bessborough births. He described five stillbirths and two infant deaths in a total of 307 births as 'very high'. He questioned whether the service was adequate and whether the women received adequate antenatal care.[166] By 1981 approximately two-thirds of women admitted to Bessborough were giving birth there. The Department was investigating the desirability of ending deliveries in Bessborough.[167] The matter was referred to the SHB; they reported that the peri-natal mortality among Bessborough infants - whether they

[161] Department of Health, CCP/IMP/0/45687.
[162] One Family, administrative records, 1981.
[163] Department of Health, CCL/INA/0/488268
[164] Department of Health, CCP/INA/0/481800, Federation AGM, 7 May 1982.
[165] Department of Health, CCP/INA/0/482721.
[166] Department of Health, CCL/INA/0/488268.
[167] Department of Health, FIN2/EST/0/543210.

were delivered in the home or in St Finbarr's Hospital - was double the national average. The director of community care had investigated the stillbirths and concluded that little could have been done; two neonatal deaths were due to gross deformity, one of these infants was extremely premature. The SHB acknowledged that 'the position of this unit in the overall obstetrical service' should be considered.[168] No decision was taken. In 1985 a senior SHB official raised questions about obstetrical care in Bessborough. A handwritten note on a Department of Health file claimed that a nun/midwife had contacted the Board privately about discontinuing deliveries. The Department commented that

> For the unmarried girls who reside in 'mother and baby homes' and their babies, pregnancy and delivery carry a much higher than average degree of risk and this is particularly so during the perinatal period…To continue to carry out deliveries of this high risk group in a non-consultant staffed unit, funded by a health board, would appear to be contrary to the Department's clear policy on deliveries.

12.113 The general hospitals division wished to discontinue births in Bessborough 'in the light of the overwhelming medical opinion and evidence re non-consultant staffed units'. Shortly after this report the Southern Health Board confirmed that Bessborough had agreed to discontinue deliveries.[169]

12.114 By 1983 the facilities provided for unmarried mothers and their babies in Bessborough, Dunboyne, Pelletstown, Denny House and Miss Carr's were costing £1.5m in public funds. Bessborough was the only home that provided maternity care. An official in the Department of Health commented that 'Actually, the homes have a social function only, serving as a refuge for unmarried mothers and their children and providing them with counselling and accommodation during the later months of pregnancy and for a short time after delivery'. In the final years many of the women in Pelletstown and Dunboyne were referred by CURA.[170] By the mid-1980s the occupancy rate at Pelletstown at certain times was only 10%.

12.115 In 1983 a social worker wrote a report of her experiences with women who were admitted to Pelletstown. She had been under the impression that women would only be admitted following conversations with a social worker, and that the social

[168] Department of Health, CCL/INA/0/488268.
[169] Department of Health, CCL/INA/0/488258.
[170] Pelletstown Discovery E 11

worker would retain contact with the woman while she was in Pelletstown. Having interviewed all the women when they arrived in Pelletstown her

> overall impression is of minimal contact and a marked resistance on the part of the women to maintain the contact or travel outside the Home for office interviews. The young woman hiding from family and community often fears meeting a friend or neighbour…Patterns of institutionalisation with its apathy and dependency can be observed within a week of admission…The women often view contact with Social Worker as upsetting and will avoid such contact denying the need to plan for the expected child.

12.116 Only 40 of the 177 women came from the Eastern Health Board area, which indicated that 'a flight to the city' continued. Many woman had made hasty decisions on discovering that they were pregnant, abandoning jobs at a time of high unemployment, without being aware of their entitlements to maternity leave; dropping out of school or college 'in a similar, hasty unplanned way'. Some women needed education on the 'biological facts of life'; she claimed that there was 'a marked level of ignorance amongst the women who did not avail of ante-natal classes at hospital'. She noted that 'Moral dilemmas and legal requirements do, however, emerge in assessing how some handicapped girls will parent their child either in the short or long term. There is not in my opinion sufficient recognition of the fact that some mothers require long term semi-sheltered accommodation if the child is to receive adequate care and protection'. Pelletstown had lots of vacant space, so anybody who applied was admitted, but 'Obviously a smaller unit will have to select criteria'.[171]

12.117 In 1985 the Eastern Health Board purchased a house on Eglinton Road, as the successor to Pelletstown. They asked the Sisters who had been running Pelletstown to take charge. Eglinton House accommodated a maximum of 13 women and 10 babies; all the women were referred by social workers. The focus was on enabling mothers and children to move to independent living arrangements. Mothers often moved into flatlets in nearby Belmont Avenue (see Chapter 14).

12.118 A 1986 Department of Health file that reviewed current and future provisions for unmarried mothers and their children commented that

[171] Pelletstown Discovery E 11

It is not known how the girls managed in the homes before and after pregnancy but there is a conventional wisdom that they had to perform 'penitential work', e.g. laundering and other domestic work. Presumably this was, in part at least, an act of atonement for the grave wrong they had perpetrated against the pristine society of saints and scholars.

12.119 Minister of Health, Barry Desmond, agreed that officials should examine the possibility of closing St Clare's children's home in Stamullen, Temple Hill Children's Hospital, the Nazareth home at Fahan (Donegal) and Bessborough. When the department contacted the North Eastern and Southern Health Boards to discuss this proposal, their 'response was less than ecstatic' despite the fact that closing Bessborough would release £500,000 for child care and family services within the Southern Health Board; closing Stamullen give the North Eastern Health Board £120,000 for similar purposes. The department emphasised that this was not a cost-saving exercise; the savings would be used to develop child and family services in the community, including support services for single-parent families. The Southern Health Board official told the department that the Sacred Hearts congregation had raised the question of Bessborough's future with the board, and they had indicated a wish to continue working with children. At this time Bessborough accommodated 18 pregnant women, nine mothers with babies and five babies without their mothers. It was staffed by ten nurses - six Sisters, four lay - ten domestics and two non-nursing Sisters. The SHB official said it was 'basically operating as a small acute hospital with sick patients', which was a strange description, especially as it no longer provided maternity care. The Southern Health Board indicated that it would use the resources freed by closing Bessborough to hire additional social workers, develop flatlets for single mothers and day-care centres in Cork city, and provide additional resources for fostering and parenting courses for mothers. Closing Bessborough would take time; it would take time to identify alternative activities for the congregation and the premises.[172] In the early 1980s Bessborough introduced AnCo[173] training courses for the women. The Southern Health Board was concerned that some women were staying for unduly long periods presumably to attend these courses.[174] Some mothers were helped to move into flats in Cork with their babies.

[172] Department of Health, CCL/INA/0/488268.
[173] The State training agency; later called FÁS.
[174] Department of Health, CCL/INA/0/488268.

12.120 While Bessborough and Pelletstown had very low occupancy rates, in 1981 the occupancy rate in Dunboyne was 'very high' and it remained high in the early and mid-1980s. Dunboyne continued to offer the best facilities, and the smaller scale made it less daunting for mothers. A doctor who visited it during the 1980s described it as 'chintzy'. There were a total of 29 beds in single rooms, cubicles and bedrooms for two, three and four women (the latter had a bathroom attached). There was a TV room, a smoke room, a record room and two parlours for visitors. Staffing for the approximately 30 young women consisted of five religious - one midwife, one children's nurse, one social worker, one administrator, one receptionist; two cooks, one domestic worker, a gardener and eight part-time teachers. By 1989 roughly half of the Dunboyne residents were aged from 14 to 18. Most of these teenagers spent their time studying for school examinations, and they often arrived relatively early in pregnancy; older women arrived later in pregnancy. In addition to classes for younger women, some of the women carried out light work for external companies - assembling the contents of board games, and sorting papers for large meetings, for which they were paid a piece-rate; and there were lectures on diet and personal care. In 1989, at a meeting between the Department of Health and the North-Eastern Health Board, the latter expressed the view that Dunboyne and its service were outdated, but any proposal to close the home should come from the Sisters. The Sisters were examining the possibility of replacing it with two smaller homes - one catering for students and women under 18 years and a second for other women. These homes should be in a city, close to a maternity hospital. The department recommended that Dunboyne should remain in operation as a 'stop gap measure', until alternative arrangements were agreed. The official noted a 'need to move quickly on this before it becomes a political issue'.

12.121 Dunboyne began the process of closing in late 1990. CURA and Bishop O'Mahony claimed that the health boards were not aware of the full demand for mother and baby homes, because many women preferred to seek support from church-based services. When the department met the bishop and CURA, they claimed that there was a continuing need for a place such Dunboyne. They also claimed that the Good Shepherd Sisters came under pressure from the North Eastern Health Board to close Dunboyne, whereas the health board claimed that the Sisters had initiated the discussion. When the Department contacted the health boards about the impact of closing Dunboyne, they indicated that it had not presented any difficulties. All but one of the senior social workers reported that

there was little demand for Dunboyne. Women who wished to leave their home area when pregnant were accommodated with CURA families; the Midland Health Board planned to recruit 'host families' for women who would previously have been sent to Dunboyne. The South Eastern Health Board highlighted the problem of pregnant teenagers dropping out of secondary school, suggesting that further research was needed on that topic. The Eastern Health Board reported that the numbers admitted to Denny House had increased, and suggested that this might be due to the closure of Dunboyne. It was reported that CURA in Limerick were developing a hostel to fill the gap created by closing Dunboyne.[175] Denny House closed in 1994. Bessborough, the first mother and baby home to open in the Irish Free State, was the last to close - in 1999.

Changing Attitudes?

12.122 In 1972 the sociologist and Catholic priest Micheál MacGréil, published a detailed report on Irish attitudes on a variety of social issues. He reported that only 3% of respondents agreed that 'the unmarried mother should pay for her sin'. There was strong agreement that 'children born out of wedlock should be treated the same as those born in marriage'.[176] These findings would appear to suggest that prejudice against single mothers and their children had disappeared. However there is evidence that, while attitudes were changing, the transformation was less radical than MacGréil suggests. In 1971 June Levine wrote about Northern Ireland civil rights activist and MP Bernadette Devlin, who was a single mother. She described Devlin as 'a liberated woman'. Levine contrasted Bernadette Devlin with an unmarried friend who had kept her baby and was struggling, unable to cope; she was not trained to earn a living, and was 'hurt but not angered by the fact that the father of the child is as free as a bird, while she is so tied that she barely manages to get to mass'.[177] Journalist Ginnie Kineally suggested that

> In the final analysis, though, even a hundred helping agencies will not be enough so long as parents continue to throw out their pregnant daughters, so long as the men responsible for women's pregnancies insist on abortion. But as long as people thoughtlessly make uncharitable and censorious remarks about unmarried mothers these parents and these boyfriends will continue to behave this way, out of fear of ''what people will say'. So it could be said that

[175] Department of Health, FIN2/EST/0/543210.
[176] Mícheál Mac Gréil, *Prejudice and tolerance in Ireland: based on a survey of intergroup attitudes of Dublin adults and other sources* (Dublin, 1977), p. 452.
[177] *Sunday Independent*, 29 Aug. 1971.

a great many of us in Ireland are responsible, indirectly, for the evil of abortion. It's not a pleasant thought.[178]

12.123 In 1976 journalist Mary Kenny suggested that having a child outside marriage was the worst tragedy that could happen to an Irish family. She quoted a young single mother who claimed that '"It's not just your own life you're supposed to have ruined…You've ruined your sisters' marriage prospects and your brothers' chance of promotion. Sometimes, young brothers can't even be told, for fear of strong reactions. And by young brothers I mean lads of 25"'. Kenny quoted from her interviews with Cherish clients: women who panicked and fled their home town, and often quit their job on discovering they were pregnant. 'But the panic is for the old reason - fear of the family's reaction, of society in small towns and also of forced adoption'.[179]

The Catholic Church

12.124 By the mid-1970s growing numbers of single Irish women were travelling to England for abortion, and the proportion of extra-marital pregnancies ending in abortion was higher than in England. Over 80% of Irish women having abortions in England were single, whereas a majority of English-based women who had abortions were married. In 1981 the ratio of abortions to single births in Ireland was estimated at 70:100, prompting one sociologist to conclude that 'for those unable or unwilling to assume the role of single parent, abortion is becoming the preferred solution'.[180] Abortion had a major impact on Catholic church attitudes towards single mothers, though the change was not universal. Independently-minded priests such as Fergal O'Connor and James Good were among the most sympathetic. In 1973 James Good told a seminar on Christianity, held in a West Cork hotel, that he had worked with 1,000 unmarried mothers in the course of his work with adoption and 'he doubted if they could produce one mortal sin between them all'.[181] The publication of excerpts from Fr Good's speech in a Sunday newspaper prompted a vehement letter from the secretary of the Catholic Priests Association who claimed that he was 'leading the readers of your paper into error, if he thinks for a moment that they should accept his findings on sexual morality, and abandon the teaching of the Church that violations of the virtue of chastity can

[178] *Sunday Press*, 26 Jan. 1974.
[179] *Sunday Independent*, 7 Nov. 1976.
[180] Maire Ni Ghiolla Phadraig, 'Social and cultural factors in family planning' in Patrick Clancy (ed.), *The Changing family* (Dublin, 1984), p.79.
[181] *Sunday Independent*, 8 April 1973.

be as serious as violation of the virtue of justice'. Much of this attack was directed at Fr Good's criticism of papal teaching on contraception.[182] The correspondence that followed this altercation showed that opinions were divided though a majority of letter writers were hostile. A Dublin woman asked 'Why have I read so many indignant letters upbraiding Fr Good for declaring that he found no evil in the 1,000 unmarried mothers with whom he had come in contact? Surely, this is a matter for rejoicing, and reflects credit on Fr Good that he saw only the good in them'.[183] A speech on medical ethics by the Archbishop of Dublin, Dermot Ryan, linked abortion, euthanasia and single mothers. He explained that the Catholic Hierarchy planned to establish a 'lifeline' to assist women contemplating abortion. People should not rush to attribute guilt and blame to single mothers; the male partner commonly remained hidden and was slow to assume responsibility for the pregnancy. Unmarried mothers should be treated with compassion, sympathetic understanding and practical assistance, but 'people must not make the mistake of making compassion the criterion of a particularly tolerant minority'.[184]

12.125 The primary purpose of CURA, which was launched in 1977, was to reduce the numbers of Irish women travelling to England for abortion. When Bishop Dermot O'Mahony sought financial support from the Department of Health, he mentioned that at a later stage CURA would probably give consideration to other problems - such as the status of 'illegitimate' children. The department noted that the only agencies consulted by the hierarchy before establishing CURA were the Catholic adoption agencies; furthermore CURA had no advisory committee. They expressed concern at being asked to provide funding (roughly three-quarters of total costs) for an organisation that was established without prior consultation, whose need was unproven, and might compete with existing organisations. CURA's request for £17,000 in 1977-8 was substantially greater than the combined grants given to the Federation of Services for Unmarried Parents and their Children, Cherish and Ally.[185] The Minister of Health was also coming under pressure from Lifeline, a British anti-abortion organisation, to support their activities - but officials advised against doing this. Shortly after CURA was launched, the Bishop of Derry, Dr Edward Daly, suggested that Irish attitudes towards unmarried mothers were responsible for the many Irish women who sought abortions in

[182] *Sunday Independent*, 15 April 1973.
[183] *Sunday Independent*, 13 May 1973.
[184] *Sunday Independent*, 26 Oct. 1975.
[185] Department of Health, CCP/INA/0/482259

Britain.[186] In 1978 Fr Colleran, formerly of the CPRSI, now a regional organiser for CURA, announced that CURA planned to provide hostels where mothers could stay with their babies when they left hospital. The Belmont Flatlets (see chapter 14) opened in 1980). CURA hoped to accommodate up to 70 women and children in the Dublin area; they also planned to establish day nurseries and a programme where families would provide child-care for an infant while the mother was at work. The Commission has not seen evidence that hostels or day nurseries were opened, other than the Belmont Flatlets. CURA would also, with the bishops' permission, provide a guaranteed and free pregnancy testing service, with results within 24 hours. He reported that CURA had been contacted by up to 1,500 women in its first year; 10% of the women had been contemplating abortion; he claimed that only 20 women went ahead with an abortion.[187]

12.126 An undated CURA handbook, which was probably printed in the early 1980s, listed their services as pregnancy testing; information and advice on social welfare entitlements; medical facilities; counselling; abortion; post-abortion counselling; pre-natal accommodation; foster care; adoption; help with keeping babies, including practical help around food, clothing, accommodation etc. The 1984 annual report noted that CURA had handled 7,353 telephone queries during that year.[188] CURA referred pregnant women to Pelletstowns and Dunboyne. By the 1980s fewer women were willing to go to mother and baby homes, so CURA organised family placements. Minutes of a meeting of the Connacht bishops in 1985 record that 'most of those who come to CURA first will want adoption. As time goes on they will want to keep the baby'. They counselled against women 'rushing into adoption', because that decision 'may contribute to a second pregnancy'. Some mothers wanted their daughter to have an abortion; 'If the parents do not accept the child the girl should not keep the baby'. They noted that 'Most of those who keep their baby end up in a mess. They experience great frustration in looking after the baby'. By the 1980s CURA had a team of volunteers and social workers who provided advice and supports to women who kept their babies. In Galway they organised a weekly tea morning for mothers and their children as a mutual support network. CURA also provided some short-term

[186] *Sunday Independent*, 14 Mar. 1976.
[187] *Sunday Independent*, 15 Jan. 1978.
[188] Dublin Diocesan Archives, Dermot O'Mahony papers

accommodation in flats and houses for single mothers and their child(ren), and they used their influence to secure local authority housing.[189]

12.127 Fr Colleran claimed to have seen a change in attitudes towards unmarried mothers:

> When I began 13 years ago, very few parents of the unmarried mother wanted to know. Now a large majority are prepared to help the pregnant daughter; most will take her child into the family and accept it as one of theirs. Often university graduates and the like who espouse strong liberal views turn out to be the most conservative. But overall the whole pattern, reflected in every class, is much more tolerant of the single mother.[190]

12.128 Dr Cahal Daly, Bishop of Ardagh and Clonmacnoise, criticised lingering stereotypes about the treatment of pregnant single women. 'It is totally untrue that all pregnant girls are rejected by their home, blamed and scorned by caring institutions. But some still believe this. Then visiting social workers tell us that our services for unmarried mothers are better than almost anywhere - but they are not widely known'.[191] Fr Michael Cleary and Bishop of Galway, Eamon Casey, both priests who frequently spoke in public about attitudes to unmarried mothers, were later identified as fathers of children born to single mothers. Michael Cleary pleaded for better financial support for single mothers and deserted wives.[192] When Bishop Casey addressed the 1978 AGM of the Federation of Services for Unmarried Parents and their Children he spoke about 'The Society's responsibility towards the unmarried parent and child'. He told the audience that 'children born out of wedlock should be cherished more than ordinary children'; the ideal solution was to keep the child within the family setting. The government was opposed to abortion and it should reflect this opposition by supporting pro-life efforts. He saw no conflict between the work of the federation and CURA.[193]

Family, friends and neighbours

12.129 The letters written to Cherish offer a sobering corrective to any belief that Irish attitudes towards unmarried motherhood had been transformed by the 1970s. A woman who kept her baby reported that she had lost 'all my so-called friends' as a consequence; she had also lost her self-confidence. In 1973 the mother of a

[189] Galway Diocesan Archives, Eamonn Casey papers, C 4/108; C 4/113
[190] *Sunday Independent*, 15 Jan. 1978.
[191] *Sunday Independent*, 27 Aug. 1978.
[192] *Sunday Independent*, 23 May 1980.
[193] Department of Health, CCP/INA/0/482259.

seven-year old son, who lived with her three brothers, possibly on a farm, wrote that if they discovered that she was again pregnant 'they will probably put me out, I guess I would not blame them, once is bad enough'. She was ashamed to visit her doctor. One woman who had phoned Cherish from a provincial town apologised in a follow-up-letter because she might 'have sounded a bit "short" on the phone, but you understand I did not want to say too much as it is manned by locals at night in particular'. In 1974 many telephone exchanges in provincial Ireland were manual - callers had to be connected by a telephonist who could listen to the call. A woman reported that around the time that she discovered she was pregnant, a young woman in the neighbourhood had a baby outside marriage 'and my mother said to me "If anything ever happens to you, you can pack your things and go"', so she had decided not to tell her parents. A farmer's daughter, who was living at home, concealing her pregnancy and milking a large herd of cows every day with her father, was scared of going to a maternity hospital, lest she meet a neighbour or a member of the nursing staff who knew her. She planned to place her baby in a foster home: 'the main thing is that no one would know about it as it would kill both of them [parents] apart from that I could never face them again'. Another woman wanted to keep her pregnancy secret because she was afraid that the news might kill her parents as she had been identified as 'the sensible one in the family'; she felt 'angry, guilty, embarrassed, ashamed at present'. A woman who described herself as 'the black sheep of the family' felt 'depressed and rejected by everyone'. She had contemplated suicide; planned to keep her baby but was afraid of being rejected by her friends. When one single mother contemplated getting a flat on her own (with her child) her mother said that 'she would put a red light over the door'.

12.130 A long interview with Cherish workers and Cherish clients in 1976 highlighted the continuing, though declining pressure on mothers to have their child adopted. One mother thought that "The pressure is, I think, lessening a bit now, but it was almost irresistible when I had [her son] eight years ago…Not only my parents but all my contemporaries and all the institutions of Church and State seemed to be pushing for adoption". If her baby had not been ill after he was born and had to stay in hospital for a year, he almost certainly would have been adopted. This article quoted Maura O'Dea of Cherish who suggested '"some girls also want to keep their babies for the wrong reasons…An awful lot of young girls think of their babies as dolls to play with and don't realise the responsibility of a child". The mother of a two-year old boy spoke of "the trauma of watching your parents age ten years when you tell them…You have to watch your friends doing their best to talk you

into giving up your child. They'll tell you, after all, they feel dragged down by what you're doing"…Sometimes, to be fair, the girls' own mothers do come around, in the end: sometimes it's in a compromising kind of way - they will, say come to Dublin to visit their daughter, but not encourage the girl to come back to her home town; or they will allow the girl a discreet visit, but ask her not to accompany them to the same Sunday Mass. Often the most unexpected parents turn out to be the most solid'.[194]

12.131 One woman who wrote to Cherish in 1978 explained that her parents were very supportive but 'at present I would prefer if at all possible I could leave [her home town]'. A 19-year-old from rural Ireland stated clearly 'I want to get away as soon as possible, immediately. I don't want anyone to know'; she was unwilling to go to a mother and baby home, and wanted a family placement. Another described Killarney, her home town, as 'like a second Coronation Street' - presumably implying that gossip was rife. A woman reported that her mother told all the neighbours about her wonderful grandchild, adding 'They all think she's loopy for boasting about the baby instead of hiding her under the kitchen sink'. A mother who went home with her baby had a less happy experience, her parents gave her money to 'leave the country, as they are badly affected by the talk and do not want me around'. A single mother, whose parents were minding her daughter when she went to work, commented that

> I think that the worst part of it all for my mother was facing the neighbours. That's when I felt really bad about it. She would go out to the shops or something and come back white and quiet because of something someone had said - or what hadn't been said more often, because the usual reaction was 'Oh I see' and then a long silence.

12.132 A woman living in provincial Ireland, whose daughter planned to keep her child sought advice as to what she should do: 'you can imagine what this place is like…everyone knows everybody's business and most of them are not very charitable in cases like this'. This woman had offered to keep the baby while her daughter arranged a job,

> but that's when the trouble started. Some of my family and my best friend and my parish priest (who has been most helpful) have advised me that that would be the wrong decision. They say the child would have a bad time when she

[194] *Sunday Independent*, 7 Nov. 1976.

starts school - that everyone would know she was illegitimate and would be nasty to her. I was full bent on keeping the little girl as I could not care less about what neighbours or anyone else says but now I am wondering.

12.133 A woman who was pregnant with her second child wrote that 'the prying and malicious gossip of neighbours is causing me a lot of stress'; she wanted to move to a place where she was 'less known' but believed that this would be difficult, as she had been allocated local authority housing. A single mother living with her child in rural Ireland wanted to move to Dublin as she felt that she was 'stigmatised in the community'. One woman, whose mother had offered to care for her child 'probably impulsively', became concerned about the neighbour's attitudes. The school teacher mother of another woman was insistent that her grandchild should be 'hidden quite a lot' because she was 'aware of what the nuns think…And very aware of her position in the community'.

12.134 One set of parents planned to move house because of their daughter's pregnancy. A Cork woman who had decided to keep her baby reported that her parents were opposed to her decision and would not permit her to visit with her child, but the Capuchin Friars had assisted her in finding somewhere to live, and her boss and his wife brought her and baby to visit her parents; they relented and wanted mother and baby to come home for summer holidays. A second-time single mother, who had kept her first child, born when she was eighteen years of age, reported that her mother 'stood by me on both occasions'. Recalling the infancy of her first child in the late 1960s, she recalled that 'The first three months were hard especially in a small town…with everyone talking and nudging when I went shopping but then I just got to the stage when I ignored them, and pretended I did not care about them'.

12.135 The mother of a five year old girl told *Woman's Way* that 'The children come, [to their home] but their mothers keep their distance'.[195] In 1993 the *Sunday Independent* quoted a woman whose daughter became pregnant: 'How would I tell my mother, my friends, my colleagues at work? How would I face anybody? I could not face anybody. I told nobody. We sold our house and moved to a rented house in a new area. I left behind all my very good friends and neighbours'.[196]

[195] *Woman's Way*, 28 Sept. 1979.
[196] *Sunday Independent*, 1 Aug. 1993.

Social censure might even extend to a woman who married when pregnant. A letter writer to *Woman's Way* described how

> The street I live in is full of gossips and when I had to get married last year they've never let me forget it. When I take the pram to the shops I hear remarks and one woman has reduced me to tears with the wicked things she says. I love my little boy and I love my husband too. I want to be a good wife and mother, but they make me feel dirty and shameful. Even my mother says she'll never be able to hold her head up again. Some days I can't face going out and meeting anyone, so I shop very early or nearly at closing time to avoid people. My husband says I shouldn't do this, but he doesn't have to put up with it.[197]

12.136 In 1980 *Woman's Way* noted that 50% of single mothers were keeping their babies. They asked

> Does the decrease in babies being offered for adoption coincide with an increase in public understanding? Unfortunately it doesn't appear so. As one social worker put it, the only reason more girls are having the guts and determination to keep their babies is because there is now excellent support available from various concerned organisations. Thanks to pressure from these groups, unmarried mothers can now get State allowance, tax relief and so on, along with practical help and advice to deal with all the nitty gritty problems that come their way. Public opinion towards the unmarried mother is more tolerant in our larger cities, although far from disappeared, but in many rural areas local censure is still as strongly prejudicial against the single mother as it ever was.[198]

12.137 Cherish reported increasing involvement by the wider family in the lives of single mothers and their children; 46% of parents who were aware of the pregnancy/child were supportive and helpful, 15% were not; 33% did not know the situation, in 6% of cases the main support came from siblings.[199] However a study carried out by Ally of 459 women who contacted them in 1979 concluded that 'The message that comes over loud and clear is that many of the girls who come to us don't feel that their relationship with their parents is strong enough even to cope with an extreme problem for their daughter, and it is also apparent that many parents were simply

[197] *Woman's Way*, 15 Jan. 1982.
[198] *Woman's Way*, 2 April 1980.
[199] Department of Health, CCP/INA/0/489154.

not interested enough to know of their children's need for help'; 46% of parents didn't know about their daughter's pregnancy.[200] Whether to tell parents or not remained a regular topic for debate even in the late 1970s.

12.138 In 1981 a 20-year old women who was living in a flat in Dublin with her baby and the father of her child contacted Cherish. Her parents had refused to give her a letter permitting them to marry during her pregnancy,[201] and she hadn't seen them for several months until they called to her flat, saying that the baby's father had 'no legal hold on the baby'; they wanted to place her child with adoptive parents who were known to them. They would come to collect the baby on a specific date. She asked whether they had the power to do so. The case notes on one client, whose religion was recorded as Protestant, stated that 'her relationship with parents deteriorated, they pressured her to place the baby for adoption. They disapprove of the PF, who is not Protestant and because there is a history of alcoholism in his family'. The parents of a single mother who was a Methodist had 'very definite views'; they were described as 'very religious'. The woman's partner and father of her child was a Catholic, and he wanted the baby to be baptised as a Catholic. Another woman had a row and left the family home because the father of her child was Protestant, and she was Catholic; this couple separated.

12.139 Some mothers came under pressure to marry the father of their child, even though both were teenagers.[202] A social worker with Ally commented that

> The immediate thing resorted to is the decency of marriage. This can be totally traumatic. Furthermore, in an Ireland of the 1980s it is horrendous to think of the terrible silence and suffering the girl is being put through because of the social pressures. It is hardly surprising that many girls resort to the abortion trail.

12.140 Peter Prendergast general secretary of Fine Gael and an Ally spokesman commented that

> The picture presented in the [Ally] report is but a part of a complex scene which ranges from hastily arranged marriages with little hope of a future stability and happiness to a sordid abortion trail. Unless we face up to these

[200] *Sunday Independent*, 24 Aug. 1980.
[201] At the time, parental consent was required for a person under age 21 to marry.
[202] *Sunday Independent*, 6 June 1976.

problems with realism and genuine concern we are storing up massive difficulties which will be much harder to relieve later on.[203]

12.141 Women continued to face pressures to place their child for adoption. A priest told one Cherish client that 'she would be selfish to keep the baby'; another woman was considering placing her child for adoption, though she believed that this was the selfish option. One woman explained: 'I cannot keep the child and do not wish to. I would like to give it up for adoption where someone could give it a good home and love…this situation is pushing me to the edge, if I do not get the child adopted I think I will kill myself. I do not want this child. I am too young, (eighteen), and I do not even like children'. A woman who had contacted CURA claimed that 'they only talked about adoption'.

12.142 Some mothers changed their minds and reclaimed children from adoptive parents before the final adoption order was signed. One woman reported that her family had rejected her because she had decided to keep the child. The putative father wanted the baby to be adopted and had abandoned her. A later note on this woman's case file stated that she was 'talked into' placing her baby for adoption by her parents; she felt 'very pressurised into signing the final papers'. A woman who was brought up in care felt that she 'owes it to the baby to keep him'. But a woman who planned to keep her baby 'to add meaning to her life'; was contemplating abortion a month later. Cherish social workers reported that some clients were totally unrealistic about the restrictions on their lives if they kept their baby - one young mother asked where was the local dance hall.

The loneliness of the single mother

12.143 One theme found in many letters is the loneliness and isolation of single mothers - hence the importance of Cherish. A twenty-nine year old woman explained that she had cut herself off all her friends, and moved into a bedsit, in case they would discover that she was pregnant. This sense of isolation was most pronounced among mothers who were raising their children outside Dublin. One woman asked where was 'the hang out for the single parent' in Cork? A sadder letter came from a mother who was living with her parents 'and I may add with our neighbours'. There were many tensions and friction within the family; 'personally I have no real friends'. A single mother in Donegal felt 'isolated'; she went to work, but was too

[203] *Sunday Independent*, 24 Aug. 1980.

exhausted to organise a social life. She wanted to meet other single mothers. 'I know of no one in my county who is a single parent. Here the child of an unmarried mother is either adopted (the girl often has absolutely no other choice), or else brought up by the girl's parents'. One young woman 'would love to be able to mix with people in the same predicament as myself, as I get depressed looking around at and also hanging around with all my friends', who were presumably not single mothers. In 1980 a woman who was five months' pregnant, unemployed and living in a large provincial town, stayed in the house all the time 'as the stigma of the unmarried mother is terrible around here'. She felt 'very lonely and alone'.

12.144 Maura O'Dea told an officer of the Limerick Social Service Council that Cherish ran fortnightly group meetings, where mothers discussed their problems and learned from each other's experience. AMIE, an organisation to assist single mothers in Mayo was started in the late, 1970s; over the first four years 200 women contacted them seeking advice and assistance. They employed a full-time social worker, funded by the Western Health Board and AMIE was supported by volunteers and local branches of Rotary and the Chamber of Commerce. In 1978 they were planning to purchase a house in Castlebar to provide a home for four mothers and their children.[204] In 1981 a 19-year old single mother was planning to establish a single mothers group in Finglas.[205] By 1978 there was a single parents group in Ballymun; they set up their own day nursery in 1982; it took them two years to secure premises. A Ballymun single mother of two children commented that '"There's great opposition from the clergy and everyone else to girls having abortions. But the facilities for single mothers who keep their babies is [sic] non-existent. We felt that a nursery where kids would get their meals and be well looked after should be provided. We knew we would be waiting forever for the State to do it, so we did it ourselves''. The Department of Social Welfare gave a grant towards the cost of setting up the nursery, and it was hoped that the Eastern Health Board would provide substantial funding towards running costs.[206] Single mother groups were also established in Waterford, Galway, Letterkenny and Cork in the mid-1990s.

[204] *Sunday Independent*, 17 Dec. 1978.
[205] *Sunday Independent*, 17 May 1981.
[206] *Sunday Press*, 28 Feb. 1982.

Discrimination and Prejudice

12.145 In 1983 a social worker, who had counselled many Irish women who decided to have an abortion in England commented 'Abortion is never the easy way out…Most women we see are too anxious and distressed, fearful most of all of being found out by their families, friends or boyfriends'. This article in the *Sunday Independent* noted that most Irish women having abortions were single 'and they usually reach the agonised decision not because of medical or financial reasons, but because the social stigma against unmarried mothers is still so strong in Ireland today. Teachers in religious orders schools, student nurses, ban gardaí[207] and women who work in small firms feel they stand to lose their jobs as well ias the respect of their family and friends'. Many women 'fear their boyfriends would stop seeing them if they found out…Others are afraid wedding plans would be dropped and others still are persuaded by their boyfriends to have the abortion, even though they themselves may want the baby. For single women in their thirties, the decision is hardest of all, as they feel this is their last chance to have a baby'.[208]

12.146 Ally's annual report in August 1984 was headed 'Unwed mums: Stigma not gone'.[209] In 1979 Nuala Fennell, politician and journalist related the story of a woman, who was within three months of completing her nursing training, when she became pregnant. The matron 'told her to pack her case and go home to the country saying that she would telephone her mother'.[210] In 1982 Eileen Flynn, a teacher in a convent secondary school, was dismissed when she became pregnant; she was cohabiting with a married man. In 1984 the Employment Appeals Tribunal upheld the right of the religious order, who ran the school, to dismiss her, because her lifestyle was repugnant to their values. When she appealed this judgment to the High Court, it was upheld.[211] Flynn was the most high-profile of these cases. However Ireland was not quite as exceptional in this respect, as is sometimes thought. In 1974 unmarried teachers who became pregnant were dismissed in Britain; it is unclear when that practice ended.[212] In 1985 Majella Moynihan, a Garda, faced a disciplinary hearing because she had given birth to a baby and was not married, which was contrary to the *Garda Síochána (Discipline) Regulations 1971*: 'conduct prejudicial to discipline or likely

[207] This was the term then used to describe female members of An Garda Síochána.
[208] *Sunday Independent,* 13 Feb. 1983.
[209] *Sunday Independent,* 26 Aug. 1984.
[210] Woman's Way, 6 April 1979
[211] Tom Inglis, *Truth, power and lies. Irish society and the case of the Kerry Babies* (Dublin, 2003), p. 126.
[212] Thane & Evans, *Sinners? Scroungers? Saints?* p. 137. The fact that teachers were employed by local authorities probably meant that the practice varied by area.

to bring discredit on the Force'.[213] The father of her child was a colleague. It appears that she was only spared dismissal from the force because of the intervention of the archbishop of Dublin. This case only became known to the public in 2019.[214] Some conservative politicians alleged that women deliberately became pregnant to secure a house.[215] In 1989 a number of callers to the Gay Byrne Radio Show painted exaggerated pictures of unmarried mothers living off the state, but the majority tended towards the view 'that to be an unmarried mother on Social Welfare is one of the roughest and thankless gigs going, and that anyone who suggests otherwise is either pig-ignorant or just simply bloody-minded'.[216]

12.147 Rape only began to feature in public discourse in the 1980s; the Dublin Rape Crisis Centre was founded in 1979. In 1985 the *Sunday Press* told the story of the mother of a five-month old baby, who became pregnant as a result of rape. When she tried to tell her mother about the rape and pregnancy she received 'no sympathy, no understanding'. Her mother's attitude was 'She asked for it'. This woman was assisted by the Wellwoman Clinic; they referred her to the Rape Crisis Centre for counselling and to a sympathetic gynaecologist in Holles Street. Following the birth of the baby, her brother urged her to place him for adoption.[217]

12.148 Teenage pregnancies attracted attention, though the trends are complex and much of the media coverage exaggerated the incidence. In 1970 a total of 1,709 'illegitimate' births were registered; 30% were born to mothers under the age of 20. By 1980, when the number of births had more than doubled to 3,723 the proportion of teenage mothers had risen to 38%. In 1990 however 29.25% of the 7,767 births were to teenage mothers, which was fractionally lower than the percentage in 1970. Sunday newspapers occasionally featured scare stories on this topic. 'Scandal of 13 Year old Mothers' by Mairtín MacCormaic; 'Schoolgirls Unmarried Mothers' by John Feeney; 'Maths, Macbeth and Bringing up Baby', Mary Kavanagh.[218] Journalist Frances O' Rourke commented that one theme was 'how much help is available to single mothers', yet many pregnant women were still 'paralysed by fear from looking for that help'. Despite changing attitudes

[213] http://www.irishstatutebook.ie/eli/1971/si/316/made/en/print
[214] RTÉ, The Doc on One, 20 June 2019. https://www.rte.ie/radio1/doconone/2019/0613/1055120-the-case-of-majella-moynihan/
[215] *Sunday Independent,* Alice Glenn, 9 March 1986.
[216] *Sunday Independent*, 16 April 1989.
[217] *Sunday Press*, 15 Dec. 1985.
[218] *Sunday Independent*, 12 Feb. 1978; *Sunday Independent*, 2 April 1978; *Sunday Press*, 12 April 1987.

unmarried pregnant women continued to be judged harshly. She claimed that there were many schools, 'perhaps the majority, who won't let pregnant schoolgirls continue with their classes'.[219] In an article titled 'Sex and Schoolgirls' Helen Shaw noted that although many schools had to confront the issue of pregnant students neither the Department of Education nor the schools had formulated a policy or even discussed the matter. As the schools were not owned or run by the Department of Education, the department had no power to prevent school managers from expelling pregnant pupils, but 'neither have they advised the schools against such extreme action or to direct the schools to protect the child's right to education'. Nuala Fennell, Minister of State for Women's Affairs, called for maternity protection legislation (legislation preventing pregnant women from being dismissed at work) to be extended to school pupils - but given that Eileen Flynn, a teacher was not protected by that legislation, and neither was Majella Moynihan, the reform needed to extend more widely.

12.149 Most pregnant students had to leave school, which meant that they had to leave home if they wished to continue their education. Many went to Dunboyne. Shaw determined that most convent schools would not welcome the return of a young mother who had decided to keep her baby, and 'Even the VECs are not prepared to guarantee the child's right to education without plenty of conditions added'. The principal of a large Dublin VEC indicated that the key issue was the hostility of parents to the presence of a single mother among the pupils.[220]

12.150 The death in 1984 of the 15-year old school girl Anne Lovett, who gave birth to a stillborn baby beside a grotto in Granard[221] prompted widespread emotion, and much commentary. It resulted in a huge number of letters to the Gay Byrne programme - a morning show on RTÉ radio 1 that attracted a large audience. These letters provide evidence about attitudes to unmarried motherhood, and more specifically to teenage pregnancy in the mid-1980s. Some were written by conservative listeners, who used this tragedy to endorse past customs and practice. One anonymous correspondent claimed that such a tragedy would not have happened forty years ago because people would have noticed the pregnancy and spoken to her parents; 'would it not be better to be a busybody and save a life

[219] *Sunday Press*, 26 Feb. 1984.
[220] *Sunday Press*, 6 May 1984. Many US cities expelled pregnant teenagers from public schools in the 1950s and 1960s; it is unclear when that practice ended. Rickie Solinger, *Wake up little Susie, single pregnancy and race before Roe v. Wade* (New York & London, 2000), pp 109-110.
[221] Inglis, *Truth power and lies*, pp 124-5.

than to be blind to the needs of others. It could have saved this poor girl and her baby'. Another writer complained about 'church-bashing: the sooner we are back to Christian values and moral teaching the better'; another hoped that the tragedy would 'scare(s) young people not to be having sex when they're children'. A Tralee writer blamed the rising rate of illegitimacy on the fact that priests were not preaching 'as forcefully as previously'; he claimed that such a tragedy would not have happened in the past. Another lamented that those covering the 'whole tragic affair did not raise the subject of "good old-fashioned morals"'. One correspondent 'thank[ed] God for the courageous mothers who have the strength to have their children adopted'. Another conservatively-minded writer rejected the criticism of past attitudes towards illegitimacy, arguing that 'They had a good reason to act the way they did. No contraception to prevent pregnancy or VD. Sexual freedom was out of the question and frowned upon. The millions of children that would inevitably come on stream from this practice would never have a chance of survival'.

12.151 Some writers reflected on their own experiences; their ignorance about sex when they were teenagers. A woman who became pregnant in her early twenties and then married the father of her child, 'wish[ed] like little Ann Lovett that I was taken to heaven. I have lived in hell since'. A woman who spent five months in a mother and baby home complained that nobody had tried to understand her underlying problems. A single mother, pregnant for the second time, queried the widespread comments that Anne Lovett would have received every assistance if she had asked: 'no one comes to help, or offered any help'. This woman had lived in her home town since her first child was born but had never been visited by a social worker or the St Vincent de Paul Society: 'I feel people don't want to be troubled with the problems of a single mother'.

12.152 Anne Lovett's death prompted criticism of the Catholic church and its attitudes towards pregnancy outside marriage. Such explicit criticism would appear to have been a relatively new development. A correspondent claimed that those who believed that this tragedy would change attitudes, 'are only deluding themselves…basic attitudes towards unmarried mothers will remain unchanged. Some people's attitude will as always be influenced by the teachings of the Catholic Church that getting pregnant outside marriage is still a grave sin, and knowing this, the young people will think twice before asking for help'. A Kilkenny writer described Ann Lovett as 'a victim of our society and stupid laws. A society

that made her so afraid to ask for help that the only one she felt she could turn to was Our Lady… the doctors and everybody in our so-called Christian society. I believe what happened is a reflection on us all'. Another suggested that 'the heart of the issue…is the warped primeval teachings of the Catholic church…our attitudes are a reflection of the teachings of the Irish church. They in no small measure must accept the death of this terrified girl and her suffered child - now in some limbo - as another bead of sorrow in that rosary of shame hanging from our country's lump of ignorance'.[222]

12.153 The tragic death of Ann Lovett and her child, and the story of Joanne Hayes, a single mother from Kerry, which was and is widely referred to as 'the Kerry babies',[223] meant that the mid-1980s was a time of unprecedented commentary about unmarried mothers. However it is unclear whether these events brought about a marked change in attitudes. A survey of women aged between 16 and 45, carried out in 1987 indicated that almost 60% believed that it was morally wrong for a woman to have a child outside marriage, however they did not agree with the suggestion that payments to single mothers should be reduced, indeed a majority recommended that they should be increased.[224] In 1992, ten years after the Anne Lovett tragedy, one journalist commented that 'Her death shocked the nation and prompted us to look at our attitudes and facilities - or lack of them - for women with traumatic pregnancies. As a result of such national heart-searching, some new services were put in place. Everyone hoped that such a tragedy would never happen again'. However in the previous six months the bodies of three new-born babies were found abandoned; one of the mothers was a teenager.

12.154 The 1990s saw a series of high-profile stories about unmarried mothers and children. In 1993 the story of Annie Murphy, a young American woman whose child was fathered by Bishop Eamon Casey became known, resulting in the bishop's resignation. In 1995 Phyllis Hamilton went public about her relationship with Fr Michael Cleary, and their two children; the first child was placed for adoption, she raised her son Ross while living with Fr Cleary ostensibly as his housekeeper. In 1996 RTÉ broadcast a documentary, *Dear Daughter,* the story of Christine Buckley, who was the daughter of a Nigerian medical student and a married Irish mother, and her life in Goldenbridge industrial school. Mary Raftery's

[222] RTÉ archives, letters to the Gay Byrne Programme.
[223] This story is examined in detail in Inglis, *Truth power and lies*.
[224] *Sunday Press*, 11 Oct. 1987.

documentary *States of Fear* that aired in 1999 drew attention to the many children who were placed in industrial schools and the reasons for their institutional upbringing. In the same year the government established a Commission to inquire into child abuse in institutions. Not all the children in these institutions were 'illegitimate', but many were.

12.155 Another development that focussed attention on unmarried mothers and their children was the growing number of adopted children who were attempting to find their birth mothers; a voluntary contact register was established in 1990.[225] In 1988 St Anne's Adoption Society reported that a substantial part of their work was 'not reflected in the word adoption'. The number of adoptions had fallen substantially, but there was a growing number of inquiries from adoptees tracing their parent(s) - 59 in the year 1987-88 compared with 16 the previous year. St Anne's reported that social workers were increasingly working with families, not simply with the single mother; there was a demand for family therapy, and counselling, including counselling for grandparents 'especially if the girl's wishes differ from the child's grandparents'.[226]

Extra-marital births

12.156 One group that are often forgotten in the story of unmarried mothers are the women, married, and perhaps separated or deserted, who gave birth to children that were not their husbands. During the last two years of World War II, one-third of 'illegitimate' children born in Birmingham and up to 50% in other areas were extra-marital children of married women.[227] This proved a particularly difficult issue in Ireland. These women were not generally admitted to mother and baby homes. The absence of divorce until the late 1990s prevented couples in stable relationships, where one or both parties had previously married and separated, from marrying. Article 41 of the Irish Constitution pledged 'to protect the institution of Marriage on which the Family is founded', and, reflecting this article, the Adoption Act, (1952) did not permit the adoption of 'legitimate' children. All children born to married women were deemed to be the child of the woman's husband and therefore 'legitimate' unless the couple went to court to refute this. As the infant was 'legitimate', she/he could not be placed for adoption, yet many husbands were unwilling to accept an extra-marital child. In 1978 Fr John O'Mahony, director of St Anne's Adoption Society wrote a memorandum on the

[225] *Sunday Press*, 4 March 1990.
[226] Cork Diocesan Archives, St Anne's Adoption Society, Box 4, annual report 1988 and report 12/11/1987.
[227] Thane & Evans, *Sinners? Scroungers? Saints?* p. 57.

registration difficulties of children who were born extra-maritally. He indicated that this was 'a growing problem'; he estimated that at least 10 per cent of St Anne's case load related to extra-marital births and the number was rising; he expressed the opinion there were 200-300 extra-marital births every year. He suggested that some women were presenting themselves in a maternity hospital as single and registering the child as the child of a single mother. He believed that there was a real risk that some of these births would not be registered, and no adoption society could accept false registration documents. He recommended that as an alternative to court proceedings, an affidavit from the mother and two independent witnesses, giving the name of the child's father, should be accepted, permitting the child to be regarded as 'illegitimate' and therefore eligible for adoption.[228] Adoption in Northern Ireland or Britain was not restricted to 'illegitimate' children, and there is evidence that extra-marital children were moved to Northern Ireland for adoption, and this practice was known to the authorities. In 1986 a Department of Health memorandum, relating to the proposed closing of Bessborough and Stamullen, recommended that no action should be taken in relation to the infant nursing home at Fahan, in Donegal: 'It provides a facility which spares our national blushes in the area of the adoption of legitimate but unwanted children'. [229]

The Fathers

12.157 The only public references to unmarried fathers before the late 1960s are in relation to affiliation orders. The Kilkenny conference used the wording 'unmarried parent', rather than 'unmarried mother' - a terminology that reflected changing approaches towards single-parent families internationally around this time and a session at this conference was titled 'The role of the unmarried father'. At the conference Fr Colleran, of the CPRSI, spoke of the advantages of involving unmarried fathers from an early stage, both in relation to the pregnancy and the future of the child. He claimed that an increasing number of fathers were 'coming forward'. The consensus of the conference session was that 'the State should insist on the father fulfilling his material obligations towards the mother and his child'; however it was agreed that 'the attitudes of the law towards unmarried fathers should not be actively negative'. He had a right to know about the pregnancy, and a right to maintain contact with his child 'unless it can be shown that such contact is detrimental to the child'.[230] This interest in fathers proved

[228] Cork Diocesan Archives, St Anne's Adoption Society, Box 29
[229] Department of Health, CCP/INA/0/489126.
[230] *The unmarried mother in the Irish community,* pp 22-5.

short-lived. While the conference used the term 'single parent' the publication of the proceedings used the title 'mother'.

12.158 Putative fathers feature in the earlier chapter that profiles unmarried mothers - but most are anonymous, they commonly disappeared when the woman announced that she was pregnant; sometimes they accompanied her to England having promised marriage and then vanished; others denied paternity, many emigrated. The portrayal in the Cherish records, which mainly comes from the mothers, is generally negative. One woman claimed that the father of her child treated her 'like she had leprosy'. There are numerous complaints about men evading financial responsibility for their child, enjoying a comfortable life while mother and child lived in poverty. In 1971 a single mother with a six-year old daughter sought advice from a newspaper columnist about what to tell her daughter about her father. She described him as 'a callous and irresponsible man' who left her when she became pregnant;[231] other women only discovered that the father of their child was married when they informed him of their pregnancy.[232] In 1974 June Levine claimed that a group of unmarried mothers was setting up a register of single fathers, which would remain confidential; the mothers planned to send newsletters to the men 'in the hope that some will see the reality of their relationships and agree to take an interest in the well-being of their children'.[233] Cherish advised mothers about a father's rights with respect to his child, and they supplied guidance on how women should address their child's queries about their fathers.[234]

12.159 It is important not to exaggerate the number of fathers who wished to be involved with their child. In 1976 a Cherish officer told Mary Kennedy that '75% of them [the fathers] are still running'. Some were married - divorce was not available in Ireland until the late 1990s. Many fathers 'don't want to know, others aren't even told'.[235] In 1980 a social worker with Ally claimed that only 47% of single fathers - presumably these statistics related to women who had contacted Ally - were involved in any way in assisting their girlfriends through their pregnancy. Some 53% were not in any way helpful; 23% just didn't want to know. 30% were not consulted by their girlfriends as they felt it was not worth their while. In most of the

[231] *Sunday Independent,* 12 Sept, 1971.
[232] *Sunday Independent,* 21 March 1976.
[233] *Sunday Independent,* 27 Jan. 1974.
[234] Department of Health, 485291 asked Claire
[235] *Sunday Independent*, 8 Nov. 1976; Department of Health, CCP/INA/0/482259.

latter cases the relationship was casual and was not sufficiently stable to sustain such pressures.[236]

12.160 In 1978 the Federation of Services for Unmarried Parents and their Children noted that they had received queries from a number of fathers who wished to be recorded on the birth certificate of their child and the Federation's quarterly bulletin set out how this could be done. By the 1980s an increasing number of men were accompanying their partner to the Cherish office, and reports suggest that some were supportive. One file relates to a man who asks how he could be more supportive to his pregnant girlfriend. He was concerned because she kept changing her mind, and her attitude towards him. His parents had told him that he was foolish to have acknowledged paternity, which prompted him to move out of home. Some men tried to encourage the mother to place the baby for adoption, one woman reported that the father would 'support her if she opts for termination', but would not be involved if she kept the baby, 'because he will not allow this to interfere with his life'. By the 1980s Cherish was receiving more queries from men. One father acknowledged that when his son was born he felt unable to raise the child with his girl-friend; she was unwilling to raise their child as a single parent, so he was reconsidering his position, and came to Cherish to inquire about accommodation. He did not wish his son to be adopted. Another male client wished to discuss the social and legal implications of co-parenting where a couple was not married. Cherish told one mother, in response to a query, that the father of her child had a right to apply to the courts for access or custody, but there had been few such cases and the social worker didn't believe that any had been successful.

12.161 That changed with the enactment of the *Status of Children Act 1987* which abolished the status of 'illegitimacy'. A press release by the Diocese of Cork and Ross Family Centre in 1989 noted that an increasing number of fathers were aware of the birth of their child and over 50% were supportive of the mother. A growing number of fathers were applying for guardianship and either custody or access to their child. If the father was granted guardianship a mother could not place the child for adoption without his consent.[237] In 1990, the Lone Parent's Allowance replaced the unmarried mother's allowance (and other means tested payments to lone parents) and became available to male lone parents on the same

[236] *Sunday Independent*, 24 Aug. 1980.
[237] Cork Diocesan Archives, St Anne's Adoption Society, Box 4.

basis as female lone parents. In 1996 this became the one-parent family payment; 59,000 women and men, who were parents of 95,000 children received this benefit the following year; only a small minority of recipients were men.[238]

From Unmarried Mother to Single Parent: the Changing Irish Family 1970s–2000

12.162 In 1982 Joe Robins, Assistant Secretary in the Department of Health gave the keynote address at the annual general meeting of the Federation of Services for the Unmarried Parent and their Children. He reflected on the major changes that had taken place over the past decade in relation to single mothers and their children. The number of 'illegitimate' births doubled between 1971 and 1980; the number of children legitimated by subsequent marriage rose from 172 to 623 (children whose parents married after their birth). In 1971 adoption orders amounted to 71% of 'illegitimate' births; by 1980 they had fallen to 37% of 'illegitimate' births. Robins estimated that in 1970, approximately one unmarried mother in five were keeping their babies; by 1980 a majority were opting to raise their child. Unmarried mothers were living in 'a less hostile society'; attitudes were changing, reflecting the 'changing values of the modern world'. He highlighted some concerns: the number of mothers who having determined to raise their child, realised after perhaps two years that they were unable to do so; the need for mature social workers to advise single mothers. He described the 6,000 women who were receiving unmarried mothers' allowance as 'a large dependent group within our population'.[239] The annual report of the Rotunda Hospital for 1981 recorded that 505 of the 608 'illegitimate' babies born that year were being kept by their mothers; 20 mothers were undecided, and there were 12 neo-natal deaths. The parents of 14% of these infants were cohabiting - some because one or both were unable to secure a divorce.

12.163 The trends that Robins identified accelerated in the following decade. The 1980s were marked by a sharp fall in fertility rates and a significant increase in the number of births to single mothers. Professor Pat Clancy wrote about 'the emergence of a rapidly increasing number of "voluntary" one parent families, [which] forces us to re-examine, not just the welfare issues involved, but also the very concept of the family'.[240] Between 1982 and 1992, the number of single

[238] Patricia Kennedy (ed.), *Motherhood in Ireland. Creation and context* (Cork, 2004), p. 219.
[239] Department of Health, CCP/INA/0/481800.
[240] 'Demographic change and the Irish family' in *The Changing Family* (Dublin, 1984), p. 29.

mothers more than doubled.[241] By 1993 one family in ten was a single-parent family; 18% of births were extra-marital and 40% of first births were born to single mothers. Teenage mothers, who were keeping their children were increasingly welcomed and supported by their parents; but Cherish suggested that only 12% remained long-term single mothers.[242] Changes in adoptions reflected changing families. The number of adoptions fell sharply and, in 1986, 28% of adoption orders involved adoption by relatives/family.[243] Most of these involved a child being adopted by his/her mother and the woman's husband - sometimes he was the child's father, sometimes not. By 1995 over two-thirds of adoption orders were family adoptions; 90% involved the mother of the child and her husband.[244] Most of the remainder involved the adoption of children born outside Ireland.

12.164 In 1978 a survey by the Department of Health of children coming into care, showed that the largest category - 33% were the children of single mothers who were 'unable to cope'; 40% of these mothers were not in regular contact with a social worker. A follow-up study published in 1981 of 40 children of unmarried mothers who were taken into care revealed that one-third went into care because their mother was ill; 21% because she was unable to cope with the responsibility of single parenthood; 11% because of a lack of emotional response to her child. The remainder gave diverse reasons: unsuitable housing, squatting, rejection by grandparents; secondary causes included homelessness, lack of family support, inability to cope. This study revealed a high recurrence of children going into care which was interpreted as 'indicating a continuing problem with coping with the child'. A substantial number of the mothers had been living with the father of their child before the birth, but the number fell following the birth. Cohabitation was a bar to getting the unmarried mothers' allowance. Most of the mothers were in contact with their families, but they received little support from them. The study concluded that 'the majority of mothers were emotionally and materially isolated in terms of contacts and tangible and useful supportive relationships either from their own families or from the child's father'. The authors suggested that 'the study indicates a lack of national or local policy in relation to the place of unmarried mothers and their children in our society'.[245]

[241] *Sunday Independent*, 25 July 1993.
[242] *Sunday Independent*, 8 Nov. 1992.
[243] Department of Health, CCP/INA/0/489154.
[244] Finola Kennedy, *Cottage to crèche. Family change in Ireland* (Dublin, 2001), p. 44.
[245] Department of Health, CCP/INA/0/481800.

12.165 A more extensive study of 3,724 children taken into care in 1981 revealed that 36% were admitted because their unmarried mother could not cope. Finola Kennedy suggested that this implied that unmarried mothers were not getting sufficient support from the state or the community.[246] The 1980s was a tough decade in Ireland, with a high rate of unemployment and pressure on public services. In 1987 the Federation of Services for Unmarried Parents and their Children noted that over the past year unmarried mothers had increasingly become 'the victims of the begrudging attitude'; however in contrast to the 1960s and 1970s the attitude had an economic rather than a moral base, they suggested that it was a reflection of the fact that there was less money 'to go around' because of the recession.[247]

12.166 By the 1980s unmarried mothers formed one component in the growing number of one-parent families, which also included a large number of separated or divorced wives. Lone parents were at greater risk of poverty and were more reliant on social welfare than two-parent households; unmarried mothers were the cohort of lone parents that were at greatest risk of poverty.[248] In 1983 Cherish published *Singled Out* in response to requests for information about the status and entitlements of single parents and their children. The foreword noted that the booklet raised questions about rights to housing, welfare and equality before the law, which were 'often perceived as privileges rather than entitlements'. It noted that Article 41 of the Irish Constitution pledged 'to protect the institution of Marriage on which the Family is founded', 'Because of the exclusive nature of marriage other family lifestyles are noticeable and appear threatening to the existing system'. The pamphlet suggested that this did not reflect the reality of contemporary Ireland.[249]

12.167 In 1993 the Second Commission on the Status of Women highlighted the tenfold rise in births outside marriage and the long-term consequences of younger women having children as single mothers. Their report contains a series of recommendations about education, training and removing barriers that discouraged lone mothers from participating in the labour market.[250] The fact that

[246] *Sunday Press*, 6 Jan. 1985.
[247] *Irish Times*, 23 May 1987, in Department of Health, CCP/INA/0/482721.
[248] McCashin, 'Lone parents', pp 2-4.
[249] Cherish, *Singled Out*.
[250] Second commission on the Status of Women, A guide to the Report January 1993, Chapter Five 'Women in situations of disadvantage' (Dublin, 1993).

lone mothers were discussed in a chapter headed 'Women in situations of disadvantage' indicated that while social attitudes and state supports had changed dramatically over the past forty years, single mothers continued to face many difficulties. Lone mothers now included a substantial number of women who had been married and were now separated. Despite access to state benefits and changes in social attitudes lone mothers who wished to raise their child(ren) remained at high risk of poverty, as they were in the early and mid-twentieth century. In 1995 the government established a Commission on the Family to examine the needs and priorities of families in a rapidly changing social and economic environment. The decision to establish this commission reflected the changes in Irish families; the rise in the number of lone parent families, non-marital births and marital breakdown. The removal of the constitutional ban on divorce in 1995 paved the way for the legalisation of divorce the following year. The final report of the commission, with the title 'Strengthening Families for Life' was published in 1998, setting out a range of measures that were designed to support the increasingly diverse families found in Ireland at the end of the twentieth century. The 2002 Census of Population reflected this diversity. Volume 3 Household Composition and Family Units gives 17 different types of household, including 'lone mother with children (of any age)', and 'lone mother with children (of any age) and other persons'. Unmarried mothers were no longer being singled out; they formed part of a growing community of diverse households, though many one-time unmarried mothers and their child(ren) were now counted among the two-parent households (married or cohabiting) with children.

Chapter 13: Dublin Union/Pelletstown/St Patrick's, Navan Road/Eglinton House

Introduction

13.1 St Patrick's, Navan Road, Dublin 7, originally known as Pelletstown and subsequent transfer to Eglinton House, Eglinton Rd, Dublin 4 is one of the institutions which the Commission is specifically mandated by its Terms of Reference to investigate. In accordance with its Terms of Reference and the criteria set out there, the Commission chose the Dublin Union[1] as one of the county homes to be investigated. In practice, Pelletstown and the Dublin Union were really one institution with separate premises. Pelletstown was frequently referred to as the 'Pelletstown Auxiliary' as it was an auxiliary building to the South Dublin Union. Both sets of premises were owned and financed initially by the Dublin Board of Guardians and subsequently by its successors in title (for example, the Dublin Board of Assistance from 1931, the Dublin Health Authority from 1960-1970 and the Eastern Health Board from 1970 onwards).

13.2 Pelletstown closed in 1985 and a new facility was opened in Eglinton House. This also was a mother and baby home but it was a very different type of facility to Pelletstown. It was owned by the Eastern Health Board.

13.3 A total of 15,382 women and 18,829 children were resident in Pelletstown and Eglinton House between 1920 and 1998.

Origins

13.4 The origins of the Dublin Union and the Pelletstown Auxiliary lie in the poor law - see Chapter 1. The South Dublin Union premises were in James's Street on the site of what is now St James's Hospital. The North Dublin Union and the South Dublin Union were amalgamated in 1918 as part of the changes to the poor law and the South Dublin Union premises then became the Dublin Union premises.

[1] Changes to the Poor Law were made in the period just before and just after 1922. In most counties, the workhouses which were to be retained in use were renamed county homes. The Dublin Union workhouse was never given this name. Like all other former workhouses, it started to be called by a religious name at some stage – St Kevin's. Locally, it was generally called simply 'the Union'. There was also a St Kevin's Hospital on the site; it amalgamated with a number of other Dublin hospitals in the early 1970s and then became known as St James's Hospital.

13.5 As stated, Pelletstown[2] was owned by the Dublin Board of Guardians and its successors in title. It was run by the Company of Daughters of Charity of St Vincent de Paul.[3] The Sisters and other staff who worked in Pelletstown were local government employees and paid as such. The Daughters of Charity became involved in Pelletstown in 1910; they were already involved in running a number of workhouses in Ireland including the North Dublin Union workhouse in North Brunswick Street.[4] They were brought to Pelletstown at the request of the Board of Guardians and with the approval of the Archbishop of Dublin. A document[5] compiled in Pelletstown in May 1921 states that the house was founded on 26 April 1910. The staff who worked in Pelletstown, including the members of the order, were public employees and were paid accordingly. It was an integral part of the poor law/public assistance system.

13.6 From 1910 to 1919/20, Pelletstown was a National School and orphanage for the South Dublin Union.[6] The Daughters of Charity became involved in Pelletstown in 1910. They were initially asked to provide 'care instruction and industrial training of the children of the Poor'. They were expected to cater for boys from age 3 to 14 and girls from age 3 to 15; they were then expected to 'place the children in situations suited to their capacity'. The 1921 document states that there was an agreement between the Daughters of Charity and the Board of Guardians. The guardians/administrators were responsible for all liabilities (including costs of improvements); the Sisters received an annual salary plus vegetables and milk; the document describes the provision as 'adequate'.

13.7 Some commentators have made the mistake of believing that there were two separate institutions - one called St Patrick's, Navan Road and one called Pelletstown. This is due to confusion about the name itself and confusion about the name of the religious order that ran the institution. For example, Kilcummins et

[2] The Commission has decided to use the name Pelletstown in order to avoid any confusion with the many other institutions such as industrial schools, children's homes and hospitals which are or were also called St Patrick's.
[3] They were, and sometimes still are, known as the Sisters of Charity of St Vincent de Paul. As a result they are sometimes confused with the Irish Sisters of Charity (who are also known as the Religious Sisters of Charity). The Commission intends to use 'Daughters of Charity' in order to minimise any such confusion but it should be noted that 'Sisters of Charity' is used in some of the documents quoted.
[4] This workhouse amalgamated with the South Dublin Union workhouse in 1918 but the Daughters of Charity continued to operate the infirmary in North Brunswick Street until 1929.
[5] Provided to the Commission by the Daughters of Charity; it appears that a similar document was compiled in all houses of the Daughters of Charity.
[6] One woman who entered Pelletstown school in 1912 when she was 10 years old remained in Pelletstown until 1980. She was a 'legitimate' child and there is no evidence that she was a mother.

al[7] when describing the establishment of various mother and baby homes, state 'The Sisters of Charity of St. Vincent de Paul opened a similar institution on the Navan Road, in Dublin, in 1918…'. The authors state that one of the three special homes provided by the poor law authorities was at Pelletstown in Co Dublin. The special homes were financed by the local authorities but were run by religious orders. Pelletstown is described as having been run by the Daughters of Charity of St Vincent de Paul. Pelletstown and St Patrick's, Navan Road are, in fact, the same institution. This is repeated by Gwynn Morgan in the Ryan Report[8] and by O'Sullivan and O'Donnell[9] who use the term 'Extern Homes' to describe those which were established by the local authorities. (The others so described are Tuam and Kilrush; none of these was an extern home; institutions such as Bessborough, Castlepollard, Sean Ross and Dunboyne were extern homes).

13.8 The Daughters of Charity of St Vincent de Paul were (and sometimes still are) also known as the Sisters of Charity of St Vincent de Paul but are now generally described simply as the Daughters of Charity. They were founded in France by St Vincent de Paul and St Louise. They were involved in a number of workhouses (including the North Dublin Union workhouse) and industrial schools in Ireland from the 19th century. They are now mainly involved in providing disability services; for example, they run the St Vincent's Centre on the Navan Road and the disability services which are provided in St Anne's, Sean Ross (the Sean Ross mother and baby home was run by the Congregation of the Sacred Hearts of Jesus and Mary - see Chapter 19). They also provide child and family support services and they have a number of primary, secondary and special needs schools.

13.9 In the past, they were distinguishable by the large starched cornette which they wore on their heads. They were described as the 'big bonnets' in letters between leaders of the 1916 rebellion.[10]

13.10 The role of Pelletstown was changed in May 1919. From 1919, Pelletstown was expected to cater for all mothers and infants; motherless children; all healthy children under age 5; and all sick children such as the medical officers considered

[7] Kilcommins, O'Donnell, O'Sullivan and Vaughan *Crime, Punishment and the Search for Order in Ireland*, (Dublin 2004).
[8] David Gwynn Morgan, *Society and the Schools* in Ryan Report Volume 4, (Dublin, 2009) http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL4-09.PDF
[9] O'Sullivan and O'Donnell (eds) *Coercive Confinement in Ireland*, (Manchester, 2012)
[10] Prunty and Sullivan (eds) *The Daughters of Charity of St Vincent de Paul in Ireland*, (Dublin, 2014)

would be suitably treated there.[11] It was at this point that it began to become a home for mothers and children (but not necessarily confined to unmarried mothers). The care of senior children was transferred to Cabra Auxiliary[12] (which was part of the North Dublin Union and was also run by the Daughters of Charity).

13.11 Pelletstown was not exclusively a mother and baby home. In later years, while it was mainly a mother and baby home, it continued to house very sick children (including those for whom nothing further could be done in the children's acute hospitals), abandoned children and children who were considered not suitable for adoption. Sometimes it housed children who were awaiting a place in an industrial school.

Sources

Dublin Union/Pelletstown institutional records

13.12 The originals of the Pelletstown records are held by the Child and Family Agency (TUSLA) and were made available electronically to the Commission. The Daughters of Charity retained paper copies of some of these records and made them available to the Commission. The records are organised into five categories: mothers' admission cards; children's admission cards; mothers' medical charts and related ante-natal and puerperal documents (some include letters of introduction from local doctors, laboratory results, correspondence with maternity hospitals, ultrasounds, consents to operations, correspondence with psychiatric hospitals, especially from the 1960s onward); children's medical charts (for the early period these are cards often attached to the admission cards; some include laboratory results, detailed medical reports for the duration of the child's stay, which may span years, IQ testing reports, reports from and correspondence with maternity hospital and/or children's hospitals, psychological and developmental assessments from the Child Study Centre, correspondence with An Bord Uchtála, correspondence with solicitors); and miscellaneous files, usually social reports, but which may also contain correspondence with the mother, birth certificates, baptism certificates, occasionally tracing files, correspondence with various hospitals,

[11] Correspondence between the Daughters of Charity and Dublin Union.

[12] Cabra Auxiliary had housed the North Dublin Union workhouse school. It remained an integral part of the Dublin Union until 1925. In 1925 it was decided to end its workhouse school role and board out the children who were there. However, this did not prove entirely possible because of the number of children with intellectual disabilities who were living there. In 1925, it became a school for children with intellectual disabilities and was renamed St Vincent's by the Daughters of Charity. While it was no longer an integral part of the Dublin Union, it continued to be inspected and, to some extent, supervised by the Board of Guardians and its successors in title.

correspondence between paediatricians in Pelletstown and institutions where they were hoping to place the children from Pelletstown, scrapbooks, photographs, mothers' consent to adoption forms etc.

Records of the local health authorities

13.13 The records of the Dublin Union and the Dublin Board of Guardians/Assistance are held in the National Archives of Ireland and were examined and analysed there by the Commission's researchers. The Commission has been unable to find any relevant Dublin Health Authority (1960-1970) records. It is clear from other sources that the Dublin Health Authority did carry out regular inspections of Pelletstown but it seems that the records have been destroyed or are lost. The minutes of the meetings of the Eastern Health Board (EHB) are available online.[13] The EHB had visiting committees which visited and reported on the various hospitals and institutions in its area, including Pelletstown. In the early 1970s, the reports of the visiting committees are included in the minutes but, from about 1975, the existence of the reports is noted but the report is not reproduced. Sometimes there is a discussion about the contents of the report. The discovery provided by the Daughters of Charity included some of the visiting committee reports. Apart from these, the Commission has not been able to locate the visiting committee reports that were not included in the EHB minutes.

Department of Health

13.14 The Department of Health provided a number of files to the Commission. The main files used for this chapter are:

NATARCH/ARC/0/525678
NATARCH/ARC/0/404289
NATARCH/ARC/0/403856
INACT/INA/0/467784
INACT/INA/0/467782
INACT/INA/0/469756
INACT/INA/0/467780
INACT/INA/0/426512
INACT/INA/0/435467
CCP/IMP/0/45958
NAI HLTH/A8/61

[13] www.lenus.ie

NAI HLTH/SA8/115

NAI HLTH/L50/38

Documents provided by the Daughters of Charity:

13.15 The Daughters of Charity provided the Commission with a wide range of documents. The provincial of the order told the Commission that, after Pelletstown was closed in 1985, a Sister and two administrative assistants began copying and typing the information contained in the various registers in order to assist with the large number of tracing inquiries which they were receiving at the time. When Eglinton Road closed, all the original documents were given to the Eastern Health Board (who were the owners). The Daughters of Charity retained copies but did not retain any of the originals; these copies were provided to the Commission. The Daughters of Charity also provided the Commission with a range of documents including personnel files on the Sisters who worked in Pelletstown; documents relating to administration; and documents dealing with vaccine trials which had originally been prepared for the Commission to Inquire into Child Abuse (the Ryan Commission). Documentation about transfers of children to other institutions, particularly St Philomena's, was also provided. The Commission recognises that the Daughters of Charity adopted a thorough and systematic approach to the provision of documents.

Published information on the Daughters of Charity

13.16 The following publications provide background information on the Daughters of Charity:

O'Brien, *Leaving God for God: The Daughters of Charity of St Vincent de Paul in Britain 1847–2017*, Darton, Longman and Todd, London 2017

Prunty and Sullivan (eds) *The Daughters of Charity of St Vincent de Paul in Ireland: The Early Years*, Columba Press, Dublin 2014. The involvement of the Daughters of Charity in Pelletstown is only mentioned in passing in this book but it does outline their involvement in workhouses.

Published material and unpublished but publicly available material

13.17 This material is referenced in the text.

Governance

13.18 Pelletstown was a public health authority owned and financed institution. The religious and lay staff who worked in it were public employees. The only difference between the Sisters and other public employees was that the Sisters did not have to go through a public selection process; they were appointed to Pelletstown by their order and the appointments were then approved by the relevant minister: the Minister for Local Government and Public Health until 1947 and the Minister for Health after that.

13.19 The local health authority, that is, the Dublin Board of Guardians and its successors in title, (the Dublin Board of Assistance, the Dublin Health Authority and the Eastern Health Board) was effectively the governing body of the institution. It made the major decisions on spending subject to the approval of the relevant minister. Initially, it seems to have made many of the day to day decisions as well but the Daughters of Charity were very much involved in those decisions and it seems that the Daughters of Charity gradually came to have considerable control over the day to day decisions.

13.20 The Department of Local Government and Public Health (DLGPH) and its successor the Department of Health had little day to day involvement and at times seemed to have been quite badly informed about what was being provided in Pelletstown. They did have a significant involvement in decisions about finance and staffing.

13.21 The local health authority did not generally distinguish the cost of running Pelletstown from all its other expenditure. As a result, very little is known about its finances but such information as is available is included below.

How unmarried mothers entered the Dublin Union / Pelletstown

13.22 The Commission on the Relief of the Sick and Destitute Poor (which was established in 1925 and reported in 1927) heard evidence from a number of witnesses about the system by which unmarried women approached the Dublin Union for assistance. The then chairman of the Dublin Union described how unmarried women simply presented themselves at the Dublin Union institution (in James's Street) for admission. The standard procedure was for the male porter to meet them at the door. The woman was then brought to the admission ward where a male admission officer interviewed her, asking her a series of questions which appeared on an admission form. This was to allow the officer to get as much details about her circumstances as possible.[14] Usually the unmarried woman was pregnant when she sought admission and was looking to be given shelter both during and after her pregnancy. During this evidence, the chairman of the commission drew attention to concerns that had been raised 'that the cross examination of that poor girl by the man when she goes to be admitted has been so minute that it rather shocks her or at any rate, gives her a great deal of mental trouble'. The Dublin Union chairman defended the procedure, saying the form contained a series of regulation questions 'and I do not see anything that is terribly shocking in them'. He further added that it was essential for the Union to get as much detail as possible as it was 'necessary for our administration'. (This procedure no longer applied when pregnant unmarried women started to be admitted directly to Pelletstown - see below).

13.23 The information gathered by the admission officer was then used to fill in details about each new admission in the Indoor Relief (Admission) Register of the Dublin Union. These registers are now kept in the National Archives of Ireland (NAI). Of relevance to the remit of this report are the 30 volumes, designated BG79/G/158 - BG79/G/186, which cover all admissions into the Dublin Union from November 1921 until August 1938. Each volume covers a six-month period and contains, on average, about 5,000 individual entries.

13.24 The registers record the admission date of every new resident ('inmate' is the word used for all residents of the Union). Each was assigned a unique register number.

[14] Commission on the Relief of the Sick and Destitute Poor, Minutes of Evidence, Fifth Day, Tuesday, 23 June 1925. These minutes are held in the Oireachtas library.

In addition, the names, ages, marital status, address prior to admission, occupation (if any), religion, disability (if any) and the date of subsequent discharge are all recorded in the registers. There is also a column marked 'observations'. In the case of unmarried women entering the Union, they were marked as 'unmarried' under the marital status column. If they were pregnant on admission, this was also clearly marked. Once the child was born, a new admission record for the child was created in the register and the child's date of birth was used as the admission date in the register. The register number and/or name of the mother was entered alongside the child's details to identify them as the child of a resident with an existing record in the register. The child was also clearly recorded as 'illegitimate'. If an unmarried mother came to the Union with a child, the child's details were recorded directly below that of the mother's in the register and the child's register number was usually the next sequential figure to that of the mother. Again, the child was clearly marked as 'illegitimate' in the register. Children found abandoned or deserted who were admitted into the Dublin Union were identified as such in the records. The register also records where those children were found and by whom, if that information was available.

13.25 Following her interview with the admission officer, the unmarried woman was given a medical examination. If she was pregnant, she was placed in 'the body of the house', that is, she was housed within the Dublin Union itself (in James's Street). When the time came for her to give birth, she was taken to the maternity wing of the hospital within the Dublin Union. Following the birth, the mother and child were moved to Pelletstown. The timing of the move was dependent on the Dublin Union's doctor certifying the mother and child as fit for removal. Unmarried mothers who entered the Union with their children were always sent directly to Pelletstown after an interview with the admission officer and a medical examination. Likewise, abandoned or deserted children were sent to Pelletstown once they were recorded in the admission register.

13.26 Concern was raised by members of the Commission on the Relief of the Sick and Destitute Poor about this system. One member pointed out how objectionable it was to place an unmarried pregnant woman among all the other residents of the Union, 'where her condition is known, where it is known to everybody what she comes there for, and where, probably, the class she would most likely to associate with are not the most desirable class'. He went on to express the opinion that

association with other 'inmates' could further undermine the woman's morality. In the commission's final report it identified the procedure of retaining pregnant unmarried women within the Dublin Union institution until they had given birth as a defect of the Dublin Union's system. It recommended instead that Pelletstown should have on its premises a 'probationary and maternity department' which would allow pregnant unmarried women to be sent there immediately on their admission to the Union. In this way pregnant unmarried women would only associate with themselves and would be kept apart from the general population contained within the Dublin Union institution.[15]

13.27 Prior to 1938, no records were kept in Pelletstown of the women residing there. The standard practice when transferring women and children from the Dublin Union to Pelletstown was to regard them as 'on pass', by putting their names on the pass book and sending out the relevant admission and discharge docket. These dockets contained only the name, age and religion of the person concerned and were of no assistance when further information on these residents was required.

13.28 From 1935 onwards, the system was changed to follow more closely the recommendations of the Commission on the Relief of the Sick and Destitute Poor's report. In June 1935, a maternity hospital was opened in Pelletstown to allow unmarried pregnant women to give birth there. A new system of recording the details of women and children in Pelletstown was introduced in 1938 - see below.

The 1920s

13.29 Information about Pelletstown in the 1920s was garnered mainly from the minutes of the Board of Guardians, the evidence given to the Commission on the Relief of the Sick and Destitute Poor, the report of that commission, the annual Reports of the Department of Local Government and Public Health (DLGPH) and documents provided by the Daughters of Charity.

13.30 The Dublin Union Board of Guardians met approximately once a fortnight. The minutes of these meetings show that issues in relation to unmarried mothers, deserted and abandoned children and Pelletstown facilities were frequently on the

[15] *Report of the Commission on the Relief of the Sick and Destitute Poor, Including the Insane Poor*: https://www.lenus.ie/handle/10147/238535

agenda in the 1920s. The minutes of the meetings also include details of inspections of boarded out children.

13.31 The Board of Guardians had 72 elected members. In practice, about 25 members regularly attended the meetings and they carried out most of the work. Initially, the board had a ladies committee drawn from the elected female members. In 1923, the Minister for Local Government and Public Health asked his inspector to conduct an inquiry into the workings and duties of the Board of Guardians. This resulted in the minister concluding that 'the duties of the Guardians of Dublin Union are not being duly and effectively discharged'. The Board of Guardians was dissolved and its powers and duties were transferred to commissioners. Among other things, this meant that there was no longer a ladies committee. The commissioners usually met weekly and heard reports from the inspectors appointed under the Children Act (see Chapter 1).

13.32 The report of the departmental inspector who had conducted the inquiry had also commented on the issue of child welfare. It stated:

> The neglect in dealing with this important aspect of Poor Law just prior to the present administration was, to say the least, painful. To the credit of the Committee dealing with this Branch I am glad to say that serious efforts have been made to grapple with this situation. What has been done, however, serves but to demonstrate what a big task is presented and how very much remains to be done. The evidence shows that an actual system of Baby Farming has been indulged in and this applies principally to the child that is adopted for an immediate monetary consideration. The house where 6 babies died in two weeks is painfully illustrative of this. The unregistered Nursing Home is an equally grave danger and the practice of boarding children by Voluntary Societies in unhealthy and dirty areas should be immediately discontinued. I would suggest that the Voluntary Societies dealing with child welfare, together with those responsible for the management and control of the Union should hold a Conference to see how best the interests of the child may be protected from all the evil influences with which it is already threatened. There would appear to be serious need of legislation under which Nursing Homes, private or otherwise, would be compelled to register before accepting the care of any child. This is an essential step and severe penalties should attach to non-compliance

therewith. Children are, in some cases, merely got "rid" of, and the methods used are devised to evade criminal prosecution. This is first perpetrated by the mother in giving the child to unsuitable foster parents and secondly by the person who receives a lump sum for its supposed care and maintenance. It is a reflection on the whole administration and calls for immediate and decisive remedies.

13.33 While it existed (until 1923), the ladies committee was very involved in activities which included the inspection of Pelletstown and Cabra. It also was involved in decisions about the boarding out of children, including the approval and withdrawal of approval of foster parents, and it made recommendations about the prosecution of people who had children at nurse without being registered. The ladies committee reports for each Board of Guardians meeting usually included details of the children who had been discharged, those who had been boarded out, how many had been inspected, who should cease to be acceptable for taking boarded out children and who should be prosecuted for failure to register as having children at nurse. When the ladies committee ceased to exist, reports on Pelletstown and Cabra were provided by the resident medical officer/superintendent. The minute books show that he submitted a weekly report on the Dublin Union and it often included observations on the general health of residents in Cabra and Pelletstown and any issues with these two institutions.

13.34 The Board of Guardians[16] discussed Pelletstown facilities and requirements in some detail right throughout the 1920s. As a result, the minutes of the meetings provide some information about the residents in Pelletstown and the conditions there at that time. The discussions covered a very wide range of issues including practical maintenance matters and significant policy issues.

13.35 The Commission on the Relief of the Sick and Destitute Poor met from 1925 and reported in 1927. Its meetings and final report also provide information about conditions in Pelletstown. The reports of the Department of Local Government and Public Health (DLGPH) provide some information about occupancy levels and death rates.

[16] The term the 'Board of Guardians' is used to cover the entire period of the 1920s including when its role was carried out by the Commissioners.

13.36 On 15 June 1921, the Board of Guardians discussed buying washing tubs for Pelletstown: the finance committee recommended acceptance of an estimate for 22-inch tubs costing 9s 6d each. At the same meeting they agreed a reorganisation of facilities at the Dublin Union, James's St to include provision for a nursery and crèche for mothers and children pending their being sent to Pelletstown.

13.37 The minutes of the Board of Guardians include information about deserted and abandoned children who were brought to the Union. They were usually baptised and given a name by the priest.[17] In the early 1920s, there were significant numbers of abandoned/deserted children, for example, the minutes record that six abandoned children were taken into the Dublin Union in the period June-September 1921 and, in 1922, 17 were taken in. People who found abandoned children and brought them to the Union were paid for their time if they asked; the payment in the early 1920s was 10s.

13.38 The clerk of works report on the consumption of gas at Cabra and Pelletstown was discussed at the 8 February 1922 meeting of the Board of Guardians. The clerk noted that the consumption of gas at Cabra was 35,000 cubic feet per week, and 25,000 at Pelletstown. He wanted to reduce the consumption and improve the lighting by adopting more modern fittings. 'If the Board desire, the Gas Company would fit up, free of charge, a few types of these modern economical fittings for demonstration purposes'. It is not known if this happened.

13.39 On 22 February 1922, the board was told that two women and five children were sent to Pelletstown that week.

13.40 A Pelletstown resident asked that she be allowed stay with her two children for a few months. The ladies committee recommended that the board write to the Sister in charge in Pelletstown to ask her to get 'a signed statement from this woman giving particulars of her place of birth, and that of the children, and her reasons for being here, and any other information she can supply, and any means that she has'.

[17] Sometimes the surnames they were given related to the street in which they were found, for example, O'Connell; a child found on the North Circular Road was given the surname North. This occasionally resulted in very unusual names and some concern was expressed by members of the board that the allocated names were not sufficiently Irish.

13.41 On 1 March 1922, the board discussed a case of a mother and her twin children who had been sent to the Dublin Union from London and then moved to Pelletstown. The grandmother then took the children out of Pelletstown and had them placed at nurse (see Chapter 1). The ladies committee reported that the children were in a very neglected condition; their poor condition seemed to have been attributable to the arrangements at nurse. The board ordered a report on why the children were discharged and why the mother was still in Pelletstown.

13.42 On 15 March, the ladies committee reported that the matron had submitted samples of infants' clothing including shirt, binder, heavy flannel petticoat, dress, pinafore and head shawl which the committee considered very comfortable and satisfactory.

13.43 On 22 March 1922, a member of the ladies committee suggested that children were being sent out from Pelletstown 'almost naked'. The medical officer disputed this and said that children were very rarely discharged from Pelletstown but rather were discharged from James's Street. The only child who had been discharged directly from Pelletstown had been supplied with an outfit by order of the Board of Guardians and obtained by the same member of the ladies committee. This was discussed again at the 5 April 1922 meeting of the Board of Guardians where it was decided to issue a rebuttal to the papers in which the original report appeared.

13.44 The ladies committee visited Pelletstown and Cabra on 24 March 1922. They found the children 'particularly bright and clean, general health satisfactory'. They noted that the babies' skins were clean and healthy and there were no cases of measles. They also noted that the boots of the young children were worn very soft and some had no boots; they recommended that the board would provide the necessary boots. Two dozen cots were required and the Sister in charge had asked that the new wire mattresses be supplied as soon as possible. The Sisters had complained that the quality of buttons supplied for the children's clothing was of very inferior quality as they caused the clothes to rust.

13.45 On 12 April, the ladies committee recommended the 'adoption'[18] by the board of a child resident in Pelletstown. The child's mother was in the Magdalen Asylum,

[18] There was no legal adoption at the time but the word was used when a person or, in this case, a public body, accepted responsibility for a child – see Chapter 32.

Lower Gloucester St.[19] The ladies committee reported: 'She has been leading an improper life and is an undesirable custodian'.

13.46 On 26 April, the Board of Guardians discussed what happened when a deserted child died in Pelletstown. It was noted that it had been the practice for years to report the deaths of deserted children to the coroner who could decide to hold an inquest. The Pelletstown medical officer complained that he had had to attend a post-mortem examination and give evidence, without being paid a fee, about the death of a deserted child. The bodies of children who died in Pelletstown were taken to the mortuary in James's Street as there was no mortuary in Pelletstown or Cabra. The master (of the Dublin Union) had now been told that he could not remove the bodies to James's St, without the coroner's permission. He noted that the greater number of deserted children lived only for weeks or months after admission. There was another child now dead at Pelletstown; the coroner had accepted the medical officer's certificate as to the cause of death (acute gastritis) and allowed the removal of the body. As there was no mortuary in Pelletstown, the medical officer asked the board to consider providing one or having abandoned children looked after elsewhere, boarded out or provided for in James's Street.

13.47 On 3 May 1922, the board was told that there were 64 cases of measles in Cabra.

13.48 Members of the ladies committee visited Pelletstown on 8 June 1922 to consider the issue of having a mortuary built there. They reported to the Board of Guardians meeting of 14 June 1922. They identified a building which was being used by a carpenter as a suitable location. The committee recommended the work should be begun at once as the facility was urgently required. The estimated cost to complete the modifications was £47, which was approved by the committee.

13.49 On 19 July 1922, the request from the superior at Cabra and Pelletstown for 'extras' on the feast of St Vincent de Paul, 19 July, was granted as had been done in former years. The master had had to transfer ten children suffering from measles from Pelletstown to Cork Street fever hospital.[20]

[19] This was a Magdalen Laundry; Gloucester Street was subsequently renamed Sean McDermott Street.
[20] The House of Recovery and Fever Hospital, Cork Street was a voluntary hospital: https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2018/01/Cork-Street-Fever-Hospital-and-Cherry-Orchard-Hospital.pdf).

13.50 On 26 July 1922, the steward at Pelletstown reported on the production of hay: the three-acre field there had produced 20 tons of hay, the bulk of which had been stored there in the hay shed. He anticipated a good second crop of six tons in about a month from the same field.[21]

13.51 On 2 August 1922, the clerk of works wrote to the board about the heating of the Pelletstown buildings. He proposed having a separate heating system to heat the western block of the building which housed the mothers and babies. It would be a low pressure hot water system which was safe and reliable and could be looked after by unskilled labour. The heating system and radiators would give a temperature of 12˚C in the rooms when the outside temperature was 0˚C. The estimated cost for this work for the western block was £1,310.

13.52 On 17 August 1922, it was agreed that the clerk would write to the Archbishop of Dublin about the names given to children found deserted when they were being baptised by Catholic clergy. The board also considered whether it was worth pursuing putative fathers.

13.53 The ladies committee visited Cabra and Pelletstown on 20 October 1922. They reported that the children's boots in Cabra were very much broken with holes in the soles and generally in very bad repair. In Pelletstown, the committee recommended that a woman be removed as she required 'watching'. She had tried to get away several times and was not capable of minding her child. It was decided to remove her to the workhouse (James's Street) and leave the child behind in Pelletstown.

13.54 The ladies committee again drew the attention of the board to a number of women at Pelletstown, whose children were over a year old. They had recommended several times that these women be 'returned to the House', that is, to the Union workhouse in James's Street.

13.55 On 15 November 1922, it was reported that a 'girl' in Pelletstown had been very 'abusive and impertinent'. She had been reported before for her insubordination

[21] There was an active farm at Pelletstown which seems to have provided milk for the institution but the Commission has very little information about it.

and the ladies committee approved of the master's action in having her charged for this offence and were of the opinion that all similar cases should also be charged.[22]

13.56 The ladies committee visited Cabra on 17 November 1922 and found the children very well. However, they again highlighted the poor state of the children's boots and requested more stock be given as the children cannot have the boots repaired if they do not have a spare pair to wear. 'The Ladies Committee are of the opinion that a strong effort should be made to have some of the children at Cabra boarded out'.

13.57 On 6 December 1922, the ladies committee complained about the quality of the material sent to Pelletstown to make up the black dresses for 'girls' going out.[23] The board saw a list of 'girls and boys' from Cabra who were classified as workers but who are 'incapable of being sent out to situation being wanting in intellect or deformed'; they were all aged between 18 and 26. The ladies committee had asked for the list as they wished to know why they were left in Cabra after the age of 15; the committee was satisfied that the reasons given were sufficient explanation for keeping them there.

Attitude of the Dublin Board of Guardians

13.58 The guardians (three females and one male) met the Ministry of Local Government on 2 January 1923 to discuss the proposed scheme to federate the existing rescue societies in Dublin. The guardians' statement says they had no details of the proposal so were unable to comment. They set out their views on the 'best method of dealing with the very serious problem of the unmarried mother and her child - as a result of our experience in the Dublin Union'. The following are extracts from their statement:

> In any scheme dealing with this question the first consideration should be the welfare, physical and moral, of the mother and of the child. Many of these girls are ignorant and uneducated, some are weakminded, and few of them are up to the normal standard of girls of their class.
>
> They need training and education before confinement; the best way to provide this is in an institution run by nuns; they would get training and be less liable to further lapse; it would also benefit the health of the mother and the child.

[22] It is not entirely clear if this is a reference to internal disciplinary procedures or to a criminal charge but it seems likely to have been a criminal charge.
[23] It is not clear if this refers to the mothers or the babies but seems more likely to have been the mothers.

> After the birth, the child should be with the mother for at least nine months in order to enable breastfeeding: to remove the child a short time after its birth is positively wicked and could not be too strongly condemned; the girl could get further training and could be involved in the work of the institution; after the nine months, the girl would be in a position to go out and be self-supporting: she will have developed her maternal affection for the child and will not wish to lose sight of it. In the Dublin Union many of these girls contribute to the support of their children and look forward to a time when they will be able to provide a home for them…; the children could be transferred to an orphanage or foundling home and as soon as possible should be boarded out in suitable homes in the country. Many of the children are weakly or suffer from physical defects or are perhaps not up to the normal standard. Institutional treatment for children in large numbers is not desirable.

13.59 The statement reported that in Pelletstown, 472 girls had been admitted since it opened for this purpose in February 1920; 132 had been sent to situations and not one had returned as a 'second offender'; 120 were still there, some were taken out by the rescue societies, the rest had gone home to their friends. It further stated that the practice of the rescue societies was to place girls in lodgings in the city; 'this is undesirable as they are placed in squalid slum tenements'. The situation was even worse for the children: 'Few people realise the extent to which this practice of putting infants out "to nurse" obtains in the city of Dublin'. The guardians had four inspectors whose duties were to visit the children at nurse, inspect them and report on them. There were 1,128 children on the nurse children register on 27 December 1922. In the nine months ending 30 September, the inspectors paid 7,379 visits. Some of the rescue societies had visitors who visited the children in the homes but some did not and they met the foster mothers in offices. The guardians said that their standards were not high because of the difficulty of finding homes and suitable foster mothers but the societies had placed children in homes that the guardians had condemned as being unsuitable. The statement also referred to the practice of 'adoption' for a lump sum of money, which was described as a 'wholly vicious system'. 'No doubt there are some genuine cases of adoption but the vast majority are cases where the foster mother takes the child for the sake of the money involved…' 'Many of these children come to the Dublin Union ill or dying…'

13.60 In January 1923, there was a fire in the infants' schoolroom in Cabra. It was noticed by the night-watchman at 3am. The Sister in charge told the board that the press where the fire started contained loose matches and candles and she reckoned that the fire was started by rats gnawing at the articles. The estimated cost to claim on insurance was £76 10s.

13.61 The ladies committee considered applications for overcoats for children who had been boarded out but were no longer on the books; the committee did not grant the applications.

13.62 Two members visited Pelletstown to investigate the complaints made by a mother about the condition in which she found her two children when she had visited them the previous week. They saw the two children and found them both clean and healthy and well-cared for, and their heads free from vermin.

13.63 The ladies committee visited Cabra and Pelletstown on 19 January 1923. They noted that there were several cases of 'crippled boys' in Cabra for whom something could be done. One was a partially paralysed boy who was said to be an 'imbecile'; however, the committee did not consider him so as he could read and write well. He has been in Cabra for many years, 'and it is a pitiable sight to see a boy for whom something might be done to improve his condition had he been taken in hands some years ago'.

13.64 They also visited the schoolroom where the recent fire had broken out. They noted that the school was infested with rats and it was absolutely necessary that some means should be taken to get rid of them as they were evidently the cause of the fire.

13.65 The ladies committee visited Cabra and Pelletstown on 16 February 1923. As a result, a resident was charged before police magistrates for refusing to work as ordered by the matron and for using obscene language. She was sentenced to seven days in prison.

13.66 In February 1923, an orphaned child in Pelletstown was being handed to the Catholic Protection and Rescue Society of Ireland (CPRSI) in order to have him 'adopted'. His mother had died in the Union and the Union had claimed the £106

in savings which she had. It was proposed to give £50 to the CPRSI to arrange the child's 'adoption'. In March 1923, the Minister for Local Government and Public Health refused to approve this payment.

13.67 In March, the ladies committee considered a request from the medical officer for a grant to the children's infirmary for toys for Easter. The committee declined as the children were supplied with toys by outside societies at Christmas and it was not customary to supply toys at Easter.

13.68 The ladies committee visited Pelletstown and Cabra on 16 March 1923. Their report stated that: 'small sizes sent out are useless…' The committee ordered the useless boots to be returned to the stores and replacement boots bought. They also complained of the delay in delivering other supplies which they had ordered from the Union stores. On their previous visit, they had ordered that a number of children be sent to the Eye and Ear Hospital to have their eyes examined. Of the nine who attended the hospital, eight were found to be suffering from trachoma[24] and there was doubt about the ninth child. Treatment was prescribed and the children were to attend the hospital every week. 'They are being kept separate from the other children as far as possible, but it is not possible to have absolute isolation'.

13.69 The committee consulted the medical officer about several 'crippled' children living in Cabra.[25] Most were incurable invalids and nothing could be done to improve their physical condition. The committee recognised that a school like Cabra, which made provision for healthy children only, was not a suitable place for them. There had been a fire in the school a few months earlier. Repairs had not been carried out and the children were without heating for all of the winter.

13.70 The ladies committee visited Cabra and Pelletstown on 20 April 1923. They interviewed ten boys aged around eight years whose names had been sent to the committee as suitable for boarding out. They also recommend that all young children in Cabra be supplied with sandals instead of boots for the summer; it was

[24] Trachoma is defined by the World Health Organisation as "a disease of the eye caused by infection with the bacterium Chlamydia trachomatis". It may cause blindness if untreated. http://www.who.int/news-room/fact-sheets/detail/trachoma

[25] Such children were sometimes sent to what was then called the 'Cripples Home', Coole, Co Westmeath; this later became St Joseph's Orthopaedic Hospital for Children. Initially it catered for boys with physical disabilities and was one of the very few such institutions in existence in the 1920s. It was extended in the 1930s using Hospitals Sweepstake funds and was then available to both boys and girls. It closed in 1981. It was run by the Daughters of Charity.

decided that the master would get estimates for this. They reported that extensive infestation of rats was causing problems.

13.71 In May 1923, the mother of an 'adopted' child, aged 3 years and 9 months, died. The child was admitted to the Union; it was agreed that, when the father got employment, he should pay the usual maintenance for the child.

13.72 In June 1923, a boarded out child was charged with larceny and was sent to the Union by the District Court. The committee had sent her to the children's infirmary pending her re-appearance in the court and it recommend that the court be asked to commit her to High Park Convent, Drumcondra (an industrial school).

13.73 The inspector of schools inspected Cabra in June 1923. He was highly complimentary of the standards in the school; the equipment was up to date and '…the general surroundings; the cleanliness, manner and demeanour of the pupils cannot be excelled'. He spoke to the boys and noted that they had pride in the school and looked on the Sisters with great affection. He made some suggestions for classroom improvements and remarked: 'I cannot conclude without mentioning that the general work done by the good Sisters is beyond all praise. I have never seen better mannered or happier children'.[26]

13.74 In July 1923, the governor of Mountjoy prison wrote to the Union to say that a prisoner who had been sentenced to six months imprisonment for neglecting and abandoning her infant child wanted to go to Pelletstown if released. The board recommended that the woman and child be admitted to Pelletstown.

13.75 The ladies committee continued to express concern about 'adoption' for lump sum. In August 1923, three such children died a short time after the 'adoption'. The lump sum involved was £10 in two cases and £16 in the third.[27] While it was not considered that these children had been neglected as they were delicate from birth, the committee considered that such 'adoptions' should be outlawed. They also noted that the law about registration was being evaded by having money provided as a present or for clothes.

[26] The inspector of schools was concerned only with education facilities and not with residential standards.
[27] Children were also nursed out for a weekly or monthly fee rather than a lump sum; in these cases, it seems that the mothers visited the children; the Board of Guardians minutes include the information that one mother was paying £1 4s a month.

13.76 On their visit to Cabra and Pelletstown, the ladies committee recorded that the children were on holiday.[28]

13.77 In October 1923, a child crawled through the window of one of the upper rooms in Pelletstown and fell to the ground. The window had been six inches open. The Sister in charge was unable to find a doctor so she phoned the master and he hired a taxi to bring the child to a doctor. Unfortunately, the child was dead on arrival. An inquest was held. The jury found that the cause of death was purely accidental and there was no blame attached to the officers of the institution. Meantime the clerk of works was seeing to have the windows fixed to open only four inches.

13.78 The ladies committee visited Cabra and Pelletstown on 19 October. At Cabra, they interviewed the nine children who had no visitors and considered that they were all suitable for boarding out. They inspected the boys' paved playground which was in a very bad condition owing to the heavy coal lorries going in and out. They said that there was a great need for a ball alley and it should be put up immediately. The clerk of works was ordered to report on the cost of building one and to have repairs to the playground carried out at once. One hundred and forty seven pairs of boots had been received in October.

13.79 The medical officer reported that he had examined 11 children at Cabra and considered that only three were suitable for being boarded out owing to their health. The ladies committee had frequently considered the advisability of having a thorough medical examination of the children at Cabra, at stated intervals, but realised that under the present arrangements it would be impossible to have it carried out. They asked to meet the medical officer to discuss this.

13.80 The inspectors of boarded out children were directed to recommend the use of Glaxo milk formula for boarded out children whenever possible and to instruct foster mothers on its preparation. They were to supply the foster mothers with one pound packets of the product at 1s 6d a packet. 'In this way a check can be kept on the amount of nourishment given an infant. A special monthly report on the results was to be submitted. Later, the inspectors of boarded out children reported that the children who were being fed on Glaxo were doing very well.

[28] The minutes do not record where they went on holiday but describes it as their 'annual excursion'.

13.81 In February 1924, the Minister for Local Government and Public Health approved the appointment of a superintendent of Pelletstown on an annual salary of £90. The superintendent of Cabra Auxiliary was paid the same. In March a temporary superintendent was appointed to Pelletstown at a salary of £76. A temporary midwife (a lay person) was paid 45s a week for night duty in Pelletstown.[29]

13.82 There was a severe outbreak of measles in Pelletstown in 1924. In April and May, the Board of Guardians received weekly reports on the number of deaths from measles and, in many cases, complications such as pneumonia. In one week in April, 19 children died. In May 1924, the doctor reported that the measles epidemic was dying out. The doctor's report to the Board of Guardians stated that the outbreak started on 27 March 1924. The Sister in charge reported that the total number of cases since the outbreak was 138; 23 children with mothers and 38 without mothers died. There were no new admissions during the period of the outbreak. The doctor's report said that the high mortality rate was due to three factors:

- The children had very little resistance to any acute illness;
- The virulence of the outbreak was very great;
- Many of the children are already affected with congenital diseases which become painfully evident when they are attacked by the fever.

13.83 The outbreak was apparently caused by a child coming to the institution whose brother already had measles and who developed signs of the disease soon after. Attempts were made at once to prevent the spread of the disease, for example, by isolation. This was, as usual, of no avail as measles is infectious for days before it manifests itself. 'Every possible care and attention were given to the children by the staff and extra nurses were immediately employed'. Fifteen deaths were due to borne pneumonia and 30 deaths occurred in children suffering from congenital diseases mainly tubercular both abdominal and pulmonary. Three of these children developed meningitis. Five deaths were due to Cancrum Oris. One child suffering from congenital paralysis of both legs died about a fortnight after being attacked 'from broncho pneumonia'. The youngest child attacked was ten months and the eldest was aged two years and seven months. 'I would suggest that all children should be kept for a fortnight under observation before they are sent out of the institution. I would also like to have the question of an open air veranda gone

[29] Minister for Local Government and Public Health, Sanction books, 1924.

into fully with the object of trying to raise the resistance of these children to disease'.

13.84 The Commission has not been able to find any detailed information about the diet in Pelletstown in the 1920s. In July 1924, there was correspondence between the Dublin Union and the minister about this - the minister stated that he had no objection to the Dublin Union proposals; unfortunately this letter does not say what the proposals were or what diet the children had or would have when the proposals were implemented. In October 1924, the minister agreed proposed expenditure on supplies of apples and bracks for the children at Halloween.

13.85 A report from the Dublin Union in July 1924 found that for the period from 1 April 1923 to 31 March 1924, infant deaths were far higher among children in Pelletstown who did not have their mother present to look after them. It found that out of 216 children admitted, 151 were accompanied by their mothers who nursed them, while the remaining 67 were admitted without any mother to nurse them. Thirty-two of the 151 children nursed by their mothers died in that period while 49 children (including 14 deserted children) died among the 67 that were not nursed.

13.86 In June 1924, the Sister in charge of the Cabra Auxiliary reported that a woman secretly removed one of her two children after a visit to them. The child was dressed in the workhouse uniform. The two children were 'illegitimate' and had been there since 1916. The master was instructed to report the condition under which visits were allowed and what supervision was exercised over the children during visiting hours.

13.87 The visiting days in Cabra were the first Sunday of every month between 2 and 5 pm. The Sister in charge of visitors was always present. Because of the 'unusual circumstances', the Board of Guardians had allowed this particular mother to visit outside of the usual hours. On the visit in question she had been accidentally left alone with the child while the Sister in charge was looking after the other child. The mother took the child through the grounds at the back of the institution which opened into the Phoenix Park and was inadequately protected.

13.88 In July 1924, a boarded out child who was placed in service was returned to the Union by her employer who found her 'too difficult to control'. She was sent to

Cabra to be further trained by the nuns who 'will again place her in service when more fit and steadier in manner'.

13.89 The doctor reported that some of the children in Pelletstown had summer diarrhoea and haemorrhage.

13.90 In November 1924, the doctor's report stated that there was severe bronchitis with a number of cases of pneumonia amongst children in Pelletstown. A night nurse was requested and sent there for duty.

13.91 In February 1925, the doctor reported that there was 'nearly always a case of Haemorrhaegic dysentery in the house … I am inclined to think that this serious disease may be caused by the want of light in the day room'. The board agreed to notify the DLGPH of the doctor's concerns.

13.92 In July 1925, the Board of Guardians was concerned about some of the practices of St Patrick's Guild of Rescue. (St Patrick's Guild was entirely separate from the Dublin Union and Pelletstown – see Chapters 2 and 27). Seven children who had been nursed out by the guild had been admitted to the Union since 1 April. No payment had been received in respect of them. The nurse mothers with children from the guild had recently been trying to have healthy children admitted to the Union as they pleaded poverty and stated that they could not maintain the children on the small adoption fee, sometimes as small as £5, paid to them by the guild. The attention of the minister was drawn to:

> the practice of this society accepting rewards for the care of children and then ridding themselves of all responsibility by dumping the children in the workhouse. We understand that this society is drawing a Government subsidy in respect of this work.

13.93 By the mid-1920s, Pelletstown catered for a large number of unmarried mothers and 'illegitimate', abandoned and deserted children. It was reported to the Commission on the Relief of the Sick and Destitute Poor that, on 6 June 1925, there were 107 women present in Pelletstown and that all but three or four were unmarried mothers. In addition, there were 110 male and 91 female children in the institution. In Cabra, there were 31 women along with 28 male and 72 female children. Children were generally kept in Pelletstown until they reached the age of

four and were then supposed to be boarded-out. Following the birth of her child and their transfer from the Dublin Union to Pelletstown, the unmarried mother generally stayed there nursing and looking after her child for a period of twelve months.

13.94 Of the 201 children in Pelletstown in June 1925, it was reported that about 107 were the babies of the mothers housed there. The remainder were children who had been found deserted or abandoned and those who had been left behind after their mothers had left the institution to take up some outside employment arranged by the Daughters of Charity. Unlike most other mother and baby homes, no distinction was made in Pelletstown between unmarried mothers who had one, two, or more 'illegitimate' children.

13.95 In its 1925/26 report, the DLGPH reported that considerable improvements were being carried out in Pelletstown. The report stated that the average number of 'inmates' was 400 - about 120 mothers with children, the reminder being children without mothers. Although the accommodation was extensive it was entirely inadequate for the large numbers being sent to it.

> In the day nurseries especially space and light were totally insufficient. Two large nurseries with verandas are being erected where delicate children can get all the sunshine available. It is intended in future, if the children are not claimed by parents or relatives, to keep them in this Institution until they reach school age, then to board them out with suitable foster parents.

13.96 The Board of Guardians admitted to the Commission on the Relief of the Sick and Destitute Poor that the percentage of children dying in Pelletstown was 'very heavy' in the twelve months prior to June 1925. In response, members of the commission pointed out that this was to be expected when such a large number of infants, of similar age, were being housed together in the one building meaning there was little protection against the spread of numerous infectious diseases. The representative of the Board of Guardians said that it was the children being admitted from the street into Pelletstown, rather than those born to unmarried mothers in the Dublin Union who were then transferred, that accounted for such a high mortality rate. He estimated that such children made up 80% of those who died. In his opinion these children were often in a delicate state of health, suffering already from the likes of venereal disease and frequently close to death when

admitted. He added they 'come into the world severely handicapped and are not normal at all'.

13.97 In September, the Board of Guardians and the Daughters of Charity reached agreement about the new arrangements for Cabra. The board agreed to leave the Cabra Auxiliary to the Daughters of Charity for the purpose of carrying on a 'Home for Mentally Deficient Children and Imbeciles', at a nominal rent of £5 a year. The board agreed to spend £200 on painting work immediately. The Daughters of Charity agreed to accept up to a maximum of 60 children from the Dublin Union at a rate of £26 a year (10s a week); Dublin Union children above that number and children from other areas would attract a capitation rate of £39 a year (12s 6d a week). The medical officer of the Dublin Union would continue to act as the medical officer to Cabra and would be paid by the board. Cabra ceased to be an integral part of the Dublin Union at this stage although it remained very closely associated and it became a significant exit pathway for Pelletstown. The DLGPH reported that, in January 1924, there were 503 children in the Cabra Auxiliary; of these, 54 were 'mentally deficient' and remained with the Daughters of Charity; 149 were boarded out; 103 were sent to situations; 176 were taken by relatives; five died; 10 were sent to industrial schools and four to the Union infirmary.

13.98 The Minister for Local Government and Public Health wrote to each Board of Health and Public Assistance to tell them about the establishment of St Vincent's, Cabra - described as a home and school for the treatment and instruction of mentally deficient children:

> Any adequate personal attention to these afflicted children has been proved to be most difficult in Homes or workhouses, and in many cases their presence has caused much inconvenience and discomfort to other cases. The teaching to be given, more especially in the matter of formation of habits, will largely improve the prospects in life of those children and minimise the extent of their dependence. This will, it is hoped, reduce substantially the contingent liability of public funds for their maintenance throughout life.

13.99 In January 1926, the doctor reported from Pelletstown that, while the general health continued to be satisfactory, there were three cases of bronchitis and one case of jaundice and pneumonia. Eight children had died in the previous week. The board recorded that it took a serious view of the number of deaths and wanted

a detailed report from the doctor. It had come to their attention that babies leaving Pelletstown to be placed at nurse often presented a delicate and even starved appearance.

13.100 In April 1926, the doctor said that he had to 'again' complain about the quality of the milk in Pelletstown; on three occasions in the past week it had been stale and sour. In August 1926, it was agreed that the dentist would be notified to give immediate attention to any boarded-out child brought to the infirmary for dental treatment so that the children's stay in the Union would be as short as possible.

13.101 In 1926, the Commission on the Relief of the Sick and Destitute Poor was told that the full average cost of the children and mothers respectively worked out at about 15s a week at Pelletstown. There is no evidence about how this was calculated.

13.102 In February 1927, the solicitor to the board reported on events in the District Court. During applications to have children sent to industrial schools, it was reported that children were sent out from Pelletstown and subsequently found destitute. The solicitor repudiated this. The District Justice said that, about two months earlier, a boy who was brought before him on a criminal charge stated that he had been six years in Pelletstown and during that time he was working on the farm and was only taught lessons for one week. The Justice further stated that, when tested, the boy could neither read nor write or tell the time. The Justice asked the solicitor to bring this to the notice of the Board of Guardians. The board replied that the Justice had 'been grossly misinformed' as

- Pelletstown was for mothers and infants only.
- Cabra Schools had been closed for over one year.
- Cabra Schools when in being were under the National Education Board.

13.103 The *Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor* was published in 1927. It described Pelletstown as follows:

> The school buildings at Pelletstown have already been adapted as a home for unmarried mothers and infant children. It is in charge of the Sisters of Charity of St. Vincent de Paul. In the past year the Commissioners for Dublin Union have effected considerable improvements in the buildings and the whole place is now well suited for the purpose to which it has been allocated, and

appeared to us capably managed. It suffers, however, from the defect that women are not sent there until after the birth of the child, and up to that period are retained in the workhouse. As we have indicated in our previous recommendations (Para. 233) when dealing with the problem of the unmarried mother, we consider a Home of this class should have a probationary and maternity department, a recommendation which applies to the Pelletstown institution.

13.104 In 1928, the Board of Guardians, particularly Mrs Wyse Power, was concerned about the 'classification' of unmarried mothers.[30] Mrs Wyse Power had had consultations with the rescue societies and with Mr Frank Duff[31]: 'The former are most interested in the problem and have offered assistance as far as possible. The latter was not in a position to do anything other than make certain definite and useful suggestions'.

13.105 Mrs Wyse Power proposed that 'Pelletstown should be devoted entirely to the care of the First Offender and the children'. Second and subsequent 'offenders' should be brought to the workhouse and retained there for some time. 'This would give the advantage of time to develop the best ways and means of providing for them whether by selecting suitable residence for their reception and care or placing them in the charge of a community of nuns'. She said that the nuns attached to St John's Convent[32] (that is, the Daughters of Charity) were prepared to 'take over the charge of this class'. She suggested that a portion of the North Dublin Union adjoining the convent and which was then occupied by 'healthy casuals' might be converted for this purpose. As an alternative, St John's could be taken over for 'first offenders' with the 'other classes being retained' in Pelletstown. In December 1928, the Dublin Union adopted the alternative proposal. The Daughters of Charity were asked to provide three Sisters to manage St John's which would accommodate 40 to 50 women. 'This would enable us to give first offenders a chance towards reform, and Mr Frank Duff has promised on behalf of his Society

[30] The correspondence in relation to this is inserted into the Board of Guardians minutes of April 1935.
[31] Of Regina Coeli – see Chapter 21.
[32] St John's Convent seems to have been owned by the Dublin Union. It was the residence of the Daughters of Charity while they ran the North Dublin Union workhouse in North Brunswick Street. It continued as their residence while they were involved in the infirmary there until 1 January 1929.

to help by getting his workers to keep in touch with the girls when they leave the Institution'.

13.106 It transpired that the Daughters of Charity were not favourably disposed to this proposal. In 1929, they wrote:

> We would be adverse to taking over that class of work in St John's - it does not admit of suitable arrangements for separation between the community and the work. Whether the locality is suitable is questionable also. Wherever the work would be, suitable provision should be made beforehand for the girls, also for accidents which are liable to occur.
>
> The Sisters should have the freedom of management, and of the employment of suitable and necessary staff they would deem necessary to carry out the responsibility of the work. It is a big problem and wants a great deal of consideration on our part - we could never undertake it as proposed.
>
> Another consideration is, we are not sure at present of having the necessary Sisters - it is not by any means every Sister would suit that work and be able for it.
>
> A suitable agreement embodying the necessary control, etc, would also be needed.

13.107 The Daughters of Charity suggested that the Union provide a home elsewhere and give it over to them to operate. This suggestion was unacceptable to the Union because the 'capital expenditure and commitments in respect of Pelletstown, Cabra, Casuals and Lunatics and Consumptives makes such a suggestion unacceptable'; if the Daughters of Charity were prepared to establish a home with their own funds, the Union would be prepared to enter into an agreement to board out first offenders provided ante-natal care was included.[33]

13.108 The possibility of boarding out pregnant unmarried women had also been raised by Mrs Wyse Power. Mr Duff made the point that there would be no possibility of managing this unless '…Outdoor Relief was forthcoming, and in fact at a rate above the normal. It is doubtful if less than 15s per week would be accepted by any moderately respectable women to keep them'.

[33] Documents provided by the Daughters of Charity

13.109 The DLGPH reported that, at the end of 1928, there were 68 mothers of first born children in Pelletstown and 26 mothers of more than one child. In the late 1920s, there were about 100 mothers resident in Pelletstown at any one time.[34] On leaving, the majority went to 'situations' (about 80%) and the rest went to relatives.

13.110 The DLGPH reported on the death rate among children as follows:

Year	No in Pelletstown	No of deaths
1924	259	96
1925	240	119 (measles epidemic)
1926	271	94
1927	263	111
1928	294	95
1929	330	81
1930	336	66

The 1930s

13.111 The Board of Guardians/Board of Assistance minutes for the 1930s have considerably fewer references to Pelletstown than those in the 1920s.[35] They continue to list the children discharged from the Union (including Pelletstown) and where they went; generally they were boarded out or sent to other institutions. At each meeting, Children Act inspectors gave detailed reports on the children whom they inspected. The 'State of the House' report covered all residents of the Union by category including sick children, healthy children and mothers with infant children.[36]

13.112 There were continuing discussions about how Pelletstown should be organised. In November 1930, the Minister for Local Government and Public Health wrote to the clerk of the Dublin Union about this. The minister's understanding of the proposals was that:

> No one would be admitted to the nursery at Pelletstown or the maternity department attached except from the Dublin workhouse;
>
> Classification would be made in the nursery by 'physical division';

[34] The institutional records analysed by the Commission show that average occupancy in the years 1927-29 inclusive was 134 women.
[35] The Board of Guardians was replaced by the Board of Assistance in 1931 by the *Local Government (Dublin) (Amendment) Act 1931.*
[36] Other categories included 'aged and infirm' and 'lunatics and idiots'.

'Troublesome cases' would be returned to the Dublin workhouse or dealt with under the disciplinary code provided in the workhouse rules;

A maternity hospital would be established in the nursery (Pelletstown); trained nurses would be appointed to it by the Dublin Union;

The Daughters of Charity would provide a school for the children of the nursery and from the workhouse; the Dublin Union would pay 12s 6d a week for every child transferred to that school; the Daughters of Charity would also admit other children whose parents were temporarily unable to look after them provided they were free from infection.

13.113 In March 1931, the Minister for Local Government and Public Health wrote to the Dublin Union approving the 'proposals for the reorganisation of the Home for mothers and children at Pelletstown'. The minister went on to say that people from outside the Dublin Union should be paid for by their local authority at a fixed weekly charge. The Union disagreed with this suggestion: 'We do not think boards of health would pay as girls are not sent here by boards of health but come here and become chargeable to this Union by one or more days of residence and we anticipate refusal of boards of health to pay'. In conveying these decisions to the Director of the Daughters of Charity, Fr O'Connell, (who was a Vincentian priest based in London) the clerk of the Union said that the 'publication involved would re-act against the recovery of the patients concerned'.

13.114 The DLGPH reported that the average number of women resident in Pelletstown in 1930/31 was 105; again, about four fifths were placed in employment and the rest were returned to relations.

13.115 An elected Board of Assistance was established in 1931 and it had a ladies committee. This was closely involved in decisions about where children in Pelletstown should go. For example, in 1933, the Sister in charge of Pelletstown recommended the transfer of a number of children to St Philomena's (which had been established by the Daughters of Charity in 1932 to take some of the older children from Pelletstown who were not being boarded out - see Chapter 2) but the ladies committee decided that they should be boarded out.

13.116 The board minutes include details about prosecutions of people for failing to register children at nurse. In one such case, the woman was fined £10. The Judge did not agree with the Dublin Union suggestion that the child in question

should be returned to a nursing home as he did not agree that the place was a place of safety. Instead, he ordered that the child be taken in to the Dublin Union.

13.117 In February 1933, Children Act inspectors reported that they were unable to trace the mother of a child who died recently in Dublin Union.

13.118 The ladies committee visited Pelletstown on 7 March 1933 and were told by the Sister in charge and the medical officer that there were no children fit for discharge.

13.119 The DLGPH reported that, in 1932/3, the average number of mothers at Pelletstown was 94; of those who left, 56 were placed in employment, 27 returned to their relatives and four were sent to homes.

13.120 In August 1934, plans were being made for works to be carried out at Pelletstown. An architect had had discussions with the medical officer and the Sister in charge about the plans. Plans were drawn up for the following additional buildings:

- A new children's room over the existing mothers wing;
- Extension of laundry with new ironing room and linen store;
- New isolation hospital and nurses quarters;
- New baths and lavatories for small children and covered play shed.

13.121 The architect noted that all the plans were not complete but he was of the opinion that '… having regard to the increased accommodation asked for, the sum of £15,000 originally applied for will be greatly exceeded, probably doubled'.

13.122 The DLGPH reported that the average number of women in Pelletstown in 1933/4 was 92; of those who left, 58 were placed in employment and 33 returned to relatives. There were 124 women and 440 children there on 31 March 1935; 149 women were admitted during the year and 125 were discharged. Of those, 10 got married, 50 returned to their parent or relations, and 56 were sent to situations; 297 children were admitted during the year and 156 were discharged.

Proposed change of status

13.123 Attempts were made in the 1930s to change the status of Pelletstown from a directly supported public institution into an institution which would be financed on a capitation basis (like the Sacred Heart homes).

13.124 In February 1935, the Board of Assistance wanted to separate Pelletstown from James's Street maternity hospital. The board members were of the opinion that

> while the Institutions are combined even the short period of their presence here creates an influence on the patients' minds antagonistic to the promise of moral recovery. Furthermore, as long as Pelletstown is legally a part of the Dublin Union Infirmary even the most well-intentioned persons have no reluctance of instructing girls pregnant or who have babies to apply for admission here with a view to finally being sent out to Pelletstown under the Sisters.
>
> In addition the Sisters feel they are unduly restrained by the usual regulations in dealing with the very complex problem.

13.125 On 17 July 1935, the Dublin Board of Assistance adopted the following proposal:

> It would be highly desirable that St. Patrick's Nursery at Pelletstown would be conducted on the same lines as the Home for Mental Defectives at St. Vincent's, Cabra, i. e., that the Board of Assistance should leave the premises to the Sisters of Charity and that the Board should pay, say a sum of 12/6 per week, or a sum to be arranged, in respect of each mother and each infant. From the Sisters point of view this would give them a free hand in administration unhampered by regulations unsuitable to the very detailed problem in which they are engaged. From the Board of Assistance' point of view, they will be relieved, to a very great extent at least, of the large numbers coming to James's Street, with a view to being sent to Pelletstown direct.

13.126 The proposal went on to set out the problems in implementing this. The question arose as to what would happen to the lay staff who were then employed; the permanent staff would have to get 'abolition allowances'. The Sisters would need an undertaking that the board would allow the return of a mother or child whom they considered unsuitable by 'reason of conduct or otherwise'.

13.127 There was correspondence between the Dublin Union, the DLGPH and the solicitors for the Daughters of Charity about the proposal. The solicitors reported to the director of the Daughters of Charity, Fr O'Connell.

13.128 The Dublin Board of Assistance proposed to pay the Daughters of Charity 12s 6d a week for each mother and each child. The director regarded this as a minimum as it was the amount being paid for children attending industrial schools. The Minister for Local Government and Public Health considered it excessive as Bessborough was charging 21s for mother and child.

13.129 There were detailed discussions about the financing of the proposed arrangement. The Board of Assistance wanted the rent to be related to the loans which had been taken out to buy the premises; the outstanding charges or loans amounted to about £2,000 a year. There were also discussions about the staff generally and specifically the medical officer, the furniture and even the farm implements.[37]

13.130 In September 1935, the director of the Daughters of Charity told the solicitors that they were very much in favour of taking over but they must get a capitation rate of 12s 6d for each person. They did not want a trial period as the superior 'would feel very harassed by the idea of a scrutiny'. He pointed out that the capitation rate for St Vincent's, Cabra (where children with disabilities lived - see above) was 15s for each child but they would accept 12s 6d for other work. They had a lease for 25 years on the Cabra premises for which they were paying £280 rent. By October 1935, the Daughters of Charity were agreeable to paying a rent of £190 a year but would not agree the most recent Board of Assistance proposal of a weekly payment of a maximum of 15s for adults, a maximum of 5s for children under seven and a maximum of 7s 6d for children over seven.

13.131 Draft leases for the transfer of the lands were drawn up and were ready for signature in March 1936. A draft agreement between the board and the Daughters of Charity was also ready for signing at that time.[38] The intention was that the transfer and agreement would take effect from April 1936.

[37] Correspondence between the Board of Assistance and the Daughters of Charity provided to the Commission by the Daughters of Charity.
[38] These documents are referenced in the minutes of the Board of Assistance but the Commission has not seen the actual documents. All had been submitted to the DLGPH.

13.132 The proposal did not go ahead; the Commission has been unable to establish exactly why but it seems likely that there was no agreement on the capitation rate that would be paid or there was an agreement between the Board of Assistance and the Daughters of Charity but it was not approved by the DLGPH.

13.133 In February 1935, the resident medical superintendent reported to the Board of Assistance on the immunisation of children in Pelletstown. The DLGPH had been inquiring about the matter. The medical superintendent said that the number of children who had been immunised varied because of the varying number of admissions and discharges and also because of the fact that some children might not be regarded as suitable for immunisation on account of their health.

13.134 He reported that there were 423 children in Pelletstown at that point - they ranged from infants up to eight years old. There were a further 21 children in the Pelletstown maternity department and 58 in the infirmary.

13.135 The maternity unit was opened in June 1935.[39] It had two eight bedded wards one ante-natal and one post-natal. In July 1935, the medical superintendent told the Board of Assistance that it was necessary to get 16 beds and 16 cots for Pelletstown.

13.136 He looked for an increase in salary because the amount of medical attention and care required in Pelletstown had increased greatly in recent years and the opening of the maternity hospital involved much more additional work.

13.137 In December 1935, architects provided the estimates of costs for new developments at Pelletstown:

- New isolation hospital - £12,500
- New storey on mothers wing (children's playroom) - £5,500
- New laundry and ironing room - £6,000
- New sanitary block and children's shelter - £2,700
- Laundry equipment including electric light and power wiring - £3,000
- Equipment of isolation hospital - £1,000

[39] It was an annexe to the existing building and is sometimes referred to as a maternity hospital, a maternity ward or a maternity section.

- Approximate total cost - £30,700 (exclusive of architects and engineers fees).

13.138 The DLGPH reported that there were 145 women and 430 children in Pelletstown on 31 March 1936; 246 women were admitted during the year and 223 were discharged. Of those, six got married, 79 returned to their parent or relations, 89 were sent to situations and two to other homes. There were 374 children admitted during the year and 235 discharged.

13.139 As stated, the maternity hospital in Pelletstown had opened in June 1935. In June 1936, the medical officer reported to the Board of Assistance that the hospital had been in operation for a year. He said that work had been started there in a great hurry in June 1935 because of an outbreak of puerperal fever in the hospital at James's Street. He reported that there had been 139 confinements in the twelve months. One mother died from acute eclampsia and another woman died from pneumonia about a month before she was due to give birth. There were three cases of instrumental delivery and 66 mothers required surgical treatment after delivery. Thirty-three of the male children required to be circumcised and were operated on by the visiting medical officer himself.

13.140 In October 1936, the DLGPH inspector, Miss Alice Litster, reported that she was concerned about the general physical and mental condition of children boarded out from Pelletstown. She said that it was unfair to foster parents to place in their care children suffering from skin disease, addicted to extremely dirty habits[40] or almost bordering on mental defect. She said that every child leaving the institution to be placed at nurse should be medically examined and have a certificate of fitness signed by a medical officer. She had mentioned this to the Sister in charge who had agreed to have this done. She went on to suggest that prospective foster parents might be given some choice about the children they would take especially if it was their intention to 'adopt' in the future. The ladies committee noted and approved these suggestions and decided to tell the medical superintendent and the Sister in charge that they would be insisted on in future.[41]

[40] This seems to have been used as a euphemism for enuresis (bed wetting) and/or soiling oneself.

[41] Miss Litster's report also expressed concern about formerly boarded out children who were hired out to employers; she was concerned that the foster parents were sometimes insisting that the child's wages be paid to them rather than to the child. She also addressed issues relating to children who at age 15 had to leave foster care and ended up in institutions and about the implementation of the Children Acts.

13.141 In September 1937, the medical superintendent reported that the numbers resident in Pelletstown were as follows:

- 18 September 1934: 526
- 18 September 1935: 630
- 18 September 1936: 573
- 18 September 1937: 669.

13.142 He also reported that he had been told by the architect that all documents were ready and advertisements could be issued for tenders for works passed by the board and sanctioned by the department. The isolation hospital had not yet been sanctioned. It was noted that: 'Even with additional buildings proposed to be erected there would be insufficient physical accommodation for the present numbers, and in Resident Medical Superintendent opinion best results cannot be obtained with such large numbers in the institution'. The medical superintendent had retained an employee at £3 10s a week (plus 7s a week to cover bus fares) to report on each child in the nursery with a view to expediting discharge of as many as possible, for example, by returning to parents, boarding-out or sending to school. The employee would be required for at least two months. Because of this overcrowding, the Board of Assistance decided, in October 1937, that children should be transferred from Pelletstown to St Philomena's up to the maximum allowable and that this should happen immediately. The board also asked the Minister for Local Government and Public Health to make further provision for the transfer of children from Pelletstown to approved homes as the accommodation in Pelletstown was inadequate.

13.143 That same month, the medical superintendent reported that there was a ringworm epidemic at Pelletstown. He had examined 103 residents; 70 were free of ringworm and the remainder had varying degrees of infection. About 150 had not yet been examined.

13.144 In December 1937, Miss Litster complained that the Dublin Board of Assistance did not make sufficient use of its power to place children at nurse in rural homes and was more inclined towards putting children in institutional care. Miss Litster pointed out the advantages, including lower costs, of boarding out. She drew particular attention to the health advantages: there were 498 children in Pelletstown on 30 September 1937 and there were 1,502 children registered as

being at nurse; in the year to 30 September 1937, 102 children died in Pelletstown while 39 children at nurse died. She pointed out that six children who had been on the Children Act's lists during the year were admitted to Pelletstown and died there and she had included these six in the total of those who died at nurse. The number of children boarded out at 30 September 1937 was 160 and there were no deaths among boarded out children in the year to 30 September 1937.

13.145 Miss Litster again pointed out that placing children at nurse or boarding them out was likely to be much more successful if this happened at a very young age. She said that the special institutions for unmarried mothers notified the county Boards of Health and Public Assistance when children were nearing the age of two and if they were healthy, normal and fit for boarding out. Children were maintained in Pelletstown to school going age and did not settle down in their foster homes as rapidly and attach themselves as freely to their foster parents as if placed at nurse at an earlier age. She suggested that the Board of Assistance might require a statement from the superior in Pelletstown at reasonable intervals, say quarterly, showing the ages of children in the institution and stating their health and general fitness for boarding out. The board agreed to this.

13.146 In January 1938, the medical superintendent in Pelletstown reported that he had completed a register of all the woman and children in Pelletstown and at the same time investigated the possibility of decreasing the numbers by discharge, boarding out or sending to appropriate schools. He pointed out that, up to this point, there were no records kept in Pelletstown so '… a system of case cards has been started which, properly written up and filed in alphabetical order in a metal cabinet fitted with lock and key, was considered to be more suitable than a book type register'. The writing up of these case cards entailed the examination of approximately one thousand history sheets in the files of the Dublin Union. As described above, it had been the practice when transferring women and children from the Dublin Union to Pelletstown to regard them as 'on pass' by putting their names on the pass book and sending out the relevant admission and discharge docket. These dockets contained only the name, age and religion of the person concerned. The case card system allowed for more extensive personal information on mothers and children to be collected by the Sister in charge in Pelletstown; the information included records of admissions, discharges, transfers from and re-admissions to the institution.

13.147 The medical superintendent had investigated the boarding out of as many as possible of the children resident in Pelletstown. He provided the Board of Assistance with a list of those whom he considered suitable: 84 in total. Of the remaining children, there were about 130 under one year and classified as infants; a further 120 were children who had parents or relations or friends interested in them and the rest could not be classed as 'normal' and were not suitable for boarding out.

13.148 He did not see any point in preparing a list of the women in Pelletstown.

The reverend mother has always shown an admirable discretion in the treatment and ultimate disposal of these women and I am sure, will continue to do so in their very best interests. Though she is daily being approached for domestic servants, cooks and maids, her first thought is to ascertain will the mistress suit the maid - a reversal of the more usual commercial procedure. There are certain women whom she could not conscientiously release to service, and again, the environment of many of the prospective employers is such that she must consider them unsuitable for the women who might be available.

13.149 The medical superintendent addressed the various points made by Miss Litster in her report. He pointed out that the board's power to place children at nurse in rural homes was entirely dependent on demand and he clearly doubted that there would be much demand. He addressed the comparison of mortality among boarded out children and the children in Pelletstown to which Miss Litster had drawn attention; he regarded the comparison as misleading. He pointed out that, of the 102 deaths which occurred among the children in Pelletstown, 90% were under one year, 9% were between one and two years and 1% over two years. Boarded out children were generally over the age of two and they were carefully selected before being sent out to foster mothers.

> The comparison here is hardly fair to the Sisters in Pelletstown. Another point which should not pass unnoted is the fact that in an institution such as Pelletstown the number of physical and mental defectives is, in the nature of things, bound to be high and that these children will never be selected for boarding out. In order to protect prospective foster parents from a very great disappointment long and constant study of every child is made by the Sisters.
>
> The fact that there were no deaths among boarded out children was proof of the Sisters' efforts.

13.150 He further pointed out that, as well as being a home for orphaned children, Pelletstown was also a children's hospital. 'All the sick children of the Dublin Area are sent there, all the foundlings, deserted children, and all the children who are discharged from other homes and hospitals find their way to the Union, and thence to Pelletstown'.

13.151 He also pointed out that, while there were 498 children in Pelletstown on 30 September 1937, there had been a total of 1,161 children resident there during the year. He asked the board to expedite the building of the isolation wing and to supply a refrigerator for the storing of serum. He had found the use of serum of great assistance in the last outbreak of measles but he had had to keep it at Cabra.

13.152 The DLGPH reported that there were 151 mothers and 451 children in Pelletstown on 31 March 1938; 238 mothers were admitted during the year and 256 were discharged. Of those, 107 returned to relatives and 77 were sent to situations; 210 children were admitted during the year and 248 discharged.

13.153 The DLGPH reported that there were 166 mothers and 407 children in Pelletstown on 31 March 1939; 289 mothers were admitted during the year and 274 were discharged. Of those, 71 returned to relatives and 86 went to situations. 362 children were admitted during the year and 321 discharged. In April 1939, there were no vacancies in St Philomena's. It was recommended that a number of girls from Pelletstown be sent to certified schools.

13.154 In June, the Sister in charge of Pelletstown asked that the Pelletstown telephone number be inserted in the telephone directory under St Patrick's Home, Navan Road, Cabra as people had difficulty finding it and did not think to look for the Pelletstown number under Dublin Union.

13.155 In July, the Board of Assistance was told that 31 children had been boarded out between 1 January and 30 June 1938; 27 were sent to schools and three were 'adopted'.

13.156 In August 1938, the Sister in charge of Cabra reported that she had been given permission to arrange the immunisation of the residents against diphtheria and

typhoid as they were then prevalent in Dublin. She asked would the Dublin Union bear the cost of this for its residents.

13.157 In November, a medical officer reported that he had visited Pelletstown and saw six cases of scarlet fever (five among children) and one of diphtheria. 'The infection seems to be pretty widely distributed through the Institution and it is possible that further cases will occur'. He suggested segregating the children with scarlet fever in a separate room and placing them under a separate nursing staff, preferably fever trained. He had the person with diphtheria admitted to Cork St Hospital and suggested that any further cases would also be admitted there. He said it was highly desirable that the children in Pelletstown should be systematically immunised against diphtheria when they reached the age of nine months.

13.158 In January 1939, the visiting doctor asked for the building of an isolation unit to be expedited as, when an epidemic occurred, the numbers likely to be affected were so large that the hospitals dealing with infectious diseases could not cope. He said he was having great difficulty in getting the fever hospitals to take in cases as they were. 'No hospital will take measles'.

13.159 The Sister in charge of St Philomena's told the board that they had five boys who were about to reach the upper age limit of 12 years. Three of the boys were in constant touch with their mothers who were not willing to have them sent to foster parents. Two others were not suitable for boarding out because they were delicate and very much below average intelligence. The board decided to send the first three boys to Clonmel.[42]

13.160 In April 1939, the doctor reported that a child in Pelletstown had measles. He partly immunised the children who had been in contact with this particular child. He informed the board and asked it to pay the costs of the immune globulin (£4 2s 3d). In May, the doctor reported that the measles outbreak had spread: 'At present it is confined to the Isolation Building and it will possibly spread to other parts of the institution. There is a large room recently built in the institution which is not completed because it has no light, heat or water accommodation'. He complained that he had reported this matter before and, if he had this room available, he would

[42] This was an industrial school, St Joseph's, Ferryhouse, Clonmel. See the Ryan Report: http://www.childabusecommission.ie/rpt/02-03.php

be better able to deal with the outbreak: 'I would be able to place many children in it and to some extent prevent the overcrowding which is the usual cause of high mortality from this disease'. He asked the board to have this room finished without delay. He also asked the board to have the question of the immunisation of the children against diphtheria dealt with. The board referred this report to the minister for his decision.

13.161 The issue of boarding out of children from Pelletstown was again on the agenda of the Board of Assistance in June/July 1939. The wider issue of the coordination of child care services was also discussed.

13.162 A DLGPH inspector, Miss Murray, gave the Board of Assistance a report on her inspection of the health of the boarded out children in its area. This covered a range of issues about boarding out and it specifically looked at Pelletstown. Her report in this respect echoes Miss Litster's earlier report. Miss Murray said that she had had many complaints about the methods in operation in Pelletstown when a foster mother called there to select a child; two or three children were brought forward and if the prospective foster mother was not satisfied with any of them, there was no further choice. Miss Murray considered that all eligible children should be brought forward. She said that there was a 'great tendency to delay' the boarding out of children until they were aged six, seven, or even older. Some of the assistance officers' reports (see Chapter 1) show that some children were kept until they were ten or 11. She pointed out the desirability of boarding out at a much earlier age and suggested that children reared in institutions were more likely to 'contract certain bad habits of which it is almost impossible to cure them afterwards'.

13.163 She argued that a more thorough medical examination of the children from Pelletstown should be carried out before they were boarded out. Each individual child should be examined by the medical officer and certified as fit in every respect for boarding out. 'Children suffering from defects which might yield to treatment should not be boarded-out until every effort has been made to remedy them. The greatest care should be taken that no mentally defective child is sent to a foster home'.

13.164 The medical officer in Pelletstown replied that no child was sent out who had not been medically examined and no child had been sent out who had any evidence of disease, mentally or physically. He had no recollection of any child from Pelletstown who was at or near the age of ten being boarded out. Children of that age were only occasionally in Pelletstown, for example, if the parents were evicted. He had never seen any evidence of 'bad habits' among the children being boarded out; he asked that details of these bad habits be given.

13.165 The Sister in charge in Pelletstown reported that 52 children had been boarded out in the year 1938. She was trying to get the children boarded out at as early an age as possible but prospective foster mothers would only look at children of the age that they require. Some children could not be boarded out because they were 'maintenance cases'[43] or their mothers did not consent to their being boarded out. She acknowledged that two years earlier the boarding out of children was delayed due to an outbreak of ringworm. She confirmed that no child was boarded out without being medically examined and made the point that the complete change of life and the bad conditions of the homes immediately had a bad effect on the child.

13.166 Miss Murray explained that the 'bad habits' were acquired by children in all institutions and not just Pelletstown. The chief 'bad habit' was bed-wetting.

13.167 Members of the board, acting as a visiting committee, visited Pelletstown in October 1939 and agreed that the Sister in charge would report monthly to the board on the children eligible for boarding out.

13.168 In October 1939, a member of the visiting committee of the Board of Assistance paid tribute to the care and attention paid to the children in Pelletstown 'resulting in every comfort in excellent surroundings. As a result of this comfort and the surroundings mothers of many of the young children were reluctant to let them go out to foster mothers'. He suggested that a committee meet once a month and have a report on the number of children boarded out in each group. He believed that a great deal might be done if the mothers who were reluctant to let their children out, were impressed with the fact that their children could not always be under the nuns of have such comfort. His recommendation was adopted.[44]

[43] This presumably refers to children whose mothers/families were paying for their maintenance in Pelletstown.
[44] *Evening Herald*, 11 October 1939

13.169 The Sister in charge reported that, on 21 November 1939, there were 146 women, 93 infants (under 12 months), 108 children (aged between three and eight years) and 179 children (aged one to three years) giving a total of 526 resident in Pelletstown. During the month four children were boarded out; six were selected for boarding out and ten children were available.

The 1940s

13.170 In 1940, the *Irish Press* reported on a speech on public health services in Dublin given by Dr WRS Collis, the author of *Marrowbone Lane*, under the auspices of the Dublin Constituencies Council of the Labour Party. He was quoted as saying:

> In Dublin, twice as many babies died under one year of age than died in the country districts and three times as many as in Swedish cities. As for the illegitimate babies - over 300 per 1,000 died before they reached the age of one year, and many more afterwards. The authorities had a place called Pelletstown, where a few devoted Sisters gave their lives looking after hundreds of these children. These children were often weakly and required special attention, but there was no resident medical officer and few trained nurses.[45]

13.171 This statement gave rise to a heated debate about the facilities in Pelletstown. All participants were agreed that the Sisters provided a very good service but there was disagreement about the facilities available. While there was a doctor who visited, Dr Collis insisted that there was no resident medical officer. Dr Collis said that the reason so many 'illegitimate' children died was because of the people's attitude towards them. He believed that the children died because of neglect. He said that the majority of deaths from diphtheria could be prevented by inoculation, but this was not available even though there was compulsory inoculation against smallpox, a disease which he said was non-existent in Dublin. Subsequently Labour Party members were invited to visit Pelletstown.[46]

13.172 The Dublin Constituencies Council of the Labour Party, when accepting the invitation, said that they shared Dr Collis's views.[47] The medical officer of Pelletstown, Dr GV Ryan, told the Board of Assistance that the views of Dr Collis, as reported in the *Irish Press*, were very misleading. He said the isolation hospital

[45] *Irish Press*, 11 January 1940
[46] *Irish Independent* 18 January 1940
[47] *Irish Press* 25 January 1940

consisted of two large rooms, one of which contained 15 cots, and the children in it were mostly healthy, awaiting discharge. The other contained children suffering from pulmonary and intestinal trouble, who were kept there because they were infectious. As soon as they were well, they were transferred to other parts of the house, where there were spacious, well ventilated rooms. All these children were seen and examined; their ages, weights and condition were noted by the medical officer as soon as they arrived. If they become ill they were seen and attended to medically. They were under the immediate care of one of the Sisters, who was a trained nurse. The plans for the new isolation hospital, which was nearly completed, were in the hands of the architects for over a year. There was no doubt that the institution, due to economic conditions, was over-crowded, but during the past ten years the Union authorities had done a lot to remedy that state of affairs, and they were continuing to do so far as they were permitted.

13.173 A Labour Party delegation accompanied by Dr Collis visited Pelletstown on 1 February 1940.[48] In a statement, the delegation paid tribute to the Sisters in charge and the nursing staff. However, they said that the staff had to carry out their work under conditions which restricted and, to some extent, circumvented their efforts. This was not their fault nor was it entirely the fault of the Dublin Board of Assistance. The outstanding defect was that there was no resident medical superintendent. A consultant children's specialist should also be available to the institution. They pointed out that the institution was not just a home but was also a hospital and their understanding was that any baby had to be admitted from the Union, legitimate or illegitimate, well or ill. Therefore, it should be staffed as a children's hospital. A new ward was being added to the institution but was not available for use due to an 18-month delay in providing heat, light and water. Until the new ward was made available, the conditions of acute overcrowding could not be solved. The same extraordinary delay seemed to be taking place with regard to the erection of the new isolation block. The existing facilities for isolation were hopelessly inadequate, and involved the placing of babies with different conditions, some of which may be infectious, in one small ward. Even in some of the occupied parts of the building the heating arrangements appeared to be entirely inadequate. The women members of the delegation were impressed with the general happiness and well-being of the children. They were, however, concerned with the life of the women in the institution, who were, for practical purposes, completely

[48] *Irish Press* 2 February 1940

confined to it for two years.[49] The delegation suggested that, if the women were to be able to resume normal life at the end of this period, facilities should be available for personal interests and recreations while they were resident at Pelletstown. These should include, at very least, a free recreation period each day, a general library and an adequate recreation room with a radio. In addition, some increase of personal privacy would be very desirable if it could in any way be provided.

13.174 The dispute rumbled on for a time; the Dublin Board of Assistance considered asking the Minister for Local Government and Public Health to appoint an independent commission to investigate Pelletstown in view of the attacks on it.[50] It is not clear if anything further was done.

13.175 The DLGPH reported that there were 135 women and 353 children in Pelletstown on 31 March 1940; 243 women were admitted during the year and 273 were discharged. Of those, 98 returned to relatives and 79 went to situations. There were 355 children admitted during the year and 335 discharged.

13.176 In April 1940, the Sister in charge told the Board of Assistance that there were 135 'girls' in Pelletstown and a total of 353 children; 87 children were under one year; 153 children were aged between one and three and 113 children were aged between three and eight. The doctor reported that the general health was good, except for an outbreak of diphtheria and a mild outbreak of whopping cough.

13.177 In July, St Philomena's reported that it now had 13 girls over the age of 14 who had completed primary education and it was not equipped to provide them with appropriate training. The Sister in charge had been in touch with some schools - probably industrial schools - who were willing to take the girls provided they received a maintenance payment of 12s 6d a week and that the travel expenses to the school would be paid by the board. The board approved this arrangement provided the minister agreed.

13.178 The Board of Assistance visiting committee visited Pelletstown in October 1940. They heard a report from the medical officer about the discharge of unmarried mothers from Pelletstown.

[49] It is not clear why the delegation was under this impression; a two year stay was never the norm in Pelletstown; the average length of stay for women admitted in the 1940s was 315 days.
[50] *Irish Press 16 February 1940*

> The great majority of these women are domestic servants who on discharge from the Institution have no place in which they can mind and keep their children and also earn their own livelihood in the only occupation open to them. To refuse to discharge them without children consequently means permanently depriving these women of ordinary freedom. To discharge them without children would mean in many cases depriving the child for all time of care and interest of the mother, as on discharge the mother with a child is obviously unable to earn her own livelihood and that of her dependent. I suggest that she is entitled to outdoor relief[51] and with such assistance she could take up a situation outside and provide for the child by placing it at nurse.

13.179 He went on to point out that the granting of outdoor relief would be dependent on the Board of Assistance approving the foster parents. Further, outdoor relief would be available only to women who had been resident in the Dublin Union area for at least two years. Women from outside Dublin would not qualify; they could be returned to their native areas.

13.180 In November 1940, the Sister in charge reported that she had lodged £33 11s to the credit of the Dublin Board of Assistance. This was the amount which she had received from mothers towards the maintenance of their children for the month of October. She reported that, on 31 October 1940, there were 137 'girls' and 347 children in Pelletstown. There were 75 infants, 168 between one and three years old and 105 aged between three and eight. During the month, five children were boarded out and there were a further 16 available for boarding out.

13.181 At a meeting of the Rathdown Board of Assistance, the boarding out of a Catholic child who had been born in Pelletstown with a foster-mother of a different denomination was described as 'a disgrace'. The child had been boarded out by the Irish Church Mission but the Catholic Protection and Rescue Society was willing to take over the child as soon as the mother could be traced. The board had made an order prohibiting the housing of children by foster-mothers of different denominations.[52]

[51] Under the *Poor Relief (Dublin) Act 1929*
[52] *Irish Press* 14 November 1940

13.182 In January 1941, the Sister in charge lodged £37 5s which was the amount received from mothers towards the maintenance of their children for the month of December 1940. On 31 January, there were 140 women and 361 children in Pelletstown. The doctor reported that the general health of the residents was satisfactory and there were no infectious cases during the month.

13.183 In March, children aged three and four were transferred to St Vincent's Limerick, an industrial school. There were 22 deserted children in Pelletstown at this time.

13.184 The DLGPH reported that there were 282 women admitted to Pelletstown between 31 March 1940 and 31 March 1941; 265 were discharged. Of these, 70 went to employment, 92 to parents and four were married. There were no maternal deaths. There were 427 children admitted between 31 March 1940 and 31 March 1941; 345 children were discharged during the year and there were 393 remaining on 31 March 1941. There were 42 deaths during the year; 28 children were boarded out, 99 were taken by parents, 170 were sent to hospitals and 48 to schools.

13.185 In June 1941 there were 161 women and 402 children in Pelletstown. There were 135 infants, 167 aged between one and three and 100 aged between three and eight.

13.186 The Sister in charge had lodged £38 14s into the bank; this was the amount received from mothers towards the maintenance of their children in May.

13.187 It would appear that Archbishop McQuaid was concerned about the manner of women leaving Pelletstown. In July 1941, a member of the Daughters of Charity explained the position to him:

> Further investigation into the organisation of Pelletstown reveals to me that I was left under a false impression regarding the discharge from the institution of unmarried mothers. The incident of a person waiting for a girl outside was an exceptional case and is not typical.
>
> I find however, that the only girls to whom this can happen are those whose babies die. They are set free immediately. [The doctor] is most careful that all others who leave are either placed in situations, institutions, with relations, or take their babies home with them. There is one difficulty regarding those

placed in situations. They can accept the situation and, after a trial, leave it and return if they wish to their former surroundings. This is the cause of many relapses. As a rule those who fall a second and third time are not easily induced to return to the sisters and there is the danger that they may go to non-Catholic homes.

Besides the children born in Pelletstown, there are many others born in the union and other city hospitals. Some of these children are added to those born in Pelletstown and the over-crowding problem is mainly due to them at the moment.[53]

13.188 In November 1941, the DLGPH was asked to approve of the transfer of a number of children to other institutions because of overcrowding in Pelletstown. Five children aged between two and three and a half were to go to the Convent of Mercy, Longford;[54] seven aged between three and a half and five and a half to Passage West industrial school; five aged between three and a half and four and a half years to Cappoquin industrial school[55] and three to St Philomena's.

13.189 The medical superintendent described Dublin's epidemic of gastro-enteritis in autumn 1941 as the dominating event of the year from the medical standpoint. It had been responsible for 40% of the deaths in the Cork Street fever hospital in 1941. It attacked babies, and, of the 167 patients,116 were under five years old. There were 68 deaths. The abnormal prevalence of flies was considered to have been the cause of the disease. Bottle-fed children were the greatest sufferers. There is no reference to this epidemic in the minutes of the Board of Assistance for this period. The Minister for Local Government and Public Health had set up an advisory committee to deal with the problem. The lower death rate from measles - 2.73% compared with 9.24% in 1939 - was recorded.

13.190 In April 1942, the members of the Dublin Board of Assistance were removed from office by the Minister for Local Government and Public Health. They were replaced by three Commissioners.[56]

[53] Dublin Diocesan Archives/AB8/b/LII/A/2/1/(1).
[54] As there was no industrial school in Longford town, this was probably the Newtownforbes Industrial School: Ryan Report Volume 11: http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL2-10.PDF
[55] Ryan Report Volume 11: http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL2-08.PDF
[56] The term 'Board of Assistance' is being retained.

13.191 The issue of inoculation against diphtheria arose again in 1942. The medical superintendent at Cork Street fever hospital stated that the death of a child from diphtheria 'carries with it some implications of neglect on the part of the parents'. 'If every infant in Dublin were inoculated against diphtheria between 9 and 12 months of age, Schick-tested before he went to school (if necessary re-inoculated), deaths would fall to negligible proportions. The authorities have provided the facilities. It is for the parents to use them'.[57]

13.192 In 1943, the DLGPH decided to open a hospital to deal with gastro-enteritis after one of the worst epidemics that had struck the city for years. St Clare's hospital was established and many children were transferred to it from Pelletstown. (see Chapter 2)

13.193 The Dublin Board of Assistance was engaged in reducing expenditure while also replacing 'inmate labour' in the hospital (St Kevin's). The *Irish Press* reported in February 1944 that there was a decrease of £10,000 in the estimate of £446,389 adopted by the Board. This followed a decrease of £30,000 in the previous year.

> In addition to the decrease of £10,000, it is possible, by economies, to make provision of more than £10,000 for essential increases in the nursing staff and for paid ward attendants to replace inmate labour in the male and female chronic departments and the hospital.[58]

13.194 In November 1944, new terms of employment for nurses in Pelletstown and in St Kevin's Institution were proposed by the Dublin Board of Assistance and approved by the Minister for Local Government and Public Health. From 1 January 1945, permanent, quasi-permanent and temporary elected nurses were paid £81 a year with annual increments of £3 to a maximum of £11 as well as the appropriate Emergency Bonus.[59] Rations were valued at £52 and residence at £25 a year. There was an additional allowance of £9 a year for uniforms.[60]

13.195 In May 1945, the Assistant Master of Holles Street hospital was reported as telling the annual meeting of the Infant Aid Society that the infant and child death rate in Dublin compared very badly with other cities. He said that the society had realised the importance of pure milk supplies long before 'the medical people'. The

[57] *Irish Press* 6 June 1942.
[58] *Irish Press,* 10 February 1944
[59] This was an extra payment to take account of the rise in the cost of living during World War II.
[60] *Irish Press,* 30 November 1944

maternal mortality rate was very low. In 1944, there were 12,000 deliveries in the three city maternity hospitals; 600 mothers left the hospitals without their infants and 600 infants died within a month of being brought home. The home deaths were largely from gastro-enteritis, due mainly to a lack of breastfeeding.[61]

13.196 One member of the Dublin Board of Assistance had been agitating for the introduction of adoption in Ireland for about 25 years. She was quoted as approving the Northern Ireland adoption arrangements. She said that, in Ireland, people were reluctant to adopt children as, in the absence of a protecting law, parents or a parent might later turn up and claim the child and perhaps ruin its future chances in life, while the love and care the adopters had expended on the child would go for nought. Another drawback she cited was that the foster parents could not legally give the child their name. She had come across tragic cases where the adopters of children had had them baptised in their own name, but when the necessity for a birth certificate occurred, the child became aware that he or she had no legal parents. She said that it was quite common for solicitors to arrange 'adoptions', and for both parties to repudiate them afterwards. She held strong views on the 'evils of adoptions for lump sums'; this should be prohibited; 'where money is in question, the children are often dumped on public authorities when it is exhausted'.[62]

13.197 In September 1945, the Parliamentary Secretary to the Minister for Local Government and Public Health, Dr Ward, spoke of the need for a complete overhaul of the infant welfare and public health services. He was quoted as saying that the high number of child deaths in Dublin was 'a blot on our public health record'. He appeared to support a suggestion that had been made that 'pre-natal and infant health services could, with advantage, be more intimately linked up with and, in fact, based upon, the three maternity hospitals'. He said he would take this up with the hospitals concerned and with Dublin Corporation.

> Our experience has been that the death rate during the first year of life has been particularly high. If a reorganisation of our services should help to solve this problem it would seem prudent to plan for a comprehensive expansion of child health and school medical services so that we can build up a healthy young population.[63]

[61] *Irish Press*, 31 May 1945
[62] *Irish Press,* 31 May 1945
[63] *Irish Independent*, 24 September 1945

13.198 On 14 December 1945, there were 219 mothers and 395 'illegitimate' children in St Kevin's institution and Pelletstown.[64]

13.199 In May 1946, the *Irish Press* reported that Dublin Corporation Public Health Committee would be discussing a letter from the DLGPH, suggesting a scheme for a more effective supervision of the first year of child life, with a view to reducing the rate of infant mortality in Dublin. This was a follow up from Dr Ward's suggestions in 1945. The three maternity hospitals, in which 80% of Dublin births took place, were agreeable to the suggestion.

> Although the infant mortality was low through the excellent services at present, the Parliamentary Secretary considers an elaboration of these services, to include care during the first year of life, would provide a comprehensive service which would give the necessary continuity and organisation likely to reduce infant mortality to a minimum. By the adoption of the proposals outlined, the Corporation would obtain for a relatively small additional expenditure a complete ante-natal, obstetric and infant welfare service. The services to be provided in the scheme include: (1) A domiciliary visiting service; (2) an emergency day and night service; (3) a clinic advisory and treatment service; (4) hospital accommodation.[65]

13.200 In May 1946, the *Irish Press* interviewed gynaecologists, specialists in infant ailments and welfare workers about a statement by a doctor that babies under a year were dying in Dublin at a rate of four a day, in a city which claimed to have the best maternity service in the world. All those questioned agreed that Dublin had the best gynaecological service in the world.[66] They said it was the only city in the world in which 80% of the babies were either born in the lying-in maternity hospitals or in the mother's home, attended by doctors and nurses from these hospitals.

> The result was that, in 1944, of 12,000 babies born, only 11 died in the hospitals. This gynaecological service costs Dublin citizens almost nothing. The money comes from the Hospitals Commission, patients' fees, and some old funds still available. In spite of Dublin's claim, however, over 100 in every 1,000 infants die before they are a year old. Comparable figures for the great cities of the world are far lower. Those for New York and London are less

[64] Department of Health file: HLTH/A8/61 BC
[65] *Irish Press*, 24 May 1946
[66] It is not clear what basis they had for this assertion.

than 40 per 1,000 births. Dublin's infant mortality rate is far higher than that in any part of Ireland.

During the ten days that mother and baby are in one of the Dublin lying-in hospitals - the Rotunda, National Maternity or the Coombe - they have at their disposal the greatest possible skill and attention'.[67]

13.201 An isolation unit was opened in Pelletstown in 1946/7. It was to house children who had infectious diseases, children of mothers who had TB, babies with disabilities and 'legitimate' children whose parents were unable to cope with them.

13.202 A Department of Health inspection in September 1947 was critical of a number of aspects of Pelletstown. The following were the main criticisms:

- The institution was overcrowded, especially in the infants and toddlers division.
- Four nurses shared one poorly lighted, common bedroom in an annexe at the back of the hospital. Each nurse should be provided with a separate room.
- The cost of medicines amounted to £421 13s 2d which appeared to be high and no samples had been sent recently.
- Internal painting was required for the nursery and main isolation buildings required external painting.
- The number of births had fallen since 1945 with an average of little more than one a week in 1946. This was due to women being retained at St. Kevin's institution for delivery and then being sent onto Pelletstown. There was not sufficient work for the staff employed in the maternity hospital; only four of the 17 beds were occupied and the staff of four were looking after four patients. The maternity home had been built at great cost with the express intent of relieving pressure on St. Kevin's; conditions in St Kevin's were poor with no specialist obstetrician whereas Pelletstown's temporary medical officer was a specialist obstetrician.

13.203 The inspector argued that the modern maternity hospital in Pelletstown should be utilised to its full capacity, especially in view of the shortage of maternity beds in Dublin.

[67] *Irish Press*, 27 May 1946.

If it is the intention to continue deliveries of unmarried mothers in St Kevin's institution, it is suggested that consideration be given to utilising the maternity hospital at St Patrick's home for married as well as unmarried mothers. At present the retention period of patients in maternity hospitals in the city has been reduced to below the margin of safety to try and cope with the demand for accommodation.

13.204 The Dublin Board of Assistance was asked for its observations on this report and supplied these in November 1947. The board replied that it had been considering the over-crowding and was much concerned about it. It said that a large proportion of the unmarried mothers admitted to Pelletstown came from outside the Dublin Public Assistance District, had only brief or temporary residence in Dublin, (and had no home to which they could take their infants or very young children) and the Dublin Board of Assistance, consequently, had to bear to a large extent a responsibility that should be borne by other local authorities. Difficulty had been experienced in finding homes, private or institutional, for very young children.

13.205 The board said that the inadequacy of the accommodation for nurses had been under serious consideration for some time and proposals for a nurses home would be submitted to the minister as soon as possible.

13.206 The excessive cost of medicines during the year to March 1947 was being investigated. The cost to date for the current year was £132 12s 3d against an estimated cost of £400 for the year.

13.207 Tenders for the painting of St Mary's nursery and other internal areas had been invited twice in the previous six months, without success. A further tendering process was under way. The current year's estimates included provision for this. Other painting works would be considered in the context of the estimates for the year 1948/9.

13.208 The Board of Assistance had already given instructions for the ending of the practice of retaining pregnant women for delivery at St. Kevin's. The suggestion for using Pelletstown for married as well as unmarried mothers was not favoured. The maternity hospital at St Kevin's had a bed occupancy of 26: its equipment had been extended and was satisfactory and the attendance of a specialist obstetrician had been obtained when required.

13.209 In May 1949, the Department of Health made further inquiries about progress on overcrowding and on painting.

13.210 In March 1949 the Board of Assistance wrote to the Department of Health about the level of nursing staff in Pelletstown. The board said that there was constant change among the staff. There were 26 temporary nurses, three of whom were employed in connection with the Dublin Corporation BCG scheme. Of the remainder, there was only one State Registered General Trained Nurse (RGN), who was also a CMB (qualified midwife) and fever nurse; five State Registered Nursery Nurses (SRNN) and children's nurses (CN); four CMB nurses, one of whom was also a CN; and 15 qualified only as nursery nurses. The majority of the nurses had less than two years' service. The board wanted to appoint four nurses to the permanent staff without advertising.

1950s

13.211 The discussions about staffing which had been taking place in the late 1940s continued into the 1950s. Pelletstown was heavily reliant on temporary nursing staff. The Irish Nurses Organisation was trying to stop the practice of employing nurses on a temporary basis and not making them permanent; the organisation described this 'temporary-permanent' condition as the main defect of local authority nursing.

13.212 In April 1950, a Department of Health medical officer reported that he was impressed by the cleanliness of Pelletstown but there were a number of serious problems. The problems outlined were:

- Not enough lavatories; there were four for 140 mothers;
- Not enough accommodation for nurses;
- The floors in the mothers' dining room, the kitchen and the children's dormitory needed repair;
- Overcrowding in the No. 1 mothers' dormitory and woodworm in the floors in this dormitory;
- The fire escape arrangements appeared to be inadequate and should be investigated as soon as possible by an expert;
- The ward where the babies were sleeping was much too large and could be divided; there was too much noise for babies to sleep and there was a danger of infection spreading;

- The toddlers' wash room floor needed repair;
- Bathing accommodation in St. Bridget's ward could be improved;
- External walls of St. Mary's needed re-plastering;
- One mothers' ward was overcrowded as was the toddlers' ward;
- The boilerhouse was unsatisfactory. It needed to be ventilated, the flues needed to be renewed;
- A meat slicer could be provided for the kitchen; about 70 lbs of meat was carved daily and a large quantity of bread;
- There were no arrangements for sending samples of milk for examination.

13.213 In June 1950, the Department of Health approved the appointment of five temporary nurses until the end of the year when it would be reviewed. This was part of an effort to reduce nurses working hours to 96 hours a fortnight. The hours worked by the staff varied from 110.5 to 123 hours a fortnight and the medical superintendent had recommended that this be reduced to 96 a fortnight and five extra nurses be employed.

13.214 In February 1951, a DLGPH inspector, Miss Reidy, visited Pelletstown in order to assess the staffing situation. There were 129 women there. There was a total of 368 children of whom 160 were infants, 160 were aged between one and three and 48 were aged between three and four. There were six Sisters on the staff, two of whom were RGNs, one was a children's nurse and two were nursery nurses.

13.215 There were 24 cots in the isolation unit for sick children. These children required skilled nursing care; they included acutely ill children transferred from within Pelletstown and infants from other institutions.

13.216 The infirmary had 12 cots, three children's beds and two adult beds. The children in the infirmary were not acutely ill but were underdeveloped and physically below par. They were not all confined to their cots. The adult beds, which were in the same ward as the children's beds, were reserved for ill mothers who had to be kept under observation. A doctor's note from January 1951 stated that 104 of the 364 children who were then in residence were ill. There was a flu epidemic, and there were other ailments such as alimentary disturbances and ear infections.

13.217 The recommended number of State Certified Children's Nurses was one for every three or four children; in Pelletstown, there was one for every 17 children. There was a difficulty in recruiting SCCNs.

13.218 It had been assessed that 26 RSCNs were needed but the breakdown of staff was actually:

- RGN, SCM 2
- RGN, RSCN, 1
- SCM, 4
- RGN, 2
- RSCN, 5
- CN, 20

There was also a need for more CNs to look after the healthy children.

13.219 A former Sister in charge was reappointed in September 1951. She was a trained nurse and had previously been Sister in charge in the period June 1937 to August 1948.

13.220 The proposed salary was £175 a year which was the recommended rate for the matron of a county home of 500 beds or less; there were also rations of £50 a year plus milk and vegetables valued at £20 - all Sisters in the house got these; there was a uniform allowance of £12; residence was valued at £30 a year and laundry at £5; the World War II bonus was still being paid.

13.221 In October 1951, there were two RGNs with sick children's qualifications, three midwives, seven registered sick children's nurses and 17 nursery nurses. There were six non-nursing Sisters. The assistant catering superintendent, permanent wardmistress and three temporary wardmistresses were lay women.

13.222 Miss Litster visited Pelletstown in October 1951 but the report which the Commission has seen deals only with her inspection of the records of births, admissions and deaths of infants there. (It is not clear if any other aspects of Pelletstown were actually inspected by Miss Litster on this occasion.)

13.223 This report gives details of the births, admissions and deaths of infants in the period 1 April 1950 to 26 October 1951. It notes that the infant mortality rate was

rising. The report suggested that a factor in the rise of infant mortality may have been that mothers and babies admitted to St Kevin's were formerly not admitted to Pelletstown until the results for VD and TB were known and were not admitted unless there was a clean bill of health but that this was no longer the case. It acknowledged that there was provision for segregation before the newly admitted mixed with existing residents but suggested that a reversion to the former system might have a good effect.

13.224 In January 1952, having approved the establishment of a permanent nursing staff, the Minister for Health approved the staffing requirements for the sick departments of Pelletstown as follows:

- Isolation unit (28 beds): one Sister – General Trained; two Registered Sick Children's Nurses; two Children's Nurses
- Two infirmaries (37 beds): two Sisters – one a State Certified Midwife and one a Children's Nurse; three Children's Nurses

13.225 This meant that three additional nurses would be appointed to each of these departments. If there were difficulties recruiting qualified sick children's nurses, the vacancies could be filled temporarily by general trained nurses.

13.226 In March 1952, there were 35 lay permanent nursing staff and ten Sisters held nursing posts; the Department of Health expressed concern about a Sister on clinical duties who was not a qualified nurse.

13.227 In 1952, the question of the Sisters being made permanent was considered. It seems that the Board of Assistance argued that they should not be made permanent because they could be withdrawn 'at the will of the Mother General'. The Department of Health was not impressed by that argument and pointed out that 'nursing sisters hold permanent appointments in local authority institutions throughout the country and the difficulty referred to by the board does not arise'. The Minister for Health told the Board of Assistance that he had no objection to their being granted permanent status.

13.228 In 1953, the pay scales for the Sisters who worked in Pelletstown were as follows:

- Sisters who were general trained nurses: £310 rising by annual increments of £10 to £350 a year with two long service increments of £10 to £370 a year, with deductions of £41 for residence and £5 for laundry.
- Sisters who were registered sick children's nurses: £120 rising by increments of £10 to £140 a year plus appropriate temporary bonus with deductions of £30 for residence and £5 for laundry.
- Sisters who were state certified midwives: £60 rising by increments of £5 to £90 a year plus appropriate temporary bonus and similar deductions.
- Sisters who were performing the duties of children's nurses: £50 rising by increments of £5 to £85 a year plus appropriate temporary bonus and similar deductions.
- Sisters in charge of stores, laundry, kitchens, workrooms: Scale as for permanent wardmistresses - £130 rising by increments of £4 to £170 and then rising by increments of £5 to £175 a year plus temporary bonus, with deduction of £18 for residence and £5 for laundry

13.229 Miss Litster and Miss Reidy visited in June 1953. Miss Reidy reported that she felt that the sleeping quarters were congested. She was told that there was great difficulty in getting the mothers to breastfeed and, if they started, to persist with it. The position as to deaths of infants had greatly improved from Miss Litster's previous report which covered the period from 1 January 1950 to 30 September 1951; the situation now was 'comparatively satisfactory'.

13.230 In 1954, Miss Reidy and Miss Litster visited Pelletstown and St Kevin's. They discovered that they had made a minor error in their presentation of the infant mortality in Pelletstown - this arose because there was confusion about twins and where they were born.

13.231 After the introduction of adoption legislation and the consequent placement of a large number of children for adoption, women and children were remaining in Pelletstown for shorter periods. As a result, the occupancy rate fell. The numbers in Pelletstown had fallen from 525 (women and children) in 1949 to 229 in 1959. In 1959, the Department of Health suggested to the Board of Assistance that the unused accommodation in Pelletstown be used to accommodate some of the children with intellectual disabilities from St Vincent's, Cabra. The average daily cost of maintenance in Pelletstown was 9s 11d in 1958-60.

13.232 There was discussion between all the relevant parties - the Daughters of Charity, the Department of Health and the Dublin Board of Assistance - about the future roles of Pelletstown, St Philomena's and St Teresa's Blackrock (all run by the Daughters of Charity). It was decided to use St Teresa's exclusively for children with intellectual disabilities[68] and move existing residents to St Philomena's with no change at Pelletstown - see section dealing with St Philomena's.

13.233 The question was raised about keeping all 'mongols' (children with Down's Syndrome) in one institution, preferably Pelletstown. The medical officer said that:

> From a clinical point of view there would be no objection to bringing all mongols together in one institution for research purposes but it would be impracticable because of the present institutional arrangements.

13.234 Research was being conducted by the paediatrician, Dr Coffey, on behalf of the Medical Research Council.

1960s

13.235 The Dublin Health Authority (DHA) took over the functions of the Dublin Board of Assistance on 1 July 1960.[69] Virtually none of the records of the DHA have survived. There is evidence from other sources that it had a visiting committee which visited Pelletstown but the Commission has not seen any minutes or reports.

13.236 In 1960, the Director of the Catholic Social Welfare Bureau, Fr Barrett, told Archbishop McQuaid that, in the past year, the Dublin Board of Assistance had decided that women would not remain in Pelletstown for more than six months. This was in the context of concern that Irish pregnant unmarried women were increasingly likely to go to England. One of the perceived causes of this was that Bessborough, Castlepollard and Sean Ross insisted that women must remain for two years.[70]

13.237 Miss Reidy inspected Pelletstown on 25 February 1960. She visited on three subsequent occasions to examine the registers and record statistical data. It had last been inspected by Miss Litster on 25 October 1951.

[68] This decision seems to have been largely driven by Archbishop McQuaid.
[69] *Health Authorities Act 1960* and SI 134/1960
[70] Dublin Diocesan files: LII/A/40/9/(1)-(3)

13.238 The report stated that on the day of the inspection there were 87 women and 124 children (inclusive of six neo-natal infants) resident in the institution. The well-being of women and children was excellent. There were, however, some 'puny' children in the under-one age group, some were delicate from birth, some had contracted pneumonia and were slow in development and some were 'coloured babies'. The report stated that the latter are difficult to rear and inclined to be bronchitic in the first year of life. The children's play-rooms were bright, colourfully decorated and adequately heated and ventilated. They had a plentiful supply of suitable toys and communal play material.

13.239 There was no heating in the bathroom attached to St Mary's nursery; this was a 45-cot unit of which 38 were occupied in February. During the three-week cold spell which lasted from the beginning of February until a few days before the inspection it had not been possible to use the bathroom and the children had to be washed in their cots. Infra-red heaters, however, had been provided, but were lying in the stores awaiting installation.

13.240 Miss Reidy commented that washing a large number of infants in their cots was time absorbing, arduous and unsatisfactory for the staff, and constituted a certain risk for the infants. The delay in heating the bathroom seemed quite unnecessary. Some windows in St Brigid's nursery needed repair to exclude draught; this should have received prompt attention as there were a number of young infants exposed to the draughts. Since the last inspection on 25 October 1951[71] children were discharged as follows:

- Boarded-out 95
- Irish adoptions 184
- American adoptions 185
- Placed for adoption through society 137
- St. Philomena's school 326
- St. Vincent's Cabra 32
- Protestant Church Society 1
- Foster parents through parent 12
- Certified schools through the courts (accommodated here instead of St Kevin's) 87
- St. Patrick's Guild 9

[71] The text of the report states 1960 but this is clearly a typographical error.

- Catholic Rescue and Protection Society 3
- Castlepollard for adoption 1
- I.S.P.C.C 1
- Other homes 4
- Lota Park[72] 4
- Orthopaedic, Baldoyle 2
- Stewart's hospital 2
- Total 1085

13.241 Between the 25 October 1951 inspection and 31 March I960 there were 667 deliveries in the maternity unit; there were 17 stillbirths and 13 neo-natal infant deaths. The causes of the neo-natal deaths were recorded as: atelectasis (four); intra cranial haemorrhage (four); prematurity (three); congenital deformity (one) and inanition (one).

13.242 In that same period, 23 older children died in the institution; six had been born there and the others had been admitted to it. The age range was between six weeks and 16 months and the main causes of death were recorded as pneumonia and congenital debility or deformity.

13.243 Miss Reidy concluded that the 'standard of care in this institution is excellent'. There was an awareness of the needs of both parents and children. The two and a half to four year age group compared very favourably with children raised in normal homes in normal circumstances.

> Indeed, standards generally are every bit as good as anything I have seen in Great Britain or the USA countries where capitation fees for mothers and children are far higher. In the event of St. Mary's Tuam being closed I would strongly recommend that mothers and children be given priority placing in this institution.

13.244 The Department of Health subsequently sent a note saying that it assumed that something has been done about the windows in the bathroom attached to St Mary's and that the windows of St Brigid's would be fixed before the winter.

[72] This was a school for children with intellectual disabilities. See Ryan Report: http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL2-05.PDF

13.245 In August 1961, the Department of Health recorded that there were 98 women and 150 children in Pelletstown. There was capacity for 150 women and 300 children.

13.246 There were further discussions about the organisation of services for children with disabilities and making places available for them in Pelletstown. In 1961, the Dublin Health Authority proposed to make accommodation available in Pelletstown for 60 or more children from Cabra mainly the most severely handicapped, bed ridden children. It had also been suggested that St. Philomena's (which was also run by the Daughters of Charity and to which children of school-going age went from Pelletstown - see Chapter 2) could cope with all unmarried mothers and children and Pelletstown could then be used exclusively for children with intellectual disabilities. The director of the Daughters of Charity, Fr Sheehy, discussed this with the Department of Health. He was opposed to the suggestion. Instead, he suggested that children from another of the Daughters of Charity institutions, St. Teresa's Orphanage, Blackrock, should be moved to St. Philomena's.

13.247 The Department of Health thought that Bessborough would be the geographically most suitable for conversion to a home for females with disabilities. The department proposed to discuss this with the Congregation of the Sacred Hearts of Jesus and Mary and with the Bishop of Cork, Dr Lucey. It was noted that Dr Lucey '…is most interested in the activities of the Cork Polio and General After-Care Association who have very ambitious plans for the care of the mentally handicapped children in the Cork area' (see Chapter 18).

13.248 There seemed to be a lack of awareness among county councils of the status of Pelletstown and about whether or not it was available to its residents. For example, in 1961, Waterford county council asked the Department of Health about the admission to Pelletstown of a named individual. The department, in reply, said that letters like this should be addressed personally to its inspector or initials only should be used. Similar letters were sent to Wexford and Cavan county councils. Other councils wrote to ask if Pelletstown was an approved institution.

13.249 In January 1962, Clare county council was told that the rate for Pelletstown was 10s a day which was the average daily cost of maintenance.

13.250 A Department of Health memorandum in 1962 noted that the Dublin Health Authority had informed it that about half of the potential accommodation in Pelletstown was closed. There were 85 mothers and 154 children (98 'illegitimate', 56 'legitimate') there. They came mainly from the Dublin city area, a few from the county and some from England. It had a site of about 40 acres. The DHA had also provided other information about Pelletstown.

13.251 The memorandum said that women could be referred by clergymen or doctors, or sometimes they came directly. A large number were sent by the Catholic Protection and Rescue Society. There was no strict rule against second offenders but consistent offenders were discouraged. The average duration of stay of mothers was between seven and nine months; for children the average stay was about one year. There were very few children aged over two years there. A large number of the children were adopted; St Louise's Adoption Society arranged adoptions at home and abroad, particularly in America. Some 'backward or mentally handicapped children, not suitable for adoption' could remain up to a maximum of seven years. There were 16 such children there at that time.

13.252 There was also a 30-bed isolation unit for 'abnormal births'. The infants in this unit may come from the maternity hospitals. The unit was usually full. Pelletstown had another function as temporary accommodation for homeless families.

13.253 The DHA pointed out that there were very large waiting lists for people with intellectual disabilities.[73] There were also 2000 people with intellectual disabilities unsuitably housed in mental hospitals. 'While the waiting lists are not a fully reliable indication of the demand for accommodation, it would seem that it would be better to provide accommodation for girls than boys'.

13.254 Miss Reidy inspected Pelletstown on 22 July 1965. There were 191 children and 91 adults in residence. The child population was made up as follows:

- St Mary's; 0 to 6 months: 41
- St Mary's infirmary; 0 to 3 months: 19
- St Brigid's nursery; 4 months to 12 months: 37
- St Mary's lower hall; 12 months to 2 years: 25

[73] The Commission on Mental Handicap was sitting at this time. Its report was published in 1965 and is available at: https://www.lenus.ie/handle/10147/243761

- Toddlers Montessori; 2 years to 4 years: 31
- Over fives: 2
- Special Unit; mental defectives and delicate Infants: 27
- Neo-natal Infants: 9

13.255 There were 45 women in St Mary's dormitory which had capacity for 50 and 32 in St Brigid's which had capacity for 33. There were 14 women in the maternity hospital which had capacity for 16. Miss Reidy noted that the general standard of care and appointments in the institution, with the exception of the women's dormitories, was satisfactory. Neither of the adult dormitories afforded privacy of any kind. 'The Sister-in-Charge considers, in this day and age, that this is retrograde and I agree with her wholeheartedly'.

13.256 The maternity unit was very clean and well kept. Records were available and properly posted. There were 787 deliveries (23 stillbirths) and 8 neo-natal infants' deaths.

13.257 Children were reported to have been discharged as follows since the last inspection.

- Boarded-out 51
- Irish Adoptions 380
- USA 73
- German 1
- Through other societies 271
- Foster parents per mothers 8
- Certified schools through court (in transit) 168
- Special schools certified through D.H.A. 60
- Discharged to hospitals 16
- Discharged to relatives 709[74]
- Discharged to L.C.C. 7

13.258 Nine 'illegitimate' infants, of whom eight had been born in the institution, had died since 25 February 1960. The causes of death were congenital deformity (four),

[74] It seems highly likely that a significant number of these children were subsequently adopted as the vast majority of 'illegitimate' children born in the 1960s were adopted.

asphyxia and cardiac failure (two) cerebral haemorrhage (one), prematurity (one), lobar pneumonia (one).

13.259 In 1966, some of the Pelletstown lands were sold to Dublin County Council for housing.

13.260 In September 1966, the following description of 'other children' resident in Pelletstown was compiled:[75]

- Children from hospitals and health centres for convalescence; generally undernourished and delicate; looked after by the paediatrician, Dr Coffey, who decided the length of their stay;
- Deserted children whose parents could not be traced;
- Children from broken homes; often short term admissions due to illness or economic pressures; eviction for non-payment of rent was another factor; frequently the child of a very young married couple; 'the child care officers of the Dublin Health Authority and a Sister Social Worker do valuable work so there are few long term admissions'.

13.261 There were 16 cots in a special unit for babies with severe deformities. There was accommodation for 100 unmarried mothers and there was 100% occupancy. In the year ended March 1966, 292 women were admitted; the age range was 14 to 40.

13.262 A member of the Daughters of Charity gave a talk about the history of Pelletstown in which she linked it back to the Foundling Hospital service for the unwanted children of Dublin. She said that there were few foundlings in the 1960s but there were rejected and deserted children. 'Some parents are never traced. Others, usually of the itinerant class, turn up months later and can't understand why we were looking for them'. They rarely returned for delicate or premature babies as they seem to reject them and be ashamed of them. She outlined other groups for whom Pelletstown catered: children from broken homes, children whose parents were ill (these were usually short-term), homeless children and children of very young couples who could not cope. She said that the 16 cots in a special unit for

[75] Document supplied by the Daughters of Charity.

babies born with severe inoperable deformities were reserved for babies from Dublin city and county.[76]

13.263 She said that the dormitories were in the process of being replaced by single units. There were two Sisters who acted as counsellors to the 'girls' and there were 'two young ladies who act as Sisters' Deputy and also give training in household duties, crafts and needlework'. There was a library, radio, TV and record player. There was the odd party on occasions such as bank holidays and birthdays 'where being shut up is especially painful'. They got a dance band a few times a year and there was a weekly film show.

> We do not believe in keeping a girl in the home indefinitely because she wishes to keep her baby or her baby is not suitable for adoption. In these circumstances we discharge the mother to a situation, encourage her to visit regularly and review the position with her at intervals. An unmarried mother needs sterling qualities of courage and devotion to bring up her child single-handed and unless her parents are willing to co-operate she will not succeed. The child will grow up without the affection and stability he needs. This must be pointed out to her.
>
> We make every effort to place the babies who are unsuitable or unable to be placed for adoption in good Foster Homes. There is a shortage of suitable Foster Parents…. Our Adoption Society is in the happy position of having a waiting list for babies.

13.264 In February 1967, a Cavan woman who had been sent back from London was placed in Pelletstown by St Patrick's Guild. Pelletstown contacted Dunboyne as it catered for Cavan residents. She spent three nights in Pelletstown. Cavan County Council had to pay for her three night stay and needed Department of Health approval for this payment. Another Cavan woman wanted admission as she knew people in some of the other homes and her sister lived in Dublin; she was 15.

13.265 In December 1965, the Dublin Health Authority wrote to the Department of Health to tell them that it was proposed to provide cubicles in a number of the dormitories in 1966/7. The work was to be carried out by the maintenance staff in stages and completed over a number of years.

[76] Document supplied by the Daughters of Charity.

13.266 In Februay 1967, the Minister for Health wrote to the DHA giving approval for the payment of an allowance of not more than £1 a week to 'patients' who were engaged in performing useful tasks in the institution.

1967 survey of Pelletstown residents

13.267 In 1967, interviews were conducted with the residents of Pelletstown by a social scientist for a master's degree.[77] The objective was to obtain facts about the social background and characteristics of a group of unmarried mothers and to describe the type of situation that arose when a woman discovered she was pregnant.

13.268 By way of background, the thesis outlined the general situation of unmarried mothers and mother and baby homes. At this time, mother and baby homes were having financial problems. The proportion of unmarried mothers had not changed; it was between 1.5% and 3% since the beginning of the century. The main factor was that mothers were staying in the institutions for considerably shorter periods, mainly because the children were being placed for adoption when about eight weeks old. As a result, the institutions were not full.

13.269 At the time, Regina Coeli was the only facility providing hostel facilities for mothers and children in spite of the poor quality of the buildings.

13.270 There were 1,403 'illegitimate' births registered in 1965; 628 were registered in Dublin; large numbers were also registered in Cork (201), Westmeath (141), Tipperary (176) (reflecting the presence of mother and baby homes); Dunboyne residents gave birth in Dublin.

13.271 The author recognised that 'illegitimate' pregnancy was likely to be a source of great tension and emotional stress; no matter what plan was made, unmarried motherhood involved suffering for the mother. There was no equivalent organisation in Ireland to the National Council for the Unmarried Mother and her Child which had been set up in the UK in 1918. It was noted that, in the previous year, Pelletstown had been allocated a full time social worker and a psychiatrist visited weekly.

[77] Mary Frances Creegan: *Unmarried mothers, An analysis and discussion of interviews conducted in an Irish Mother and Baby Home*; unpublished NUI M Soc Sc thesis.

13.272 This survey covered the 136 mothers in Pelletstown whose babies were born between 1 December 1966 and 1 July 1967.

13.273 The vast majority - 84.6% - of the Pelletstown residents surveyed were from Dublin; this was defined as where they lived for the year before admission; 10.2% were from other parts of Leinster and 1.5% each from Connaught and Ulster. At the same time, Dunboyne, which had a total of 32 women resident, had no residents from Dublin; 26.9% were from the rest of Leinster; 21.9% each from Munster and Connaught and 9.3% from Ulster.

13.274 About 300 women were admitted to Pelletstown each year. The length of stay varied from a few days to 12 months; some were admitted from hospital after the birth; some were admitted while pregnant but left before the birth. There were about 100 women resident at any one time.

13.275 The interviews were conducted after the birth. The author commented that some of those who gave birth in hospitals and were newly admitted to Pelletstown at the time of the interview were so bewildered and confused that they were unable to answer even the simplest questions. Those who had been there a number of weeks were much more relaxed and willing to talk about themselves and their experiences. Six refused to be interviewed and two more refused to answer questions about the putative father; a total of 100 were interviewed; they were in the home between mid February and the beginning of May 1967.

13.276 The author pointed out that women in mother and baby homes were not necessarily representative of all unmarried mothers as the mother and baby home was a shelter from society.

13.277 The following were the main findings of the survey:

Age: Of the 100, four were under 18 (one under 16); 25 were aged between 18 and 20; 61 were in their 20s and 10 were in their 30s. The age distribution was similar to the age distribution for unmarried mothers generally but different to that for all mothers: 2.7% of all mothers (in 1965) were aged under 20; 31.3% of unmarried mothers were aged under 20 (29% in the sample surveyed). This was complicated by the fact that 90% of 'illegitimate' births were first births and this was not true for the 'legitimate' births, nevertheless unmarried mothers tended to be

younger than married mothers. Mothers aged 15 and under were 1.6% of the total of unmarried mothers in Ireland in 1965.

Education: None of the mothers in this survey was school going. About one third had not progressed to secondary education (free secondary education was announced in 1966); 58 had primary education only; eight had primary education and two years of technical school; 16 had more than two years technical school; three had less than two years secondary schooling; five had more than two years secondary and ten had four or more years at secondary school. Six had left school before the then minimum school leaving age. About one third had received no explicit sex education.

Occupation: 39 were domestics in institutions or private homes; seven were on home duties; ten were waitresses/barmaids, there were nine shop assistants, seven factory workers and 11 clerical workers. This meant that 49% were employed in domestic work or as waitresses and barmaids; 15% of the general female population in the 1961 census were employed as shop assistants, barmaids, waitresses, cooks and maids. In 15 cases - nine private houses and six in institutions - the employer knew of the pregnancy and made arrangements for admission to Pelletstown.

Family circumstances: 70 were reared in two parent families; 57 were from families of six children or more; 42 were living at home with parents when they became pregnant; 42 were resident in their domestic jobs. The parent(s) knew of the pregnancy in 43 cases and the mother but not the father knew in 10 more; 36 parents did not know; the parents were dead or out of touch in the other cases. In 22 of the cases where a parent knew, they had been told by someone else; the parents were more likely to know if the woman was living at home. None of the parents who knew refused to take the woman back but it is not clear that they were prepared to take the baby as well.

On discovering that they were pregnant, 37 of the surveyed group moved away from their homes or jobs; 30 were already away from home and five had no homes; 18 went to England, four had gone to England not realising they were pregnant and nine were living in England when they became pregnant; 26 of the 31 women who came to Pelletstown from England had been repatriated, that is

they were advised by a welfare agency and in some cases financially assisted to do so. The author questioned the policy of repatriation - one woman had lived in England since the age of eight and knew no one in Ireland.

Of the 100 in this survey, 23 had had at least one other 'illegitimate' child (the majority of whom were born in Pelletstown); this was more than three times greater than the official statistics; it seems that unmarried mothers expecting a second or subsequent child made greater use of the mother and baby homes than first time mothers; almost all of them had been in a mother and baby home before; the tendency for unmarried mothers as a group to be less well educated than a cross section of the community was noted to be much stronger in women with more than one 'illegitimate' child.

Putative father: while the putative fathers tended to be older than the women, there was not a wide age disparity; it was noted that this did not confirm the view that unmarried mothers were frequently seduced by older and more experienced men. While all the women were Irish (some had been living in the UK), 84 of the fathers were Irish; the rest came from a range of other countries; five were foreign students in Ireland.

There was a great variety of occupations among the fathers. The vast majority (93) were single.

About half of the women had known the putative father for at least a year. Most had been in steady relationships with the fathers and the majority of fathers (62) were aware of the pregnancy; 38 women did not tell the father; a high proportion of the fathers offered no help. The author points out that the women in mother and baby homes would probably not have been there if help had been forthcoming. It was also noted that information about the putative father was affected by the mother's view of him and there was a need for objective research into unmarried fathers and their attitudes.

Referrals: It seems that many of the women had not been aware of the existence of services such as mother and baby homes; a few had heard rumours of prison like institutions where unmarried mothers were kept for a number of years. The largest number of referrals (31) were from a doctor or medical social worker; ten

were from an employer, 11 from a welfare agency in Ireland, 28 from a welfare agency in the UK, 11 were self referrals and there were three from a priest, three from friends and one from a parent.

Length of stay: 59 were admitted six weeks or more before the birth; 44 of these were there for at least two months before the birth; the practice in English mother and baby homes was not to admit until six weeks before the birth.

Infant mortality: In Ireland in 1965 the infant mortality for children under 1 was 25 per 1000 births but was 29 per thousand for 'illegitimate births'. In this survey, four of the 100 children were either stillborn or died within the first few weeks.

Plans for the baby: Preference for speedy adoption was given to mothers who did not already have a child; this meant that mothers of more than one child had to stay longer in the institution unless they could afford to pay for fostering; 67 of the mothers planned to have the baby adopted and not get married; nine planned to keep the baby and marry the putative father; two planned to have the baby adopted and marry the putative father; three intended to bring the baby to the parental home; eight intended to keep the baby but did not know how. Social pressures and practical difficulties were the main obstacles to keeping the baby.

13.278 The thesis concluded: 'The problem of the unmarried mother is the problem of society's attitude to her'.

13.279 In February 1968, the Dublin Health Authority (DHA) proposed to appoint a new Sister in charge to Pelletstown. The Department of Health refused to approve the appointment because she was not a qualified nurse. In September 1968, the department asked the DHA to appoint a person with suitable nursing qualifications and wanted a general review of staffing in Pelletstown. There does not seem to have been a formal reply from the DHA. The proposed appointee took up the position. It seems that the CEO of the DHA considered that, in general, the Sister in charge should be a qualified nurse but would make an exception in this instance; this appointee had extensive experience running a mother and baby home in England.

1969 inspection

13.280 Miss Reidy inspected on 3 September 1969. There were 119 children (including 24 'legitimate' children) and 68 adults (including 14 in the maternity hospital) in residence. The report provides a description of how the institution was organised.

13.281 St Michael's unit was generally known as the mother and baby unit. It housed 31 infants aged under 11 weeks and their mothers. Mothers and babies were sent to this unit from the maternity hospital. It was a large spacious area with two isolation cubicles for infants. The milk kitchen, which had facilities for bottle sterilisation by the Milton method, was equipped with a gas cooker and refrigerator. Adequate cupboard accommodation for infants' clothing was provided. The unit and all special areas were clean and well kept.

13.282 The Holy Angels unit, previously St Mary's infirmary, had 17 infants between the ages of six weeks and nine months. It catered mainly for healthy children. There were two 'legitimate' children there on the day of the visit. They were described as 'social cases'. One child was a member of the Traveller community (described at the time as 'itinerant'); both mothers were in psychiatric hospitals. The unit had a kitchenette, washing and ironing room and a bathroom with two baths. There were three infant toilets which, Miss Reidy remarked unsurprisingly, were seldom used because of the age of the children.

13.283 Our Lady's unit (was St Brigid's) housed 30 infants aged from one year to 18 months. This unit which had been 'tastefully decorated' in December I968, was bright and cheerful. There was a kitchenette with a cooker, refrigerator and Milton sterilisation. There were units providing bathing facilities for nine, toilet facilities for five, a washing and ironing room as well as an office and stores for linen. Individual clothes lockers were also provided.

13.284 St Vincent's unit (which had previously been Sacred Heart) had 17 children of various ages ranging from 11 months to five years and three months. These children were in the care of a qualified Montessori teacher. They had adequate communal and individual play material including swings. There was a kitchenette equipped with a cooker and refrigerator. The children's play area, when weather prohibited the use of an outside verandah, was a large room in which the children could eat and sleep. It had 20 children's beds and five cots.

13.285 The Lourdes unit was, strictly speaking, a sick children's unit but it housed other children as well. Children who were admitted for custodial care were housed there until they were medically cleared to live in one of the other units. 'Severely mentally handicapped' children were also accommodated here.

13.286 St Mary's and St Brigid's dormitories were the adult accommodation. At this stage, 26 cubicles fitted with a bed, a chair, a wardrobe and general purpose cupboard with mirror and over bed light, had been provided. A bed area for the accommodation of 50 was awaiting reconstruction into cubicles.

13.287 There was a dining and sitting room for mothers. A reconstruction scheme to bring the dining room nearer the kitchen was in hand. Home crafts were encouraged. The 'girls' knit for their infants and themselves and made 'bath mats, etc. from nylon waste'.

13.288 Miss Reidy interviewed four mothers individually. One mother said that she had been 'most difficult and recalcitrant' for the first few weeks of her stay. She had no fault to find with the institution itself - 'food was excellent and the nuns kind and understanding'. Her complaint was with society and social taboos. She felt that every mother should be encouraged to keep her child. This mother was well educated and, while she had a good job in Ireland, was going to emigrate in order to keep her child.

13.289 Another mother had to sleep in the dormitory when first admitted. She was shocked by the 'types - they were so mixed'. After being a patient in St. Kevin's, she got cubicle accommodation on her return to Pelletstown and she was much happier about that. A friend of hers was admitted and they had, between them, to arrange visitors at different times. She felt that accommodation for visitors was wholly inadequate. 'The nuns were most kind'. She intended to keep her child.

13.290 Another mother thought that the 'rules were getting too lax'. The practice of encouraging visitors to come to the institution and encouraging relatives to come to take the girls out for drives, was making things very difficult for some. She lived in constant dread of running into someone she knew. She had no fault to find with the institution itself.

13.291 The fourth mother interviewed gave 'great praise' to the institution and the Sisters. She said that some girls were 'narkie' and 'one got fed up listening to their grouses and grumbles'. This mother had herself been raised by guardians both of whom were aware of where she was. In the other three cases only the mother was aware of her daughter's whereabouts.

13.292 Children had been discharged from Pelletstown between 1 May 1965 and 31 July 1969 as follows:

- Adopted 534
- Special schools 63
- Boarded-out 58
- Other homes 8
- Foster parents (per relatives) 10
- To relatives 581[78]
- Certified schools through the courts 22

13.293 The report noted that children used to be placed in Pelletstown while awaiting a place in a certified school; this practice had ceased sometime between 1965 and 1969.

13.294 Miss Reidy concluded that she was generally satisfied with what she found. The conversion of the open dormitory accommodation to cubicles was very necessary but the matron and the Dublin Health Authority were very aware of this and every effort was being made to expedite completion of this work.

The 1970s

13.295 In 1970, a Department of Health official was surprised to discover that Pelletstown was not simply a home for unmarried mothers and their children. He noted that almost half of the children discharged in the five-year period 1965-69 were discharged to relatives. When Miss Reidy visited in September 1969, about 20% of the children resident in Pelletstown were 'legitimate'. The official wanted further information on why the legitimate children were there and how many 'illegitimate' children went home with their mothers. The Dublin Health Authority explained that the children who went home to relatives mainly went to parents; the 'legitimate' children were mainly there because of parental illness and those who were there

[78] Again, it is highly likely that a significant number of these children were subsequently adopted.

for a long stay were mainly the children of parents with a psychiatric illness. The DHA did not follow up the children after they left because they did not have the staff.

13.296 The Eastern Health Board (EHB) took over the functions of the Dublin Health Authority in 1970. It first met in November 1970.[79] At its meeting of 4 February 1971, it was agreed to establish visiting committees composed of board members. These committees were to visit the major hospitals once a month and the smaller centres at least once a year. Pelletstown (which was categorised as a hospital) was allocated to the No 1 visiting committee for 'periodic visits'. At least two committee members had to be involved in each visit and the committees would report to the board at each meeting. This seems to have been a continuation of the practice of the Dublin Health Authority but the Commission has no documentary evidence from the DHA. In practice, the EHB's Pelletstown visiting committee visited there about twice every year until it closed.

13.297 The EHB took over the administration of the health services within its functional area from 1 April 1971. On 30 March 1971, the Dublin, Cork, Limerick and Waterford Health Authorities were dissolved.[80]

13.298 At its meeting on 1 April 1971, the EHB decided to rename St Kevin's. St James' Hospital was established.[81]

13.299 In September 1971, there was one Senior Social Worker, three Children's Officers and six social workers in the Welfare Services Department of the EHB and the board was looking for approval for the appointment of five more social workers. There were also social workers in hospitals.[82]

13.300 In November 1971, the estimates of expenditure for 1972/3 were discussed by the EHB. These showed that Pelletstown was being allocated £189,000. The allocation for the boarding out of children was £257,000.

[79] The minutes of the EHB meetings are available online at www.lenus.ie
[80] SI 117/1971
[81] SI 187/1971
[82] They were known as Almoners.

13.301 The minutes of the EHB meeting of 6 January 1972 include the report of the visiting committee to Pelletstown.[83] The visit had taken place on 25 October 1971; three members of the committee attended and four sent apologies. Dr Coffey, visiting paediatrician was in attendance (among others). The committee members were met by the Sister in charge and other members of the community.

13.302 The Sister in charge told the committee about the type of services provided. She said that unmarried mothers were usually admitted about six weeks before confinement and were 'encouraged to leave as soon as it was practicable for them to do so'. Approximately 50% were from outside the Dublin area. She said that, in her opinion, the standard of the service was unequalled by comparison with similar institutions elsewhere. The committee 'indicated that this should be particularly emphasised in view of the unfounded and adverse comments published regarding the adequacy of services available for unmarried mothers in the Country'.

13.303 The visiting committee was told that accommodation was available for 92 'girls' and 146 babies; there were 23 babies in isolation. Due to adaptation work in progress in St Vincent's nursery, the accommodation for babies was curtailed and there were actually 75 mothers and 112 babies in residence on the day of the visit; admissions had increased in recent years. Births at the home were:

- 183 in 1969/70
- 211 in 1970/71
- 141 in 1971 (half year)

13.304 Adoptions were arranged by St Louise's Adoption Society. Dr Coffey said that a considerable number of children could not be put up for adoption because of congenital abnormality. Some were placed with foster parents but there were problems placing children with long term disability. The visiting committee recommended that the allowances paid in respect of boarded out children should be substantially increased and special consideration was merited in the case of foster parents who took children with disabilities. The committee indicated that some of the provisions of the adoption legislation were inadequate or

[83] The minutes of the EHB included reports of visiting committees in its first few years of existence. The existence of visiting committee reports was referred to in subsequent EHB minutes and sometimes a discussion was held. The Daughters of Charity provided the Commission with some visiting committee reports. The HSE has not been able to provide the Commission with the other visiting committee reports.

unnecessarily restrictive and the views of the health board and its officers should be put forward while the legislation was being amended.

13.305 The visiting committee inspected Holy Angels' and Our Lady's nurseries and some of the dormitory and dining room accommodation. They commented favourably on the structural and mechanical maintenance of the accommodation and facilities and, in particular, on the decorative condition of the institution. The members praised the work and dedication of the community and expressed their appreciation of the assistance and hospitality they had received.

13.306 It is notable that virtually all visiting committee reports from other hospitals and institutions at this time record that the members of the committee spoke to some of the residents but there is no such suggestion in this report.

13.307 The visiting committee paid another visit to Pelletstown on 2 November 1972. Five members of the committee were present. They were met by the Sister in charge and four other members of the community, the medical administrator and architects and structural engineers. The members were informed that foster parents who took children with disabilities did get higher payments.

> The Committee reviewed the service being provided at the Home and noted that the general public still seemed not fully aware of the kindness and solicitude of Health Boards for unmarried mothers. The public image of the service appeared to be drawn by those who did not avail of it while the confidential nature of the service precluded those who benefitted from publicising it.

13.308 It was noted that the services were provided free of charge while the mothers also retained their health and social welfare benefits '… this compared favourably with similar services in other countries'. There was liaison with two other similar institutions - Bessborough and Dunboyne. Accommodation in Pelletstown was sufficient to cover current needs. It was strictly non-sectarian and the staff were conscious that their duty was to help and advise. 'At all times the wishes of those availing of the service are respected particularly in regard to anonymity'.

13.309 The committee noted that staff were employed to carry out domestic duties; there was no rigid programme for the residents and 'they are free to go shopping etc.

and to have visitors if they wish'. The majority 'undertake light domestic work which is valuable therapy and also engage in occupational therapy'. Only a small percentage were employed and the majority return to work when discharged. Two social workers were employed to help the residents who could also avail of the health board social worker service; there were 14 social workers in the EHB children's section at this stage. The service included a visiting psychiatrist; most did not need a psychiatric service but some needed support to cope with bereft feelings following the adoption of the baby. The committee also noted that there was not a problem with drug addiction.

13.310 The Sister in charge told the committee that in her five years there she had come across only one instance where parents did not support their daughter. However, some residents did not want their parents to know of their admission and their view was respected.

13.311 In the year to 31 March 1972, there were 264 adoptions from the institution and 132 from 1 April to 30 September 1972. Children were not placed for adoption until at least six weeks after birth. This was to enable medical screening and to give the mothers sufficient time to consider carefully whether they wished to rear their children rather than have them adopted.

13.312 The visiting committee was told that there were 72 adults and 92 children in Pelletstown on 31 October 1972. In the 10 months to 31 October 1972, there were 884 admissions (including readmissions) and 234 births. The figures for 1971 were 1,071 admissions and 254 births and for 1970, there were 788 admissions and 179 births.

13.313 The medical administrator suggested that the committee might consider recommending legislation to require the putative father to contribute to the cost of the service; he mentioned that in Denmark and Sweden the courts had power to levy charges on more than one person if necessary.

13.314 The committee considered that adoption legislation would be improved by reducing the statutory period of placement before adoption from six months to three months and accepting a mother's general consent to adoption given three months after the

birth rather than requiring her final consent to a specific placement not earlier than six months after the birth.

13.315 The committee noted that, in the interest of the children, their stay in Pelletstown should be as short as possible. It also suggested that the fact that larger allowances were payable to foster parents who took children with disabilities should be more widely publicised. The chair asked the members to consider before the next meeting how greater public awareness of the need for good foster parents could be generated.

13.316 The fire officer reported that he had completed a course of lectures in June on fire precautions in Pelletstown; with the movement of patients, refresher courses were necessary. A consulting engineer submitted plans for a new 30 point automatic telephone system with break-glass fire alarms sited at strategic points. The existing telephone system was a weak link in fire prevention and control and general communications within the institution needed improvement.

13.317 Plans for re-siting the altar in accordance with liturgical requirements had been prepared and awaited the approval of the Department of Health.

13.318 The committee praised the unselfish work of all the staff and paid particular tribute to the Senior Administrative Officer, Welfare Department, for his great personal interest and dedication in all matters relating to Pelletstown. The report of the Sister in charge on the very satisfactory maintenance service which had been provided was noted and the members complimented the engineering staff.

13.319 The estimates for 1973/4 included a proposal for an extra £5,000 to cover an administrator, upgrade of staff of religious sisters and a part time paediatrician.

13.320 In February 1973, the EHB approved a capital grant of £2,700 for kitchen equipment and rewiring. The visiting committee visited in May. There were five members present. Also present were the medical officer, the Sister in charge and four members of the community as well as EHB staff including engineering staff.

13.321 The report of the visiting committee shows that there were 83 women and 105 children resident on 1 April 1972 and 83 women and 97 children on 31 March

1973. During the year ended 31 March 1973, there were 391 women admitted and 399 children of whom 255 were born in the home. Of the women discharged, six left to marry, 255 went to parents or relatives, 20 to friends, 21 to flat accommodation, four to hostels, 84 to situations, nine to other homes, 75 to hospitals; 94 were described as 'temporary discharges' and four left without notice.

13.322 Of the children, 274 were adopted, 59 went to mothers, seven went to parents, 18 were boarded out by health boards, 34 went to schools or other institutions, one went on holiday and 75 went to hospitals. St Louise Adoption Society arranged 103 of the adoptions; 92 were arranged through CPRS with smaller numbers through other adoption societies.

13.323 Two children died as a result of congenital ailments. The medical officer said that they had epidemics of diseases such as gastroenteritis from time to time but they had the facilities to deal with these; alternatively, the children could be sent to Cherry Orchard Hospital if necessary. They also had the services of Dr Coffey, the visiting paediatrician to advise as required.

13.324 The committee members expressed the view that all steps possible should be taken to ensure that any mother who wanted to keep her baby would not be prevented from doing so through lack of financial assistance. It was noted that the tendency to exclude the putative father from all arrangements concerning the mother and the child may be unfair to some of the fathers and also to the mother and the baby; the committee thought that, if it were possible, the fathers should be encouraged to take an active interest in the babies' future and in the mothers' general welfare. It was explained that where an unmarried mother could return to her family there appeared to be a reasonable hope of her rearing her baby, but where she had to fend for herself in flat accommodation there were many problems not the least of which was her own loneliness and isolation. The medical officer told the committee that recently she had visited the community care centre in Crumlin and she was impressed by their approach and hoped to arrange close liaison with the centre in any future cases (from the Crumlin area) where an unmarried mother wished to rear her baby.

13.325 It was noted that the contract documents for the new telephone installation and fire alarm system, to which reference had been made at the last visiting committee

meeting, were being prepared and would be processed through the Department of Health as speedily as possible.

13.326 The chief executive officers of the other health boards who maintained women in Pelletstown had been circularised about the importance of preserving anonymity. The women were now given a code number on admission and this code number, rather than the name, was used in any further correspondence.

13.327 The medical officer told the committee that all babies adopted from Pelletstown received any necessary medical care there during the first month of adoption and that they were then referred to the child welfare clinic in their district or to the family doctor.

13.328 The committee noted that there were six beds for babies born in the institution who required long-term care. This number had been sufficient in the past but there was currently pressure on space because there were no alternative places for children who could no longer be helped in Pelletstown, for example 'spastics'.

13.329 The committee members complimented all the staff 'on their excellent work'. The chairman said that he appreciated all that the community in the home was doing for unmarried mothers and he was sure the EHB would make available adequate supporting staff as required. 'It was known that many members of the Community devote their off-duty time to helping the many cases of hardship which come their way'. The committee also paid special tribute to the doctors who provided the maternity and paediatric services and the visiting psychiatrist from St. Loman's Hospital who visited once each week or on request.

13.330 The committee inspected the following units:

- Holy Angels (babies from six weeks to one year old);
- Our Lady's nursery (babies up to one year);
- St Michael's nursery (babies under two months);
- St Vincent's nursery with playing area (for children up to four years);
- Cubicle accommodation for 'girls';
- Sitting room and dining room accommodation.

13.331 The committee members were very favourably impressed by the very high standard of maintenance and equipment in the units they visited. They spoke with members of the staff in the units and the doctor gave a brief history of several of the babies and spoke on some of the problems that arose. The members were most appreciative of the way the doctor assisted them on their inspections.

13.332 In August 1973, there were 14 social workers and one senior social worker employed by the EHB in the Children's Section. They were responsible for care and counselling of unmarried mothers; assessment of prospective adopters and foster parents; supervision of boarded out children, children at nurse and children placed for adoption; and pre-placement assessment and follow up of children in residential care. There were four social workers in Ballyfermot, Killester, Rathmines and Bray/Wicklow. There was approval for a senior social worker for Wicklow but no appointment had yet been made. There were one senior social worker and 15 psychiatric social workers and the EHB was providing assistance to voluntary bodies who employed 22 social workers in the community. The board wanted to expand the numbers with a senior social worker in each community care area (there were ten such areas within the EHB which covered Dublin, Kildare and Wicklow) and it proposed to create nine new senior posts and ten social worker posts.

13.333 Sometime in the 1970s, a list of rules about admission to Pelletstown was drawn up.[84] Admissions were to be arranged with the matron, not the social worker. No pregnant girl should be refused admission except for some specific reason; they could be from any of the 32 counties. All 'illegitimate' children from the EHB area were to be admitted (accompanied by mothers, if possible); those from other counties were to be admitted only if accompanied by the mother; these children must have a negative stool test report (in writing); if not, the baby must be isolated until this had been obtained.

13.334 The admission of 'legitimate' handicapped babies was to be arranged through the consultant paediatrician, Dr Coffey, or the resident medical superintendent.

13.335 The social worker's job was to interview all 'girls' after admission except for those sent by the CPRSI and the Rotunda Girls Aid Society as they were interviewed

[84] Undated document supplied by the Daughters of Charity.

weekly by their own social workers. Those from the country or other societies were to be interviewed once and then on demand. The St Louise's Adoption Society 'girls' were to be interviewed regularly.

13.336 There was quite a bit of interaction between the EHB and the Department of Health about staffing in Pelletstown. In February 1974, following a review of staffing, the EHB sought approval from the Minister for Health for the creation of one additional post of ward sister and two extra night superintendents. The department's chief medical officer visited in April 1974 to discuss this with the matron. He had no objection to the proposed increase. At that stage, there were nine Sisters, 49 nurses, 28 attendants, two domestics and one teacher employed in Pelletstown.

13.337 The need for more social workers throughout the EHB was also recognised and, in May 1974, it was noted that recruitment was proceeding. A number of the social workers employed by the voluntary agencies were applying for the posts and the EHB thought it unlikely that they would then be replaced so they wanted to recruit a further 16 social workers to ensure that there was a net increase.

13.338 In March 1975, the estimated cost of the proposed capital expenditure on a fire alarm and telephone system for Pelletstown was £25,000.

13.339 In April 1975, the visiting committee discussed aspects of the adoption legislation, the position of children with disabilities and the question of hostels for single mothers and their babies. There were difficulties in getting foster parents for children with disabilities and there were not enough suitable places for them. It was suggested that this was a housing issue and not a health board issue.

13.340 In 1976, the general hospital services division of the Department of Health rang the Sister in charge of Pelletstown to find out what they did. The department was told that there were 16 maternity beds, ten cots, 130 beds for babies; the babies included the children of the residents, abandoned babies and babies awaiting adoption. They had accommodation for 100 women but generally there were only about 60 at any one time. The Sisters provided care for these babies until they were adopted but they also had many babies who could not be adopted, for example, some hydrocephalic children, some 'spastics', some who were 'mentally handicapped', some who were the children of mothers with a record of psychiatric

illness and some whose mothers have left them in the institution promising to return for them. The oldest toddlers for whom they were caring at this time were a mentally-handicapped boy of four whom they hoped to get into a home for children with mental disabilities in a few months and a five-year-old girl who had a congenital heart problem; the Sisters hoped that she would be admitted soon to one of their other institutions. The Sisters also looked after some toddlers who were sent to them by the EHB when they required a spell of convalescence and they also received some very sick children from St James's who required to be placed in isolation. They also looked after some young 'itinerant' children who, because of their home environment, regularly developed chest infections in winter time.

13.341 They had four Sisters, 49 nurses, 13 attendants and one domestic staff. The number of births was 240 in 1973; 236 in 1974 and 213 in 1975.

13.342 The visiting committee visited again in November 1976. They were told that there had been 186 confinements in Pelletstown in the period 1 January - 31 October 1975 and 49 women had been sent to St James's: a total of 235. In the same period in 1976 there had been 152 confinements in Pelletstown and 93 in St James's: a total of 245.

13.343 The staff consisted of the Sister in charge, two night superintendents, one ward sister, 48 nurses and 22 attendants.[85] The Daughters of Charity expressed their disappointment that they had not been given extra nurses for feeding the babies. The mothers were leaving earlier than before and extra help was needed. The Sisters were not keen on asking expectant mothers to feed the unaccompanied babies. The visiting committee had recommended extra staff at previous meetings; the EHB said there was a bar on increasing staff over the numbers employed in December 1975. The Sister in charge wanted St Michael's ward converted to cubicles. The visiting committee inspected the maternity unit and the grounds.

13.344 The Pelletstown physician raised the issue of putting cubicles into one of the babies' wards to cut down on cross infection. A proposal to put 25 cubicles at a

[85] The list does not include the domestic and catering staff

cost of £3,500 had been agreed the previous year by the EHB but had not been carried out.

13.345 A new telephone and alarm system was completed in October 1977. The cost was £29,660; £4,660 was paid by the Hospitals Trust Fund; £25,000 was a loan from the local loans fund, repayable over 35 years.

13.346 A social worker report compiled in September 1978 said there were approximately 400 admissions of pregnant women annually with 40–60 resident at any one time.[86] There was one social worker there and one who divided her time between Pelletstown and the community. All the residents were interviewed and some were worked with more intensively than others, depending on their individual needs and whether or not they had had contact with a social worker from their local area. There were approximately 100 children in the nurseries. These included children awaiting adoption, foster care or residential care and children whose mothers were 'not yet in a position to provide a home for them'. The high number of mothers and children created a lot of administrative work for the social work department with endless queries coming from all health board areas.

13.347 The Department of Health inspector, Miss Clandillon, visited Pelletstown in December 1978. She reported that the reasons for the retention of the children were valid - they were children with disabilities. The standard of care and accommodation was high; cubicles for new born infants were being introduced into one ward; these included a work table with infant bath.

13.348 In December 1978, the EHB heard that the work on cubicles and installation of baths was complete except for the connection of the baths. In May 1979, it was noted that work on the cubicles and bathrooms should be completed by the end of June. In December it was noted that work was almost complete on the provision of cubicles.

13.349 In 1979, the EHB agreed to sell[87] 3.6 acres of land at Pelletstown to Dublin County Council for use as playing facilities subject to the provision of adequate boundary walls and restricted access to preserve the privacy of the institution.

[86] This report was about a social worker who did a placement in Pelletstown in 1978 and was compiled by her supervisor who worked there.
[87] The sale was subject to the approval of the Department of Health.

Closure of maternity unit

13.350 The closure of the maternity unit was being considered in the early to mid-1970s. It was on the agenda of the EHB's visiting committee, for example, in October 1975. The matron told the committee that, in the year to 31 August 1975, there were 1,128 births to unmarried mothers in the four Dublin maternity hospitals[88] plus St Colmcille's (24,000 births in total); there were 200 births in Pelletstown (140 from outside the EHB area) so it was catering for one sixth of the total births to unmarried mothers. There was a GP service in conjunction with the obstetrician/gynaecologist in St James's.

13.351 At the time, the Eastern Health Board was keen to get hospital/institutional space for other groups, in particular for long stay geriatric patients, people in need of terminal care and people with intellectual disabilities. It was pointed out that the Daughters of Charity were already catering for 1,000 handicapped children in four centres.

13.352 Pelletstown was inspected by a Department of Health doctor in 1976. In his report to the chief medical officer, he said that it consisted of a home for unmarried mothers who usually came in about two months before delivery and left when their babies were at least a fortnight old. The average number of 'girls' was about 60. There were also about 60 babies, most of whom were awaiting adoption. The institution was used by a number of adoption societies some of which took the babies at two weeks but St Louise's Adoption Society insisted that the baby was examined at six weeks before adoption was permitted. The institution was 'inclined to collect infants for various reasons unsuitable for adoption e.g. children with Spina Bifida, Hydrocephalus, Tumors, etc.' It also provided a 'sanctuary for some chronically ill or congenitally abnormal legitimate infants' who would otherwise have to be kept in the children's hospitals.

13.353 On the day of his visit, there were eight patients in the ante-natal ward but only two in the post-natal ward and two babies in the nursery. The unit had 215 deliveries and had two early neo-natal deaths in the previous year. A GP provided ante-natal care and was available if required at delivery.

[88] St James's, Holles Street, the Coombe, the Rotunda.

13.354 The inspecting doctor was of the view that the women in Pelletstown were at greater risk than the average obstetrical patient because:

- they were mostly first time mothers;
- they often had not had ante-natal care;
- they were more likely to come from deprived homes;
- they may feel antagonistic to the establishment in their circumstances.

13.355 As a result, they needed greater than usual care. He had inspected the delivery room records and noted that about 10% had a forceps delivery; there were also some breach deliveries. The institution did not keep a supply of blood and the usual anaesthetic was chloroform. The nursing staff required was nine nurses with midwifery qualifications; two nurses were on duty each night although there was a mean of four deliveries a week.

13.356 He agreed with the Eastern Health Board that they would be better off delivered in St James's. He suggested that the GP continue to provide ante-natal care in Pelletstown but that the women should attend at St James's Hospital at least on one occasion before delivery.

13.357 He did not think the maternity unit was suitable for geriatric care. It was too small and the location in close proximity to where there were 60 infants including some sick infants might be a source of infection. In March 1976, the EHB decided to keep the maternity unit open mainly because of the confidentiality it provided to the mothers.

13.358 In May 1976, Comhairle na n-Ospidéal issued a discussion document on the *Development of Hospital Maternity Services*.[89] This recommended that in-patient maternity services should be concentrated in hospitals catering for 1,500 to 2,000 deliveries a year. This meant that there should be no more births in Pelletstown.[90]

13.359 The issue of closure was raised a number of times by the medical members of the EHB and by the deputy CEO. The deputy CEO pointed out that 'the retention of the costly staff-intensive, under-used unit' meant that £30,000 would have to be cut from some other service. The deputy CEO suggested that the members should re-

[89] www.lenus.ie

[90] The report also recommended the closure of St James's maternity unit. It was considered entirely satisfactory from a medical point of view but the Coombe had the capacity to provide the service.

examine their decision of March 1976 to keep the maternity unit open. A doctor member of the board welcomed the fact that more women were opting to have their babies in St James's; he thought it was vitally important that the delivery take place in a first class maternity unit; some members agreed while others thought that confidentiality remained a major consideration.

13.360 At this time, the EHB was considering building a welfare home[91] in the grounds of Pelletstown and making the maternity unit available for a 25 bed geriatric unit.

13.361 The CPRSI, which was responsible for approximately 40% of the admissions to Pelletstown, was not happy with the proposal to turn the maternity unit into a welfare home because of concerns about confidentiality, the need for medical treatment in some cases and the need not to reduce facilities for unmarried mothers in light of the abortion situation. It was also concerned that a welfare home would be a return to the old county home image.

13.362 In November 1976, a meeting was held between Pelletstown staff, the EHB, the Department of Health and St James's obstetrician/gynaecologist about the closure of the maternity ward. The EHB said there were nine nurses for a total of about 200 births, each cost £150 in nurse cover alone; a substantial number were going to St James's already. The department wanted to close it for safety reasons if arrangements for preservation of privacy could be made in the main maternity hospitals. The obstetrician said facilities were available in St James's; over half had gone there in the past year anyway; a six-bed ward could be set aside for women from Pelletstown and a single room made available when necessary.

13.363 In July 1977, a member of the visiting committee objected to meetings with representatives of Department of Health about Pelletstown being held without members of the visiting committee present. He argued that babies should continue to be delivered there in order to preserve confidentiality; there should be no policy change. In November a doctor member wanted deliveries to cease because of the risks. In general, the medical members of the EHB wanted to close the maternity ward and the other members did not.

[91] Public nursing home for older people.

13.364 The question of using the maternity unit for the young chronic sick was raised. The EHB had no beds for young chronic sick in its own institutions. The department was opposed to using the maternity unit for the young chronic sick for a number of reasons including the undesirability of having young chronic sick and unmarried mothers sharing the same campus.

13.365 In December 1978, the EHB had a lengthy discussion about the decision not to close the maternity unit despite medical objections. In February 1979, the visiting committee finally agreed that medical opinion must be accepted and the maternity unit should close as soon as practicable.

13.366 The issue was raised again at the EHB meeting in May 1979. It was argued that considerations of anonymity and confidentiality were as important as the medical considerations but it was decided to close. The CEO agreed to notify the various referral agencies. It was noted that the obstetrician/gynaecologist from St James's Hospital had given assurances about confidentiality there - including the provision of a private room if required; it was also noted that the Daughters of Charity were happy with the proposed change. The maternity unit closed in May 1980.

1980s

13.367 Discussions about the future of Pelletstown began in earnest in about 1980. The Daughters of Charity had been making representations about its unsuitability. There were problems because of costs and the shortage of Sisters to provide the services. It was estimated that it would cost £750,000 to maintain in 1981; this was between £6,000 and £7,000 for each mother and child maintained; about 90 staff were allocated to it and it was very difficult to make any staffing changes.

13.368 The Department of Health was closely involved in the decision making about the future of mother and baby homes generally. It is clear from the files seen by the Commission that the department's knowledge of the various institutions was quite limited even though it was responsible for approving many of them. In particular, it seems that there was no clarity about what section of the department should be involved with these institutions. The lack of knowledge extended to children's homes for which the department was directly responsible. There was also uncertainty within the EHB about which section should be responsible for Pelletstown. It came under the hospitals section and the issue arose as to whether

or not the community care section should have been involved in the discussions about its future.

13.369 In August 1980, a social worker member of the EHB noted that a number of children were over a year in Pelletstown and that they were reported to be unsuitable for placement. She said that professional opinion indicated that any child was suitable for placement if the proper foster parents could be found. She also commented on the lack of activities for the children and on the apparently high nursing staffing in the home although there were normally no ill patients there.[92] She referred to the alternative of accommodating mothers and children in small group homes.

13.370 In October 1980, the Sister in charge reported to the St Louise Adoption Society that 280 mothers had been admitted to Pelletstown in 1979 and 282 in the nine months to September 1980; about a quarter of the mothers came from the EHB area. There was a discussion about the 'general unsuitability' of Pelletstown for accommodating unmarried mothers.

13.371 In November I980, officials from the Department of Health visited Pelletstown to consider its possible future use. The officials noted that it had a total of 98 staff. It was difficult to heat and costly to run; the estimated running costs for 1981 were £750,000.

13.372 In November 1980, there was a meeting between the EHB, the Department of Health and the Daughters of Charity. The Daughters of Charity and the EHB were keen to continue a service for unmarried mothers but not in the existing building. The health board wanted to provide a purpose built unit for unmarried mothers and babies in self-contained units.

13.373 In December 1980, the EHB was in touch with the Daughters of Charity about setting up one or more mother and baby homes where the mother would be more involved in looking after the baby. The EHB wanted small units which would be under the control of one or two Sisters with the mother taking a very active part in looking after the baby and in the running of the unit. The length of stay was to be

[92] It is not clear to the Commission that the social worker was correct. It may have been that there were no children there with acute illnesses but there were a number of severally disabled children and children with chronic conditions.

limited but should be of such duration as to provide for the rehabilitation of the mother. It would also afford the mother the opportunity to find out whether she would be in a position to care for the baby or to consider the alternative - adoption or otherwise. The mother would also be expected to contribute towards her own and the baby's maintenance in the institution.

13.374 After the closure of the maternity unit in May 1980, deliveries were mostly in St James's but some were in the main maternity hospitals. Some women stayed about five days in hospital while others came back to Pelletstown within 24 hours.[93]

13.375 In January 1981, the matron wrote to the EHB outlining what would be required if the institution was phased out. She wanted a purpose built building for 35-40 women in single rooms; ten of these rooms should be large enough to have a cot for those who intended to keep the baby; the women should also have separate cooking and laundry facilities. Facilities for 30-40 babies in two nurseries would be required together with nursing staff to look after the babies. There would also be a need for some ante-natal and post-natal facilities in order to preserve confidentiality. In her letter she mentioned that they were running a 'Personal and Clerical Development' course for the residents.

13.376 In February 1981, a meeting of all the Daughters of Charity members working in Pelletstown was held in Crumlin Children's Hospital.[94] The Sisters were concerned about the future as rumours were circulating and there were frequent visits from the department without much explanation. They had been told that the cost of running Pelletstown was £90 a week for each girl.

13.377 The Sisters made the following observations:

- Pelletstown provided a national service with a certain degree of anonymity; if babies were transferred back to the mother's home place, anonymity would be lost and this could result in more abortions
- Many of the girls were disadvantaged and inadequate; the type of system proposed would not be suitable for mentally handicapped girls and psychiatric patients.

[93] Minutes of St Louise Adoption Society 10 April 1981. St Louise's Adoption Society met in Pelletstown. Its chair was the CEO of the EHB. The other members were health board employees, including social workers, and members of the Daughters of Charity.
[94] Document provided by the Daughters of Charity.

13.378 St Louise's Adoption Society was also discussing a replacement premises. In April 1981, about one quarter of the mothers were from the EHB area. The numbers had gone up again. It was noted that there was a general improvement in the health quality of babies and 'there is no waiting list at present for the admission of deformed babies'.[95]

13.379 The adoption society was concerned about the care for 'inadequate girls'; it was considered that sheltered accommodation was not always best for the child; foster care might be preferable. It was noted that unmarried women were being housed in Ballymun and 'so received little support from the settled community'. The 'girls' in the hostel in Belmont Avenue (see Chapter 14) 'are moving on to alternative accommodation. They are not being rehoused'.

13.380 In May 1981, there was a meeting in the Department of Health to decide which division of the department should take responsibility for the four mother and baby homes then in existence - Pelletstown, Bessborough, Denny House and Dunboyne. In June 1981, there was a meeting in the department to consider alternative accommodation for babies and children in Pelletstown. Information about the conditions in Pelletstown was provided at both meetings.

13.381 The main building at Pelletstown was described as 'an old 3 story (sic) building, without a lift, difficult to heat and considered a fire hazard'. It was an old rambling building with accommodation for about 100 mothers. It was considered to be too big for the then current needs - there were only 37 mothers in residence in November 1980. There were 74 children resident at the time, 40 of whom were considered suitable for adoption.

13.382 The isolation unit was separate from the main building and was described as 'a fairly modern building in good condition with accommodation for 20 chronically ill children'. The separate maternity unit (which was not being used for confinements at this stage) was described as being 'in good order' and had accommodation for 18 people.

13.383 The EHB had proposed that the vacated maternity unit be adapted to accommodate 18 'young chronic sick' but the Department of Health did not agree

[95] Minutes of St Louise Adoption Society, 10 April 1981

as it did not have appropriate ancillary services. The board also proposed that the isolation unit could be vacated by placing the children in it elsewhere and the building then used for older people.

13.384 The EHB proposed replacing the main Pelletstown building with a 40-bed purpose built unit on the same site but a departmental official questioned the need for such a building. It was pointed out that none of the existing buildings at Pelletstown - the main building, isolation unit or maternity unit - was considered suitable for the accommodation of either geriatric or young chronic sick/incapacitated patients. A further problem in relation to this institution was 'the numbers of physically, mentally and multiply handicapped children being maintained there'. They included about six with physical handicap such as hydrocephalus and spina bifida, fibro cystic disease or heart condition and about 18 with intellectual disabilities ranging from mild to severe.

13.385 Children with intellectual disabilities were not accepted into the homes for the intellectually disabled until they were at least four years old and the Daughters of Charity had been pressurised into keeping them in Pelletstown until they were accepted elsewhere.

13.386 It had been suggested that, as Bessborough (see Chapter 18) was also underutilised, people who would normally go to Pelletstown could go to Bessborough instead. Other possibilities for the housing of the children with disabilities were discussed. This discussion showed that there was very limited knowledge in the department about the services provided in Temple Hill (see Chapter 2).

13.387 In 1982, the EHB established a board committee on support services for unwanted pregnancies. The board had allocated £23,000 in 1981 to extern institutions for unmarried mothers and proposed to allocate £28,000 for 1982. The extern institutions in existence at the time were Bessborough, Dunboyne and Denny House.

13.388 In January 1983, the Daughters of Charity met the EHB to discuss the future. At this stage, the numbers had dropped dramatically - there were only 25 women in residence. The Daughters of Charity were prepared to withdraw as they regarded

the service as 'too institutionalised'. They asked if the EHB could provide one or two houses for the 'inadequate girls'. They said that about five of the women in the institution at the time would be regarded as inadequate. The EHB asked if the Daughters of Charity could provide the accommodation but they said that they had already bought two houses on Belmont Avenue (see Chapter 14) and could not afford any more. They also pointed out the difficulties of finding places for the disabled babies as St Vincent's was full and no existing institution would take babies. It was agreed that there would be further analysis of the current residents and how closure would affect Dunboyne. It was also agreed to consult CURA and Ally.

13.389 In February 1984, the EHB looked again at support systems for unwanted pregnancies. It was noted that there had been an increase in the numbers of 'illegitimate' births.

13.390 A survey of single pregnant women attending St James's hospital had been conducted. This showed that:

- large numbers did not present for ante-natal services until very late in pregnancy;
- there was a considerable lack of knowledge regarding contraception, menstrual cycle and sex education in general;
- infant mortality figures were high for young mothers.

13.391 One member of the board drew attention to the need to ensure that the provision of services for unmarried mothers and their children did not create anomalies for other parents and their children in similar circumstances.

13.392 During 1984 there were further discussions about the closure of Pelletstown, in particular about what was to happen to the staff.

13.393 In August 1984, the consultant paediatrician at Pelletstown, Dr Coffey, wrote to the Minister for Health about the proposed closure. She said she had been a consultant there for some 50 years; she wanted the isolation unit maintained as a children's hospice which was sorely needed. She made reference to such hospices in the UK and the US.

13.394 Pelletstown was closed in 1985.

Eglinton House

13.395 In October 1985, the EHB bought a large house at 75 Eglinton Road[96] in which to provide a service for a small number of unmarried mothers as an alternative to Pelletstown. The plan was that it would be run by two of the three Sisters who were then in Pelletstown. The Sisters would provide day care but would not live in the house; instead, lay nurses would provide the night services. Eglinton House opened in January 1986 as a mother and baby home but it was a very different institution than Pelletstown. It provided places for up to 13 expectant and new mothers and five nursery places for unaccompanied babies. It was owned by the Eastern Health Board and managed by the Daughters of Charity until 1997. It was a three-storey semi-detached house on a road of expensive houses in what was then and remains an upmarket suburb. It seems there was some initial concern among the neighbours about its use as a mother and baby home but this does not seem to have lasted. A subsequent review noted that the entrance was not particularly suitable for prams and buggies.

13.396 In April 1986, the EHB told one of its members that:

> As a result of careful planning, the co-operation of staff and staff representatives and the sisters in charge, the transfer of our service for unmarried mothers from the large institutional setting in St Patrick's to a community base on the south side of the city has been quietly achieved taking account of all of the interests involved. The new service is 'settling in' at present and arrangements, some of which involve a consideration of the residents and others and our obligations to staff, are in a transition phase.
>
> The position at present is that a total of eleven staff plus a sister-in-charge and her assistant are employed. They include general trained nurses, midwives, nursery nurses and unqualified but experienced attendant staff.
>
> The service can cater for up to 15 mothers, expectant and with babies. At present an additional number of babies are being cared for without their mothers pending placement although it is not intended that this service will continue.
>
> The estimated running cost of the service for 1986 is £80,000 and the pay costs an additional £130,000 for the initial year'.

[96] The house had once been the residence of the then Taoiseach, Dr Garret Fitzgerald.

13.397 It was decided to pay £10 a week to residents who had no other income. Effectively this was a payment to expectant women and probably mainly to younger expectant women. All mothers would have been eligible for the Unmarried Mother's Allowance and expectant women who had been at work would likely have been entitled to a social insurance payment such as Disability Benefit (which was a short-term payment and which is now called Illness Benefit) or Maternity Benefit.

13.398 Unlike Pelletstown, Eglinton House was not regarded as a hospital but was within the remit of the community care section of the EHB.

13.399 In 1987, the EHB told one of its members that Eglinton House catered for up to 15 mothers, expectant and with babies. It also had a small number of babies without their mothers. It provided sheltered emergency accommodation for inadequate mothers of young infants until they could be accommodated satisfactorily with their children or until they had made decisions otherwise regarding the future placement of their children. Its residents included mothers who were 'mentally handicapped' or who had severe mental or physical ailments. It was frequently full and at the time concerned, there were seven people waiting admission, including two with severe psychiatric problems.

13.400 As already stated, the staff who transferred from Pelletstown to Eglinton House in January 1986 included general trained nurses, nursery nurses, midwives and untrained but experienced attendants. There were 12 staff plus the Sister-in-charge and her assistant who were both members of the Daughters of Charity. The service cost £194,000 in 1986; £171,000 of this was pay costs. It was expected that the costs would reduce in 1987 as it was not proposed to replace a retiring member of staff.

13.401 The EHB said that practical training, including training in domestic economy, was provided for mothers resident in the home. Those with no income of their own were paid pocket money of £10 per week.

13.402 A review of Eglinton House was carried out in late 1998/1999 on behalf of the Eastern Health Board.[97]

[97] Michèle Clarke, *Eglinton House Report on A Review of Service*, unpublished 1999

13.403 The review stated that the idea behind its establishment was to accommodate a small number of mothers and babies in a community based setting where the residents and staff shared the running of the house. When the review was carried out it was noted that the requirements of the residents had changed over the years. Only a minority wanted to conceal the pregnancy while a majority had serious social difficulties and/or psychiatric and addiction problems.

13.404 The mothers came to Eglinton House in the final three months of pregnancy and then generally stayed for about six weeks after the birth although there were exceptions to this. They cared for their own babies.

13.405 Eglinton House received state funding of £190,000 in 1986.

13.406 The records from Pelletstown were stored in Eglinton House and a tracing service was operated from there on behalf of the Eastern Health Board. A service was also provided for the Archbishop of Dublin in respect of children born in Pelletstown and subsequently adopted who needed baptismal certificates prior to marrying in a Roman Catholic church.

13.407 The reviewer considered that there were security risks in this and it was not suitable work for the staff involved. She recommended that the records be removed to a secure place and work on the records should be carried out by dedicated trained staff.

13.408 Records of the residents were kept in Eglinton Road. All staff recorded their observations of the mothers and babies before they finished their shift. The reviewer noted that these records reflected the training and background of the staff - they were mainly nursing notes. There was little information on the reasons for referral or the planned purpose of the stay. The records on the unaccompanied babies were also mainly nursing notes. The reviewer noted that the records did not include photographs or any other mementos of the baby.

13.409 The residents were not all unmarried mothers. Some were homeless married women and some were deserted or separated wives. The reviewer considered that there were issues about doing too much for the mothers but had little doubt that it was a ‘kind place’.

13.410 The reviewer concluded that there was a continuing need for a service such as that provided in Eglinton House as the majority using the service had serious social and health difficulties. Nevertheless, it was closed in the early 2000s.

13.411 The review includes vignettes of some of the residents. It is clear that the mothers had particular needs; some had had other children for whom they were unable to care and they were trying to ensure that they could care for the latest child. Some of the unaccompanied babies had special needs and the reviewer was concerned about their future.

13.412 In 1998, six women lived in Eglinton House because they wanted to conceal their pregnancies; seven wanted accommodation and the other 36 women had serious social or health problems.

13.413 It could not accommodate women who already had a child as the house was not suitable. There were no statistics kept of the number of requests for admission or the reasons for referrals or on why one person rather than another was admitted. There was generally a waiting list of four to five referrals.

13.414 The reviewer concluded, having interviewed residents and staff and other people involved in the area, that there was an ethos of kindness, acceptance and care in Eglinton House. Some, including former residents, expressed concern that the high level of care could generate a high level of dependence.

13.415 Residents paid a small contribution towards their keep in Eglinton Road. This was £13 a week in 1999 at a time when the One Parent Family Payment was £73.50 plus £15.20 for each child. Expectant women also had to pay £13 a week.

Evidence from former residents and workers

There were no surviving Daughters of Charity members who had worked in Pelletstown. Former residents, a nurse and a number of social workers gave evidence to the Commission about their experiences of Pelletstown. The accounts given below are largely in the words of the former residents and workers but the Commission has not included information which might cause the individuals concerned to be identified; this is particularly the case for recent residents.

13.416 The main complaints of the mothers who had been residents were:

- Pelletstown was highly institutionalised and there was no privacy;
- The Sisters were emotionally cold especially during the births and there was no or inadequate pain relief available;
- They had no choice but to place their children for adoption

13.417 There were a few complaints about the food and about having to work in Pelletstown. There were also mothers who expressed the view that the food was good. The main complaint of the children who had been residents related to inadequate tracing services. A small number of mixed race residents complained of what they considered to be institutional racism - see Chapter 31. The social workers also talked about the institutional nature of Pelletstown and about the cold atmosphere.

Mother, early 1950s

13.418 This woman was first in Regina Coeli which she described as 'a dirty smelly place with about 40 women'. She described Pelletstown as a workhouse where she had to work. After the birth, she said she was sent to work in a Donnybrook laundry for three days a week and to doctors' houses on the other two days. She was not paid; she thinks that the nuns in Pelletstown were paid and this went towards the upkeep of the baby.

Mother, early 1960s

13.419 This woman's abiding memory was the unkindness during the birth. She said there was no pain relief and no doctor. 'There was no compassion. A nun would be walking around your bed with the rosary beads praying'.

13.420 She herself had been born in Pelletstown and spent three years there before spending the rest of her childhood in institutional care. She then had a baby there when she was about 18. She said it had not changed between the time her mother was there and her time. She spent the day knitting or sewing or making rugs; she acknowledged that she did learn some skills but had very little memory of the routine.

13.421 Her baby was adopted; she had no choice, she did not remember much about her time there and did not remember signing the adoption papers.

Mother, late 1960s

13.422 This woman told the Commission that she was 18 years old and a third level student when she became pregnant. She was terrified. She expected to be disowned by her family because that is what she heard happened in other families. She went to the family doctor. He suggested adoption and she thought that:

> the only thing you could do, if you had a baby, was to have them adopted. It never occurred to me I could keep the baby because I thought I committed a terrible sin and I had to be punished for it and the punishment was adoption.

The doctor also suggested that she go to the Catholic Protection and Rescue Society. She did and they also suggested adoption. They did not suggest any other options. They also suggested a mother and baby home. When she was six months pregnant, the doctor told her parents (it is not clear if this was on her instructions). Her mother nearly died of shock and her father was much better than she thought he would be. She thought she would 'save them the awful shame of having neighbours know about me and the stress of looking at me pregnant…' so she went into Pelletstown. She made the decision; there was no discussion about it. They were met by a nun '…she didn't seem the warmest person in the world'. She had been so terrified that she was actually relieved when she went there. 'It's only now looking back I realise it was a very unattractive place. I don't remember any much interaction with nuns, they were kind of just there'.

She said the food was very good but the sleeping place was very basic. It was a dormitory with very little privacy. Her parents came to visit. She did not make any friends there. When she was first there she cleaned the chapel every day. This did not take long because it was a small chapel and it was spotless. After the baby was born, she worked in the nursery and she loved that.

She said that she gave birth in the little annex hospital. A lay nurse attended and she '…was perfunctory and definitely not like they were in Holles Street for my subsequent children'. She stayed for seven weeks. Her mother came to see the child but her father could not face it. Her mother then suggested to her father that they keep the baby but he refused. The adoption was arranged by the CPRSI. She met the priest in charge, Fr Colleran. He spoke to her 'like he was giving a public lecture'.

She met her son. He has had a good life but she feels that being adopted has had an effect on him even if he does not recognise it himself.

She said that she had been brought up to believe that people who adopted children had some kind of extra love or extra saintliness.

> There was no overt abuse. I didn't have a bad experience except with the nurse I think when I was giving birth was a bit off. But there was no actual humanity that I remember, or anyone talking to us. In fact, I remember very little interaction with nuns, or mention of why we were there. I don't think it was much mentioned why we were there.

She was not working in the nursery where her son was but in the nursery for children who were left behind, some with disabilities; there were 15 or 20 cots in that nursery.

Child resident, 1950s

13.423 This witness spent the first four years of her life in Pelletstown and then spent the rest of her childhood in institutional care. Her mother was in Pelletstown with her. Her mother worked in the kitchen and was paid. The witness spent her time in the kitchen with her mother:

> I was just this perfect nuisance. I was in and out of everything but it was very happy for my mother. There I was with her. Then the decision to remove me was very shocking in the way in which it was done. It was like overnight this little four year old who was with my mother for the whole time gets to be just removed but, trying to be fair to the people who cared for me, yes, they did do it and it was very shocking to have done it overnight and not give her any notice but they did every year, there was a transfer of children every year from St. Patrick's to St. Philomena's and for them it was probably routine. It was probably something they did every year …

She said that her mother shared a room with other long term mothers; four mothers to each room. Her mother described how cruel the mothers were to each other and how spiteful and awful they were to each other.

Mixed race child resident, 1960s

13.424 This resident's father was African. He complained that his mother had put him up for adoption after about six months but he was never adopted. His mother was discharged the day after signing the consent to adoption. Four years later he was discharged to an industrial school which was also run by the Daughters of Charity. The witness considers that the health board was negligent in not arranging an adoption; this resulted in his being in institutions for 18 years. He considers that racial prejudice was a factor in his case.

13.425 He got some documentation from the Daughters of Charity; he remarked that they were more forthcoming with information than he had expected. Some was redacted but it did include various references to his mixed race parentage. His foster mother had also collected some information for him. The psychiatric report referred to him as 'coloured' and 'dark skinned'; he suggested that this indicated an attitude to his ethnicity that warranted noting as if it were an insurmountable problem. Other records described him as 'illegitimate', 'half caste'.

13.426 It seems that the consent to adoption form was set aside. The form is among his records but he became aware of this only when he sought those records. His foster mother was told that he was not available for adoption. The foster mother told the Commission that she wanted to adopt him but she had been told that his mother had not consented.

13.427 There were three other mixed race boys in the industrial school. He was separated from another boy from Pelletstown who went with him (a white boy). While in Pelletstown, he went on holidays to three different families. One family had a mixed race girl. He argued that there was no strategy to organise adoption for the mixed race children.

Adoptive parents and mixed race child, 1970s

13.428 A woman told the Commission that she was rejected as a prospective adoptive mother by a Catholic adoption agency in the early 1970s because she already had children and she told the agency that she was using contraception. She then discovered that it might be possible to adopt a mixed race child as there were advertisements in the papers looking for people to adopt mixed race children. She did adopt a mixed race child from Pelletstown. She, her husband and their

adopted daughter all gave evidence to the Commission. The adoptive parents said that the social workers were very keen to find adoptive parents for mixed race children.

Child resident, late 1950s/early 1960s

13.429 A former resident told the Commission that he vaguely remembers putting his hands through railings in a cot asking to be picked up - he was about two at the time. He alleges that he suffered various forms of abuse including systematic neglect leading to malnutrition and severe emotional damage. He described a collection of symptoms unique to adoptees: the primal wound. He was anointed four days after he got the BCG vaccine (he thinks he should not have been vaccinated because he was sick). He was adopted at age four; he said Dr Coffey came to visit him in his adopted parents' home where she administered additional medical tests and treatment.

13.430 His mother had been with him in Pelletstown for two years. He had been convinced that he was part of a vaccine trial but was told by the Commission to Inquire into Child Abuse (the Ryan Commission) that he was not.

Staff nurse 1969-1981

13.431 A former staff nurse in Pelletstown gave evidence to the Commission. She had been interviewed on the Pat Kenny Show on RTE in 1992. At the time, she had contacted RTE to object to the portrayal of Pelletstown given by a former resident. In her radio interview, she said that the account was 'riddled with inaccuracies'.

13.432 She described the conditions in the home as 'absolutely superior'. She said they could not have been better. The first thing she noticed was that the nursery was a big bright ward, daffodil coloured walls with green lino: 'Not black and white tiles' as portrayed in the account of the former resident.

13.433 There were about 50 cots in the ward; there was a happy atmosphere, friendlier than in a maternity hospital. There were four nurseries. There were two wards - one for the pregnant women and one for the women who had given birth. The witness denied that the women were doing tough manual work. There were attendants paid by the EHB to clean the floors. The women did some light work, for example, dusting; some were allocated to the baby nursery, washing bottles

and preparing them for the sterilising unit. This was done in the mornings. In the afternoons, they had access to the craft room where there were two qualified people teaching them the different arts of rug making, embroidery, knitting, sewing, the use of sewing machines. She named a number of well-known entertainers, (including the Garda Band) who gave concerts in the home.

13.434 She said that there was no pressure to place the babies for adoption. The nuns would put all the pros and cons very gently. There were about 120 women there when she started there and about 40 when she left.

13.435 The witness told the Commission that doctors were in Pelletstown every morning; Dr Coffey came one morning a week. Some of the women did AnCo courses outside and got a training allowance for this. The women had cubicles; they were not allowed smoke in the cubicles but they could in the bathrooms. There was a small number of mixed race children; she remembered one in particular. There were quite a few children with disabilities there; the prisoners from Mountjoy built an indoor swing for them.

13.436 If the mother was taking the baby home, she would be given a supply of food, baby formula and bedding for the cot and baby clothes. She remembered one mother who had a number of children. Her boyfriend would not allow her keep the children so they all went for adoption.

13.437 The food was good although the women did complain; it seems the complaints were more about the monotony of the food rather than its quality.

13.438 There were two trained nurses in all departments. Pain relief was provided during labour - Pethidine and gas and air. The witness was not generally assigned to the maternity ward. There were 30 cots in the ward she was in. Two rows of small cots and two rows of big cots. They had colourful counterpanes. Everything was gleaming. The bathroom was shining.

13.439 Pressure for adoption came from the parents. She described how three women decided to set up in a flat together; two went out to work and the third cared for all the babies. The nuns helped them set up but then the neighbours complained and they were evicted by the landlord.

Social workers

13.440 One social worker described the residents of Pelletstown in the 1960s as abandoned by their families. She considered that they were extremely lonely and isolated. She worked in St Kevin's. Most of the unmarried mothers from Dublin went home to their families. She visited those who went to Pelletstown. She never saw their living areas; she met them in the parlour. The building was huge and, she felt, oppressive.

13.441 In relation to false registration of births, one social worker described how a woman would explain that her husband was serving abroad with the Irish army and could not visit her; the baby would then be registered as the child of the adoptive parents.

13.442 The 1983 referendum raised awareness of abortion so women spoke of three options after that - have an abortion, keep the baby or place for adoption. Previously there were only two options.

13.443 A social worker who worked in Pelletstown in the 1970s told the Commission that the Sister in charge at the time was kindly but was very concerned to ensure the privacy and confidentiality of the residents. She said that most of the women had already decided on adoption; they may have decided to go to a mother and baby home because they did not want their pregnancy known and adoption was the solution. Her recollection was that the place smelled of cabbage. There was a lot of sitting around but she did not witness any mother being forced to work. It was highly institutionalised. The Sisters were not warm but she did not witness any harshness.

13.444 She said that the medical threshold for adoption was very high. The paediatrician, Dr Coffey, would allow only perfect babies to be placed for adoption.

13.445 This social worker subsequently worked in a rural county in the early 1980s. She described how she was the only person who knew the mother's name; the mother was assigned a number so that when the county council staff were paying the bills for Pelletstown or the other institutions, the mother's name would not be known to them. She described other subterfuges she used to facilitate pregnant unmarried

women get away to Dublin for a week or so without families being aware of the situation.

13.446 A social worker who worked in Pelletstown in the 1980s told the Commission that, in her opinion, the mothers who kept their babies were the stronger, more able women. There was a sort of assumption that, if a woman was in Pelletstown, she was going to have the baby adopted.

13.447 She said that the address used by the women was 381 Navan Road; St Patrick's or Pelletstown was not mentioned.

13.448 The social workers were not involved with the living arrangements. Their office was separate from the main living areas.

13.449 They tried to arrange alternative places for some of the children with disabilities who were regarded as unsuitable for adoption. In a number of cases they found suitable foster or adoptive parents.

13.450 Two social workers said that they had learned nothing about unmarried mothers during their training and that they were too young and inexperienced for the job. Their main role was to help the women make their plans including discussions about adoption. The prevailing view was that adoption was the best option for the baby and probably for the mother as well. The adoptions were not 'forced' but the whole ethos supported adoption. One social worker said that 'while I wouldn't have any experience or direct evidence of what I would call enforced or forced adoption, I think the whole ethos and everything around it supported it'.

13.451 They commented on the 'huge role of secrecy' in dealing with unmarried mothers in the 1970s.

13.452 The social workers said that it was very 'institutional' and a 'very unstimulating environment'. There was little privacy. The mothers engaged in what the social workers called occupational therapy, for example, knitting.

13.453 The social workers said that some mothers were glad to be there because they had nowhere else to go while others did not want to be there. Some wanted to

move on quickly while others were very sad about giving up the baby for adoption. Some did not want to see the baby; one social worker said she was very concerned about them. She visited the women who gave birth in St James's. They were not treated any differently there from other mothers.

13.454 The social workers said that there was a lack of warmth on the part of many of the staff but the Sister in charge in the 1970s was a kind and compassionate person. Some of the staff resented the social workers but this was not true of the Sister in charge.

13.455 Very minor ailments resulted in the children being regarded as 'not fit for adoption'. The assessment of fitness for adoption was carried out by the paediatrician, Dr Coffey.

Affidavits received by the Commission

The Commission received a number of affidavits from former residents. These are sworn statements and are reported largely in the words used by the former residents. Unlike those who gave direct evidence, the Commission did not ask any questions of these former residents.

Mother, mid 1950s

13.456 This woman was born in a workhouse. She then lived in industrial schools and a Magdalen laundry. She was raped by a priest. Her baby was born in Pelletstown in 1956 when she was aged 25. She said that she was fed properly but there was not much of it. She did not have to do physical work but did do sewing. She had monthly medical examinations. The regime was nothing like it had been in the Magdalen laundry. She fed the baby until she was 9 months old and was then told that the baby was leaving; a nurse took a photo of the two which she has. She was not told where the baby went; she then was sent back to the laundry and she stayed there for about five more years. She went to Pelletstown to enquire about the baby. She was told that she had signed adoption papers but she says she had not. She subsequently gave birth to twins in Holles Street - they were taken away immediately and she assumed they were dead; she has no records of their births. All three children subsequently found her.

Mother, mid 1970s

13.457 This woman only recently told her family about the baby. She subsequently married the child's father but the marriage did not last. She described life in Pelletstown as very disciplined; the whole institution was spotless; everyone had different jobs to do and there was no opportunity to engage in any recreation, exercise or education. She was allocated work in the nursery looking after babies and feeding them a few times a day; there were six women working in the nursery and about 20 babies and the nuns also helped. The oldest child she remembers was eight or nine months. Mass every day was compulsory. She remembers being very cold. All the women lived in cubicles which were just big enough to dry their clothes. They were given just about enough basic food; there was a shop where you could buy things but she did not have any money. Washing facilities were very poor; clothes were handwashed; there was no laundry equipment except for a very small spinner. She did not feel free to come and go but does remember going to the city centre with other residents. The doors were locked day and night; the windows in the cubicles were so high up that they could not see out. Some had family visits but she did not.

13.458 She said that she received very little ante-natal care. Her blood pressure was not monitored. She saw a doctor once a month. She was told nothing about giving birth. Labour was 'horrendous'; she was left alone for most of the time. She was not given any pain relief or medical treatment. Eventually a doctor from another hospital was brought in and gave her an anaesthetic. She said she had a symphysiotomy but did not know this at the time.[98] She bottle-fed the baby every four hours but not during the night; she left five days after the baby was born.

13.459 She said that no one ever discussed the adoption process with her. (The records show that there is a social report of a discussion of the pros and cons of adoption and of a discussion of adoption and keeping the baby; this notes that the social worker thinks she had made up her mind even though she felt distress at parting with the child.)

Children

13.460 A woman born in 1974 was very unhappy about the tracing service provided by the HSE when she went searching in 2006. Another woman who was mixed race was

[98] This is highly unlikely; she may have had an episiotomy.

born in the early 1970s. Her adoptive parents were told the wrong country of origin of her father and her parents taught her about the country they thought he was from. She also was very critical of the tracing process.

13.461 A man who was in Pelletstown in 1969 was adopted but did not find out about this until 1988. He asked the adoption society for information in the 1990s but they said they could not examine all the paper files.

13.462 One woman said that her mother told her that the food was terrible and the mothers were starving; her mother had to work in order to pay the £100 to allow her to leave.[99] After her adoption, she said that she was inspected by people claiming to be nurses from Pelletstown until she was about eight. They took blood tests on each visit; she presumes this was part of vaccine trials.

13.463 One woman who was born in Pelletstown in 1962 and lived there for two years was adopted to the USA. She said that her parents made donations to the nuns but does not know how much. She said that she spoke only Gaelic when she arrived in the USA but quickly picked up English.

Workman

13.464 A man who visited Pelletstown to fix a telephone around 1974 when he was aged 20 remembers hearing blood curdling screaming. He saw young women with their heads down and not looking happy.

A foster mother

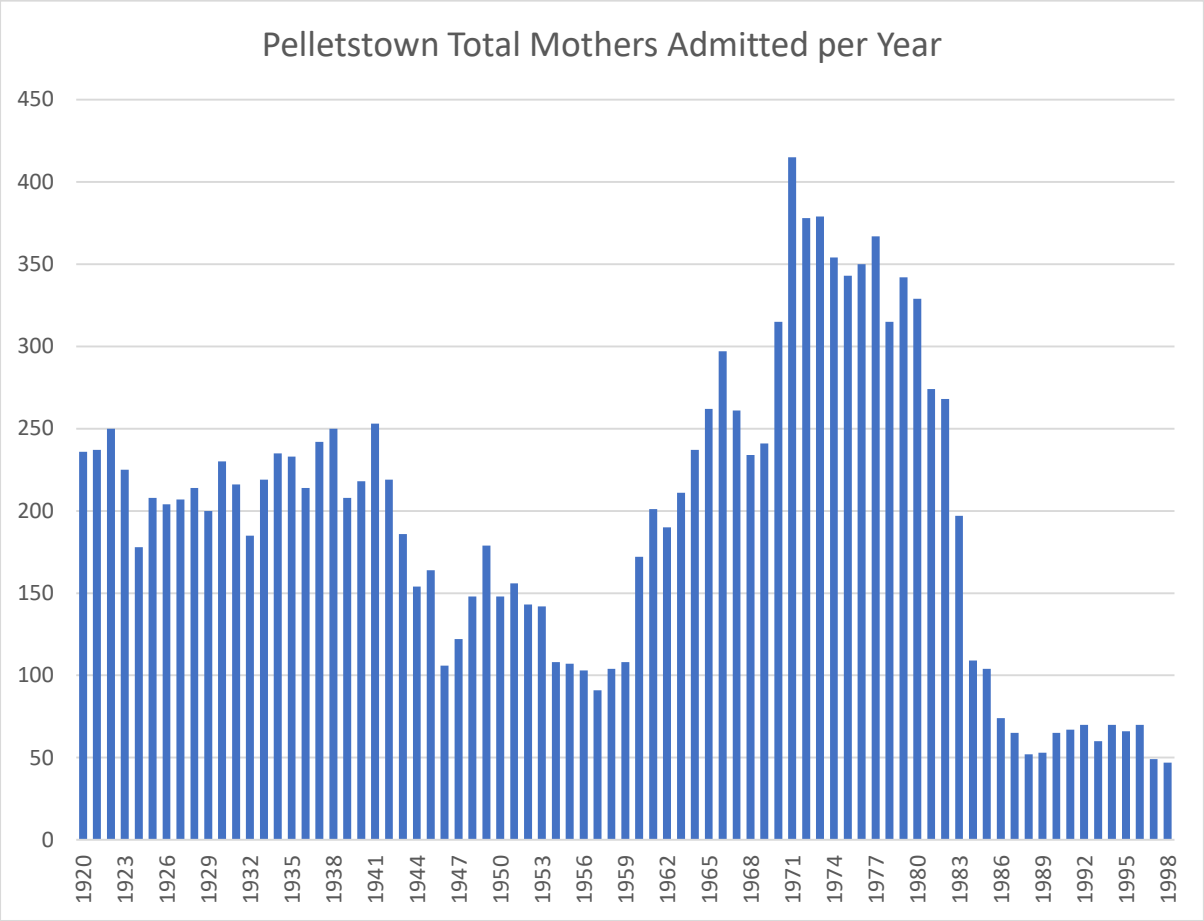
13.465 A woman who fostered a boy from Pelletstown said that the nun described him as being from the 'reject' ward. A pregnant girl was polishing the floor when she visited. The boy was two years and two months when she first met him and he was still in his cot; he was very sickly. It transpired that he was an undiagnosed coeliac; she felt he was being left to die in the reject ward.

[99] This is the only reference the Commission has seen to the payment of money to leave.

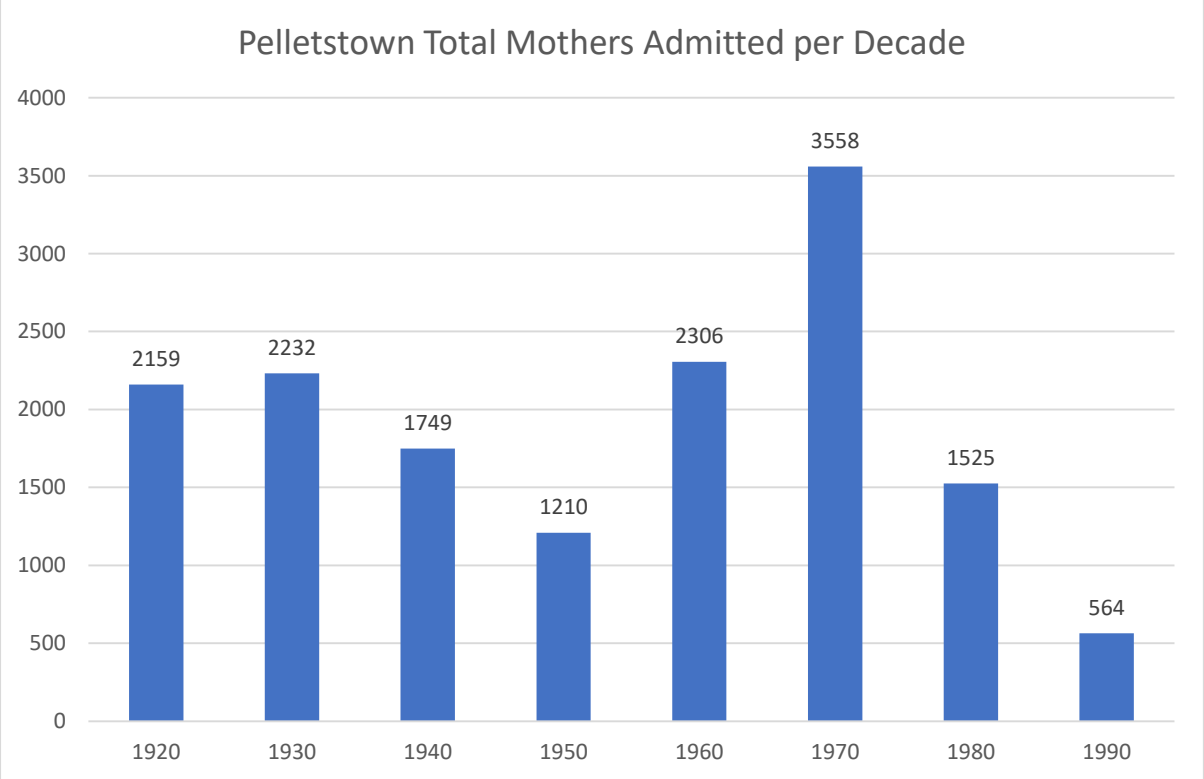
Chapter 13 A: Pelletstown Statistical Analysis

The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. However, as is clear from the analysis below, the statistical returns made to the Department of Health by the institution are broadly in line with the Commission's analysis. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions

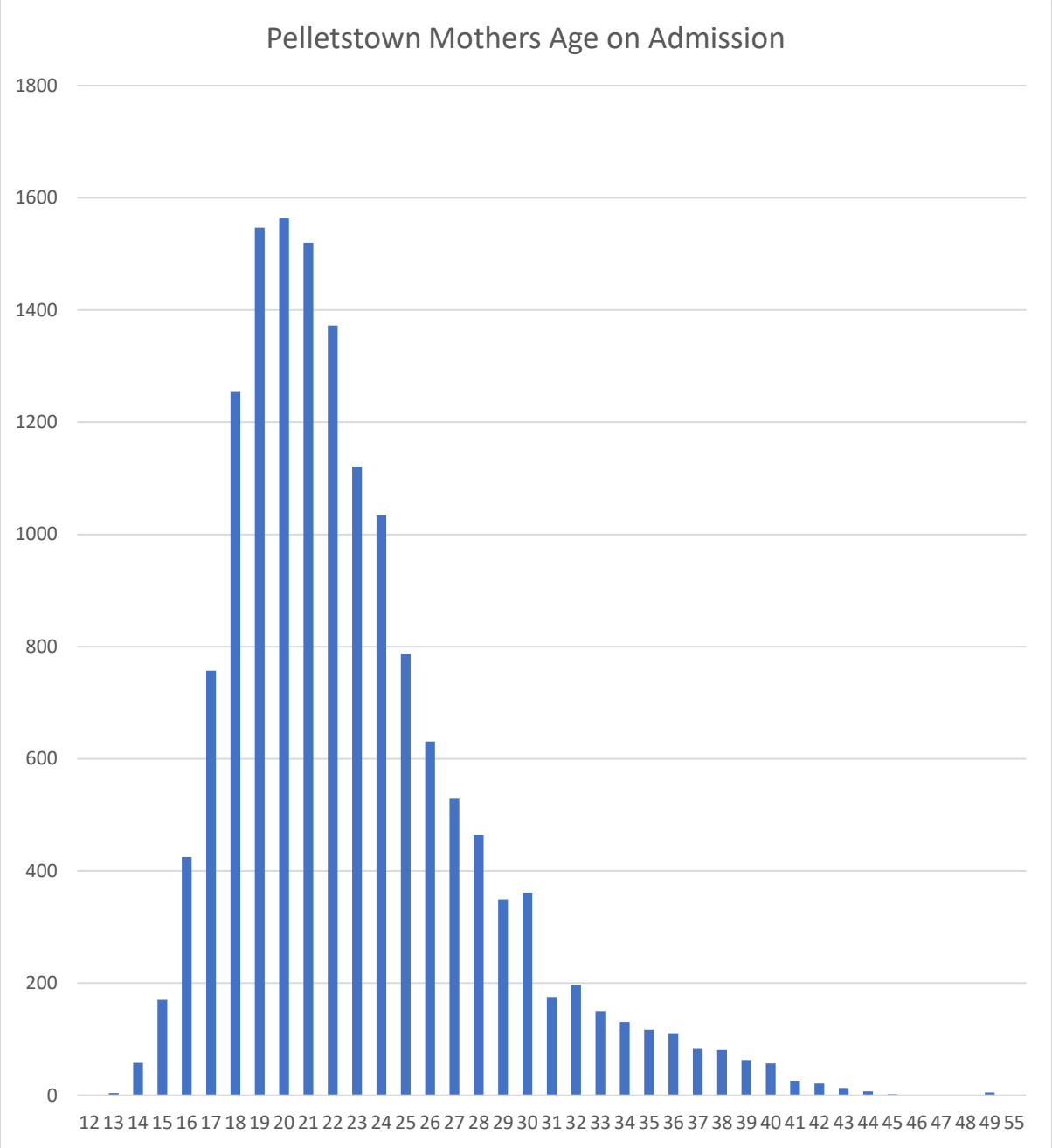


The Commission identified 15,382 women who were admitted to Pelletstown between 1920 and 1998 from the institutional records. Information relating to date of admission to Pelletstown was available for 15,303 women (99.5% of admissions). In the years 1922-42, between 200 and 253 women were admitted to the home each year. Annual admissions were below 200 on just two occasions in this period, in 1924 (178) and in 1932 (185). Admissions fluctuated between 186 in 1943 to 91 in 1957 but began to increase again from 1958. The period 1960-83 was the busiest period; 45.3% of all admissions were recorded in those years. In the 1970s, 356 women on average were admitted annually; numbers peaked in 1971 when 415 women were admitted. The number of women entering the home fell dramatically in 1984, from 197 to 109, and remained relatively low until 1998; 68 women on average were admitted annually in that period.



Analysis of admissions by decade shows that more women (23.3%) were admitted to Pelletstown in the 1970s than in any other decade. This was followed by the 1960s (15%); 1930s (14.6%); 1920s (14.1%); 1940s (11.4%); 1980s (10%); 1950s (7.9%) and the 1990s (3.7%). Over 48% of admissions were recorded in the three decades spanning 1960-89 and a little over 40% were admitted in the three decades spanning 1920-49.

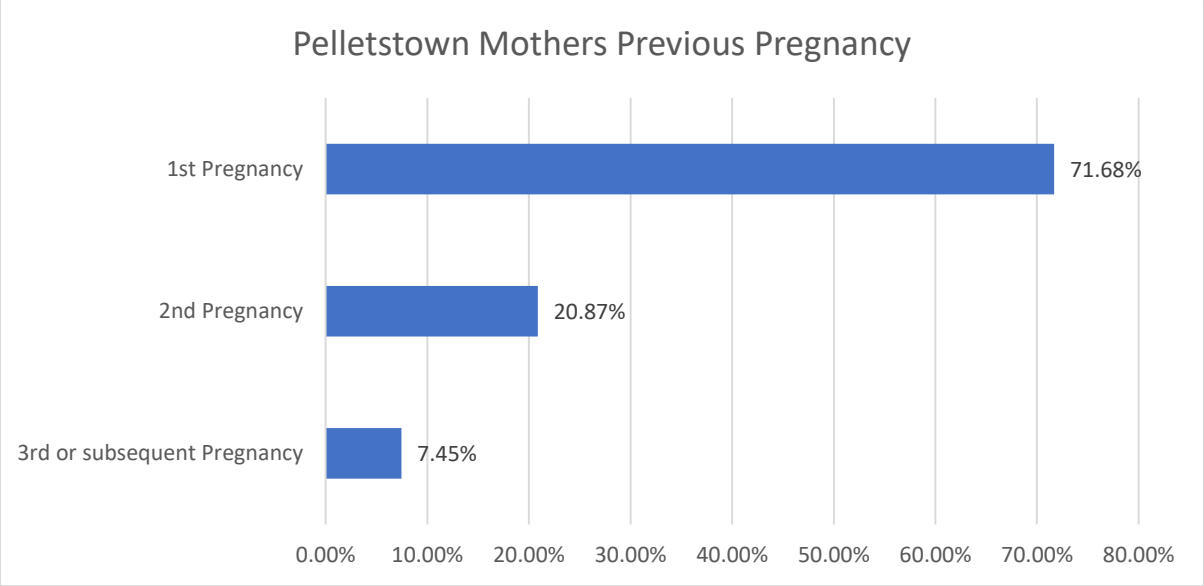
Age on admission



Information on age on admission was available for 15,190 women (98.8% of admissions).

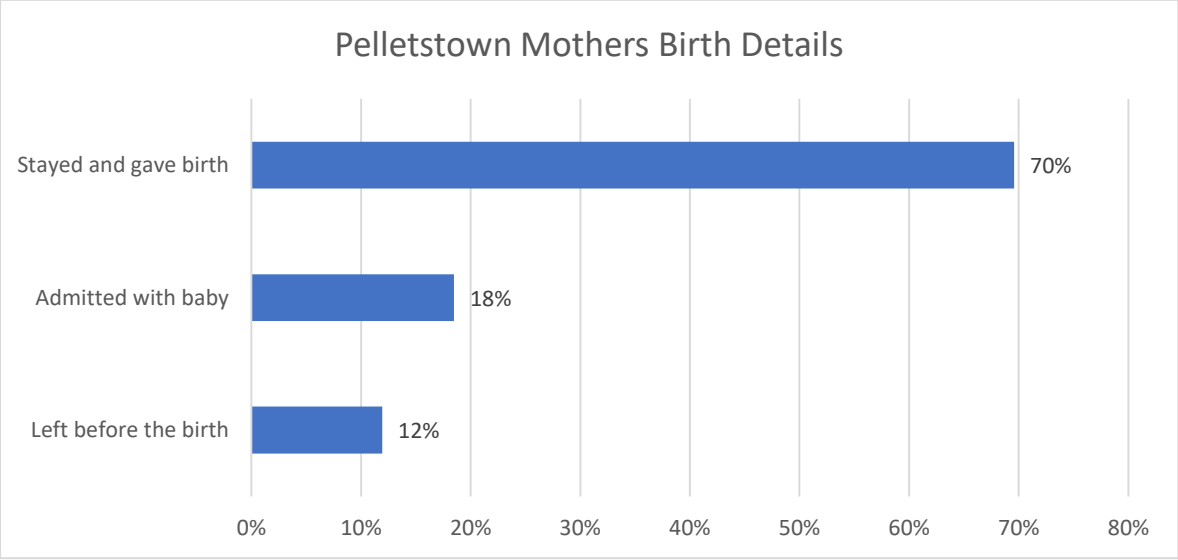
Ages ranged from 12 to 55 years; the mode of age on admission was 20 years. Average age on admission was 23 years. Average age on admission in the years 1920-50 was 24 years and decreased to 22 in 1960 and to 21 in 1970. This increased to 22 years in 1980 and to 23 in 1990. Most women (80.1%) were aged between 18 and 29 years on admission; 10.6% were aged 30 years and older and 9.3% were aged between 12 and 17 years.

Previous pregnancy



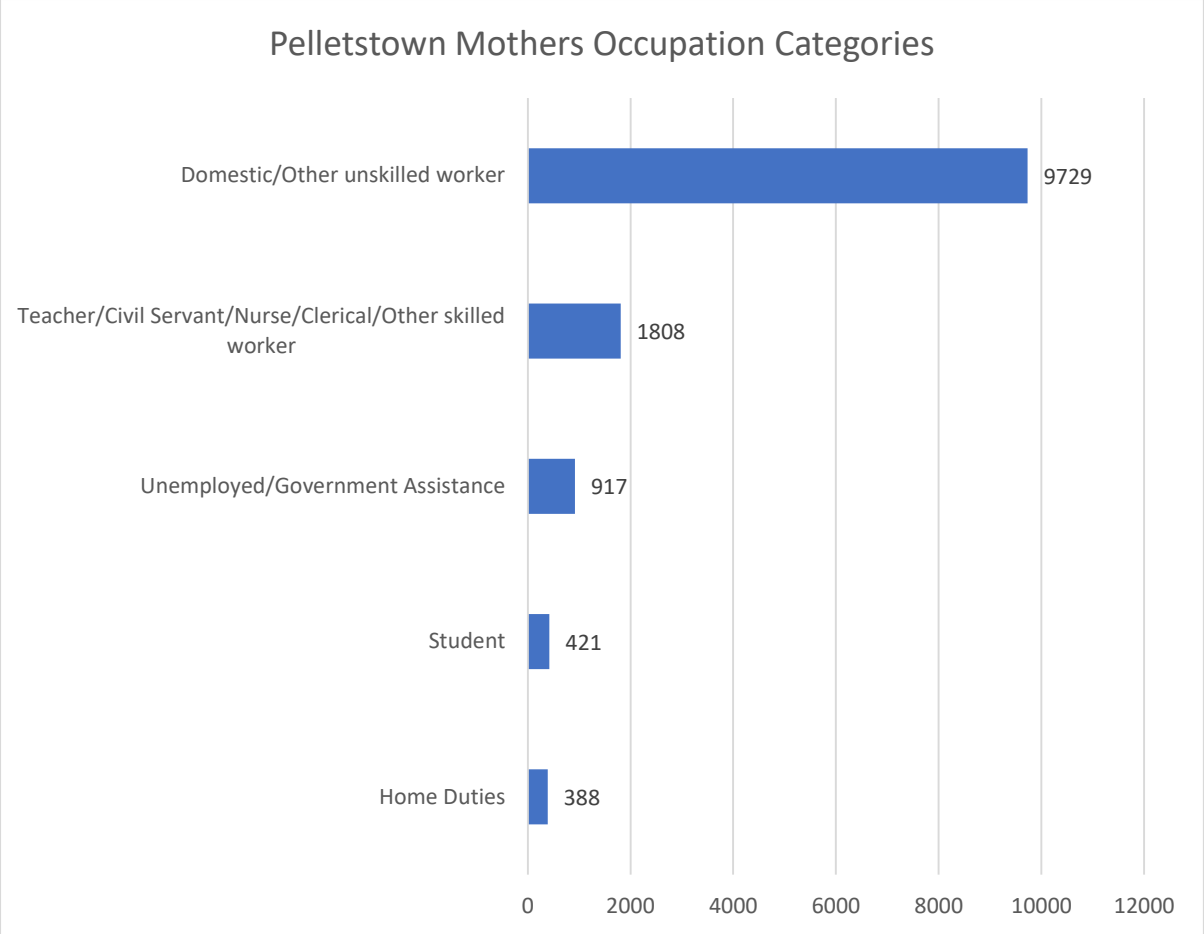
Information relating to previous pregnancy was available for 9,622 women (62.6% of admissions). The institutional records show that 71.68% of women were admitted on their first pregnancy; 20.87% on their second pregnancy and 7.45% were admitted on their third or subsequent pregnancy.

Birth details



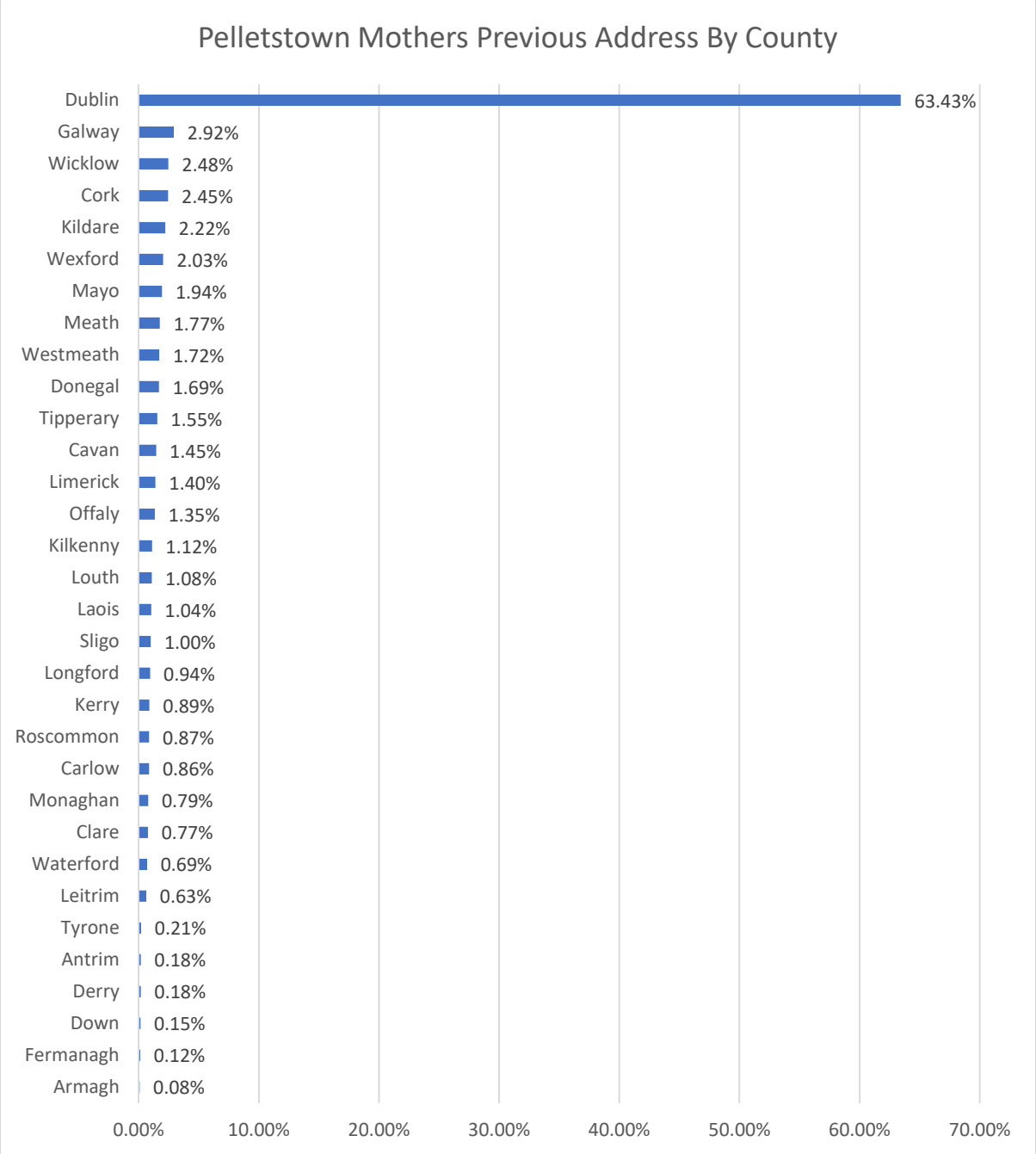
Information relating to birth details was available for 14,673 women (95.4%) of admissions. The institutional records show that 70% of women admitted to Pelletstown gave birth during their stay; 12% were admitted pregnant but left before giving birth and 18% were admitted with their babies having given birth elsewhere.

Occupations



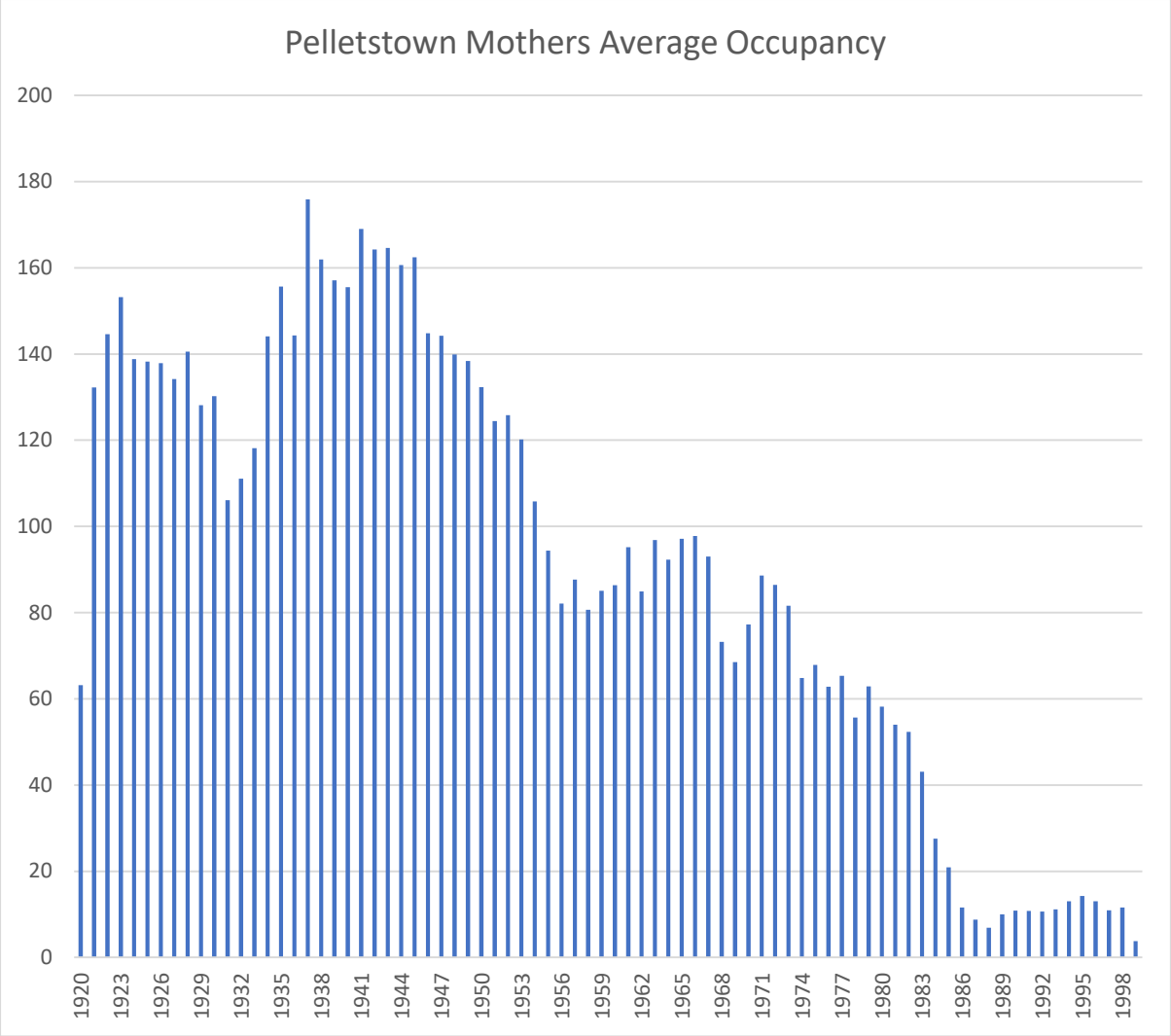
Information relating to occupations was available for 13,263 women (86.2% of admissions). The institutional registers recorded most women (73%) as a domestic servant or other unskilled worker; 14% as teacher/civil servant/nurse or other trained worker; 7% as unemployed or receiving state assistance; 3% were in full time education and 2.9% were working in the family home or on the family farm. The prevalence of occupation categories altered over the period of Pelletstown's operation. For instance, in the 1930s, over 76% of all women were recorded as being domestic servants. This occupation category represented 81% of all admissions in the 1950s, but just 7.5% in the 1990s. Teachers/civil servants and other skilled workers accounted for 2.7% of all admissions in the 1930s, 22.7% in the 1970s and 9.4% in the 1990s. The numbers of women recorded as being unemployed or in receipt of state assistance increased steadily from 2.3% in the 1920s to over 23% in the 1990s. Similarly, the numbers of women recorded as being in full time education increased from 0.04% in the 1930s to 9.8% in the 1980s. Most admissions (291) recorded as being in full time education related to secondary school students. The remaining 130 women were third level students.

Address prior to admission



Information on address prior to admission was available for 13,574 women (88.2% of admissions). The institutional records show that women were admitted to Pelletstown from all 32 counties. Most women (63.43%) gave Dublin as their address prior to entry, followed by Galway, 2.92%; Wicklow, 2.48%; Cork, 2.45%; Kildare, 2.22%; Wexford, 2.03%; Mayo, 1.94%; Meath, 1.77%; Westmeath, 1.72%; Donegal, 1.69%; Tipperary, 1.55%; Cavan, 1.45%; Limerick, 1.4%; Offaly, 1.35%; Kilkenny, 1.12%; Louth, 1.08%; Laois, 1.04% and Sligo, 1%. The remaining 14 counties combined accounted for 7.37% of admissions.

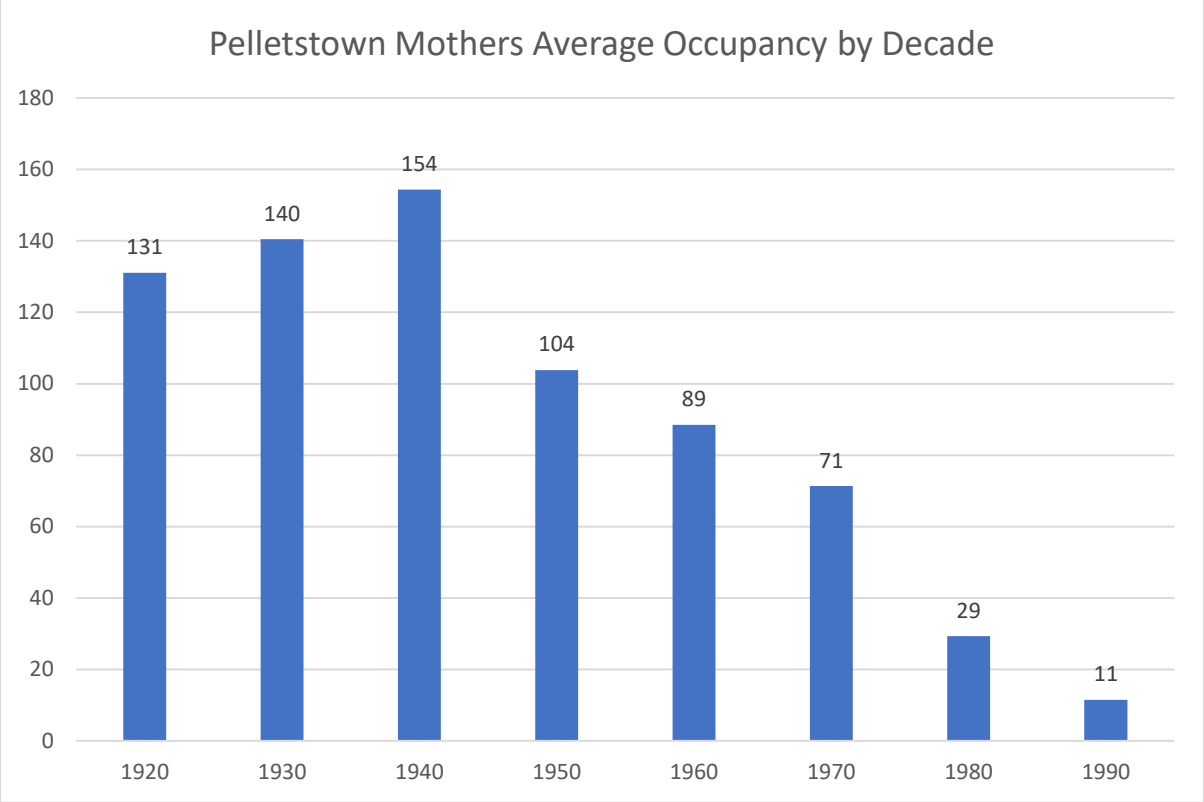
Occupancy[1]



Information relating to occupancy was available for 14,923 women (97% of admissions). The institutional records show that average occupancy in Pelletstown was highest in the period 1934-49. In 1934, 144 women on average were living there. Occupancy peaked in 1937 when 176 women on average were living in the home but by 1949 this had fallen back to 138 and decreased even further in 1956 when 82 women on average were living in the home (this was over half the average occupancy recorded in 1937). Average occupancy began to increase again from 1959 and continued at between 80 and 100 on average until 1973; for the remainder of the 1970s, 63 women on average were living in Pelletstown at any one time. Average occupancy decreased steadily in the 1980s and by 1988 just seven women on average were living in the home. Average occupancy in the 1990s was 11 women.

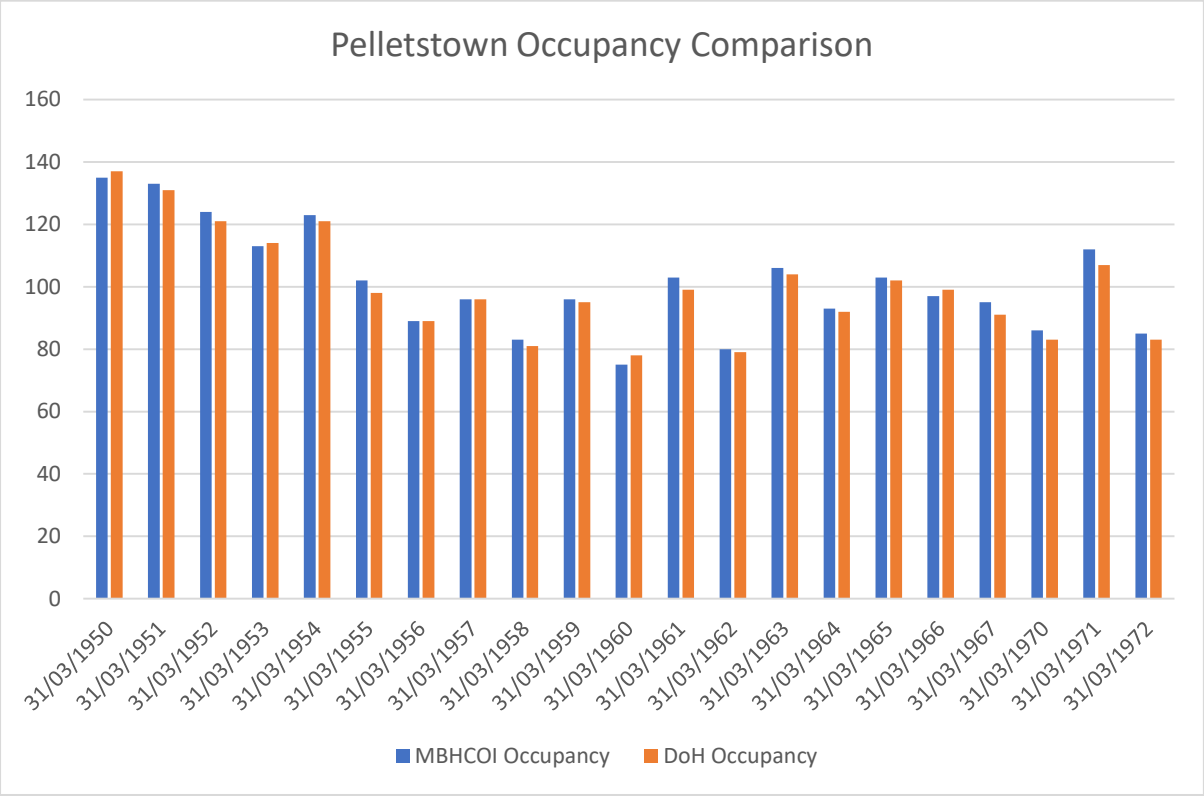
[1] Occupancy is the number of mothers present on any given day in the institution.

Occupancy by decade



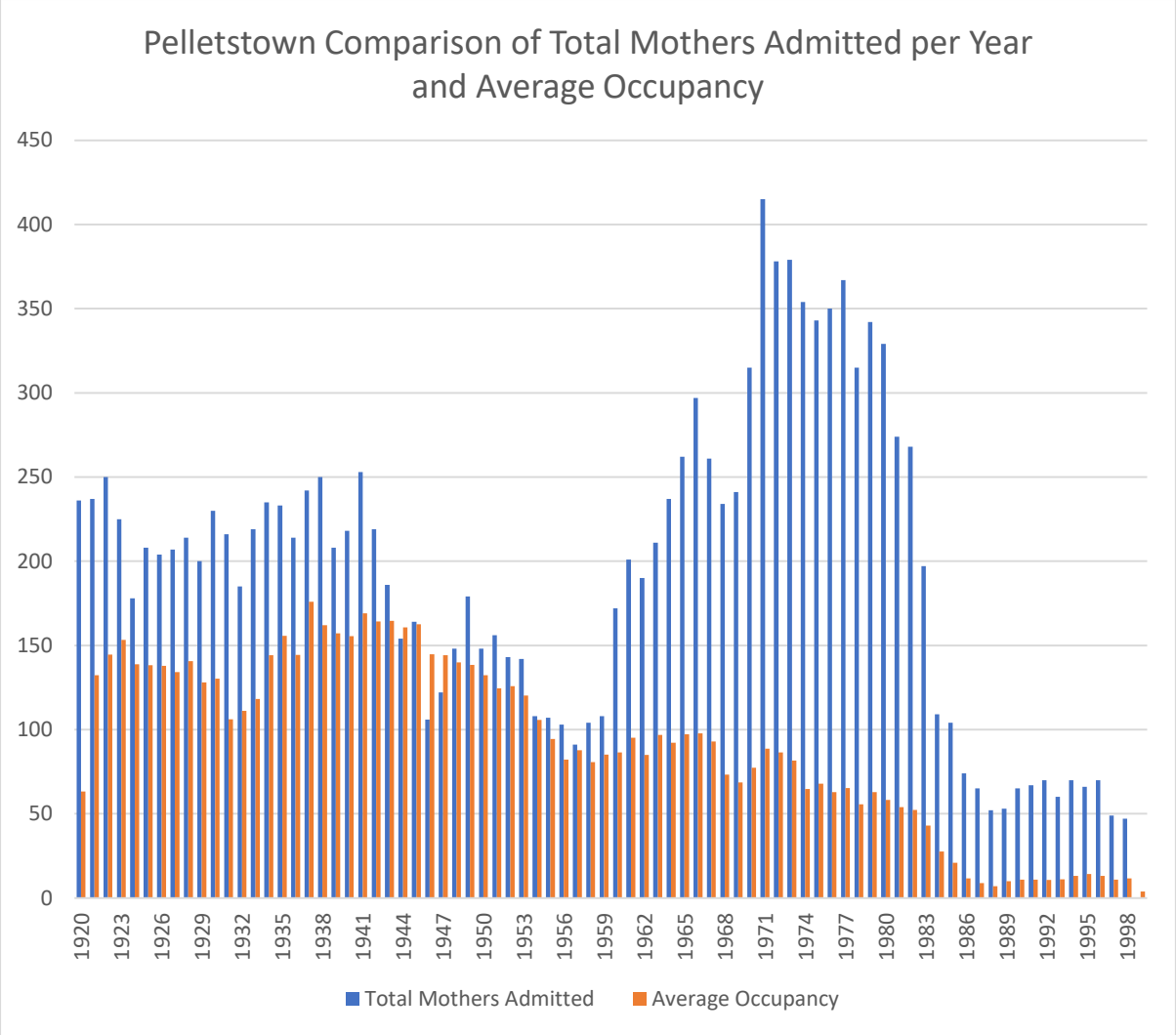
Analysis by decade shows that average occupancy was highest in the 1940s (154) followed by the 1930s (140) and the 1920s (131). Average occupancy decreased steadily from the 1950s. A woman admitted to Pelletstown in the 1940s could expect to be living in Pelletstown with another 153 women on average, whereas a woman admitted in the 1970s could expect to be living with another 70 women on average.

Occupancy comparison



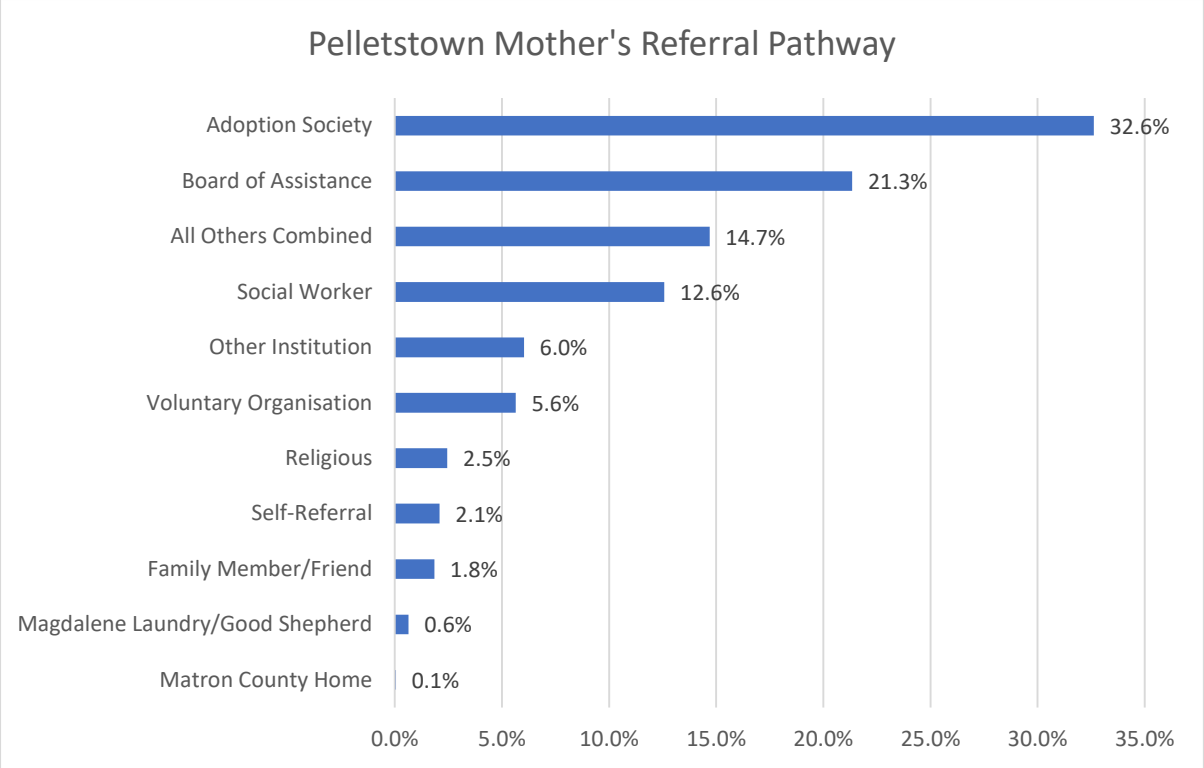
A set of annual statistical returns sent by Pelletstown to the Department of Health for the years 1950-1972 (excluding 1968 and 1969) allowed for a comparison between occupancy rates notified by the Daughters of Charity and occupancy rates independently calculated by the Commission from the institutional records. Temporary absences from the home, such as cases where women were temporarily in another hospital, are excluded from the Commission's calculations and may inflate the Commission's numbers slightly. Notwithstanding this, it is clear that the occupation rates notified by Pelletstown are broadly in line with the Commission's calculations.

Admissions/Occupancy



In the years 1920-41, average occupancy in Pelletstown appears to rise and fall in line with the number of admissions for any given year in that period. Although admissions to the home decreased between 1942 and 1946, average occupancy did not decrease correspondingly. In 1944, 1946 and 1947 average occupancy was greater than the number of admissions. This suggests that women were staying in Pelletstown longer in this period. In the period 1948-57 average occupancy remained relatively high and was almost on a par with admissions in some years during this period. Admissions began to increase again in 1958, but average occupancy remained fairly stable until 1971 and then began a steady decline until 1998. This decline in average occupancy occurred in a period when admissions to the home had increased substantially, indicating that women were staying in Pelletstown for considerably shorter periods.

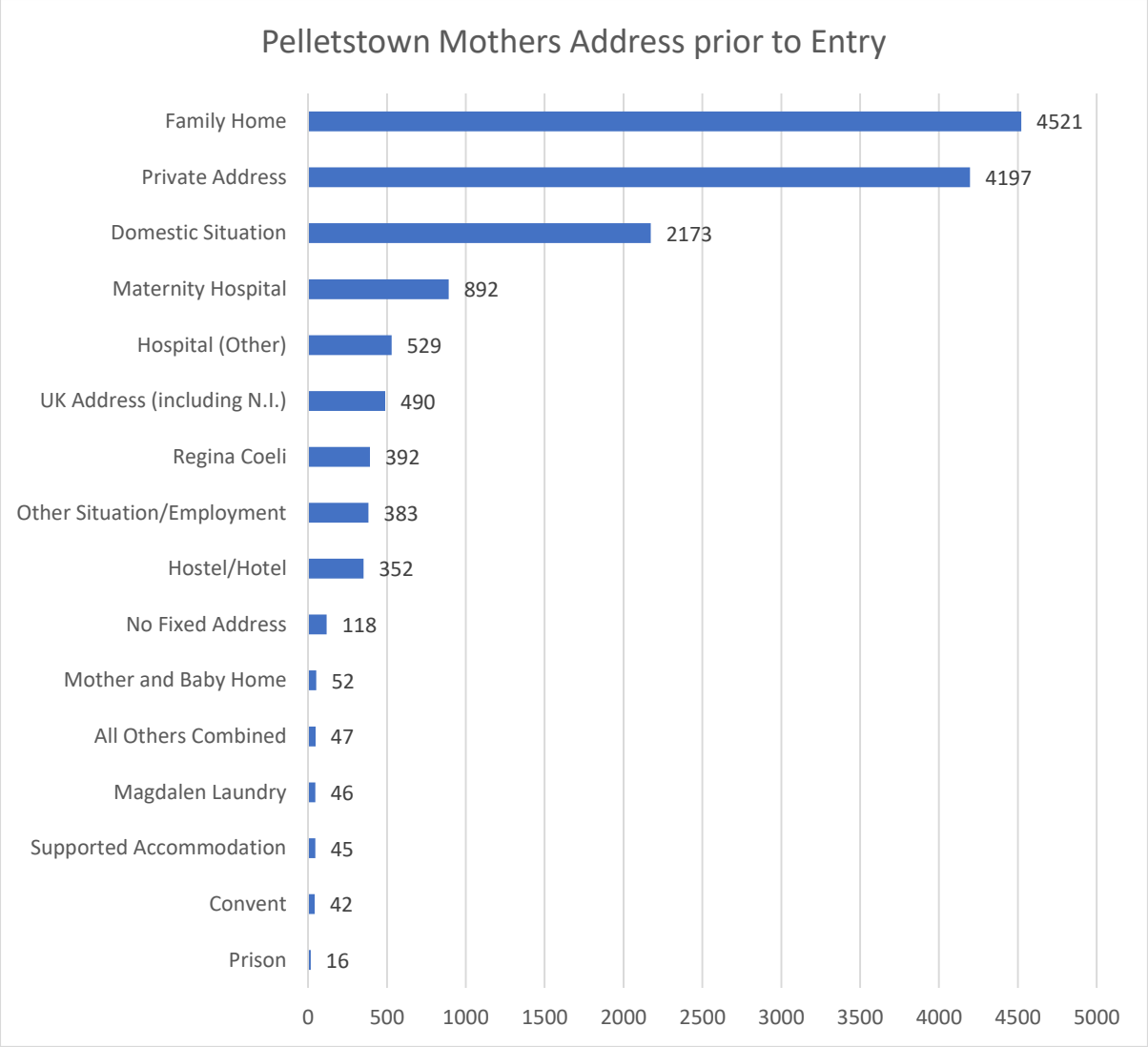
Referral pathways



Information relating to referral pathways was available for 7,792 women (50.7% of admissions). The institutional records show that most women (32.6%) were referred to Pelletstown by an adoption society (mostly the CPRSI) or by a Board of Public Assistance/health board (21.3%). Women were also referred by a social worker (12.6%); other institutions under the Commission's remit (6%); a voluntary organisation (5.6%); a nun or priest (2.5%); self-referred (2.1%); family or friend (1.8%); Magdalen laundry/Good Shepherd Convent (0.6%) and by a matron of a county home (0.1%). A further 14.7% of women were referred by a host of disparate institutions including hospitals, children's homes, industrial schools, sheltered accommodation and the courts and by named individuals such as employers, guards, solicitors, probation workers and nurses.

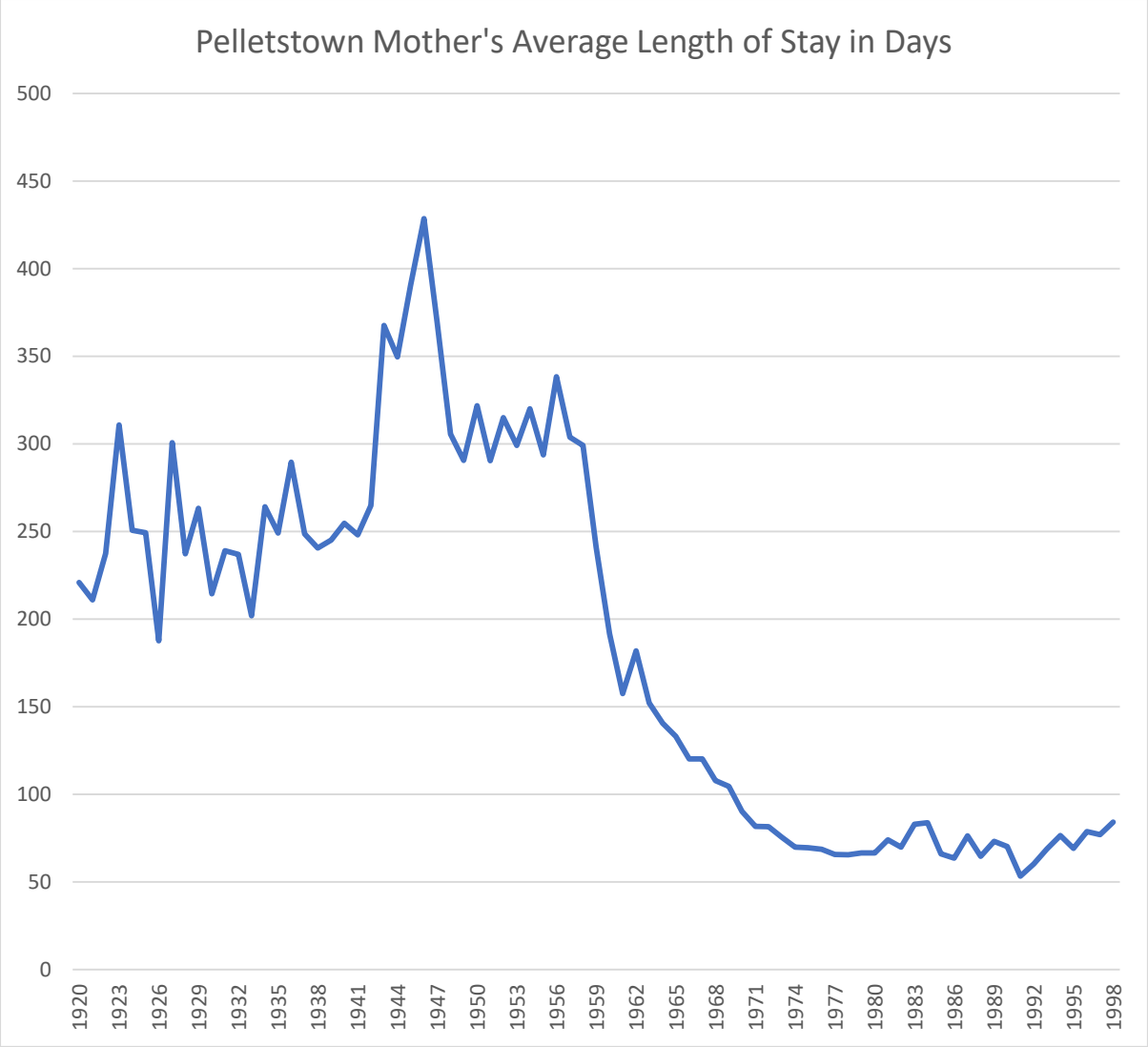
From the 1920s to the 1950s most women were referred to Pelletstown by hospitals or through the other homes under the Commission's remit. Subsequent to the introduction of legal adoption, referral by an adoption society became the most cited referral pathway in the 1960s. Also, in the 1960s, more women were referred directly by a board of assistance in the first instance rather than admission from a hospital or other institution. In the 1970s, social workers appear as one of the leading referral pathways; they were the second most cited in the 1980s and the main referral pathway in the 1990s.

Accommodation type prior to entry

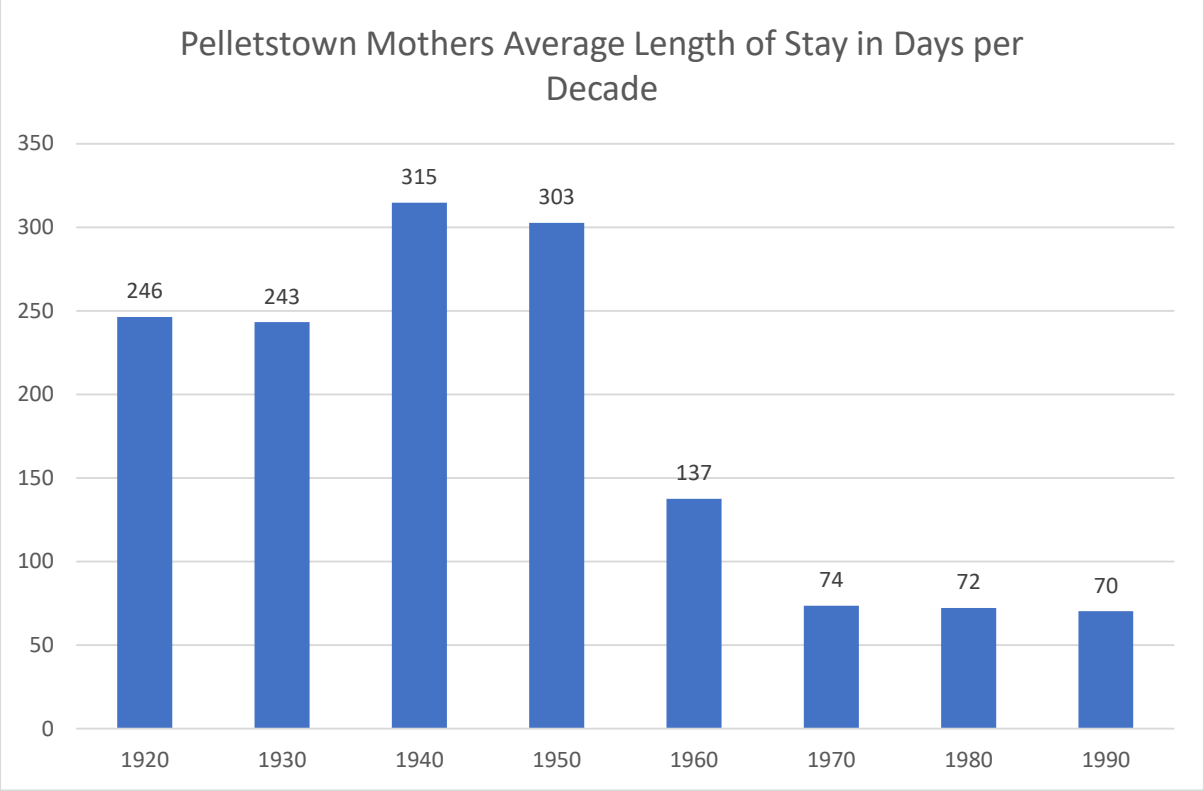


Information relating to accommodation prior to entry was available for 14,295 women (92.9% of admissions). The institutional records show that most women (31.7%) were admitted to Pelletstown directly from their family home and a further 29.5% from a private address. Over 15.3% of women were admitted from a domestic situation (presumably live-in employment); 6.3% transferred from a maternity hospital; 3.7% transferred from other hospitals; 3.4% travelled from the UK prior to admission; 2.8% transferred from Regina Coeli; 2.7% were admitted from their place of work; 2.5% from a hotel or hostel; 0.8% had no fixed abode; 0.4% transferred from another mother and baby home (29 women transferred from another institution under the Commissions remit and 23 transferred from private mother and baby homes); 0.3% transferred from a Magdalen laundry; 0.3% from supported accommodation; 0.3% from a convent and 0.1% were admitted from prison. Small numbers of women were admitted from a range of others addresses including children's homes, halting sites and a boarding school.

Length of stay

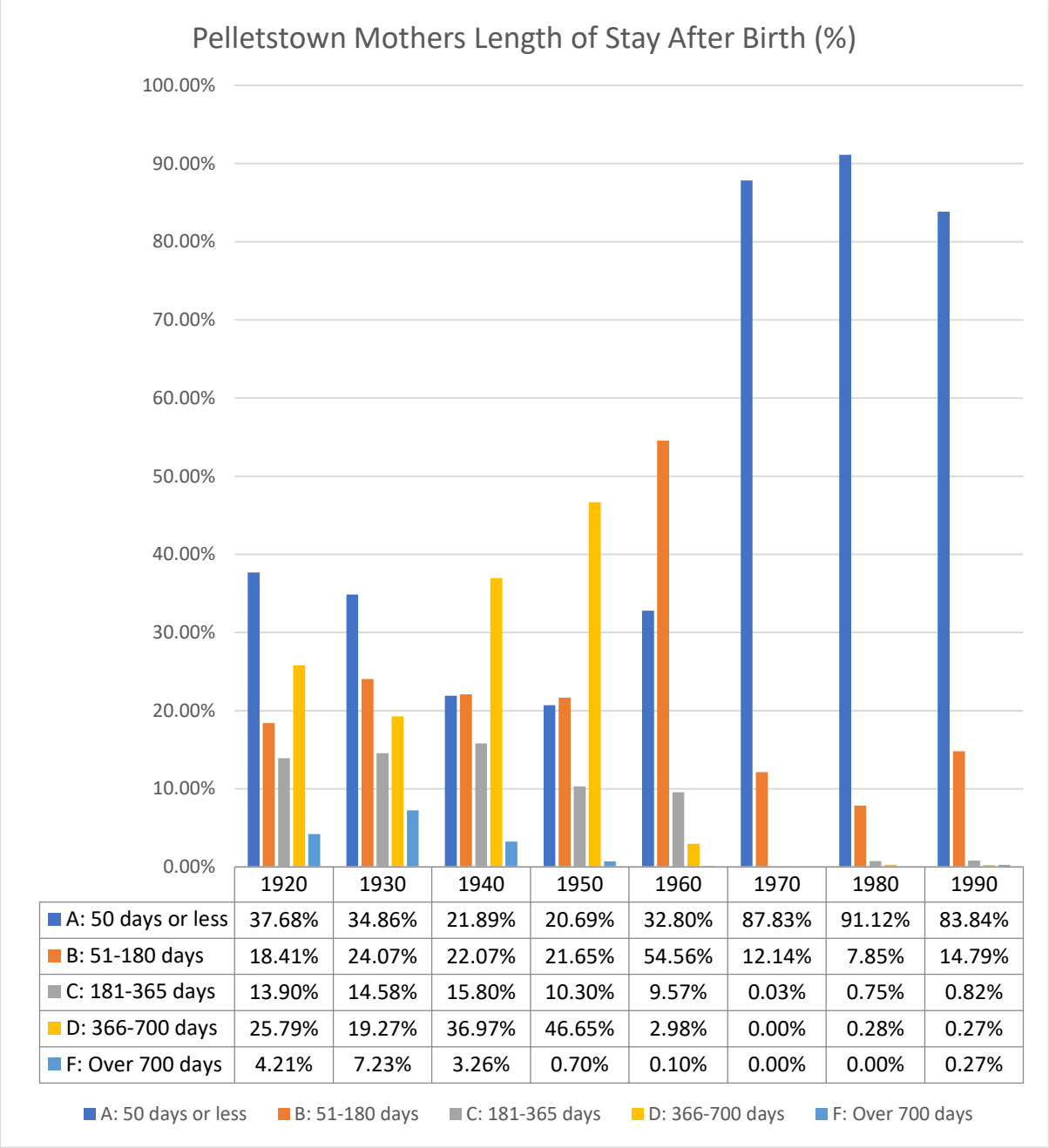


Information relating to length of stay was available for 14,918 women (96.98% of admissions). In the period 1920-42 the average length of stay fluctuated between 188 and 311 days. However, for women admitted in 1943 the average length of stay increased sharply to 368 days and increased even further to 429 days for those admitted in 1946. The increased length of stay recorded in this period parallels periods of high average occupancy as noted above. The average length of stay decreased to 291 days for women admitted in 1949 and remained at an average of 307 days for those admitted from 1949 until 1958. A sharp decrease was recorded in 1961; 158 days was the average length of stay for women admitted that year. Average length of stay declined steadily until 1991 when a stay of 53 days was the norm for women admitted that year; 73 days was the average stay for women admitted throughout the remainder of the 1990s.



Analysis by decade shows that the average length of stay in Pelletstown was longest in the 1940s when a stay of 315 days was the norm. Women admitted to the home in the 1960s spent less than half that time in the institution (137 days). Women admitted in the 1970s spent around half as long in the home (74 days) as women admitted in the previous decade.

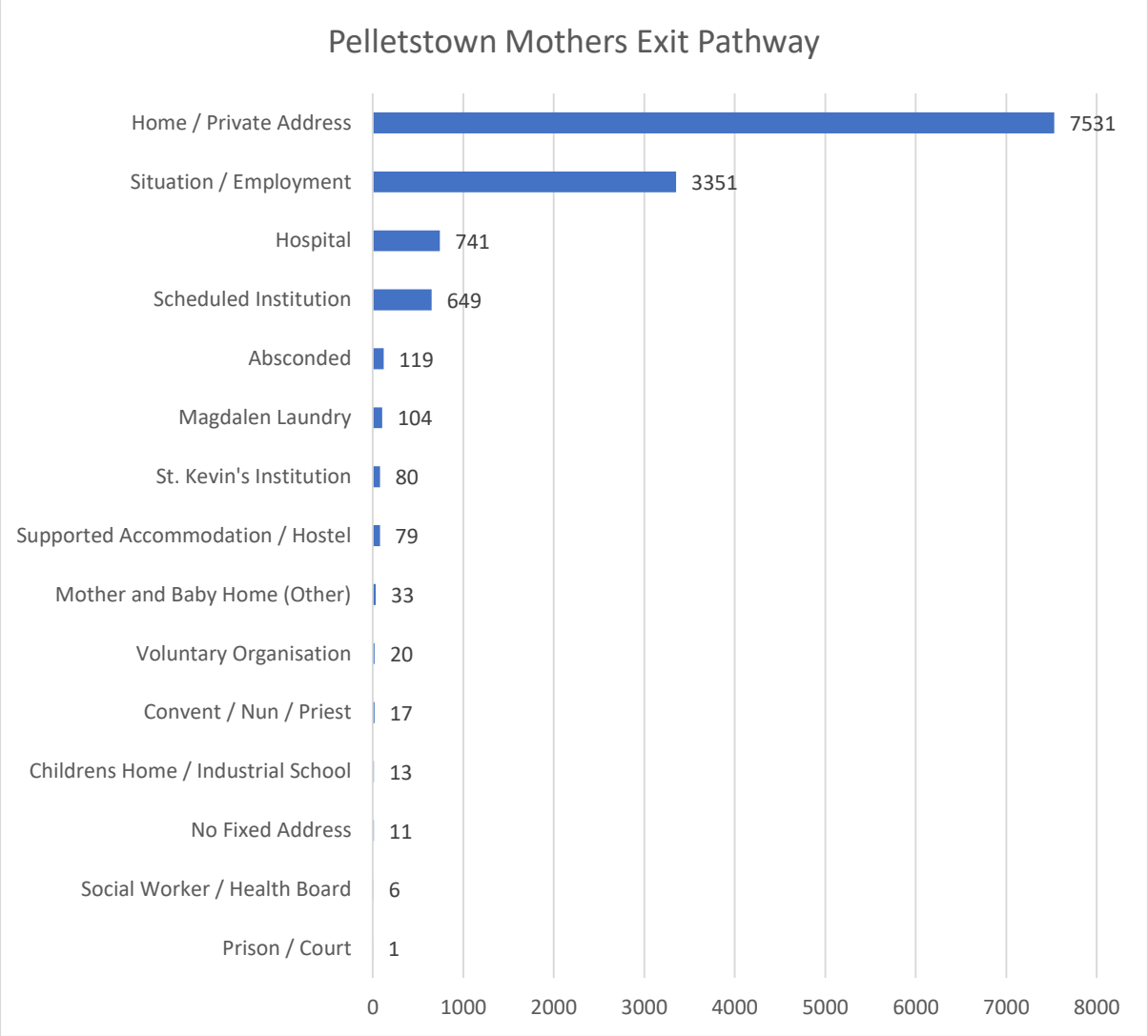
Length of stay after birth



	1920	1930	1940	1950	1960	1970	1980	1990
A: 50 days or less	37.68%	34.86%	21.89%	20.69%	32.80%	87.83%	91.12%	83.84%
B: 51-180 days	18.41%	24.07%	22.07%	21.65%	54.56%	12.14%	7.85%	14.79%
C: 181-365 days	13.90%	14.58%	15.80%	10.30%	9.57%	0.03%	0.75%	0.82%
D: 366-700 days	25.79%	19.27%	36.97%	46.65%	2.98%	0.00%	0.28%	0.27%
F: Over 700 days	4.21%	7.23%	3.26%	0.70%	0.10%	0.00%	0.00%	0.27%

Analysis of length of stay in Pelletstown after birth shows that, in the 1920s, 37.68% of women left within 50 days of giving birth; 56% left within six months and 4.2% spent over 700 days in the home. By the 1950s the length of stay had increased significantly - most women (46.65%) spent between 12 and 24 months in Pelletstown; 20.69% left within 50 days and less than 1% remained there for over 700 days. In the 1970s, 87.8% of women left within 50 days of giving birth and 99.97% left within six months. By this time just one woman remained in the home for longer than six months after giving birth. A similar trend pertained in the 1980s and 1990s.

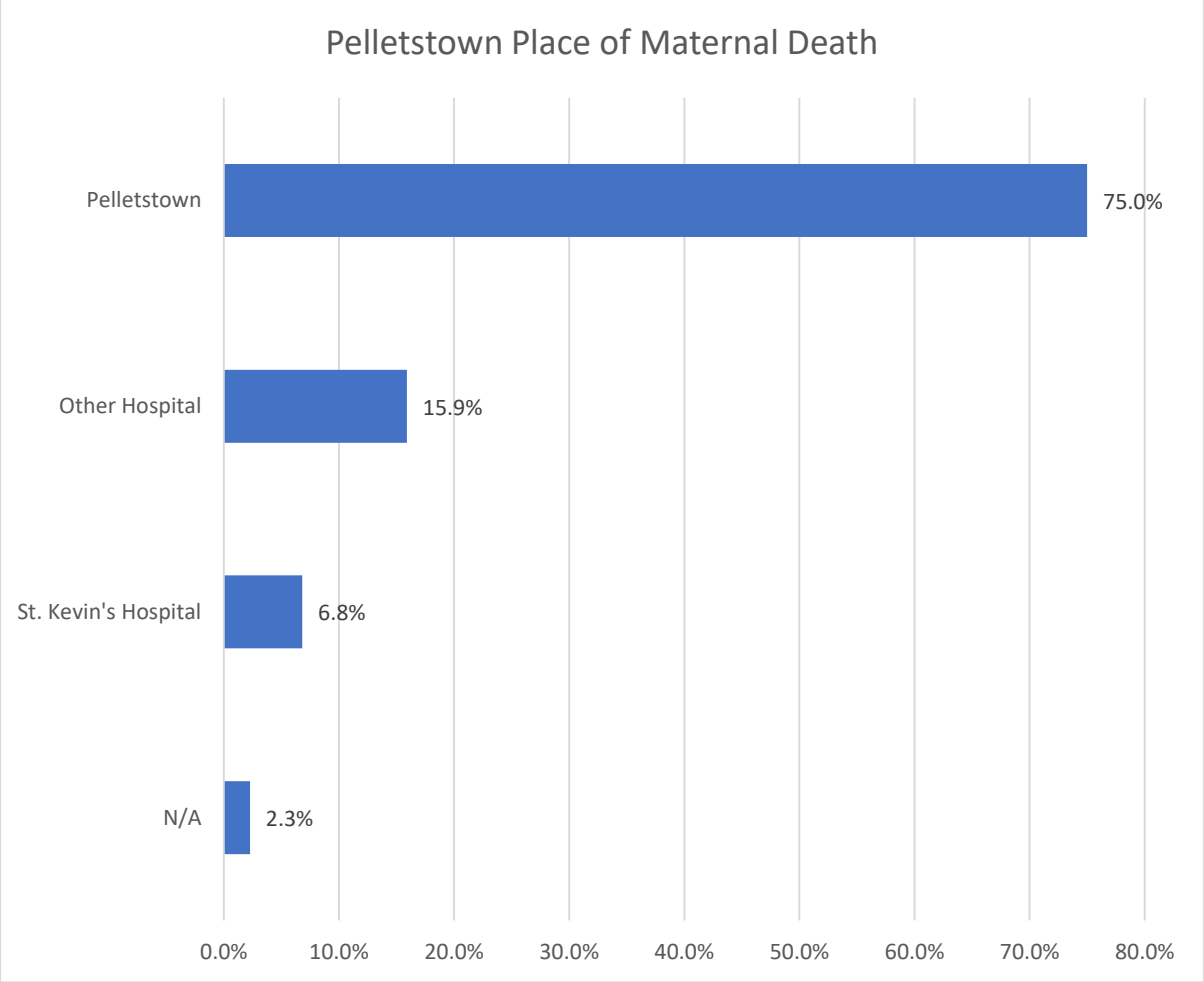
Mothers exit pathways



Information relating to exit pathways from Pelletstown was available for 12,755 women (82.9% of admissions). The institutional records show that most women (59%) left the institution and returned to the family home or other private address; 26.3% were discharged to employment; 5.8% transferred to hospital; 5.1% transferred to one of the other institutions under the Commission's remit; 0.9% 'absconded' without their baby; 0.8% were discharged to a Magdalen laundry; 0.6% transferred to St Kevin's institution; 0.6% were discharged to supported accommodation and 0.26% were discharged to other mother and baby homes. Small numbers of women were discharged to a voluntary organisation (20), priest or nun (17), children's home or industrial school (13), social worker (6), prison or court (1) or to no fixed address (11). There was little deviation in the main exit pathways over the duration of the home's operation. Discharge to the family home/private address and to employment accounted for 82.3% of exit pathways in the 1920s and 84.4% of exit pathways in the 1980s.

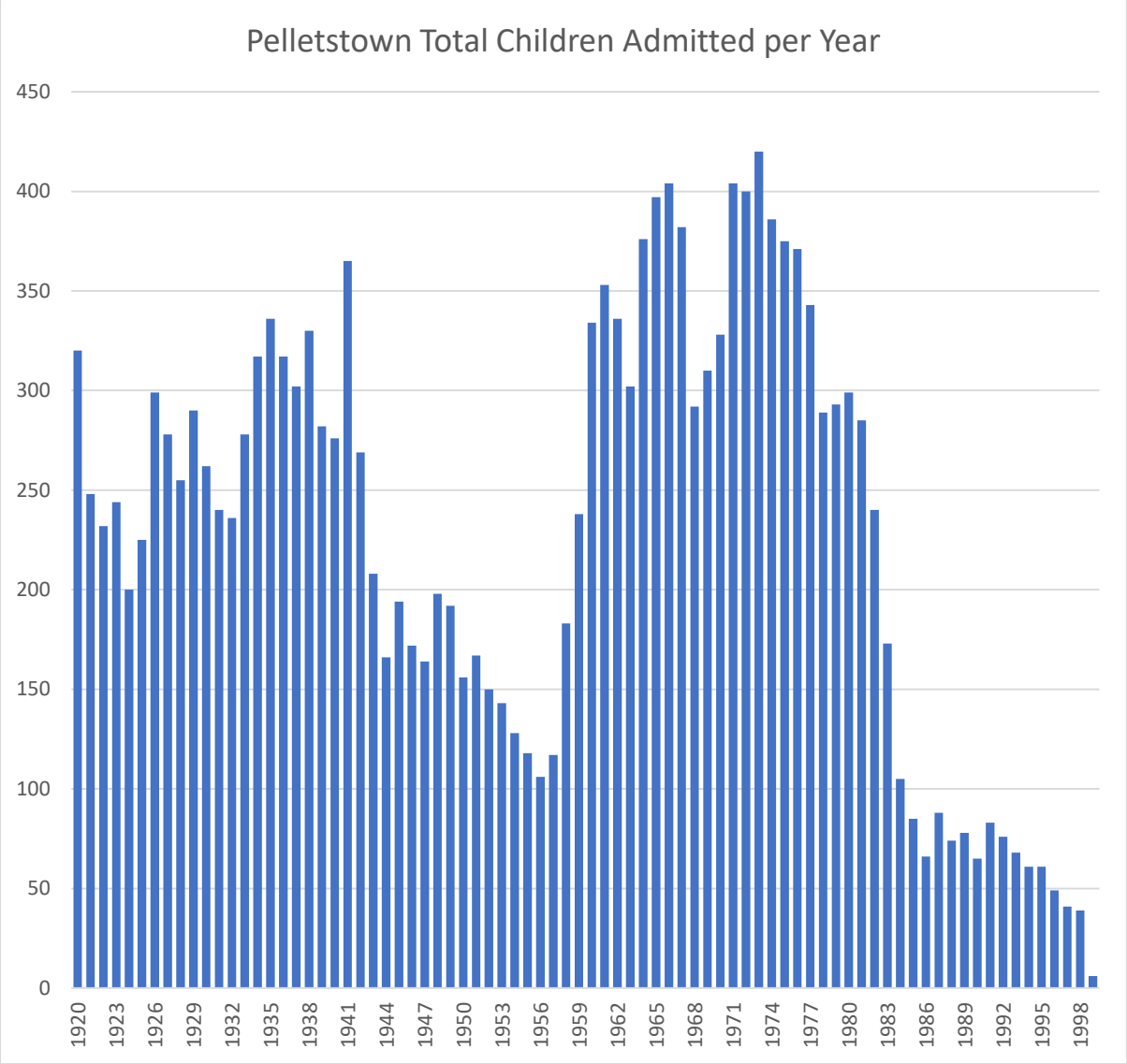
Maternal deaths

Through the institutional records, the Commission identified 43 deaths among women admitted to Pelletstown: representing a mortality rate of 0.29%. The majority of deaths occurred in Pelletstown/Dublin Union/St Kevin's Hospital. Thirty deaths were not associated with pregnancy or childbirth - they were, in the main, due to tuberculosis, dysentery, pneumonia and cardiac failure. Five deaths were indirect obstetric deaths in the sense that they were conditions that developed during pregnancy, were aggravated by the physiological effects of pregnancy and generally resulted in cardiac failure. Eight deaths were directly associated with pregnancy and childbirth. Direct obstetric deaths were mainly due to nephritis, pulmonary embolism, postpartum haemorrhage, septicaemia and peritonitis. Adhering to WHO guidelines the maternal mortality rate in Pelletstown was 0.08%.[2]



[2] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

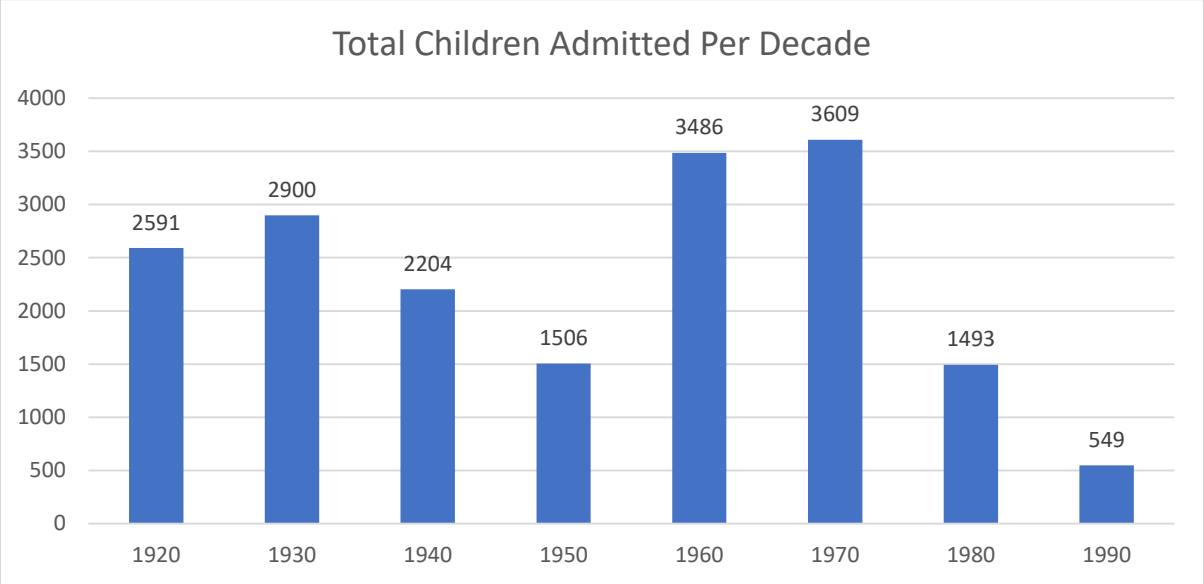
Children Admissions



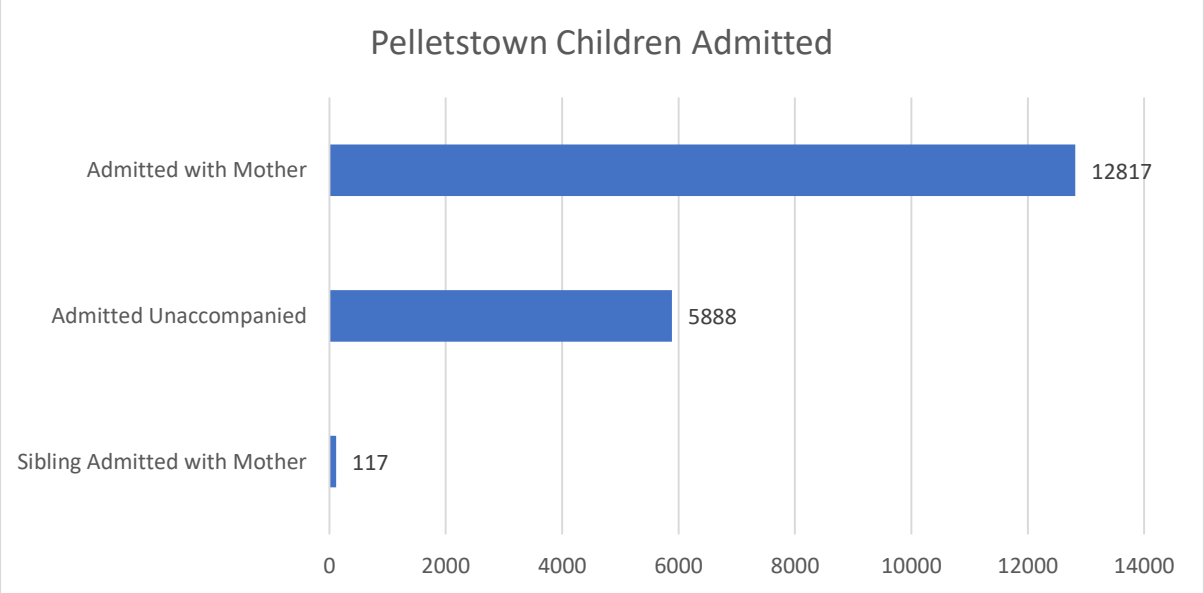
The Commission identified 18,829 children who were admitted to Pelletstown. Information relating to date of birth/admission was available for 18,338 children (97.39% of births/admissions) in the years 1920-1999. The available records show that 83% of children born in or admitted to Pelletstown were 'illegitimate' and almost 9% were 'legitimate'; it was not possible to establish the status at birth in the remaining cases.

In the 1920s, 259 children on average were born in or admitted to Pelletstown annually; this increased to an average of 290 per year in the 1930s. Although 365 children were born or admitted in 1941, numbers declined steadily until 1956 when 106 children were recorded. Births and child admissions began to increase again from 1957 and peaked in 1973 when 420 children were recorded. Numbers decreased steadily for the remainder of the 1970s and

more rapidly from the early 1980s. By 1986, just 66 children were born or admitted to the home and this number decreased to 39 in 1998.

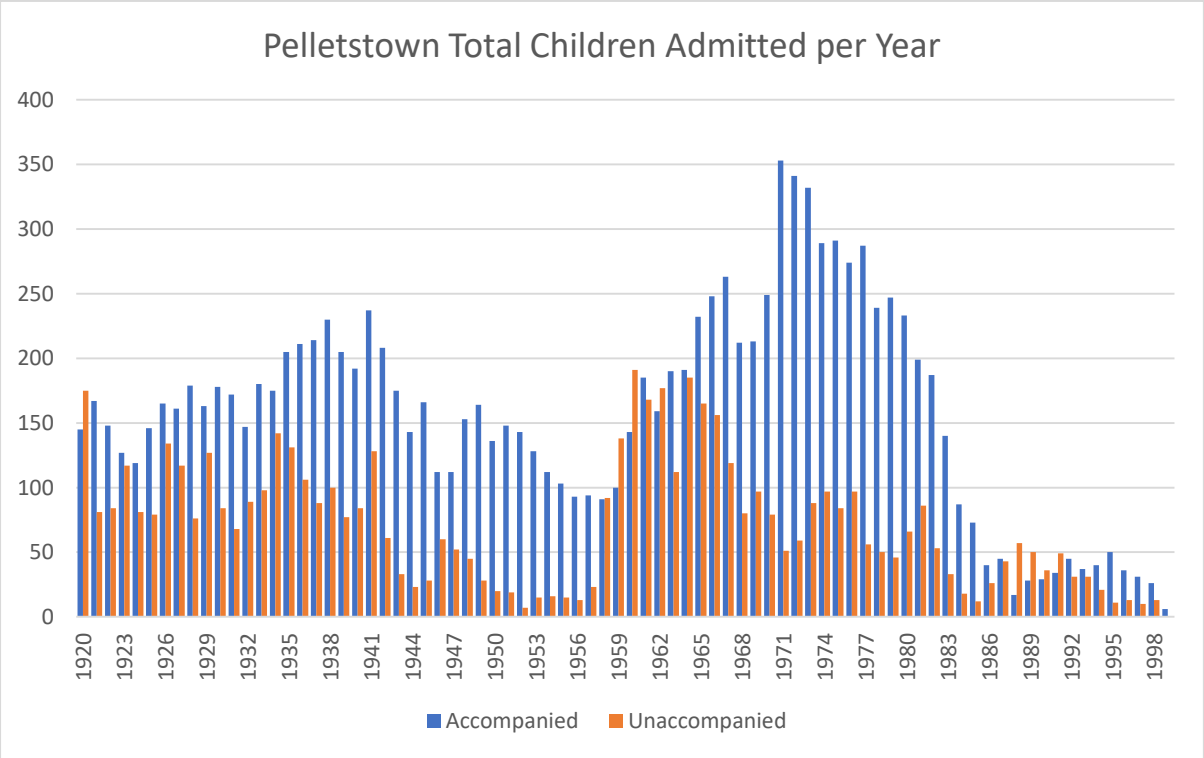


Analysis by decade shows that more children (19.7%) were born in or admitted to Pelletstown in the 1970s than any other decade followed by the 1960s (19%); 1930s (15.8%); 1920s (14.1%); 1940s (12%); 1950s (8.2%); 1980s (8.2%) and the 1990s (3%).

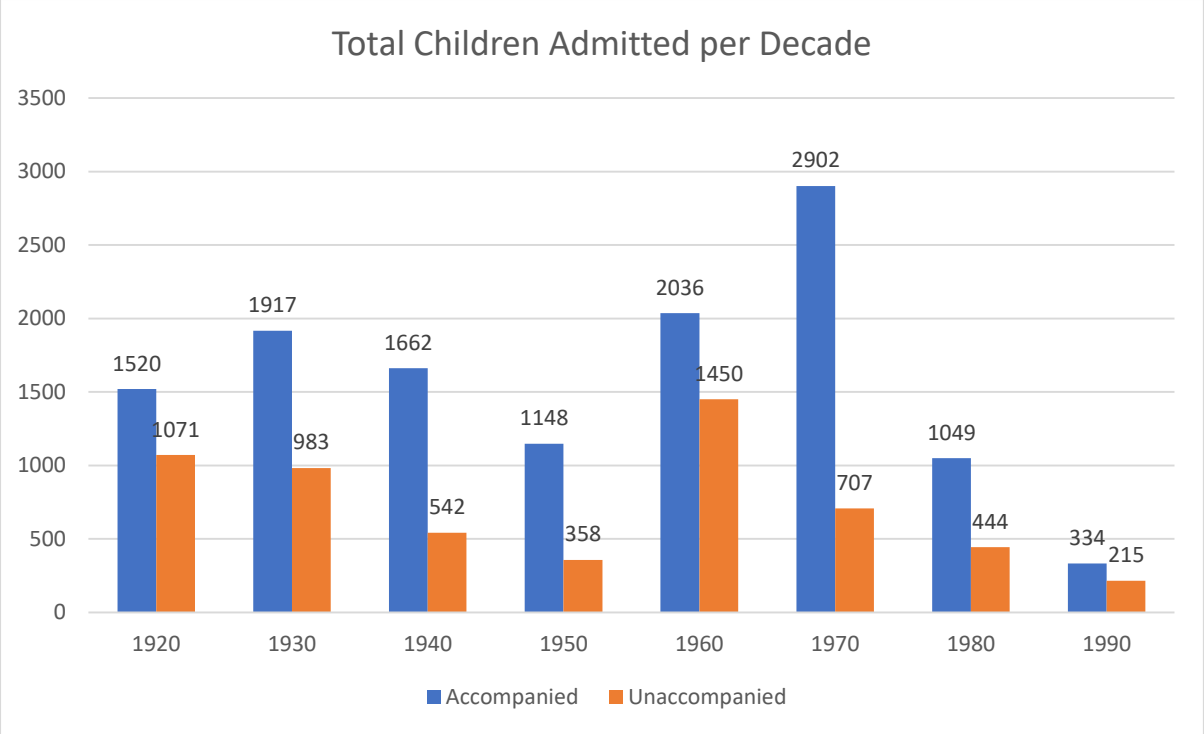


The available information shows that 68.1% of children were admitted to Pelletstown accompanied by their mothers; 31.3% were admitted unaccompanied and 0.6% were accompanied siblings admitted with their expectant mothers.

Of the 5,888 children admitted to Pelletstown unaccompanied 3,203 were recorded as 'illegitimate' and 1,441 were recorded as legitimate. The status of the remaining 1,244 unaccompanied children was not recorded.

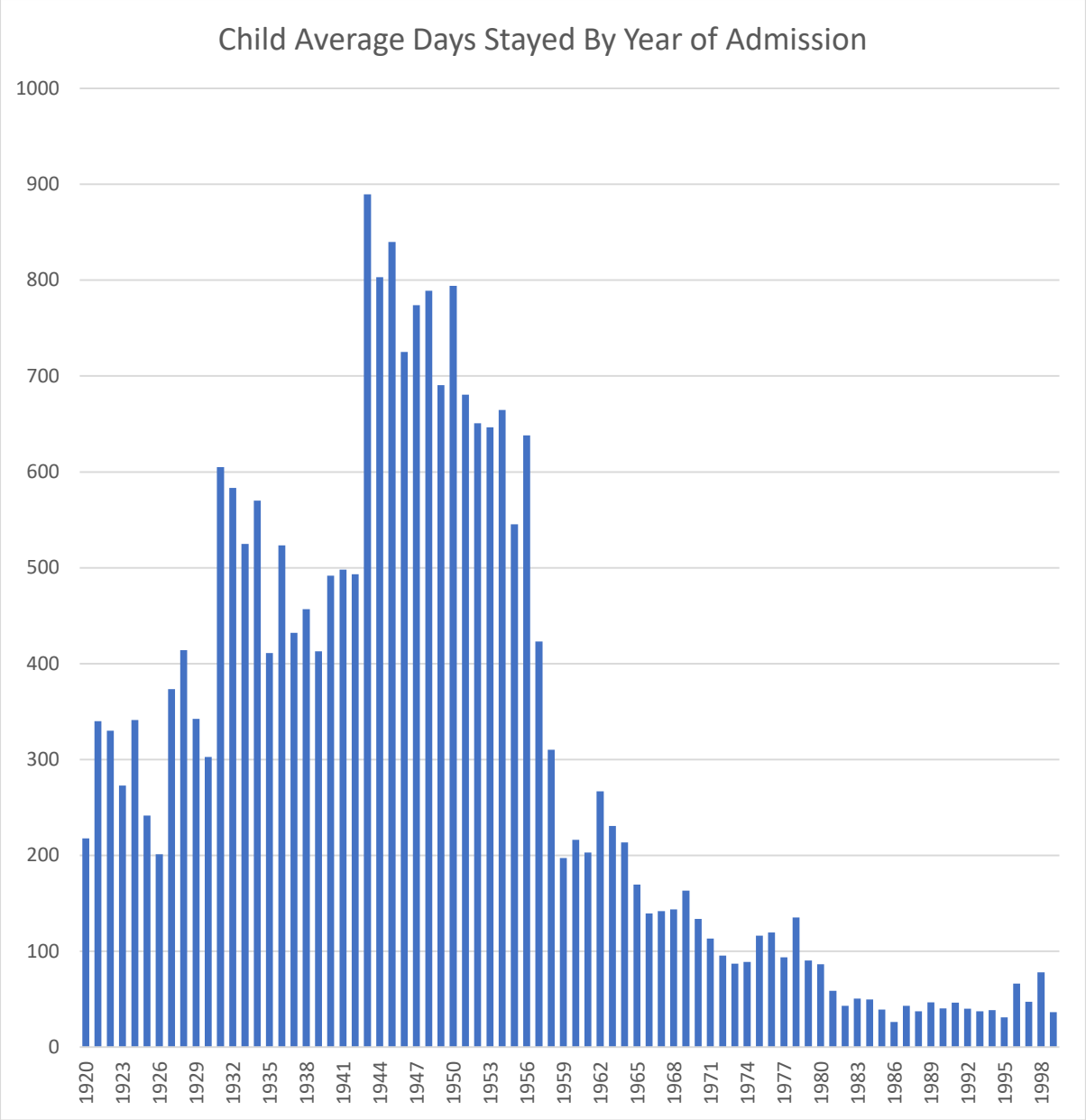


The 5,888 children admitted to Pelletstown unaccompanied by a parent account for 31.3% of all child admissions. Some of these children were recorded as 'foundlings' or 'abandoned'. Others were brought to Pelletstown by nurse mothers when their fostering fee ran out or were brought by local authority health visitors. From 1920 to 1941, the proportion of unaccompanied children admitted to Pelletstown fluctuated between a high of 54.7% in 1920 to a low of 27.3% in 1939. From 1942 to 1957 the proportion of unaccompanied children was significantly lower and stood at just 4.7% in 1952. Numbers increased significantly in 1958 and accounted for 50.3% of admissions that year. Unaccompanied child admissions peaked in 1960 (57.2% of admissions) and remained broadly on par with accompanied child admissions until 1964. This increase coincided with the Department of Health's decision to discontinue the practice of housing children with physical or congenital disabilities in county homes for extended periods. The leading cause of death in Pelletstown in the 1960s was spina bifida, which suggests that a significant number of unaccompanied children admitted in that period were children born with congenital debilities. Although general child admissions to Pelletstown increased significantly from 1965, the proportion of unaccompanied children began a staggered decrease until the late 1980s. Although representing 14.1% of admissions in 1985, by 1988 unaccompanied children accounted for 77% of admissions. From the mid-1990s unaccompanied children accounted for around 1 in 4 child admissions.



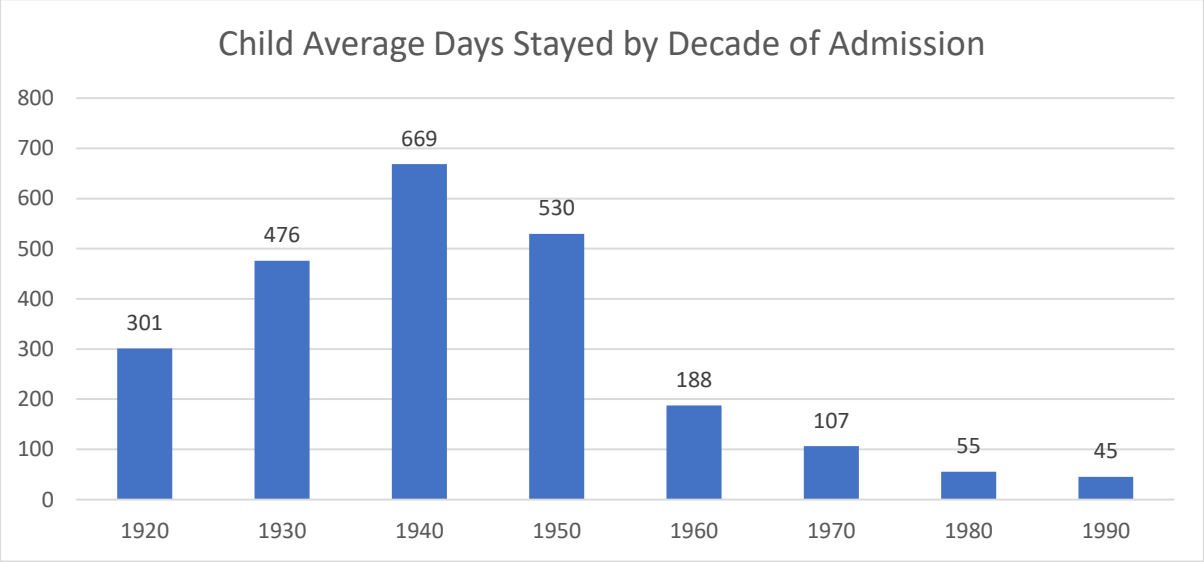
Analysis by decade shows that more unaccompanied children (41.5% of admissions) were admitted to Pelletstown in the 1960s than any other decade followed by the 1920s (41.3% of admissions); 1930s (33.9% of admissions); 1970s (19.6% of admissions); 1940s (24.6% of admissions); 1980s (29.7% of admissions); 1950s (23.8% of admissions) and the 1990s (39.2% of admissions).

Children: Length of stay

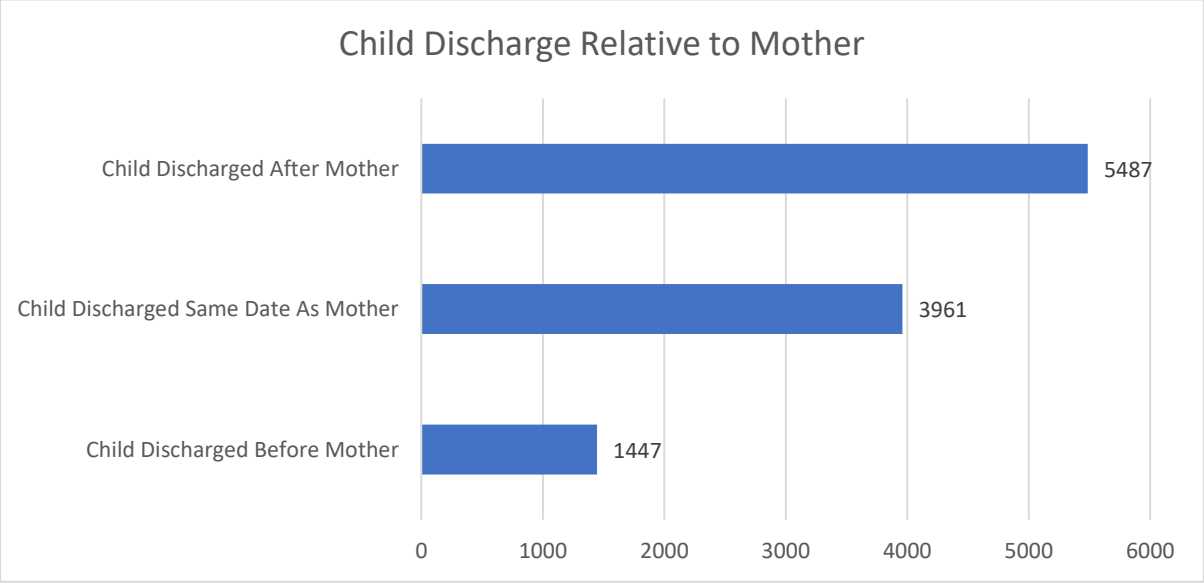


Children born in or admitted to Pelletstown in the 1920s spent 301 days on average in the home. By the 1930s, however, the length of stay for a child had increased significantly to 476 days on average. This increased even further in the 1940s. In the years 1943-56 the length of stay for a child admitted to Pelletstown was 737 days on average. Children born in or admitted to Pelletstown in 1943 could expect to spend 890 days on average in the home. Although some children admitted that year were discharged after just nine days, others remained in the home for five and a half years. Child length of stay decreased significantly in the late 1950s falling from 638 days on average for children admitted in 1956 to 197 days on average for those admitted in 1959. This downward trend continued and by 1970

children admitted that year spent 134 days on average in the home, 87 days by 1980 and 41 days by 1990.

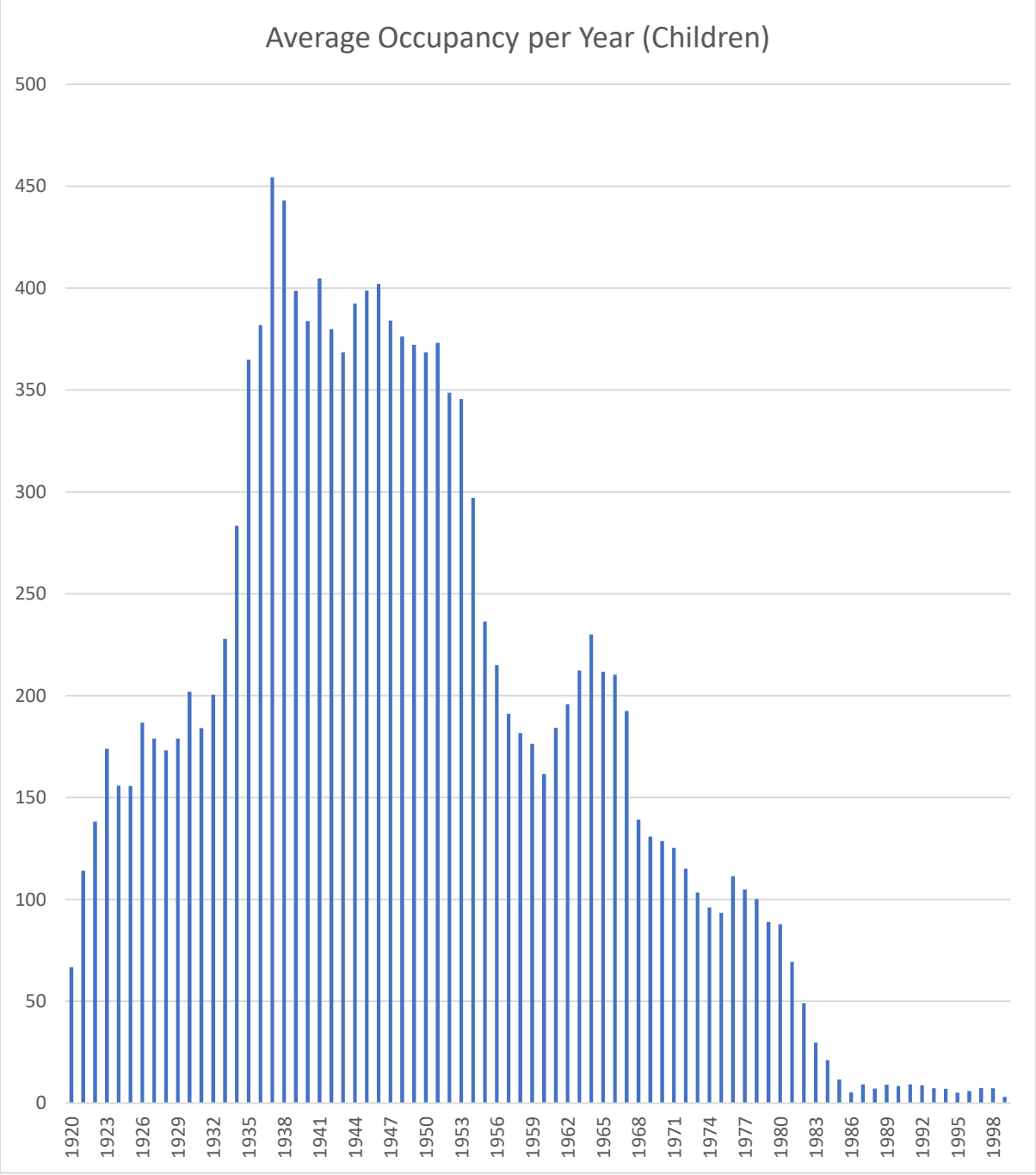


Analysis by decade shows that child length of stay in Pelletstown was longest in the 1940s when 669 days was the average stay. This had decreased dramatically by the 1960s when children spent 188 days on average in the home - one fifth that of their 1940s counterparts.



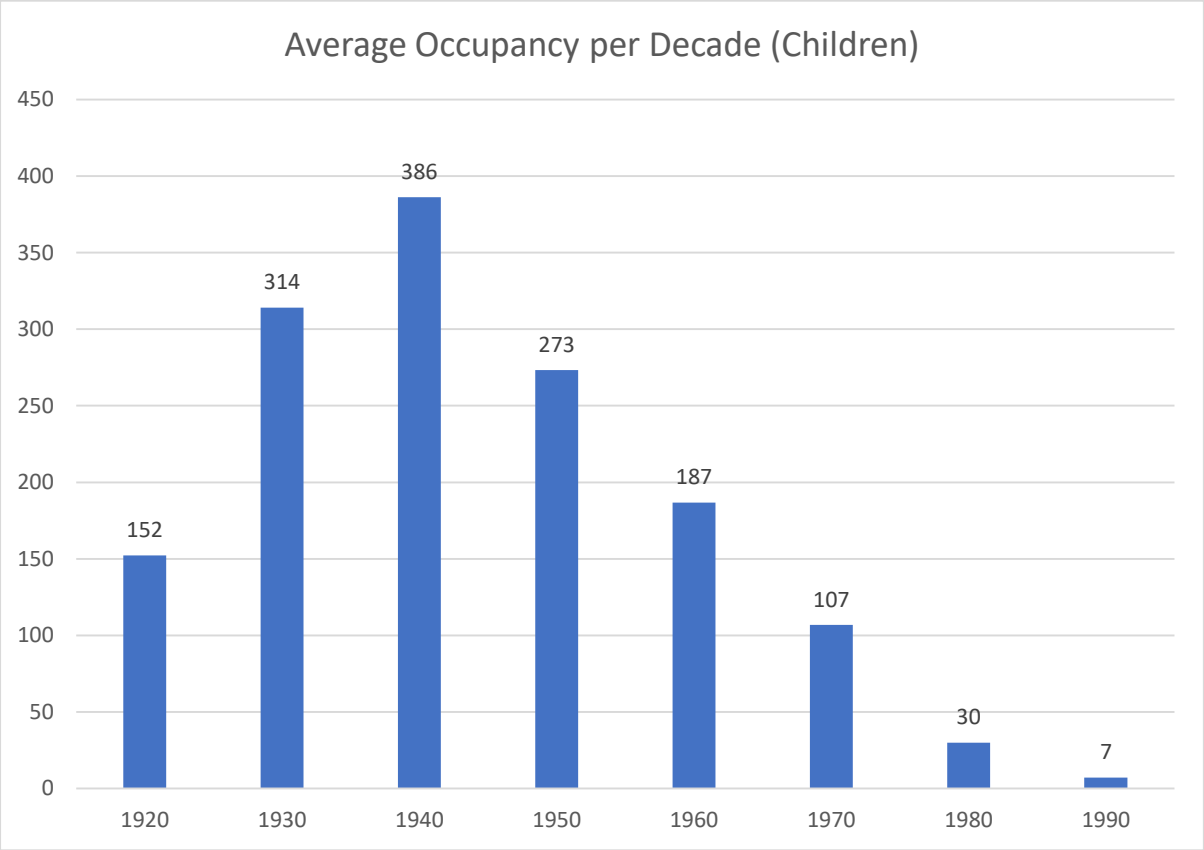
Information relating to children's discharge in relation to their mother's discharge was available for 10,895 children (57.9% of admissions). The institutional records show that 50.4% were discharged from Pelletstown after their mothers' discharge; 36.3% were discharged on the same date as their mothers and 13.3% were discharged while their mothers remained in the institution.

Children: Occupancy



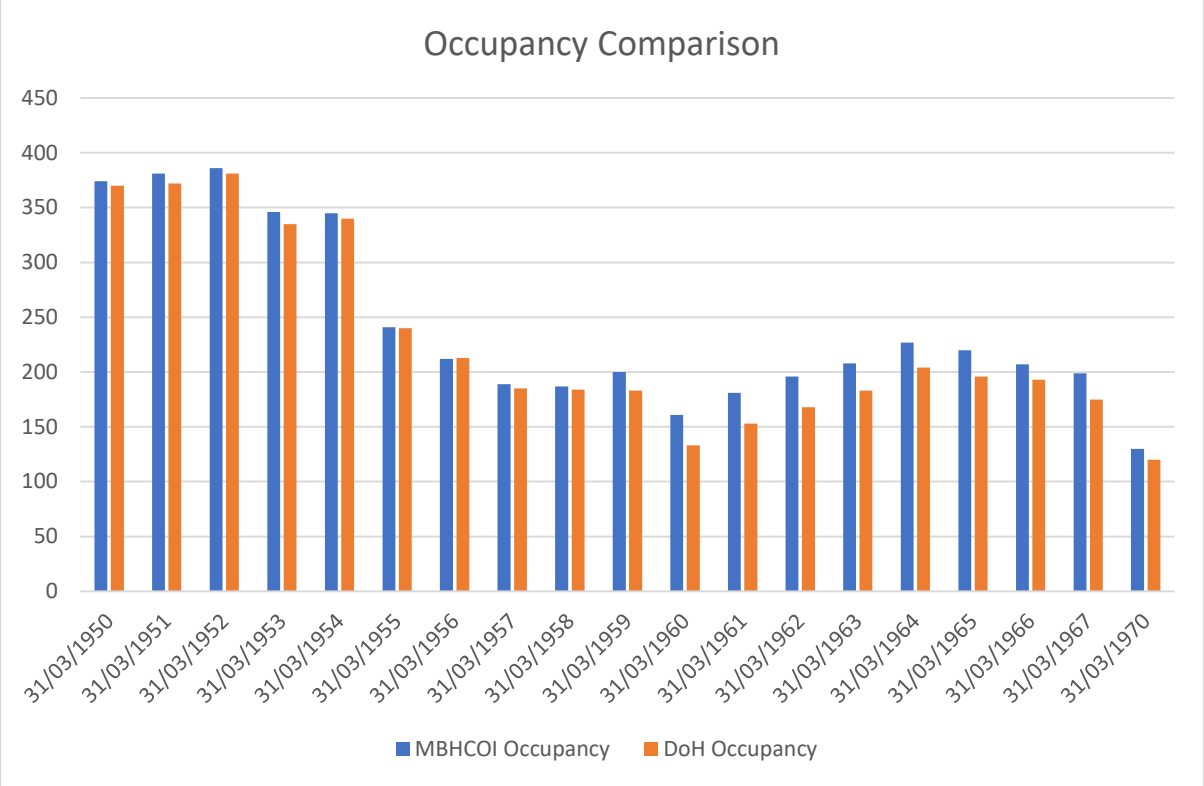
Information relating to occupancy was available for 17,313 children (91.9% of admissions). The institutional records show that child occupancy in Pelletstown increased incrementally from 67 children on average in 1920 to peak occupancy of 454 children on average in 1937. Child occupancy rates remained high in the years 1938-53 when it averaged 384 children annually. Although child occupancy had reduced to 162 on average by 1960 it increased again to 230 in 1964. From 1965, child occupancy declined steadily and by 1986 had fallen to just five children on average.

Child occupancy by decade



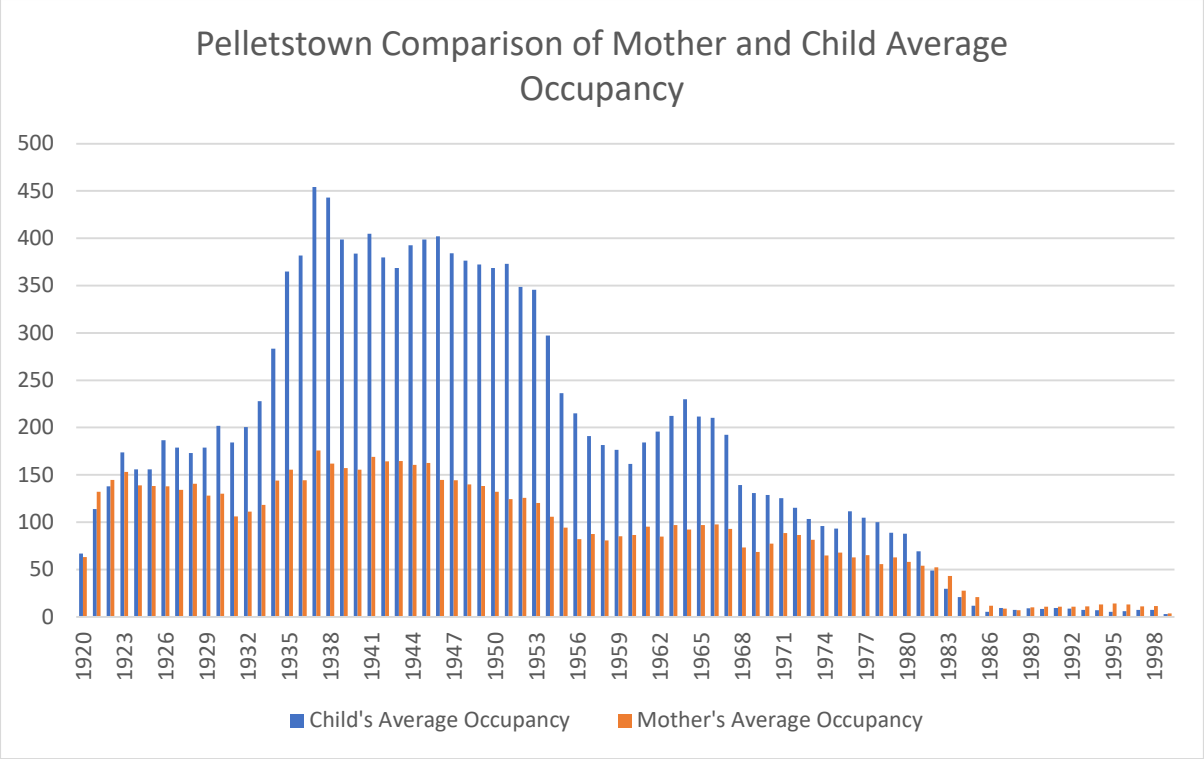
Analysis by decade shows that child occupancy rates were highest in the 1940s; a child born in or admitted in that decade could expect to be living in the home with another 385 children. In contrast, a child born in or admitted in the 1970s could expect to be living with another 106 children.

Occupancy DOH Returns comparison



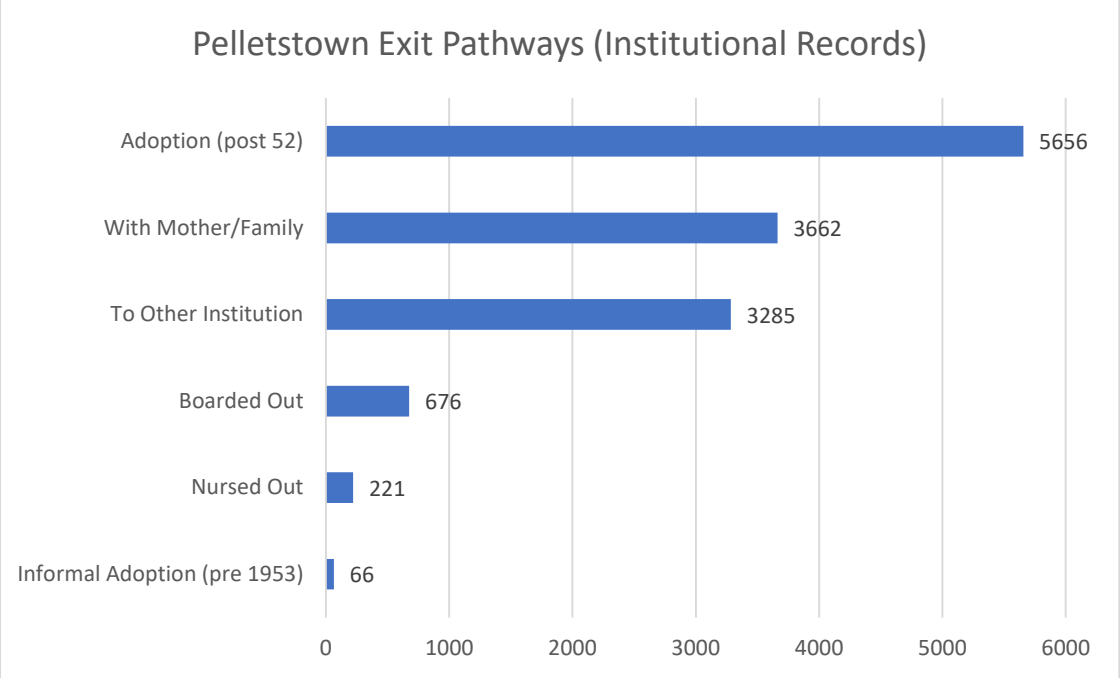
The Commission compared occupancy rates derived from institutional records relating to Pelletstown and returns furnished by Pelletstown to the Department of Health for the years 1950-67 inclusive and 1970. Temporary absences, such as children who were in hospital or absent from the institution for short periods before returning, are not recorded in the Commission's calculations. This may inflate the Commission's numbers slightly. Notwithstanding this, the Commission found that occupancy rates forwarded to the Department of Health in this period were broadly in line with those which the Commission established from the institutional records.

Comparison of mother and child average occupancy



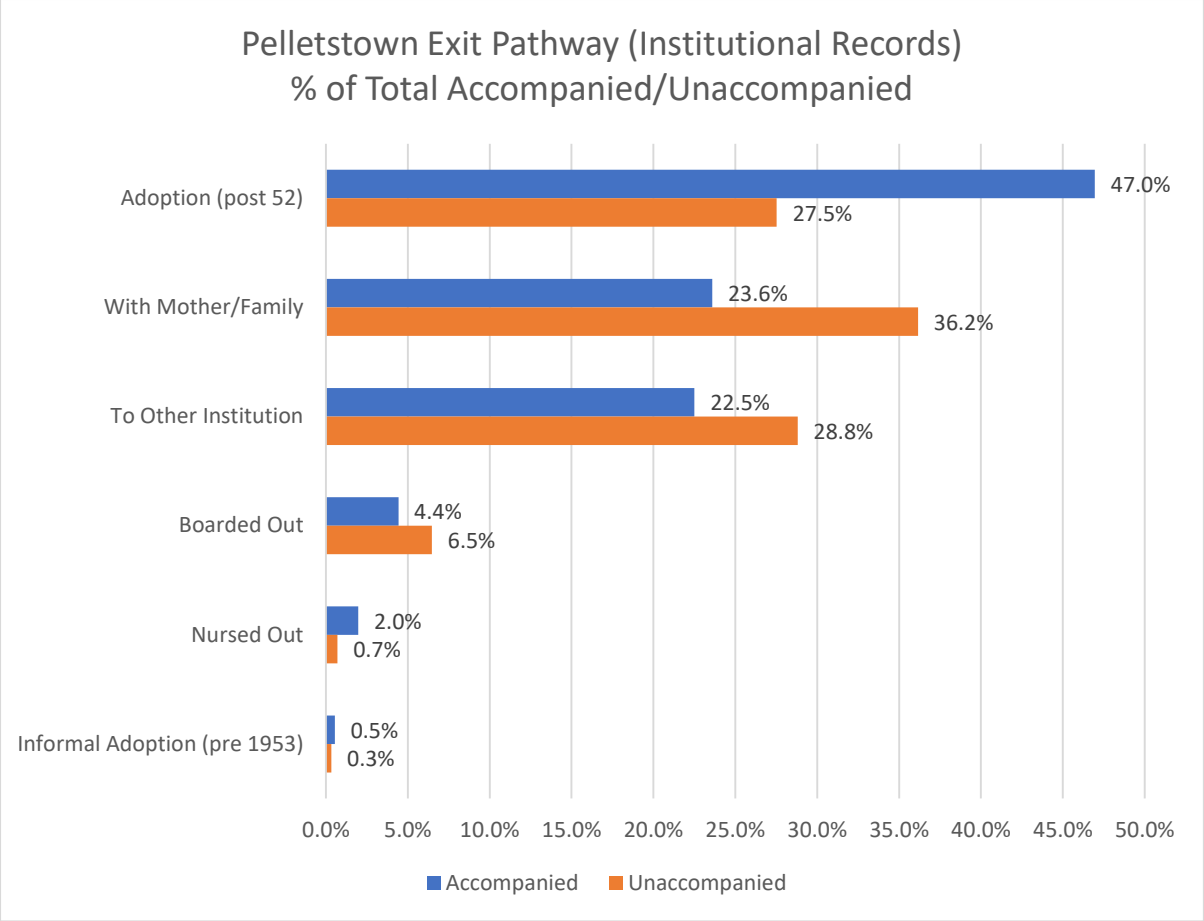
A comparison of average occupancy between mothers and children in Pelletstown highlights a great disparity between the two which is discernible from 1923. From 1923 to 1981 there were considerably more children in the home than women. Even allowing for the fact that 31.3% of children were admitted to Pelletstown unaccompanied, the difference in occupancy rates suggests that during this period significant numbers of children remained in the institution after their mother had been discharged. The disparity was most apparent in 1937 when 454 children on average were living in Pelletstown at any given time that year compared with 176 women. The high discrepancy between the average number of women and children in the home continued until 1953; 346 children on average were in the home that year as compared with 120 women. By 1960, the disparity between the numbers of women and children in Pelletstown had decreased (162 children and 86 women). Although the disparity increased again in the early 1960s - 230 children and 92 women in 1964 - a steady decrease can be identified from 1965. The number of women and children in Pelletstown did not approach parity until 1982 - 49 children and 52 women on average were living in the home that year.

Children: Exit pathways (all children)



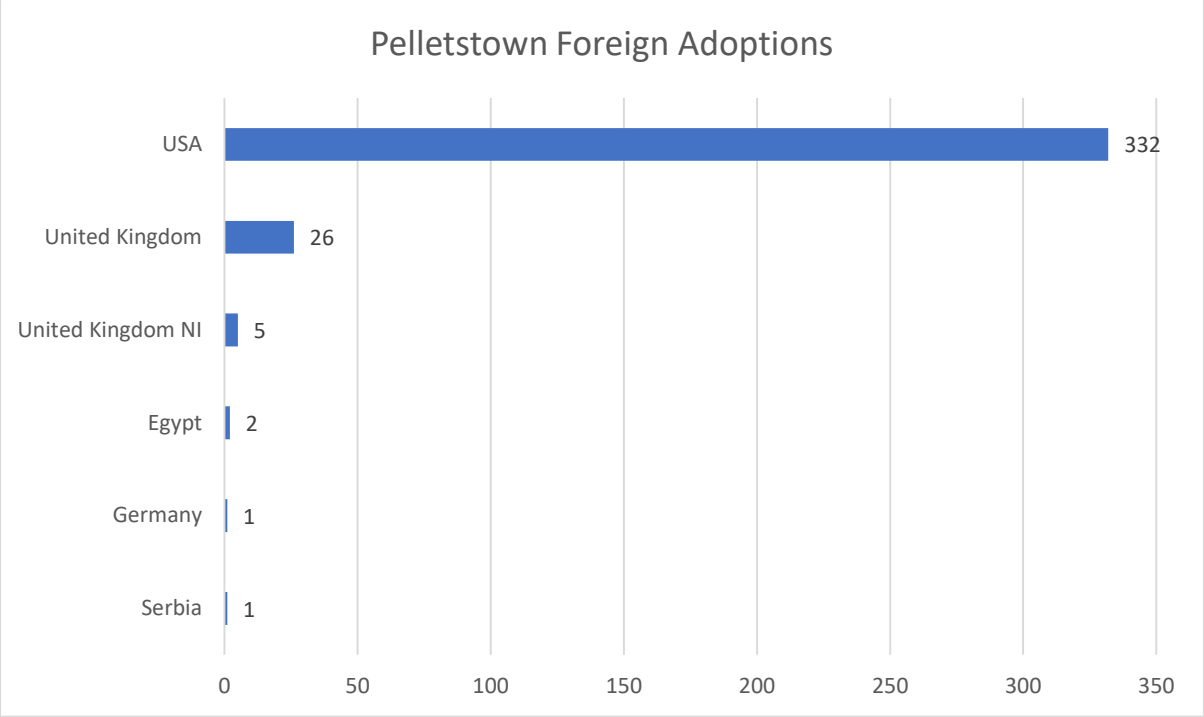
Information on exit pathways from Pelletstown was available for 13,566 children (72% of admissions). The most frequent exit pathway was through legal adoption (from 1952); 41.7% of children left the institution via this route. Almost 27% of children left the institution with their mother or returned to the family home; 24.2% transferred to another institution; 5% were boarded out; 1.6% were nursed out and 0.5% were informally adopted (pre 1953).

Comparison of exit pathways accompanied/unaccompanied children.



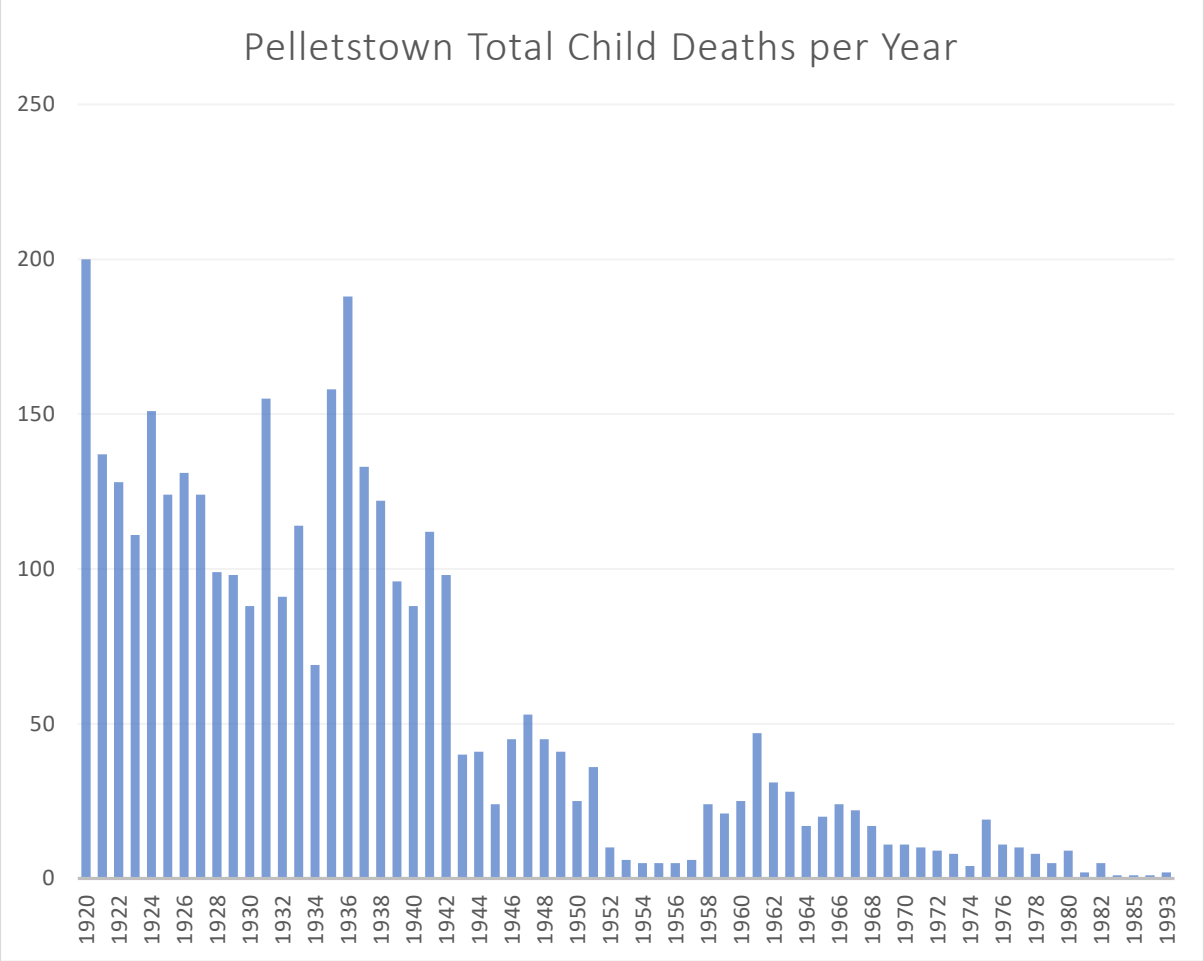
Comparative analysis of exit pathways from Pelletstown for accompanied and unaccompanied children show that accompanied children were far more likely to be discharged for adoption (47%) than unaccompanied children (27.5%). Of the 1,012 unaccompanied children adopted from Pelletstown, at least 90% were 'illegitimate' children. Conversely, the records suggest that unaccompanied children were more likely to return to the family home or to be transferred to another institution than accompanied children. That 36.2% of unaccompanied children were discharged to the family home suggests that they had been admitted to the institution for medical treatment rather than institutional care - it is difficult to establish this with any degree of accuracy from the institutional records. Of the 1,329 unaccompanied children discharged to the family home, 62% were recorded as 'legitimate' children. Of the 1,059 unaccompanied children transferred to other institutions, 31% were recorded as 'legitimate' children. The majority of unaccompanied children transferred to other institutions went to hospitals, specialist homes, industrial schools and orphanages. Of the 238 unaccompanied children boarded out from Pelletstown all but nine were 'illegitimate' children.

Foreign adoptions



The institutional records and records held by the passport office combined show that 367 children were sent for foreign adoption from Pelletstown. Most (90.46%) were adopted in the USA. Just over 7% were adopted in Great Britain and 1.3% in Northern Ireland. Two children were adopted in Egypt and one child was adopted in Germany and Serbia respectively. Fourteen children sent for foreign adoption had been admitted to Pelletstown unaccompanied - 13 were adopted in the USA and one in Northern Ireland.

Child deaths

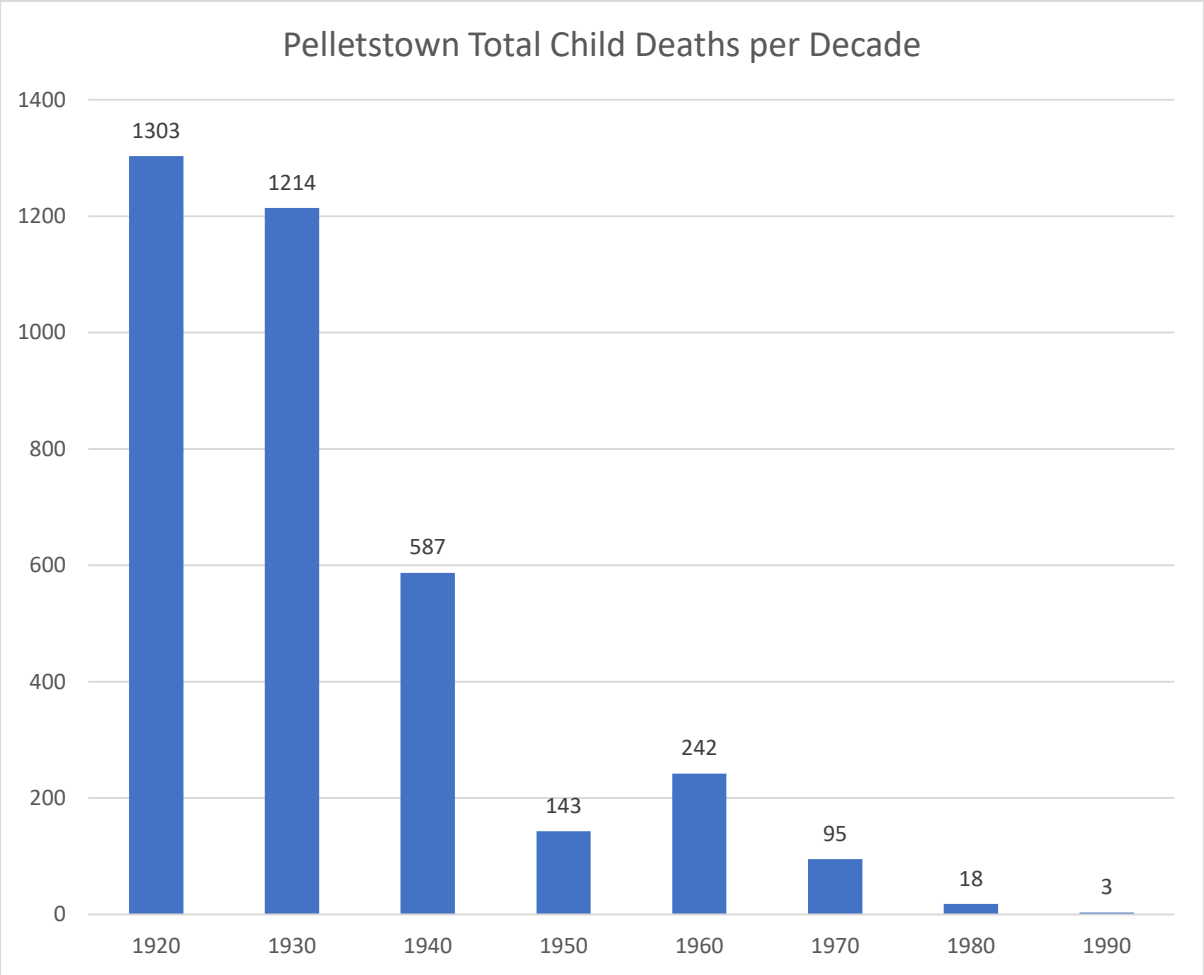


The Commission identified 3,615 deaths among infants and children associated with Pelletstown. This includes children who died in the institution, children who were admitted to the institution but died elsewhere and children who were never admitted to the institution but whose mothers were resident there prior to their birth. A date of death was available for 3,605 children (99.7% of deaths).

The available records show that 88% of deaths occurred among 'illegitimate' children and 7.2% occurred among 'legitimate' children - it was not possible to establish the status at birth in the remaining cases.

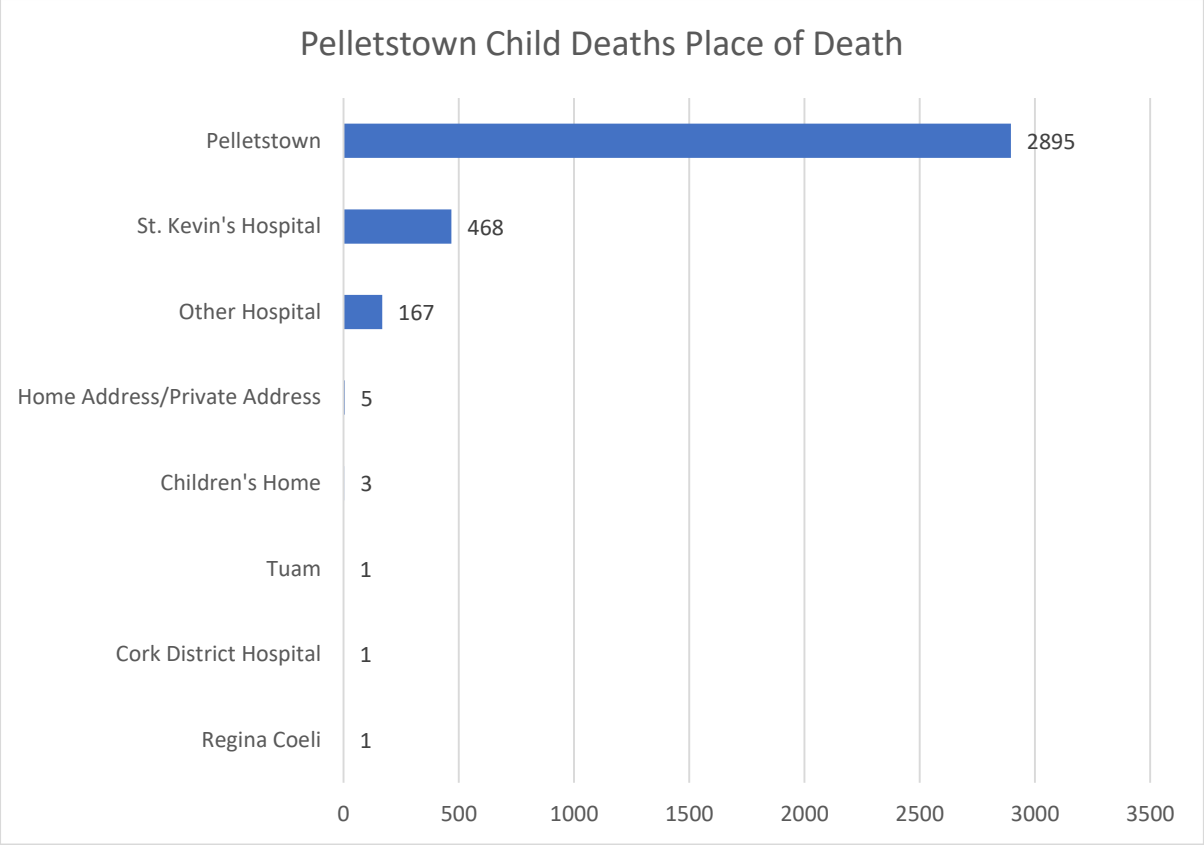
The Commission identified a GRO death record for 3,511 children (97.12% of deaths). Infant and child mortality in Pelletstown was particularly high in the years 1920-42, 78% of all infant and child deaths in the home occurred in this period. Mortality was highest in 1920, when 200 deaths were recorded and peaked again in 1936, 188 deaths were recorded that year. Mortality in Pelletstown declined substantially in the mid-1940s. For much of the

1950s annual mortality in Pelletstown was in single figures, but began to increase slightly from 1958. From 1960 to 1980 Pelletstown recorded 16 infant and child deaths on average annually, fluctuating between 47 deaths in 1961 and four in 1974.



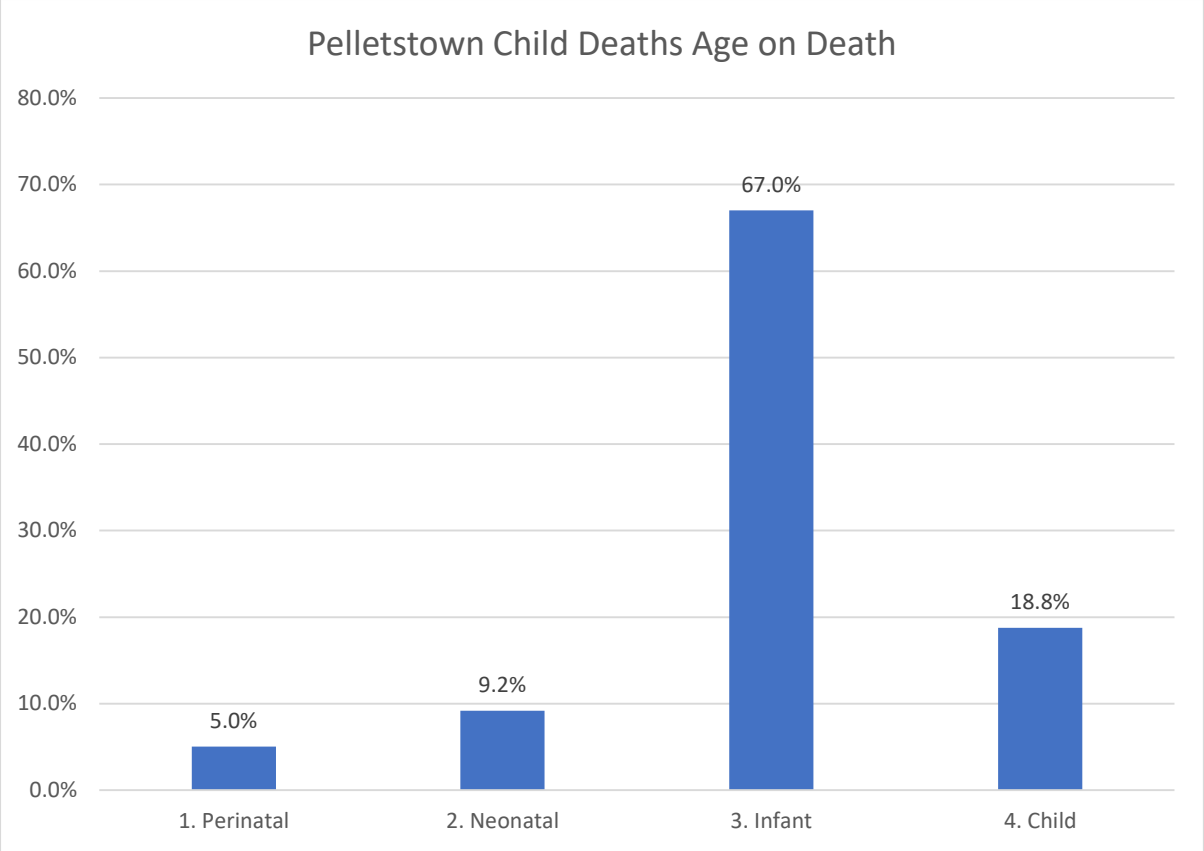
Analysis by decade shows that more infant and child deaths (36.1%) in Pelletstown were recorded in the 1920s than any other decade followed by the 1930s (33.7%); 1940s (16.3%); 1960s (6.7%); 1950s (4.0%); 1970s (2.6%); 1980s (0.5%) and the 1990s (0.1%).

Place of death



Information relating to the place of death was available for 3,541 children (97.95% of deaths). Most infant and child deaths occurred in Pelletstown (81.8%), St Kevin's Hospital (13.2%) or in another external hospital (4.7%). Small numbers of children died at home or in another private address (5); in another children's home (3); in the Children's Home, Tuam (1); Cork District Hospital (1) and in the Regina Coeli hostel (1).

Age on death



Information relating to age on death was available for 3,509 children (97.1% of deaths). The majority of deaths (81.2%) occurred during infancy, as follows: perinatal, 0-7 days (5%); neonatal, 8-28 days (9.2%) and infants, 29-365 days (67%). The remaining children (18.8%) were aged between 366 days and five years at the time of death.

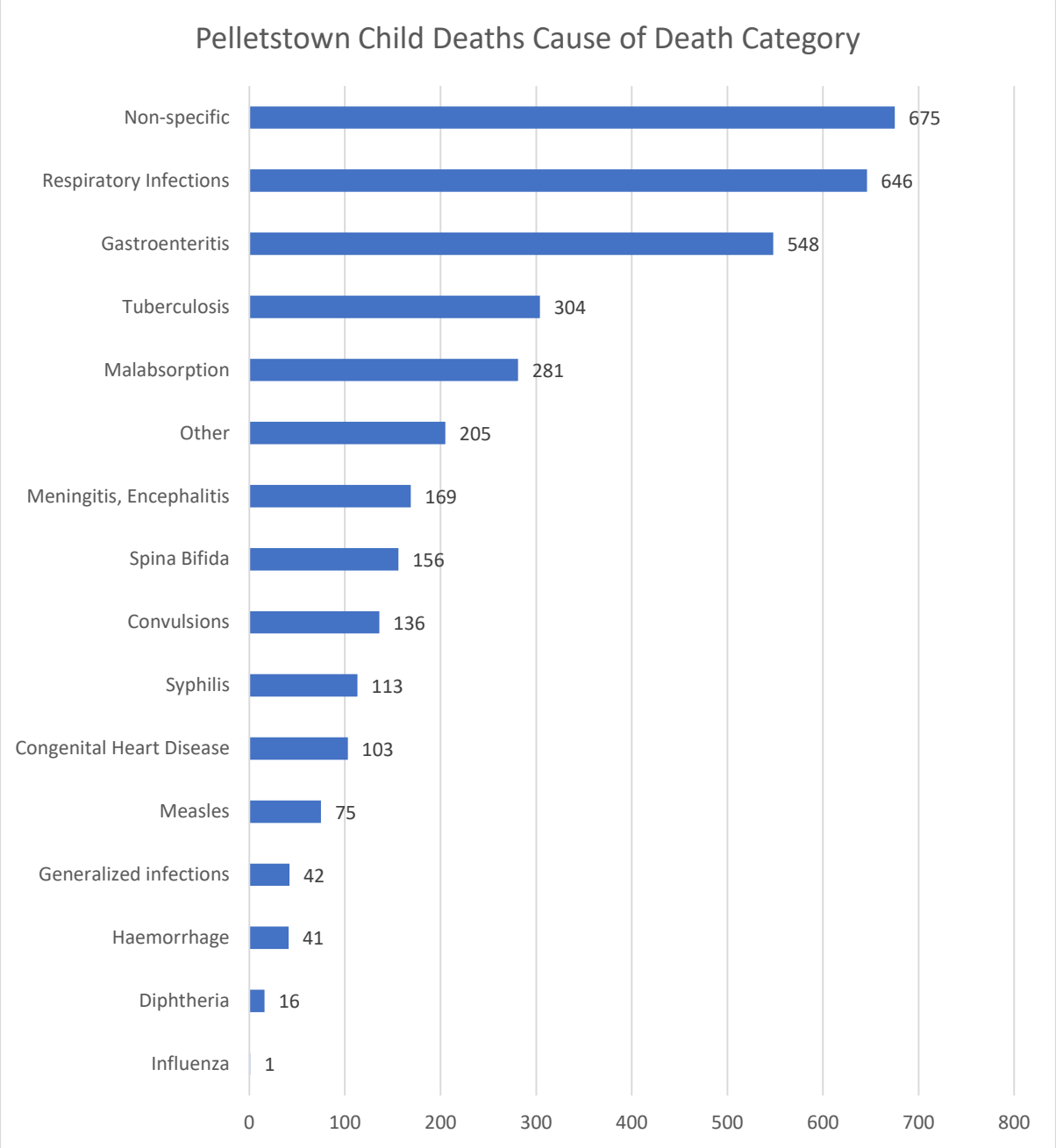
Accompanied at time of death

Information as to whether a child was accompanied by a mother at the time of death was available for 3,471 children (96% of deaths). The institutional records show that 2,048 children (59%) were unaccompanied at the time of death and 1,423 children (41%) were accompanied by their mother at the time of death.

Place of burial

The Commission established the burial place of 3,102 children (85.8% of deaths). The majority, 3,097 children, were buried in Glasnevin cemetery. Five others were buried in Mount Jerome cemetery.

Cause of death

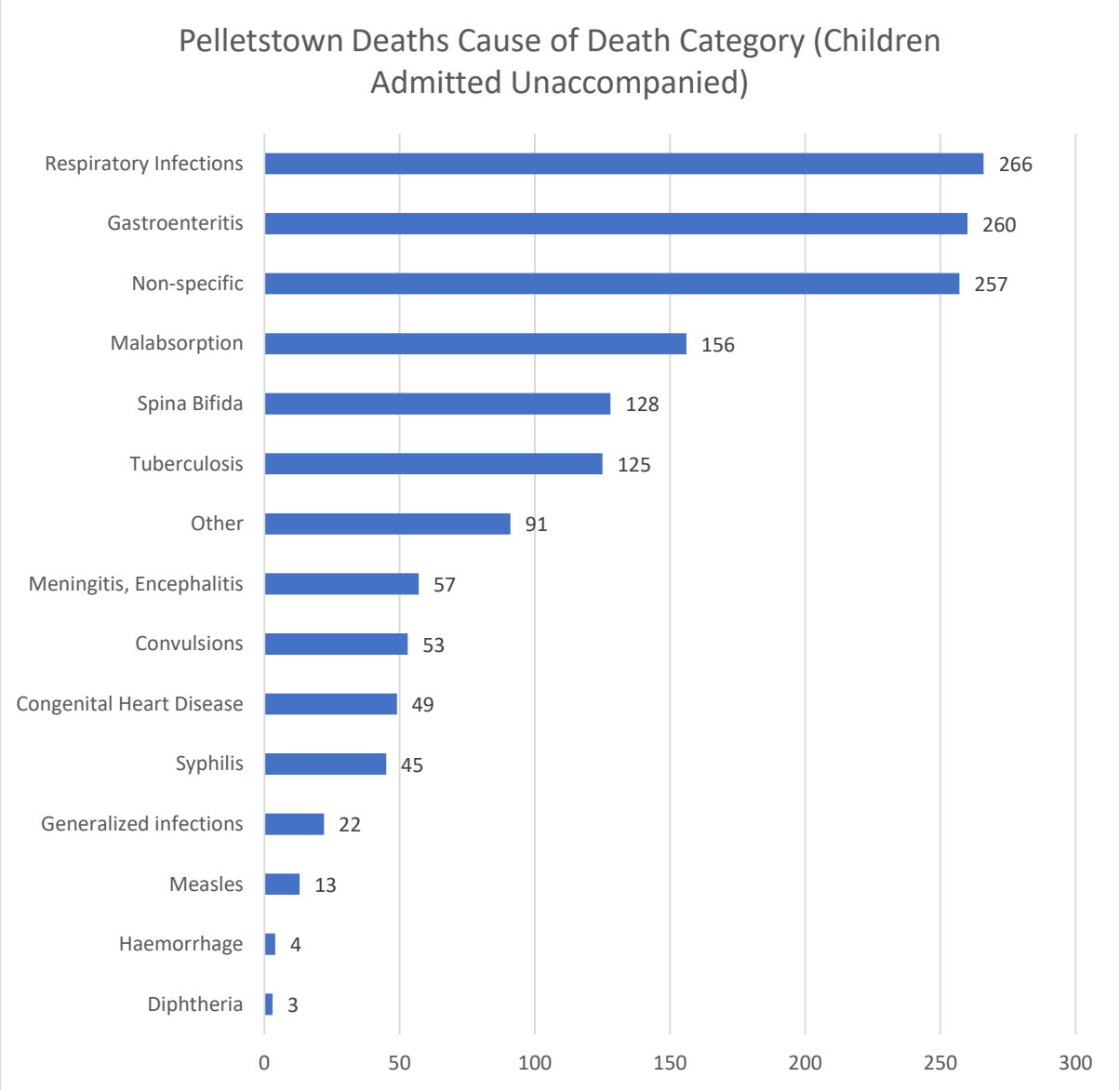


Information relating to cause of death was available for 3,511 children (97.1% of deaths). The leading causes of death were non-specific (19.2%) - including congenital debility, delicacy from birth, prematurity and inanition; respiratory infections (18.4%) - mainly pneumonia, bronchopneumonia and bronchitis; gastroenteritis (15.6%) - mainly enteritis, gastroenteritis and gastritis; tuberculosis (8.7%) - mainly tubercular enteritis, general tuberculosis and pulmonary tuberculosis; malabsorption (8%) - mainly marasmus and malnuitrition; other causes (5.8%) - mainly pertussis, peritonitis, congenital deformity and a range of one off causes of death; meningitis/encephalitis (4.8%); spina bifida (4.4%) - mainly hydrocephalus; convulsions (3.9%); congenital syphillis (3.2%); congenital heart disease

(2.9%); measles (2.1%); generalised infections (1.2%) - mainly toxaemia and septicaemia; haemorrhage (1.1%) - mainly intercranial and cerebral haemorrhage and diphtheria (0.5%). One death was attributed to influenza.

In the 1920s more than 1 in 3 infant and child deaths associated with Pelletstown were due to either gastroenteritis (19.1%) or tuberculosis (16.5%). In the 1930s, congenital debility, prematurity and respiratory infections were responsible for 46.4% of mortality combined although gastroenteritis (14.4%) continued to take a heavy toll. Despite the opening of St Clare's Hospital in 1944, gastroenteritis was responsible for over 18% of mortality in the 1940s. Eight children died in St Clare's in the 1940s after transfer from Pelletstown - gastroenteritis was a factor in all eight deaths. Congenital debility and prematurity continued to be the leading cause of mortality in the 1940s and accounted for 33.2% of deaths. Respiratory infections also featured strongly and were responsible for 16.4% of deaths. In the 1950s, congenital debility, prematurity and respiratory infections accounted for over half of all deaths - spina bifida was also a leading cause of death at that time and accounted for 27% of mortality in that decade. Mortality due to gastroenteritis in Pelletstown had decreased to roughly 2%. By the 1960s, spina bifida had become the single biggest cause of mortality in Pelletstown and was responsible for 35.7% of mortality in that decade - the majority of these deaths (87%) occurred in 'legitimate' unaccompanied children. One in four deaths were attributed to respiratory infections, and gastroenteritis had again become prominent and was responsible for over 1 in 10 deaths. In the 1970s, respiratory infections, spina bifida and congenital heart disease were responsible for 62% of mortality combined; the remaining deaths were attributed to a range of mainly one off causes. In the 1980s, infant and child deaths were a fraction of the number recorded in previous decades. Of the 17 deaths recorded four were due to spina bifida, three to congenital heart disease and the remainder were attributed to one off causes.

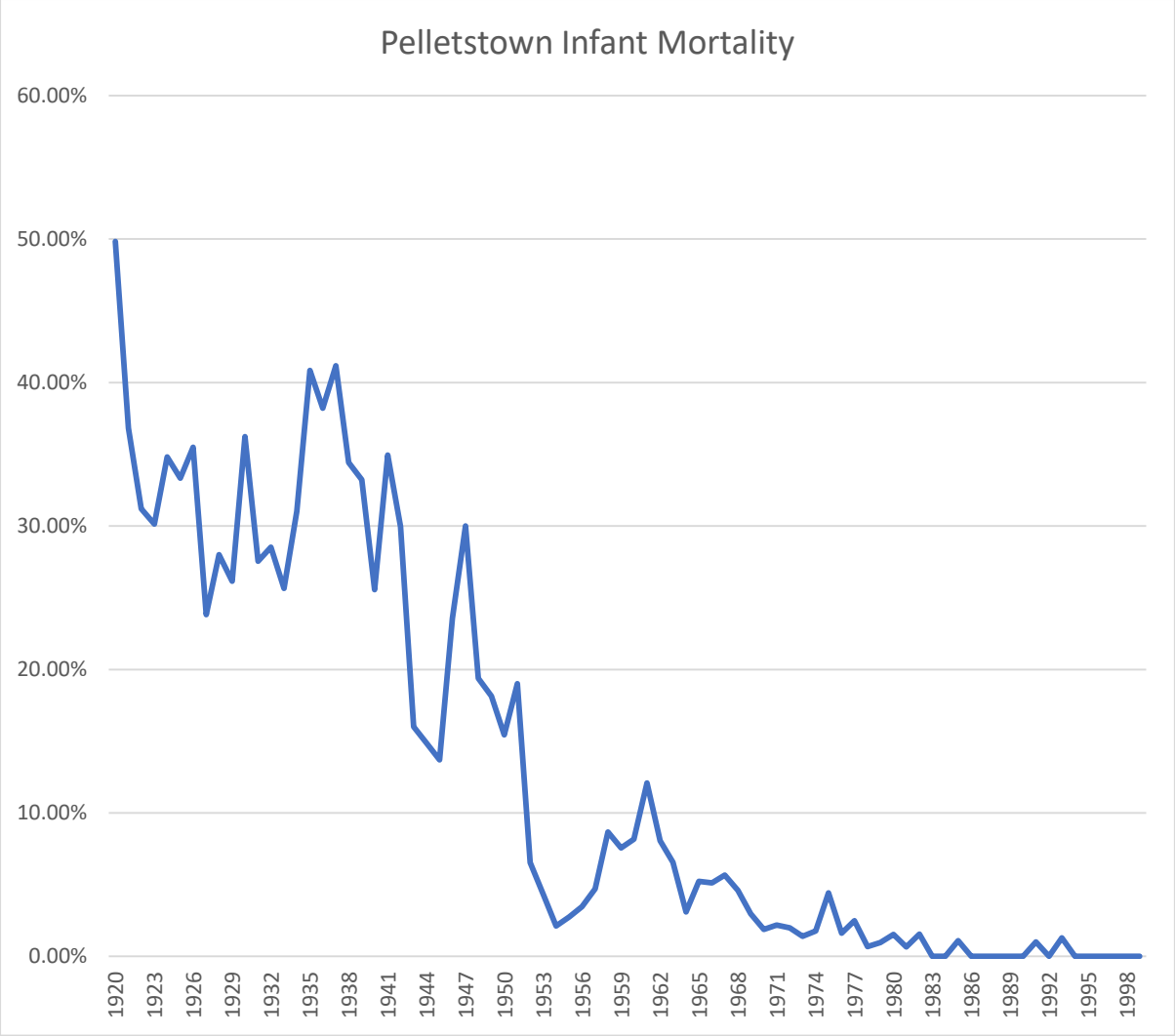
Cause of death in unaccompanied children



Unaccompanied children made up 31.3% of all child admissions to Pelletstown. However, they accounted for 43.7% of infant and child deaths associated with the home.

Unaccompanied children appear to have been more susceptible to many conditions. They accounted for 39.8% of deaths due to congenital syphillis; 41.1% of deaths due to tuberculosis; 41.7% of deaths due to repiratory infections, 47.4% of deaths due to gastroenteritis; 47.6% of deaths due to congenital heart disease; 55.5% of deaths due to malabsorption and 82.1% of deaths due to spina bifida.

Infant mortality rate[3]



The institutional records suggest that the infant mortality rate in Pelletstown was highest in 1920 - a mortality rate of 50% was recorded that year. Over the remainder of the 1920s infant mortality fluctuated between a high of 35.5% in 1926 to a low of 23.8% in 1927. Infant mortality was on a definite upward trend for much of the 1930s peaking in 1937 when a rate of 41.2% was recorded, but began a staggered decline from then. In the years 1943 to 1945 infant mortality in Pelletstown was 14.8% on average; at this time infant mortality rates of up to 75% were being recorded in Bessborough. Although the infant mortality rate increased to 30% in 1947 a definite decrease is discernible thereafter - by 1954 the rate had decreased to 2.1%. Over the next decade the infant mortality rate stood at 6.5% on average. From the late 1970s the rate rarely registered more than 1%.

[3] Infant mortality rate was calculated as follows: Living children born in the year who died before the age of 1/All living children born in the year.

Chapter 14: Belmont Flatlets

Introduction

14.1 The Daughters of Charity (who worked in Pelletstown - see Chapter 13) bought adjoining houses on Belmont Avenue in 1980 to provide flatlets or hostel type accommodation for unmarried mothers and their children. There were 11 flatlets in total. The current Provincial of the Daughters of Charity told the Commission that the flatlets were established at the suggestion of CURA and its director, Bishop Dermot O'Mahony who was an auxiliary bishop of Dublin. This was not a mother and baby home in the traditional sense. It was more akin to a hostel or supported living facility than to a mother and baby home.

14.2 The Commission has not seen records of the residents of Belmont. It is not clear what records were maintained at the time but there would have been no reason to retain such records when it closed. All the mothers were there with their babies and left with their babies so the issue of tracing would not have arisen. The information in this chapter is based on the report of a social service consultant who conducted a review of the Belmont Flatlets in 2000 at the request of the Daughters of Charity and on a few brief references to Belmont in the minutes of the Eastern Health Board.

Living arrangements

14.3 Belmont provided short term accommodation for unmarried mothers and their children. The public health nurse and social workers visited but it was mainly independent living. There was a Sister who supervised but did not live there. The women paid for their keep and were expected to look after their babies themselves. The mothers would have been eligible for Unmarried Mother's Allowance at the time and may also have received assistance with rent payments (see Chapter 1). The women and babies stayed for between six months and a year. The accommodation was not suitable for crawling children. Sometimes women who had been in Eglinton House moved there.

14.4 In 2000, a social service consultant conducted a review of the Belmont Flatlets at the request of the Daughters of Charity. There were nine women and children resident at the time of the review. The accommodation was described as 'basic but adequate for short-term accommodation'. There were some problems with

laundry facilities, heating and availability of hot water. It was transitional housing but also provided various supports such as education in childcare, budgeting and household management as well as emotional and social support.

14.5 While mothers were responsible for the care of their children, in practice the staff did assist and provided the mothers with some breaks. They also provided assistance with accessing social welfare entitlements and getting accommodation to which they could move after their time in Belmont.

14.6 Women were referred to Belmont by Eglinton House, social workers, health boards and maternity hospitals. They did not routinely refer mothers who might be at risk of being unable to parent and of having the children taken into care. Social workers saw the need for a facility for such mothers but they did not see Belmont in that role. A few such mothers did spend time in Belmont and integrated reasonably well with other residents; there were some unsuccessful such placements.

14.7 There was much discussion during the 1980s about the issue of 'inadequate' mothers and about how unmarried mothers could manage to live and work in the absence of affordable childcare.

14.8 The mothers signed a licence agreement with the Daughters of Charity for the use of the flats. It was not a landlord/tenant relationship. There were house rules but they seem to have been reasonably flexible.

14.9 In 1985, the Eastern Health Board paid £10,600 to Belmont.

14.10 The service was closed in 2001.

Chapter 15: The Tuam Children's Home

Introduction

15.1 The Children's Home was established by Galway County Council as part of its reorganisation of poor law services (see Chapter 1). In that reorganisation, the workhouse in Glenamaddy was designated as the Children's Home for children and unmarried mothers and was used as such from December 1921 to 1925. The Children's Home moved to another former workhouse in Tuam in 1925. It closed in 1961. The Commission regards the Glenamaddy Children's Home and the Tuam Children's Home as one institution. The Children's Home was operated by the Sisters of Bon Secours. In addition to unmarried mothers and their children, the Children's Home also admitted children of married couples or widowers/widows whose parent(s) was unable to care for them, and married women or widows with their children who were homeless and/or destitute. It was never exclusively a mother and baby home.

15.2 The title 'Children's Home' was used by its owner, Galway County Council, for virtually all of its existence; the first record the Commission has seen of Galway County Council's use of 'St Mary's Home' dates from 1960. Locally, it was known simply as 'the home'. The Sisters of Bon Secours used the title 'St Mary's Children's Home' but the Commission has not been able to establish when it first used this title. The Archbishop of Tuam gave the Sisters approval to set up St Mary's Home as a separate foundation in 1956. Here the Commission describes it as simply Tuam.

Sources

15.3 The following is a summary of the main sources used for this chapter. A complete list is included in Part 5: Archives.

Institutional records

15.4 The Sisters of Bon Secours told the Commission that all institutional records (that is, records of admissions, births, discharges and deaths which were compiled in the home) were handed over to Galway County Council when the home closed. (The county council was probably the owner of the records anyway.) These records became the property of the Western Health Board when it was established

in 1970. Subsequently they became the property of the HSE in 2005 and the Child and Family Agency (TUSLA) in 2013. In the years since Tuam closed, these records have been used mainly for tracing purposes. The Commission is concerned that some records may have been lost or destroyed over the years. It is impossible to establish if the records currently held by the Child and Family Agency constitute all of the records which existed when Tuam closed in 1961. The Commission made digital copies of all these records.

15.5 A health board/HSE social worker dealing with adoption used these records to assist children born in Tuam who were adopted to trace their birth family. She told the Commission that there was only one box of records relating to American adoptions and it was not large. She stated that the box contained two passport photographs, correspondence relating to US adoptions from the 1990s and some details on 22 former residents of Tuam who were adopted in the USA between 1951 and 1958. She gave the Commission a copy of the database which she constructed from this documentation.

15.6 The institutional records contain the following:

Admission registers
Maternity register
Children's registers
Mother returns
Billing register

Sisters of Bon Secours

15.7 The Sisters of Bon Secours told the Commission that their archive contained 281 boxes and there were only two boxes that related to Tuam. They supplied the Commission with historical accounts and personal letters that make reference to the Tuam home including statements to the Commission to Inquire into Child Abuse (the Ryan Commission). Some of these were created in the years subsequent to the closure of the home.

Galway County Council

15.8 The extant minutes of the Galway Board of Health are held by Galway County Council. There is almost a complete set for the period 1922 - 1941 but there are some gaps and there are no surviving minutes for the year 1937. The meetings of Galway County Council, the Board of Health and its subcommittees were held in

public and received extensive coverage in the local newspapers. The Commission has searched these newspapers for any references to the Tuam home. The Commission has examined the managers' orders for the period 1942 - 1961. Managers' orders were not discussed in public and consequently they were not reported in the local newspapers. Unless otherwise indicated, evidence that relates to Galway County Council or one of its committees comes from this source. Evidence relating to the council that is taken from local newspapers is footnoted.

Department of Health records

15.9 The records relating to Tuam held in the National Archives or provided under discovery by the Department of Health are limited. There are references to Tuam in the published annual reports of the Department of Local Government and Public Health (DLGPH) between 1922 and 1945 but the earliest reference in government files appears to be from 1942 and it would appear that department officials, apart from the department's inspector, Miss Litster, had little knowledge of Tuam before then. The maternity section was inspected under the *Registration of Maternity Homes Act 1934*; however the Commission has had access to only a small number of these inspection reports; these are described below. The main files used for this chapter were

NAI, A26/17
INACT/INA/0/426520
NATARCH/ARC/0/527067
INACT/INA/0/443008
INACT/INA/0/442583
INACT/INA/0/427509
INACT/INA/0/451521
RM/ARC/0/489773
NAI/HLTH/A11/256
RM/ARC/0/489686
INACT/INA/0/442718
NATARCH/ARC/0/525697

Archdiocese of Tuam

15.10 The Commission has also accessed some records held by the Tuam Archdiocese; these are mainly concerned with the closing of the home.

Other Records

15.11 James Fergus, who was a curate in Glenamaddy in the 1920s and later became the Bishop of Achronry, wrote a short account of the work of the Sisters of Bon Secours in Glenamaddy and Tuam. This is undated. It is included in *Milestones on a Faith Journey*, compiled by Sr Reginald O'Sullivan, SBS, (Cork 1998) which was published to mark the 175th anniversary of the founding of the Bon Secours Sisters.

Governance

15.12 The Children's Home, first located in Glenamaddy and later in Tuam, was a local authority institution that admitted unmarried mothers and children, expectant unmarried mothers, destitute married women with their children and the children of married or widowed parents who were unable to care for them perhaps because of a mother's long-term physical or mental illness, or because the child had a disability. In 1931 an agreement was reached with Mayo County Council to admit women and children from that county to Tuam. The vast majority of the women and children admitted were from counties Galway and Mayo.

15.13 Tuam was owned by Galway County Council, which was responsible for maintenance and improvements. The key decisions relating to it were taken by the Galway Board of Health which was composed of members of Galway County Council. The County Homes and Home Assistance Committee (CHHAC), which was a sub-committee of the Board of Health that included non-council members, was also involved in decisions. The Board of Health and the CHHAC held a number of meetings in the Tuam home. There is evidence that they visited it on several occasions. Local authority records mention a visiting committee but the Commission does not have further information about this.

15.14 A minute from the CHHAC, dated 1 August 1922, noted that it had invited the department's views on the interpretation of the per capita agreement made between the Sisters of Bon Secours and the County Board of Health for the maintenance of mothers and children in the Children's Home in Glenamaddy. The Commission has not seen a copy of this agreement and it is not known if it was ever implemented. When the *Public Assistance Act 1939* and the *County Management Act 1940* came into effect in 1942, many of the decisions were made by the county manager by way of managers' orders. The home was registered

under the *Registration of Maternity Homes Act 1934* in December 1937, which meant that thereafter the maternity unit was subject to inspection but, as already stated, the Commission has seen only some of these inspection reports.

15.15 The Galway and Mayo local authorities paid the Sisters of Bon Secours a capitation fee for each woman and child in Tuam. Galway County Council paid for external repairs to the building, rates, water rent and insurance as well as the salaries of the chaplain, the medical officer, and the maternity nurse.

15.16 As already stated, the Department of Local Government and Public Health (DLGPH) had very limited knowledge of the Tuam home. Sometime between 1942 and 1946 the department became aware that its status was irregular. This arose in the context of an application for approval for increases in the capitation rate. The irregularity arose because Tuam was owned by the local authority but the staff were not directly employed by the local authority. Pelletstown (see Chapter 13) was owned by the local authority and its staff were local authority employees. The 'extern' homes (Bessborough, Sean Ross and Castlepollard) were owned and run by the Congregation of the Sacred Hearts of Jesus and Mary. The department recommended that Tuam should close and then be handed over to the Sisters of Bon Secours and re-opened as an extern institution, similar to the Sacred Heart homes. A draft agreement was drawn up with the Sisters of Bon Secours in an effort to clarify the status of Tuam. No decision had been made by November 1946. The Commission has not seen a copy of this draft agreement and is unclear about when it was drafted, when it was forwarded or by whom. It was noted on 9 January 1948 that consideration of the transfer of the home to the Sisters of Bon Secours seemed to have been interrupted the previous April when the file was taken from the legal section in the Department of Health 'without discharge'. In December 1948, a departmental official noted that the order for transfer of the premises had not yet been prepared by the legal section which promised 'action soon'. It appears that the Sisters refused to sign this agreement until Galway County Council agreed to carry out extensive improvements and install central heating. In March 1951, Galway County Council told the Department of Health that it was unreasonable of the Sisters to expect this. However a Department of Health official informed the council that it was his opinion that Tuam was vested in the Galway public assistance authority. Therefore, its maintenance and repair was the responsibility of Galway County Council. He pointed out that if the Sisters of Bon Secours decided to discontinue their work, the public assistance authority would

have to maintain and operate the home. He made it clear that the public assistance authority had no option but to carry out the repairs and install central heating if they wished Tuam to continue in operation. The department did have the power to order the council to carry out these repairs (see Chapter 1) but the Commission has not seen any evidence that it considered using this power.

15.17 The Sisters of Bon Secours who worked in the Glenamaddy workhouse, and later in the Glenamaddy Children's Home were employees of the poor law guardians/local authority and they received a salary. When Glenamaddy closed and transferred to Tuam the Sisters received a gratuity totalling £900 from the local authority. Yet, although the Sisters who had worked in Glenamaddy transferred to Tuam, which was also owned and controlled by the local authority, they were no longer regarded as local authority employees and they did not receive a salary. The local authority paid the salary of the chaplain and the medical officer; this was also the practice in workhouses and county homes. There is no indication that the local authority paid the wages of a male handyman/caretaker, so it is likely that he was paid by the Sisters out of their capitation income.

The premises

Glenamaddy

15.18 In Glenamaddy, the hospital wing of the workhouse became the Children's Home (the main workhouse had been burned by the IRA in 1921). Admissions were made on order from either the County Home and Home Assistance Committee (CHHAC) or the Hospital and Dispensaries Committee (which was also a sub-committee of the Galway Board of Health). The order had to be signed by either a member of the CHHAC or by its secretary.

15.19 The Sisters of Bon Secours asked Galway County Council to construct a modern laundry at the home, catering for public demand, where the women could work and be trained for employment after they had left. In April 1923, the CHHAC issued an order that a committee, consisting of Bishop O'Doherty[1] chairman of the board, a medical inspector from the DLGPH and the secretary to the committee, should inspect Glenamaddy, consider all the circumstances and report back. This committee's report was adopted at the June meeting. By 1924 it was becoming increasingly clear that Glenamaddy was too costly to maintain and there were

[1] Bishop of Clonfert 1919-23; Bishop of Galway 1923-36.

difficulties securing a suitable water supply. The committee received an estimate of £130 for the installation of a new water pump and an order was made asking the DLGPH to sanction its installation. In June 1924 the *Connacht Tribune* published a long article, titled '*Children of Misfortune'*, which described the Glenamaddy home:

> the waifs and strays, the orphans and the abandoned, the nameless little ones of the county … Under the care of Bon Secours nuns, who have been charged with the task of lifting the blight from their young lives and sending them into the world cleansed and self-respecting members of society, they are to grow up in happiness and peace.

15.20 There were 87 children 'from infants in arms to little boys and girls of nine', and 26 mothers in the home. The article said that:

> The nuns have achieved marvels in the old ramshackle home into which they were thrown without preparation. Yet the place remains a blight and a scandal upon county administration; and the sooner this repository of all the orphaned and the helpless in the county is shifted to a more suitable centre, the better for the credit of those who control our public health.

15.21 Glenamaddy was further described as insanitary with a high infant mortality rate. The description of the building was excoriating:

> There are walls which reek with damp in winter, that have not seen the mason's trowel or the painter's brush for years. There are long, narrow and gloomy corridors. Water has to be carried for the children's ablutions. There is not a single permanent bath, and the babies have to be bathed in portable fixtures with water carried by the good nurses whose heavy responsibility is increased tenfold by the inadequate accommodation provided.

15.22 By this time it had been decided that the home would move to either Portumna or Tuam. According to the *Connacht Tribune,* Tuam could accommodate 200-300 'inmates' and it had the added attraction of having convent and Christian Brothers schools nearby.[2]

Tuam

15.23 The Tuam workhouse was constructed on a six-acre site on the Dublin Road between 1840 and 1841. It was based on the standard workhouse design and had

[2] *Connacht Tribune,* 21 June 1924

accommodation for 800 'inmates'.[3] James Fergus contended that the Sisters chose Tuam as the best location for a transfer. 'One or two of the Tuam Town Commissioners voiced some opposition to the transfer to the town of a home with unmarried mothers but the protest came to nothing'.[4] The former workhouse had been occupied by the Irish army during the civil war, and there is evidence that Galway CHHAC had removed furniture and bedding from the former workhouse, presumably for use elsewhere.

15.24 In May 1924 the Galway authorities contacted the Minister for Defence to secure vacant possession of the former Tuam workhouse and arrangements were made for it to be handed over. In October 1924 the CHHAC requested an estimate of the work needed before the home could transfer from Glenamaddy. The county surveyor provided a list (not recorded) of proposed repairs costing £8,493, though efforts were being made to reduce the cost. The Sisters of Bon Secours moved to Tuam in May 1925. The CHHAC minutes noted that that 'they' were busy cleaning and painting the building (it is not clear if this was the committee or the Sisters). They had sought £159 for urgent works; most of this went on a new range (stove) and repairs to the existing one. In September, the superior of the Sisters of Bon Secours, who was based in Dublin, told the local authority that urgent work was needed in the kitchen, laundry and drying room; doors had to be installed and windows and fireplaces replaced. In March 1926 the contractor who carried out these works - at an estimated cost of £147 - submitted an additional bill of £190 for other works that he had carried out on the instructions of the sister-in-charge which had not received prior approval from the local authority. These included repairs to windows and doors, lavatories, baths and a temporary drying room. Figures suggest that repairs cost an additional £591 between March 1926 and December 1927; £172 was spent on repairs between April 1927 and April 1930. (This does not appear to include the cost of the drying chamber - see below). The women and children moved to Tuam on 2 June 1925.

15.25 The Commission has not seen any description of the state of the Tuam home when it was first used as the Children's Home. It is likely that it was a typical workhouse with unceilinged dormitories, stone stairs and heated by open fires (with the exception of a stove in the kitchen). The 1927 Report noted that it had been arranged that the board of health would put the home in order but, when the

[3] http://www.workhouses.org.uk/Tuam/
[4] James Fergus, *The Bon Secours Sisters and St Mary's Children's Home at Glenamaddy and later Tuam.*

members of the commission visited in 1925, this had not been done and 'signs of dilapidation and decay were painfully evident'. It further noted that 'Its continuance in the condition in which we saw it would be a grave injustice to the Sisters and militate very much against its usefulness for the purposes to which it has been allocated'.[5] One Bon Secours Sister recalled that 'The building, though spacious, was - like all such Institutional structures - primitive and irregularly spread out' in spite of the various renovations and improvements that had been made.[6] An undated manuscript, titled *Memoirs of a Bon Secours Sister* was written by a Sister who came to Tuam in 1927. She described the former workhouse as 'primitive enough for anything. The convent, a three-storey building, was in good repair and there was a nice chapel, heated by a furnace which swallowed up bags of turf'. There was no central heating: 'turf fires all over the place - people were not so cold conscious then I think. No running water except in the surgery and kitchenette which were situated near the nursery'. The convent had a bath with hot and cold water and there were only oil lamps; electric lighting was installed in 1927.[7]

15.26 In 1927 the local authority approved spending £200 on a drying chamber, while noting that four drying horses would not be sufficient, but six would not fit into the chamber.[8] Later evidence suggests that the drying room was heated by a boiler. The sister in charge, Sister Hortense, asked the local authority to install electric light; she claimed that it would reduce the risks (presumably of accidents and fires). She secured an estimate of £60 from the Tuam electricity company and this was approved by the local authority. When the large water tank burst in 1928 and was deemed to be 'useless', she sought permission to remove the tank from Glenamaddy and install it in Tuam.

15.27 With the exception of the maternity unit, which is discussed in a later section, there was little additional expenditure on Tuam during the 1930s. The Galway board of health never submitted an application for significant funding for Tuam to the Hospitals Commission, which provided substantial capital funding to Pelletstown and the three Sacred Heart homes. Tuam received £400; this was two-thirds of the cost of erecting a new laundry and disinfecting equipment. A later application

[5] The 1927 Report noted that the board of health had made improvements to the county home in Loughrea.
[6] Extract from book written by Mother Eugene O'Sullivan to commemorate 150th anniversary of Sisters of Bon Secours, supplied to the Commission by the Sisters of Bon Secours. The congregation was established in 1831 which means that this dates from approximately 1981.
[7] Document provided by the Sisters of Bon Secours.
[8] A drying horse was a frame that could be used to hang clothes for drying/airing.

for a new entrance gate and wall was rejected.[9] Given the conditions in Tuam, a wall and new entrance should have ranked low on the list of priorities.

15.28 The Tuam home was located on higher ground and on the fringe of the existing town; it was outside the town boundary. This peripheral location and the fact that it was on higher ground created difficulties in securing an adequate supply of piped water and access to an urban sewerage system.[10] The superintendent of the Tuam waterworks visited in December 1929 and discovered that day-time pressure was insufficient to reach the home; it could only secure water from the urban system at night, otherwise it was dependent on rainwater that was collected in a tank. The fact that it was outside the town boundary led to disputes over who was responsible for the cost of extending water and sewerage to it: Tuam Town Commissioners or Galway County Council. There are numerous references in Tuam Town Commissioner records to the inadequate water supply to the Dublin Road - where the home was located. In November 1929 the commissioners were unable to guarantee a continuous supply to the Dublin Road. Some months later it was decided that, in order to give residents on the Dublin Road a chance to get water, the water supply would have to be cut off from the rest of the town and let up the Dublin Road on Sunday, Tuesday and Thursday nights.[11] Plans were drawn up for a new water scheme in 1931, but it was not carried out. By 1932 plans for new housing schemes were being delayed by the lack of an adequate sewerage system.

15.29 A meeting of Galway County Council in 1934 agreed to make the cost of the Tuam sewerage scheme a county charge (on account of the Children's Home). It was specifically stated at this meeting that the home had yet to be provided with or connected to a sewerage scheme. The council agreed that if there was an outbreak of fever in the institution, which was a real possibility, it might prove much more costly to the public services than the proposed sewerage scheme.[12] However progress was slow. In 1935 the secretary of the CHHAC inquired whether the new sewerage scheme would extend to the home. He described the existing system as defective, 'being merely drains without pipes leading to a septic tank outside'. Work began in 1936; it was carried out in two phases that extended

[9] Reports of the Hospitals Trust list all applications for funding, both successful and unsuccessful.
[10] The Commission's Fifth Interim Report includes detailed information about the water supply and sewage disposal problems in Tuam.
[11] *Tuam Herald,* 29 March 1930.
[12] *Tuam Herald,* 24 February 1934.

to 1939/40. At some point during these years, the home was connected to the town sewers. However problems relating to drainage continued. In 1945 a consulting engineer was asked to advise on this.

15.30 In 1937, the CHHAC approved a tender for drainage work at the home and the county engineer recommended that a new lavatory system should be installed. He specifically mentioned that the type of cisterns then in use were inadequate. The new cisterns would 'give an almost continuing flushing system, which is desirable for an institution of this kind'. The engineer described the buildings where the current lavatories were installed as 'all in a very dilapidated condition and without light or ventilation'. He recommended construction of a new building with tiled floors and walls and proper light and ventilation. His recommendation was accepted, subject to the approval of the DLGPH.[13] The Commission does not know if this new building was constructed but it seems unlikely to have been.

15.31 The inadequate water supply remained a major problem for the Dublin Road area. In 1937, the medical officer attached to Tuam told the CHHAC that there were frequent shortages in the water supply and this had become more acute with the construction of a nearby housing scheme. He noted that the area where the home was located was always the last part of the town to get water from the town reservoir.[14] The medical officer reiterated this message the following year when he noted that the addition of a maternity hospital and proposed laundry in the home would result in an increased demand for water. The supply was irregular and this might present a significant danger if new boilers were installed. The Emergency brought to a halt major investments in water, sewerage and other infrastructure because supplies of essential equipment were not available. In October 1946 county councillors passed a motion calling for a consulting engineer to prepare specifications for the proposed extension of the town water scheme to the home. In September 1948 the county manager reported that work on an extended water scheme had begun, but Tuam Town Commissioners reported complaints from residents that water was being turned off at night to parts of the town to ensure supply of water to the Children's Home. Water shortages and low pressure remained a problem and in 1954 plans were again submitted to Galway County Council for measures to provide an adequate water supply to the home and to

[13] *Tuam Herald*, 18 September 1937.
[14] *Connacht Sentinel*, 16 November 1937.

Tubberjarlath. The engineer reported that there was negligible pressure during the day and night because of the demands of the laundry at the Convent of Mercy.

15.32 Although the Commission has not seen any description of the Tuam premises until the 1950s, all the evidence indicates that many features of the nineteenth century workhouse survived until it closed in 1961. Capital expenditure in county homes - which were former workhouses - appears to have been negligible until the 1950s. When the DLGPH carried out an inspection of Tuam in 1945, it reported that the matron was anxious to have central heating installed and the department inspector believed that this would tend to reduce infant mortality in the winter months. The matron also wanted to demolish the entrance block and construct an isolation unit. By 1945 a number of mother and baby homes had created isolation units where mothers or children were kept when they arrived at the home, until the authorities were satisfied that they were not carrying an infectious disease. This was widely seen as an effective means of reducing sickness and mortality. When Tuam was inspected in 1947 it appears that one room in the maternity unit was being used as an isolation room for women giving birth but there was no isolation unit for children and other women who were admitted.

15.33 In 1949, a county councillor, Miss Ashe, drew attention to the recommendation of the visiting committee that a water heating installation should be provided at the Children's Home. The county manager explained that an

> application should be made by the Sisters of the Home to the Hospitals Trust for a grant towards this work; that, in fact, it is understood that representatives of Hospitals Trust had inspected the Institution recently in connection with the matter.

15.34 The visiting committee reported in August 1950 that the most urgent matters needing attention were repairs to the floor in the nursery and the provision of sanitary accommodation and central heating. They described the home as 'very clean and well-kept and in first class order considering the conditions that the nuns labour under'. The dormitories were large workhouse wards. No effort had been made to divide them. There were no floor coverings and the only furniture consisted of beds and cots; some rooms had no heating. The inspections carried out by the DLGPH/Department of Health stated that one of the worst aspects of Tuam was the lack of washing and toilet facilities on the second floor of the building. The kitchen equipment was supplemented with redundant equipment

from the Central Hospital. The general layout of the building left a lot to be desired and the 'minor kitchens throughout the building are in a poor state of decoration while the milk kitchen in the nurseries would have to be replaced'. Hot water was available in only three locations apart from the laundry.[15]

15.35 By 1951, plans had been submitted to the Department of Health for improvements to Tuam at an estimated cost of £82,590 and the local authority was seeking a grant from the Hospitals Trust Fund. The county council was informed that the minister would approve a 50% grant from the Hospitals Trust but councillors replied by requesting a grant of at least 75%; they expressed the opinion that the Hospitals Trust should meet the full cost, but the department refused to agree to more than 50%. By 1952 it would appear that the council was willing to accept a grant of 50% but the county manager explained that the Hospitals Commission was insisting on more extensive improvements costing approximately £150,000 as a condition for securing the grant. This was accepted by the council.

15.36 The Department of Health files show further evidence of its poor understanding of the status and ownership of the Tuam home because 'At one stage the question arose as to whether the cost should be a charge on the Hospitals Trust Fund or regarded as part of the county home scheme' and it was eventually decided that it should come under the county home scheme. In 1953 Miss Ashe described Tuam as 'a disgrace', she claimed that the Sisters had been trying to get hot water installed but had failed to do so.[16] There was little improvement in the following years.

15.37 The planned scheme of major improvements was a casualty of the economic crisis in 1956 which resulted in massive cuts in public capital expenditure; improvements to county homes were among the casualties. The local authority drew up plans for more modest improvements to Tuam, which would be carried out over several years - with an outlay of £39,000 in 1959/60 and £40,000 the following year. By 1959 a full renovation would cost approximately £200,000 and there were fears that this would result in further damage to the building because, when central heating was installed in other former workhouse buildings, dry rot had spread rapidly. An official of the Department of Health suggested that the building should be evacuated and closed; 'in the meantime the appalling conditions would persist

[15] *Galway County Council, Attendance Book, Council Members, 1945 -1950* (GC/2/1).
[16] *Connacht Tribune*, 24 October 1953.

as it would be a waste of money to try to improve the Home if it was to be completely evacuated in a few years'. Consideration was given to demolishing it and replacing it with a modern single-story building to the rear of the maternity unit, but by 1959 there were unfilled spaces in Ireland's mother and baby homes.

15.38 The report of the visit by Department of Health officials to Tuam in November 1959 was damning about conditions there:

> A visit to the institution is the only way one can get an accurate impression of this poorly maintained, uncomfortable, badly heated and totally unsuitable building in which upwards of 140 children ranging from infancy to six years are accommodated ... Throughout the years since the adoption of the building for its present purpose maintenance appears to have been minimal.

15.39 The report noted that the only money provided to Tuam was via a capitation rate; there was no allowance for maintenance or building costs. Money was first allocated for maintenance in 1957, and the annual grants ranged from £660 to £2,700, sufficient to paint, re-plaster and re-floor a number of rooms and purchase some new sanitary equipment. On the day of the inspection the heating was:

> most inadequate even though the day was not particularly cold…some rooms had stoves, some open fireplaces; some children's day rooms had small radiators that were filled with water that was heated on a stove or on the open fireplace and then poured into the radiators.

15.40 The day rooms had a minimum amount of furniture and play facilities. The room for slightly older children had a rubber ball and two seats. It had no floor covering; children aged one to two were in their bare feet. The dormitories were a major fire hazard with children sleeping on the second or first floor in large workhouse wards with no subdivision; many had 'absolutely no heating', no floor covering and no furniture other than beds and cots. Access was by 'the typical stone stairways common to all County Homes with a very dangerous turn near the top in every case'. There were no washing facilities or toilets on the first or second floors; facilities on the ground level were described as very poor. Hot water was available at only three locations apart from the laundry: the kitchen, a kitchenette in the maternity block and in a ward 'which supplies a bath' and the water came from small domestic boilers. The departmental officials contrasted conditions in the county home in Loughrea, which they had recently visited, as part of their review of the reconstruction of county homes:

the chief impressions gained from the inspection was the good effect achieved by the consistent maintenance and improvements. Loughrea county home, although grossly overcrowded reflects great credit on the county council, its officers and on the matron and staff.

Funding

15.41 When Tuam opened, the local authority agreed to pay a capitation rate of 10s a week for each mother and child. In 1927 a member of the Galway Board of Health demanded that the 1925 agreement should be terminated and the payment reduced to £20 a year because he believed that £26 was 'too much'; he claimed that children had been maintained in the workhouse for six to seven shillings a week.[17] The capitation rate for Tuam remained at 10 shillings a week between 1925 and 1942. In 1944, Sister Hortense asked that it be increased to 11 shillings a week. While the county manager approved this, it was subject to final approval by the DLGPH. It was at this point that the department expressed concern about the irregular status of Tuam. However, there are no contemporaneous documents setting out the department's views. In 1947 the county manager recommended an increase to 12s 6d a week, subject to ministerial approval. In December, Sister Hortense informed the local authority that she could not pay for provisions, clothing and other outgoings unless the capitation rate was increased. The increased capitation rate was eventually approved in January 1948.

15.42 When this application was being considered by the department, officials asked Miss Litster for information about Tuam. She outlined the costs which were directly met by Galway County Council, though she pointed out that there was no audit, apart from admission and discharge books. She said the rates applicable in Sean Ross, Castlepollard and Bessborough (the extern homes) were not a fair comparison as Galway County Council paid directly for many of the overhead costs in Tuam. The community running the three extern homes (the Congregation of the Sacred Hearts of Jesus and Mary) had bought and equipped the homes and bore these costs. (However an inventory when Tuam closed suggested that the Sisters of Bon Secours appear to have borne many of the running costs, such as the purchase of blankets and equipment.) Miss Litster was aware that there were discussions about making Tuam an extern home and she was reluctant to make any recommendations until she had more up to date information. There were 330

[17] *Connacht Tribune,* 26 March 1927.

residents maintained in Tuam on 31 March 1947 so the capitation increase would have meant an additional £1,200 a year.

15.43 The department calculated that if the increase were granted, the income of Tuam would be £207 10s a week. The charge for the same number of women and children in Sean Ross would have been £244 8s 6d (28s 6d for mother and child and 15s for child). There was an incomplete attempt to assess the value of overheads borne by Galway County Council. Slightly different figures were given for the capitation rates in Sean Ross and Bessborough. If Tuam received Bessborough capitation rates it was estimated that its income would be £1,900 a year higher. The official who was making these calculations considered that £1,900 was more than the costs of the overheads borne by Galway County Council in respect of Tuam, although no estimate of these costs was provided. When the council was seeking departmental approval for an increase in the capitation rate in 1950, it stated that this was sought following a recent visit by a representative of the Department of Health to Tuam.

15.44 In 1951, the county manager claimed that the Tuam rate compared favourably with capitation payments in Castlepollard and Sean Ross when allowance was made for the fact that the local authority bore the cost of overheads. In 1952 the superior in Tuam sought a further increase to 18s. When applying for departmental approval, the county manager stated that he had approved an increase on the basis of details submitted by the home of the amounts paid for provisions and clothing over the previous year. In the memorandum approving this payment, the department noted that the 'special homes' rates were 40s (for a mother) and 25s for a child. A further increase to £1 was approved in January 1953 to compensate for the withdrawal of food subsidies. When approval was sought in 1955 for an increase to 22s 6d, the county manager told the department that Castlepollard and Sean Ross were paying £2 for a mother and £1 for a child. He claimed that the overheads in Tuam, which were borne by the local authority, amounted to 15s 5d for a mother, making comparable Tuam rates equivalent to £1 15s 5d for a mother and £1 for each child. The county manager was in favour of increasing the capitation rate for mothers by 5s while holding the children's rate constant; the ratio of children to mothers in Tuam was much higher than in other homes, given that children remained there until approximately six years of age, so that proposal would have brought limited benefits to the home. A statement of income and expenditure submitted by the Sisters of Bon Secours (not seen by the

Commission) recorded a debit balance of £402 16s 6d at the end of 1954, compared to £196 6s 5d the previous year. This included a sum of £370 7s 6d for the Sisters and 'this is the only remuneration for eight Sisters employed in the institution apart from maintenance'. In 1958 the county manager requested departmental approval to provide £100 for Christmas fare. He was told that the department would have no objection to him allocating £150, even if 'it were irregular in the sense that it did not fall within existing authorisations'. A department official noted that £100 would mean an extra 10s for each mother and child which was 'frugal enough'. £150 was allocated for Christmas fare in 1959. The Department of Health seems to have treated it as a Section 65 grant.[18]

15.45 It should be noted that Galway County Council collected payments from some parents of women in Tuam and from putative fathers. It also tried to collect contributions from mothers whose children remained in Tuam or their parents. In 1957 a local doctor claimed that the local authority received £4,000 from this source. The Commission has seen no evidence that would confirm this amount. A handwritten note dated in 1955 states that 15 affiliation cases were referred to county solicitor in the past year, all were unsuccessful. In 1957 a father wrote to Galway County Council on several occasions asking that his daughter should be permitted to leave Tuam without taking her child, who was less than one year old. This man, a small farmer was in poor health and he relied on his daughter to assist him on the farm. He was prepared to pay 6s a week for the baby's maintenance in Tuam until the child was one year old. The local authority had contacted the putative father of this child asking that he contribute £2 5s weekly to cover the cost of mother and baby in Tuam, however he had denied paternity: 'How many names could she put down and until I am found guilty I am not prepared to pay to her maintenance'. In one case where a man had agreed to pay for mother and child he then disappeared from his address. In a number of cases the putative father was said to have left the area, and he had no known address; this was stated by the family of a farmer's son, who had gone to England around the time that the pregnancy became known.[19]

[18] Section 65 of the *Health Act 1953* allowed health authorities to provide money to various bodies which provided services similar or ancillary to the services directly provided by the health authority. It was the legal basis for practically all health authority payments to voluntary organisations until 2005. It was a rather strange legal basis for a payment to what was a service directly provided by a health authority.

[19] Tuam institutional records.

15.46 By the late 1950s, Tuam was facing a similar problem to the other homes that were supported through a capitation rate. The number of women and children in the home was falling and women were staying for shorter periods, so income was declining. In December 1959 the Galway assistant county manager noted that the capitation rate was inadequate but total costs to the council were higher than the cost of maintaining mothers and children in Castlepollard, which would have cost £10,705 10s, compared to £12,580 in Tuam. His figure included an estimate of £4,000 for overheads. He claimed that the cost of maintaining women and children in Tuam was higher because of the low numbers, and the high cost of repairs and improvement to the old building, which had cost £2,729, or 7s for each 'inmate' in the past year, whereas the extern homes were 'probably good buildings' with lower maintenance costs.

Capitation Rates

15.47 The capitation rates in Tuam were as follows:

1925-1944:	10s a week
1944:	11s a week
1948:	12s 6d a week
1949:	13s 6d a week
1950:	16s a week
1952:	18s a week
1953:	£1 a week.
1956:	25s a week for women and £1 for children

Running the home

15.48 The undated memoir by Bishop Fergus states that there were four Sisters in the Tuam home when it opened; three appear to have transferred from Glenamaddy. The Sisters of Bon Secours supplied the Commission with a list of Sisters who worked in the home, but it appears to be incomplete, because the only Sister identified as working there before the 1940s was Sister Hortense. The record is more complete for later years. This list indicates that, from the 1940s, a number of the Sisters working in Tuam were State Registered Nurses (SRN) and one who worked there in the 1940s is described as having qualified as a children's nurse in the UK. A Sister with a domestic science qualification from Cathal Brugha Street worked in the home from 1955 until it closed. However an inspection carried out in 1950 under the *Registration of Maternity Homes Act 1934* stated that Sister

Hortense was a RGN; this was not noted in a 1945 inspection. An affidavit provided by the Sisters of Bon Secours stated that there were five or six Bon Secours Sisters in addition to the superior, plus lay staff, with one person doing the books, one in the kitchen, one in the laundry and one in the nursery.

15.49 The Commission has not seen a contemporaneous record of the number of religious or lay staff or their roles. In 1930 a local councillor suggested that 'the appointment of the ordinary staff, wardsmaids, etc., be left in the hands of the sisters'.[20] An inspection under the *Registration of Maternity Homes Act* carried out in 1950 records under the heading 'other staff' 22 domestics (including whole building)'. These were presumably mothers who were resident in the home. The mothers were allotted various duties in the home - in the kitchen, nurseries, feeding children, or assisting in the maternity unit; they carried these out under the supervision of the Sisters. Given the fact that children remained in the home until approximately the age of six, and mothers left approximately a year after the birth, there were many more unaccompanied children in Tuam than in the extern mother and baby homes. This meant that women in Tuam would have had heavier workloads with more children to care for and more laundry than women in the extern homes. In this respect their workload would have been more comparable to unmarried mothers in county homes but less onerous (see Chapter 10). In his memoir Bishop Fergus mentioned 'three women who, from its beginning in Glenamaddy to its end in Tuam, served the Sisters well and were worth their wealth in gold - Bina Rabbitte, Annie Kelly and Mary Wade'. It is probable that the 'maid' who slept in the maternity unit with the women in 1946 was one of these women.

Women in Tuam

15.50 A total of 2,219 women were admitted to the Tuam home between 1923 and 1961; the largest number of admissions was in the 1940s. The highest number of births recorded was in 1943 when 143 babies were born or admitted; the second highest was in 1945 when 135 were born. Not all of these babies were born in Tuam. The modal age of mothers in the 1920s, 1930s and 1940s was 20 rising to 21 in the 1950s.

[20] *Connaught Tribune*, 28 June 1930

15.51 The data on occupations of the women are incomplete as there is no information for almost one-quarter of the women. The occupations that are recorded were representative of young single women in the west of Ireland in the years 1920-1960: 41% were recorded as domestic servants; 32% were reported to be engaged in 'home duties'. Just under 60% of the women were from Galway, 28% from Mayo; there is a scattering of women from other counties; no information on county of origin is available in 10% of admissions.

15.52 Tuam was not confined to women on their first pregnancy; just under 10% were on a second or third pregnancy. The secretary of the Galway board of health told the Commission on the Sick and Destitute Poor:

> Originally it was decided to send all second offenders to the Magdalen Asylum Galway, and the children to the Children's Home. That worked for a short time until the Ministry insisted on having an agreement with the Nuns in charge of the Magdalen Asylum. The Nuns refused to sign any agreement, and the whole thing has fallen through. Now second offenders are not allowed into the Children's Home, and when they are discharged from the maternity hospital they are allowed to go broadcast through the Country.

15.53 The records of admission pathways are very incomplete, but of those that exist, the most common referrals were by the local health authority or by a dispensary doctor/medical officer. Galway local authority records show that officials made serious efforts to pursue the putative fathers of these children for maintenance or to secure a contribution from the woman's family. In June 1930 the CHHAC recommended that all women admitted to Tuam should be interviewed by the county solicitor.[22] In December 1930 the Senior Assistance Officer (SAO) (see Chapter 1) visited and interviewed all the women. He reported that they were mostly servant girls; the putative fathers tended to be labourers or servant boys. He provided the committee with a list of women and putative fathers. He indicated there was written evidence of the sixth mother on the list having met the putative father on several occasions. He claimed there was enough evidence for the county solicitor to pursue this case as he was a man of means. Additionally, numbers two, three, five and twenty stated that they could prove paternity. Numbers one, two, three, four, five, sixteen and twenty were living at home with their parents 'when they got into trouble' and he recommended that the committee

[22] *Connacht Tribune* , 28 June 1930

should pursue their parents for maintenance in Tuam or 'have themselves or their babies sent home'. Numbers fifteen, seventeen and twenty-two came from other counties, 'but had been employed as maids in Co. Galway when they got into trouble'.[23] It should be noted that this report, without names, was published in a local newspaper.

15.54 This SAO had presented a paper to a conference in Dublin's Mansion House some months earlier, titled '*The administration of home assistance'*. In the course of this paper he argued that a large number of unmarried mothers in Galway were 'mentally defective'. He also suggested that 'imbeciles and harmless lunatics' should not be given home assistance, arguing that their proper place was in an institution where they would be able to receive suitable treatment. He claimed that many young women in this category become unmarried mothers: 'a contingency doubly abhorrent, increasing the large number of imbecile children already in the country'.[24]

15.55 The solicitor for Galway County Council was zealous in pursuing both putative fathers and the families of unmarried mothers to recover some of the cost of running the Tuam although it is probable that many of his efforts were not successful. Farm labourers and servant boys would have been incapable of contributing money towards a child's maintenance. Nevertheless the extant managers' orders, the minutes of the CHHAC and reports in the *Connacht Tribune* record extensive discussion about this issue. If the putative father was a soldier or a member of An Garda Síochána, Galway County Council approached the relevant ministers, asking for deductions from their wages, but it is not clear whether this happened.

15.56 In 1943 the county manager examined a list of cases submitted by Sister Hortense and directed that proceedings be taken in those cases that she recommended. The following year an expectant mother arrived in Tuam; she was a native of Athenry and had been working in a Limerick hospital for the previous six months. The assistance officer refused to give her an admission ticket - presumably because she had been working outside the county. Sister Hortense admitted her for one month because she had nowhere else to go and the woman agreed to pay £2 for her maintenance. The county manager ordered that she be asked to make

[23] *Connacht Tribune*, 25 January 1930
[24] *Connacht Tribune*, 12 July 1930.

a statement as to the putative father and if she refused to do so she would not be admitted. In 1945 a manager's order reported that a named woman wished to be admitted as an expectant unmarried mother. She was prepared to pay £5 for admission; her mother would pay a further £5 at a later date. The county manager ordered that she should be admitted, having paid £5 down; consideration should be given to discharging mother and child after three months if she did not assist in the prosecution of the putative father. The question of a further charge for maintenance would be considered after three months. In 1947 he issued an order relating to future admissions of unmarried mothers to Tuam:

> I hereby direct that admissions to the Children's Home Tuam in future be only made on order issued direct from county council office after receipt of application form completed by expectant mother giving name and means of putative father, whether she is willing to swear against him with particulars as to her own means and contribution (if any) to be made. This form must be endorsed by her medical attendant giving probable date of confinement and stating where admission is recommended.

15.57 There is evidence that this order remained in force into the late 1950s. In 1957 a GP from Co Galway, who was a member of a deputation from the Irish Medical Association to the Department of Health (they were discussing maternity provisions under the *Health Act 1953*), complained about the difficulty of getting unmarried mothers admitted into Tuam. He reported that the local health authority insisted on the name of the putative father being provided before a woman was admitted. He acknowledged that the health authority was collecting £4,000 a year 'from such individuals, but he felt that the present approach was an unhuman one'. He also noted that some unmarried mothers required a level of care that could not be provided in Tuam and this delay presented risks for both mother and baby. Pregnant single women whose medical condition required admission to the Central Hospital in Galway had first to be admitted to Tuam and transferred from there to Galway. Names of putative fathers are recorded on 399 entries out of a total of 2219 entries (almost 18%); it is not possible to know if any of these names is accurate.

The Maternity Unit

15.58 When Tuam opened as a children's home it did not accommodate pregnant women. Pregnant women who sought the assistance of the local authority were admitted to the county home in Loughrea and transferred to the Central Hospital in

Galway for the birth of their child. Mother and baby were then brought to Tuam. In 1926 the CHHAC expressed concern at the 'unnecessary expense' of ambulances to transfer mothers and babies and a 'still greater concern is that while this class of patient is in the Central Hospital, wives of labourers artisans etc. for whose use the Central Hospital was primarily intended will not seek admission'.

15.59 Discussions about a maternity ward commenced shortly after the home moved to Tuam. The medical officer at the home expressed the opinion that the former Tuam fever hospital (which was part of the workhouse complex) would be suitable, provided that it was modernised. It had no hot water supply, no suitable range (stove) in the kitchen; an extra bath, bathroom, beds and bedding were required as well as two or three extra nurses. He emphasised that complicated cases should continue to be sent to Galway. The CHHAC was less than enthusiastic about providing a maternity home at Tuam, given the additional costs.[25] The County Galway Hospitals and Dispensary Committee was more positive because they wished to exclude unmarried mothers from the Central Hospital. One member suggested that 'there should be a shed erected at the County Home', to cater for unmarried mothers. However the chair of the committee, Canon McAlinden, countered that these women were not 'hospital cases. They are coming in as refugees'.[26] Having examined the options, a decision was taken to fit out a 'room' in the Tuam home, 'as the present arrangements…cannot be allowed to continue'. Galway County Council asked local newspapers to publish a denial of a rumour that coloured illegitimate children were born in the Central Hospital.[27]

15.60 The local authority engineer reported that the proposed maternity ward (the former fever ward) was sufficiently large but needed major improvements. The interior needed to be thoroughly cleaned, bathrooms and toilets installed and a new sewer system laid down. He estimated that these works would cost approximately £500. In September 1930, Galway County Council sanctioned the raising of a loan of £2,000 for rewiring the county home and repairs in Tuam, 'including the provision of a maternity ward'. The loan was approved almost immediately by the DLGPH.

15.61 The maternity unit opened in 1935. A total of three 'illegitimate' babies were born in Tuam in the 1920s; these births presumably occurred before mothers could be

[25] *Connacht Tribune,* 28 August 1926.
[26] *CT* 8 September 1928
[27] *CT* 8 November 1928

transferred to Galway. In the 1930s the numbers born in Galway (200) still exceeded births in Tuam (168). There was no resident midwife. When plans were being drawn up for the maternity ward, the local authority decided to increase the salary of the medical officer by £25 from an initial £90 and to pay the local dispensary midwife an additional £20 to attend at births in the home. In 1932 the matron (Sister Hortense) informed the local authority that she had been given permission to supervise the proposed maternity ward (either by the bishop or by the order), 'but she would not be allowed to undertake the nursing in connection with same'. The Vatican prohibition of religious sisters engaging in midwifery was removed in 1936.[28] This change does not appear to have impacted on nursing/midwifery practices in the Tuam home. The 1945 inspection carried out under the *Registration of Maternity Homes Act 1934* noted that the staff was adequate to meet the needs of the maternity unit. It stated that the nurse (presumably the midwife) slept at home and attended for confinements. The 1950 inspection noted that the patients were delivered by the district midwife. A Department of Health file looking at provisions for unmarried mothers under the *Health Act 1953* noted that 'the medical officer attends daily and is on call as required'. This would have been the position in many small private maternity homes at the time.

15.62 Institutional statistics show that from the 1930s women were admitted to Tuam on average 50 days before giving birth. The department's inspector, Miss Clandillon, stated that the possibility of a woman in Tuam receiving pre-natal care was dependent upon the length of time elapsing between admission and confinement. No such care was possible in some cases because women sought admission immediately prior to or after confinement. The way to ensure that women could receive appropriate care was to secure their admission three months before confinement. However, there was a challenge in trying to get local authorities to agree to this because of the cost. In 1947 Miss Litster also commented that many Tuam mothers received no ante-natal care. She criticised the county manager for issuing an order that prohibited the admission of expectant mothers, chargeable to Co Galway, prior to the seventh month of pregnancy. She suggested that this would place a good deal of hardship upon women 'whose condition must become a matter of common knowledge before they are admitted and whose efforts to conceal their condition must have a bad effect upon the health of their infants. It

[28] Canon 489 'Maternity Training for Missionary Sisters'. Margaret MacCurtain, 'Catholic sisterhoods in the twentieth century' in Alan Hayes and Diane Urquhart (eds), *The Irish women's history reader* (Routledge, 2000), p. 149

might be well to enquire the reason for making this order'. There is no evidence in the managers' orders that this prohibition, which was introduced to reduce costs, was removed.

15.63 The Tuam home was registered under the *Registration of Maternity Homes Act 1934* on 1 December 1937. An inspection carried out on 11 July 1945, the earliest inspection report which the Commission has seen (although clearly not the first inspection), stated that the maternity wing was a new building, well-equipped and fit for purpose. It consisted of a six-bed ward, one bath and shower and three WCs. It noted that the medical officer wanted Wasserman tests (a blood test to determine if a woman was a carrier of venereal disease) to be carried out before women were admitted; otherwise he had to send the blood tests to Galway for analysis. The inspection noted that 97 babies were delivered in the past year; no miscarriages or stillbirths were recorded, but there were 10 infant deaths since the last inspection. The inspector, Dr Florence Dillon, noted that the matron was 'most anxious to have the home centrally heated'; no details were given about heating in the maternity home in this report. A further inspection in 1947 confirmed the 1945 details about the premises; it also mentioned that the unit included one single room, which would appear to have been used as an isolation unit for mothers. There were 86 confinements in the past year and six infants had died. The Grove, a private nursing home also run by the Sisters of Bon Secours in Tuam, which was also inspected at this time, recorded 92 confinements over the same period and two infant deaths. In May 1950 the figures for the Tuam home were 82 births, six stillbirths, one maternal death and 11 infant deaths. The inspector noted that Tuam had no arrangements for dealing with cases of puerperal pyrexia or sepsis - these cases were transferred to hospital.

15.64 The inspection in May 1950 noted that there were three new-born infants in the nursery but the cots did not have the usual bed clothes, sheets, pillowcases, mattress saver, mackintosh etc. One infant was wrapped in a large grey blanket. Two others had old looking jerseys on and the inspector remarked 'I think the cots and the infants should be properly dressed'. When Tuam was inspected in 1951 it was noted that there were only one or two patients in the maternity unit at any one time. The number of births was falling, 53 since the last inspection; four infants had died. The cot clothes had been replaced. The report recalled that they had been very poor at the last inspection.

15.65 Documents relating to the 1951 inspection noted that when the Chief Medical Officer of the Department of Health made his observations on the inspection carried out in May 1950, he suggested that an investigation should be carried out into the infant mortality rate. 'In view of attached (illegible) it would appear that the matter was overlooked'. It noted that the causes of the high death-rate were discussed 'in A section's file A11/255'; the Commission has not seen this file. The memorandum indicated that a number of causes were given for the high death rate, the 'chief one being lack of pre-natal care, a cause which the authorities of the home cannot remedy'. It added that 'several other improvements in the home itself are necessary both in personnel and facilities'.

15.66 This was a reference to the medical officer to the home, Dr Costello. He had been the medical officer to the Tuam workhouse and was appointed as medical officer to the Tuam home when it was opened. He was also the local dispensary doctor which was a salaried post and he served as medical officer of health for the local authority. The doctor divided his time between all of these duties. In 1932 he applied for an increase in his salary as medical officer to the Tuam home. He highlighted the increased work resulting from the admission of women and children from Mayo from 1931 and the opening of the maternity unit. In 1932 he claimed that 'the ante-natal Galway cases' had increased his workload; in 1937 the local authority agreed to award him a salary increase of £70. Galway CHHAC told the department that a portion of his salary would be charged to Mayo Board of Health in proportion to the number of Mayo women and children in the home. This would also apply to the £120 salary paid to the chaplain. Over one-third of the women and children in the home were from Mayo.

15.67 Dr Costello retired as medical officer to the Tuam home in 1951 but continued to serve as the dispensary doctor. He was born in 1864 so he was 87 at this time. The county manager and at least one Galway TD supported his claim to draw pensions from his former roles as medical officer to the Tuam home and the former Tuam workhouse, while continuing to serve as a dispensary doctor but the Department of Health refused to approve this, deeming it illegal. Dr Waldron succeeded Dr Costello as medical officer to the home.

15.68 The Commission has discovered very few details about medical practice in the home. In 1943 there is evidence that the medical officer had sought the assistance of another doctor in a difficult midwifery case and he asked the local authority to

approve a fee payment to his colleague; this was not the only such occasion. In 1945 the county manager approved the purchase of 'special medicine', not specified, for Tuam, subject to ministerial approval. Another order approved the purchase of 4.5 gallons of Hysan, the purpose of which is not clear. In 1947 approval was given to purchase a quantity of penicillin that Dr Costello required 'in connection with an epidemic of measles in the home'. In December of the same year approval was given to purchase penicillin at a cost of 4s 3d to treat influenza. These would have been quite early instances of penicillin being used in Ireland. A letter in the records of the Sisters of Bon Secours, dated November 1946, from Sister Hortense stated that she had £1,000 in the St Mary's bank account: 'I was holding it for the theatre equipment as the contractor will require payment when the stuff is delivered'. This suggests that the maternity unit was acquiring additional equipment at this time.

15.69 In 1951/2 there would appear to have been some concerns about the register for the maternity home. A letter from the county secretary to the Department of Health, dated July 1952, reported that:

> The County Medical Officer states that on his inspection of St. Mary's Nursing Home, Dublin Road Tuam on 15th February last, he checked the register and that he recently re-checked it, and interrogated the matron, but could find no evidence of the omission alleged in the last paragraph of your letter of 21st June to the County Secretary[29] in which you stated that the death of one infant was not entered in the record of the Home. I shall be obliged if you will let me have further particulars concerning the alleged omission.

15.70 The Commission has identified three infant deaths in the home in February 1951 that are not registered in the General Register Office (GRO). There clearly was some problem with registrations of death at this time.

15.71 In 1953 all the maternity homes in Co Galway were inspected by the county engineer to assess fire safety. The Tuam maternity home had fire extinguishers and this is recorded in a number of inspections. The county engineer stated:

> No special report is being made on this building as plans are prepared for extensive alterations which are due to begin in the near future. These will include new escapes. It is recommended as in other cases that a system of

[29] The Commission has not seen this letter.

fire and evacuation drills be devised and that printed instructions be posted in Staff Quarters setting out actions to be taken in case of fire.

The Commission has seen no evidence that this happened but the fire risks were highlighted in November 1959 when a decision was taken to close the home.

15.72 Tuam maternity home did not include a separate nursery. In earlier inspections it was stated that the infants stayed with their mothers (which would have been conducive to breastfeeding). However, in 1953, an inspection noted that a kitchenette was being used as the nursery which was contrary to the specified standards. According to a note on a Department of Health file, Miss Reidy (a department inspector) had discussed the matter of infants being left in the kitchenette with the Galway chief medical officer. She recorded that he was satisfied 'that in view of the limited no. of deliveries in this Home the nursery provision is adequate'. The memorandum continued: 'The Home is closely associated with the Local Authority and I suppose it should comply with our standards, but is it worth-while following up the point'.[30] When the home was inspected in 1956 it was noted that the maid slept in the same ward as the patients. Infants were nursed in a spare room with their mother when they were ill. The kitchenette was occasionally used as a nursery and, yet again, it was noted that this was contrary to recommended standards.

15.73 By this time there should have been no reason to use the kitchenette as a nursery. In 1955 it was reported that births had fallen to approximately one a fortnight; 29 babies were born between 20 July 1956 and 26 August 1957; there was one stillbirth and six infants died. One was described as 'delicate and difficult from birth'; another as 'delicate from birth and very poor weight gain'; one had a congenital heart disorder; the mother of one of the children was in a sanatorium both before and after the birth. Three children died from pneumonia or respiratory infections.

Women's exit pathways

15.74 Women remained in the home for less than a year. The average stay after giving birth ranged between 200 - 259 days; the shortest stays, an average of 204 days, were in the 1940s and the longest, 259 days, was during the 1950s. This was shorter than in the Sacred Heart homes. Just under half of the mothers (1101)

[30] The Department of Health had set standards for maternity homes but these were not statutory and not legally binding.

gave birth in the Tuam maternity home; 558 gave birth in hospital in Galway; 87 gave birth at home and 91 in hospital in Castlebar. Twelve mothers died in the home between 1923 and 1961.

15.75 Thirteen mothers are recorded as going to Magdalen laundries and one to an unspecified Good Shepherd Home (which was probably a Magdalen laundry). Most files give no indication as to the exit pathway of the mother so these figures should be regarded as the minimum number admitted to Magdalen homes. In 1928, during a lengthy debate over the cost of maintaining unmarried mothers and their children the local authority adopted a resolution calling on the Dáil 'to introduce legislation to giving power to commit second offenders to a Magdalene Asylum'.[31] This motion was consistent with the recommendations of the 1927 Commission on the Sick and Destitute Poor. While no such legislation was ever drafted, there is evidence that the local authority attempted to send some mothers who were pregnant for a second time to Magdalen homes. In 1945 a manager's order stated that a named woman should be transferred to a Magdalen home when she was due for discharge from the Tuam home; if she refused, her child should be discharged with her. This woman had previously given birth in Tuam in 1939 and her child had died. On this occasion she was transferred to Tuam from Regina Coeli; this child also died and the mother left the home shortly after the death. There is no record of where she went. Institutional records relating to children in Tuam show that 84 mothers were admitted to a Magdalen laundry some time after their discharge from Tuam. It is most likely that these women were on their second or subsequent pregnancy and, in line with Galway County Council policy, were directed to enter a Magdalen laundry when they sought public assistance. In 13 other cases children were admitted to Tuam unaccompanied while their mothers were admitted to a Magdalen laundry - these women had never been in the Tuam home. A further 22 women, all admitted to the Tuam home on second or subsequent pregnancies, were directed by Galway County Manger to seek admission to a Magdalen laundry or to remove their child from the Tuam home. The Commission could not establish whether these women subsequently entered a Magdalen laundry. Four children who were born in or admitted to the Tuam home were subsequently admitted to a Magdalen laundry in their teens or in early adulthood.

[31] *Connacht Tribune,* 8 September 1928.

Children in Tuam

15.76 The Tuam institutional records show that there were a total of 3,349 children resident in Tuam; 2,694 were the children of unmarried mothers; 655 were the children of married or widowed parents. As already stated, Tuam was not exclusively a mother and baby home. It accommodated unmarried mothers and their children from counties Galway and Mayo. It also accommodated the children of married couples or widows/widowers with or without their mothers and orphans. The women were often wives of men who had gone to England but were not sending money home; there was also an occasional prisoner's wife and other homeless and destitute women. There are several reports of families being evicted. Similar cases can be found in county homes during these years.

15.77 Tuam accommodated significant numbers of unaccompanied children - children of unmarried mothers whose mother had left the home and unaccompanied children of married or widowed parents. The number of unaccompanied children peaked in the 1940s. The average number of unaccompanied children per decade was:

1920s:	72
1930s:	67
1940s:	251
1950s:	51

15.78 The unaccompanied children of married parents were in the home for a variety of reasons. There are detailed lists of these children in the manager's orders; the details given here relate to 1943. One father whose daughter was in the home, explained that he could not take her home because his father who was living there had an advanced case of TB and was not expected to recover. Another child was deemed ready to leave the home because her mother had been discharged from a mental hospital. The father of one family of children was working in England 'and will probably take them home on his return'. One girl whose father refused to contribute towards her maintenance in the home 'appears to be mentally defective'. The father of one boy was in the army and his mother was in hospital; this boy would return home when she was discharged. One family of children was sent to the home by the National Society for the Prevention of Cruelty to Children (NSPCC). Their father had been evicted and the NSPCC inspector 'doesn't know what happened to the parents'. The father of another family of children had gone to England and left them with his mother, but 'she gave them back to his wife'.

There are numerous cases where one or both parents was suffering a long-term mental or physical illness; or a father, and occasionally also a mother, had gone to England and left the children behind. The local authority sent these children to the home and tried where possible to make the parents contribute towards their upkeep. Children in similar circumstances continued to be admitted to the home until it closed.

15.79 By June 1935, the home was becoming overcrowded. The number of children admitted (which includes those born in the home) peaked in the 1940s; 132 were admitted in 1942, 139 in 1944 and 142 in 1946 but the numbers fell sharply after 1947. In a report dated October 1940, Miss Clandillon, a DLGPH inspector, stated that there had been an increase of one-third in the number of children in the home to 80 and consideration needed to be taken to increasing the numbers being boarded out. In 1944, Miss Clandillon said the numbers of children and mothers being maintained in Pelletstown and Tuam was excessive and a vigorous boarding out system was needed to reduce it. On 31 March 1943, there were five children to every mother in Tuam and the home was struggling to limit the numbers that could be admitted.

15.80 The home was under considerable pressure during the 1940s. The numbers of 'legitimate' children in the home peaked in 1943, probably reflecting wartime disruption: fathers going to work in England or joining the army. The number of 'illegitimate' children also rose - as happened in other mother and baby homes.

15.81 The high ratio of children to mothers would have made it difficult to provide adequate care for toddlers and children. Tuam was again described as overcrowded in 1944 when there were 301 residents, 198 from Galway and 103 from Mayo. By August 1948, there were 75 children, which was a reduction from Miss Clandillon's previous report. She described Mayo as 'one of the few counties in any area which has not been affected by the war'; the supply of foster homes did not appear to have been diminished. She criticised the practice in Galway and Mayo of boarding out children with elderly foster mothers; she suggested that this should be avoided as far as possible.

15.82 Approximately half of these children were born in the home; the highest proportion was during the 1940s, when over 60% of children were born there; the proportion fell to just over 50% during the 1950s.

15.83 While women left Tuam on average less than a year after the birth of their baby, the children remained there for several years. The policy of the DLGPH was to encourage boarding-out when children were two years old and there was sustained pressure on mother and baby homes and county homes to place children who were over two years of age in foster homes though local authorities often failed to comply with this. However Galway was unique in having an agreement with a dedicated home to keep the children of unmarried mothers until school-going age. The agreement drawn up between Galway County Council and the Sisters of Bon Secours when the home opened provided for this. When an agreement was reached with the Sisters of Bon Secours in 1931 to admit women and children from Mayo, one clause stated 'That ages for boarding out children be the same in Mayo as for Galway, namely, boys 5 years, girls 7½ years, each Board to deal with their own boarding out arrangements.'

15.84 When Mayo attempted to change this arrangement in 1935 and remove children at an earlier age, the Sisters informed the local authority that their agreement about the Tuam home would not be renewed. Galway Board of Health expressed the view that the Sisters were acting in the best interests of the children.[32] On occasion when the cost of the home threatened to result in an increase in the rates, a councillor would suggest that children should be sent home to their mothers.[33]

15.85 When a mother left and her child remained in the home, the local authority tried to ensure that mothers contributed to the child's maintenance. In 1943 Miss Clandillon stated that some mothers in Tuam and Pelletstown were permitted to leave the home in order to take up employment. They could leave their children in the homes under agreement and contribute to their maintenance, although this was not the usual procedure following birth in an institution. In that year a Co Galway manager's order, headed 'Maintenance Cases Children's Home Tuam' recorded that two mothers had agreed to pay 5 shillings a month towards maintenance of their children in Tuam. In another case (1947) where the mother had left the home and was reported to be going to England, the manager ordered that the 'Secretary of the passport office be requested to refuse permission to this girl to emigrate to England[34] and that the county solicitor issue proceedings against

[32] *Connacht Tribune*, 28 September 1935 and 23 November 1935
[33] *Connacht Tribune,* 17June 1933
[34] Travel permits were required for travel to Britain during the war years and until 1948.

her for deserting her child'. The assistant secretary had secured the address in England of the mother of a child in the home and he had written to her asking what amount she would pay towards the cost of maintaining her daughter in the home.

15.86 The local authority put pressure on Sister Hortense to ensure that mothers signed an agreement to contribute to their child's maintenance before they left the home. Managers' orders report that Sister Hortense agreed to ask mothers when they were leaving the home whether they were 'willing to contribute something towards the cost of maintenance of their children there'. The county secretary was directed to draft an agreement to this effect that mothers would sign before they left the home. A later report stated only three mothers with children in the home had been discharged during the quarter ending 30 September 1943 and all three mothers had signed agreements guaranteeing payment of £3 a year towards their children's upkeep. The Commission has no knowledge of the number of mothers who signed such an agreement or of the amounts, if any, that they might have contributed. The majority would have taken jobs as domestic servants or in institutional service where their earnings would have been meagre.

15.87 In 1956 the secretary of Galway County Council wrote to the Department of Health about the requirement to contact the mothers of children who were either in Tuam or boarded-out. This arose in the context of a requirement to secure the mother's written consent if the child was undergoing an operation. This was difficult when the child had been abandoned or its parents were incapable of making a decision and it appeared that no express authority had been given to local authorities that would ensure they would be able to grant permission for necessary operations to be carried out as required. He had given instructions to the matron in Tuam to seek a mother's permission in future where this was possible.

Illnesses and deaths

15.88 The Commission has identified 978 deaths of children who were in the Tuam home; this includes 80 children who died in Glenamaddy; 802 children died in the Tuam home; 80 died in the Central Hospital in Galway and 8 died elsewhere including other hospitals. The Commission has seen GRO records for 972 of these children. The children who died included 108 'legitimate' children. The death of 'legitimate' children peaked in 1936 when 17 children died. The deaths of children born to unmarried mothers peaked in the 1940s.

15.89 Almost half of the deaths (453 or 47.8%) were of infants aged between one and six months and almost 80% were of infants aged under one year.

15.90 The local authority records have virtually no information about deaths or illnesses in the home although it would appear that the medical officer supplied regular reports. In 1943, they note a report from Dr Costello stating that there were 'only' 6 deaths in June, one was an infant who had lived only one and a half hours. The other children were under six months of age, and deaths were due to whooping cough and general weakness.

The 1945 inspection

15.91 Most of the inspections carried out under the *Registration of Maternity Homes Act 1934* reported only on the maternity home; they did not inspect the children or the remainder of the home, but there were some exceptions. In 1945 Dr Florence Dillon completed the standard form. She also included a hand-written report. This stated that 'as directed' she had visited the home and interviewed the matron and the medical officer. There were 64 'girls' in the home; ten were described as 'waiting cases', and 160 children. She was strongly of the opinion that mother and child should not be separated in the first 12 months of life 'under any circumstances whatever, & neither should be permitted to leave the Home for this period'.

15.92 Dr Dillon commented on the 'legitimate' children in the home. She reported that the 'matron informed me that the county manager sends in children of mothers going to the Central Hospital as patients', and the NSPCC inspector 'sends in whole families'. She recommended that these children should only be admitted on a temporary basis, and they should be segregated from the other children because they were a possible source of infection. Dr Dillon reported that 'The Home appears efficiently managed as far as could be ascertained. The children are well cared, weekly weight charts being kept in the case of non-thriving infants also case histories'.

15.93 Among the 160 children in the home there were eight 'imbeciles all of whom were born in the home and 2 girls of 12 years who were returned from being boarded-out, owing to sub-normal intelligence. Yet another imbecile 8 yrs. was sent to the Home by Galway County Manager last week'. When the county manager received

a copy of Dr Dillon's report (and he would have received a copy of all inspectors' reports on the home), he directed that

> particulars of imbecile children in the Home from Galway and Mayo be sent to the Local Government Department, that they be informed that those children will be sent to St Vincent's Home Cabra Road, if accepted there. That legitimate children are only taken temporarily and St Vincent's be asked if they are prepared to admit those children.

The 1947 inspection

15.94 The most comprehensive inspection of the Tuam home which the Commission has seen was carried out by Miss Litster in April 1947. At the time there were 271 children and 61 mothers in the home - a total of 333 residents. She noted that 'in 1944 the population suggested as desirable by Mr Humphreys was 243.[35]

Accommodation and health

15.95 Miss Litster described the accommodation and the condition of the children in detail:

Day Nursery 1: The day nursery for babies contained eight wooden cots and one pram. Babies were healthy in appearance, except for two boys; one was described as 'a baby with mis-shapen head and wizened limbs', the second as 'a premature infant'.

Day Nursery 2: There were 18 toddlers in a second day nursery. Miss Litster described them as 'mainly healthy and normal' with 7 exceptions:

- a four-year-old boy who was described as 'epileptic and partially paralysed';
- a three year-old boy who was a 'mental defective';
- a girl aged one-and-a-half years who was also a 'mental defective';
- A thirteen-month old boy, 'a miserable emaciated child with voracious appetite and no control over bodily functions probably mental defective';
- A ten-month old girl who was described as 'child of itinerants', delicate;
- A boy, five years old, who had been 'refused admission to Cabra M.D. Home[36] owing to lack of accommodation';

[35] Mr Humphreys was an engineering inspector from the Department of Local Government and Public Health. It seems that he had carried out an assessment of a number of mother and baby homes to determine their capacity but the Commission has not seen his report on Tuam.
[36] St Vincent's, Cabra (see Chapter 2).

- A boy also aged five years: 'Atrophied areas, hands growing near shoulders. Arrangements have been made for admission to Orthopaedic Hospital'.

Day Nursery 3: Sun-room and Balcony; 12 of the 31 infants here were described as 'poor babies, emaciated, not thriving'.

- A three-months old girl with wizened limbs;
- A 13 months old girl: 'mother epileptic. Infant gets occasional fits';
- A boy, no age given, 'delicate child';
- A girl three weeks old, 'emaciated and delicate';
- A girl, two months old, mother 15 years-old;
- A girl about six months, 'emaciated';
- A girl, about seven months 'delicate and wasted';
- A girl seven months old described as 'fragile, abscess on hip, boils over body';
- A girl, no age given; 'A "wasted" child, now beginning to thrive';
- A girl 3 months 'not thriving, wizened limbs, emaciated';
- Boy, 7 months 'pot-bellied, emaciated';
- Girl, no age given, 'epileptic, mother also epileptic, a very poor baby'.

Approximately ten of these 31 babies were wholly breastfed. The remainder were bottlefed or partially breastfed.

Day Nursery: St Teresa's: This nursery had 13 infants in wooden cots; all except two were under one year old. All but three infants were described as 'mainly healthy and normal'. The exceptions were

- A boy aged about nine months, 'emaciated, flesh hanging loosely on limbs. Mother not normal';
- A child, sex and age not stated, 'delicate, beginning to thrive';
- A child, sex and age not stated, described as 'delicate, wasted'.

Sun Balcony: St Patrick's: This had 33 babies aged between one and two. Miss Litster recorded that all seemed healthy and normal, with the exception of one boy, who was deaf and dumb, and was awaiting a vacancy in the 'Institute for Deaf and Dumb'.

Play-room: This had 92 children aged from three to six years; the older children went to school in Tuam. They were described as 'mainly healthy and normal', with three exceptions.

- A six-year-old boy who 'appears to be educable and might not be classed as a mental defective'. Miss Litster suggested that an effort might be made to have him accepted in an industrial school.
- A girl three and a half years old, 'sub-normal in intelligence but may not be mentally defective'. The inspector suggested that she should be examined for mental defect.
- A girl aged six, described as 'mental defective'.

Miss Litster recommended that all the children aged four and over should be boarded out.

Play-Room Children and Toddlers: There were 59 children in this group. All seemed healthy and normal. Three children merited special comment. One was an albino boy, aged about seven who had not been sent to school. 'He does not appear to be of average intelligence, and is not suitable for boarding-out'. Miss Litster suggested that an effort should be made to place him in an industrial school. Two children needed surgical treatment and Miss Litster reported that 'accommodation cannot be obtained for them in the Central Hospital Galway' - one boy had a club foot, the other boy had two club feet. She reiterated that 'continued efforts' must be made to secure places in Cabra for four mentally-defective children mentioned above.

Mortality

15.96 Miss Litster described the infant death-rate as high. She gave the figures for a number of years:

	Births and Admissions	Deaths
Year ending 31/3/43:	159	54: 34%
Year ending 31/3/44:	169	42: 25%
Year ending 31/3/45:	153	36: 23%
Year ending 31/3/46:	143	39: 27%

15.97 The death rate had appeared to be on the decrease but had begun to rise again. During the half-year ended 30 September 1946 the number of births and admissions was 66, the number of deaths 21 giving an infant mortality rate of about 32%. The report states that a list of the causes of the deaths in the year ended 31 March 1946 was appended but it is not included in the file provided to the Commission.

15.98 Miss Litster said that it was time to enquire into possible causes of death before the rate became higher. She noted that there was a constant risk of infection because of admissions of entire families, 'itinerants, destitutes, evicted persons etc. into the Children's Home'. She remarked that Dr Dillon had previously drawn attention to this in 1945. There was no isolation unit, which meant that children newly-admitted were mingling with others in the home and there was no routine examination and testing for venereal diseases. Dr Costello was praised for his keen interest in the welfare of the children, their progress and diet. However, he was then 80 years old and Miss Litster commented: 'I think we are entitled to ask that the advice and assistance of a younger doctor with more up-to-date knowledge and methods should be available'. This report stated that the infants 'received good care in the Children's Home. The Bon Secours Sisters being careful and attentive and excellent diets were available'. 'It is not here that we must look for the cause of the death rate'. It is regrettable that the Commission has seen no further detailed reports on the children in the home after 1947.

15.99 There are a number of references to a visiting committee drawn from members of the local authority but, if they compiled written reports on conditions in the home, the Commission has not had access to them. Most local authority statements relating to the home are concerned with costs, not the quality of care and standards of health. In 1959, when plans to close the home were being aired, a member of the local authority, who was a medical doctor, asked for details of the specimen diet of children in the home for a week; the age limits of the children; number of admissions; number of adoptions; number of infants who died and the daily cost. At a later meeting in October 1959, it was recorded that 'the allegations (not minuted) made by Dr O'Driscoll were unfounded in the views of Councillors Mannion and King. They stated that members of the visiting committee were satisfied with the way that the Children's Home was being managed'. There was a belief that the allegations made by Dr O'Driscoll were without foundation. It was decided that the information that he had requested at the meeting of 8 August

1959 should be supplied at the next consultative health committee meeting. At a later meeting Dr O'Driscoll explained that he had not made any allegations concerning the Tuam home, he had sought information. It is not clear that he ever received that information.

15.100 When the Department of Health decided in 1959 that the home should close, Miss Reidy, a Department of Health inspector, remarked that there had been a dramatic improvement over the previous twelve months and the Sisters of Bon Secours wanted to improve it further. She was amazed at the progress made following a recent inspection. Toys had been obtained and children organised into play groups. Her comments would suggest that she had inspected the home (and not just the maternity unit) on several occasions. The Commission has not seen reports of these inspections.

Children's exit pathways

15.101 The institutional records show the exit pathways for children as follows:

Boarded Out	810
Boarded Out Parent(s)	1
Boarded Out Parent(s) Address	10
Informal Adoption	5
Home (unspecified)	1
N/A	535
Nun	1
Nursed Out	1
Other Institution	396
Parents/Other Family Member	708
Placed for Adoption	77
Relatives (Unspecified)	2
Died in the Institution	802
Grand Total	**3349**

Boarding out

15.102 The most common destination for children who left the home was boarding out in counties Mayo and Galway. The children who went to parents or other family members included many of the 'legitimate' children who had been sent to the home. As with the other mother and baby homes, it is not clear that children who

left with parents or other family members stayed with them; many were likely to have been subsequently placed at nurse, boarded out or adopted. The institutions included industrial schools, facilities for children with intellectual or physical disabilities and hospitals.

15.103 The major difference between boarding out from Tuam and elsewhere was the late age that the children left the home. In 1923 the local authority discussed the respective merits of boarding out children from the home or sending them to industrial school. At this meeting, Sister Hortense expressed the opinion that boys over seven should be transferred from the home. She gave the names of seven boys who were over seven and it was suggested that they be sent to the Salthill Industrial School.[37] She also gave the names of five girls over nine years of age who were to be boarded out or transferred to certified schools because it was 'undesirable to retain girls in the home after they reach the use of reason as their unavoidable association with mothers there would be dangerous'. The county secretary was subsequently directed to ask Sister Hortense at what age it would be desirable to transfer girls from Tuam to an industrial school or to board them out with suitable foster parents who would be prepared to adopt them without payment. In 1926 a member of the CHHAC proposed that children should be boarded out from Tuam when they turned seven rather than five and nine respectively for boys and girls, which had previously been agreed. He claimed there were people without children that would be glad to get either a boy or girl aged seven; he argued that this had economic benefits for the local authority, given that it would cost more to keep them in the home for a further two years. However another member proposed that they adhere to their previous resolution. He believed that 'the longer these poor children were kept in the Home under the care of nuns the better for themselves in after years,' and his proposal was carried.[38]

15.104 A meeting of Galway CHHAC in 1930 recommended that 'girls be boarded out at the age of 7½ years and boys as at present at the age of 5 years. In exceptional cases it would be advisable to keep girls in the Home somewhat longer, and in such cases the Sisters are willing to keep them at boarded out rates'. 'When children are being boarded out, it would be advisable when information is required to consult the Sisters as regards foster parents as their information in many cases

[37] Ryan Commission: http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL1-12.PDF
[38] *Connacht Tribube,* 14 August 1926.

would be useful'.[39] After this meeting the Minister for Local Government and Public Health wrote to the committee, asking about the differentiation in ages and pointed out that the department had recommended that children should be boarded out when they turned two. The minister acknowledged that it might be difficult to secure foster parents for young children and it was suggested that there be a sliding scale of payments according to the child's age but the Galway committee did not think it was feasible to board out two year olds. A member of the committee who lived in Tuam commented: 'You should see these children going down to school - how clean and neat they are turned out by the nuns in the Children's Home.[40]

15.105 In 1935, in order to save costs, the Mayo Board of Health decided to reduce the age at which children could be taken out of Tuam and boarded out. However, there was resistance from the Sisters of Bon Secours who were not willing to renew their agreement with the board if the girls were not left in the home until they reached seven years and the boys five years. The secretary said the board had reduced the age to four years all round. One of those present at the meeting said the Sisters liked to keep the girls under their care

> until they had made their first Holy Communion, and had been properly instructed in their religion. That would be a great safeguard to little girls going out into the world…the nuns were merely concerned for what they believe to be and what they have found out from experience to be for the good of the children. The nuns' one object is to make it a means to uplift and help the orphans … the Local Government Department inspectors were in favour of this, and the nuns did not ask for the Mayo children at all.

A member of the committee asked was it the Board of Health or the institutions which made the rules; the secretary suggested that a compromise should be agreed.[41] However it appears that the wishes of the Sisters of Bon Secours prevailed.

15.106 The departmental inspectors consistently favoured boarding out children at an early age because this promoted closer bonds between foster parent(s) and children. They feared that boarding out children at later ages encouraged foster parent(s) to see the children as potential sources of labour (see Chapter 11). It is

[39] *Connacht Tribune,* 28 June 1930.
[40] *Connacht Tribune*, 26 July 1930.
[41] *Connacht Tribune*, 28 September 1935.

evident from records of children boarded out by Galway County Council that it was not uncommon for children to be returned to Tuam in cases of illness, changed circumstances within the foster family and cases where the foster parent could not cope with the child. Girls and younger boys were generally returned to Tuam; older boys were sent to the county home in Loughrea.

15.107 Sometimes children selected for boarding out were not placed because of illness. For example, in 1943 Sister Hortense informed the county manager that a particular child would not be fit for boarding out for four months because of illness. It was suggested that her proposed foster parent should be asked if she would accept a different child instead and this was approved. Galway, like other local authorities, found it difficult to identify suitable foster parents. In 1943 the county manager ordered that Sister Hortense should be asked whether she would ask unmarried mothers to obtain foster parents for their children and pay half the costs and full clothing costs of their children with the remainder to be paid by the public assistance authority. Foster parents were to be approved by the county manager and the local unemployment officer was to be consulted regarding the payment of 9s unemployment assistance to mothers, which would enable them to contribute to their child's maintenance. The manager of the employment exchange in Galway stated that the dependents of those on unemployment assistance should be supported partly or wholly by claimants. Subsequent to this, the county manager ordered that two recently discharged mothers were to apply for unemployment assistance and pay 6s a week for the maintenance of their children.[42] The county manager also issued forms to Sister Hortense, asking her to secure the mothers' agreement to contributing to the maintenance of their child before leaving the home, with the proviso that no agreement would be necessary where the foster parents had been selected by the mother.

15.108 In a memorandum that appears to be dated 15 August 1952, the Department of Health asked whether alternative accommodation might be arranged for some of the children in Tuam.

> The information available to the minister indicates that while the best possible care is provided for the children in the Home, such an institution cannot provide a satisfactory environment for large numbers of children above the age of two and particularly for those above four years of age.

[42] The maximum unemployment assistance payable at this time to a woman with one child dependent was 12s 6d (see Chapter 35).

15.109 It emphasised that it was most appropriate that children who could not remain with their mothers should be boarded out at the age of two, so that they might be reared in the atmosphere of a normal household. Those boarded out at a higher age found it difficult to establish satisfactory relations with members of their foster homes and adapt themselves to rural surroundings. The memorandum remarked that boarding out was less expensive than maintenance in an institution, which needed to be considered in the context of works being proposed for Tuam. It suggested that some children might be placed in a neighbouring county, such as Roscommon by arrangement with a children's officer.

15.110 The inspectors of boarded out children continued to criticise the late age at which children were boarded out from Tuam. In 1959 a report on boarded out children in Co Galway noted that:

> a matter which requires urgent attention, and which has been referred to in earlier reports, is the late age at which children are boarded out from the Children's Home Tuam. The children are usually seven years of age, and may be eight, nine or over. The disadvantages of retaining children in an institution until so late an age are well known. Many tended to be illiterate when coming to school which put them at a disadvantage for their entire school career 'and only the very intelligent ever overcome it … in comparison with other areas, much has still to be done in Co Galway to provide [continuing] education for boarded out children.

Destination of children when the home closed

15.111 In 1959 the Galway assistant manager claimed that one advantage of using Tuam was that it was convenient for arranging boarding out and adoptions and 'we have some control of the care and treatment of the children there'. If extern homes were used, they would incur expenditure on conveying the children to and from the homes and in visits by the children's officer for the purposes of adoption and boarding out. When it was decided to close the home the most important decisions concerned the children. When Tuam was inspected in November 1959 - the inspection that led to the decision to close it - there were 103 children resident there:

Under 6 months	12
6-18 months	20
18 months to 2.5 years	22
4-5 years	17

5-6 years	18
6-7 years	9
Over 7	3
Total	103

15.112 By 1959 there was considerable vacant space in the other mother and baby homes. Officials in the Department of Health met in December 1959 to explore the possibility of relocating children from Tuam to Castlepollard, Sean Ross, Pelletstown or Dunboyne. The minutes stated: 'They had been aware of the suggestion that it was hoped by telescoping accommodation in the three homes at Castlepollard, Roscrea and Bessboro to make the latter home available for mental defectives', which probably explains why no Tuam children were transferred to Bessborough. A medical inspector expressed the opinion that the children remaining in the home were not suitable for adoption because of various physical and intellectual disabilities. He stressed that this was his personal view and he had not examined the children. Officials agreed that it appeared that other homes had sufficient places to accommodate children transferred from Tuam but they needed to establish if they would be willing to admit them. However one official noted that because the Sacred Heart Homes had received funding from the Hospitals Trust Fund that the Sisters would be obliged to accept any cases referred to them by local authorities. They discussed the merits of an immediate or a gradual evacuation of children from Tuam, but given the conditions there (especially the risks of fire) it was acknowledged that 'the evacuations should be completed with the least possible delay'. It was suggested that an informal meeting should be arranged with the county manager to discuss the availability of industrial school accommodation.

15.113 The institutional records indicate that 42 children were transferred to Sean Ross and 10 to Castlepollard; 27 were transferred to industrial schools - the largest number went to St Francis Xavier's industrial school in Ballaghdereen, which admitted girls and younger boys, but others went to St Joseph's industrial school in Ballinasloe which also catered for girls and junior boys and Lenaboy also in Galway, which admitted girls. Two children were admitted to Stewart's Institute (an institution for those with acute special needs; see Chapter 2), one to the Loughrea county home; one to a psychiatric hospital and one to a Protestant children's home. Sister Hortense recommended that one boy aged 13 be placed in Stewart's Institute for imbeciles 'because he is a very unsuitable inmate for the Children's

Home'. However, the CHHAC realised that it was a Protestant institution and it recommended that queries be made 'from ecclesiastical authorities as to the advisability of sending the boy there'. Sister Hortense was keen that he be sent to an institution because 'it is not desirable to have the other children associating with him'. When Galway County Council learned that one child was being removed to the county home (St Brendan's, Loughrea) and another to St Bridget's Hospital, Ballinasloe (a mental hospital) following the closure of the Tuam home the assistant county manager explained that this was due to insufficient space for mentally handicapped children. The child transferred to Loughrea died shortly afterwards. At a meeting of the Tuam Town Commissioners on 4 July 1961, one commissioner claimed that the healthier children had been removed from the home but the more difficult cases were still there.[43] The assistant county manager said that there was an unduly high number of mentally defective children in the home. He criticised the conditions of the home but was forced to retract such statements a month later.[44] Two of the children who were transferred to St Joseph's, Ballinasloe and who were severely mentally disabled were still there in 1964 in spite of the efforts of the Sister in charge there to get the county council to find a more suitable institution.

Closing the Home

15.114 The practice of keeping children in Tuam until the age of five, six or seven was at variance with the Department of Health's determination that children should be boarded out at an early age. When Galway County Council applied for capital funding to carry out major improvements to the home, the department responded by demanding that Tuam children should be boarded out at earlier ages, which would reduce the accommodation needed in the renovated premises. The plans drawn up by the architect, based on the views of the local authority and the matron of Tuam, provided for 181 'cots' for children and 71 beds for women and staff. The department estimated that, if children over the age of four were boarded out, there would only be a need for 60 'cots'. They also determined that accommodation for 39 mothers would be sufficient. The local authority planned to remove Tuam women and children to the Roscommon county home while renovations were being carried out. A letter from the secretary of the Department of Health to the secretary of Galway County Council dated August 1953 stated that

[43] Tuam Town Commissioners, TTC/1/14
[44] *Connacht Sentinel* 22 June and 22 July 1961

> 'The information available to the Minister indicates that while the best care possible is provided for the children in the Home, such an institution cannot provide satisfactory environment for large numbers of children above the age of 2 years and particularly for those above 4 years of age. The ideal arrangement would be that children who could not remain with their mothers should be boarded out at 2 years of age in order that they might be reared in the atmosphere of a normal household. At present, it is stated the children when boarded out from the Home at a higher age are, due to their former environment, frequently incapable of establishing satisfactory relations with the members of their foster-homes or of adopting themselves to normal rural surroundings'.

15.115 The local authority rejected the department's proposals, claiming that they would probably delay improvements to Tuam 'for a very long time'. The proposal to board out all Tuam children over the age of four was dismissed as 'wishful thinking' because it was difficult for Galway County Council to find foster parents for children under four years; reducing accommodation for women would make it necessary to hire additional 'domestic attendance, as much of the work in the Institution is done by the unmarried mothers who are there'. (This statement ignored the proposal to reduce the number of children in Tuam by approximately two-thirds.) The county manager demanded that the accommodation plans submitted by Galway should not be altered. This stand-off meant that improvements to Tuam were postponed until it became evident that there was surplus accommodation in other mother and baby homes. The appalling condition of the premises and the cost of renovation were contributory factors.

15.116 The story of the closure of the Tuam home sheds light on the involvement of the Archbishop of Tuam. The only earlier evidence relating to the home in the archdiocesan archives is a 1952 letter to the archbishop from a local engineer, asking him to intervene with the Sisters of Bon Secours to prevent the transfer of Sister Hortense (who had been in charge of Tuam from its establishment). This correspondent claimed that her departure would be a significant loss to Tuam and the community at a time when there were plans for major reconstruction of the home and consequent disruption. The archbishop relayed this message to the regional superior of the Sisters of Bon Secours; however, he emphasised that 'that no one, no matter who he is, ought to intervene … I want to make it abundantly clear that I have no desire to interfere in any way in the working of the Institution,

which is capably managed in every way'. Similar concerns were raised at a meeting of Galway County Council in June 1952 when a number of councillors wanted to request that Sister Hortense remain in Tuam, but the county manager stated that it was inappropriate to interfere with a religious order in the control of one of its members. The regional superior pointed out that as Sister Hortense's time in office in Tuam had already been extended she felt that it would be unwise to prolong it indefinitely.

15.117 It would appear that the local authority had begun to consider the possibility of moving women and children from Tuam to the former Woodlands sanatorium in Galway in 1957. At a meeting of Galway County Council, the county manager reported that the Sisters of Bon Secours and the Archbishop of Tuam might not approve a move to Woodlands, which was being used as an orthopaedic hospital. The county manager wrote to the archbishop. He indicated that moving to Galway would have major advantages, because Galway was a regional medical centre, 'where specialist obstetrical services and paediatric services are more readily available'; 'if Woodlands were to be under the control of a religious order, I think it would only be right to offer the acceptance of the control of the home to the Bon Secours Sisters, who have been running the Home in Tuam for so long and so well'. The county manager was aware that the Bishop of Galway would have to consent to the Sisters of Bon Secours entering the Galway Diocese. He wrote to Bishop Michael Browne of Galway explaining that the Tuam home needed major structural expenditure, but 'in view of the commitments of the Hospital Trust Fund[45] it is considered that it may be possible to avoid this expenditure by transferring the home from Tuam to Woodlands Orthopaedic Hospital'. He sent a copy of this letter to the Archbishop of Tuam and a copy of his letter to the Archbishop was sent to the Bishop of Galway. The county manager explained that, if the home was transferred to Woodlands, the building would have to be leased by the religious order appointed to run it. The capitation charges would be revised, 'having regard to the fact that under the existing arrangements in Tuam, Galway County Council maintains the premises and pays certain expenses'. The Bishop of Galway replied that the decision about relocating was a matter for the Archbishop of Tuam. The admission of a 'new community of sisters requires canonical sanction'. The archbishop described the proposed transfer as:

[45] This presumably means that the Hospitals Trust was unable or willing to provide funds for the reconstruction of Tuam.

> undesirable in every way. Anyone who has experience of the workings of a Home for unmarried mothers will tell you that such a Home must be in a place that is quiet, remote and surrounded by high boundary walls. It is most difficult to deal with unmarried mothers. In many cases they are on the look-out to get in touch with men, and some of them cannot repress their excitement even when a man comes to the Home to deliver a message … Many of these unmarried mothers are anxious to get off without delay. The only thing that prevents their leaving is the strict supervision and boundary walls … in some cases it has been known that attempts were made from outside to get at the inmates.

15.118 He further stated that the Sisters had made big sacrifices to ensure that the running of the Tuam home was a success. He reiterated that Woodlands was wholly unsuitable because it was not far from the public road and people had easy access in and out of it. The spread-out nature of Woodlands meant that it would be impossible for the night sister to properly supervise the buildings, especially considering that there had been 240 people in Tuam: 'it seems to me that the proposal for a transfer has been made by councillors who know nothing about the running of an institution of this kind'. The archbishop claimed that the Tuam home had been a big success and 'for that reason it ought to be left there'.

15.119 Any decision about Tuam's future appears to have been postponed for almost two years because of the objections raised by the archbishop. When members of the county homes committee of the Department of Health visited Tuam in November 1959 in order to determine whether carrying out major improvements/rebuilding would be justified, two departmental officials indicated that they had been of the opinion that the views expressed in the Archbishop of Tuam's letter (which they had obviously seen) had meant in effect that the home must remain in Tuam. However they indicated that it was clear that the 'Tuam cases' could be accommodated in other homes and Tuam should be closed. The record of this visit and meeting noted that it was felt that the order might not object to the present suggestion as apparently recruitment to the order was not keeping step with commitments and recently it had had to employ lay nursing staff in the hospital in Cork. However placing the children who were in Tuam would be a slow process.

15.120 The 1960 report of the Irish Province of the Sisters of Bon Secours described their work at Tuam as 'work especially dear to the Heart of our Divine Lord'. They

feared that Tuam would close because of declining numbers as it would be uneconomic to keep it open. The Sisters had carried out an inventory of the contents in 1960; they claimed that virtually all had been purchased by the community with the exception of the Aga cooker in the girls' kitchen, the potato steamers and peelers and laundry room equipment.[46]

15.121 The Minister for Health approved the closure of the Tuam home on 27 July 1960 and the transfer of the children to other institutions. Galway County Council passed a motion to defer consideration of the letter informing them of the minister's decision. The county manager explained to councillors that 'the Home was a poor building and an enormous sum would be necessary to make it fit for continued use'. The minister would not consider a scheme of investment when there was accommodation available elsewhere. He informed them that Mayo county council had agreed to send unmarried mothers and children to other mother and baby homes. However, the chairman of Galway County Council, Michael Carty TD said there was a general desire to keep the home open as far as possible. There was a high number of children being adopted from it. Mark Killilea TD[47] said:

> they were not all convinced that the economics of the matter could be given effect. There was the cost of sending the parents elsewhere. There had been blundering by the Department too because they had spent all that money on repairs in recent years and should have been able to make up their minds then about it. When the Council suggested the major scheme the Department agreed to give a contribution from the Hospitals Trust but when they went back to Dublin somebody got at them and they changed their minds. The Tuam Home was economic for people it served and it was in better condition than similar institutions elsewhere.[48]

15.122 The county manager explained that the department had two good reasons for closing the home: the fall in the illegitimate birth-rate and the work of the children's officers had led to falling demand for places in mother and baby homes.[49] It was not desirable for children to be raised in an institution; a home atmosphere and boarding out was preferable. Unmarried mothers preferred to go to a home outside the county. Councillors alleged that Archbishop Walsh wanted to keep the

[46] Extract from *Report of the Irish province for year ended 31/12/1960*.
[47] This was Mark Killilea Senior who was a TD from 1927 to 1961 and a Senator from 1961 until 1969: https://www.oireachtas.ie/en/members/member/Mark-Killilea-Snr.D.1927-06-23/
[48] *Connacht Tribune,* 8 October 1960.
[49] Actually, it was adoption rather than boarding out which caused this result.

home open for another four to five years in order to see whether there was a continuing demand for places. However the manager reported on the contents of a letter that had been sent to the minister. This letter informed the minister that local authority officials had explained to the archbishop that the fire risks meant that the home could not be allowed to continue in operation. When the archbishop was also informed of the financial position and the views of the Minister of Health he withdrew his objections to the closure.[50]

15.123 The Minister for Health met a deputation about the closure of Tuam in January 1961. He reiterated his decision to close it because of the unsatisfactory condition, the high cost of bringing it up to an acceptable standard and the availability of other accommodation. The medical officer to the home told the minister that declining numbers and efforts on the part of the council to carry out improvements meant that it was much more comfortable for children than in the past. He did not think that its closure was a matter of urgency and if it did close, there was no facility like it elsewhere in the west of Ireland. He claimed that there had been an improvement in the mental development of children in the home since numbers were reduced. However the county manager stated that falling numbers meant that the home was uneconomic; the assistant county manager and assistant chief engineer described it as a serious fire hazard; the improvements that had been carried out did not reduce that risk. The council decided to close the Tuam home at its meeting on 28 January 1961.

15.124 It soon became apparent that there was adequate space for the Tuam women and children in other homes but there were difficulties in relation to children who were handicapped or had special needs. By July 1961 it was reported that the healthier children had been removed from the home while the more difficult cases remained (see above). The Tuam home was officially closed on 31 August 1961.

Witness statements and memoirs

A number of witnesses gave evidence to the Commission about the Tuam home and others provided affidavits. The majority were born in the home and, not surprisingly, had very few memories of the home itself. The main complaint of former child residents was their treatment when they were boarded out. Some gave evidence of what they had heard from their mothers about the home.

[50] *Connacht Tribune* 8 October 1960.

The Commission heard evidence from a small number of mothers who had been in the home. It is unlikely that there are many mothers who were resident in Tuam still alive. Statements were provided to Gardaí by a number of people who had connections to Tuam in the period 2013/14. These have been provided to the Commission. There are also some published and unpublished recollections and memoirs which cast some light on the home.

The experiences described by the former residents who gave evidence to the Commission are largely set out in their own words. In some cases, particular information which might identify the witnesses has not been included.

Mothers

15.125 One mother said that she had never seen anything wrong in the Tuam home. She said that Sister Gabriel, Bina Rabbitte and Mary Wade (Nurse) showed great concern for sick and dying children with Bina Rabitte being upset over the sick children. This was proof to her that they were caring people.

15.126 A mother who gave birth in Tuam in the mid-1950s compiled a statement about her time there. This statement was given by the HSE to Catherine Corless in 2013. This woman described Tuam as a big gloomy building surrounded by iron gates. She said that she was working in the home until shortly before she gave birth. 'I was told I had a baby girl and it would have been better for the child if it had been born a boy as it would have a better life'. She was kept on the ward for 10 days and subsequently sent back to work. 'My time there was very hard as we were treated so badly. We were never allowed any kind of recreation, no talking was allowed during meal times or when you were in the nursery attending your baby'. Any letters that were written were censored.

15.127 There was a long table where the children sat to eat their meals and no toys. There was a bucket with disinfectant to clean up any 'accident' a children may have had. 'They were always soiling themselves even though there was a potty in the room which they were put on every half an hour'. The food consisted of porridge for breakfast, mashed potatoes for lunch and bread and milk mashed together for dinner and no solid foods.

15.128 Those who were not on the night shift were woken up at 6am. 'The night shift was made up of girls who had six weeks left until they would be leaving'. She said that

the women only washed once a week and they were covered in a rash as were the children and a lotion was used to try to deal with it. At the end of the day they would be back in bed at 7.30pm with the baby sleeping beside the mothers 'and all night long the night shift would be shouting at us not to have our backs to babies'.

15.129 She described her duties in the home as feeding and cleaning up after the children and covering for the other girl she worked with. Two girls were assigned to each room and at feeding time, they went around with a large pot of porridge or mashed potatoes to spoon feed the children who never had their own crockery or cutlery. One girl told the others about 'the lovely food' the Sisters of Bon Secours would get to eat while they 'were fed slops'. She said that the cook made a fruit cake once a week for the Sisters.

15.130 She said that 'Christmas was no different to any other day. We never had a Christmas dinner or a tree nor were any decorations put up. 'The children were never given any presents. They may have had presents sent in by their mothers but they never received them. Some mothers sent parcels in after they had left the home. They would have new clothes and some toys in them but the children never got them. The nuns would keep them in case the mothers came back to visit, then the child would be dressed up'

15.131 This woman said that the girls in the home were allowed visitors but no one ever came to visit. 'No one wanted to know you while you were in there. I think about three girls had a visitor while I was there. I had none'.

15.132 When her daughter was 11 months old this woman was brought to a solicitor in Galway to sign surrender forms for her daughter's adoption to take place. She believed that this was the best thing for her daughter.

15.133 A woman who swore an affidavit for the Commission to Inquire into Child Abuse (the Ryan Commission) said that the Sisters of Bon Secours never sat beside the children in church but rather in separate pews. She never saw Sister Benigne hit a child and called her a nice lady. She was involved in the Christmas play. She said that the caretaker, Johnny Cunningham, helped to put up decorations in the home and the children got a toy every year. She recalled that Sister Hortense particularly enjoyed doing this.

15.134 Another mother said that she had been treated well in the Tuam home and while the other girls worked hard in the laundry, they were never subject to ill treatment or abuse.

15.135 A mother told the Commission that she did not know what Tuam was before she was admitted in 1955. 'Tuam was Tuam and we heard about it in Ballina. You knew that girls went there but you didn't give it another thought. You know it was like telling you were going to a hotel somewhere'. She said she was attended at the birth by a nurse/midwife who came in for this purpose. She got no pain relief. She was aware of a number of children dying in the home.

Former child residents

15.136 A woman who had been born in the Tuam home in the mid-1930s and who lived there until she was 18 told Tuam Gardaí that half of the children went to the Mercy primary school and half to the Presentation primary school 'so they wouldn't fall out with either'. She said that Sister Hortense loved children and helped out with them. She recalled a priest coming to celebrate Mass and that people of trust tended to work in the home. She remembered putting on plays as a child. She remembered being in a play herself in the Presentation Convent and she remembered that the other Sisters would come and people would look at the play and she remembers getting a great sense of well-being and joy out of that, that she was out in the public for that. She remembered them having cows.

15.137 A former child resident provided an affidavit in which he said that he had lived in the home for 12 years before being boarded out to a family in the early 1950s. He said that there was a stigma attached to the home but he had no problems during his time there. He said that there was a pleasant atmosphere and the food was plentiful and of good quality. There were swings and other rudimentary equipment for children to play on. There were plays organised at Christmas and some locals were invited to attend. They occasionally went to the cinema on a Sunday or to watch Gaelic football matches at Tuam stadium. He was an altar boy in the Cathedral and was taught Latin responses for Mass. He went to a holiday home in Westport in the summer.[51] He did not recall any fundraising for the home, nor inspections from anyone from government during his time there. He remembers there being proper toilets, bathrooms and electric light, unlike the home to which

[51] The Commission has seen photographs of children and Sisters of Bon Secours at this holiday home.

he was boarded out. While not aware of any outside nurses being employed, 'the women who lived and worked in the home were known as 'paid maids'. He recalled that they slept in dormitories. The children did not have to wear a uniform but wore their own clothes. An elderly doctor used to visit.

15.138 A former child resident wrote of her memories of the Sisters of Bon Secours in 2002. She described them as 'the kindest and dearest nuns I had the privleg (sic) of knowing'. 'I am shocked and appalled at the people who falsely accuse the Bon Secours nuns of abusing the children in their care'. She said that she was well-fed, clothed and kept warm in the winter by the Sisters. The children learned how to sing and step-dance with the nuns and staged plays at Christmas time. 'We had a good instructor and entertained priests, nuns and high class people of Tuam. We lacked nothing'. She cried when she was boarded out, aged seven but soon grew to love her foster family. Sister Hortense sent a gift every Christmas to her and to other boarded out children. She described Sister Hortense as having 'a heart of gold'.

15.139 'The nuns were supportive and understanding'. Along with four other girls, she helped with the younger children who were cared for and were never mistreated by the Bon Secours Sisters. She never forgot their kindness and visited whenever she was home from the United States.

15.140 A former resident recalled Bina Rabbitte making up bottles for the babies in the home and the mothers helping to feed them. She recalled the food not being very good in Tuam and eating moss off the walls. She does not remember getting three meals a day.

15.141 Another former resident told the Commission that he felt there was a stigma attached to him and he found it difficult to get answers as to who his parents were when he first went looking. He said that as a child he was not allowed to serve Mass and that the local priest put his mother into the home. He said that the priest came around when his mother was pregnant and that she had to leave the parish because

> she was pregnant out of wedlock and when she was seven months pregnant, the situation wasn't great at the home place in the house, because they were very very poor. The father at two o'clock in the morning cycled 20 miles and his son cycled 20 miles in the dark of night to go to a place called Loughrea, in to a home in Loughrea where she had to be put in and they had to do that

all under the cover of darkness so no one would see what went on and come back in, cycle back in in the morning. Up hill, down hill and that's the way she was carried for 20 miles. Just imagine it a heavily pregnant woman having to go through this for what like? No one would believe.

15.142 A former child resident who was in the home for most of the 1950s told the Commission that his mother wanted to take him out when she was leaving (he was aged one at the time) but the nun told her she was not capable of looking after him. His mother got a job in the Bon Secours Hospital (in Tuam it was known as the Grove) and she would walk to the Tuam home and knock on the door in the hope of seeing him. She approached the parish priest where he had been boarded out in an effort to bring him back to England. However, the parish priest told her that he was settled with the family and not to disturb that. His foster parents took care of him. 'I was born twice. I was born in a prison first and I spent six-and-a-half years in it and then I was born a second time in a home where there was love and care'. 'I was born in a jail and I spent six-and-a-half years in a jail. I got no love, no care, no education, no nothing. Then my mother spending five-and-a-half years walking up and down making a fool out of her'.

15.143 When asked if he had any good memories of the home, he said: 'not a good memory in the world, no. Nothing whatsoever, nothing'. He said that the children from the home sat together in school and did not sit with other students in the classroom.

15.144 Another former child resident who was in Tuam in the 1950s recalled very little about the home. He remembered 'the big walls, the outdoor toilets' which were similar to the toilets in the small rural school that he later attended (after he was boarded out). These were the only toilets in Tuam that he recalled; the toilet bowls were 'just full'; they were not flush toilets; he believes that they were in 'a little lean-to, a shed'.

Children of a former child resident

15.145 Two children of a former child resident gave accounts of what their father had said about Tuam. He was a foundling and was there from 1925 to 1936. His earliest memories were of long borders with flowers where the toddlers were brought for exercise along the paths and were encouraged to smell the flowers. He did not recall there being many toys but he remembered playing with them at Christmas

time and he remembered wooden swords being made both for him and a friend to play with. He went to the local national school in Tuam where he 'was always conscious that he had boots and socks on his feet and some of the other children "townies" came to school without shoes even in winter time'. He recalled being beaten by a teacher but this stopped when the chaplain to the Tuam home threatened to prevent the teacher from teaching again if he continued with the beatings. He took part in school concerts and sang in the Cathedral choir and recalled that a gramophone was put on in the home in the evenings. He also recalled a farm being attached to the home with milk and fresh food used to supplement the funds received from the local authority. (A photograph from Catherine Corless's article in the *Old Tuam Society* shows vegetables being grown.[52]) 'Without the farm there were times they would have starved'. (A separate witness said that animals were kept.[53]) He described the home as having an economy of its own with the handy man sometimes making coffins, but he did not recall receiving any vaccinations. He also remembered that there was a mortuary in the home that was off limits to children.

Sisters of Bon Secours

15.146 There were no surviving members of the Sisters of Bon Secours in a position to give direct evidence to the Commission about Tuam. One Sister had given a statement to the Gardaí in Tuam about her work at the home. She told the Gardaí that she worked there for about three months. She was not too sure of the exact dates but she thought that she started working there in October/November 1957 until January 1958. She was a trained nurse. She remembered working with a toddler group but she did not have any dealings with older children. She recalled each member of the order being allocated a section of the home to work in. She described the nursery on the ground floor. She never remembered seeing a cemetery. She worked with toddlers rather than new-borns. She remembered a Sister Mary Brigid who was a cook in the home. She never saw anybody make their first communion there (this is not surprising if she was there between October/November and January) and she said that a midwife rather than a religious sister was brought in to assist with the birth of a child. She recalled that if the children were to be fostered a social worker was involved but she could not recall a name. It was her assumption that social workers were involved in the fostering of children.

[52] Catherine Corless in *Old Tuam Society* (2012)
[53] The home was on a six acre site so, while it clearly did produce some food, it is unlikely that it was self-sufficient.

15.147 A member of the Sisters of Bon Secours swore an affidavit in 2003 in response to a complaint by a former resident that she had been emotionally scarred for life by her experience in Tuam. She said that: 'as far as I can ascertain no assistance was given by the local community to the Home. This I understand was due to the fact that it was primarily a home for unmarried mothers … the view in Ireland at that time of unmarried mothers was quite bad and in fact they were shunned by society in general'.

15.148 The *Memoirs of a Bon Secours Sister* described the early days of life in the Tuam home. This undated manuscript recalls Sister Hortense working hard and getting the women to do likewise. 'They tilled the garden and produced plenty of potatoes…Sister Hortense believed in keeping them busy and also making improvements at the minimum of expense'. This Sister described the lack of central heating with turf fires all over the place 'people were not so cold conscious then I think. No running water except in the surgery and kitchenette'. The convent had a bath with hot and cold water and there were only oil lamps with electric light being brought in from 1927. There was a chaplain who was the secretary to the Archbishop of Tuam and he said Mass in the home every morning with priests from the Tuam parish coming in every week to hear confessions, give a lecture and baptise children as there was a baptismal font in the home. The mothers visited the Blessed Sacrament every day with the rosary also recited daily. This memoir stated that the mothers stayed with the babies in the home for a year and if they stayed longer, they were kept as 'paid hands'.

Archdiocese of Tuam

15.149 Fr Fintan Monahan, who is now the Bishop of Killaloe, gave evidence to the Commission when he was the secretary to the archdiocese of Tuam. He said that the Archdiocese of Tuam never had an administrative role in the Tuam home. He said that the role of the archdiocese was pastoral:

> The diocese never had an administrative role in the running of the Mother and Baby Home. The role of the diocese was pastoral, making the services of chaplains available for baptisms, funerals, sacramental occasions and whenever a pastoral need arose. The chaplains who worked there are now all deceased.

15.150 Fr Kieran Waldron, a part time archivist with the archdiocese, told the Commission that it was clear to him that the home was not under the direct control of the

archbishop but of the Sisters of Bon Secours who 'were the agents of the County Board of Health':

> the diocese did not have any micro-management role in the Mother and Baby Home any more than it had in the hundreds of schools, the three hospitals and two orphanages within the diocese. Religious institutions were managed by religious congregations directly responsible to their own superiors. The Tuam Home was even more separated from the diocese than others in that its ownership and effective management was under county council control.

15.151 However, Fr Waldron did describe Archbishop Walsh (1940-69) as being 'so committed to his mission and so scrupulous and finicky in every detail of church government that any observer would have formed the opinion that episcopal rule and administration was in his blood'. Fr Waldron said that 'no building project or major incident occurred without being referred for his observations. He was involved in the minutiae of administration in every parish in the diocese'. He was described as being authoritarian and centralised in his administration to the point that he gained a reputation of severity and heartlessness on occasion.[54]

Caretaker's son

15.152 John Cunningham, a journalist who was the son of Johnny Cunningham the caretaker at the Tuam home and who himself spent time between his father's home and the children's home after the death of his mother, wrote about the home in the *Connacht Tribune* in April 1998. He cautioned: 'one has to be very careful of any impressions gained in childhood, though memories of the Children's Home can be extraordinarily vivid'.

15.153 He said that many young women were ostracised by their families when they became pregnant. 'I saw the devastation when they were parted from their children … they nursed the child and looked after it for a year and then they went one way and the child stayed to be adopted, or to be boarded out a few years later. I don't know if many of them ever recovered from the heartbreak in parting'.

Julia Devaney

15.154 Julia Devaney worked in the Tuam home for many years; she first entered there in 1925 when she was nine and left when it closed in 1961. Her memories were

[54] Kieran Waldron, *The archbishops of Tuam, 1700-2000* (Galway, 2008), pp 131, 143-4.

recorded by a local shopkeeper during the 1980s. She was described as an avid gardener and dog lover. She doted on children who had spent time in Glenamaddy before going to Tuam. Other witnesses have commented on her kindness to children. The following are extracts from her recollections as recorded:

> We got up about 6am. The mothers would bring their child that slept with them down to the Nursery. The babies would sleep with the mothers from about 9 or 10 days old. The Nursery was way down at the back of the place. Mass was at 8am. Breakfast was after Mass. A good eye was kept on those who were receiving communion. They would be shunted out of the dormitories to go to Mass. Some women's jobs was to dress the children in the morning and bring them downstairs.
>
> The little ones went to bed summer and winter at 6pm. They had swings and see-saws, but when I look back they were very unnatural children, shouting screeching sometimes laughing, ring-a-ring-a-rosy. The mothers spoke only to each other about the fathers of their children. They'd hate to face home. The lads that were friendly with them outside would ignore them now. Many a girl shed tears - a terrible depressing place. They would not talk to me about themselves. …The nuns in the Home did not condemn the women as sinners, no no. If the girls came in young they were not allowed to finish their schooling. Nuns had very little contact with the children, they wouldn't even know their names.
>
> The nuns took a house down by the sea in Achill every summer for a month or six weeks. We would take it in turns to spend a week with them, Annie Kelly the nuns' cook, and myself, and Mary Wade and the other domestics. A yearly treat.
>
> Some of the children wouldn't use spoons, but use their fists to lift the porridge out of the mugs, and they would get a whack.
>
> Every year the kids would put on a play and the doctor's kids would come up to the home to see it. Nuala Costello had a rock-a-bye-baby dolls cot with iron fretwork, and a rocking horse, and a dolls house, every inch of it exactly like Dr Fitzgerald's house. That house was made especially for Dr Fitzgerald's daughter. Dr Waldron's wife had a trunk full of books sent up to the Home along with the toys.
>
> Families outside used the home as a threat on their children, that if they didn't behave, they would be sent there. The nuns were very regimental with the children, doing drills and ring-a-ring-a-rosy with them. They made no effort to develop their minds, the mothers were told to feed them and clean up after

them and put them on the pots. I think that they spent most of their time sitting on the pots.

The home was spotless, a show house, the mothers were always cleaning, but it was a cold and loveless place.

Most of the clothes were made on the premises, the children's coats as well. We'd get a coat in Mahers and other clothes, we'd just ask the nuns when we needed them, and we could pick our own type of shoes, we were never branded with the same clothes. Sister Hortense would go to Dublin in the sales, Arnotts and Clerys, and order stuff that would be sent down by rail. We got blankets from Foxford in Co Mayo.

I always had an inferiority complex, as we knew it was the outside people paying taxes and rates that covered the cost of keeping us in the home. There was a stove specially to heat the water for baths, it would heat the kitchen taps and you would draw it out for the baths, there were plenty of baths, and more down in the new maternity. The mothers would go down every Saturday.

At the home in Tuam, the county council put in great washing facilities for them, monstrous washing machines and a wringer and a big thing for hot water in later years. In the earlier years there were only wash-boards and sinks. Also, what they called a 'colander' for rolling sheets and drying them in the 1940/1950's. There was a number on the nappies and each mother had to account for her own baby's nappy. Each mother had a little cubby hole for her own laundry. There was a big cold bath outside the laundry to take the baby's 'bowels' off the nappy (pre-wash), and then it was washed in the laundry.

I think the children who were fostered out fared better. I know Sister Hortense would never give a child to a family with children, as she would know that they only wanted them for work. In the 1950's children were adopted to the USA. I remember a couple who came for a child, but the child had the measles at the time, so the couple stayed in the hotel for a while, and came up to the home every day to see her, and the man would say when he'd see her 'Oh she's too beautiful to touch', and when she did go to the USA they'd send colour photos of her toys and her lovely bedroom - a lovely home.

Sr Leondra did not like the idea at all of the children going to USA. 'Why should we be rearing our Irish children for America', she used to say. I have terrible regrets for the children, I feel a sense of shame that that I did not create a war, but then again what could I have done? It was a rotten ould

place to rear children, marching them around the room to keep them out of trouble.

Halliday Sutherland

15.155 Dr Halliday Sutherland gives a description of a visit to the Tuam home, probably in 1955. He secured an introduction to Dr Walsh, Archbishop of Tuam, from the wife of a Galway solicitor. The archbishop gave him permission to visit the home and invited him and his companions (the solicitor's wife and her son, a law student) to tea.

> At Tuam I went to the old workhouse now the Children's Home, a long two-storied building in its own grounds. These were well-kept and had many flower-beds. The Home is run by the Sisters of Bon Secours of Paris and the Reverand [sic] Mother showed me round. Each of the sisters is a fully-trained nurse and midwife. Some are also trained children's nurses. An unmarried girl may come here to have her baby. She agrees to stay in the Home for one year. During this time she looks after her baby and assists the nuns in domestic work. She is unpaid. At the end of a year she may leave. She may take her baby with her or leave the baby at the Home in the hope that it will be adopted. The nuns keep the child under the age of seven, when it is sent to an Industrial School. There were 51 confinements in 1954 and the nuns now looked after 120 children. For each child or mother in the Home the County Council pays £1 per week. That is a pittance. If a girl has two confinements at the Home she is sent at the end of the year to the Magdalene Home Laundry at Galway. Children of five and over attend the local school. All the babies were in cots and the Reverend Mother said, "we wouldn't allow a girl to take her baby to bed with her unless it was at least two months old. Then she is probably fond of it. Before then there might be accidents". The whole building was fresh and clean.
>
> In the garden at the back of the Home children were singing. I walked along the path and was mobbed by some of the younger children. They said nothing but each struggled to shake my hand. Their hands were clean and cool. Then I realised that to these children I was a potential adopter who might take some boy or girl away to a real home. It was pathetic. Finally, I said, "Children, I'm not holding a reception". They stopped struggling and looked at me. Then a nun told them to stand on the lawn and sing me a song

in Irish. This they did very sweetly At the Dogs' Home Battersea, every dog barks at the visitor in the hope that it will be taken away'.[55]

Dr James Fergus

15.156 Dr Fergus had been a curate in Glenamaddy and was in Tuam when the children's home opened there in 1925. He was later the Bishop of Achonry. He described Sister Hortense as

> the most capable woman I have known in my life. She had judgement, courage, initiative, and was unequalled in handling any situation. Better than all that, she had goodness and a kind heart that knew no distinction of persons. I have known her to sit up for several nights in succession by the bedside of an itinerant child, fighting for its life - and winning the battle.

15.157 When the Sisters moved to Tuam, he said that

> The surroundings of the place were in an awful state with weeds everywhere and long grass entangled in barbed wire and, in some of the wards, boards had been torn from the floors by the soldiers for firewood. Otherwise the buildings were in fairly good shape.
>
> Gradually the remaining Sisters, mothers and children arrived. The work of clearance and cleaning began; paths were laid out, painting was done where necessary and before long the whole place had taken on quite a respectable appearance. Within a few years the grounds were tilled from wall to wall and were providing crops and flowers. The children went to the Mercy and Presentation schools and were welcome there…
>
> The Sisters did not take long to establish themselves at Tuam and became popular with the townspeople so that St. Mary's Home came to be regarded as much a part of the town as if it had been there for a century. The local clergy loved to visit it as well as many of the people of the town. The Co Galway Board of Health used to hold some of their meetings there.
>
> The Sisters would have loved to keep the children until they had finished at least their primary schooling, but even at that time boarding out, even of babies was very much in the air.
>
> From time to time the Home was visited by a Local Government Inspector, a troublesome spinster who thought she knew everything about what was best for babies and would like to see them all boarded out. However, for some

[55] Halliday Sutherland, *Irish Journey* (Geoffrey Bles, 1956)

years more of the children were left until they had spent a few years at school; then they were boarded out with foster parents, some of whom at least were kind and good.

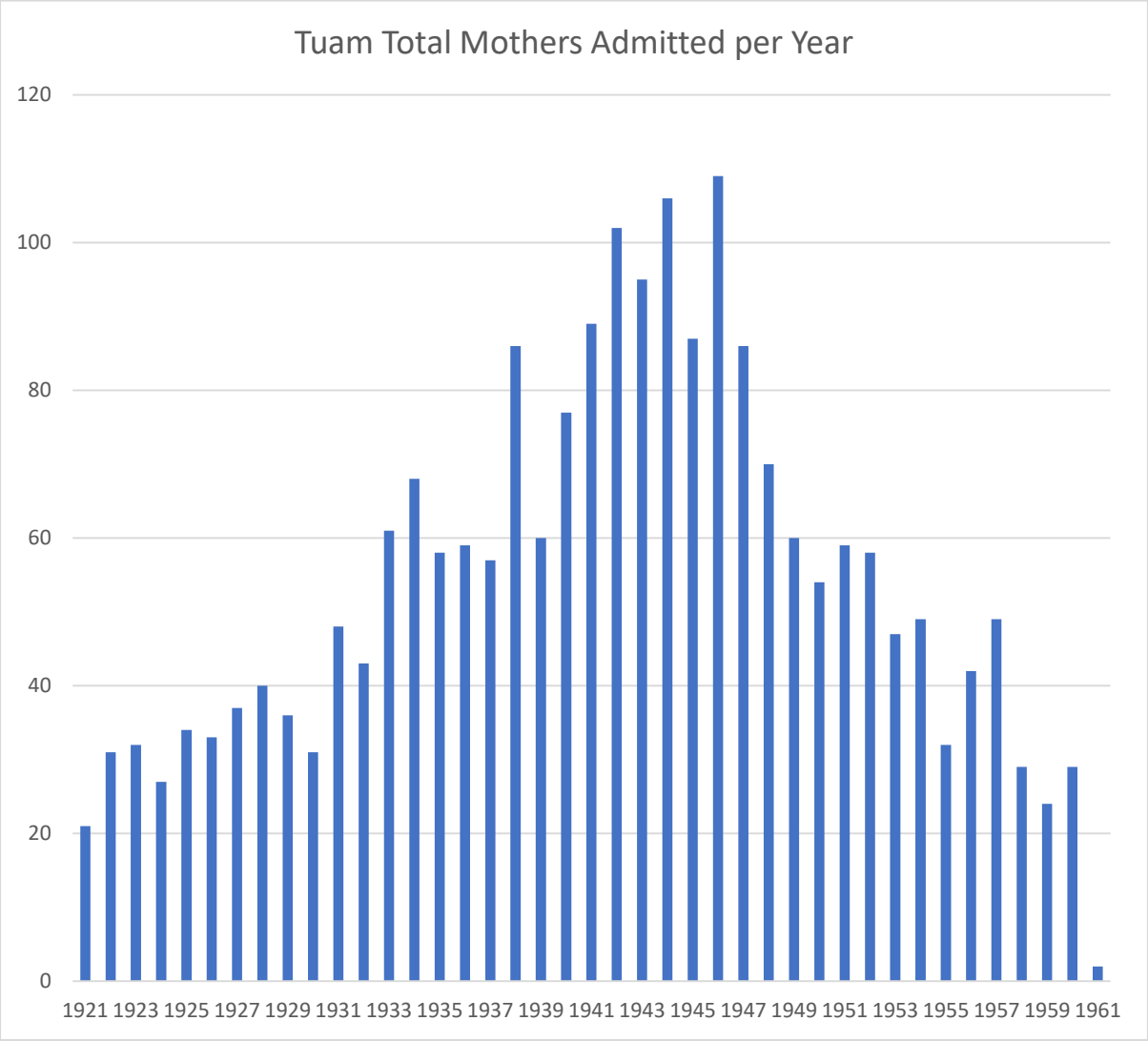
Some of the children had reached the age for first Communion when they first came to Glenamaddy and the Sisters held on to a number of these. They also kept a few babies whose relatives had given a little money. These children used to take part and win prizes at the local Feiseanna and at Sunday Mass used to sing the Gregorian Chants as beautifully as the best of choirs. They also used to have a play or concert at Christmas and whenever the Sisters celebrated their Jubilees. All or nearly all of them got on remarkably well in life afterwards - in Scotland, England or the USA.

St Mary's home, while it lasted was a happy and hospitable place. Eventually like the other institutions of its kinds, it was phased out…

Chapter 15 A: Tuam Statistical Analysis

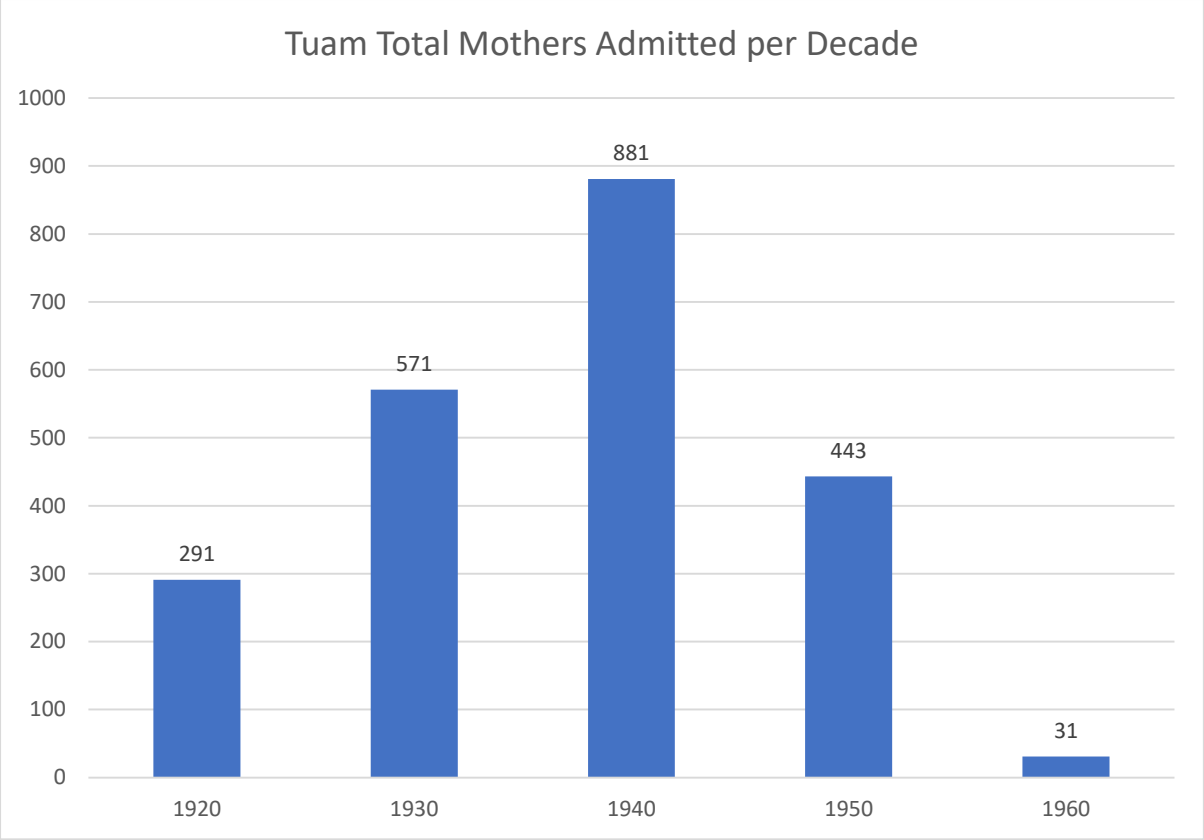
The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. However, as is clear from the analysis below, the statistical returns made to the Department of Health by the institution are broadly in line with the Commission's analysis. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions



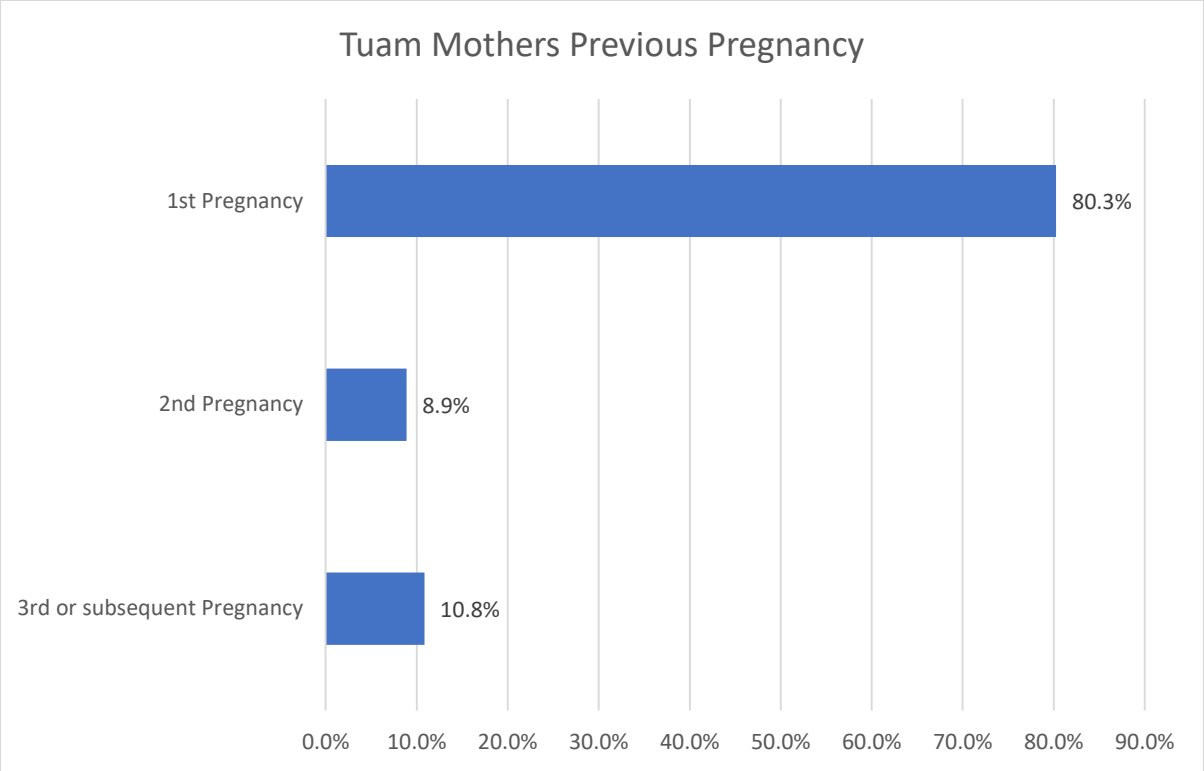
From the institutional records, the Commission identified 2,219 women who were admitted to the Tuam children's home. This includes women admitted to the home when it was located in Glenamaddy (1921-25) and in Tuam (1925-61). Dates of admission were available for 2,217 women (99.9% of admissions). Admissions began a staggered increase from 1927 and peaked in 1946 when 109 admissions were recorded. The period 1938-48 was particularly busy; 44% of all admissions were recorded in those years. Admissions began a staggered decline from 1949; 60 admissions were recorded that year and decreased to 29 admissions in 1960, the home's last full year in operation.

Marital status was recorded for 2,106 women (94.9% of admissions). The institutional records show that 97% were single expectant women and the remaining 3% were either married, separated or widowed.



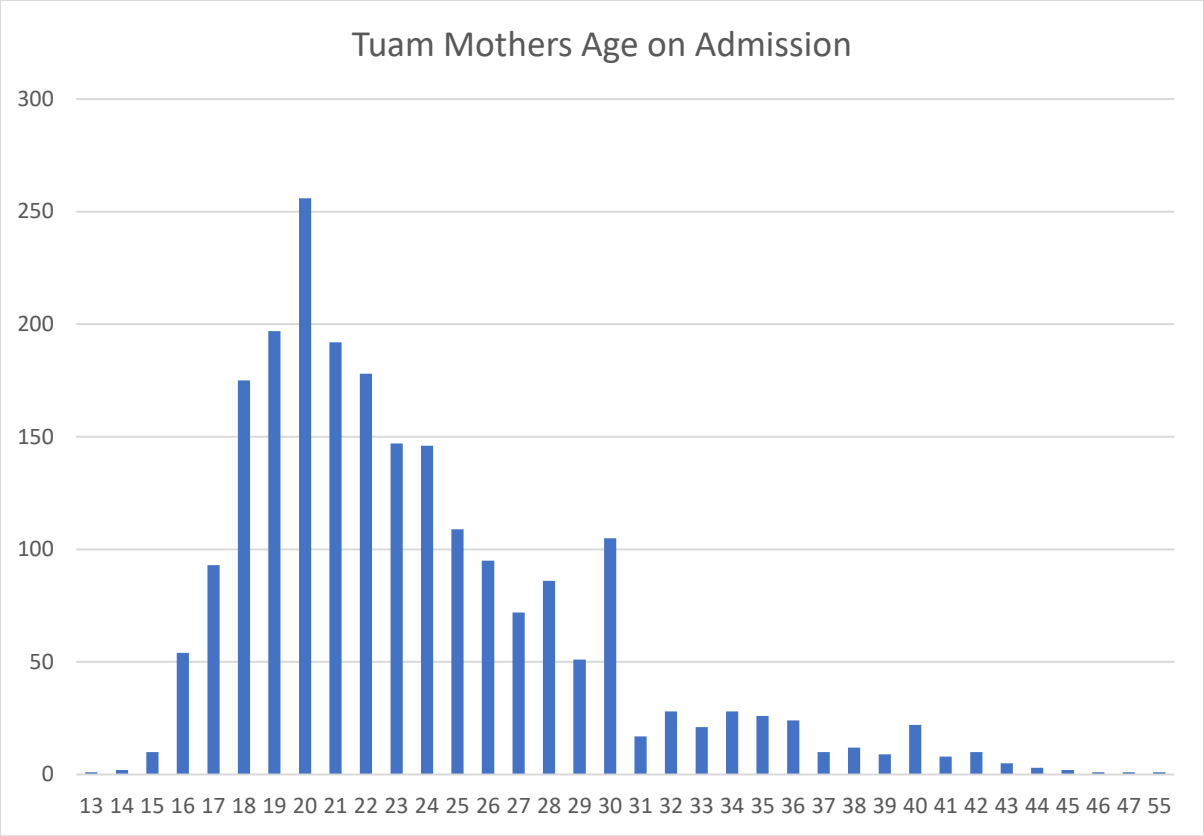
Analysis by decade shows that more women (39.7%) were admitted in the 1940s than any other decade followed by the 1930s (25.8%); 1950s (20%); 1920s (13.1%) and the 1960s (1.4%).

Previous pregnancy



Information relating to previous pregnancy was available for 1,171 women (52.8% of admissions). The institutional records show that 80.3% of women were admitted on their first pregnancy; 8.9% on their second pregnancy and 10.8% on their third or subsequent pregnancy.

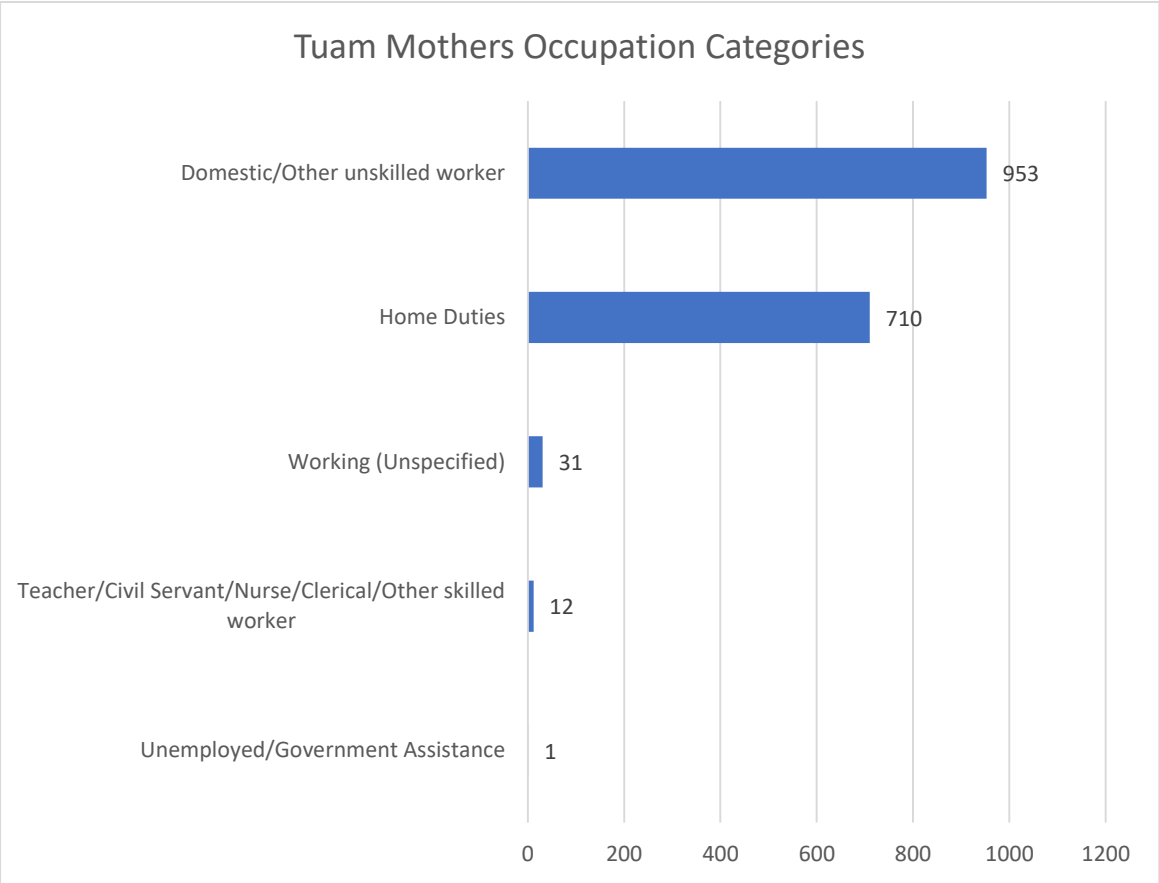
Age on admission



Information relating to age on admission was available for 2,197 women (99% of admissions). Ages ranged from 13 to 55 years. The mode of age on admission was 20 years; this increased to 21 years in the 1950s and decreased to 18 years in the 1960s. Average age on admission was 24 years. Most women (86.6%) were aged between 17 and 30 years on admission; 10.4% were aged between 31 and 55 years and 3% were aged 13-16 years.[1]

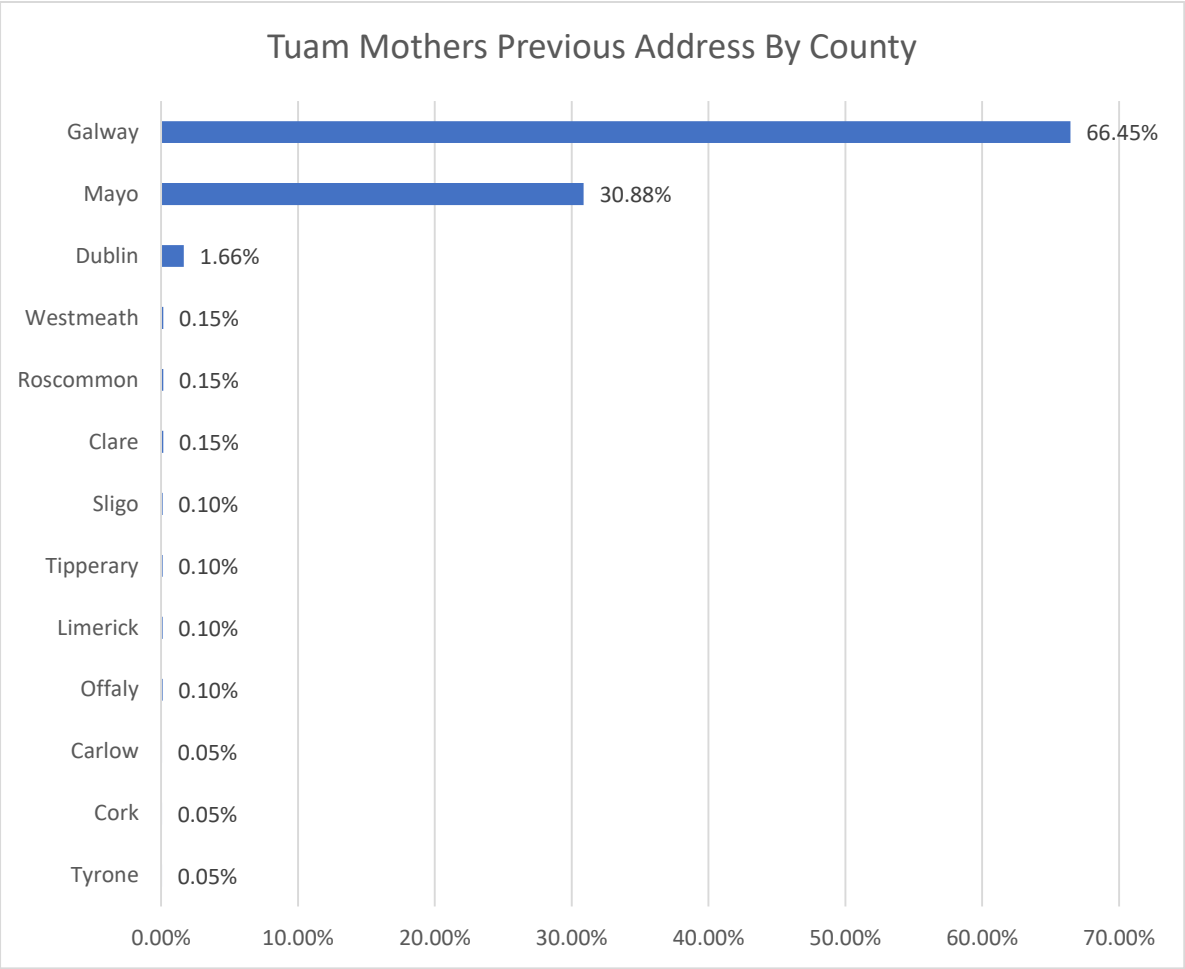
[1] The institutional records show that 'referred to the guards' or 'leave in the hands of the guards' was noted next to admissions aged 16 years and younger.

Occupations



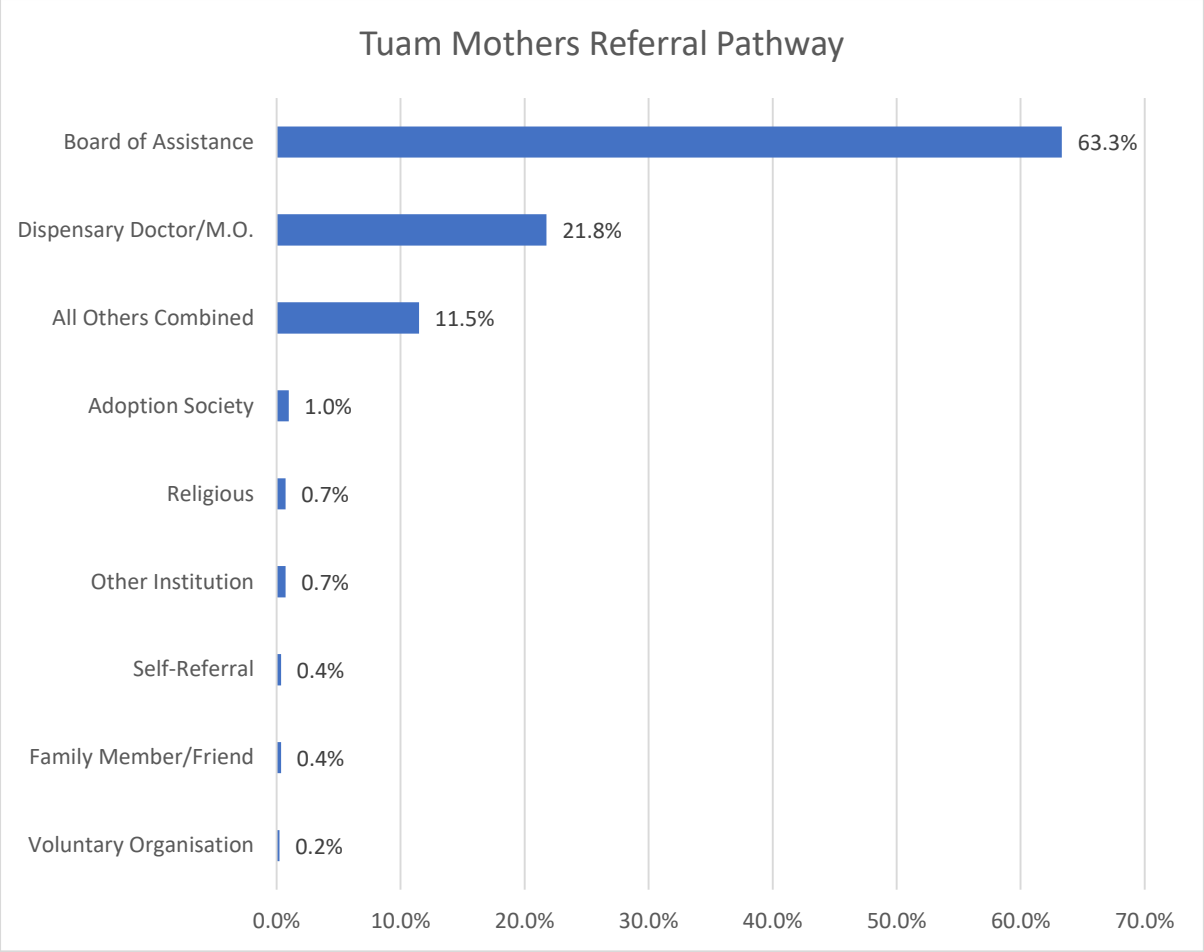
Information relating to occupations was available for 1,707 women (76.9% of admissions). Most women (55.8%) were recorded as being a domestic servant or unskilled worker; 41.6% were working in the family home or on the family farm; 1.8% were employed in unspecified positions; 0.7% were recorded as a teacher/civil servant/skilled worker and one woman was recorded as unemployed. There was no major change in occupation categories from the 1920s to the 1960s.

Address prior to admission



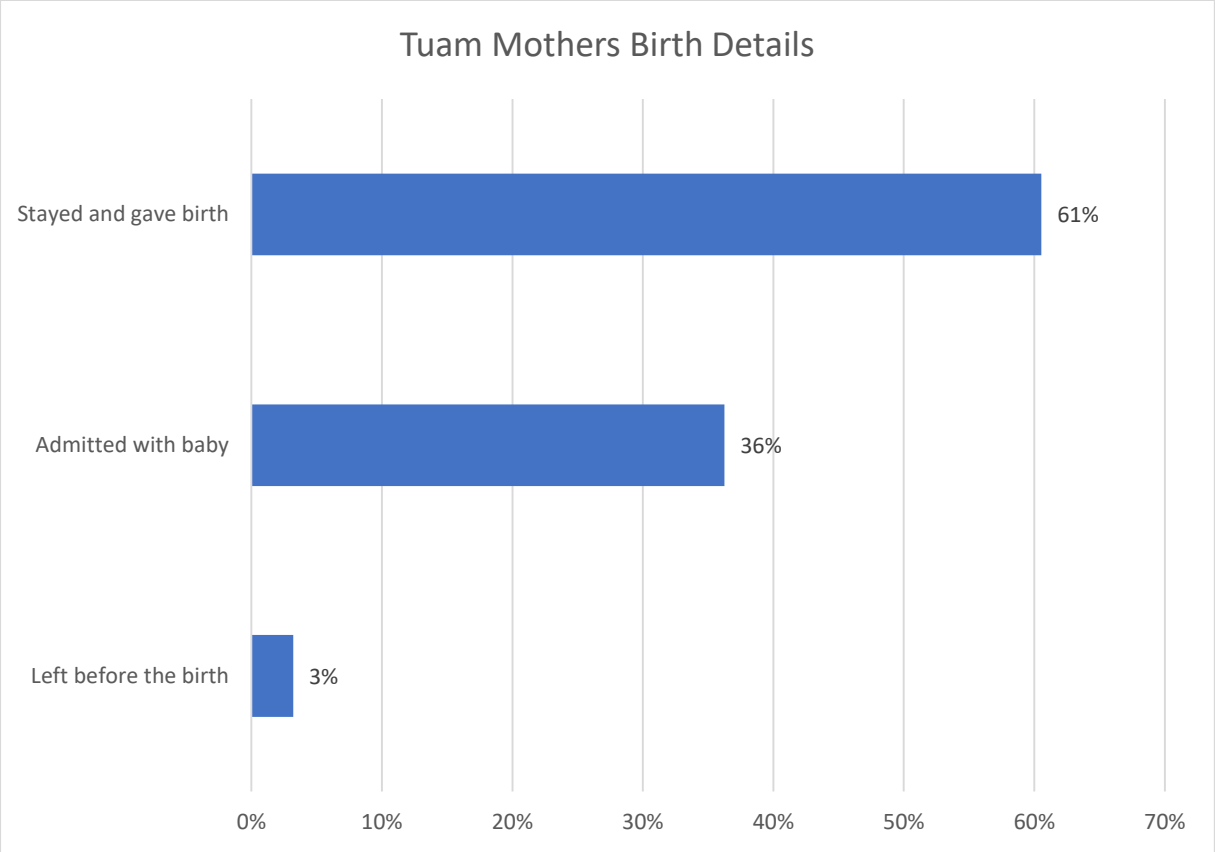
Information relating to address prior to admission was available for 1,985 women (89.5% of admissions). The institutional records show that most women (66.45%) gave an address in Galway followed by Mayo (30.88%); Dublin (1.66%); Westmeath, Roscommon and Clare (0.15%); Sligo, Tipperary, Limerick and Offaly (0.10%) and Carlow, Cork and Tyrone (0.05%).

Referral pathways



Information relating to referral pathways to the Tuam home was available for 818 women (36.86% of admissions). All women admitted to Tuam were public patients maintained in the institution by local authority boards of public assistance. Women were required to secure an admission slip prior to admission or the administrators of the home might ask the relevant local authority to accept responsibility for a woman after admission. The available records show that 96.6% of admissions were referred to Tuam by a local authority board of assistance or its agents; 63.3% were referred by a board of assistance; 21.8% by a dispensary medical officer and 11.5% by other local authority agents combined including named individuals (matrons of county homes and other hospitals, home assistance officers) and women transferred from other local authority institutions. A small number of women were referred by adoption societies, self-referred to the home or were referred by a friend/ family member, a voluntary organisation or the probation services. There were no major changes in the referral pathways to the Tuam home from the 1920s to the 1960s. One woman was admitted from an unidentified Magdalen laundry on an admission ticket secured from a dispensary medical officer.

Outcome

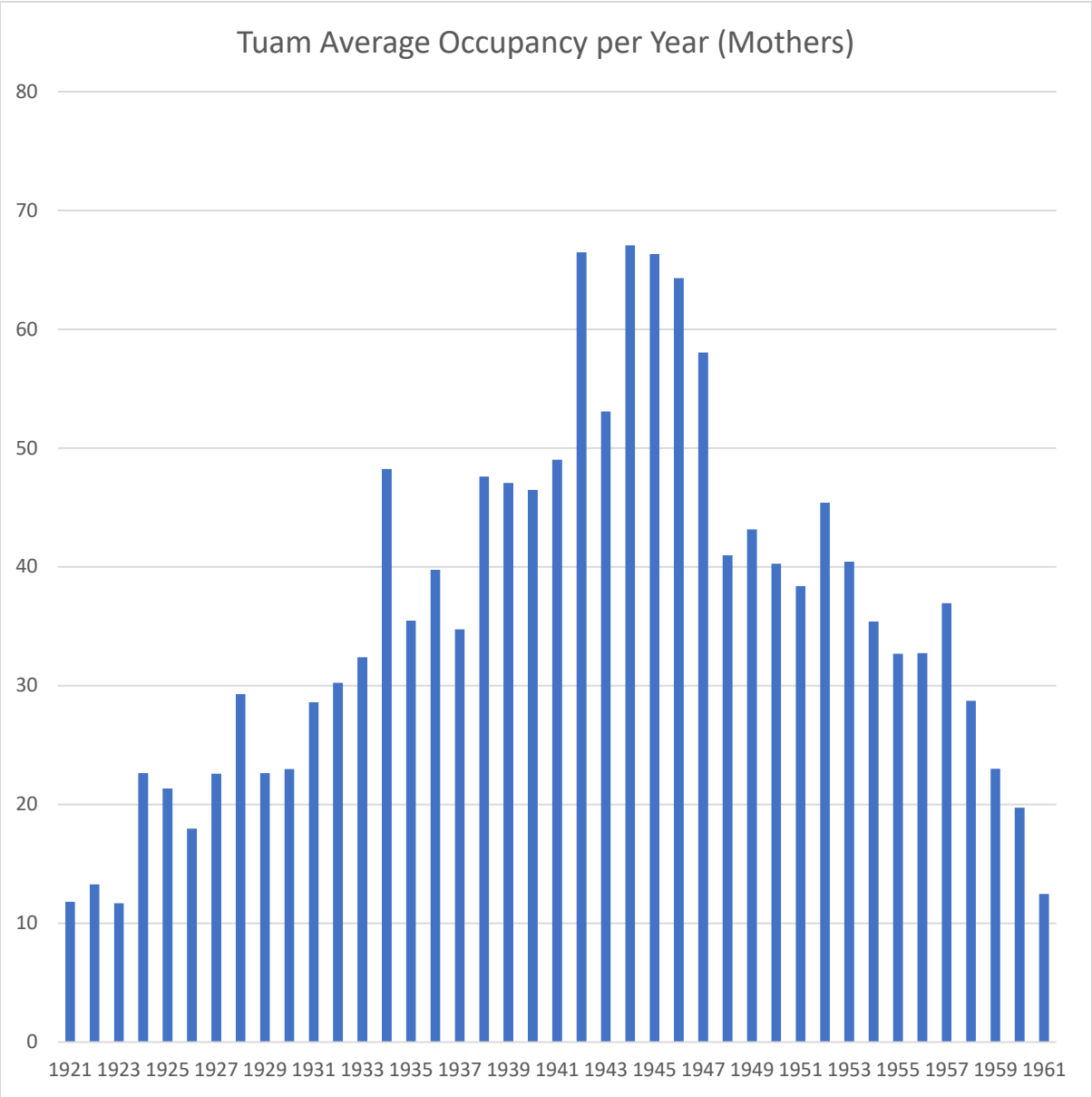


Information relating to birth details was available for 2,190 women (98.7% of admissions). The institutional records show that 61% of women were admitted pregnant and gave birth in the home or were transferred to the Central Hospital Galway and returned to the home with their babies; 36% were admitted with their baby having given birth elsewhere and 3% of women admitted to the home left before the birth and did not return.

Of those who stayed and gave birth, 98.1% delivered living infants; 1.9% of pregnancies resulted in stillbirths.

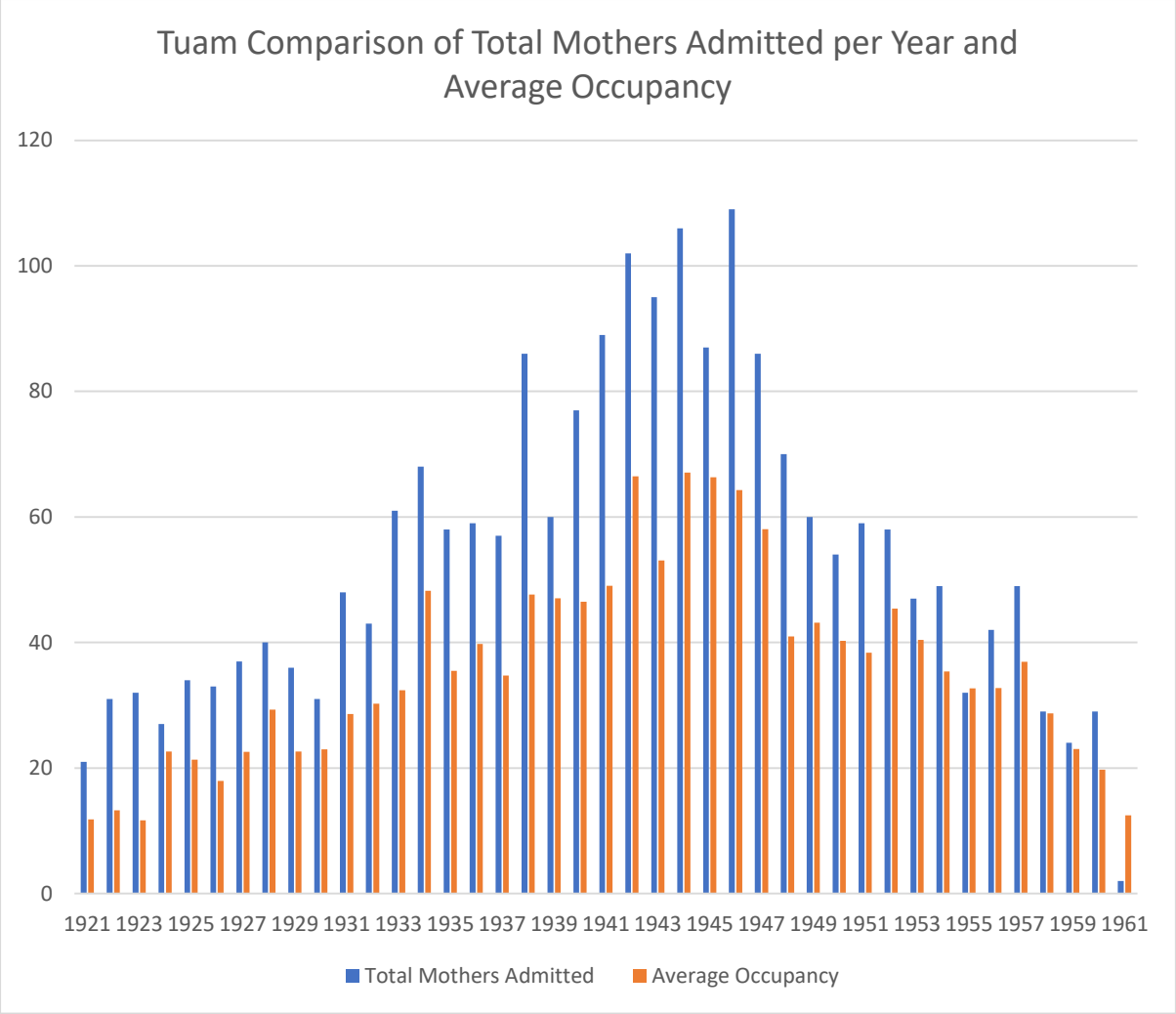
Of those who stayed and gave birth 83% gave birth in the Tuam home; 16% were transferred to the Central Hospital Galway, gave birth and returned, and 1% were transferred to other hospitals, gave birth and returned.

Occupancy[2]



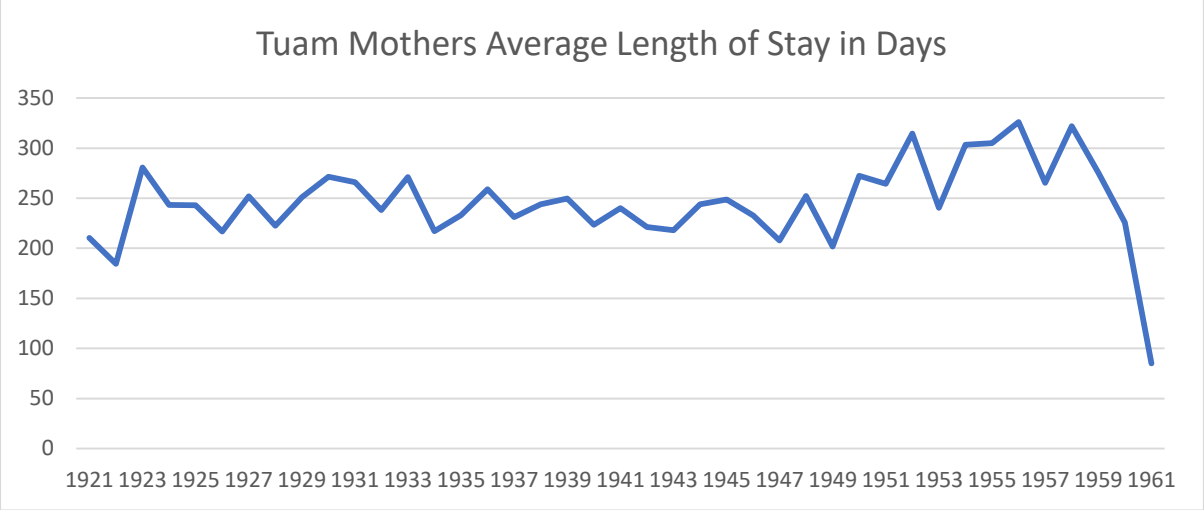
Information relating to occupancy was available for 2,175 women (98% of admissions). The institutional records show that average occupancy rates increased steadily until the mid-1940s and began to decline thereafter. Average occupancy rates were highest in the period 1942-47, paralleling increased admissions at that time. A woman admitted to Tuam in 1944 could expect to be living in the home with 66 other women; a woman admitted a decade later could expect to be living with 34 other women. By 1960, an average of 20 women were living in the home at any one time.

[2] Occupancy is the number of women present on any given day in the institution.

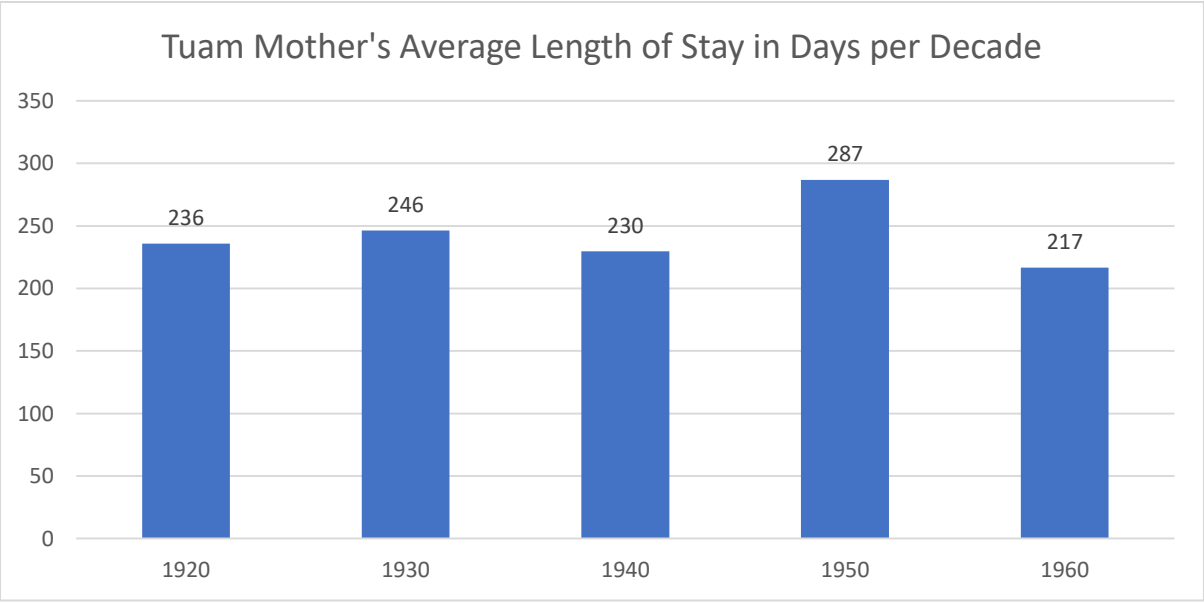


Comparative analysis shows that occupancy rates in Tuam were closely related to the number of admissions recorded in any given year. There was no instance where average occupancy exceeded the number of admissions. This occurrence in other institutions pointed to various degrees of overcrowding, but appears to be absent in Tuam. Admissions and average occupancy were close or on par in 1955, 1958 and 1959 which suggests that women were staying in the home longer in those years.

Length of stay

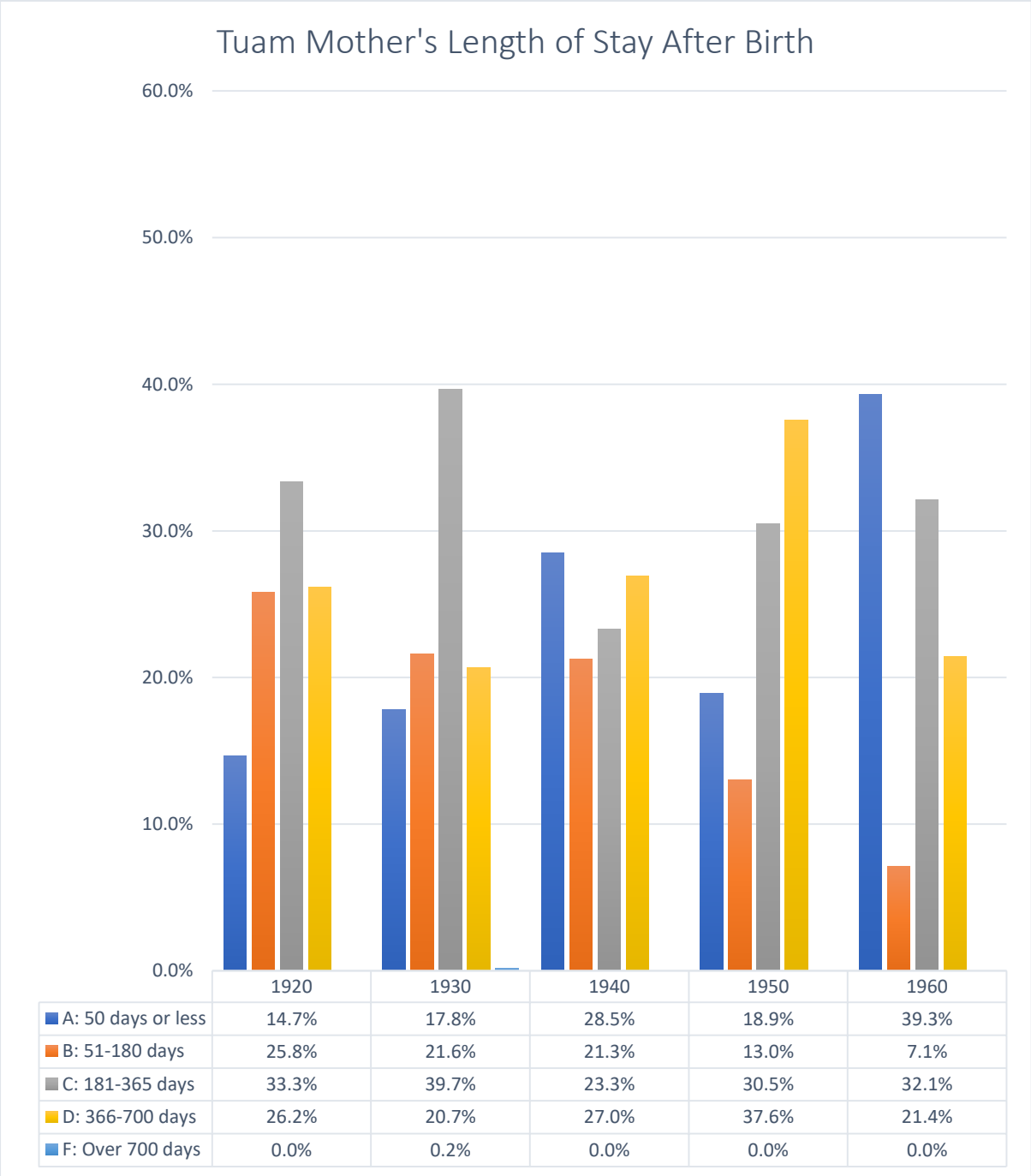


Information relating to length of stay was available for 2,175 women (98% of admissions). The institutional records show that women admitted in the years 1921-50 spent 237 days on average in the home, this ranged between an average of 185 days for women admitted in 1922 and 281 days for women admitted in 1923 - for women admitted in 1949 the average stay was 202 days. Average length of stay increased somewhat in the 1950s and was frequently above 300 days in that decade. The longest average length of stay was recorded among women admitted in 1956 - a stay of 326 days was the norm for women admitted that year.



Analysis by decade shows that there was no major change in the average length of stay from the 1920s through to the 1940s. An increase in the length of stay can be identified in

the 1950s; women admitted in that decade spent around 50 days on average longer in the home than women admitted in previous decades.



	1920	1930	1940	1950	1960
A: 50 days or less	14.7%	17.8%	28.5%	18.9%	39.3%
B: 51-180 days	25.8%	21.6%	21.3%	13.0%	7.1%
C: 181-365 days	33.3%	39.7%	23.3%	30.5%	32.1%
D: 366-700 days	26.2%	20.7%	27.0%	37.6%	21.4%
F: Over 700 days	0.0%	0.2%	0.0%	0.0%	0.0%

Analysis of length of stay after birth shows that, in the 1920s, 14.7% of women spent 50 days or less in the home after giving birth (this ranged between 2 and 50 days) and 40.5% had left within six months. Most women (33.3%) spent between six and 12 months in the home after birth and 26.2% remained for periods between 12 and 18 months (18 months was the longest stay recorded after birth in the 1920s).

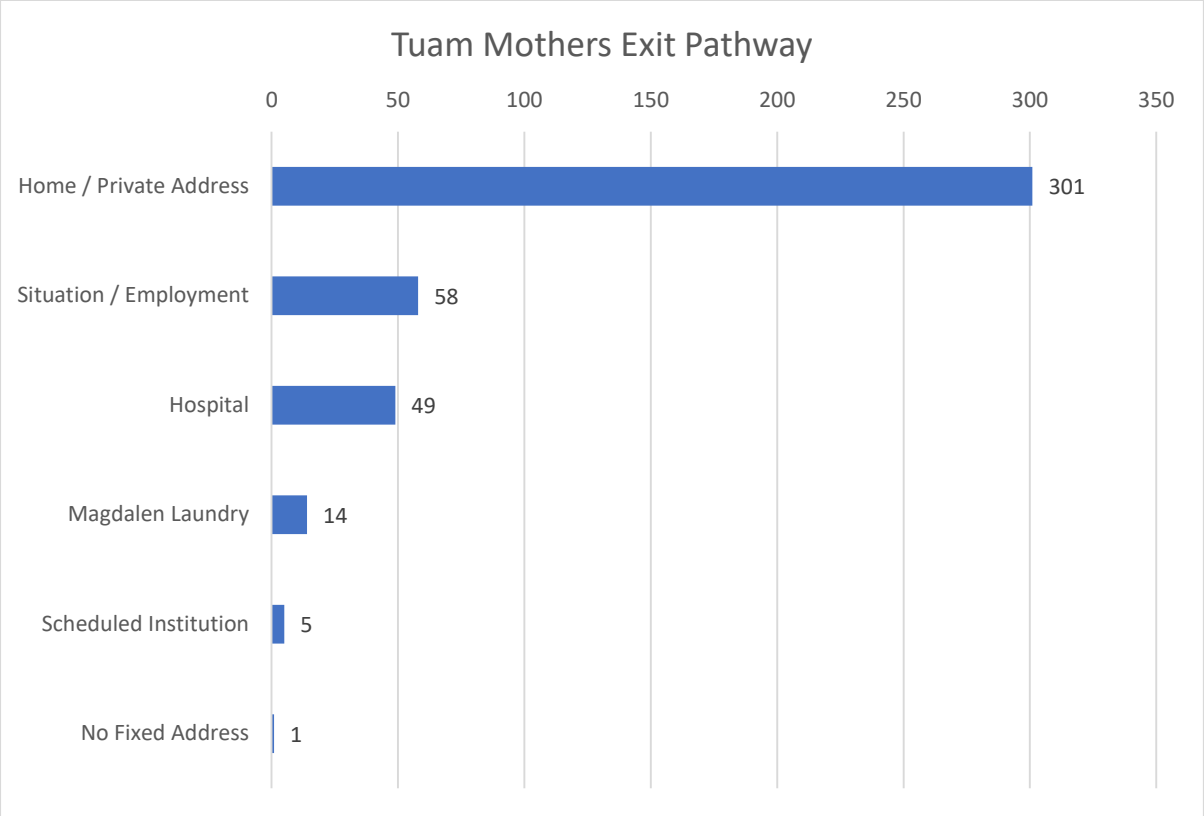
There was little change in this pattern in the 1930s. The percentage of women who left within 50 days of giving birth increased to 17.8% (this ranged between 1 and 50 days) and the percentage who left within six months decreased slightly to 39.4%. Again, most women (39.7%) spent between six and 12 months in the home after the birth. The proportion of women who remained for more than twelve months decreased to 20.7%. One woman remained in the home for 742 days after the birth.

In the 1940s, 28.5% of women left the home within 50 days (this ranged between 2 and 50 days) and almost half left within six months; 23.3% stayed for between six and 12 months. However, the proportion of women who stayed for periods of between 12 and 24 months had increased to 27% (the longest stay was a little over 15 months in the 1940s).

As previously discussed, the length of stay in Tuam increased in the 1950s. The proportion of women who left within 50 days of giving birth decreased to 18.9% (this ranged between 1 and 47 days) and 31.9% left within six months - this was a lower rate than the 1930s. The proportion of women who stayed for periods of between six and 12 months increased to 30.5% and most women (37.6%) remained in the home for between 12 and 24 months (the longest after birth stay recorded in the 1950s was 694 days).

Information about length of stay in the 1960s relates to 1960 and 1961 only. It is clear that at that juncture most women (39.3%) left Tuam within 50 days of giving birth (this ranged between 5 and 38 days). Just over 46.4% of women left within six months, but a considerable proportion of women (32.1%) remained in the home for periods of between six and 12 months. Although 21.4% of women remained in the home for more than a year after giving birth the longest stay recorded in the 1960s was 376 days.

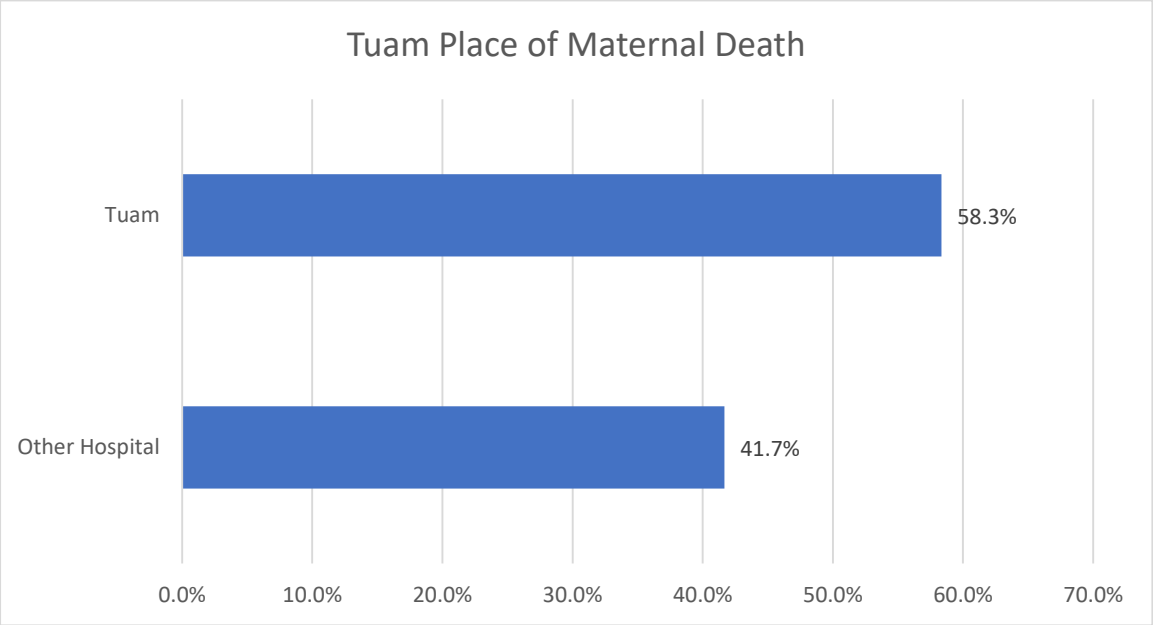
Exit pathways



Information relating to exit pathways from Tuam was available for 428 women (19.3% of admissions). The available records record that most women (70.3%) left the institution and returned to the family home or to a private address; 13.6% were discharged to employment; 11.4% transferred to other hospitals (seven to psychiatric hospitals); 3% transferred to Magdalen Laundries; 1.2% transferred to one of the other institutions under the Commission's remit and one was recorded as having no fixed abode. The 14 transfers from the Tuam home to Magdalen laundries were recorded between 1942 and 1959. Although the institutional records show that 14 women were transferred directly from Tuam to a Magdalen laundry, children's records show that a further 84 former residents of the Tuam home subsequently ended up in a Magdalen laundry sometime after their discharge from Tuam. In addition, 13 children were admitted to Tuam unaccompanied while their mothers were admitted to a Magdalen laundry; those women had never been in the Tuam home. The available records show that Galway County Council directed a further 22 women to enter a Magdalen laundry on their discharge from Tuam; the Commission could not establish whether these women were in fact admitted to a Magdalen laundry.

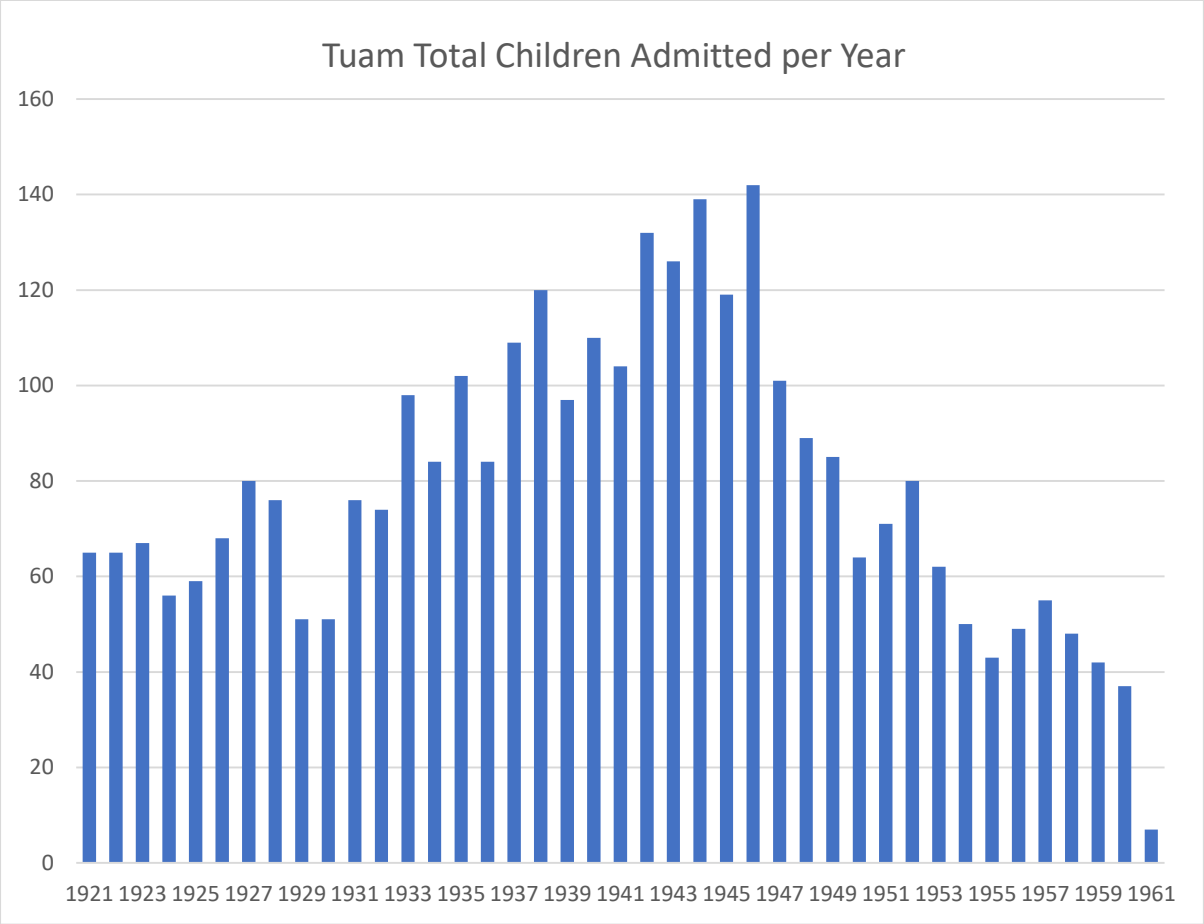
Maternal deaths

Through the institutional records, the Commission identified 12 deaths among women admitted to Tuam: representing a mortality rate of 0.54%. Seven deaths occurred in Tuam and five in the Central Hospital, Galway. Six deaths were not associated with pregnancy or childbirth - they were, in the main, due to tuberculosis, measles, pneumonia and cardiac failure. One death due to coronary thrombosis was an indirect obstetric death in the sense that the condition developed during pregnancy and was aggravated by the physiological effects of pregnancy. Five deaths were directly associated with pregnancy and childbirth. Direct obstetric deaths were mainly due to puerperal sepsis and albuminuria and post-operative shock (caesarean). Adhering to WHO guidelines the maternal mortality rate in Tuam was 0.27%.[3]



[3] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

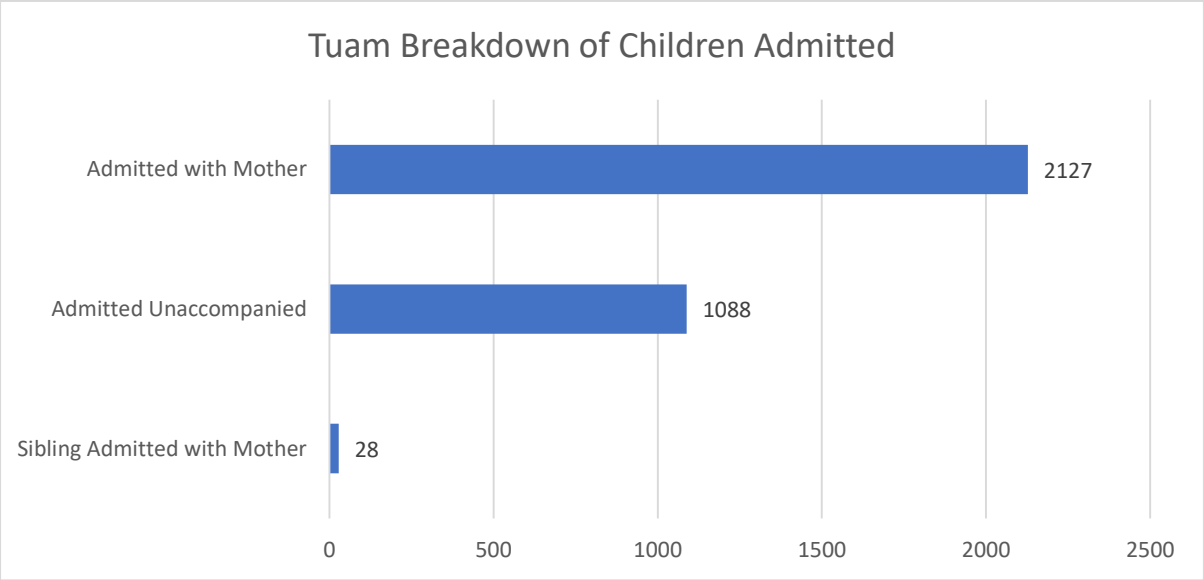
Children: Births and admissions



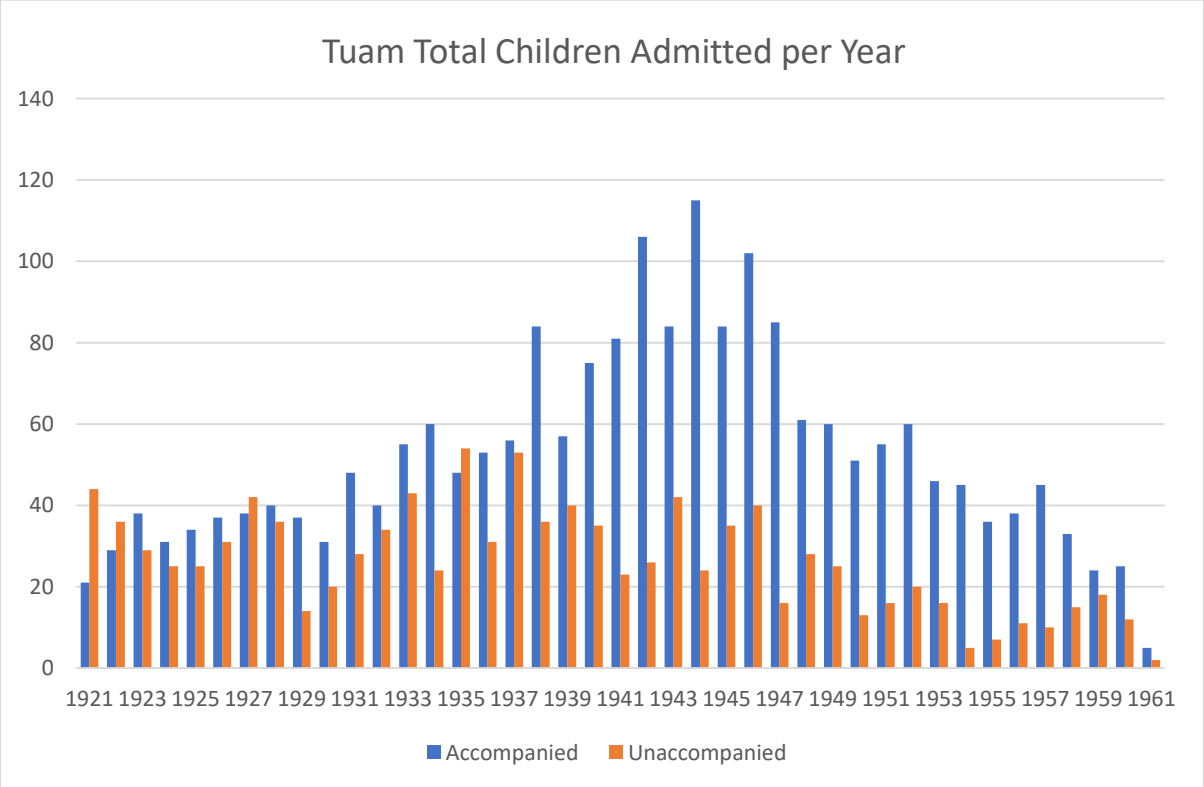
Through the institutional records, the Commission identified 3,251 children were born in or admitted to the Tuam Home. Information relating to date of birth/admission was available for 3,237 children (99.6% of births/admissions). Information relating to status at birth was available for 2,923 children (89.9% of births/admissions). The available records show that 70% of children born in or admitted to Tuam were recorded as 'illegitimate' and 20% as 'legitimate'; it was not possible to determine the status at birth in the remaining children.

Following the move from Glenamaddy to Tuam in 1925 a staggered increase in births and admissions can be identified. Numbers decreased in 1929 and 1930 (51 births/admissions were recorded in both years), but increased throughout the 1930s and early 1940s peaking in 1946 when 142 children were recorded. Births and admissions declined by almost 30% in 1947 and maintained a downward trend until the home closed in 1961. In 1960, the home's last full year in operation, 37 children were born or admitted there. The busiest period for births and admissions in Tuam was from 1933-49 - 1,841 children (57% of all births and admissions) were born in or admitted to the home in those years.

Analysis by decade shows that more children (35.4%) were born/admitted to the home in the 1940s than any other decade followed by the 1930s (27.7%); 1920s (18.1%); 1950s (17.4%) and 1960s (1.4%).

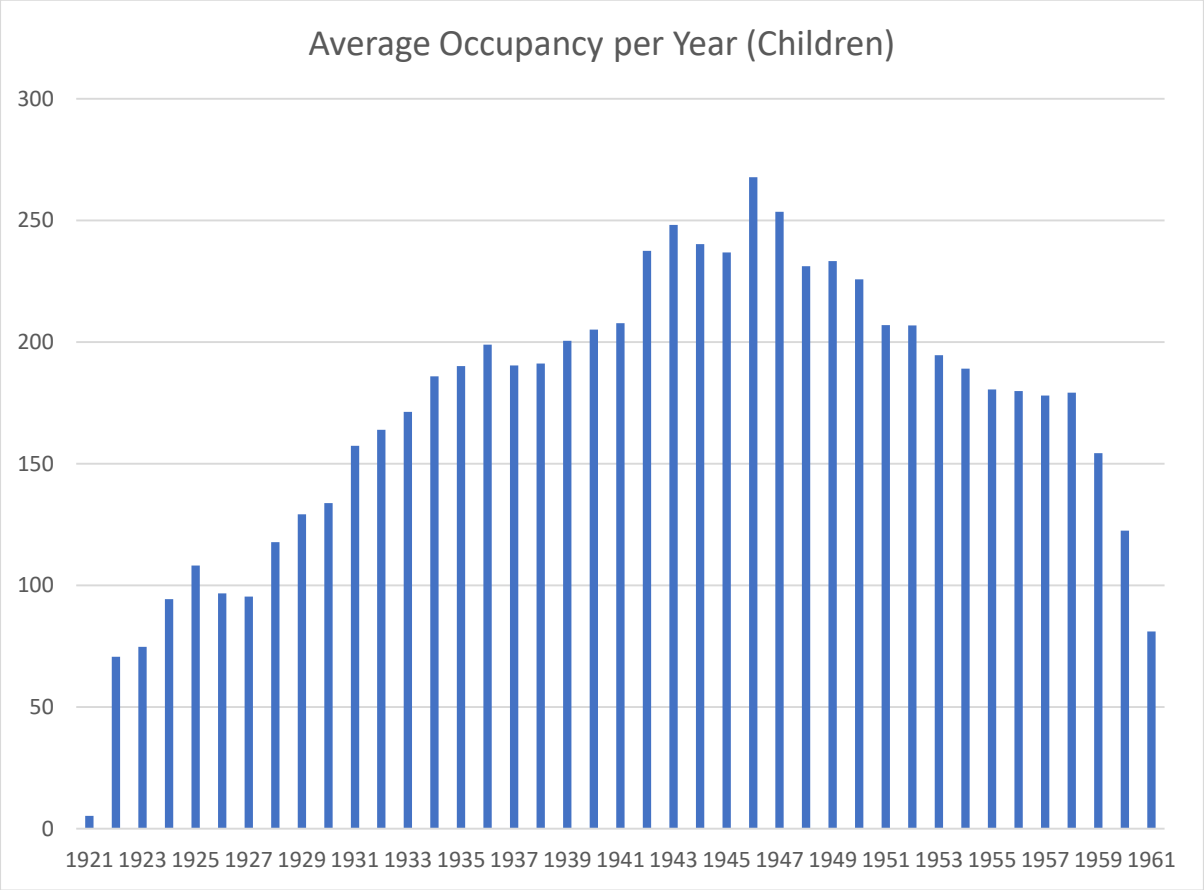


Information relating to whether or not children were accompanied on entering Tuam was available for 3,243 children (99.75% of admissions). The institutional records show that 65.6% of children were either born in the Tuam home or admitted there with their mothers; 33.5% were admitted unaccompanied and 0.9% were children admitted to the home with their expectant mothers (accompanied siblings).

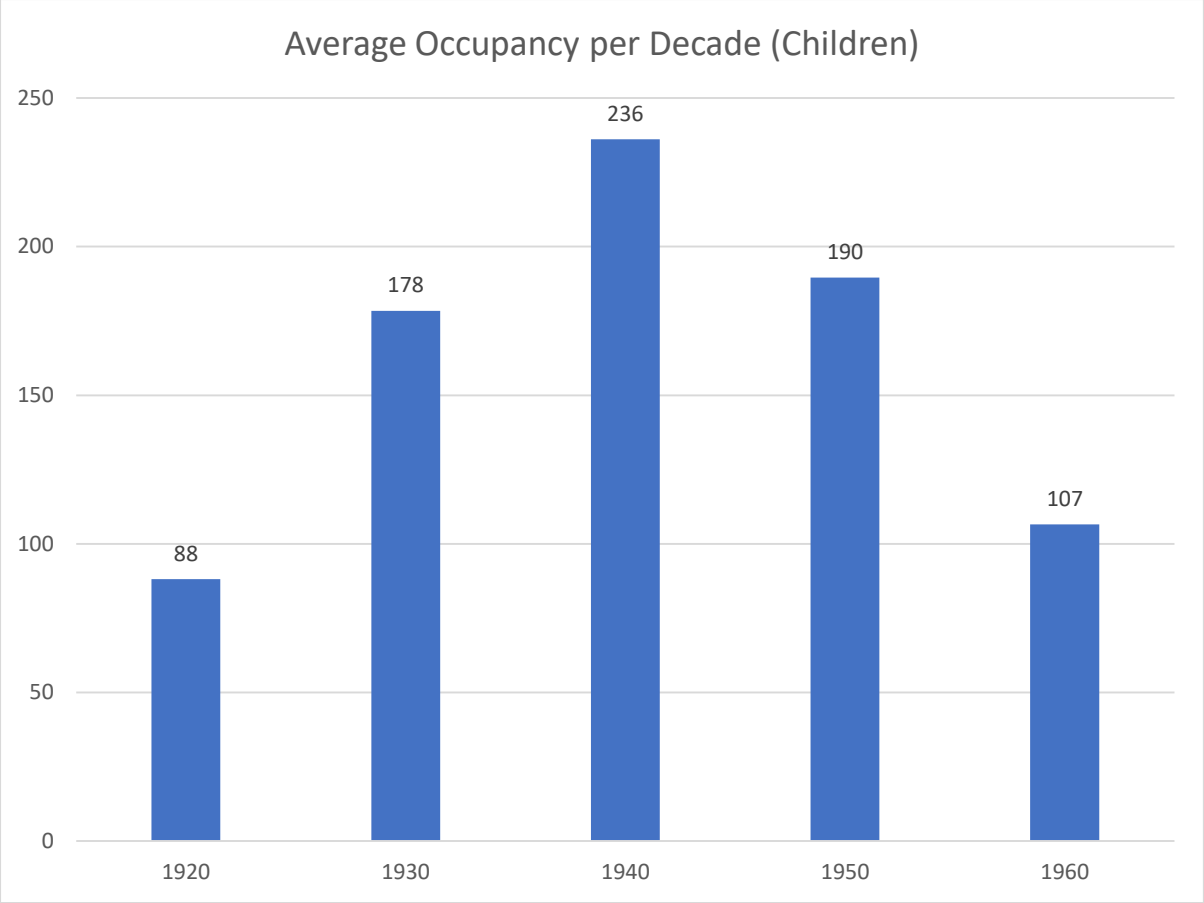


Of the 3,237 children with dates of birth/admission 1,084 (33.5%) or 1 in 3 children were admitted to the Tuam home as unaccompanied children. Where the birth status of an unaccompanied child was identifiable 71% were recorded as legitimate children and 29% were recorded as 'illegitimate' children.

Children: Occupancy

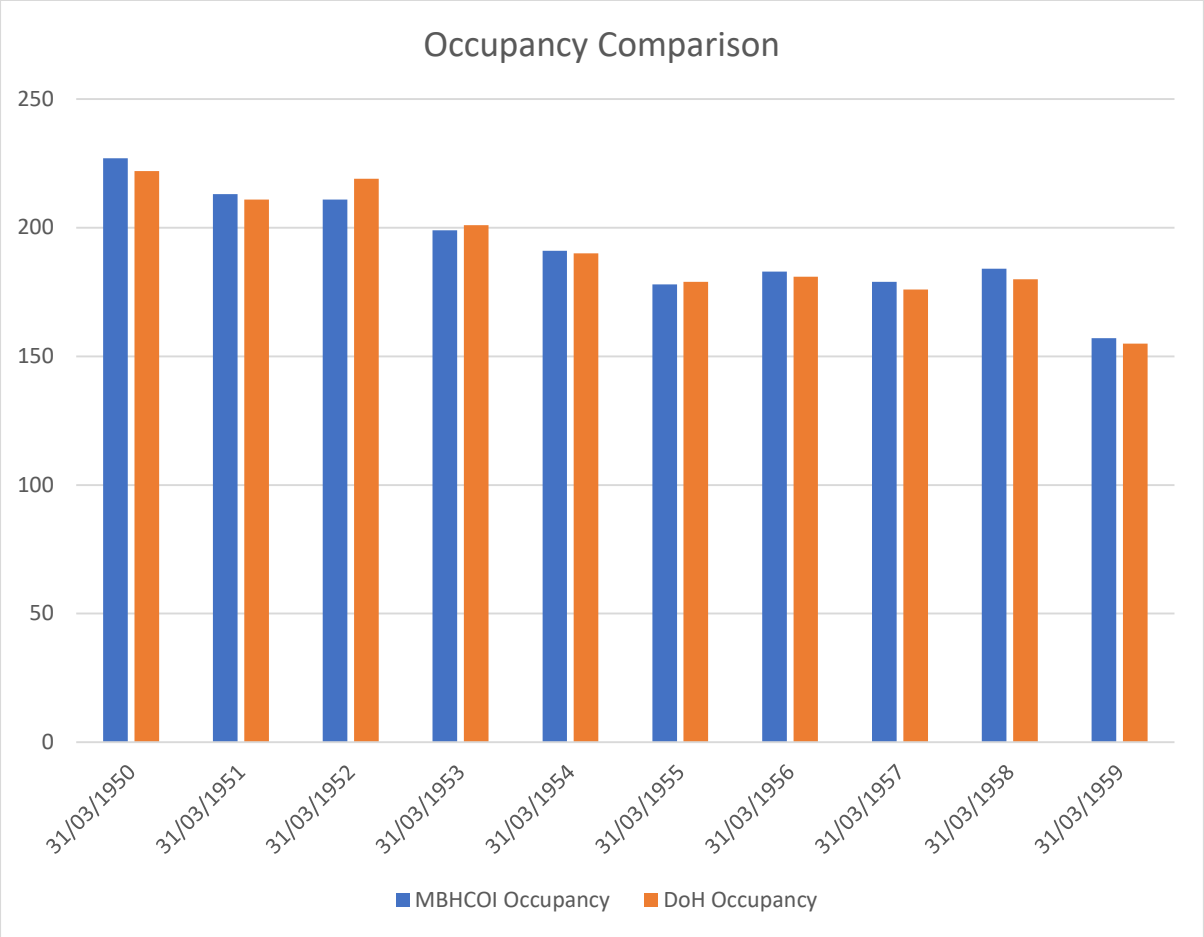


Information relating to occupancy was available for 3,237 children (99.6% of births/admissions). Occupancy rates were highest in the period 1942-50 and peaked in 1946 when 268 children on average were living in the home. By 1960, average occupancy had decreased to 123 children.



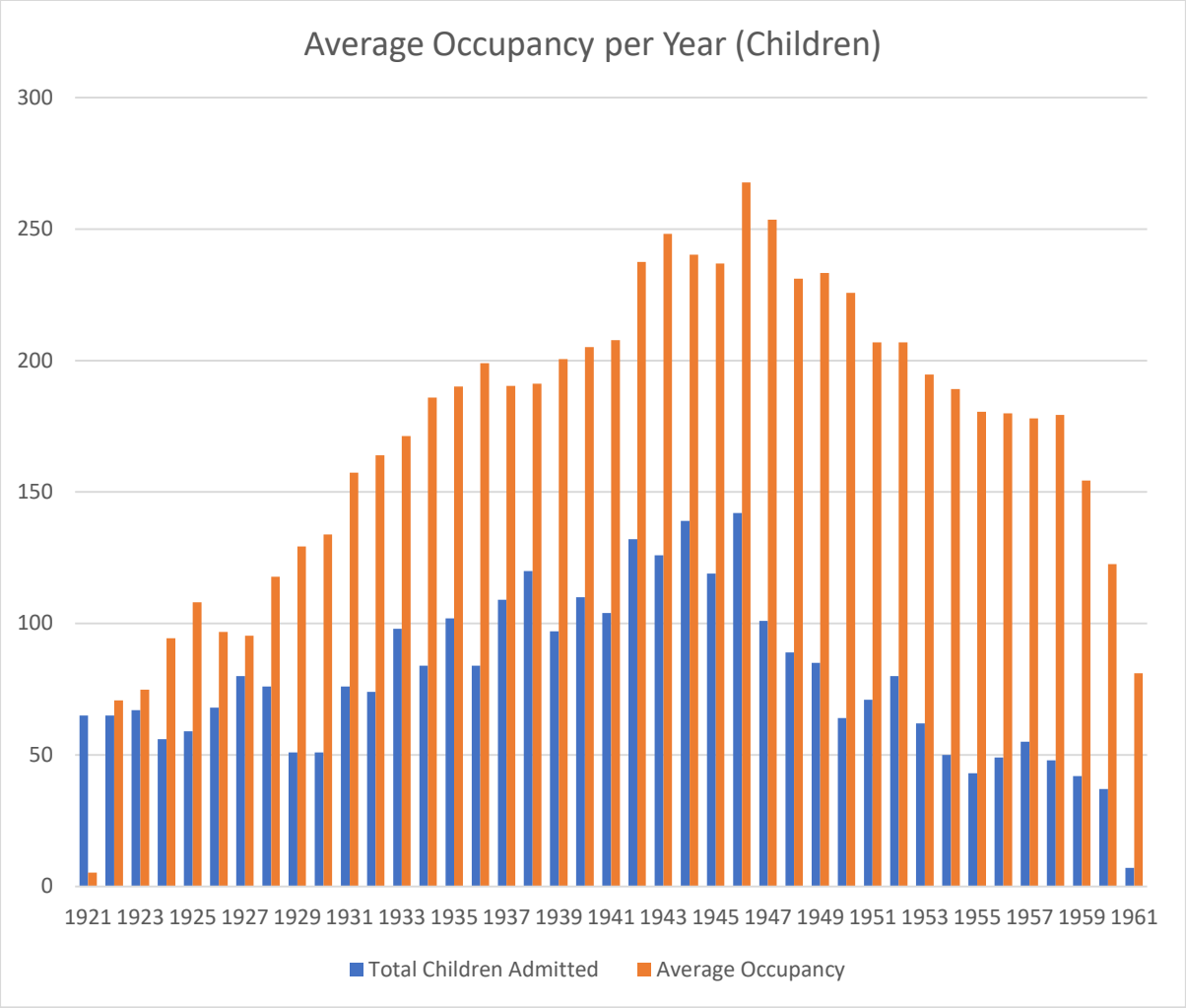
Analysis by decade shows that average occupancy was highest in the 1940s - a child born in or admitted to the Tuam home in that decade could expect to be living with another 235 children. This was a substantial increase on average occupancy rates recorded in the 1920s (88 children) and the 1930s (188 children). Average occupancy decreased by around 20% in the 1950s and by 1960, 107 children on average were living in the home. Although this was a substantial reduction on the occupancy rate pertaining in the 1950s it was still greater than occupancy rates recorded in the 1920s.

Occupancy comparison



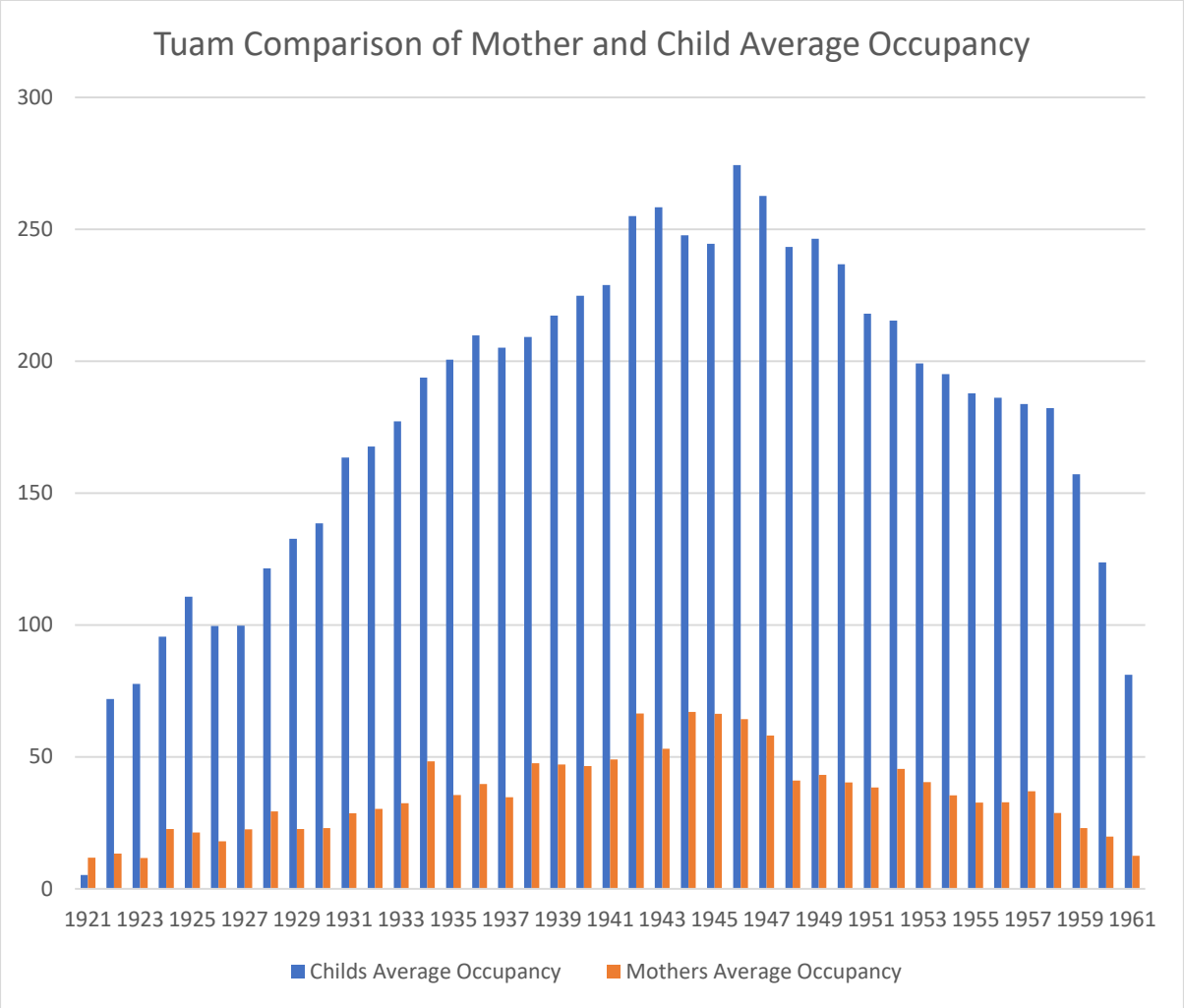
A set of annual statistical returns forwarded by Tuam to the Department of Health for the years 1950-58 allowed the Commission to undertake comparative analysis of occupancy rates derived from the institutional records relating to the Tuam home and occupancy rates returned to the department. Temporary absences from the home, such as children in external hospitals, are not recorded in the Commission's calculations which may inflate the Commission's numbers slightly. Notwithstanding this, it seems clear that occupancy rates in both record sets are broadly in line.

Occupancy/Admissions



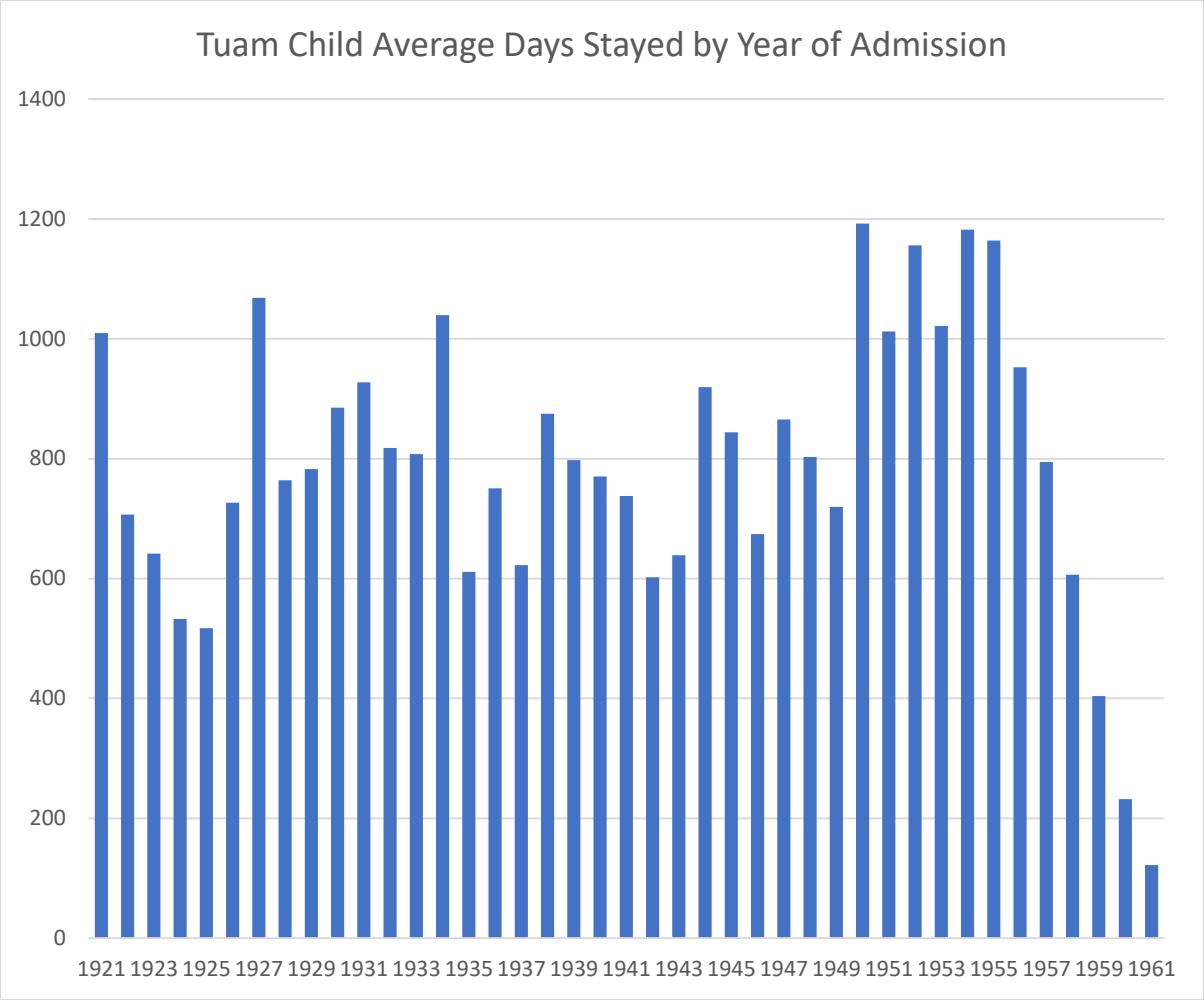
Comparative analysis of admissions and average occupancy shows that children were staying in the Tuam home far longer than children in other similar institutions. This was almost certainly due to the practice of keeping children in the home until they were seven years old before they were considered fit for boarding out. In 1946, 142 children were born in or admitted to the home and 103 were discharged or died in the institution but average occupancy on any given day that year was 268 children. Similarly, in 1960, 37 children were born in or admitted to the home and 71 were discharged or died in the Institution. However, 123 children on average were living in the home on any given day that year.

Occupancy Mothers/Children

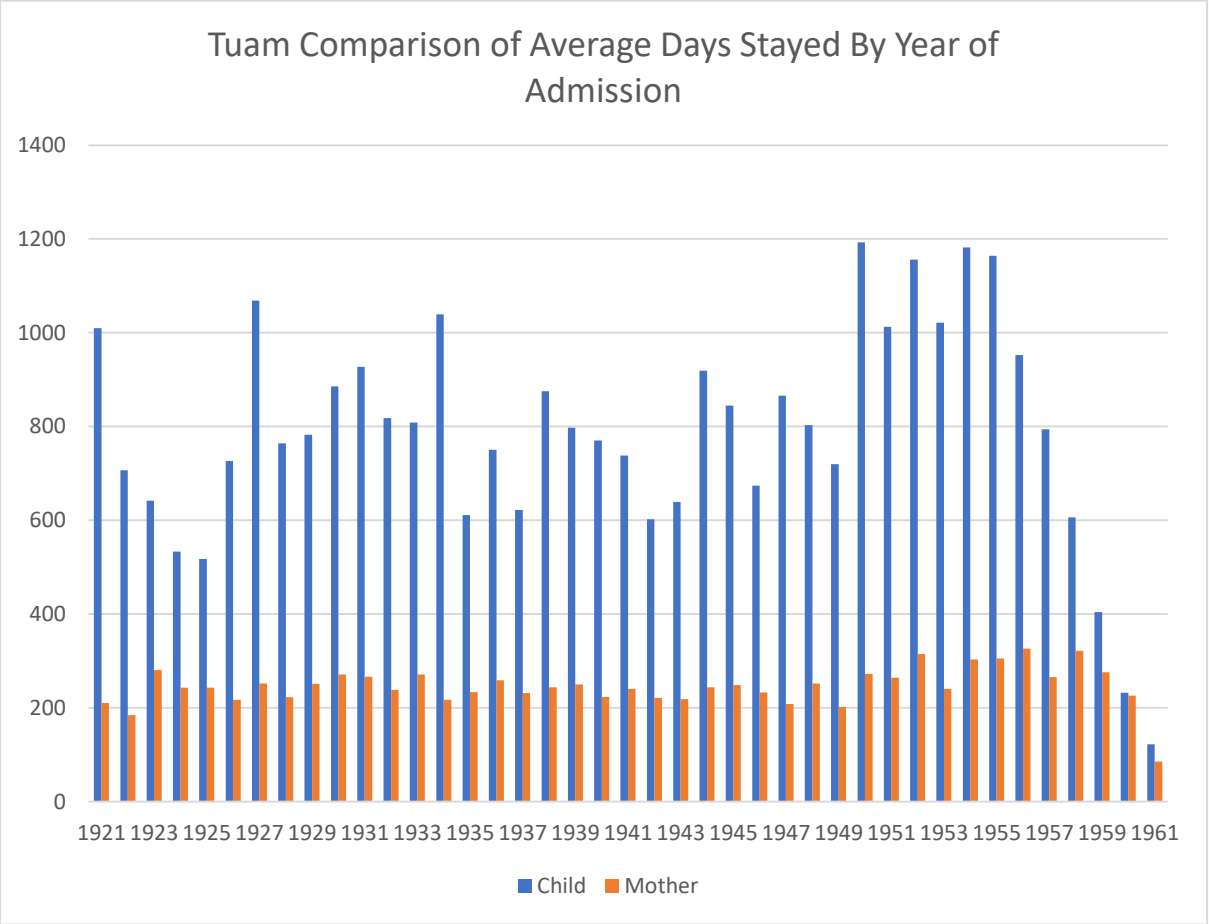


Information relating to length of stay suggests that 73% of children remained in the Tuam home for a period after their mothers had been discharged. Comparative analysis of child average occupancy as against mothers' average occupancy confirms that children who experienced long stays in Tuam spent much of their time in the home unaccompanied. In 1929, 23 mothers on average were living in the home, but there was an average of 133 children there the same year; it was 35 mothers and 205 children in 1937; 41 mothers and 243 children in 1948 and 23 mothers and 157 children in 1959. The ratio of children to mothers in the home at any given time appears to be close to 6:1.

Children: Length of stay

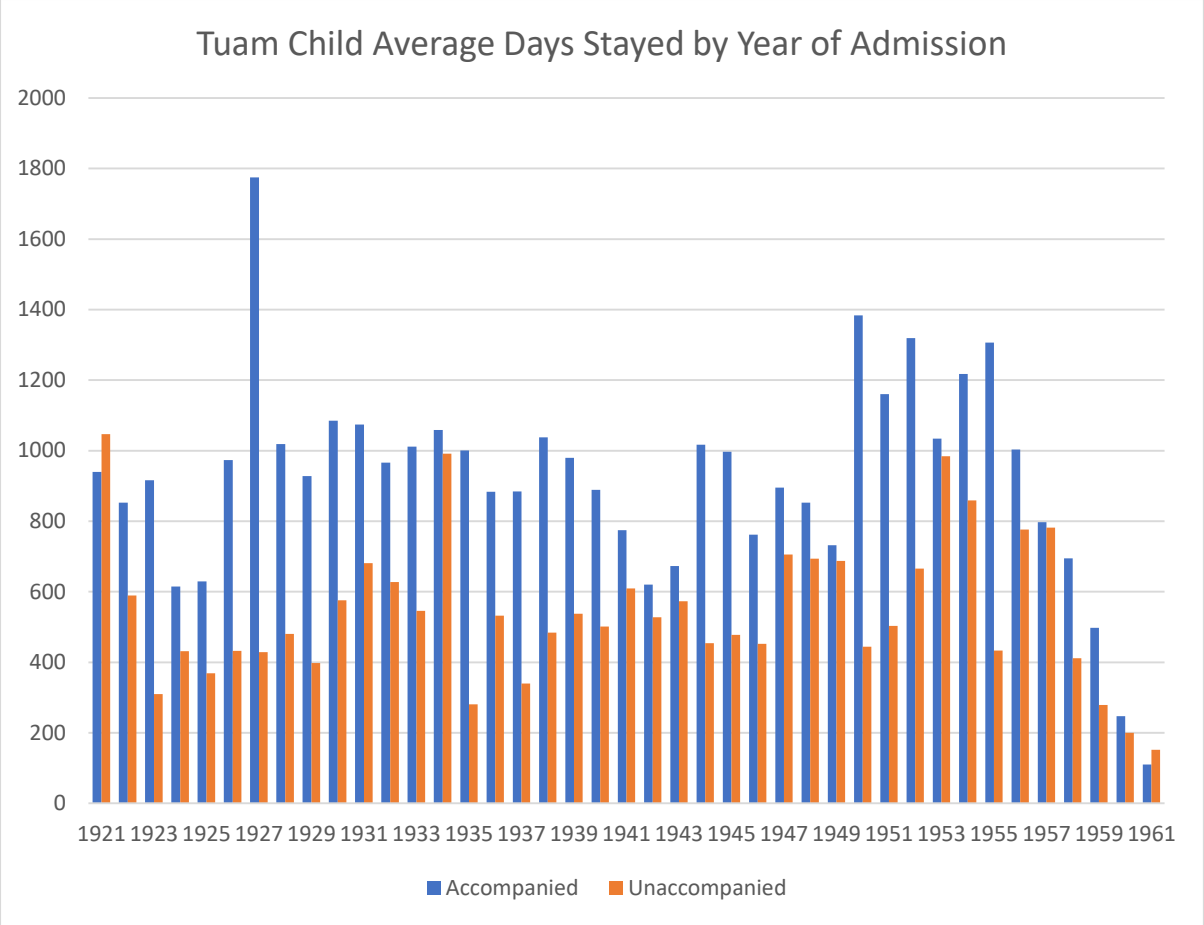


Information relating to length of stay was available for 3,200 children (98.4% of births/admissions). Length of stay was variable over the timeframe of the home's operation, in broad terms, however, children born in or admitted to the home in the years 1921-49 were in the home for 774 days on average - this ranged between 1,068 days on average in 1927 to 517 days in 1925; 1,039 days in 1934 and 602 days in 1942. For children born or admitted in 1950, length of stay increased sharply to 1,193 days and remained close to this level until 1955 - this appears to mirror the increased length of stay identified for women admitted to the home in the 1950s. Length of stay began to decrease from 1956 and in 1960, the home's last full year in operation; children admitted that year spent 232 days on average there. The institutional records show that 20.9%, or 1 in 5 children born in or admitted to the Tuam home, spent less than 50 days there. At the other end of the scale, 16.6% of children spent between five and ten years in the home and seven children spent between ten and 15 years in the home.



Information relating to child's date of discharge relative to the mother's date of discharge was available for 1,424 children (43.8% of births/admissions). The available records show that 73% of children remained in the home for some period after their mothers' discharge; 24% were discharged on the same day as their mothers and 3% were discharged from the home earlier than their mothers.

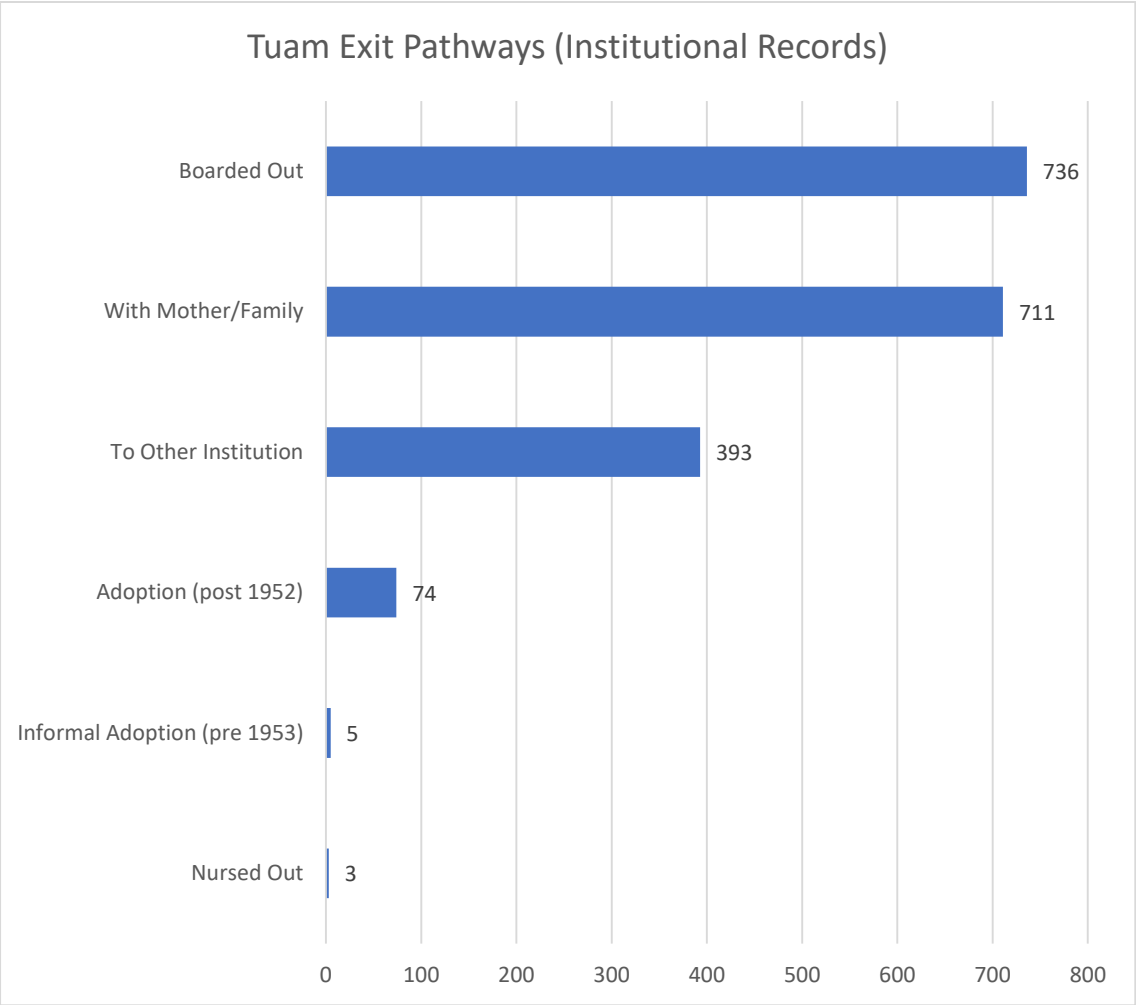
For mothers admitted in 1950, the average length of stay in Tuam was 272 days; the average length of stay for a child born in or admitted to the home with their mother that year was 1,383 days. Children whose mothers left Tuam in 1950 could expect to remain in the home unaccompanied for 1,111 days on average.



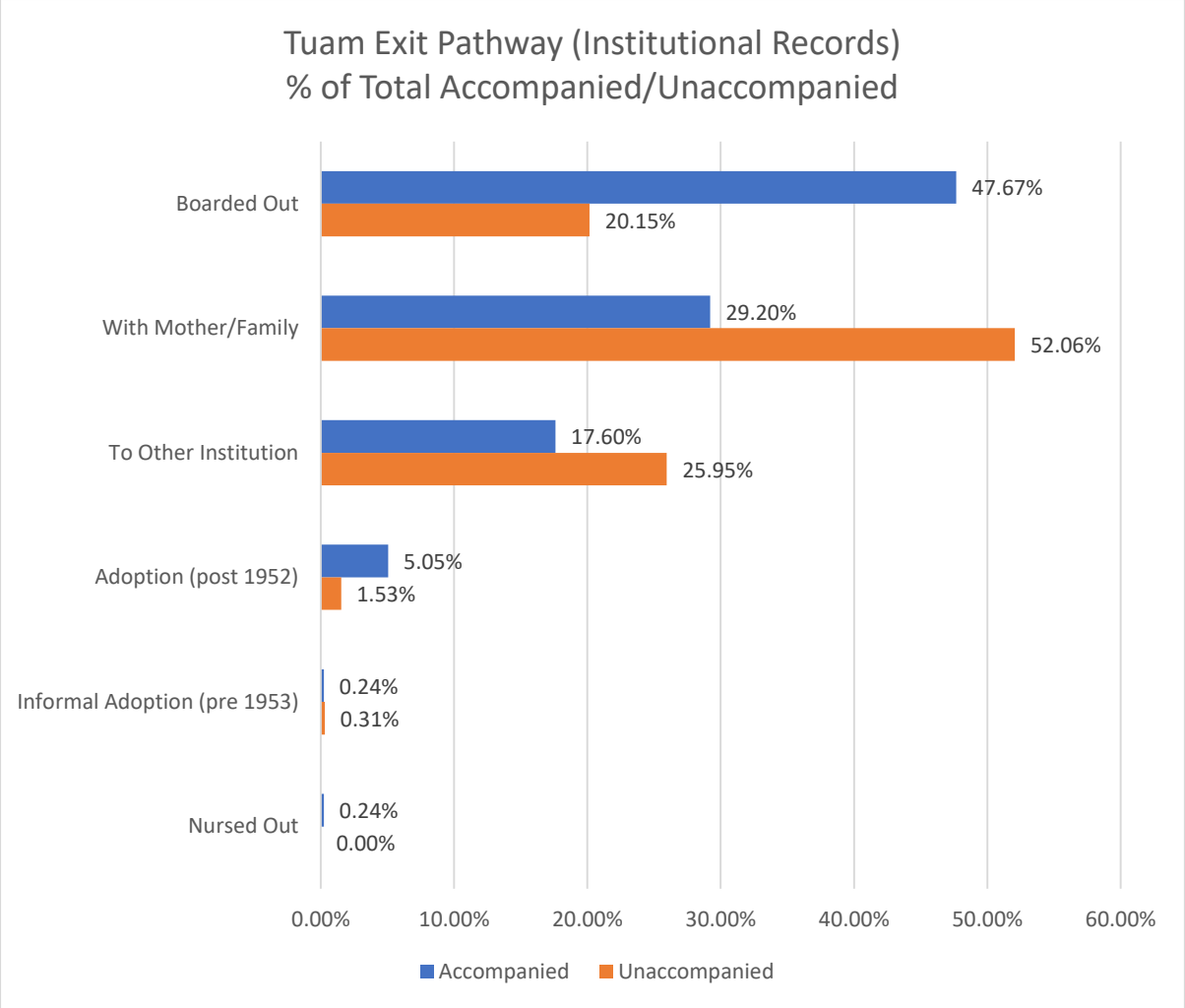
Comparative analysis of length of stay among accompanied and unaccompanied children suggests that, on average, unaccompanied children spent far shorter periods in the Tuam home than those born there or admitted with their mothers. Where the status at birth of unaccompanied children is discernible 71% were recorded as 'legitimate' children and were more likely to be discharged to the family home after a relatively short stay. Children born in the Tuam home, or admitted with their mothers, were more likely to be recorded as 'illegitimate' children awaiting adoption or placement in the boarding out system - this generally meant an extended stay in the home.[4] In some years the length of stay among accompanied and unaccompanied children is on par, most years, however, show a discrepancy. For example, in 1927 the average length of stay for an accompanied child was 1,775 days while the length of stay for an unaccompanied child was 429 days. Similarly, in 1950, the average length of stay was 1,383 for an accompanied child and 429 days for an unaccompanied child. By 1960, the gap had narrowed to 247 and 200 days respectively.

[4] 98.3% of accompanied children (children born in Tuam or admitted accompanied by their mothers) were recorded as 'illegitimate' children.

Children: Exit pathways



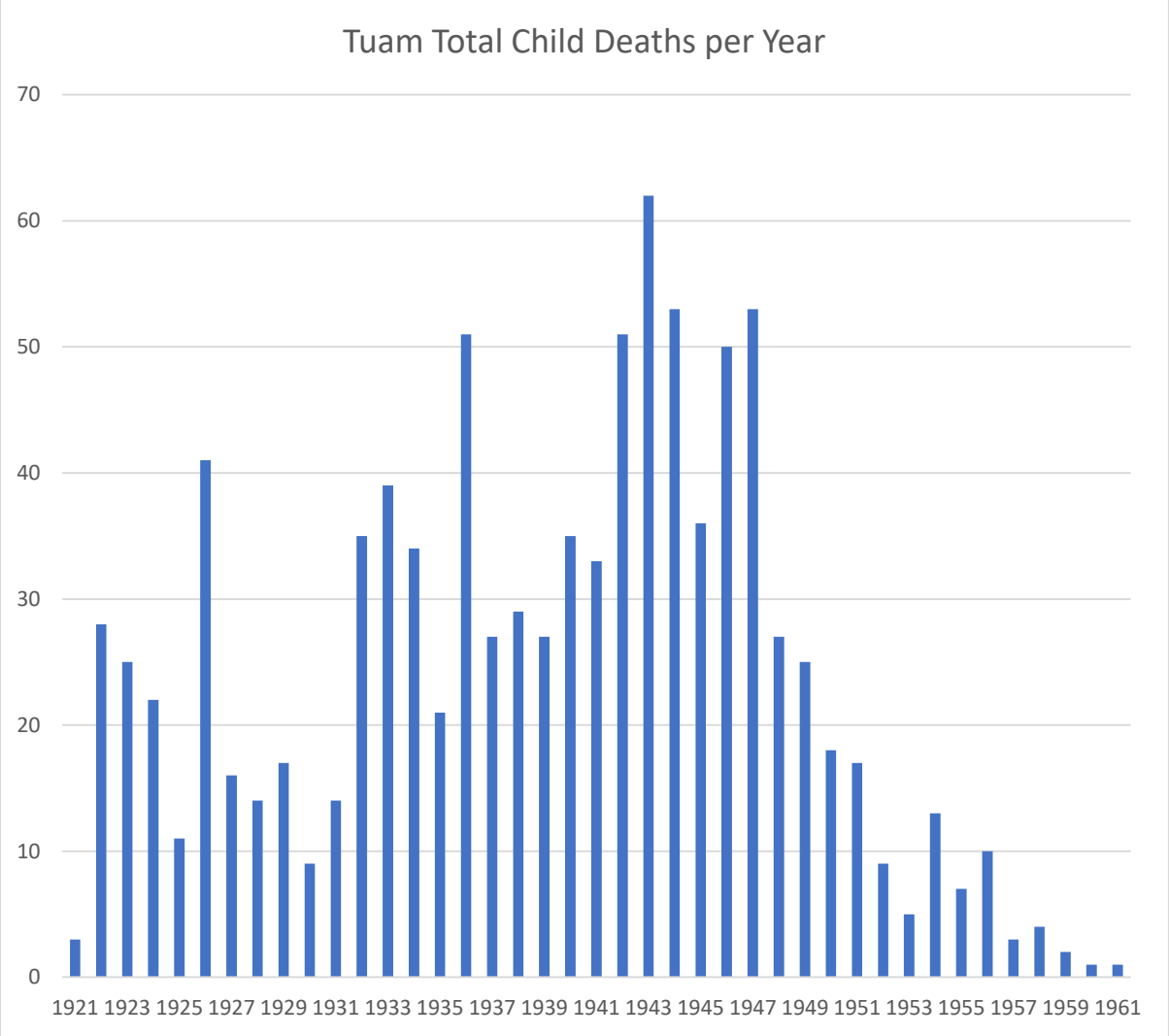
Information relating to exit pathways was available for 1,922 children (59.1% of births/admissions). The institutional records show that most children were either boarded out (38.29%) or left the home with their mothers (36.99%). Over 20% transferred to a range of other institutions; 3.85% were legally adopted (from 1953); 0.26% were informally adopted (pre 1953) and 0.16% were nursed out from the home. This pattern remained broadly unchanged from the 1920s to the 1960s. Local authority records show that 5.5% of children boarded out from the Tuam home subsequently entered the hired out system aged 16 years.



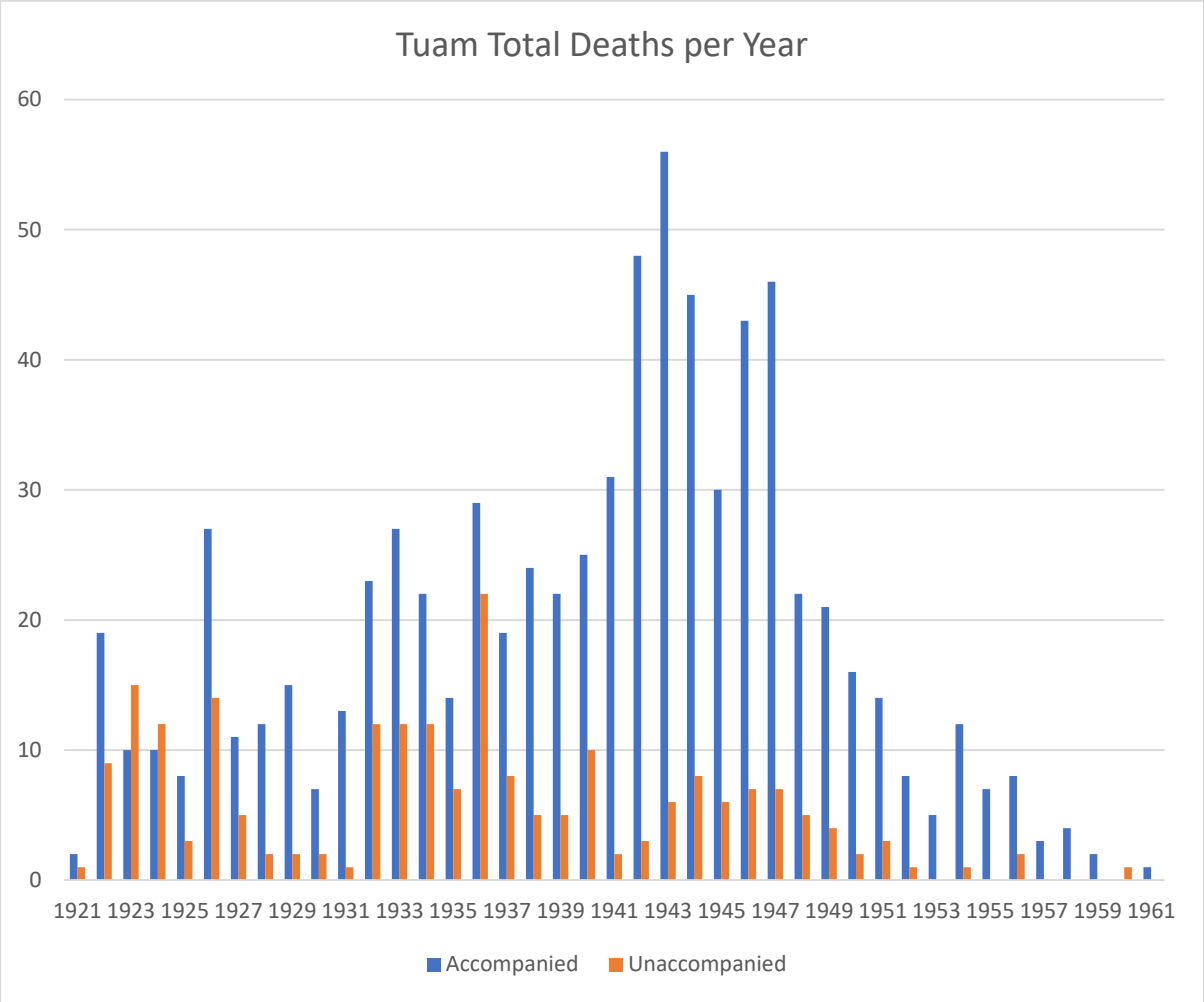
Comparative analysis of exit pathways among unaccompanied children and children born in the home/admitted with their mothers shows that unaccompanied children were less likely to be boarded out from the home; just 20.15% were boarded out compared to 47.67% accompanied children. As already stated, this is most probably because the majority of unaccompanied children were legitimate children - this is also why unaccompanied children were far less likely to be adopted. The most frequent exit pathways recorded for unaccompanied children was a return to the family home (52.06%) and transfer to a hospital or industrial school (25.95%).

Child deaths

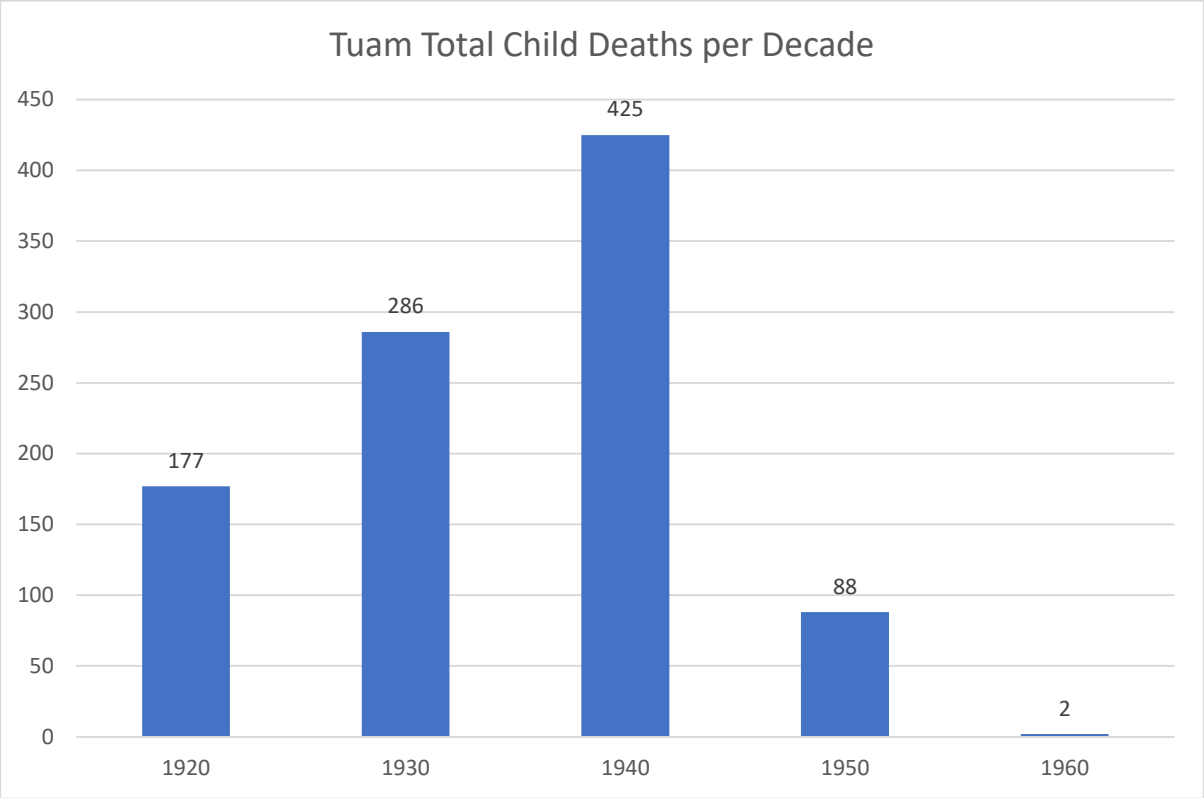
The Commission identified 978 child deaths associated with the Tuam home, including those which occurred when the home was located in Glenamaddy. Child deaths include children who died in the Tuam home, children who were admitted to Tuam and died elsewhere (generally children transferred to the Central Hospital, Galway) and children who were never admitted to the Tuam home, but whose mothers were resident there prior to giving birth (generally after transfer to the Central Hospital, Galway). The Commission located GRO death records for 972 children (99.4% of child deaths).



Most child deaths recorded in Tuam occurred before 1950; 92.6% of deaths occurred between 1921-50. Child deaths spiked in 1926 (41 deaths) and in 1936 (51 deaths). The worst period, however, was from 1942-47 - 305 child deaths, almost 1 in 3 of all child deaths recorded in Tuam occurred over those six years. The available records show that 79% of deaths occurred among 'illegitimate' children and 11% occurred among 'legitimate' children - status at birth could not be established in relation to the remaining 10% of child deaths.

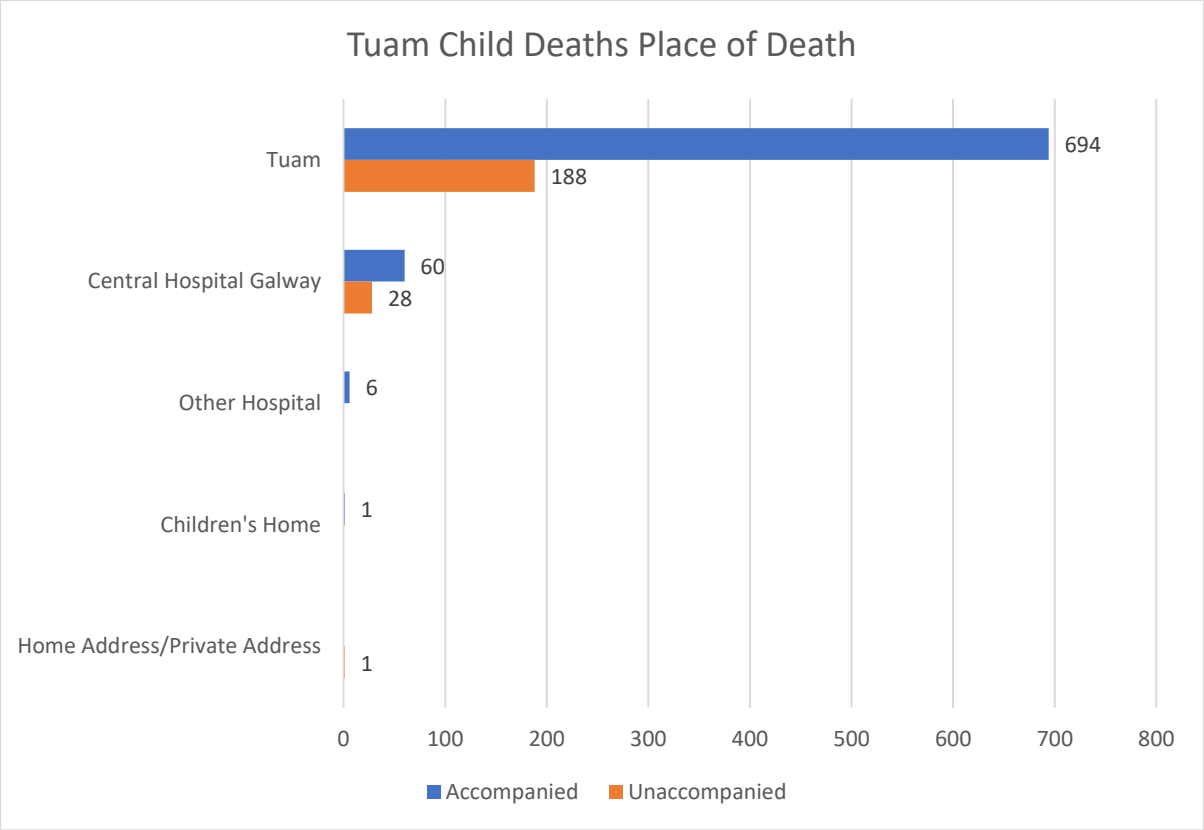


Unaccompanied children made up 33.5% of admissions to Tuam and accounted for 22.2% of child deaths in the home - although they accounted for 55% and 60% of deaths in 1923 and 1924 respectively; 34% of deaths in 1926 and 43% in 1936. Of the 305 child deaths recorded in the years 1942-47 unaccompanied children accounted for 12%.



Analysis by decade shows that more child deaths (43.5%) occurred in the 1940s than any other decade followed by the 1930s (29.2%); 1920s (18.1%); 1950s (9%) and 1960 (0.2%).

Place of death



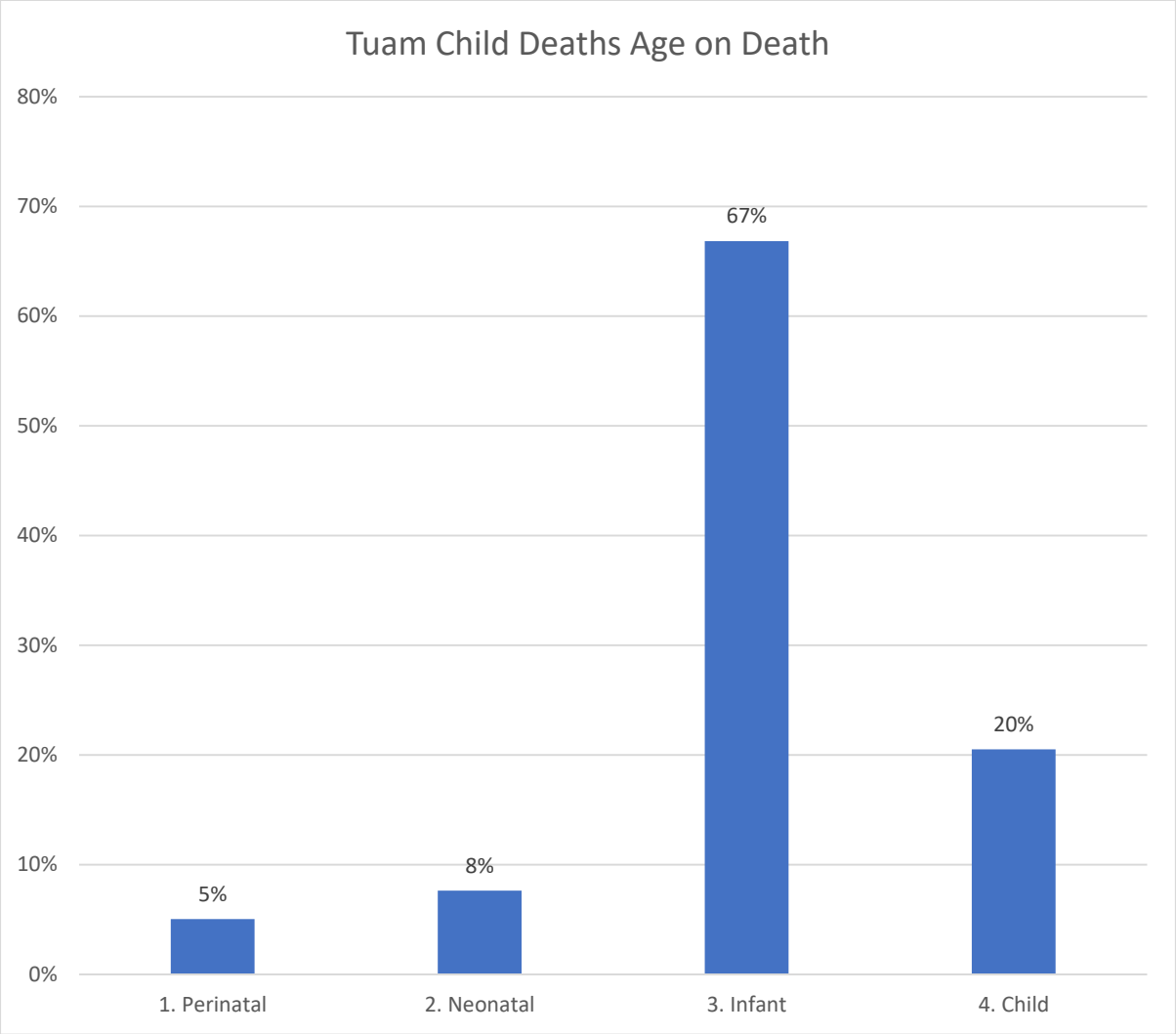
Information relating to place of death was available for all children. Most children (90%) died in the Tuam home - 80 when located in Glenamaddy; 802 when located in Tuam; 9% died in the Central Hospital, Galway; 0.6% died in other hospitals; one died following transfer to a children's home and one died following discharge to the family home.

Place of Burial

The Commission located burial records for 51 children - 50 in Bohermore Cemetery, Galway, and one in Glasnevin Cemetery, Dublin. All 50 children with burial records in Bohermore died in the Central Hospital, Galway. The child with a burial record in Glasnevin died in Our Lady's Children's Hospital, Dublin, after transfer there. The Commission established that the memorial garden on the site of the former Tuam home contains human remains which date from the period of the home's operation and considers it likely that a large number of the children who died in the Tuam home are buried there.[5]

[5] Mother and Baby Homes Commission of Investigation, *Fifth interim report*, 15 March 2019.

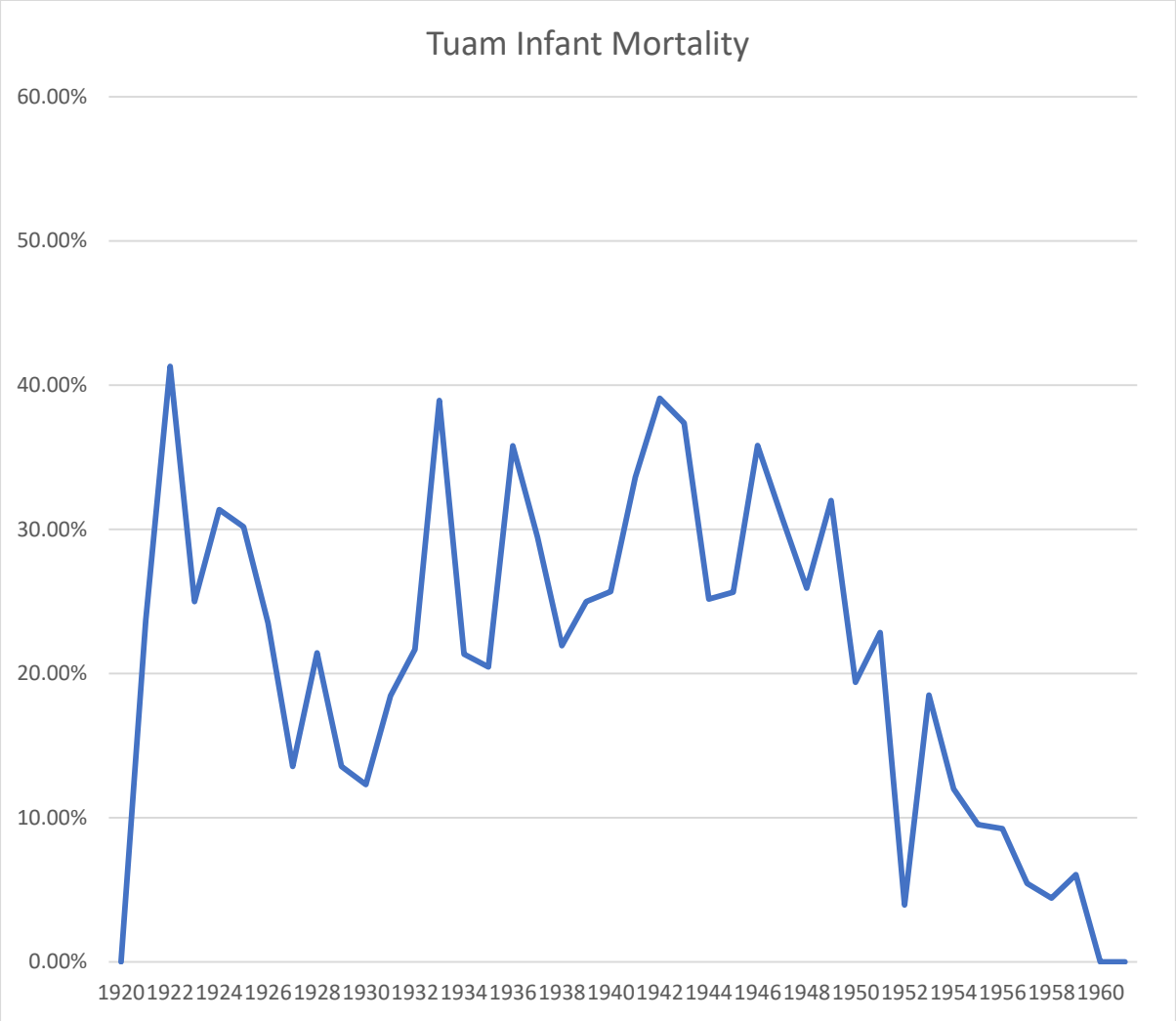
Age at death



Information relating to age on death was available for 932 children (95.3% of child deaths). Most deaths (80%) occurred in infancy as follows: perinatal, 0-7 days (5%); neonatal, 8-28 days (8%); infant, 29-365 days (67%). The remaining 20% of deaths occurred in children aged between 366 days and just under five years.

The available records show that 532 children (55.3%) were accompanied by their mother at the time of death - 430 children (44.7%) were unaccompanied at the time of death.

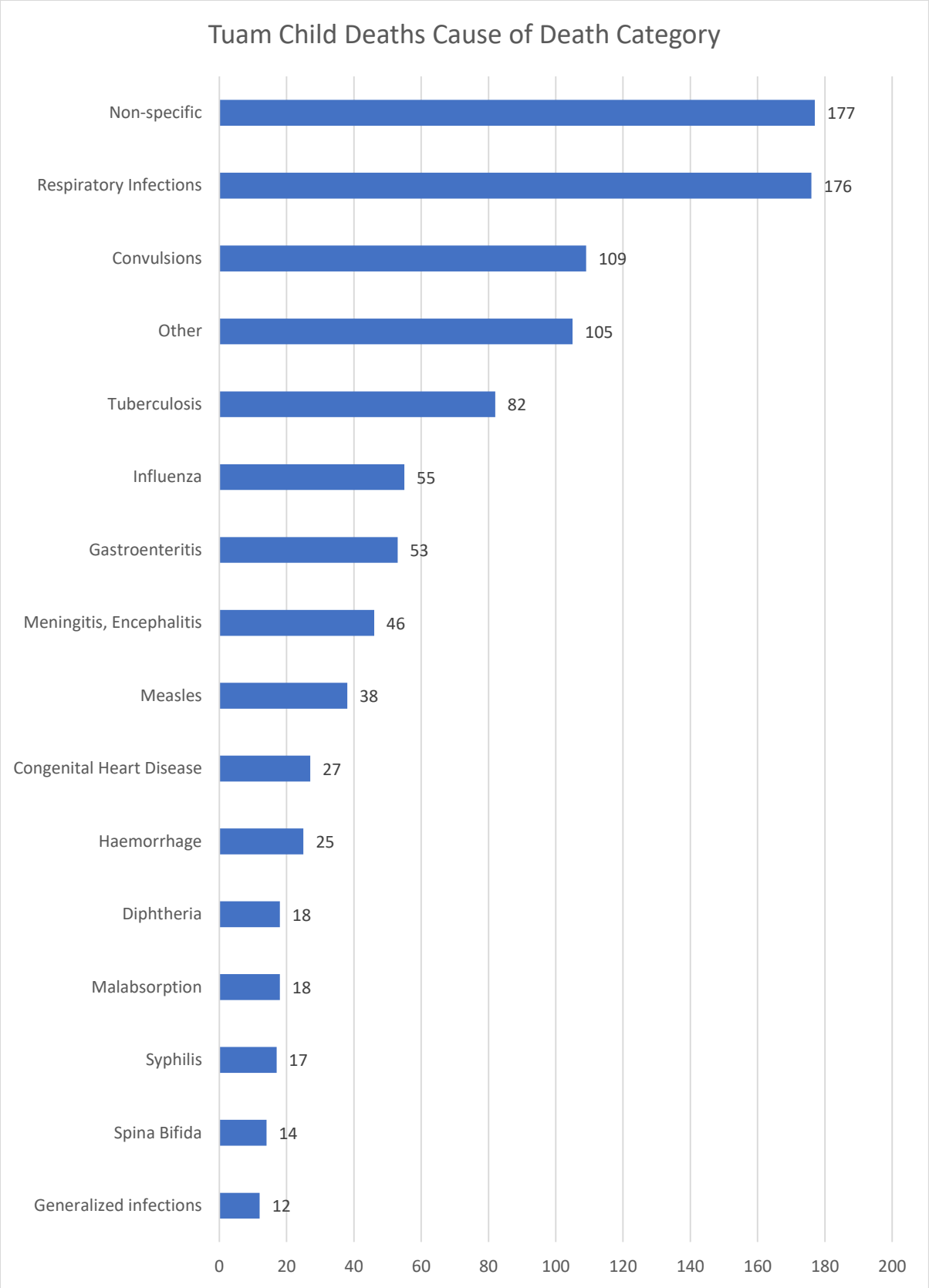
Infant mortality rate[6]



Infant mortality peaked in 1922 (41.3%) when the home was located in Glenamaddy and decreased dramatically following the move to Tuam in 1925; infant mortality stood at 13.56% in 1927. However, by 1933 the rate had increased to 38.95% and remained above 30% intermittently until 1949. Infant mortality decreased to 19.4% in 1950 and fell to just 3.95% in 1952. Although an increase was recorded in 1953 (18.52%) the infant mortality rate maintained a staggered downward trend until the home's closure in 1961.

[6] Infant mortality rate is calculated as follows: Living children born in the year who died before the age of 1/All living children born in the year.

Cause of death



Information relating to cause of death was available for 972 children (99.4% of child deaths). The leading cause of death were non-specific causes, such as prematurity and congenital debility (18.2%) and respiratory infections - mainly pneumonia, bronchopneumonia and bronchitis (18.1%). Over 11% of deaths were notified as being due to convulsions; 10.8% were due to other causes - mostly pertussis/whooping cough; 8.4% were notified as tuberculosis - mostly general tuberculosis and tubercular meningitis; 5.7% were due to influenza; 5.5% were due to gastroenteritis/gastritis; 4.7% were notified as meningitis; 3.9% as measles; 2.8% as congenital heart disease; 2.6% as being due to haemorrhage - mainly cerebral haemorrhage; 1.9% were due to diphtheria; 1.9% were due to malabsorption - mainly marasmus;[7] 1.7% were due to congenital syphilis; 1.4% were due to spina bifida and 1.2% were notified as being due to generalised infections - mainly toxaemia and septicaemia.

There was no major alteration in the leading causes of death in Tuam from the 1920s to 1960.

[7] Some commentators have asserted that deaths notified as marasmus point to some level of neglect. It should be noted that 8 of 18 such deaths relating to Tuam occurred in the Central Hospital, Galway, and that 10 of the 18 deaths notified as marasmus occurred among children who were accompanied by their mother at the time of death.

Chapter 16: The County Clare Nursery, Kilrush 1922-1932

Introduction

16.1 As described in Chapter 1, in the period 1920-22 changes were made to the operation of the poor law and its institutions. As part of these changes, the County Clare Amalgamation Scheme was agreed by Clare county council in 1921.[1] This scheme provided for the closure of many of the workhouses in Clare and for changes in the use of others. It was agreed that part of the Kilrush workhouse would be used as a county nursery. The fever hospital and infirmary which were attached to the Kilrush workhouse became the Kilrush district hospital. The various boards of guardians in Clare were replaced by the Clare Board of Health. These changes (and others) were given statutory backing by the *County Scheme Order, Clare No 1, 1923*.[2] This order describes the Kilrush institution as an 'Auxiliary Home' for infant children and unmarried mothers. It was also known as the 'nursery' or the 'county nursery' or the 'orphanage'; locally, the 'nursery' seems to have been the usual name. It was envisaged that it would be a home not only for unmarried mothers and their children but also for children who were already in the workhouse system and thereafter children who were orphaned or abandoned. The Kilrush workhouse closed at the end of January 1922 and the nursery came into operation immediately thereafter. It occupied part of the old workhouse and the rest remained vacant.

Sources

Institutional records

16.2 The Commission has not found any extant institutional records for the Kilrush nursery. The minutes of the Clare Board of Health refer to a register of all children coming into the nursery but the register itself is not included in the archives of Clare county council. It seems likely that records of residents were kept in the same way as in county homes and other similar institutions but they do not seem to have survived.

[1] *The Clare Champion*, 23 July 1921
[2] http://www.irishstatutebook.ie/eli/1923/sro/940/made/en/print?q=Clare+County+scheme+Order&search_type=si

Local authority records

16.3 Minute books of Clare County Council, the Clare Board of Health, Kilrush Board of Guardians and Kilrush Rural District Council are held in the Clare County Council Archives. The minutes of the Board of Health and its sub-committee, the County Nursery and District Hospital Committee are the most important source for information on the Kilrush nursery and much of the information in this chapter comes from these minutes. The Board of Health met regularly and a meeting of the Nursery and District Hospitals sub-committee followed the Board meeting. The matron or officer in charge of each institution made a monthly report from around mid-1923 onwards. The reports of the matrons of the different institutions were read into the minutes although reports from the nursery did not start to appear until 1924. Orders and proposals by the councillors were also recorded as were orders and instructions from the Department of Local Government and Public Health. The nursery matron's reports contained information about the condition of the building and facilities, issues relating to the women and children, food supplies, and personnel. Over time, there were fewer references to the women and children. From 1929 until the closure of the nursery in 1932, the matron's reports were occasional and had very little content.

16.4 The minutes include reports from the Assistance Officers on the boarding out of children. These list the details of children boarded out and the names and addresses of foster parents. It is not clear if all the children listed were from the nursery. There are reports of inspections by Assistance Officers on the living conditions of the foster children and on the removal of children and their placement with other foster parents or their return to the nursery.

16.5 Other relevant information in the minute books includes details of tenders for the supply of milk, food and services to the nursery. There are detailed invoices for goods and services provided. There are invoices for coffins provided to the nursery and the district hospital.

Kilrush Baptismal Records

16.6 The Commission has had access to the baptismal records of Kilrush parish church from 1922-1932. These records contain the names of the children baptised, the mother's name (sometimes there is reference to a father), the priest who baptised the child and the parish the mother was from.

Local Newspapers

16.7 The *Clare Champion* and *Saturday Record* are available at the Clare Local Studies Centre on microfilm. Both papers reported on meetings of Clare county council and the meetings of the Board of Health. The reporting was extensive and often gave verbatim accounts of meetings. These reports have much more detail on what was said by public representatives than the minute books. The reporting on the setting up of the County Clare amalgamation scheme was detailed and often covered several pages of the newspaper. This gives an insight into the thinking behind the setting up of the institutions and in particular the financial concerns voiced by those representing rate payers. The reporting on the closure of the orphanage is also extensive and explores the reasons for and against put forward by the various interested parties. Both papers carried details of inspections of the nursery and on an enquiry carried out on behalf of the Board of Health on the boarding out scheme.

Department of Health

16.8 The Commission has had access to a small number of Department of Health files mainly from the period 1922-23.

Governance

16.9 Kilrush nursery was owned and financed by Clare county council and was run by the Congregation of the Sisters of Mercy between 1922 and 1928 and by directly employed lay staff from 1928 to 1932. It closed in March 1932.

County Clare Board of Health

16.10 The Board of Health was appointed by Clare county council. The first board which was appointed in November 1921 had 30 members: ten members of Clare county council; four people nominated by that council, one of whom was a priest and one a TD; 11 chairmen of rural and urban district councils; three members of the county insurance committee and two representatives of the county medical association. It established sub-committees to manage the various institutions in Co Clare; the County Nursery committee was established to manage the Kilrush nursery. Initially, the members of the sub-committee were from Clare county council, Kilrush rural district council and two women, one of whom was the chair.[3] The amalgamation scheme had envisaged that the sub-committee for the nursery

[3] *The Saturday Record*, 1 April 1922

would include a doctor and 'at least two ladies'. The legislation did not include this as a requirement. In June 1923, the sub-committee included two priests - one from Kilrush and one from Kilkee. The membership of the sub-committee changed over the years and by 1928, it was all male and seems to have been exclusively county councillors.

16.11 The intention was that the sub-committee would oversee routine expenditure but all other expenses had to be sanctioned by the County Board of Health.[4]

Sisters of Mercy

16.12 The Sisters of Mercy had been employed in the fever hospital and infirmary which were attached to the Kilrush workhouse since 1875. They were employees of the Kilrush board of guardians and, from 1922, of the Clare Board of Health. Kilrush had a similar status to Pelletstown (see Chapter 13). The Sisters of Mercy are recorded as being in charge of the nursery from February 1922.

16.13 The role of the Sisters of Mercy in the running of the nursery was that of day-to-day management of the women and the facilities. The status of the nuns was clarified in a letter from the Department of Local Government and Public Health (DLGPH) in May 1923 regarding the appointment of specific Sisters to the positions of storekeeper and matron. A second letter stated that only one person should be appointed.

16.14 There does appear to have been some controversy about the role of the religious orders in the early days of the amalgamation as is evident from a letter to the Board of Health from Bishop Fogarty of Killaloe which was read into the minutes in January 1922. The letter stated that the bishop had no objections to the Sisters of Mercy taking control of the Central Home (the county home in Ennis) but he could not allow them to carry out night duties as it was against bishops' regulations and would make it impossible for them to carry out their 'spiritual exercises'. The Board of Health had resolved that, if the Sisters could not undertake full duties in the county home, including night duty, the board would lose the services of the Sisters 'with the greatest regret'.[5] The bishop was not impressed by what he regarded as a threat from the councillors to dismiss the Sisters:

[4] *The Clare Champion*, 23 July 1921.
[5] Department of Health file: RM/ARC/0/520970

> There is a greater necessity for it now than at any time since the nuns took charge of the Workhouse Hospital. Therefore the statement of your committee that there is no alternative but dismissal is to me unintelligible. The desire of your committee to get rid of the nuns in the care of the poor is I fear a bad omen. It is not for gain or pleasure the nuns undertake the care of the poor and infirm but for Christian charity… When the advisors of your committee have turned [on/out] the nuns and staffed the place with young lay nurses, the poor helpless old people shall be carted there (from) all parts of the county and thrown in a heap to rot neglected and uncared for by Divine Love.

16.15 There is no record of a reply from the board to the bishop although there is reference to an appointment of a maternity nurse that was 'deleted' pending a meeting with the bishop. It is not clear if the prohibition on night duties also applied in the nursery.

The Department of Local Government and Public Health

16.16 As with all the mother and baby homes which were publicly financed, the Department of Local Government (DLG) and later the Department of Local Government and Public Health (DLGPH) was involved in decisions about policy and spending. In January 1922, the Board of Health asked the DLG to appoint an inspector to assist in the classifying of patients for the purposes of implementing the amalgamation scheme.[6] It appears that the department had a much more active and direct involvement with Kilrush than it did with institutions such as Pelletstown (see Chapter 13) and Tuam (see Chapter 15); however, it may be that this impression is due to the absence of records in relation to Tuam in the 1920s.

Physical conditions

16.17 The outline of the scheme for the county nursery which was approved by the Board of Health in January 1922 stated that the accommodation consisted of a maternity ward with six or seven beds, a day nursery and a night nursery. There was 'no lack of accommodation' and no new buildings were needed 'but a certain amount of painting and decorating and internal structural alterations will have to be carried out. Both the present kitchen and present laundry are quite inadequate'.[7] The

[6] Department of Health file: RM/ARC/0/520970
[7] ibid

scheme included proposals for temporary and permanent changes to the accommodation. This included installation of a bathroom and lavatory, a labour ward and a small isolation unit. The nursery and the district hospital had made a joint report about the water supply, sewerage and sanitary conditions.

16.18 By March 1922, the Board of Health was considering an engineer's report[8] on the requirements for the nursery so the nursery committee sent a quite detailed report to the board. It asked the board to 'keep in mind the extreme state of dilapidation of the main building known as the Workhouse, the walls are rough, windows small without proper frames or fittings, no grates, the passages flagged, the wood work rough and defective - all tending in the opinion of the Committee to have a depressing effect on the inmates'. The committee went on to describe what they had done. Initially, they had accommodated the school children in the girls' school room but this did not work. It was decided to move to the sheds. There were two dormitories there and a 'dining room on the flat, with outside dry closets, an outside bathroom attached to the old Infirmary and a pump all within a few yards of the sheds'. These new arrangements were 'very superior' when compared to the previous arrangements. The main kitchen was closed and all cooking was being done in the infirmary kitchen. The committee said that the Sisters of Mercy were very satisfied with the marked improvement in the children which they attributed to the 'complete change of environment and attendance at the local schools'.

16.19 The committee said that they could not find a way to improve the day nursery except to remove as many children as possible from it to the school going section. 'The room is small for the numbers and has an easterly aspect and never gets any sunshine.' However, the babies with one or two exceptions looked 'healthy well-fed and clean'. 'We have visited them frequently and always found them well attended to'.

16.20 The committee asked for painted walls, tiled floors, baths and lavatories. The engineer had been asked to make out separate estimates for the main house, the maternity block and the laundry. The engineer had not told them how he proposed to provide hot and cold water and they were anxious about this. It is not clear exactly what happened to the various proposals but it is the case that no significant improvements were made.

[8] The Commission has not seen this report.

16.21 The physical condition of the Kilrush nursery was always very poor indeed. It was so bad that its closure was considered less than a year after it opened. In December 1922, the Local Government Inspector, James McLysaght, who inspected all the county institutions at the request of a committee of inquiry set up by Clare county council, said that it was a 'perfect scandal to have anyone in the place'. He pointed out that there was no sanitary accommodation and no water supply[9] and that it would cost a lot of money to make it habitable; he was concerned that the prevailing conditions, 'would give rise some time or other to an outbreak of fever for which the County Board of Health would be responsible'.[10]

16.22 One councillor stated that 'it was an absolute disgrace' in the twentieth century. He suggested to the committee that it consider the establishment of a provincial nursery rather than having one in every county. This suggestion was unanimously adopted by the committee.

16.23 However, the proposal did not go any further and despite ongoing complaints about the conditions in the nursery, it continued to function with little if any repairs or improvements. In April 1923, the county engineer reported to the Board of Health that there were wells in the yard which could be used for a clean water supply. He was instructed to draw up plans and estimates for providing the water supply to the nursery and local hospital. According to a history compiled by the Sisters of Mercy, reconstruction work was carried out at the former infirmary and fever hospital in 1924 and it then became known as St Joseph's District Hospital.[11] Nothing seems to have been done about improving the nursery.

16.24 The poor conditions in the nursery were a matter of ongoing correspondence between the matron, the Board of Health and the DLGPH. In April 1924, the matron complained that the institution was overcrowded as there were 164 residents in the nursery and children were sleeping two in a bed with 'every habitable corner occupied.'

16.25 In 1927, the *Report of the Commission on the Relief of the Sick and Destitute Poor* described the conditions in the Kilrush nursery as follows:

[9] The town of Kilrush had no public water supply at this time and the town of Ennis had a very poor supply.
[10] *The Saturday Record,* 9 December 1922.
[11] Pius O'Brien, *Sisters of Mercy of Kilrush and Kilkee*, Congregation of the Sisters of Mercy, 1997.

> Kilrush' Auxiliary Home is in the old Kilrush Workhouse and was established for unmarried mothers and infant children.
>
> The Home is in a very poor condition of repair. There is no water supply and no bathing or sanitary accommodation, and the lighting is by lamps. The Sisters of Mercy, who are in charge of the Home, are themselves very insufficiently accommodated. They have no proper kitchen or refectory or bathing and sanitary arrangements. It is not fair to expect the Sisters to remain under the conditions as they exist.
>
> …
>
> The laundry work of the institution and also that of the District Hospital, which is on the opposite side of the public road, is done in a primitive and badly equipped laundry.
>
> The failure of the Board of Health to adapt the workhouse properly for the purpose to which it has been allocated reflects gravely on their administration.
>
> …
>
> In the maternity department connected with the Home there is no labour ward. The provision of such is very necessary.

16.26 In August 1927, there was still no electric light despite pleadings by the matron, and the roof was in a dilapidated condition. The Board of Health approved of 'inviting quotations'. A report in the *Saturday Record* in February 1930 stated that there were 61 patients; all the buildings were in a very bad state of repair with leaking roofs; 'the laundry is of the worst type, no baths and no inside sanitary accommodation'. In 1930 the long-awaited water supply was still not in place and the county engineer stated that the cost of laying on water from the Kilrush water supply would be £30. The matter was referred to the 'Visiting Committee'.

16.27 On 25 March 1931, the Minister for Local Government and Public Health was asked 'whether he will state the amount of money spent on (a) hospital improvements, including new works, in County Clare; (b) improvements to the County Home in Ennis and Nursery in Kilrush, since the amalgamation of workhouses in 1920'.

16.28 The Minister (General Mulcahy) replied with information on the amounts spent or planned to be spent on a number of hospitals including Kilrush Hospital. He said that large improvement works were contemplated for the county home but they had not yet been undertaken. There was no specific mention of the nursery but the

minister said that there may have been minor works carried out at the county home and the nursery but particulars concerning these were not available to the department.[12] As department approval would have been required for any significant spending on the nursery, this means that no serious attempt was made to improve conditions during the ten years of the existence of the nursery.

Staffing

16.29 The DLGPH took a detailed interest in the staffing levels and staff conditions in Kilrush. One particular example of its involvement arose in 1925. A woman who was employed as an attendant became ill and was hospitalised whilst working in the nursery in 1925. The department told the Board of Health that it should not pay her food rations and 'would do well to fix a charge for her maintenance'. The board responded that the woman was married and in poor circumstances and no charge was fixed. This did not satisfy the department who said that the matter was being referred to the auditor. In response the board set a charge of one shilling a day.

16.30 The outline of the scheme for the county nursery envisaged that there would be the following staff: matron (a nun), a lay assistant housekeeper, a nun in charge of the kitchen and stores, two nuns looking after the schoolchildren, a nun looking after the babies with a lay trained children's nurse and two male porters to attend at the gate, bring supplies of fuel and work the garden. There would also be a visiting medical officer, two midwives and a chaplain.

16.31 In July 1925, the department instructed that the staff of the nursery should consist of a medical officer, two nuns, two maternity nurses, a female attendant, a cook, a laundress and one general male attendant. The department further instructed that one of the nuns be 'dispensed with' and the salary of the male attendant be reduced to £2 a week. It raised a question about the attendant for school children and requested that the matron submit a report of this person's duties. In August 1925, it was recorded that the assistant matron (a Sister of Mercy) was in charge of the school children. Details of the annual salaries of staff employed in the nursery were entered in the minutes for September 1925.

16.32 The chaplain was paid £45 and the general attendant porter £104; neither lived on the premises. The matron, assistant matron, nurse (all Sisters of Mercy) and the

[12] Dail Debates, 25 March 1931

midwife were each paid £60; they all lived on the premises. Others who lived on the premises were two attendants (paid £36 and £36 8s respectively), a cook who was paid £45 6s 8d and a laundress who was paid £36 8s.

16.33 Dr Counihan who was the medical officer for Kilrush was responsible for the county nursery and Kilrush district hospital. Although not listed in the September 1925 minutes, he is referred to in minutes throughout the institution's existence.

16.34 In July 1926, the DLGPH questioned the appointment of Sister M B Sheedy, a Sister of Mercy, as the matron because of her lack of qualifications as a nurse. This started a correspondence between the Board of Health and the department about the appointment that resulted in another Sister taking up the position as matron as a short-term appointment. The department refused to approve the employment of a third Sister at the nursery and instructed she should be discharged.

16.35 A letter from the Mother Superior responded to the Board of Health in February 1927 asking why the appointment was temporary considering that the Sister in question had seven years' experience. She also stated that when the Sisters took charge of the nursery, it was made clear by the department that the matron need not be a trained nurse but experienced in institutional management and, unless the decision was reconsidered, she would withdraw the Sisters from the nursery. She also referred to the fact that Sisters were being trained and that, although there were four Sisters in the nursery, only three were receiving a salary. The department responded stating that the temporary employment contract was a local authority requirement. The members of the Board of Health recommended that the present matron be appointed 'as they were of the opinion that a Sister can best fill the post'.

16.36 There is no record of a response. The department raised the issue of the appointment of Sister M Baptist Sheedy again in November 1927. This time they requested to know when she would take up the position as matron. In April 1928, the board minutes included a note on the resignation of a Sister due to ill health together with a proposal for her replacement. In August the department wrote stating that, as the replacement was not a trained nurse, this was not acceptable. This was followed by a proposal to replace her with a record keeper. This triggered a response from the Mother Superior stating that the other Sisters were

resigning from their posts at the county nursery. The board accepted these resignations with regret and a plan was put in place to advertise the positions.

16.37 There is a note in the Mercy Archives in 1928 which records that the Reverend Mother had 'found it necessary' to withdraw the Sisters from Kilrush due to the reluctance of the 'Local Government Board'[13] to sanction the appointment of nuns others than trained nurses. 'The County Nursery is now in the hands of secular nurses.'

16.38 In December 1928 a lay nurse was appointed as matron of the county nursery and another lay person was appointed as temporary midwife. In September 1930, the new matron asked that her role as matron be made permanent and, in response, the department stated that in view of the 'contemplated change in connection with the institution, they do not consider it desirable to make a permanent appointment at present'.

Women and children

16.39 Because there are no extant admissions registers, it is not possible to establish exactly how many women and children were in Kilrush nursery. From the limited information available, it seems likely that there were between 300 and 400 mothers there and considerably more children.

16.40 The outline of the scheme for the county nursery which was approved by the Board of Health in January 1922 noted that the nursery committee had no statistics available to them nor had they seen the original amalgamation scheme. Consequently, they did not know exactly what had been envisaged by the originators of the scheme. They proceeded on the basis that the object was 'to take the existing conditions as they stand in each Union and to provide in one Institution for what has hitherto been provided for in the several institutions but of course in a more up-to-date and modern way'. The committee assumed that 40 mothers would be admitted each year; there would be about 160 children up to school age and about 80 school going children aged between five and seven.[14]

16.41 The March 1922 report of the nursery committee commented on the mothers:

[13] The Local Government Board was the predecessor of the DLGPH; it ceased to exist in 1922; see Chapter 1.
[14] Department of Health file: RM/ARC/0/520970

> The mothers are neglected, they have no proper clothing and no comfort of any kind. They are willing to do any work even the most menial and unpleasant. A certain number worked in the laundry under the old management. The washing was done with scrubbing brushes. We are supplying washboards. A strong mangle is required. We don't consider it is humane to allow expectant and nursing mothers to wring out heavy twill sheets and blankets as they do at present. We feel strongly that the lot of these poor women should be improved. Some are under 20 years and we feel confident we could get good results both to the women and the Home if we could, with discretion and common sense, give them comfort in their work, food and clothing.

16.42 It would appear that there were a number of unaccompanied children. In March 1922, there were 22 school going children in the nursery.[15] The minutes of the nursery committee meeting of 23 March 1922 noted that Clare Board of Health had agreed that children could be retained in the nursery when the mothers were discharged and the committee could use its discretion about admitting children without mothers. There are also references to mothers being discharged for 'insubordination' and the children being retained.

Births in the nursery

16.43 The nursery was in the parish of Kilrush and the chaplain was the local priest. The children born in the nursery were baptised in the parish, most likely in the nursery chapel. Their births and information on their mothers were recorded in the Kilrush parish register. The register also shows that a small number of the parents were married, as both names are in the register. These were mainly from the town of Kilrush or the surrounding area and may have been people in poor circumstances who needed medical attention. It could also be that Kilrush district hospital, which had a maternity unit, could not facilitate them.

16.44 The first birth recorded for the Co Clare nursery was a baby boy, born on the 9 February 1922; he was baptised the following day. His mother's parish was named. The last baby born in the nursery was also a boy, born on 21 February 1932. His mother's parish was also stated. The nursery closed in March 1932. In

[15] Department of Health file: RM/ARC/0/520968

the ten-year period, the baptismal records suggest that 330 children were born in the nursery:

1922	26
1923	36
1924	19
1925	33
1926	51
1927	33
1928	30
1929	27
1930	36
1931	35
1932	4

16.45 Each baptismal record contained the baby's name, the mother's name, the mother's parish, the priest, the godmother and some additional information. This usually contained the words 'extra marital, born in home'. The godmothers were other mothers in the nursery and some of these women were godmother to several children. The register also records if and when the child as an adult got married. There are references to people marrying in Britain and the United States as well as Ireland; they would have contacted Kilrush Parish Office for baptismal certificates. There are also a couple of instances where the father acknowledged the child at a later date and this is also recorded. Where a child was found abandoned, the words 'Infantus Expositus' were entered.

Other children

16.46 Other children lived in the nursery but the number cannot be established. As already stated, the nursery housed not only unmarried mothers and their children but also orphaned or abandoned children. In May 1922, the nursery committee noted that there were three boys in the institution, two aged 10 and one aged 14. In June 1925, the matron's report to the Board of Health referred to a woman who had been taken in with her children the previous year. The children had been fostered but the mother was refusing to take up offers of employment. Another report related to two children who were admitted to the nursery due to 'desertion by the mother'. They were aged eighteen months and three years. Their father, who had an army pension of 27s, refused to contribute to their support. This meant that

there were infants, young children, older children and adults all kept in the same environment.

16.47 In 1927, the *Report of the Commission on the Relief of the Sick and Destitute Poor* reported that there were 51 women and 105 children in the nursery; 57 of the children were over two years of age and 37 of these were attending school outside the nursery.

16.48 The DLGPH Report for the year 1928/29 recorded that there were 26 mothers of first-born children and six mothers of two or more children in Kilrush at the end of 1928.

Length of stay

16.49 The length of stay was one of the first issues addressed by the nursery committee. At its meeting in April 1922, some members considered that there should not be a defined length of stay as they felt that this would stop some women coming into the nursery.[16] However, in May 1922, it was agreed that mothers would not be allowed leave the institution until the child was at least two years old.[17] This was difficult to enforce as in March 1923, the Board of Health informed the nursery committee that it had no power to detain mothers who were willing to bring their children with them.

16.50 The minutes of the nursery committee meeting of 23 March 1922 noted that Clare Board of Health had agreed that children could be retained in the nursery when the mothers were discharged and the committee could use its discretion about admitting children without mothers.

16.51 The matron raised the matter in a report to the Board of Health in April 1924. She proposed that the children of the mothers who 'were allowed out' be kept in the nursery as they were 'in the most cases placed in the care of indifferent foster parents, badly treated, their education neglected, and brought up in the most objectionable surroundings'. She also recommended that when children reached the age of seven they should be sent to an industrial school. The Board of Health was in agreement and put forward a motion asking that the Minster for Local

[16] *The Saturday Record,* 1 April 1922
[17] Department of Health file: RM/ARC/0/520964

Government and Public Health change the law in relation to admission to industrial schools (see Chapter 1).

16.52 Her suggestion to keep the children until they were seven was not accepted and in July 1924 Miss Fitzgerald-Kenney, a local government inspector, appeared before the Board of Health and made clear that children from aged two to twelve were to be boarded out.

16.53 In April 1924, on foot of an inspection by county councillors, the board ordered that 'unmarried mothers and children be kept for a period of two years from the date of their admission order'. There was no legal basis for this although it does seem to have been the approved policy of the DLGPH. It is not clear that this was implemented fully in Kilrush. There are instances where women were 'detained' when they should not have been. For example, a woman came to collect her daughter and the daughter's baby but this was not allowed as the baby was only seven weeks old and allowing her out would cause 'much dissatisfaction amongst the other inmates'.

16.54 On another occasion, the matron referred in her report to a woman whom she was 'obliged to discharge' because of her behaviour. The woman went to live with her father but the matron kept the baby in the nursery as the weather was very cold. The board ordered that the mother take her child within fourteen days. In 1927 a mother left the nursery with her baby but the child was subsequently returned. The DLGPH queried why this had happened and was told by the Board of Health that 'this child has been deserted by her mother and the Civic Guards are endeavouring to trace the whereabouts of the latter'. In September 1925, the matron protested against an order made by the board to allow a mother to leave without her child who was only eight weeks old. Dr Counihan, the medical officer, supported the matron and the board ordered that both the mother and her baby be discharged at once or that both remain. Another mother was refused permission to leave as her baby was only one year and nine months old.

16.55 There were other occasions when the matron brought cases to the board about a mother and child leaving. In March 1925 a woman called for her unmarried daughter and 'strongly insisted on taking away the child of the latter'. The matron refused, pending the instructions of the board. The board ordered that the mother be discharged and the child boarded out. On another occasion a mother who had

spent two years in the nursery was 'most anxious to leave with her four illegitimate children'. The matron stated she did not think this woman was capable of taking care of herself and her children. The nursery chaplain was of the same view and the order from the board was that the woman be 'retained' in the nursery. There was no legal basis for the retention of this woman and her children, but she almost certainly was not aware of that.

16.56 In general, it would appear that many of the women stayed for two years unless taken out by their family and then only with the permission of the board. There were a number of 'escape' attempts. In May 1924, the matron reported that three women had 'scaled the wall' but had been arrested and brought back by the Gardaí. In October of that year, she reported that two women escaped over the wall leaving behind their two children, one aged three weeks and the other five months. The matter was reported to the Gardaí.

16.57 In 1927, the *Report of the Commission on the Relief of the Sick and Destitute Poor* said that the women were 'retained' in the nursery 'for two years if possible and an endeavour [is] made to find suitable employment for them on discharge and to keep in touch with them'. The number of 'first offenders' was 37. The report went on to state that the premises was of 'sufficient size to permit of separating the less culpable from the degraded, and if the best is to be got from this Home some classification should be made'.

Working

16.58 The outline of the scheme for a county nursery envisaged that a 'certain amount of labour will be available by mothers' before they leave the institution and their services could be used in the laundry where all the laundry work for the district hospital could be done. In practice, it appears that women were expected to work while in the nursery and this included working in the district hospital. If a woman refused, as was the case with one 'insubordinate inmate', the nursery committee decided that she should be sent to the county home and the child kept in the nursery.[18] There are references to women being sent to the county home and this was viewed as a punishment. If sent to the county home they would have been expected to work there as well and the work there was likely to be more onerous.

[18] *The Saturday Record,* 1 April 1922.

Discipline

16.59 Issues of discipline within the nursery were discussed at a number of board meetings. During a Board of Health inspection in 1924, councillors inspecting the premises referred to interviewing two women 'who from the way they spoke in our presence, the matron must have great difficulty with them.' They also referred to a woman who had struck another woman with an iron and another who refused to work and brought her child into her bed 'causing damage to the bed linen'. In the first case the board ordered that the woman be prosecuted although she was later discharged and her baby kept in the nursery. In the second case the woman was sent to the county home but was refused admittance and returned to the nursery that evening. In December 1926, Dr Counihan referred to 'one of the inmates being guilty of gross insubordination'.

16.60 In later years, there were fewer references to bad behaviour and 'insubordination' but this may be due to changes in the reporting process rather than any changes within the nursery.

Clothing

16.61 It would appear that some form of uniform clothing was provided to the women and children in the nursery. In March 1922, the nursery committee of management noted that the following requisition was submitted by the Sisters of Mercy and approved: 100 yards of flannelette for underwear; 20 yards of navy flannel, 100 yards of grey calico, 8 lbs of black 4 ply thread, 12 sets of knitting needles, a dozen packages of assorted sewing needles, 30 pairs of children's boots and 30 pairs of women's boots.[19]

Deaths

16.62 The available records do not establish the number of deaths in the nursery; they do refer to the deaths of children and to the conditions which contributed to the deaths.

16.63 The Central Statistics Office figures show details of deaths of illegitimate infants in institutions from 1923, broken down by county. The death rate in Co Clare institutions is very high when compared with the numbers in the baptismal record. As the nursery was the only institution for 'illegitimate' children in Co Clare, it is

[19] Department of Health file: RM/ARC/0/520964

probable that at least the majority died there. The recorded number of deaths of 'illegitimate' infants in institutions in Clare is as follows:[20]

1923	15
1924	19
1925	15
1926	27
1927	20
1928	14
1929	11
1930	13
1931	20
1932	14

16.64 The year 1932 is anomalous as the nursery closed in March of that year and unmarried mothers were to be sent to Sean Ross Abbey in Roscrea. It is possible that this did not always happen and mothers had their children in the county home in Ennis or in the local hospital. In 1933 the records show that twelve 'illegitimate' infants died in the institutions in Clare.

16.65 As already stated, there are references in the minutes to the serious concerns of Dr Counihan, the matron and others about conditions in the nursery and the risk they posed to the residents.

16.66 In 1924, Dr Counihan sent a report asking the board to approve a revised 'dietary scale' as 'the mothers were unable to nurse their children satisfactorily'. He also wanted the diet of the school children revised. This was approved subject to sanction by the DLGPH. In June 1927, the department wrote to the board questioning the dietary scale in the nursery: 'the allowances of bread, potatoes and butter in the amended scale are substantially in excess of those indicated in the Department's scale and the Ministry see no adequate reason for such increased allowances'. This was despite the fact that in March 1927, Dr Counihan had reported the death rate as 'appalling'.

16.67 At a meeting of the Clare Board of Health a councillor referred to the death rate:

[20] http://www.cso.ie/en/search/index.html?q=Infant%20mortality%20illegitimate

> At one time, the death rate in the Nursery was so high that special precautions had to be taken to protect them. Two nurses had been hired to watch them night and day and the mothers and children had been retained for two years as a further precaution.[21]

16.68 In the same month, February 1927, the matron reported that she had to requisition a special night nurse as there were twenty-seven children suffering from measles.

16.69 Another indicator of the high mortality rate was the continuous requisitions for coffins which are recorded in the minutes. This record also points to children of different ages dying in the nursery as the coffins were of different sizes. (The figures quoted above refer only to infant deaths.)

16.70 There are few references to specific deaths of infants or older children in the minutes; two exceptions being the cases of Mary Sherlock who was found dead in her mother's bed in March 1926 and the child (unnamed) of Mary Enright. In the Enright case, in July 1930, the DLGPH requested that an enquiry be set up 'to ascertain the circumstances and report on the matter'. There are no further references to this case.

16.71 Mary Sherlock's inquest was held in April 1926 and a full report was carried in *The Saturday Record*. A witness gave evidence that she was an 'inmate' of the nursery and that she saw Annie Sherlock take the baby into her bed at about 5.30 in the morning. She said that later than morning when Annie got up, her baby did not move and she called out that Mary was dead. Another witness, a nurse, said that as the place was not properly heated in winter, the mothers took the babies into the bed with them. Dr Counihan examined the baby and said that he found 'no bruises or marks of violence' and that the body was well nourished. He concluded that she died from smothering or asphyxia but he could not say how it happened. The jury found that the child died from asphyxia and they 'attached no blame to anybody'. The investigating Garda Superintendent felt otherwise and stated that the 'verdict may be all right but it would not do the state. I will have Annie Sherlock arrested and formally charged before the district justice'. A second report in the same newspaper stated:

[21] *The Clare Champion,* 5 February 1927.

> At a special court held at Kilrush Barracks, Annie Sherlock was charged with the murder of her illegitimate child aged 7 weeks at the Co Nursery, Kilrush were she had been an inmate and remanded in custody to the District Court at Kilrush. [22]

16.72 There are no further references to this case in the newspapers, but there is a reference in the minutes to an Anne Sherlock being employed in the county home in March 1927. It seems likely that this was the same woman.

Closing the nursery

16.73 The closing of the nursery was on the agenda from a very early stage. The Board of Health put proposals to the DLGPH. In March 1928, the Board of Health was considering the estimates for the new financial year. It made a series of recommendations to the county council, with a view to ensuring economies in administration. They included the abolition of the county nursery at Kilrush, the boarding out of some 90 children who were resident there and the transfer of the unmarried mothers to the county home.[23]

16.74 In January 1929, the department said that the board's proposal to close the nursery and transfer the 'inmates' to the county home 'appears to commend itself'. It went on to say that it was not possible at that time to say if sufficient accommodation was available.

16.75 In 1930 the Board of Health began to look further afield for solutions. In July that year, a letter from the Sister in charge in Bessborough stated that only 'first offenders' were admitted and that the terms were 3s a day. This was noted in the record and it was decided that Bessborough be requested to reduce the cost to 2s a day as they were planning to send a number of cases. In response the department ordered that the board should consider sending suitable cases to Bessborough. Dr Counihan argued that in his opinion, there were fifteen 'first offenders of whom only one had good Home prospects… In regard to second or more offenders, the prospect of a Home was practically nil'. The board decided to send five first offenders to Bessborough. It is not known if this happened. The

[22] *The Saturday Record,* 10 April 1926.
[23] *Nenagh Guardian*, 17 March 1928

Bessborough institutional records do not mention Kilrush nursery as a referring body in 1930-32.

16.76 In August 1930 a letter from the Good Shepherd Convent in Limerick[24] was received stating that it was prepared to take unmarried mothers who were 'first offenders'. In December 1931, the department made a suggestion that all expectant mothers might be sent to the 'Home at Shan Ross Abbey, Roscrea where there is more available accommodation than at Tuam'. The secretary of the board reported that the cost of keeping mothers at Sean Ross was 12s weekly and 17s 6d for mother and baby. He reported that 'mothers were retained as long as possible and situations found for them on discharge'. The board ordered that suitable unmarried mothers be sent to Sean Ross 'as soon as possible'.

16.77 Again, it is not clear if this happened; the Sean Ross institutional records do not record any referrals from Kilrush nursery. There is some evidence that it did happen. In December 1931, the Board of Health considered an application from three maternity nurses for expenses when conveying patients by ambulance to Sean Ross. The secretary said that when patients were being sent from the nursery at Kilrush to Sean Ross, it was necessary to send one of the nurses with them and they applied for £1 1s expenses. One member said that the nurses were paid and this was part of their job. The secretary pointed out that they had to get meals on the journey. 'They leave Kilrush about 9am in the morning, and they are not back at Kilrush until about 10pm at night.' After discussion about the cost of meals, the board decided to pay 7s 6d travelling expenses.[25]

16.78 In the meantime, the newspapers carried extensive reports on board meetings about closure and these reports give verbatim accounts of the county councillors' comments on the matter. In November 1931, they discussed the benefits of sending the women to Sean Ross and noted that the average cost of keeping a mother and child in Kilrush was 24s as opposed to 21s at Sean Ross, a saving of 3s. This would have to be offset by the cost of having to employ helpers in Kilrush to take the place of the women (presumably in the district hospital).

[24] The Good Shepherd Sisters had an industrial school and a Magdalen laundry in Limerick; clearly the offer related to the laundry.
[25] *Nenagh Guardian*, 26 December 1931

16.79 In December 1931, the secretary put forward a plan to move the nursery to another part of the building which would have cost a total of £141. It was also suggested that four women from the nursery be employed in the hospital at £13 per annum. There were varying views among the councillors. One thought it would be throwing good money after bad; others suggested simply using the county home. The question of boarding out the children was discussed. It was argued that foster parents could be found for children aged between two and seven and paid 7s a week but it was considered that no one would take children under two. One councillor said: 'But if we close Kilrush Nursery, we cannot take the children down to the pier and drown them. You must board them out and even if we have to pay £1 a week it will be cheaper than a new institution.'

16.80 As Sean Ross would take only 'first offenders' the board discussed what to do with the women who were 'repeat offenders'. One councillor said that there were 'eight or ten such cases there at present and is it not an awful state of affairs to have to maintain an expensive institution for the sake of ten vagabonds'. The secretary stated that there were probably 15 'inmates' in the nursery at that time and the discussion continued with the Good Shepherd Convent Limerick suggested as a place for the second offenders. The problem there was that they would not take the children. It was pointed out that 'There is a County Home in Limerick and perhaps they may take the class we want to dispose of'.[26]

16.81 The order for closure was made by the Minister for Local Government and Public Health and the letter of approval was read at a Clare county council meeting. A councillor from Kilrush objected to the closure on the grounds of the loss of business to the town stating: 'Everything is being brought away from Kilrush and we are now about to send our money to an institution in Roscrea'. Some councillors agreed that there would be a loss to Kilrush but the chairman said that the decision had been made:

> In the interests of these poor creatures themselves and in order to give them a decent chance at mending their ways…they would have a chance of learning some useful occupation which may be the means of preventing a lapse into wicked ways.[27]

[26] *The Clare Champion,* 19 December 1931.
[27] *The Clare Champion,* 5 March 1932.

16.82 A letter from Sister De Sales at Sean Ross stated that she was prepared to receive 25 children on a day the following week at a rate of 10s each a week. The Board of Health agreed to pay the amount. The secretary mentioned that two children had been boarded out and then sent back as they were only a year old. He proposed that in the interests of the children, it would be better if they were sent to Sean Ross. He also proposed that the ten or twelve 'second offenders' in Kilrush be discharged and their children sent to Sean Ross. One councillor pointed out that this had happened before and they had come back; he asked if they could be sent to a Magdalen home. The secretary said that he had interviewed them and they would go anywhere except to an institution. One councillor remarked that 'it is all very fine to talk about letting these inmates go, but they are a dangerous type to have roaming the country'. The secretary replied that there was

> no legal power in the Board to detain any inmate for even an hour is she wishes to take her discharge. The only obligation on the inmate is that she must take her child with her, and that prevents a number of them from going out. That is why I suggest sending the children to the Roscrea institution and letting the mothers off. Every one of these children born in the county costs the rate-payer about £200 each until they reach 15 years of age.[28]

16.83 The board agreed to act on the secretary's suggestion.[29] However, at a meeting in April 1932 he stated that there were ten maternity cases in the county home. It is not clear if these were transferred from the nursery or were unmarried mothers.[30]

[28] *Nenagh Guardian*, 5 March 1032.
[29] *The Saturday Record,* 5 March 1932.
[30] *The Saturday Record,* 9 April 1932.

Chapter 17: The Sacred Heart Mother and Baby Homes

Introduction

17.1 The mother and baby homes in Bessborough (established 1922), Sean Ross (established 1931) and Castlepollard (established 1935) were owned and run by the Congregation of the Sacred Hearts of Jesus and Mary. They were sometimes called 'special homes' in order to distinguish them from county homes. They were regarded by the health authorities as 'extern' institutions. This meant that they were not owned by the public assistance/health authorities but were largely paid for by those authorities. They were entitled to take private patients as well as those paid for by the public authorities.

17.2 Before setting up mother and baby homes in Ireland, the congregation ran many institutions in England and Scotland where they undertook welfare work relating to the care of 'orphans, mentally deficient children and unmarried mothers and their children' and were regarded as 'specialists in their work'.[1] They ran St Pelagia's Home, Highgate, London, which according to the *Cork Examiner* was 'world famous' and since its establishment in the 1880s had 'been the means of saving many thousands of girls from lives too terrible to contemplate'. The *Cork Examiner* article continued:

> The Home was the first in the world to conceive the idea that the one road which could possibly lead to the permanent good of the mother and child was that both should be together, that the unfortunate mother should not desert her child, but that her love for the child should be fostered and encouraged and help given to her to provide for and bring the child up under a mother's care. The result of the experiment has surprised the most experienced welfare workers and today the scheme is being adopted generally.[2]

Sacred Hearts' attitude in 1922

17.3 In June 1922, the Mother General of the Congregation of the Sacred Hearts of Jesus and Mary wrote to Reverend M H MacInerny regarding an article relating to 'Rescue Homes', or lack thereof, for single expectant women in Ireland which Reverend MacInerny had published in the *Irish Ecclesiastical Record.* The mother general informed him that her congregation was about to open a home for

[1] *Cork Examiner*, 14 March 1922.
[2] *Cork Examiner*, 14 March 1922.

unmarried expectant women and their children in Cork which would be operated in a similar manner to homes in England, Scotland and Wales. She stated:

> Mother and child are received into the Rescue Home for one year. The greater numbers, at their own request, remain two, three, or four years, as the case may require…In the great majority of Irish cases, it would seem neither necessary nor desirable to detain girls in the Rescue Home for a year or two after their confinement…of course, they ought to be detained until their child's life is out of danger…Before their confinement they may need to spend two or three months in the Home, to escape observation and scandal…The sooner a girl can leave the Rescue Home, and return to her proper abode with health restored, the better chance she has of saving her reputation.[3]

17.4 The mother general stated that, in her experience, 'girls in trouble' were 'filled with a wild terror lest their sin should be detected and talked about' and would go anywhere 'to hide their shame, and to prevent their misfortune from becoming known to their relatives and neighbours'. She observed that a feeling of 'anguish and shame' caused by the betrayal of 'some worthless rascal' is made worse by the overwhelming thought that she had brought disgrace on her family. The mother general stated that the women her congregation dealt with were 'more sinned against that sinning' and:

> To speak of these unfortunate girls in trouble, even the relapsing ones, as if they were confirmed in evil, is to be guilty of rather wild nonsense…Those who talk so lightly of the need for compelling these girls in trouble 'to realise the heinousness of their sin' can have little insight into the psychology of the unhappy victims.[4]

Governance

17.5 All three institutions were under the immediate control of the Congregation of the Sacred Hearts of Jesus and Mary. The local health authorities and the Department of Local Government and Public Health (DLGPH) (the Department of Health from 1947) had significant involvement but their roles were never clearly delineated. The interaction between the local and national authorities and the congregation is described in the separate chapters. The congregation has told the Commission

[3] Reverend M.H. MacInerny, 'A postscript on the Souper problem', *Irish Ecclesiastical Record*, Vol. XIX, January to June, 1922.
[4] Reverend M.H. MacInerny, *Irish Ecclesiastical Record*, June 1922.

that it considers that the local and national authorities had a much greater involvement and influence than is recognised by the Commission.

17.6 Unlike workhouses and county homes, there were no specific regulations governing the extern mother and baby homes. Their maternity hospital sections were required to be registered under the Registration of Maternity Homes Act 1934 and their licences could have been revoked if they were in breach of the registration requirements - see Chapter 1 for details.

The Commission's dealings with the Congregation of the Sacred Hearts of Jesus and Mary

17.7 The Commission received very few records from the Congregation of the Sacred Hearts of Jesus and Mary. The following is a description of the interactions between the Commission and the congregation in its attempts to get more information about the three institutions.

17.8 On 4 March 2015, the Commission first made contact with the Congregation of the Sacred Hearts of Jesus and Mary by writing to Sister Eileen McLoughlin at the congregation's mother house in Chigwell near London asking what documentation was held by the congregation relevant to the investigation. The Commission advised that in due course it would seek voluntary discovery of documents as required under the *Commissions of Investigations Act 2004*. The letter also advised that the Commission would be pleased to accept a written statement from the congregation should they wish to provide same. Sister Eileen replied on 12 March 2015 to say that all documents relating to the three institutions had been handed over to the HSE. The letter also stated that she had asked that a further search be carried out in the congregation's archives in the mother house in Chigwell for any other material which could be of assistance.

17.9 By agreement with the congregation, a member of the Commission and two staff visited Bessborough and Sean Ross on 19 and 20 March 2015 and were shown around by members of the congregation (who still had a presence in these two premises). The Commission had planned to visit the third premises (Castlepollard) the following month, but was told that, as the congregation had not had any dealings with Castlepollard in over 40 years, it would not be of any benefit for any member of the congregation to accompany them on that date. (Later, the three

Commissioners visited Castlepollard and were shown around by staff of the HSE which currently owns the premises.)

17.10 On 22 May 2015, the Commission requested that two members of the congregation (Sister Sarto and Sister Brigid) attend for hearing on 22 June 2015. The congregation's solicitor replied on 8 June 2015 stating that Sister Sarto would not be able to attend due to ill health but would submit a written statement. He further said that the congregation here (presumably in Ireland) did not hold any relevant documentation. The letter added that the congregation would be submitting a formal submission before the year end (2015). On 17 July 2015, the Commission wrote stating that it required the congregation's formal submission be delivered by 30 September 2015. It requested that a sworn affidavit by Sister Sarto and other Sisters with information should be delivered by the same date, 30 September 2015, and set out in detail the issues which should be covered in these affidavits. The issues were:

- Management structure of the Home
- Finance
- Daily routine in the Home
- Rules
- Birthing process
- Length of stay
- Counselling
- Outside agencies
- Burial arrangements

17.11 The Commission also asked what documents were uncovered by the congregation's search in their archives in Chigwell. In accordance with Section 10 of the *Commissions of Investigations Act 2004*, the Commission sought formal discovery by way of affidavit on or before 30 September 2015 of all documentation held by the congregation either in Ireland or outside the jurisdiction. The congregation's solicitor replied saying that his clients would be unable to supply a formal submission by 30 September dealing with over 70 years of engagement in relation to three mother and baby homes and suggested that the original timeframe of end of year stand. He also said that Sister Sarto's health would not allow her to prepare an affidavit. He further stated that his clients could not address the issues raised in the Commission's letter of 17 July without access to the documents now

held by the Child and Family Agency (TUSLA) and that sometime in the New Year would be a more appropriate time within which to deliver the affidavits.

17.12 On 27 August, the Commission responded that the time frame for delivery of the submission of 30 September 2015 stood. The requirement that the affidavit of discovery and the affidavits of Sister Sarto and others be delivered by 30 September 2015 also stood. The Commission offered to have one of its archivists attend at the congregation's premises at Chigwell to assist in the discovery process.

17.13 A formal hearing was held on 15 September 2015. Sister Eileen McLoughlin attended. (Sister Eileen had not ever worked in any of the three institutions) At the hearing it was agreed that statements from two Sisters who had worked in at least one of the homes and an affidavit of discovery would be delivered by 30 September 2015. The length of time within which to deliver a submission was extended until 30 October 2015 as well as the time for delivery of affidavits based on the statements of the two Sisters and others.

17.14 On 29 September 2015, a preliminary submission on behalf of the congregation and an Affidavit of Discovery sworn by Sister Eileen McLoughlin were delivered. The discovery documentation included statements of 17 Sisters each of whom had worked in one or more of the three mother and baby homes. It also included approximately 300 pages of a range of miscellaneous material, for example, letters in relation to tracing; some lists of residents in 1990; some referral letters from the early 1970s (mainly from health boards); and a detailed set of documents on one American adoption in 1952 including the reports on the proposed adopters.

17.15 On 23 October 2015, an unpublished *History of Bessboro* written by Dr Ann Matthews was delivered to the Commission.

17.16 On 4 February 2016, a direction to attend for hearing was issued to Sister Sarto and she attended for hearing on 23 February 2016. She also provided an extensive affidavit dealing with her experiences in Bessborough. A similar direction was issued on 22 April 2016 to Sister Mary McManus and she attended for hearing on 11 November 2016 and provided an affidavit of her experiences in Bessborough and in Castlepollard. On 26 May 2016, directions were issued to two

Sisters who had each worked in Bessborough and they attended for hearing on 15 November 2016.

17.17 On 26 October 2016, the Commission issued a direction seeking discovery of audited accounts and bank statements for the three institutions, as this issue had not been addressed in the affidavits provided by the congregation. Further enquiries were made about the search for documents at the congregation's headquarters in Chigwell. On 24 November, a reminder was issued regarding the affidavit relating to the archive search for documents at Chigwell.

17.18 On 16 December 2016, an Affidavit of Discovery sworn by Sister Eileen McLoughlin in relation to audited accounts and bank statements for the three homes was delivered. This stated that the congregation did not have these records.

17.19 On 25 April 2017, the Commission issued a direction for discovery of the documentation returned by the Commission to Inquire into Child Abuse (Ryan Commission) relating to vaccine trials. This documentation was delivered along with an Affidavit of Discovery on 23 May 2017.

17.20 On 30 May 2017, the Commission issued a direction that the congregation provide an affidavit setting out all knowledge of post mortem practices including the reporting of deaths, burial arrangements and transfers of remains to educational institutions in relation to all three institutions. On 28 June, an affidavit of Sister Eileen McLoughlin was delivered exhibiting a document written by Dr Ann Matthews entitled *In Context, The Political Agenda for unwed mothers, Mother and Baby Homes in Ireland 1922 to 1953.* On 6 June, the Commission extended the time in which to deliver an affidavit dealing specifically with the reporting of deaths and burial arrangements until 25 July 2017 and this was further extended until 25 August 2017. On 31 August 2017, the congregation provided a further document by Dr Ann Matthews dealing with paragraph 1(iv) of the Commission's Terms of Reference regarding post mortem practices and procedures. On 17 November 2017, the commission issued a direction in relation to title documents and conveyancing files for Bessborough House.

17.21 On 6 June 2018, the Commission sought details of banks and firms of accountants used by the congregation as the congregation was unable to provide any

information regarding audited accounts or bank statements. This information was provided on 26 June 2018. On 29 June 2018, in response to the Commission's direction, title documents and conveyancing files relating to Bessborough House were provided. On 5 September 2018, the Commission requested that the report of Dr Ann Matthews furnished on 31 August 2017 be provided by way of sworn affidavit and this was provided on 31 October 2018. (In its 5th Interim Report, the Commission described this affidavit as 'in many respects, speculative, inaccurate and misleading'.) On 12 November, the Commission issued a direction to Dr Ann Matthews to attend for hearing and she attended for hearing on 23 November 2018 along with Sister Eileen McLoughlin.

17.22 On 27 March 2019, the Commission wrote to the solicitors for the congregation seeking:

- An update on efforts to uncover financial documentation in Chigwell;
- That the congregation make enquiries of their accountancy firms and banks so as to establish what information they held;
- The congregation's comments on anecdotal evidence that private patients in the three homes paid the sum of £100 for their stay.

17.23 On 4 April 2019, the solicitor responded that the accountancy firms held no correspondence and enclosed copy letters to this effect.

17.24 On 27 May 2019, the Commission wrote to the solicitors citing various documentation referenced by Dr Ann Matthews in her reports which had not been made available to the Commission. The Commission advised that one of the Commissioners, Professor Mary Daly accompanied by a researcher, would attend the congregation's archives in Chigwell to review the records held there. With the agreement of the congregation, Commissioner Daly and the researcher attended at the archives in Chigwell on 6 and 7 August 2019. Access was given to the Congregation of the Sacred Hearts of Jesus and Mary Council Minutes, 1904-37 and the Annals of the Order (Diaries of the Mother General) 1919-99. On 22 August, the Commission asked for copies of documents which had been viewed by Professor Daly in the archives and they were provided.

17.25 On 18 September 2019, the congregation submitted an affidavit of Sister Eileen McLoughlin exhibiting a report by Dr Ann Matthews entitled *Submissions: 1922–1976 Funding the Maternity Hospitals and Mother and Baby unit at Bessboro,*

Cork, St Peters, Castlepollard and Sean Ross, Roscrea. A further affidavit of Sister Eileen McLoughlin was submitted exhibiting a report of Dr Ann Matthews entitled *Entrance and Exit pathways to the three external homes 1922-996.* On 12 November 2019, the congregation submitted an affidavit of Sister Eileen McLoughlin exhibiting a report of Dr Aoife Bhreathnach entitled *Report on Burial Practices at Bessboro Mother and Baby Home 1922-1994.* None of these reports added to the facts already available to the Commission as they were all based on sources which had already been collected and examined by the Commission's researchers.

17.26 In line with normal procedures, the Commission provided the congregation with drafts of its reports on the three institutions in the period December 2019 – February 2020. In August 2020 the congregation provided an affidavit with a response to the Commission's report on Bessborough. This did not contain any information which was not already available to the Commission.

Chapter 18: Bessborough

Introduction

18.1 Bessborough mother and baby home was opened in 1922. It was a mother and baby home for the entire duration of the Commission's remit: 1922-98. During that time, 9,768 mothers and 8,938 children were admitted.[1] It was owned and run by the Congregation of the Sacred Hearts of Jesus and Mary. The public assistance/health authorities paid for most of the mothers and their children while they were living in Bessborough but a significant number were 'private' patients.

Sources

18.2 The following is a summary of the main sources used for this chapter. A complete list is included in Part 5: Archives.

Institutional records

18.3 Bessborough institutional records are held by the Child and Family Agency (Tusla). As already reported, the Commission made digital copies of these records.

18.4 When a woman entered Bessborough, her personal details and information about her financial situation were recorded in broadly the same way as was done in hospitals and county homes (and, formerly, in workhouses). From 1922 to 1930, the details were handwritten in a type of ledger or copybook. A purpose-designed register was introduced in 1930. The level of detail recorded for each new resident varied somewhat from one person to another and also over time. In general, the following details were recorded: woman's name, age, address, occupation (sometimes noting the rate of pay), by whom referred, and health district. In some cases, the putative father is named.[2] In the 1920s, the civil war affiliation of the mother's family and that of the putative father were sometimes recorded. The woman's education level and the names of her parents were also sometimes recorded. The baby's name and date of birth were also recorded. The date of discharge of the baby and the mother and the place to which they were discharged were also generally recorded. The stated place of discharge may not be where the woman and child actually went. For example, the baby may be described as

[1] A number of women (about 170) are recorded in the Bessborough registers but are not within the Commission's Terms of Reference because they were not pregnant, or they were married or did not stay for one night.
[2] There is anecdotal, and some limited documentary, evidence that the name given may not be accurate.

'placed for adoption' and may subsequently be described as 'adopted' or it may be that the adoption placement did not work out and what happened to the baby is not recorded in these records. Sometimes the mother and baby are described as being discharged to family but there is evidence that, in many such cases, the mother may have returned to her family but the child was boarded out, nursed out or, in later years, placed for adoption.

18.5 On admission to Bessborough women were assigned a 'House Name' and this is recorded in the registers. The theory behind this practice was that it was necessary to preserve the anonymity of the women.

18.6 Admissions and discharges from the Sacred Heart Hospital, Bessborough (see below) and the Bessborough home were separately recorded. Personal details relating to women who spent time in both the Sacred Heart hospital and the Bessborough home are recorded in the registers of both the hospital section and the home section of the institution. The records of women who spent time in both sections therefore show two discharge dates. It has been suggested that this was a means for the congregation to falsely claim maintenance payments from the public assistance authorities for women who had already left the institution. Where two discharge dates were recorded, the first related to a woman's discharge from the hospital and the second related to her discharge from the home, which was generally the final date of discharge.

18.7 The institutional records include:

- Bessborough home Admission Books
- Bessborough Maternity Hospital Admission Books and Maternity Books
- Registration of Births, Bessborough Maternity Hospital
- Records and Particulars Book, Bessborough Maternity Hospital
- Private Patients Admission Book
- Maternity Hospital ante-natal records
- Death Register

Other records held by the Child and Family Agency (TUSLA)

18.8 ***Records of the Sacred Heart Adoption Society***: these include adoption application files; adoption placement files; adoption orders files; minutes of the

adoption society; foreign applications files and foreign adoption files. The combined records span the years 1936-98.

18.9 ***Records of the Catholic Women's Aid Society (CWAS):*** these include records of payments to foster parents books for the years 1920-45; index of babies placed for fostering and adoption for the years 1937-71; and a small number of miscellaneous documents relating to the society.

18.10 ***Records of St Anne's Adoption Society***: Registers are available for the years 1954-99. The registers recorded details of women who were repatriated from the UK to have their babies adopted in Ireland.

Bessborough Baptismal Registers

18.11 A complete set of baptismal registers relating to Bessborough for the period December 1930 to January 2010 are held at the Cathedral of St Mary and St Anne (North Cathedral), Cork. The registers recorded a wealth of information including a child's name, date of birth, date of baptism, mother's name and address, name of the priest and godparent (usually one of the other mothers in Bessborough), date of discharge and discharge pathway and details of any subsequent marriage. The registers also noted if a child had died and the date of death. Interestingly, the registers also recorded the Board of Assistance responsible for the child's maintenance in Bessborough and private patients were designated by the letter 'P'. This information facilitated the Commission's efforts to establish the number of private patients admitted to Bessborough from 1930 to the late 1940s.

Cork Local Authority Records – Cork City and County Archive

18.12 Records relating to the Cork local authorities (the Boards of Guardians, South Cork Board of Health and Public Assistance/Cork Health Authority/Southern Health Board) include:

- Registers of boarded out children 1925-73;
- Cork Board of Assistance payment records for boarded out children 1959-72;
- Registers of children at nurse 1912-65;
- Health authority adoption registers 1935-99;
- Minutes of meetings
- Managers orders

18.13 Cork City and County Archive also held 150 boxes of uncatalogued public health records. A perusal of one box revealed correspondence relating to infant mortality in Bessborough. The Commission sent an archivist to the Cork archives for several months to catalogue this collection for analysis.

Department of Health records

18.14 The Department of Health provided a large amount of material to the Commission. There were very few files available from the 1920s and 1930s but there was extensive material from the 1940s onwards. The main files used for this chapter were:

- CCL/INA/0/485547
- CCP/IMP/0/45492
- CCL/INA/0/488268
- INACT/INA/0/426512
- INACT/INA/0/464099
- NAI, A104/2

Other sources

18.15 Official publications, newspaper reports and other sources are referenced in the text.

Origins

18.16 The Congregation of the Sacred Hearts of Jesus and Mary had been invited to set up a mother and baby home in Cork by Séamus Lankford, who was in charge of the Cork Board of Guardians. In 1921, the matron of the Cork workhouse had made an urgent appeal to the Board of Guardians to provide alternative accommodation for unmarried women and their children in a setting other than the workhouse. Mr Lankford travelled to London to visit a number of relevant services. He was introduced to the Congregation of the Sacred Hearts of Jesus and Mary. After some discussions, the congregation agreed to establish a mother and baby home in Cork. The Archbishop of Westminster agreed to provide financial assistance. It is clear that Bishop Cohalan of Cork approved the establishment of the home and took considerable interest in it, but it is not clear how much involvement he had in the initial decision to establish it. In his 1945 letter (see below) Bishop Cohalan referred to dealings he had had about the establishment of Bessborough with the Department of Local Government and others.

18.17 Mr Lankford identified Bessborough House, a large Georgian house with 210 acres, as being suitable. It was outside the eastern boundary of Cork city and was for sale with 'a very low reserve'. The council of the congregation agreed to buy it for £6,000.[3] Mr Lankford put a deposit of £400 on the property and, according to a congregation member many years later, the rest of the purchase price was provided by the Archbishop of Westminster.[4] When the vendors discovered that Bessborough was to become a home for unmarried mothers they sought to withdraw from the sale, and offered Mr Lankford £2,000 to withdraw his bid.[5] He refused and the sale went ahead. On 1 February 1922 the congregation took possession of the Bessborough estate. The Commission has not been able to find any formal written agreement between the congregation and the Cork Board of Guardians but there almost certainly was such an agreement.

Governance

18.18 Bessborough was one of the first 'special' institutions for unmarried mothers and their children. As already stated, it was owned and run by the congregation but was largely paid for by the public assistance/health authorities. Unlike workhouses and county homes, there were no specific laws or regulations applying to it. The respective responsibilities of the public assistance authorities, the Department of Local Government and Public Health (DLGPH) and the congregation do not seem to have been clearly delineated; this lack of clarity was particularly obvious when attempts were being made to address the very high rate of infant mortality in the 1940s. The congregation has told the Commission that the local and national health authorities had a greater role in the governance of Bessborough than is recognised by the Commission. The Bishop of Cork was involved in many decisions, particularly in the early years, although he had no defined role in the institution.

[3] Congregation of the Sacred Hearts of Jesus and Mary, Council minutes, 10 February 1922. The congregation's September 2019 affidavit states that the purchase price was £9,000 of which the diocese of Westminster contributed £2,000. No source was provided for this.
[4] *Nenagh Guardian*, 13 August 1988.
[5] Siobhán Lankford, *The Hope and the Sadness: personal recollections of troubles times in Ireland*, Tower Books, 1980

The 1920s

Admission to Bessborough

18.19 In July 1922, Cork county council[6] notified all boards of guardians in Cork city and county that 'the mansion at Bessborough, Blackrock, has been recently purchased by a religious order having large experience of rescue work and child welfare' and advised:

> This community will direct their attention towards the reformation of unmarried mothers and their children, and for deserted and orphaned children, but no girls who had a second child will be accepted under any circumstances.

18.20 In the following months the various Cork boards of guardians agreed to recognise Bessborough as an extern institution for the care of unmarried mothers of one child, and children up to three years, and agreed to transfer all such cases from the various union workhouses to Bessborough. Séamus Lankford supervised the installation of equipment necessary for Bessborough's new function and in November 1922 the first women and children arrived from the Mallow, Kanturk, Millstreet, Macroom and Cork union workhouses.[7]

18.21 A letter from the Mother Superior of Bessborough to the Bandon Board of Guardians set out the conditions under which Bessborough would admit an unmarried mother and her two-year-old child who were living in the Bandon union workhouse:

> She will produce a doctor's certificate of health, mental and physical, is willing to remain for twelve months and conforms to the simple rules of our institution. She will be taught knitting, needlework, housework, dairy, and poultry, gardening and necessary laundry for both, also how to care for and treat her child. We hope the Guardians are willing to pay 25/- per week for maintenance of both.

18.22 In this particular case, the woman involved chose not to accept a transfer to Bessborough and subsequently took her discharge from the Bandon workhouse. The indoor registers of the Cork union workhouse show that, of the 76 unmarried

[6] In February 1922, Cork County Council had met to discuss the abolition of workhouses and the institutional treatment of unmarried women and their children and deserted and orphan children. The council decided to set up a County Nursery in one of the disused workhouses to accommodate children from infancy to three years and unmarried mothers of 'first fall' and their infants. This plan was never implemented because of the opening of Bessborough as a mother and baby home.
[7] Lankford, *The hope and the sadness,*

mothers living in the workhouse during 1922, just 11 opted to, or were eligible for, transfer to Bessborough.

18.23 Local Government Board inspectors (see Chapter 1) informed boards of health/public assistance[8] of the services provided at Bessborough and urged them to transfer 'first unmarried mothers' there rather than maintaining them in county homes. On her inspection visits to various local authorities, one inspector, Miss FitzGerald-Kenney, told councillors that the congregation looked after women and discharged them to paid employment, giving them an opportunity to contribute towards the cost of maintenance of their children.[9]

18.24 Many councillors expressed their opposition to the capitation rate levied by the Bessborough authorities. Many more resented the fact that boards of assistance were obliged to maintain unmarried mothers and their children at all. One councillor said:

> Some people may be surprised to learn that the charge is a guinea[10] per head per week for those unmarried mothers. How few decent parents can afford that much on a boarding school for their children?[11]

18.25 The *County Scheme Order, Cork No 1, 1924* gave legal backing to the new arrangements for implementing the poor law in Cork.[12] It provided for the replacement of the various boards of guardians by three boards of health /public assistance - the North Cork county board of health, the South Cork county board of public assistance and the West Cork county board of health. The South Cork board of public assistance was given responsibility for the Cork county home, the Cork district hospital and for Bessborough. The county scheme provided that the Cork county home was to be for 'aged and infirm persons, chronic invalids, idiots and epileptics'. The attached district hospital would treat medical, surgical and maternity cases and those suffering infectious and contagious diseases. It was envisaged that single expectant women would be admitted to Cork county home to

[8] Changes to the poor law saw boards of guardians reconstituted as boards of health/public assistance – see Chapter 1.
[9] *Cork Examiner*, 17 December 1926.
[10] A guinea was £1 1s (£1.05 in decimal currency); while guinea coins have not been in circulation for nearly 200 years, bills, especially those for professional fees, were commonly expressed in guineas until recent times.
[11] *Cork Examiner*, 1 December 1925.
[12] http://www.irishstatutebook.ie/eli/1924/sro/927/made/en/print

avail of maternity services only and then transfer to what the county scheme described as the 'auxiliary home'[13] at Bessborough with their babies.

18.26 The county scheme directed that admissions to homes and other institutions not under the direct control of a county board (that is, extern institutions such as Bessborough), must be authorised by the board or one of its agents. Single expectant women, and unmarried women accompanied by their children, who sought admission to Bessborough under the public assistance system were, in the first instance, required to get a ticket of admission from a board of assistance officer, a dispensary medical officer or the matron of the Cork county home and district hospital. Administrators at Bessborough forwarded admission tickets to the secretary of the South Cork board of public assistance. In order to maintain anonymity, requests for admission to Bessborough were dealt with by the board's secretary alone; they were not discussed openly by the board.[14] When a request for admission was granted, the secretary issued an official order to the Bessborough authorities accepting financial responsibility for the maintenance of the woman and her child. The South Cork board agreed to pay the congregation a weekly rate of 10s 6d for each resident (£1. 1s for mother and child). Boards of assistance did not approve the admission of women to Bessborough routinely. For instance, a manager's order from the North Cork board stated:

> The admission of case No.11 (a) to above Institution at the Council's expense is refused. The patient was not admitted in the proper manner and her guardians would appear to be in a position to pay for her treatment.

18.27 From the mid-1920's, welfare departments in the UK began to contact Bessborough with a view to repatriating Irish women - see Chapter 7.

Leaving Bessborough

18.28 In the early years of Bessborough's operation there was some confusion among members of the South Cork board of public assistance and Cork corporation regarding aspects of the running of the home including the right of women to leave the home. For example, in 1924 two women left Bessborough and sought admission to Cork county home. The board's solicitor advised that the women should be subject to 'the disciplinary rules as they applied to the workhouse' and

[13] The use of the term 'auxiliary home' suggests that Bessborough was being regarded as an integral part of the poor law provisions. It was not an auxiliary home in the sense that Pelletstown was. The 1927 Report recognised that it was not under the control of the Board of Public Assistance.
[14] DLGPH, *Report 1930-31*.

prosecuted 'for disobeying the rules'. The chairman of the South Cork board and the Lord Mayor agreed that both women should be prosecuted. The solicitor told the board that infants born to both women had died in Bessborough and that is why they left. The solicitor said 'these women may not like to remain where their babies had died'. The board voted to reverse their decision to prosecute the women.[15] In fact, the workhouse rules did not apply to Bessborough and women living there were legally free to leave. Women living in Bessborough were almost certainly not aware that this was so and, even if they were, many may not have had anywhere else to go. They were not, of course, necessarily entitled to admission to the county home. They were legally obliged to maintain their children but it is unlikely that they could have been successfully prosecuted for abandonment if they left their children in Bessborough - see Chapter 1.

18.29 Sometimes, family members applied to the board of assistance to have their daughter 'returned' to them. When this happened, the board asked for a medical report from the Bessborough medical officer as to the fitness of the woman for discharge. The board also asked for a report from the local Assistance Officer on living conditions in the family home. Applications generally included a reference from a parish priest to state that the family would look after the woman on her return to the family home. The major problem with these applications for the 'return' of a daughter was that the families were willing to have her return to the family home but were not willing to take her child as well. Board of assistance records include hundreds of applications to the South Cork board from family members wishing to take responsibility for women living in Bessborough. However, the majority of applications stated that they had made private arrangements to have the children fostered. The applications generally included a character reference for the prospective foster parents from a parish priest. All such discharges, and fostering arrangements, were allowed to proceed at the discretion of the board.

Department of Local Government and Public Health view

18.30 The *First Report* of the Department of Local Government and Public Health (DLGPH) 1922-25 gave 'special mention' to the Congregation of the Sacred Hearts of Jesus and Mary and their efforts to deal with the 'very difficult problem of the unmarried mother'. It stated that the congregation had established at Cork city:

[15] *Cork Examiner*, 24 December 1924.

a Home for the reception and reformation of girls who for the first time have had illegitimate offspring, or as they are usually designated - first offenders. The Sisters believe they can influence these cases best by keeping them disassociated from those who have lapsed a second time or oftener.

18.31 It went on to state that the 'girls' were usually 'retained' for about a year and trained for 'useful occupations': housework, cooking, needlework, laundry work, dairy management, poultry rearing, gardening and farming, and that 'their religious and moral instruction receives special attention from the Sisters and Chaplain'. It was stated that at the 'end of the period of detention' the women were placed in situations and that most took their infants with them on leaving. The DLGPH concluded that 'the results are most gratifying; with two or three exceptions all the discharged have done very well'.

Report of the Commission on the Relief of the Sick and Destitute Poor

18.32 On the 26th day of evidence, 9 February 1926, the Commission on the Relief of the Sick and Destitute Poor discussed the arrangements for unmarried mothers in Cork.

18.33 The secretary of the South Cork board of public assistance gave evidence that there were 21 unmarried mothers and 55 deserted and 'illegitimate' nursery children in the Cork county home (Cork city) on 31 January 1926. These 21 were, in most cases, 'second offenders'. The mothers in county homes were required to work in the hospital and to assist in the general cleaning of the institution.

18.34 He said that there were 53 unmarried mothers and 52 children in Bessborough. Only 'first offenders' were sent to Bessborough. The board of assistance considered that it had no direct control over the institution; it simply paid a capitation grant of 3s a day for each mother and child. He said that women stayed at least a year and the Sisters thought two years was desirable. When the mother was discharged she usually took the child with her; in some cases, she left the child in the institution and paid a contribution for its upkeep. Some of the mothers had agreed to pay 5s a week.[16]

[16] The Commission has not seen any other evidence that such agreements were made or implemented.

18.35 The secretary said that Bessborough was considered a thorough success; about 20 women had been discharged at this stage. The Sisters kept in touch with the women who were discharged. The Sisters trained the women in housework, cookery, needle work, laundry work and dairy management. When asked if there was any remunerative work, the secretary replied that the Sisters had a lot of land, they had a dairy and an orchard and they kept all the women employed. He could not say if the institution was run at a profit or a loss.

18.36 He said that the capitation fee was set when the institution was first started; prices were higher then. He pointed out that there were no establishment expenses and no staff paid by the board. When asked if there was an outside committee attached to the institution, he said 'Well, the Bishop looks after the place very closely and takes a great interest in it.' When asked about a visiting committee, the board of assistance secretary said that 'there are some ladies who visit it' but he did not know if they were a properly appointed committee; they were not appointed by his board.[17]

18.37 There were 57 children ranging in age from three to 12 in school and 31 in the nursery in Fermoy County Home. The chair of the commission categorised the Fermoy institution as a home for unmarried mothers and their children.[18]

Bessborough and the South Cork Board of Public Assistance

18.38 In 1927, the South Cork board of public assistance realised that increasing numbers of women from outside the Cork health districts were being admitted to Bessborough and that the cost of their maintenance was borne by the South Cork ratepayers. The South Cork board wrote to the boards of health/public assistance in other counties asking them to contribute towards the maintenance of women and children from their districts who were maintained in Bessborough. This was met with blunt refusals to pay any portion of the costs. The South Cork board decided to limit admissions to Bessborough to women from the Cork health districts (South, North and West Cork) and to direct women from other counties to Cork county home. However, many women from outside the Cork health districts

[17] The Commission has not seen any evidence that there ever was a visiting committee.

[18] Although Fermoy was often described as a 'county home', the *County Scheme Order* categorised Fermoy as a county hospital whose services included maternity services. The 1927 Report noted that part of the old Fermoy workhouse was occupied by unmarried mothers and their children 'whose reception is not contemplated by the Scheme'. It further noted that this accommodation was entirely distinct form the hospital and that 'if these classes are to remain it will be necessary to provide proper sanitary accommodation'.

established addresses in Cork city, usually in a boarding house, in order to secure an admission ticket to Bessborough. By 1930, 25% of admissions to Bessborough were women from outside the Cork health districts and efforts to recoup the cost of maintenance from boards in other counties were largely unsuccessful. The South Cork board asked the Minister for Local Government and Public Health to change the law so that the cost of maintaining women from outside the Cork health districts would either be a national charge, or a charge on a group of counties. Although nine counties subsequently accepted responsibility for the maintenance of women from their districts in Bessborough, disputes regarding the home county address of applicants were frequent.

Maintenance and improvements

18.39 In 1928, the Mother General of the congregation visited Bessborough. She noted that there were about 100 women and their children there. She found the women's sleeping accommodation to be 'unsatisfactory' and consulted an architect to draw up plans for the improvement of the building.[19] The congregation subsequently spent £5,000 undertaking repairs and renovations in a bid to improve the accommodation.[20]

Numbers in the 1920s[21]

18.40 The DLGPH reported that, by 1928, an average of 70 women and 64 children lived in Bessborough and the institution admitted about 25 new women a year. In 1929, women admitted to Bessborough were maintained by the South Cork, Kilkenny, Waterford, Tipperary (North Riding) and Kerry boards. The rate of maintenance remained at three shillings a day for each mother and child 'but if the child dies there is no charge'. The DLGPH lamented that 70% of single women with first-born children continued to be maintained in poor law institutions, such as county homes, 'where they cannot be dealt with apart from other inmates' and stated that 'it is now generally accepted that the number of unmarried mothers in County Homes should be diminished' and that 'encouraging results can be anticipated if special provision is made to help them'. Acknowledging that there was 'a pressing need' for institutions similar to Bessborough, the DLGPH stated:

> By sympathetic help the mother, who is often friendless and inexperienced, can be protected from downgrading influences and enabled to regain her

[19] Congregation of the Sacred Hearts, Annals of the Order, 16 April 1928.
[20] Congregation of the Sacred Hearts, Annals of the Order, 1 October 1928.
[21] A detailed breakdown of the numbers as calculated by the Commission is available in the Appendix.

> footing in the world…The development of training Homes for mothers of first-born children, pre-natal and post-natal, would have splendid results in reducing the numbers that come into the second class. A decline might also be expected in the high death rate of illegitimate infants.

18.41 When it opened in 1922, Bessborough was an institution for unmarried mothers and 'illegitimate' and abandoned children. There were no maternity facilities on site. The records compiled within the institution and analysed by the Commission show that, between its opening in 1922 and 31 December 1929, 221 women and 218 children were admitted. Only one woman was admitted before the birth and she did not return after the birth. The majority of the babies concerned were born in Cork district hospital (county home); 13 were born in Thomastown county home and a small number were born in other places. Usually women were admitted within two to four weeks of the birth but a small number were admitted more than a year after the birth. The length of stay of the mothers who entered Bessborough in the 1920s varied from one day to 61 years; 40 were resident for up to one year, a further 51 were there for up to two years.

The 1930s

The Sacred Hearts Maternity Hospital, Bessborough

18.42 In 1924, the bishop of Cork had asked the congregation to consider admitting single expectant women, as well as women who had already given birth, to Bessborough. The minutes of the congregational council show that the congregation was reluctant to take in expectant women but agreed to do so 'under certain circumstances'. The matter was then dropped until March 1928 when the bishop raised the question again and 'almost insisted' that the congregation would admit single expectant women. The congregational council acknowledged that other religious orders were engaged in providing maternity services and decided to adopt this work also.[22]

18.43 The South Cork board of public assistance proposal to maintain single expectant women in Bessborough was agreed by the Minister for Local Government and Public Health. The minister also agreed to the board's proposal to pay £120 salary for a doctor to attend the births and £100 to employ a qualified midwife.

[22] Congregation of the Sacred Hearts, 'Report of the Superior General', General Chapter, 1933.

18.44 In 1930, the congregation opened a maternity ward in Bessborough. According to a Department of Health note compiled in the early 1950s, this was a separate building but was merely a 'cottage' which, when inspected in 1932, had 24 beds.[23] The Mother Superior asked the South Cork board of assistance for a grant towards equipment for the maternity ward but this was refused. In November 1930, the South Cork board notified hospitals and health officials that all 'first offender' unmarried pregnant women, including women from outside the Cork health districts, were to be sent to Bessborough for their confinements.

18.45 In December 1931, the congregation applied to the DLGPH for a grant from the Hospitals Trust Fund to build a maternity hospital at Bessborough.[24] The congregation argued that a more elaborate structure than the 'cottage' was required. The department agreed to provide a grant of £17,105.[25] The congregational council regarded the grant as 'a gift' and established that its acceptance would not impose any legal obligation on the congregation.[26] The DLGPH also gave £1,500 for equipment. The Sacred Heart maternity hospital opened in 1933 and was certified by the local authority under the *Registration of Maternity Homes Act 1934* in 1934. It had three eight-bed wards and two private rooms.

Admissions, length of stay and infant mortality in the 1930s

18.46 The DLGPH acknowledged that the South Cork board processed applications for admission to Bessborough discreetly to ensure that 'publicity is avoided' and that women would maintain their anonymity. The matron, Sister Martina, advised the department that some 'girls' were 'very weak willed' and were maintained in Bessborough for long periods 'to safeguard them against a second relapse' and that women who were placed in situations 'get on very well, and good reports are received from employers'.

18.47 In the period 1 January 1930 to 31 December 1939 institutional records show that 1,009 women were admitted.

18.48 In July 1931, Sister Martina notified the South Cork board that 12 women and their children had been living in the institution for extended periods, some as long as six

[23] The Commission has not seen a report of this inspection.
[24] They made a similar application for Sean Ross – see Chapter 19.
[25] Hospitals Commission *First General Report 1933-34*
[26] Congregation of the Sacred Hearts, Council minutes, 5 December 1931.

years. Sister Martina said that she was in a position to place the women in paid employment once their children were boarded out. The board advised that they would only maintain women and children in Bessborough for a period of two years, after which time the board instructed the matron to transfer them to Cork county home. In response, Sister Martina said that she considered that women living in Bessborough had a duty to rear their children and that it was important to the women to remain with their children until they reached school-going age. However, the South Cork board decided that they would not bear financial responsibility for women and children for longer than two years. The evidence suggests that women living in Bessborough for more than two years, who had no wish to transfer to Cork county home and who could make no alternative arrangements, remained in Bessborough as unpaid domestic servants until they were in a position to arrange for the future care of their children. The institutional records show that a small number of women remained in the institution for extended periods after their children had been boarded out and, in some cases, after their children had died. The Congregation of the Sacred Hearts of Jesus and Mary received no maintenance payment for such 'old girls' who appear to have remained in the institution as unpaid domestic servants in return for their upkeep. The congregation told the DLGPH that these women 'have a great influence for good over the newcomers'.

18.49 The DLGPH report for the year ending March 1932 stated that 64 women were admitted to the Bessborough home and 79 were admitted to the maternity hospital. One hundred and three births, 89 discharges and 16 infant deaths were notified for this period. The department lamented that although 'every facility was given to Boards of Public Assistance to induce suitable cases to seek shelter and attention at an early stage', large numbers of women continued to present at Bessborough in the last stages of pregnancy. The report stated:

> There is ample evidence that the girls who go to these Homes profit by the training they receive and that the Homes are carrying on useful and necessary work. The natural affection of the mother for the child is fostered and in this lies her greatest hope of safety in the future.

18.50 In the year ending March 1933, the DLGPH reported that 93 women were admitted to Bessborough. Sixty seven women were discharged during this period, 10 of whom took up employment in one of the congregation's institutions in the UK; the remaining 57 women were either discharged to employment or returned to the

family home. Forty nine children were discharged from the institution and a further four died; in each case the cause of death was given as marasmus.

18.51 In the year ending March 1934, the DLGPH reported that:

- 92 women were admitted
- 108 were discharged; eight were placed in employment in one of the Congregation of the Sacred Hearts - run institutions in the UK;
- 34 found employment in Ireland; 29 returned to their family home with their children and 10 women married
- 30 infants died; marasmus and prematurity were the main causes of death.

18.52 The DLGPH commented:

> Deaths of infants at these institutions are generally caused by an epidemic of some kind, measles, whopping cough, etc., which spreads quickly among the children and wipes out the weaklings. The nurseries are laid out to accommodate too many children and the provision for isolation is not adequate.

18.53 Bessborough had the highest infant mortality rate of the four mother and baby homes then in existence (Pelletstown, Tuam, Sean Ross and Bessborough). It is very clear from the reports of the DLGPH that it was fully aware of the very high rate of infant mortality in all mother and baby homes at least from 1933 but it seems to have accepted the deaths as inevitable:

> Doubtless, the great proportion of deaths in these cases is due to congenital debility, congenital deformations and other ante-natal causes traceable to the conditions associated with the unfortunate lot of the unmarried mother.

18.54 The DLGPH reported that, in the year ending March 1935, 120 infants were born in or admitted to Bessborough and 39 infants had died. In the same period:

- 131 expectant women were admitted to the maternity hospital and an additional five women were admitted to the home accompanied by a child
- 64 women were discharged; 21 left with their child
- 40 infants and children were discharged; 22 were informally 'adopted' in the nursed out system, 16 were boarded out and 2 were placed with nurse mothers through a 'Rescue Society'.[27]

[27] This is likely to have been the Catholic Women's Aid Society.

18.55 There was an expectation that a woman who left Bessborough to take up employment would contribute towards maintenance in cases where her child was boarded out. The DLGPH said that the 'generally accepted principle' was that a 'working girl' should be allowed to retain £10 annually for her own maintenance and to contribute the balance of her earnings towards the maintenance of her child. The department determined that, 'on the whole', the mother and baby home system had produced 'satisfactory results' and that 'very few girls who have been in these homes have been admitted during the year to county homes pregnant for a second time'.

18.56 In her report for the year 1934-35, the DLGPH inspector of boarded out children, Miss FitzGerald-Kenney, praised the work carried out for unmarried mothers at Bessborough and other special homes.

> I am convinced that these homes have done much to prevent infanticide. A girl tortured by her sense of shame will take almost any step to keep hidden from the public the knowledge of her fall. The fact she can turn to one of these homes in her predicament gives her a loop hole of escape. It is undeniable that in these specialised homes the character of the inmates is developed, and the girls are given a new and truer outlook on life - an outlook of which they were previously heedless or entirely ignorant. Furthermore, the keeping of mother and child together in these homes has the effect of restraining girls who would be wild and careless if separated from their infants.

18.57 While Miss FitzGerald-Kenney had high praise for Bessborough she advocated training in domestic duties over agricultural work on the basis that domestic work would create more stable employment opportunities while agricultural employment she observed 'leads more easily to further relapses'. She also recommended that skilled instructresses such as those employed in technical schools, should be employed to instruct residents of the home in 'technical training' to allow them to take up remunerative work on discharge. She considered that women should not remain in an institution such as Bessborough for more than two years because, if kept too long, 'they become accustomed to silence and routine and find it difficult to readjust to ordinary life'.

18.58 In her Bessborough Annual Report, Sr. Martina told the DLGPH that:

> The primary object of our institution is the rescue of unmarried women and children…A number of the girls are weak-willed and we are compelled to maintain them for longer periods (free of charge) so as to safeguard against a second relapse…in the case of a child death no charge is made for the mother…It is regrettable that there is one case aged 15 years; her brother is the father of her child. Three others are 16 years…Those placed in situations are getting on splendid, their frequent letters testify to their appreciation of the Home. Have had very good reports from their employers.

18.59 The DLGPH report for 1935-36 reported that, in the year ending March 1936,

- 109 expectant women, and six women accompanied by a child, were admitted to Bessborough;
- 25 infants died;
- There were 127 women and 79 children living there at the end of March 1936.

18.60 The DLGPH reported that, for the year ended 31 March 1937, there was a significant increase in the number of women and children living in Bessborough:

- 150 women and 122 children were living there at the end of March 1937;
- 110 women were admitted and 89 women were discharged during the year;
- 100 births were notified during this period and 22 infant deaths occurred.

18.61 The numbers in residence decreased after this but the infant mortality rate increased. The DLGPH reported that, in the year ending March 1939:

- 80 women were admitted to Bessborough and 120 women and 99 children were resident there in March 1939;
- 81 children were born or admitted during the year and 38 died in the same period.

Leaving Bessborough

18.62 Women who left Bessborough without their children, or without making arrangements for their care, could have been prosecuted for child abandonment (see Chapter 1). In September 1932, two women left Bessborough leaving their children who were then aged 18 months and 22 months, unaccompanied in the institution. The Gardaí were notified but did not locate the women. One woman

was subsequently brought back to Bessborough by her father and the other was never seen again. The Gardaí did not pursue women who 'absconded' from Bessborough with any great vigour as they seem to have considered that the children were in a safe environment and often a better environment than a woman's family home. In 1938, the board's solicitor adopted a more stringent approach to women who left their children in Bessborough. If the mother was located, proceedings were instituted by way of a summons under Section 12 of the *Children Act 1908*. The Commission has not seen any evidence of successful prosecutions.

Putative Fathers and Affiliation Orders

18.63 The *Illegitimate Children (Affiliation Orders) Act 1930* provided that unmarried fathers could be obliged to contribute towards the maintenance of their children if paternity could be established - see Chapter 1. In 1934, the Minister for Local Government and Public Health wrote to the South Cork board of public assistance to enquire why the board had not made use of the powers conferred on it by this Act. An audit of the South Cork board, undertaken by the DLGPH for the period April-September 1934, showed that the board had paid £4,600 to the Congregation of the Sacred Hearts of Jesus and Mary for the maintenance of women and children in Bessborough and the minister directed the board 'to make every effort to recoup all, or part, of such expenditure'. In January 1936, the South Cork board began to forward details of every woman admitted to Bessborough to their solicitor with a view to taking proceedings under the Act. In March 1937, the board's solicitor reported that he had interviewed a large number of mothers of 'illegitimate' children but could not secure corroborative evidence which would satisfy the court should proceedings against a putative father be taken. In 1938, a new firm of solicitors interviewed all new entrants to Bessborough and got sworn testimony identifying the fathers of their children. However, subsequent court proceedings were frequently dismissed, and where orders for payment were secured against putative fathers, the decisions were routinely reversed on appeal.

Underage expectant girls

18.64 In June 1935, the matron of Bessborough wrote to the South Cork board about a 15-year-old resident suggesting that 'the child's seducer should be punished'. It appears that the board had never previously considered such an action. Its solicitors advised that a criminal charge could be brought against the putative

father. The matter was reported to the Gardaí with a view to instituting criminal proceedings. A similar situation arose in October 1935 and, again, the matter was reported to the Gardaí. The Commission has not found any evidence that prosecutions ensued.

The 1940s

Inspections

18.65 As already stated, the Commission has not seen any copy of an agreement between the Congregation of the Sacred Hearts of Jesus and Mary and the Department of Local Government and Public Health (DLGPH) or the Cork board of guardians about the running of Bessborough home. It is highly likely that such an agreement was drawn up but it is not known if any such agreement gave the department and/or the board the right to inspect the institution. However, it is obvious that the DLGPH staff were not clear that they had such rights in respect of Bessborough home. The *Registration of Maternity Homes Act 1934* provided for inspections of registered maternity homes by authorised local authority or departmental officials so there was no doubt about the right to inspect the Bessborough maternity hospital.

18.66 The first detailed inspection reports by departmental officials which the Commission has seen date from the early 1940s.[28] Specific inspections of the maternity hospital were conducted by a departmental doctor or nurse. Inspections of the home and hospital were carried out by the department's local government inspector. In the 1940s and 1950s, this was mainly Miss Alice Litster. The Commission has not been able to establish if these inspections were announced or not.

18.67 In 1941, Bishop Cohalan of Cork advised the congregation about dealing with inspections. He told the congregation that they were a religious community and not 'a department of the Cork County Home and Hospital. You are not a Government Institution'. He accepted that government inspection had to be allowed but 'this inspection must not encroach on your independence as a Religious Community'. He pointed out that the inspection of national schools and industrial schools did not extend to the domestic affairs and the domestic

[28] It is clear that inspections were carried out earlier, but the reports do not seem to have survived; in particular, Miss Litster's comments in 1941 show that she had carried out previous inspections.

expenditure of convents. 'Why should an inspection of Bessboro' extend to the receipts from your land or from charitable sources; or to the expenditure on yourselves, on the inmates, on the Chapel?'

18.68 It seems that the congregation had been asked to give the names of the women who were resident, their home address and their present address; this was for the purposes of the Children's Acts, that is, in relation to children at nurse (see Chapter 1). The bishop's response to this request was:

> I am sure that no Government would knowingly make a demand that would be opposed to Canon Law. In the case of illegitimate births, the name of the mother cannot be inserted even in the baptismal register without her consent, unless the event be public. In all private cases, whether the mother is rich or poor, the illegitimate mother has a right to her name and fame; and the fact of the birth cannot be published without her consent. So you must not give particulars of name and address in cases where the illegitimate birth is not public.

18.69 The bishop went on to say that it might be necessary for him to take this up with government but the Sisters were not to do anything that was contrary to canon law; 'it would be a distinct violation of Canon Law and of natural justice to publish the fact of a secret illegitimate birth, with the mother or father's name, without the permission of the mother and father.'

1941 inspection

18.70 The DLGPH report for 1940-41 recorded that, in the year ending 31 March 1941, 87 infants were born in or admitted to Bessborough and 38 infant deaths were notified for the same period.

18.71 In June 1941, Dr Florence Dillon of the DLGPH inspected Bessborough maternity hospital. There was a standard format for such inspections but there was also scope for the inspector to add comments. In this instance, Dr Dillon added a 'Special Report'.

18.72 Her report was critical of a number of aspects of the running of the maternity hospital including:

- Although it was 'a new and modern hospital', it was overcrowded and understaffed. It was approved for the accommodation of 26 women but

there were 31 resident there at the time of the inspection.[29] There were no 'qualified nurses' employed in the hospital but there were two registered midwives employed.[30] There were no domestic staff employed and the congregation relied on the residents to undertake duties relating to the running of the hospital. Cleanliness was duly observed in all parts of the hospital and members of staff appeared to be 'efficient and capable'. However, the inspector recommended that 'further assistance should be made available'; specifically, one maid was required.

- The Sister in charge of the maternity hospital did not have the necessary qualifications for supervising maternity work; the person in charge should be a qualified midwife.
- There were three baths and five toilets; this would have been adequate were it not for the fact that two toilets had been converted into storerooms and the sink room was used to store mattresses.
- The Maternity Register had not been written up since 1939; as a result, Dr Dillon was unable to get information about miscarriages and deaths in the maternity hospital.
- No register of confinement was kept.
- She was unable to satisfy herself that provision had been made for fire-fighting as the Sister in charge did not afford her proper facilities for inspection.
- There was apparently a tendency to discourage breastfeeding which might have had a bearing on the high infant mortality rate.
- She was treated with discourtesy; the Sister in charge, Sister Kyran, was 'discourteous and obstructive' and there was a general unwillingness to facilitate her in carrying out the statutory inspection.

18.73 The DLGPH subsequently asked Miss Litster to comment on Dr Dillon's report 'as she knows a good deal about this matter'.

18.74 In October 1941, Miss Litster outlined her knowledge of Bessborough and her experiences there. She explained that there were two separate buildings - the home and the hospital.

[29] A departmental note compiled in the 1950s records that the matron had told the department in 1934 that she needed to use single rooms as wards and needed to increase the numbers in the large wards.
[30] Qualified midwives were not necessarily qualified general nurses.

> The whole institution is pleasantly situated in well-matured grounds. There is a fair sized lake, good gardens and ample space for exercise and children's games. The Home is run with a fair degree of efficiency. The general atmosphere, so far as the treatment of the girls is concerned, is one of kindness. That the girls appreciate this, and show an appreciation for the institution, is shown by the presence of some former patients who live in the Home unpaid, apparently quite content to help in the general work. The food appears to be plentiful and good. The children are well-cared for: properly clothed and well-fed. The girls are employed at farm and garden work, butter making, knitting, kitchen and household work generally. A reasonably good training in domestic work appears to be given. The Mother Superior informs me that there is no difficulty in finding employment for discharged patients.

18.75 Miss Litster confirmed that the home was overcrowded and pointed out that this was a feature of all 'special institutions' at that time. She said that there was 'too little interaction' between women and their children in the home.

18.76 She was more critical of the maternity hospital. She said that the matron appeared to be efficient in the actual management of the hospital but 'it appears that there is not the same atmosphere of kindness here as in the Home':

> The Matron appears to be a 'hard' person and has been described by former patients as harsh, domineering and as 'a slave driver'. An inspector, however, is unlikely to see any direct evidence of this side of her character. It must be remembered though, that while under her supervision, these girls are not in a normal condition of body or mind, and it is possible that a certain degree of apparent callousness may be an [illegible], even a necessary characteristic… It is difficult for an outsider to form any definite conclusions to her suitability to be Matron of the Maternity Hospital. Dr Dillon says that she has no nursing qualifications, other than experience. That fact alone seems to decide the point, and as there are qualified nurses in the Order, there should be no difficulty in replacing her by one of those.

18.77 Miss Litster noted that there was a problem of record keeping in both the home and the maternity hospital. She said that, in order to assess the number of residents in the institution on any given visit, she was forced to visit each ward and count the number of occupied beds. Furthermore, the annual returns submitted to

the DLGPH by Bessborough were frequently returned for correction and 'the statistical record relating to the institution bore little resemblance to the facts'.

18.78 There were discussions going on within the DLGPH about the possibility of getting the congregation to replace the matron of the maternity hospital. Miss Litster recommended that the department might ask the Mother Superior of the Bessborough Home, Sister Martina, to place a qualified nurse in charge of the maternity hospital and then, if necessary, raise the matter directly with the Superior General of the congregation in Chigwell. Miss Litster had a letter from the Cork county medical officer of health, Dr Condy, outlining the matron's qualifications and experience. Dr Condy said that the matron did not have a Central Midwives Board (CMB) certificate,[31] or special experience in maternity work. She had 40 years' experience in general hospitals, for example, in London and Australia. He said that there was a lay nurse who did have a CMB certificate. He had been informed that this lay nurse conducted the deliveries under the supervision of the institutional medical officer, Dr O'Connor. This qualified midwife had been in Bessborough for ten years and was the only qualified midwife there.

18.79 In January 1942, the DLGPH wrote to Bessborough outlining the concerns that had been raised by Dr Dillon. In reply, the Mother Superior said that, while the hospital was licenced for 26 patients, there was plenty of room to accommodate the extra five patients and that the former local government inspector had given her permission for the extra beds when pressure for hospital accommodation arose.[32] She said that the maternity hospital had been supplied with a register 'recommended by the Medical Officer of Health' and that this was up to date at the time of inspection; the same applied to the register of confinements. Another register book had been provided but it was too complicated and was not being used. The Mother Superior excused the alleged discourtesy of the matron by saying that she was 'far from her usual health at the time of inspection and that any discourtesy felt was not intended'. The Mother Superior strongly disagreed with the assertion that breastfeeding was discouraged and advised that patients were induced to breastfeed 'even when they feel disinclined to do so'.

[31] At this time, the Central Midwives Board was responsible for certifying that a person was a qualified midwife.
[32] As described above, while the matron had told the DLGPH of her intentions, the Commission has not seen evidence that the department had agreed.

1942

18.80 The DLGPH remained concerned that the control of the maternity hospital was not adequate. In February 1942, the department again wrote to the Mother Superior seeking to have a qualified maternity nurse, subject to the control of the matron of the institution in administrative matters, put in charge of the maternity hospital. The Mother Superior said she would report the complaint of discourtesy by the matron to the Mother General but made no commitment to replace the matron with a qualified nurse. The congregational records show that the Mother General was not happy with the matron's performance and recognised that a 'change may be demanded'.[33] The DLGPH pressed the matter and was told by the Mother Superior of Bessborough that a member of the congregation who was a certified general nurse and was undertaking maternity training in the Cork county home and district hospital would be assigned to Bessborough maternity hospital in June of that year. In July, the DLGPH again wrote to find out if this had happened. It had not; the Sister in question had finished her training but had contracted flu and was unable to work. Miss Litster subsequently reported that this Sister had died. In October 1942, the Mother Superior reported to the department that another Sister was on her way from Chigwell to take up duty in the maternity hospital. However, on her next inspection visit to the institution (see below) Miss Litster noted that the maternity hospital continued to be administered by a matron with no nursing qualifications.

1943

18.81 In June 1943, Miss Litster inspected both the home and the maternity hospital. At the time of the inspection, there were 61 women (36 with babies and 25 waiting to give birth) and 97 children living in the institution. Of the unaccompanied children, 26 were maintained by public assistance authorities, mainly Waterford and North Cork boards of assistance. The rest were 'private motherless children'.

18.82 There were 18 former patients, still living in Bessborough, who were not maintained by a local authority. Nine of these were women whose children were either boarded out or placed at nurse and who were actively seeking paid employment. The remaining nine women were former patients not maintained by a local authority who undertook unpaid work for their keep in the institution and were

[33] Congregation of the Sacred Hearts, Annals of the Order, 10 March 1942.

known as 'old girls'. Miss Litster suggested that these women should be omitted from the annual statistical returns relating to unmarried mothers.

18.83 Miss Litster's report provides a detailed description of Bessborough in 1943. The children's accommodation in the home was as follows:

- A night nursery which was 'clean, airy, bright with ample clothing on cots' housed 15 toddlers and 22 babies;
- A day nursery and playroom with 'ample bath and lavatory accommodation', contained some cots for children taking a mid-day sleep. The day nursery housed 27 infants aged between three weeks and nine months; only eight of the 27 infants were breastfed and only three were 'fully breast-fed'. The greater numbers of the babies were 'miserable scraps of humanity, wizened, some emaciated and almost all had rash and sores all over their bodies, faces, hands and heads'. Their cots 'were clean, and bed-clothing clean and good'.
- The infirmary housed 17 cots: four were occupied by babies covered with rash and sores and one other child with bronchitis. An attendant, who was a resident, stayed up all night to tend to the babies.
- The day nursery housed 33 toddlers and babies many of whom had sores on legs, faces, hands or scalps.

18.84 The condition of the infants and younger children in the institution gave her 'cause for uneasiness'. In the year ending 31 March 1943, 114 children were admitted to Bessborough and 70 had died. All but one of the 70 deaths occurred in infants under one year old. Miss Litster identified the unsatisfactory milk supply to the home and the failure to breastfeed as the main causes of the high death rate and the unhealthy condition of the children. She said that the cows that supplied milk to Bessborough were not tuberculin tested and that the milk produced was not subject to the same standards governing the general milk supply. The number of infants who were wholly breastfed after leaving the maternity hospital was 'negligible'. Miss Litster questioned if the failure to breastfeed was due to incapacity on the mothers' part and if this might be related to an inadequacy in their diet. On the day of the inspection, which she noted was 'a fast day', the dinner served in the home consisted of potatoes, cabbage, cheese, tea, bread and

butter. Tea consisted of bread, butter, lettuce, scallions and tea. Breakfast was tea, bread and butter.[34]

18.85 Miss Litster reported that the 30 older children living in the home were much healthier in appearance than the younger ones: 'all were fairly strong and well-developed'. Although a number of children of school going age were living there, there was no provision for their education. She cautioned the Mother Superior that the retention of children aged six years and over in the home, without making provision for their education, contravened the *School Attendance Act 1926*.[35] The Mother Superior said that the local authorities responsible for maintaining these children 'were slow in obtaining foster homes for them' and that children were routinely maintained in Bessborough 'long beyond the age of two years'. Miss Litster observed:

> It was not intended that these institutions should be utilised as a nursery for children apart from their mothers. I have from time to time notified the different local authorities maintaining children in Bessborough that children must not be kept beyond the age of two years without their mothers.

18.86 Miss Litster recommended that the DLGPH issue a circular letter to county managers asking that an effort be made to withdraw children over the age of two years to suitable foster homes and stating that 'sanction will not be continued for payments for maintenance of children over the age of two years'.

18.87 The women's accommodation in the home was as follows:

- Dormitory 1 had 24 beds all of which were occupied; it was clean and airy; the beds were good; a nun slept at each end of the dormitory.
- Dormitory 2 had 12 beds but 16 occupants. The beds were good but there were no chairs between them and clothes had to be left on the beds.
- Dormitory 3 had 28 beds, all occupied; two nuns slept in cubicles at each end.
- The infirmary had four unoccupied beds.

18.88 Miss Litster inspected all six wards in the maternity hospital. Two wards were retained for private patients and there was one patient in each. An isolation ward was unoccupied. One ward with eight beds was fully occupied. There were seven

[34] Fast days were days on which Catholics were expected to eat only one main meal and two collations.
[35] http://www.irishstatutebook.ie/eli/1926/act/17/enacted/en/print

babies, five of whom were being breastfed. The two remaining wards, reserved for expectant women only, were overcrowded. They were each designed to accommodate eight beds but had 14 beds and 13 beds respectively. All were occupied. On the day of inspection, dinner in the hospital consisted of potatoes, cabbage, egg (baked), stewed rhubarb and coffee.

18.89 Following her inspection, Miss Litster met the Cork county manager to discuss her findings and to request that the county medical officer of health, Dr Condy, would undertake an investigation into the condition of the children in Bessborough and the high death rate among infants there. Miss Litster submitted her report, along with a list of infant deaths during the year ending 31 March 1943, to the DLGPH and asked that the information be given to the deputy chief medical advisor, Dr Sterling Berry. The DLGPH sent extracts from Miss Litster's report to the Mother Superior in Bessborough and asked for her observations and those of the medical attendant of the institution.

18.90 In August 1943, Dr Sterling Berry made the following observations on Miss Litster's report:

> This report discloses a very unsatisfactory state of affairs particularly with regard to infants under one year old. That 60% of these children die would seem to show that very little steps are taken to keep them alive; this is borne out by the fact that the babies still alive are covered with sores. That only three babies are fully breast-fed indicates that absolutely no trouble is taken to induce the mothers to breast-feed. Milk and gruel should be added to the nursing mothers' diet. The over-crowding of the waiting patients in the Maternity Hospital is most undesirable and should be stopped. The Matron of the Maternity Hospital should be a trained nurse. The keeping of children in the institution until school going age is definitely wrong.

18.91 Dr Sterling Berry also voiced his concern that the capitation rates paid to Bessborough by local authorities 'were too low with the prevailing prices' and enquired whether Bessborough had a visiting medical officer. A note to the assistant secretary of the DLGPH said that Bessborough did have a medical officer but also noted that formerly the local authority contributed towards the salary of a medical officer and a nurse for the institution but that this arrangement had been discontinued in 1937.

18.92 In September 1943, the Cork county manager sent the DLGPH a report on infant mortality at Bessborough, undertaken initially by the assistant county medical officer and subsequently by Dr Condy. This reported:

> I investigated this Home and figures obtained were: Deaths-68% (Sixty Eight) of the births. Diagnosis in most of these cases was debility; some were given as gastro enteritis and a small number as prematurity. Most of the deaths were from 2-3 weeks to 3 months. This is the period they leave the Maternity Hospital for the Home. The Sister in charge of this Home has no nursing qualifications and no hospital training in infants and children apart from two months in Temple Street Hospital, Dublin. This may or may not be the cause but I suggest that a qualified nurse and specially qualified in infant feeding should be appointed for 6-12 months. This figure could then be compared with the previous term.

18.93 Dr Condy said that he had visited the home, examined all books and registers and inspected the milk supply. He said that milk at the institution was produced and handled under high standards. He said that between March 1942 and July 1943, 32 infant deaths had occurred.[36] He reported that approximately 80% of these deaths were certified as being due to debility and had occurred in the neo-natal period. He observed that this was the most dangerous stage of a child's life and that the prevention of deaths in infants born in a state of debility or prematurity required skilled medical and nursing attention and that the matron had little success in inducing mothers to breast-feed. In addition, he said:

> All births in the institution are of an illegitimate character, and there is frequently a lack of interest in the child's welfare on the part of the mother concerned.

18.94 He concluded by recommending the provision of a nurse 'possessing adequate training in Infant Welfare and Hygiene' for the care of infants in the neo-natal stage and intimated that the matron and medical officer agreed with this suggestion. As Dr Sterling Berry noted, Dr Condy's report simply corroborated Miss Litster's. However, they did differ about the quality of the milk.

18.95 In September 1943, the Mother Superior, Sister Martina, responded to Miss Litster's findings. She said that the rash and sores, as witnessed by Miss Litster,

[36] This number is more likely to have been between March 1943 and July 1943.

were contagion from a new admission and that 'our doctors are very puzzled and do not understand the cause'. She stated that they were doing their best to induce mothers to breastfeed. She lamented that boards of public assistance found it difficult to find foster homes for children under war conditions. She advised that numbers in Bessborough had fallen dramatically since the inspection. She stated that pregnant and nursing mothers had 'plenty of rest, copious fluids and a good nourishing diet' but were inclined to be 'fretful' and have 'no love for their infants'. She did not address the high levels of infant mortality. A note at the foot of this letter, from the secretary of the DLGPH, to the minister read:

> The replies are not satisfactory. I would like a strong letter drafted. They must get the children out and they must have a Matron with a C.M.B.

18.96 The department wrote to Sister Martina to say that her replies were inadequate and that 'the exceedingly high death rate in the institution and the very poor health of the children are very disquieting'. The department instructed her to furnish lists of children eligible for boarding out to local authorities responsible for their maintenance without delay and again requested an undertaking that a nurse with midwifery qualifications would be placed in charge of the maternity hospital.

18.97 In October 1943, the DLGPH wrote to county managers, whose boards of assistance maintained children in Bessborough (Cork (North, South and West), Kerry, Kildare, Kilkenny, Leitrim, Monaghan, Tipperary (North), Waterford and Westmeath) telling them that the Mother Superior would furnish them with a list of children eligible for boarding out and directing them to expedite arrangements to find suitable foster homes for each child. County managers were advised to inform the department of any delay in getting the list of children. In November 1943, the South Cork board agreed to implement the minister's direction that children would not be maintained in Bessborough when they reach two years and would be boarded out as soon as suitable foster parents were secured. The DLGPH found that some boards were selective in their efforts to find foster parents for children maintained in Bessborough: little consideration was given to older children, or to children with a mental or physical disability. A later inspection by Miss Litster in December 1944 (see below), found that Waterford county council had not found foster homes for eight children, aged between four and eight years, maintained by them in the institution. Similarly, the North Cork board had not found foster homes for eleven children, aged between four and six years. Children maintained by

Kildare and Kilkenny county councils, and eligible for boarding out, also remained in the institution.

18.98 In November 1943, Dr Dillon again inspected the maternity hospital. On this occasion, the matron was a registered nurse and the maternity register and associated books were up to date. She considered that it was adequately staffed - there were two qualified nurses, one midwife and two wards maids employed. The available accommodation was limited to 26 beds, spread over three wards and two private rooms. The bathing and sanitary accommodation was 'adequate'. There were 106 admissions, 24 infant deaths and three stillbirths recorded since the date of last inspection. There was no heating in the hospital at the time of her visit. It transpired that the institution's wartime oil allowance meant that the heating system could be run only intermittently.

18.99 In December 1943, a firm of accountants replied to the DLGPH's September 1943 letter on behalf of their clients, the Congregation of the Sacred Hearts of Jesus and Mary. The accountants' letter confirmed that lists of children eligible for boarding out had been circulated to the relevant boards and that this had been done on many previous occasions but with little effect. They said that a qualified nurse, Sister Redempta, had become the matron of the maternity hospital in September 1942[37] and that she was assisted by a qualified midwife. Another qualified midwife was about to take up duty and the congregation was prepared to hire another external midwife if the department thought it necessary to do so. The letter dealt with infant mortality as follows:

> As to mortality, the Community regrets the high death rate and has taken every precaution in this respect. The Rev. Mother desires to point out that the children at one period suffered from an epidemic of scabies through infection, and at that time the children did in fact look rather emaciated while the epidemic prevailed. It should be noted with satisfaction that the Institution of Besboro' since its inception has never had an epidemic of measles or other contagious diseases other than the scabies referred to. The mortality rate among infants is not peculiar to Besboro' as indicated by the many Press references to this subject. We have the temerity to refer to a press cutting from the Irish Times dated 4th September last. The Community wish to assure

[37] This must be September 1943 as both Miss Litster and Dr Condy noted that the matron was not a qualified nurse in June–August 1943 and Dr Dillon noted that the matron was a qualified nurse in November 1943.

you that this problem is their primary concern and that they share the Minister's anxiety in this connection.

18.100 The *Irish Times* article in question, 'Irish Doctors Baffled', related to 241 deaths among Dublin infants between January and September 1943 and stated that Irish doctors were baffled in the search for the bacterial cause of the deaths. The City of Dublin chief medical officer was quoted as saying that the infant deaths 'were caused by diarrhoea and enteritis, which in a very serious form, has been attacking children. The highest mortality is among children under three months'. The medical officer said that 24 children under two years had died in Dublin in one week alone. He said that no specific bacterial cause had been discovered and advised that the best way to combat the diseases was for mothers to breastfeed their infants.[38]

18.101 The letter from the accountants also included a report on deaths in the Bessborough maternity hospital, March 1942-March 1943 by the visiting medical officer to Bessborough, Dr O'Connor:

> In the Maternity Hospital, two adults died during the above period, one from Puerperal Eclampsia, and one from Purpura and Intestinal Haemorrhage.
>
> The infant deaths were made up of 4 twins born prematurely and in a weak condition. One lived three days and the other lived between two and three weeks. The others were born in a completely weak condition and lived between two and four weeks. One died of Bronchitis when a month old, and one died of Catarrhal jaundice.
>
> The older children who died in the Nursery during the same period, the principal causes of death were Gastro Enteritis, Congenital Venereal Disease and Marasmus. In this latter condition no matter what feeding or medical treatment was given they did not thrive. This is not due to insufficient or defective food, as the most scrupulous attention is paid to the diet, and in every case, unless there is some indication to the contrary, breast feeding is insisted on.
>
> To the children who are artificially fed the milk given is of the best quality. This fact has been established by analysis made by the Veterinary Surgeon attached to the Department of Health of Cork Corporation. It was found on examination to be free of Tubercle Bacilli and to contain a high percentage of

[38] *Irish Times*, 4 September 1943.

fat. This is given suitably adulterated according to age, and every precaution is taken to render it suitable for the infant. Besides milk, various other kinds of food were used, such as Chicken broth, meat juice, Benger's Food, Extract of Malt, cream, Halibut Oil, Cod-Liver Oil and Sister Laura's Food. In spite of this selection some of the children lost weight and died.

An explanation of this is that some children show a remarkable difficulty in digesting food, and this is due to a primary failure of the processes of assimilation, whether for a particular food, or for food in general; even in some cases where the child is breast-fed, they do not assimilate the nourishment of the milk. This is probably more remarkable in illegitimate children.

It must be remembered that the period of gestation of these children is far different to that of the married woman. The girl worries a great deal and is mentally upset over her condition. She is constantly trying to conceal the fact that she is pregnant, and in some cases every effort is made to get rid of the foetus. All this has undoubtedly a most injurious effect on the developing foetus resulting in weak and defective children who have a poor resistance to diseases, and defective powers for assimilating food.

Other causes of death were congenital venereal disease. In numbers of these cases, in spite of treatment, severe marasmus results, caused probably by gross changes in the mucus membrane of the intestine which prevents absorption of food.

Gastro-enteritis caused some deaths. This is a disease common in infants in late Summer and early Autumn, occurring in epidemics and is sometimes very fatal. Considering the number of children in the Nursery the number of deaths was small from this particular affliction.

1944

18.102 Even though all the relevant authorities - the Congregation of the Sacred Hearts of Jesus and Mary, the Cork county manager, the Cork board of assistance and the DLGPH - were aware of the high infant mortality rate in Bessborough, no concrete steps were taken to address it. In April 1944, the congregation notified the DLGPH that 102 infant deaths occurred during the period 1 April 1943 to 31 March 1944. The vast majority, 96%, were infants less than four months old. The main causes of death were certified as marasmus, prematurity, bronchitis and gastro-enteritis.

18.103 In December 1944, Miss Litster again inspected Bessborough. She examined admission and discharge books 'to establish the exact mortality rate among infants

born and admitted to the Institution'. At the time of inspection, 108 women (including 21 expectant women) and 96 children were housed there. The day and night nurseries housed 21 infants aged between three and seven months and were:

> a stronger and healthier lot of babies than when I last visited the nursery. On the other hand, they represent, it would appear from the mortality figures, the survival of the fittest. Few were fully breast-fed; the greater number were partially breast-fed, with supplementary feeds of milk and water. Only three of the 21 were definitely emaciated and sickly in appearance. This nursery was unheated.

18.104 The day nursery also housed 24 older children aged from seven months to two years old. It was also unheated.

> Eleven babies were in cots. Of these eight appeared to be healthy, normal children. One was not thriving and appeared to be delicate, and one seemed to be a mentally defective child. The remaining 13 children were sitting or crawling about the floor. Some of the children wore socks, some were in bare feet. Most appear to be healthy and thriving.

18.105 The day room housed a further 30 children, all over two years old. One boy maintained by Kildare county council was six-and-a-half-years old. Eight children were chargeable to Waterford county council, 11 to the North Cork board and one child was chargeable to Kilkenny county council. Of the 30 children housed here, 21 had spent between four and six years in Bessborough. They did not go out to school and received no education in the institution. All 30 children became eligible for boarding out when they reached two years old and, despite a ministerial directive to do so, the local authorities responsible for their maintenance were either unable, or unwilling, to find suitable foster homes for them.

> These children appeared on the whole to be healthy, vigorous and thriving, and all, except two, seemed to be of normal mentality. These two are evidently mental defectives and should be sent to an institution for mentally defective children.

18.106 The nursery in the maternity hospital housed ten infants aged from new-born to about two months. Six were breastfed and the other four 'appeared to be unhealthy and wasted'. The room was airy and bright but had no heating. In a small, heated room on the upper floors there were three sick infants and in another

there were eight babies aged from two to 11 months in cots. These eight babies had been sent from the maternity hospital to the home but were returned to the hospital for extra care due to delicacy. Miss Litster noted that these children appeared to be healthy enough to return to the home. She recommended that the Bessborough authorities should make provision for nursing and proper care of delicate babies as she found it objectionable that the maternity hospital should be used as a hospital for sick babies.

18.107 Miss Litster checked the infant mortality figures provided to the DLGPH and 'verified that their accuracy can be vouched for'. During the year ending 31 March 1944, 105 infants were born in Bessborough and a further 19 were admitted after birth: a total of 124 admissions. During the same period, 102 deaths among infants under 12 months old were recorded. Miss Litster calculated that this represented a death rate of 82%.

18.108 The infant deaths recorded here did not relate solely to infants admitted during the year under review. Many of these deaths related to infants who were born or admitted before April 1943. The institutional records show that, of the 124 infant births and admissions recorded by Miss Litster, 82 subsequently died. Miss Litster checked the records from 1 April 1944 to the date of her visit on 6 December 1944 and found that 65 infants had been born in Bessborough during this period. Of these, 41 infants (63%) had already died.

18.109 Miss Litster noted that Bessborough differed from other 'special homes' because of the number of private fee-paying patients admitted there. Of the 124 infants born or admitted during the year ending 31 March 1944, 40 were private patients. Of the 102 deaths recorded during the same period, 35 were babies born to private patients. Miss Litster calculated that the infant mortality rate among private patients in Bessborough was in the region of 87%. She suggested that one reason for the higher death rate among infants of private patients was the fact that the mothers were frequently allowed to leave Bessborough a short time after their confinement. Their infants were left in the institution unaccompanied awaiting placement by the Catholic Women's Aid Society.

18.110 Miss Litster reported that the Bessborough authorities took no precautions to guard against the admission of women suffering from venereal disease and did not isolate women and children entering the institution but admitted them directly to the

hospital. She said that the DLGPH had full rights of inspection and control over the Bessborough maternity hospital but had no rights of inspection over the Bessborough home, where she stated 'it is here and not the Maternity Hospital that the majority of the babies die'. While this is correct, at least 25% of infant deaths recorded occurred in the hospital.

18.111 Miss Litster noted that the only 'real control' the DLGPH had over the Bessborough home was the power to prohibit local authorities from maintaining patients there and pointed out that the department had taken such action in relation to Castlepollard in 1941 due to 'the serious state of overcrowding there' (see Chapter 20). She recommended that Bessborough should be closed for new admissions for at least three months, that the Mother Superior should be required to furnish returns of infant deaths on a weekly basis and that a survey of the institution should be undertaken to determine the appropriate number of patients who should be maintained there. If it were closed for new admissions, women would have to be sent to the county homes as Castlepollard, Sean Ross, Tuam and Pelletstown were already at full capacity.

18.112 Cork county council and the South Cork board of public assistance were fully aware of the problem of infant mortality in Bessborough. The South Cork board was responsible for the majority of infants housed in Bessborough. It was notified of every discharge and every infant death.

18.113 In September 1944, the North Cork board of assistance directed the superintendent assistance officer (see Chapter 1) to remove all unmarried mothers and their children from the North Cork county home and hospital, Fermoy. No specific reason was given for this move and the board stated that they would grant the women 'appropriate home assistance allowances' as a substitute for institutional care. However, in May 1945, the North Cork board discovered that all 14 women discharged from Fermoy were living with their children in Bessborough. It is not clear who was paying for them. The superintendent assistance officer interviewed the women separately and explained to them that the board was prepared to grant them adequate home assistance to maintain themselves and their children in their respective districts. However, all the women said that they had nowhere to go, that they had been 'turned out of their homes' by their families and 'told not to return again'. The women were told that, if they did not accept the manager's order, their children would be boarded out and they would be compelled

to leave Bessborough. However, the superintendent assistance officer conceded that the women and their children 'were well-attended' to in Bessborough and had no desire to leave.

1945

18.114 It is clear that, by January 1945, in spite of all concerned having full knowledge of the extraordinarily high infant mortality rate in Bessborough, no serious steps had been taken by either the Congregation of the Sacred Hearts of Jesus and Mary, the South Cork board of public assistance or the DLGPH to address the problem.

18.115 The various suggestions made by inspectors and medical officers were not implemented. Attempts were made to have the older children boarded out but this, while it would have reduced the overcrowding, would not have made any difference to the infant mortality rate because children were not boarded out before the age of two. In January 1945, Dr Ward, Parliamentary Secretary, DLGPH, tried again to encourage more boarding out. He appealed to county managers to arrange suitable foster homes for children maintained by their boards of assistance in Bessborough. However, the replies from county managers made it clear that continuing efforts were being made to find foster parents but there were very few people willing to take boarded out children. The main reason given was that the maintenance rates were too low. In addition, rationing, the increased cost and diminished availability of food, fuel, clothes and household items, and wartime conditions in general, had acted as a major disincentive to those who might otherwise have considered fostering a child. Although the Cork maintenance and clothing allowances had increased year on year since 1941, and stood at 10s a week for each child in 1945, they were still considered to be inadequate and failed to elicit a response. The DLGPH granted increases in the boarding out allowance, 'particularly in areas where the allowances were rather low' with a view to attracting a sufficient number of suitable foster parents. The Cork public assistance authorities resolved to increase maintenance and clothing rates further from April 1945 and advertised for foster parents at the increased rates. The advertisement, 'Foster Parents Required', invited applications from suitable persons to act as foster parents to children aged two to seven years with a maintenance rate of £1 10s a month and an annual clothing allowance of £4 10s a year. The response to the advertisement was reportedly 'poor'.[39] In June 1945,

[39] *Cork Examiner*, 7 June 1945.

further advertisements were placed in the *Cork Examiner* for five children specifically. Two replies were received: assistance officers found one applicant to be 'unsuitable'. Further advertisements placed in the *Youghal Tribune* and the *Southern Star*, publications with more rural readerships, elicited 16 replies. Although some applications came from districts outside the South Cork board's functional area, application forms were sent to prospective foster parents and assistance officers were directed to inspect their homes.

18.116 More direct action was finally taken by the DLGPH in January 1945. Dr Ward decided to implement Miss Litster's recommendation to close the institution to new patients for a period and directed county managers to send expectant women to county homes 'pending a decision on future policy'.[40] This instruction was issued to the relevant health authorities on 10 January 1945. Women admitted to Bessborough, whose applications had not been processed before the direction to close the home to new admissions, were transferred to Cork county home. The DLGPH sent a copy of Miss Litster's December 1944 report to the Cork county medical officer of health, Dr Condy, and requested that he:

- would, in future, investigate the circumstances surrounding every infant death at Bessborough;
- get information about arrangements for medical attendance at the home, including the hours of duty of the medical officer and his terms of employment;
- get weekly returns for the following three months showing infant deaths at Bessborough and the medically certified cause of death in each case.

18.117 In reply, Dr Condy agreed to investigate all future infant deaths at Bessborough.[41] He also provided an overview of the role of Bessborough's medical officer. The Bessborough medical officer had been the institutional medical officer since 1922; he had no fixed hours of attendance and visited twice weekly on average and when called on to deal with an emergency. There was no written agreement about his conditions of service and his annual fee of £120 was paid by the Congregation of the Sacred Hearts since 1937. He did not see every infant on his routine visits and proper medical records such as weight records were not kept for each child.

[40] Dr Ward considered that the policy of keeping mothers for long periods was unsound and wanted children to be boarded out at the earliest possible moment. The Commission has not seen any evidence that he made efforts to have this policy pursued.
[41] The Commission has not seen any evidence that he did do this.

Dr Condy brought this to the attention of the Mother Superior and the Bessborough medical officer and recommended that the Bessborough medical officer should undertake daily visits to the institution as a minimum requirement. Dr Condy also recommended that each patient should be subject to a Wasserman test on admission.

18.118 Dr Ward, the Parliamentary Secretary at the DLGPH, considered that the medical supervision of children in Bessborough, as reported by Dr Condy, was 'criminally casual' and directed Dr James Deeny, the recently appointed chief medical advisor to the department, to inspect children living in the home. On 6 January 1945, Dr Deeny, accompanied by another DLGPH doctor and by Dr Condy visited Bessborough. Dr Deeny reported:

> I inspected Maternity Hospital Block of the Home and found the Institution to be well-maintained and perfectly equipped and seemingly suitably staffed for its present Maternity work. Further inspection of the part of the special home devoted to the children under the care of the order revealed a similar state of affairs. In fact, the whole place was fresh and spotlessly clean. Special inspection of rooms reserved for milk storage and formula preparation also showed cleanliness etc. Owing to the appalling infant mortality I stripped and examined almost all infants in the home and as a result discovered certain facts.
>
> (1) The vast majority of the infants had excoriated buttocks and were grossly inflamed, obviously the result of neglect to change napkins sufficiently.
>
> (2) Most of the napkins were soiled and motions found were almost always green - indicating unsuitable feeding, insufficient feeding or bowel infection.
>
> (3) Most of the children revealed a number of infectious lesions. For instance, the slightest scratch seemed to become infected and turn septic. Many babies apart from the raw buttocks showed numbers of septic sores. This in my opinion is due to a heavy infection of the home with some organism which is transmitted from child to child.
>
> (4) The Rev. Mother was completely unaware of this state of affairs. The clean counterpanes of the sheets etc., satisfied her - she had little or no knowledge of what was hidden below.

(5) The situation revealed gross ignorance on the part of the Sister responsible. No person with even a smattering of knowledge of child health would allow such a state of affairs to continue.

(6) No attempt has been made to help the mothers in the care of their children or if such an attempt has been made the results prove that it was a lamentable failure.

(7) Medical attention must be of a most superficial nature. In this respect I regard the M.O. of the home as distinctly culpable. In view of the death rate he must have known that something was wrong with the care the children were receiving and if he did, he should then have sought the cause which on a simple examination was immediately revealed. There is no doubt that in this case - and in view of the hundreds of children whose lives have been lost - his complacency or ignorance should be regarded as criminal. I am convinced that a continuation of his services would be detrimental to the home and that he should be dismissed.

(8) The Reverend Mother should be replaced with someone with ability to administer an institution dealing with Maternity and the care of infants and children.

(9) The nun in charge of the infant's Dept is both stupid and ignorant. The state of the children under her care is so terrible that they fail to lessen queries of child neglect. She, above all others, must be held primarily responsible for the hundreds and hundreds of babies under her charge who have died in the last few years. She should be removed from her post immediately. I recommend the employment of two nuns or nurses who have training in children's nursing to try to bring up the children to a normal level of health and get rid of the infection.

(10) Dr Condy must keep a close eye on the institution and investigate all deaths, which must be reported to him immediately.

(11) Letter to Superior General as arranged with minor modifications suggested and enclosing excerpts from Miss Litster's report.

18.119 Dr Ward decided that the issues highlighted by Dr Deeny required 'drastic action, and sustained effort' to remedy. He considered that 'interference from an outside agency would not have any lasting effect' and that reform should come from within the institution itself. In January 1945, he wrote to the Superior General of the Congregation of the Sacred Hearts in Chigwell. He said that the very high infant

death rate at Bessborough and the staffing of the institution had been under review by the DLGPH for a number of years and that 'the failure of the authorities at Bessborough to deal with both issues had been very pronounced'. He repeated the department's request for the appointment of a new Mother Superior, qualified in midwifery and child care, and said that local authorities had been instructed not to send any further unmarried mothers and expectant women to Bessborough until acceptable management and staffing arrangements were put in place there.

18.120 The Superior General replied expressing her shock on reading Miss Litster's report and stating that she would have implemented any necessary improvements at Bessborough if the DLGPH had asked her to do so. She said that she understood that the existing Mother Superior was still quite capable of running Bessborough. However, she accepted that the facts presented in the report were 'all too serious' and gave an undertaking to make whatever changes the DLGPH thought necessary.

> I shall make the necessary change as soon as possible and trust that in the very near future the past failures shall be corrected and the complete management of the Home shall reach your expectations.
>
> I am distressed that you should have cause to be alarmed with the present state of the Home, I beg you to have patience with us, we shall endeavour to re-organize as quickly as possible.

18.121 In a follow-up letter, she told the minister that she proposed to transfer Mother Rosemonde McCarthy, the Mother Superior of Sean Ross, to Bessborough as a replacement. Miss Litster considered Mother Rosemonde to be of 'outstanding character and unquestionable ability' but worried that her removal from Sean Ross, even temporarily, would be detrimental to that institution. However, Dr Ward welcomed the proposal and asked to be informed when she took up her position at Bessborough.

18.122 In February 1945, Bishop Cohalan wrote to the DLGPH to complain about the department's role in the removal of the Mother Superior from Bessborough. He argued that this was an ecclesiastical appointment over which the DLGPH had no jurisdiction. Separately and without informing the DLGPH, he asked the Apostolic Nuncio to Ireland to intervene in the matter and to insist that the Mother Superior

be kept in office.[42] However, the Department of Foreign Affairs subsequently advised the Taoiseach, who was also the Minister for Foreign Affairs, that the Papal Nuncio was satisfied that the Mother Superior 'was gravely at fault' and should be transferred elsewhere.[43]

18.123 Having made his ecclesiastical point, the bishop conceded that he shared the department's concern in relation to infant mortality at Bessborough and that the vital matter was to find 'the cause of the evil and the best remedy'. The bishop discussed the issue with the Mother Superior and with a doctor frorm the Cork District Hospital and acknowledged that 'the seriousness of the problem is realised'. He recommended that a young doctor, a specialist in gynaecology, might be well placed to remedy the cause of infant mortality at Bessborough. In reply to the bishop in March 1945, the DLGPH assured him that the ecclesiastic status of the Mother Superior was not questioned but that her position as matron in an institution where unacceptable levels of infant mortality prevailed could not be tolerated. The letter stated that 'apart from any public scandal which might result' Dr Ward felt that the case called for immediate action to remove her from her post as to allow her to continue as matron would have meant 'acquiescence on his part in the state of affairs which has been disclosed'.

18.124 Despite the Superior General's undertaking to remove the matron, she wrote to the DLGPH again in February 1945 seeking to delay the move until the war ended and to allow the congregation time to arrange their elections so that all superiors would be changed in the normal way. Dr Ward reminded her of the high infant mortality rates which prevailed at Bessborough under the matron's watch and advised that delays or objections to her removal, based on the internal arrangements of the congregation, would not be entertained. He again pressed the point that, unless the administrative changes already agreed were implemented, the department would be forced to reconsider the viability of sending expectant women and unmarried mothers to Sacred Hearts' institutions.

18.125 In March 1945, the Mother Superior told the DLGPH that the Sister in charge of the infants department was giving special attention to the issues raised by Dr Deeny and that she had employed a new medical officer, Dr Sutton, who was a 'specialist

[42] NAI, DFA10/P99
[43] NAI, DFA10/P99; In his memoir, *To Cure and To Care*, Dr Deeny incorrectly identifies the bishop of Cork as Dr Lucey. Dr Cohalan was the bishop from 1916 to 1952 when he was succeeded by Dr Lucey.

in maternity work and children'. She suggested that the department send Dr Deeny to undertake a further inspection of the home 'to ascertain whether the supervision and care of the infants in operation meet with his approval'. In March 1945, Dr Sutton, wrote to Dr Deeny to tell him that he had been appointed medical officer to Bessborough and that after several visits to the institution 'I just don't know where to begin or end'. He indicated that many changes and improvements were needed but claimed to have no jurisdiction over some of them. He asked Dr Deeny to come to Cork to discuss the matter. Dr Deeny replied that he would not be in a position to travel to Cork 'for some time' and forwarded a copy of his January 1945 report to Dr Sutton so that he may 'get to work right away to clean up the place'.

18.126 Dr Ward and the DLGPH were under the impression that Bessborough had been closed to new entrants since 14 January 1945. However, in early March, they became aware that expectant women and babies were still being admitted there. When Dr Condy was asked to explain the situation he said that he had never been advised to refuse admissions. It appears that, although Bessborough had stopped admitting patients maintained by boards of assistance in January 1945, they had continued to admit private fee-paying patients. Furthermore, a number of expectant women in the Bessborough maternity hospital at the time of its closure to new admissions subsequently gave birth there and their infants were transferred to the Bessborough home. The DLGPH did not follow up on this matter until August 1945 when the deputy chief medical advisor wrote to Dr Condy requesting information on the number of private patients in Bessborough, the number of infants born there since the institution 'closed down' and the number of infant deaths which occurred since.[44] He replied that there were 25 private patients in Bessborough and that 39 infants had been born there from the time of its 'closure' on 14 January 1945 to 20 July 1945. He then stated, without comment, that of the 39 infant births recorded in this period, 29 had already died. In this six month period the infants department at Bessborough was under the control of a newly appointed qualified nurse, the institution itself was served by a new medical officer, a specialist in maternity and infant care, and infant deaths at Bessborough were supposed to be under close scrutiny by him. Yet, infant mortality appeared to have continued at a very high rate.

[44] Dr Condy had said in January 1945 that he would investigate every infant death in Bessborough. There is no documentary evidence that he did and, if he did, there is no evidence that he sent the results to the DLGPH.

18.127 Dr Deeny telephoned Dr Condy and asked him to submit a report outlining the conditions responsible for the recent deaths at Bessborough. He also suggested that the matter should be reported to the Cork county manager and he should be advised to withdraw the maternity hospital's licence under the *Registration of Maternity Homes Act 1934*. Dr Deeny noted that events in Bessborough had left Dr Condy in 'an embarrassing position'.

18.128 Dr Condy's initial report on infant deaths during the period January to July 1945 suggested that the 29 recorded deaths (25 in the home, four in the maternity hospital) occurred among the 39 infants born during the same period. However, subsequent analysis showed that of the 39 infants born during this period, 15 had subsequently died; the remaining 14 deaths occurred among infants born before 14 January 1945. All 15 infants who were born and subsequently died in the period January to July 1945 were unaccompanied infants born to private fee-paying patients.

18.129 Dr Condy noted that the majority of these infant deaths were of 'a preventable nature' and that both he and Dr Sutton were of the opinion that the nursing staff at Bessborough was still inadequate and did not have adequate training and qualifications to care for infants. He said that the Mother Superior, who was also the matron, was not a trained nurse and was almost entirely occupied with the administrative control of the institution and attached farm and appeared to have 'little touch with the medical aspect of the Home'. He indicated that a new Mother Superior was due to take up her duties at Bessborough in September and asked Dr Deeny if he would liaise with him, Dr Sutton and the Bessborough authorities to discuss steps which should be undertaken to improve conditions in the home. Dr Condy did not address the question of deregistration of the maternity hospital.

18.130 In September 1945, the Superior General of the congregation wrote to the DLGPH to advise that Sister Rosemonde had replaced Sister Martina as matron to Bessborough. She expressed her wishes that in a very short time, Bessborough would be in a satisfactory state. The department decided to give Sister Rosemonde 'a chance to pull Bessboro together' before pressing for a withdrawal of the maternity hospital licence.

18.131 In October 1945, Dr Deeny inspected the home and the maternity hospital. He noted that infants were still afflicted with a 'chronic skin infection'. He

recommended greater division of the nurseries and separate clothing for each child. He reported that Sister Rosemonde was anxious to satisfy his requests in all aspects of the running of the home and had requested that no new residents be admitted until she was satisfied that everything was in order. Sister Rosemonde stated that she would not admit any private patients until the ban on new admissions was lifted. It was agreed that an additional three trained nurses were required in order to run the home efficiently. The congregation had 'several nuns training as nurses' and Sister Rosemonde gave an undertaking to employ temporary nursing staff until she was in a position to recruit nursing staff from within the congregation. Sister Rosemonde asked for Dr Deeny's assistance in two matters. The first was the institution's oil fuel ration which had been reduced from 840 gallons to 65 gallons a month due to wartime conditions and was not enough to heat the home and the hospital adequately. The second matter of concern was the longstanding problem of finding boarded out places for older children. There were 40 older unaccompanied children in the home despite repeated requests from the DLGPH to county councils liable for their maintenance to find suitable foster homes for them.

18.132 Dr Deeny reported that Sister Rosemonde had asked him to 'use his influence with the Church', in relation to finding foster homes as she feared that the manner of her appointment may have prejudiced Bishop Cohalan of Cork towards her and her work. Dr Deeny subsequently spoke to the director of the Catholic Women's Aid Society (CWAS). The director (who was a priest) cited the views of the bishop and his displeasure at how the DLGPH had handled matters at Bessborough. He set out the considerable difficulties the CWAS was experiencing in getting suitable foster homes during wartime conditions. However, Dr Deeny noted that when the urgency of the situation in Bessborough was explained to him, he 'was appreciative of the necessity of obtaining greater results'.

18.133 By November 1945, county councils who traditionally maintained women and children in Bessborough began to make inquiries about its status. The resident medical superintendent in the Cork county home and district hospital told the DLGPH that since the introduction of the ban on new admissions to Bessborough the maternity section of his hospital was 'frequently congested'. The chaplain to the Cork county home complained that women and children were 'accumulating there at a very rapid rate'. In the same month, Sister Rosemonde told the DLGPH that all required adjustments to the nursery had been made, that three qualified

nurses were now working there and that she had advertised for another qualified nurse to take up duties when admissions resumed. She said that she had numerous applications from expectant women seeking admission to Bessborough and requested that the hospital be re-opened for new admissions.

18.134 In November, the Superior General of the Congregation of the Sacred Hearts of Jesus and Mary and Sister Rosemonde met Dr Ward. The Superior General expressed 'sincere regret' about the conditions that had prevailed at Bessborough and said that all recommendations made by the DLGPH had been carried out. In December 1945, the DLGPH wrote to county councils and boards of public assistance to inform them that the staff at Bessborough had been 'reorganised and considerably augmented', that necessary improvements in the institution had been effected and that public assistance authorities could resume sending unmarried mothers and expectant unmarried women to the institution.

18.135 The authorities at Sean Ross and Castlepollard recouped the cost of a medical officer, nurse and two public health visitors from the DLGPH Maternity and Child Welfare Grants scheme (see Chapter 1). Up to this time, the authorities at Bessborough had made no claims for recoupment of these costs. In February 1946, Sister Rosemonde, who was aware of the grants from her time at Sean Ross, forwarded receipts relating to salaries paid to the medical officer, matron and midwife to the DLGPH for the purposes of recoupment from the fund. The department authorised a grant of £191 on the basis that the unsatisfactory conditions which previously prevailed in Bessborough did not recur. This was half of the relevant salaries which was the maximum available under the scheme.

1946

18.136 Miss Litster's report on her March 1946 inspection described changes in the general layout of the home since her last visit. She noted that an infant's day nursery had been converted into a recreational room equipped with a pianola, book case and seats and was a 'comfortable and pleasant room'. Adjacent to the recreational room, a night nursery had 21 cots and a bed which was occupied at night by one of the patients acting as night attendant. The children's dining room was not in use, as there was insufficient fuel to heat it, and children had their meals in a heated dayroom.

18.137 A long nursery for infants, where the majority of infant deaths occurred prior to re-organisation, had been divided into three smaller rooms each fitted with radiators and a bath for washing babies. Room 1 contained six cots and all were occupied. Only one of these babies was completely breastfed. Cots were adequately supplied with good blankets. Room 2 contained eight cots and four were occupied. Only one infant was fully breastfed. Room 3 was unoccupied. The ten infants 'appeared to be healthy, normal babies' and there was no sign of 'scalding or excoriation'. A nursery for older infants contained 13 cots; 12 were occupied. The room was heated by three radiators and had three windows. These infants were 'plump and healthy' and although some showed the remnants of a rash on their buttocks the condition 'appears to be clearing rapidly'. An isolation nursery housed five babies, three of whom were unaccompanied by their mothers. None of them appeared to be seriously ill. A day nursery for older children housed 21 children; 12 were without their mothers. For the most part they were 'fine, healthy children'. A toddler's playroom housed 18 children aged from two to four years old; all but one were maintained by public assistance authorities. Fourteen were maintained by the Cork boards of assistance; all were healthy and normal and, in Miss Litster's view, should be boarded out.

There is apparently a proposal that those chargeable to the South Cork Public Assistance Authority should be admitted to Cork County Home and their mothers allowed to take their discharge from the Sacred Hearts Home, Bessboro. This procedure would not commend itself to me for the following reasons:

- There are already too-many children in the County Home.
- The mothers in the County Home will be required to attend to motherless children whose mothers have been permitted to take their discharge. This will make neither for proper care of the children nor for good discipline in the County Home.
- One removal, especially when it involves separation from its mother, is sufficiently disturbing for a child. An effort should be made to ensure that only one disruption of his life is necessary. It should be possible to procure a foster home to which he may be removed directly from the Sacred Hearts Home.

18.138 Miss Litster said that the South Cork board undertook to 'prosecute a vigorous boarding out policy' with a view to getting foster homes for children in the Cork

county home and Bessborough. However, the board noted that the stipulation that foster homes must be located in rural areas was making the task difficult and asked that the DLGPH would consider lifting the prohibition on boarding out children in villages and towns to accommodate applicants from such areas (see Chapter 11).

18.139 Miss Litster highlighted other issues which were detrimental to the wellbeing of women and children living in Bessborough. The South Cork board of public assistance would not pay maintenance for women and children once the child was two years old; the congregation accommodated these women and their children without payment. Since the only reason for their continued residence in Bessborough was the South Cork board's failure to secure foster homes for the children, Miss Litster considered the cessation of payment to be unfair.

18.140 At the time of the inspection, 29 unaccompanied infants were living in the home. The majority of these infants were born to private patients and remained in Bessborough unaccompanied under the auspices of the CWAS. Traditionally, infants who remained in Bessborough in the care of CWAS were placed with nurse mothers a week or two after birth. However, the CWAS had found it increasingly difficult to get nurse mothers and foster homes during the war years. This meant that 'motherless' infants were kept in Bessborough for prolonged periods. The congregation decided to discontinue the practice of allowing private patients to leave the institution without their babies and, for all new admissions, it was decided that the mother and her child would be treated as a unit.

18.141 Miss Litster noted that at the time of her visit there were 22 expectant women in the maternity hospital; 18 maintained by public assistance authorities and 4 were private patients. There were seven new-born infants in the nursery, four of whom were completely breastfed. One infant weighed 4.5 lbs. at birth, one was premature and 'otherwise all appeared healthy and normal'.

18.142 The home had 72 beds in total. Two dormitories were located on the second floor. The first contained 24 beds and was large and bright. Ten new wash hand basins had been installed but were not yet connected to the water supply. The second dormitory contained 16 beds; eight new hand basins had been installed but were not yet connected. A top floor dormitory, a long, bright room, had 32 beds. Miss Litster noted that the dormitories were capable of accommodating a larger number

of beds should the need arise. The ground floor housed airy and comfortable workrooms but the refectories were 'somewhat dark and gloomy'. Dinner on the day of inspection, which was a feast day, consisted of fish, vegetables, sweet, a cup of coffee, bread and butter; 'the food is excellent'. On 6 March 1946, 58 women (seven private patients) were living in the institution: 22 expectant and 36 with children.

18.143 In the period 31 March 1945 to 6 March 1946, 48 infants were born in or admitted to the institution and 23 infant deaths had occurred. Three of these deaths occurred in infants admitted to Bessborough after birth. Sixteen of the 23 infant deaths occurred in infants born to private patients. Since October 1945, when Sister Rosemonde had taken charge, there had been six deaths; two of these were neo-natal.

> It is too soon yet to expect any noticeable effect upon mortality of the re-organisation. The general appearance, however, of the infants has improved; instead of emaciated, marasmic babies, as they mostly were on the last inspection visit made, they appear to be thriving and healthy on the whole.

18.144 Statistics submitted by the Bessborough authorities to the DLGPH for the year ending 31 March 1946 showed that 88 women (52 public, 36 private) were admitted to the institution during the year. One case of maternal mortality was recorded; the woman was a private patient. Twenty-four private patients were resident with their infants on the date on which the statistics were compiled which suggests that Sister Rosemonde implemented the policy of retaining private patients in the home until suitable foster homes were secured for their children. Of those women discharged during the year, 65 (29 public, 36 private) were discharged to 'situations' and 17 (seven public, ten private) left the institution with parents or relatives. Thirty-eight infants were born in Bessborough during the year and a further 13 were admitted after birth. Of the infants and children discharged during the year, 24 were boarded out by health authorities and 11 were placed at nurse through the CWAS. A further 17 infants (seven public, ten private) were taken by relatives or friends and three infants (two public, one private) were discharged to hospital.

18.145 In October 1946, the DLGPH wrote to Dr Condy asking him to report on infant deaths at Bessborough for the year ending 31 March 1946 and for the six month period ending 30 September 1946. His report showed that, in the period 1 April

1945 to 31 March 1946, 59 births and 24 deaths were notified. However, for the six month period 1 April to 30 September 1946, 91 births and 8 deaths were notified. An inspection report on Bessborough by Dr Murphy, medical inspector, DLGPH, stated that for the year ending 31 December 1946, 136 births and 12 infant admissions to Bessborough were recorded. In the same period 15 infant deaths were notified. Although Dr Deeny considered the infant mortality rate at Bessborough to be still too high, he acknowledged that there had been 'a tremendous improvement' and that the actions taken by the DLGPH the previous year had been 'completely justified'. Dr Deeny decided to send a letter of congratulations to Sister Rosemonde and to notify the Minister for Local Government and Public Health and Bishop Cohalan of the results.

1947

18.146 During his inspection visit in January 1947, Dr Murphy also undertook a medical inspection of infants and children in Bessborough. He noted that the general layout of the institution remained the same as that reported by Miss Litster on her visit in March 1946. Nursery 1, reserved for infants aged one to three months, housed 14 infants; nine were breastfed. Some had cracks and fissures behind their ears but appeared to be doing well on treatment. All infants in this section were 'normal and well-nourished'. Nursery 2, reserved for infants aged three to six months, housed 20 infants: four were breastfed. One infant was 'premature and progressing satisfactorily' and all other infants were 'normal and well-nourished'. Nursery 3, reserved for infants aged six months to one year, housed 19 infants: four were breastfed; 'all were healthy, well-nourished and doing well'. There were two infants in the isolation nursery; they 'were running temperatures, were not seriously ill and showed no other abnormal physical signs'. The toddler's playroom housed 20 children; they were 'all normal'. He saw 13 infants 'all breastfed and in good condition' in the maternity hospital. There were 34 expectant women housed there along with six puerperal cases. He concluded that the institution 'appeared to be run on very efficient lines'. He said that the reduced number of deaths 'speak for themselves' and that 'in view of the past history of this Institution the results are certainly excellent'.

18.147 In June 1947 the Cork county manager granted an increase in the maintenance rates in respect of the South Cork board's patients housed in Bessborough. The rates, back dated to 1 April 1947, were as follows:

i. Ante-Partum Mothers: 16s a week.

ii. Children: 15s a week.
iii. Mother and Child: 28s.6d a week.
iv. Post-Partum Mothers: 13s.6d a week.

1948

18.148 In June 1948, Miss Litster again inspected the home and hospital; 103 children were living in the institution at the time of her visit. All infants except two were 'healthy and doing well'. She described one infant as 'puny and delicate' and the second as 'the offspring of an incestuous union'. The older infants 'appeared in good health, contented, well-nourished…healthy, normal children, happily at play'. There were 14 children, aged two years and over and eligible for boarding out, living in the home; she again recommended that the county councils responsible for them should be directed to secure suitable foster homes. Although the South Cork board continued to advertise for foster parents in local and regional publications they faced competition from the Cork Branch of the Save the German Children Society who sought to place 50 German orphans in foster homes.[45] In the period 1 April 1947 to the date of inspection on 5 June 1948, 178 infants were born or admitted to the institution; 23 deaths occurred in the same period. Miss Litster noted that no infant death had occurred in the institution in the period between February and June 1948:

> The infant mortality rate in Bessborough compares favourably with that for illegitimate infants in the country as a whole and represents a very considerable drop from that obtaining formerly in the Institution.

18.149 Three of the 23 infant deaths were neo-natal. The remaining 20 deaths were certified as marasmus (four), enteritis (six), pneumonia (six), septicaemia (three) and infantile convulsions (one). Miss Litster undertook a subsequent investigation into infant deaths at Bessborough for the year ending 31 December 1948. In that period, 143 infants were born or admitted to the institution and six infant deaths were recorded.

1949

18.150 In May 1949, Miss Litster again inspected Bessborough. There were 139 women and 114 children living there at the time of her visit. She reported on each ward as follows:

[45] *Cork Examiner*, 24 January 1947.

Dormitory No.1: Four infants about six months old, all healthy in appearance and thriving.

Dormitory No.2: Nine infants about six months old, all healthy and thriving.

Dormitory No.3: Eleven infants under one year. All healthy; except one suffering from a severe cold.

Dormitory No.4: Infants, transferred from the Maternity Hospital at an average of three weeks old, mainly breast-fed. All appeared healthy except one- an infant born outside and brought in after birth. This is not a vigorous baby but is, according to nurses, making progress.

Dormitory No.5: Four infants about ten weeks old. All four babies are breast-fed and all thriving.

Dormitory No.6: Two infants, both are breast-fed. One does not appear to be thriving. The other, a three months old baby, is wizened and unhealthy looking, but is apparently from records not losing ground.

Toddlers Lower age group: All these 29 children, aged twelve months to two years, are healthy, vigorous and normal.

Toddlers Upper Age Group: All 30 children were outdoors. They appear healthy, contented and normal. They are mostly about two to two and a half years. A few are three years old.

18.151 In the year ending 31 March 1949, 135 infants were born in or admitted to the institution and six infants died. The deceased infants were aged between 36 hours and 11 weeks. The certified causes of death were enteritis, cerebral haemorrhage, prematurity, toxaemia, prematurity and chronic infection, and atelectasis. Four infants were transferred from Bessborough to the Cork district hospital for medical treatment during the year and subsequently died there.

18.152 Miss Litster recorded that there were 43 women in the maternity hospital of whom 29 were expectant. The 14 new-born infants housed there were reportedly ‘normal and thriving’ and all but two were breastfed. The only baby of really unhealthy appearance was a premature infant, another ‘offspring of an incestuous union’. The health of the mothers was excellent, and no complaints were made about the quantity and quality of the diet.

The 1950s

18.153 In November 1951, Miss Litster visited Bessborough to make inquiries about infants who had been discharged from the home and subsequently were housed in the Dunscombe private nursing home, Cork. On this occasion she interviewed mothers and examined records of births, admissions and infant deaths. On the date of inspection, 87 infants and children, aged from one month to three years, were living in the home and seven new-born infants were housed in the maternity hospital. For the year ending 31 March 1951, 83 infants were born and a further 19 were admitted after birth. One infant death was notified during this period. Analysis of the 158 infants born in or admitted to Bessborough in the period 1 April 1950 to the date of inspection on 7 November 1951, showed that two infants subsequently died. Miss Litster recommended better ventilation for the playroom and dining room and suggested that smaller shallower baths would be more suited for infants. She also recommended that public assistance authorities in North Cork, North Tipperary and Clare should again be directed to make arrangements for the removal of children eligible for boarding out.

18.154 Miss Litster drew attention to the fact that the local registrar of births was in the habit of writing the word 'maid' in the column where the mother's maiden name would usually appear; Miss Litster took this to refer to the unmarried status of the mother (which would normally have been 'spinster'). The Sisters at Bessborough said that the word 'maid' meant 'domestic servant'. Miss Litster objected to this on the basis that no other institution stated the mother's occupation on a birth certificate and advised that St Patrick's Guild had found it difficult to get foster homes for children from Bessborough because of the entry 'maid' on the birth certificate.

18.155 Subsequent to Miss Litster's visit to Bessborough in November 1951, the Department of Health (the DLGPH split into two separate departments in 1947) instructed Miss Reidy, nursing inspector, to inspect Dunscombe. The department was prompted to take this action based on information garnered by Miss Litster during her interviews with women living in Bessborough. Sister Rosemonde's refusal to allow private patients to leave Bessborough without their infants had induced some private patients to discharge themselves and their infant and then admit the infant unaccompanied to Dunscombe. The infant life protection visitor for the South Cork board had become aware of a large number of infant deaths at

Dunscombe and brought the matter to the attention of Dr Saunders, the chief medical officer to Cork City. On 13 November, an inspector from the South Cork board inspected Dunscombe and reported that all was in order there. On the same day Miss Reidy visited Dunscombe and reported that there were four infants in one room which lacked both air and light and smelled of urine. Miss Reidy asked for nappies to be removed. In every case the buttocks were very inflamed and ulcerated in varying degrees.

18.156 Miss Reidy also found that the owner of Dunscombe had not only failed to notify the board of public assistance of the reception of infants born at Bessborough, a requirement under the *Children Acts*, (see Chapter 1) but had also failed to register infant deaths which occurred there. The South Cork board inspector claimed that she had reported the unauthorised maintenance of infants, born in Bessborough, in Dunscombe, and their poor condition, to the Cork local authority on previous occasions and that they had failed to act. A Department of Health memorandum appears to substantiate this claim.

18.157 The owner claimed that infants who died in Dunscombe had been discharged from Bessborough to Dunscombe in a poor state of health. The Department of Health determined that medical staff at Bessborough bore no responsibility for the condition of infants in Dunscombe and Miss Litster rejected the owner's claims out of hand stating:

> There is no doubt in my mind that the babies who died in the [Dunscombe] Home were not given such care and attention as might induce them to live.

18.158 Miss Litster was also highly critical of the Catholic Women's Aid Society (CWAS) as it had recommended Dunscombe to private patients seeking an early discharge from Bessborough as suitable temporary accommodation for their infants. All but one of the infants born in Bessborough, and who subsequently died in Dunscombe, were born to private patients and were placed in Dunscombe unaccompanied awaiting foster placement under the aegis of the CWAS. Miss Litster made the charge that the society must have been aware of the infant deaths at Dunscombe but took no action. She recommended that the owner should be prosecuted for the neglect of infants in her care but thought it unlikely that the Cork local authority would press the case.

18.159 Miss Litster's report on Bessborough in October 1952 shows that the number of private patients seeking admission to the institution had fallen dramatically. Only two of the 101 women who were resident there on the date of inspection were private patients. Sister Rosemonde's refusal to allow any woman leave the home without her child appears to have deterred private patients from seeking admission to Bessborough. However, the decision continued to make a positive impact on infant mortality there. In 1952, Miss Litster noted that for the period since her last inspection, 7 November 1951 to 2 October 1952, and for the first time in Bessborough's history, no infant death occurred in the home. Two neo-natal deaths occurred in the maternity hospital; in both cases the women were admitted to Bessborough already in labour. All of the 84 infants and children living in Bessborough at the time of inspection 'appeared healthy, normal, plump and well-cared for'. There were 38 infants in cots in a newly built solarium.

18.160 Miss Litster again asked the Department of Health to direct public assistance authorities responsible for maintaining children in Bessborough to arrange suitable foster homes for those eligible for boarding out. The Cork, Clare, Limerick, Kerry and North Tipperary boards replied stating that they had placed advertisements in local newspapers but were unsuccessful in securing suitable foster homes. The North Tipperary board sought permission from the Department of Health to transfer children from Bessborough to an industrial school but the department did not consider industrial schools a suitable alternative to foster homes. The North Cork board advised the department that they had made an application for the committal of a child to an industrial school at the request of his mother who wished to leave Bessborough, after a stay of four years, to take up employment. As the North Cork board had failed to find a foster home for the child, this appears to have been the only option left open to this particular woman. Although counties that maintained children in Bessborough were asked to find foster parents for one, and sometimes two children, they found it almost impossible to do so. All counties involved told the Department of Health that they had secured foster homes for the Bessborough children but when the department followed up on the matter most of these arrangements had fallen through and the children remained in the home.

18.161 In July 1954, Miss Litster again inspected Bessborough. There were 80 infants and children living in the home at the time of inspection and all, except for a two-month-old baby in the infirmary, were outside either in cots in the solarium or at play in the grounds. She noted that on the whole, they appeared healthy and

thriving. Seven older children, aged between three and five years, were living in the home. Three of these children were eligible for boarding out and Miss Litster recommended their discharge to foster homes. Two of the older children were 'mental defectives' and she recommended their discharge to suitable institutions. One of the older children was the 'offspring of incest' and Miss Litster noted that local knowledge of this would make it impossible to find a foster home for her in her mother's county of origin. She recommended that this child be sent to a convent industrial school. Arrangements had been made for the remaining child to be adopted to the USA.

18.162 Miss Litster said that the women's refectory, which was a semi-basement room, had always been 'dark and gloomy' but that efforts had been made to brighten the room with natural light. Dinner served on the day of inspection consisted of beef stew with vegetables and milk pudding. Soup was frequently served and stewed fruit when available. Breakfast consisted of porridge, bread, butter and tea. On Sundays and feast days, sausage and egg, and sometimes bacon, were served. Supper consisted of eggs or salad. The diet appeared to be nourishing and ample.

18.163 There were 26 women in the maternity hospital; 13 were nursing new-borns; all but two of the infants were breastfed. Of the 13 nursing mothers, only one would be remaining in Bessborough until her child was boarded out. The other 12 women had made arrangements for adoption or for placing their child at nurse through a welfare society. Miss Litster noted that expectant women admitted to Bessborough were now coming in immediately before confinement and leaving as soon as possible after the birth.

18.164 In the period between inspections, 2 October 1952 to 7 July 1954, 149 infants were either born in, or admitted to, Bessborough. Three infant deaths were recorded during the same period. All three were neo-natal and occurred in the maternity hospital. No infant deaths occurred in the Bessborough home. In his report for 1953, the Cork county medical officer, Dr Condy, stated that 33 infants and two women had died in other private maternity homes operating in Cork county during the year.[46] Miss Litster noted that for the period 1 April 1950 to 7

[46] The eight other private maternity homes operating in Cork county in 1953 were: St Anne's Nursing Home, Fermoy; Bandon Nursing Home, Millbrook; St Philomena's Nursing Home, South Main Street, Bandon; St Philomena's Nursing Home, North Main Street, Bandon; St Mary's Nursing Home, Youghal; Bon Secour Home, Cobh; St Anne's Nursing Home, North Main Street, Youghal and Braemar House, Old Blackrock Road, Cork.

July 1954, 481 infants had been born in, or admitted to, Bessborough; seven infant deaths were recorded during the same period representing an infant mortality rate of 1.4 %, or 14 per 1,000 births. This compared favourably with the national infant mortality rate which averaged 43 per 1,000 births during the same period.[47]

18.165 Miss Litster's September 1955 inspection shows that infant mortality had further reduced. For the year ending 31 March 1955, 86 infants were born in, or admitted to, the home: one infant death occurred in the same period. Ninety two women, 65 infants and 13 children were living in the institution at the time of inspection. All 65 infants appeared healthy apart from one who was coeliac and one suffering from eczema. Arrangements had been made for the adoption of five infants, one locally and four to the USA. Thirteen older children were living in the home: arrangements had been made for the adoption of seven of them in the USA. Miss Litster reported that inoculation against diphtheria was to be undertaken in the institution and that the health of the women was good.

> The Home is well-run, diet ample and good; beds comfortable. Great attention is paid to the comfort and wellbeing of the patients. Facilities for recreation are good.

18.166 Miss Litster's November 1956 report recorded that 73 women and 67 infants and children were living in the institution at the time of inspection; this was almost half the number of residents recorded in 1948 and 1949. The health of both mothers and children was excellent, the diet was good and that the children were well-cared for. Five cases of polio were recorded among children during the year; none proved fatal, but one child suffered facial paralysis.[48] Four infant deaths were recorded; three deaths occurred in the maternity hospital among infants aged between four and eight hours old. The remaining infant died in the home, aged three weeks. Seven children were legally adopted in Irish homes during the year and local applications from prospective adoptive parents were increasing. She considered that a good deal of the credit for the increasing readiness of local families to adopt was due to the Bishop of Cork, Dr Lucey, who, according to Miss Litster, pressed constantly on priests and people the superiority of adoption over institutional upbringing or boarding out.

[47] *Report of the Department of Health, 1953-54*, (Dublin, Stationary Office, 1955).
[48] There was an outbreak of polio in Cork in 1956.

18.167 The August 1958 inspection was conducted by Miss Reidy, nursing officer, Department of Health. There were 52 women and 55 infants there at the time of inspection. Seven older children were awaiting papers from the Department of External Affairs to travel to adoptive families in the USA. Miss Reidy noted:

> The accommodation of both mothers and children was clean, well-kept and adequately comfortable. They all appeared to be in good health. The only physical defect notable amongst the children was squint eye.

18.168 Miss Reidy reported that for the period between Miss Litster's last inspection in November 1956 to the date of her visit, 132 infants were born in, or admitted to, the institution; 103 were maintained by health authorities. Twelve infant deaths had occurred during the period. The majority of infant deaths were neo-natal and occurred in the maternity hospital. Two infant deaths occurred in the home; both were three months old at the time of death and both died of pneumonia.

18.169 Miss Reidy noted that the majority of the children were recorded as discharged with their mother to the family home or to near relatives of the mother.[49] Adoptions to the USA had decreased and Irish adoptions had increased. Boarding out from the institution had virtually ceased. The infant death rate, 60 per 1,000, was high. The majority of deaths, however, were during the neo-natal period, some attributable to congenital conditions.

The 1960s

18.170 Miss Reidy next visited Bessborough in November 1961. There were 57 women and 60 children there at the time of inspection. Five children were unaccompanied; three of their mothers were in 'mental institutions' and the whereabouts of the other two were unknown. One of the unaccompanied children was described as 'mentally deficient'. She reported that the accommodation for both mothers and children was 'clean, well-kept and adequately comfortable' and that the well-being of all was 'satisfactory'. Since her last inspection in August 1958, 175 infants had been admitted to Bessborough; 160 were born in the institution and 15 were admitted after birth. Over half the children who were

[49] As was often the case, the children were most likely to have been subsequently placed for adoption or boarded out. Statistics recording the final confirmed placement of children born in Bessborough show that just under 75% of those born in the 1950s were adopted; in the 1960s the figure was over 95%.

discharged were placed for adoption. One infant death was recorded during the period under review.

18.171 In April 1964, the secretary of the Cork Health Authority (see Chapter 1) wrote to the Department of Health to advise that it had made arrangements with Bessborough to house children awaiting adoption. The Cork authorities stated that some children in their care were housed in locations not readily accessible to prospective adoptive parents and that they had already transferred children from St Clare's Home, Stamullen, to Bessborough. Miss Reidy had no objection to the move. She said that the Sacred Heart homes were all excellent and that children who had been transferred from The Children's Home, Tuam, whom she described as 'mostly backward' had thrived both physically and mentally in the care of the Sacred Heart community. The department subsequently agreed to the payment of £3 5s a week for the maintenance of children awaiting adoption in Bessborough.

18.172 Miss Reidy inspected Bessborough again in October 1964. There were 44 women and 54 children living in the home. The accommodation for mothers and children was satisfactory and comfortable. In the period since her previous inspection, in November 1961, 408 women (364 public and 38 private) had been admitted. The number of admissions during this period was more than double that recorded in previous years. Twelve infants born during this period subsequently died; one died in the Bessborough home and the others in St Finbarr's Hospital. The majority of the children were adopted through a number of adoption societies. One mother and her infant were transferred to Sean Ross 'for disciplinary reasons'.

18.173 In 1966, the Cork Health Authority asked the congregation if they would admit unaccompanied infants to Bessborough. The congregational council was reluctant to agree to the proposal but expressed concern that a refusal to accept unaccompanied children might lead to the loss of all other work in Cork. The council subsequently agreed to admit unaccompanied infants 'on a small scale'.[50]

18.174 A file relating to an infant living in Bessborough in 1966 contained an infant diet sheet. The diet sheet stated that each infant received ABIDEC (vitamin drops) and Vitamin C daily and that the infant feeding regime was as follows:

7am: Gruel

[50] Congregation of the Sacred Hearts of Jesus and Mary, Council minutes, 12 November 1966.

9am: Rusk in milk

12.30pm: Creamed potatoes, vegetables, minced meat, gravy, milk pudding.

4pm: Bread, milk, whisked egg.

7pm: Rusk in milk.

18.175 In August 1969, the *Irish Times* published an article in which a journalist gave an account of her visit to Bessborough.[51] The Mother Superior told the journalist that she was aware that Bessborough had 'an unpleasant reputation' and that 'many girls from the country still feel that it is a prison'. The journalist noted that this misconception did not distress the Mother Superior in the way one might expect and that her main concern was that such misconceptions prevent women from going there until 'they are frantic with fear and see it as the only place to hide'.

> They do not question the girl too closely about the circumstances of the pregnancy, give her a house name immediately she arrives by which she is known for the rest of her time there, give her an address to which post can be sent, contact her local health authority or County Council with practised discretion, and provide her with medical care before, during and after the confinement, and then with an adoption or fostering service…When a girl arrives at the convent (and they come at many different stages in the pregnancy) she is immediately brought to the Hospital wing for confinement. Two doctors from the city attend there, an obstetrician and a gynaecologist. They do not attend the actual birth, but examine any girl causing the midwives anxiety, and refer difficult or uncertain cases to a city maternity hospital.

18.176 The journalist described the physical conditions as follows:

> The nurseries and dormitories were bright clean rooms for two and three, and even some for one girl alone. Birthday cards stood in a gay litter in one room, framed family photographs appeared in a few others. The stringent cleanliness of the whole place indicates the somewhat unpalatable fact that much of the housework is done by the girls themselves… the first stage room is a little cell with an observation window in the wall. The delivery room, its two beds quilted in green brocade, has none of that paralysing strangeness of hospitals, but still looks comfortingly efficient. The girls are not given any information about labour and delivery until the process has in fact begun…There is a television, a somewhat limited book-case, a large room

[51] *Irish Times*, 7 August 1969.

> with a piano where the women dance, a recreation room with card tables…in the nurseries babies were mittened and cosy.

18.177 The Mother Superior told the journalist that they operated a strict rule that the mother must stay until the child was adopted or fostered. This could be a question of months, or longer if the infant's health was uncertain, if the baby was disfigured, or physically or mentally deficient. In such cases, the Bessborough authorities and the responsible health authority worked out suitable arrangements for the care and treatment of the child. She stated:

> Of course, if parents were prepared to accept a girl and her child, long stays in the Home would be really a thing of the past. But our attitudes are not yet so liberal to permit such generosity, or such a realistic solution of what to do with the mother and the baby.

18.178 The journalist spoke to three women living in Bessborough at the time of her visit. One woman, described as 'a tall graceful girl of 24' told her that she would never have known what to do when she realised she was pregnant only for Angela Macnamara's 'Ask Angela' agony aunt column in the *Sunday Press*.[52]

> She had told her boyfriend and he insisted that he was not the only man she had slept with, and refused to admit to any responsibility. She was a clever, hard-working girl and had an excellent job. She decided to go to England; she was putting on weight, and she didn't know what else to do until she read of the existence of the Catholic Protection and Rescue Society. She was directed to Bessborough, where she has been for six months now. Her baby, a girl, is three months old and not yet adopted. Her family know nothing of it all; she writes long letters describing non-existent activities. She prefers it that way. Still, she has been under terrific mental strain, the high point of which will come shortly, as her baby will soon be adopted. She went into town last week to buy her child special clothes for going away. She dreads it, 'it's like a death. I can't describe it'. If she had any help at all, she would have kept the baby. She wrote to the father of the child when she was born, telling him it was a little girl. He never replied. She is still incredulous at his behaviour, for he is an educated man with a responsible civil service job.

[52] See Paul Ryan, *Asking Angela Macnamara: an intimate history of Irish lives*, (Dublin, 2013).

18.179 Another woman, who was described as 'strikingly pretty and intelligent' had decided not to tell the father of the child that she was pregnant.

> I didn't want to marry him, so what was the point? Of course it takes a lot to go through, but the Sisters here support you, and you go through it. And knowing that the child has been placed with adoptive parents helps you. You feel that it is the best you can do for it in the circumstances.

18.180 This woman's family would not have helped her at all and she 'appreciated the protection and security' she had been given at Bessborough. She expressed her hope that in the future a man that she was likely to marry would 'accept this part of her life as a failure and that he would forgive it'. The woman then continued:

> Is it failure really? You know, here you're not treated like that. You're never blamed or reproached. I think we seem to have sinned more against society than anything else. They just have no place for us.

18.181 A third woman, whom the journalist described as 'a serene and sensible young person' had not told her boyfriend that she was pregnant because she did not want to marry him. She was 20, and had been working in England when she became pregnant. She had contacted the Crusade of Rescue and had been referred to Bessborough. She intimated that over 50 of the girls living in Bessborough had been repatriated from England. The journalist noted that the woman was eager to give birth but stated that she had already decided to have the child adopted.

> I don't really want it now, and I hope I don't change when it is born. I'm not ready for a baby. I'm not mature'.

18.182 The journalist concluded:

> The mothers I spoke to were not bitter. They were just sorry that they were not wise enough in time and they would like to see some social acceptance of the unmarried mother and her child… For them it seems as if society is something which they are now safely removed from… The Reverend Mother is reflective. She loves her work, but it involves heartbreak. She would like to see a willingness on the part of the parents to accept the girl and her child, but feels that this will not come for a long time. It is a pity, she thinks, that the man involved can remain free, while the girls are trapped by the consequences of their shared action. She does not know what can be done about it. She only knows that girls in trouble should be aware that there is somewhere for them, while they have nowhere else to go.

The 1970s

18.183 In February 1970, the Mother General of the Congregation of the Sacred Hearts of Jesus and Mary visited Cork. The Sisters working at Bessborough told her that there was no future in the work they were undertaking in the home and asked that the congregational council review the situation. The Mother General met the Bishop of Cork, Dr Lucey, to discuss the matter. Bishop Lucey acknowledged that there was not a large number of women seeking admission to Bessborough but advised that it would be important that the congregation continue its work in Cork. The Mother General was happy to accept the bishop's recommendation to keep the home open.[53]

18.184 In July 1971, Miss Reidy again inspected Bessborough. Seventy five women (49 expectant and 26 post-natal) and 28 children were living there at the time. The premises were 'very clean and well-kept'. Miss Reidy interviewed eight women individually. They 'seemed generally satisfied with conditions in the Home'. In the period 1 November 1969 to 30 June 1971, 246 babies were born in Bessborough and a further 76 women were transferred to St Finbarr's Hospital and gave birth there. Two neo-natal infant deaths occurred; both infants were born with 'multiple abnormalities'. Some dormitory accommodation in the home did not afford much privacy for residents. The matron, Sister Hildegarde, acknowledged that the issue of privacy was a concern and that she was 'gradually having the matter remedied'.

18.185 In December 1972, Sister Hildegarde was interviewed by a reporter from the *Irish Independent.* The article entitled 'Unmarried Mothers - doors are still closed' stated that, after 50 years of operations, Bessborough was still regarded as 'Cork's banishment house'. Sister Hildegarde was quoted as saying that the 'the unmarried mother is no more acceptable to society today than she was fifty years ago'. The article went on to state that 'inmates vary from 13 to 40 years old' and that 'a number of abortions were attempted, by various methods, before the unmarried mother enters the Home'. It was reported that one girl had consumed sheep dip compound in the hope that her baby would be born dead.[54]

18.186 In July 1973, the *Sunday Independent* carried an article informed by a former Bessborough resident who claimed there was 'inadequate food, lack of

[53] Congregation of the Sacred Hearts, Annals of the Order, 11 February 1971.
[54] *Irish Independent*, 10 December 1972.

recreational facilities and minimal medical care' available at Bessborough. The woman's main complaint was that she would have to remain in Bessborough after the birth to look after her baby until a foster mother was secured.[55] Sister Hildegarde said that the complainant had been in the home for five days and was not qualified to make such statements. The chairman of the Southern Health Board said that the accusations were grossly unfair and that the board's senior social worker had said 'we have never come across adverse criticism from the girls there. I think the allegations are terribly unfair and must be a cause of unnecessary worry to the parents of girls there at present'. The editor of the *Sunday Independent* wrote that he had received a number of letters from former, and present, Bessborough residents repudiating the allegations.[56]

18.187 In January 1974, Miss Reidy's inspection report stated that considerable alterations, reconstruction and improvements had been carried out since her last visit and that 'the position in relation to the lack of privacy is greatly improved'. Dormitory spaces had been converted into individual cubicles with wardrobes and lockers. In addition, recreational activities had also been improved and residents could avail of a TV room, recreation room, smoking room and a record room for playing music. All recreational areas were decorated with 'colourful tapiflex[57] and Marley tiles'. Forty-five women were living in Bessborough at the time and six expectant women were absent having gone to spend Christmas with friends. In the period 1 November 1971 to 3 January 1974, 361 babies were born in Bessborough and a further 94 women were transferred to St Finbarr's Hospital to give birth. Three neo-natal infant deaths occurred during this period; the certified causes of death were gross congenital deformity, prematurity, and pneumonia.

18.188 Miss Reidy again interviewed eight women individually and reported that all spoke well of conditions in Bessborough in general and all expressed 'much appreciation' of the Sisters, particularly the community's 'appreciation of their problems and their efforts to iron out difficulties'. Four of the women interviewed said that their parents were not aware of their whereabouts. Two women said that only their mother knew where they were. Some criticisms aired by the interviewees related to 'a lack of bath cleaning materials' and 'under-heated dormitories'. Miss Reidy noted that while one complaint was easily remedied, the under heating was the

[55] *Sunday Independent*, 1 July 1973.
[56] *Sunday Independent*, 8 July 1973.
[57] A type of vinyl flooring.

result of a nationwide shortage of fuel due to the 1973 oil crisis. Miss Reidy herself raised concerns about the amount of light wood which had been used in the provision of cubicles. It was not clear whether fire experts had examined the area and she recommended that the Southern Health Board might clarify the matter. At the city architect's suggestion, a fire escape corridor was added to the area housing the new cubicles.

18.189 In May 1978, Miss Reidy conducted another inspection. Her report has only partially survived. She noted that, at the time of her visit, 'the wellbeing of mothers and infants appeared very good'. The premises were clean and well-kept and records were available and 'properly posted'. In addition, she observed:

> My visit coincided with the warm sunny spell. From what I could observe the 'girls' took full advantage and spent most of the day out sunbathing. They give little, if any assistance in routine work. The staff are hard at it full-time, and in my opinion are barely adequate for the volume of work involved in Infant Care and to maintain proper standards of cleanliness and hygiene.

18.190 At the time of the visit, there were 28 staff working at Bessborough. The maternity hospital was staffed by five qualified nurses (four of whom were also registered midwives), one midwife and three ancillary staff. The nursery had two qualified nurses and five ancillary staff. Five staff were involved in administration. One Sister and two ancillary staff ran the laundry. One Sister and two ancillary staff ran the kitchen. The matron was qualified in general nursing and midwifery. Dr Sutton remained as consultant gynaecologist and there was also a consultant paediatrician. The community was looking for additional staff and Miss Reidy recommended that the Southern Health Board help them to find extra staff.

18.191 In March 1978, the capitation rates at Bessborough, which were £3.00 per day for women and £1.50 per day for infants, were increased to £25.20 a week for mothers and £12.60 a week for infants. The matron wrote to the Department of Health to acknowledge the increased rates but argued that they were still inadequate considering the level of service provided. It was pointed out that the increased rates failed to match capitation rates prevailing in other similar institutions. A Department of Health memorandum acknowledged that capitation rates paid to mother and baby homes were not standardised and a note stated 'we

always felt that the discrepancy in rates would arise at some time'.[58] Furthermore, the matron stated that Bessborough was 'heavily subsidised in terms of finance and personnel by the Order' and that their finances were so poor that 'Sisters involved full time on a professional basis are unable to draw their salaries'. She cautioned that although the congregation was most anxious to continue its work, financial difficulties might force it to 'curtail or reduce the present level of service provided'.

18.192 In May 1978, two staff attached to the finance unit of the Department of Health visited Bessborough to examine the institution's finances. The institution was stated to have had a deficit of £11,465 in 1977. When salaries owed to the religious staff were taken into consideration for 1978, the deficit would be £78,940. It was also considered that the number of staff employed was below acceptable levels and the matron stated that she required funding to employ an additional five permanent staff. Miss Reidy subsequently confirmed that staffing levels 'fall short of what would be considered acceptable by present day standards'. In his report to the Department of Health, one of the finance staff recommended that the Southern Health Board provide a grant to the institution to cover some of the maintenance costs and advised that a standard policy on pay and personnel, particularly in relation to religious staff, 'should be evolved as a matter of urgency'. Miss Reidy's report for 1978 noted that 12 of the 14 nursing staff at Bessborough were members of the Congregation of the Sacred Hearts of Jesus and Mary.

18.193 Between 1 January 1976 and 19 May 1978, 418 women were admitted to Bessborough. In that period, 247 babies were born in the institution and a further 229 women were transferred to St Finbarr's Hospital and gave birth there. Two infant deaths occurred. One was recorded as 'very premature' and perinatal hyaline membrane was given as the cause of death of the second infant. There were four unaccompanied children there. One child, aged 13 months, had been abandoned by its mother and the health board struggled to find a foster home as the child suffered from outbreaks of eczema. A six-month old infant had also been abandoned by its mother and the health board was trying to contact her. An 11-month-old infant admitted from St Finbarr's Hospital was awaiting adoption. The fourth child, aged 14 months, had a physical handicap and adoption had been postponed pending surgical intervention.

[58] Capitation rates were always higher in Dunboyne – see Chapter 35.

18.194 In February 1977, a fruit and vegetable shop in Cork city, owned by the congregation and run on their behalf by two lay women, was closed. It would appear that the shop premises had been bought by the congregation in 1930 for £350 to sell their farm produce.[59] The farm at Bessborough does not appear to have been in operation after 1960. The money held in the shop's bank account was split between the congregation and the shopkeepers. In 1979, the local authority told the congregation that the land directly in front of the main house at Bessborough was required for a water main for a proposed new development. This work was eventually undertaken in 1982 and the congregation received compensation of £18,000 as the land was out of commission for a number of years. The congregational council decided to give £5,000 of this money to set up a separate bank account for the Sacred Heart Adoption Society (which operated from Bessborough). However, the council envisaged that the adoption society would be phased out over the coming years due to falling birth rates. A request from the Mother Superior, Sister Martha, for the construction of a swimming pool at Bessborough was refused by the congregational council because of the uncertain future of the home and on the basis that women spent relatively short periods in the institution.[60]

The 1980s

18.195 In April 1981, Miss Reidy reported that substantial work had been undertaken at Bessborough. The institution had been fitted out with a new boiler, washing machines and tumble dryers and the kitchen was fitted with a cold room and dish washer and a new gate to allow ambulance access. The major work undertaken was in relation to fire safety which saw fire escapes fitted to the upper floors of the home, seven fire exits installed in the maternity hospital, the complete electrical re-wiring of the nursery and the application of fire-proof plaster board to wooden partitions. Miss Reidy reported that the premises were clean and well-kept, records and registers were up to date and the wellbeing of the residents was satisfactory.

> Residents included two third level students respectively, one second level and one art student. Where coaching is necessary it is undertaken on a voluntary basis by teachers. Examination candidates are few and in the main attend the

[59] Sisters of the Sacred Hearts, Annals of the Order, 19 August 1930.
[60] Sisters of the Sacred Hearts of Jesus and Mary, Council minutes, 1977-83.

local examination centre. On one occasion, special consent had to be given to appoint an invigilator to supervise the examinee in the Home.

18.196 In the period since her previous visit in April 1978,194 babies were born in Bessborough. A further 101 women were transferred to St Finbarr's Hospital, and 12 to the Erinville Hospital for delivery there. Five stillbirths occurred among women transferred to St Finbarr's Hospital. Two infants died in Bessborough during this period; the causes of death were given as prematurity and brain haemorrhage. By this time, Dr Pillay had succeeded Dr Sutton as consultant obstetrician to Bessborough - see below.

18.197 In May 1981, the Department of Health wrote to the Southern Health Board (SHB), about the rates of perinatal mortality at Bessborough. The SHB reply, sent in March 1982, stated that the facts were as reported by Miss Reidy: six neonatal deaths occurred in the period mentioned, two in Bessborough itself and four in St Finbarr's Hospital, and five stillbirths occurred in women transferred to St Finbarr's. The SHB acknowledged that this perinatal mortality rate was twice the national average. The Director of Community Care for Cork investigated the deaths and determined that 'little could have been done in any of these cases'. Four of the women involved had an average age of 17 years. Of the neonatal deaths, two showed 'gross deformity' after birth, and one was 'extremely premature'. Of the other three cases, 'one involved extreme toxaemia, another pneumonia and another was transferred in labour and delivered as breach (sic)'. The SHB advised the department that it was considering the future of obstetrical services at Bessborough.

18.198 The Sacred Hearts Home, Hospital and Adoption Society, *Report 1982*,[61] stated:

> Our aim is to help the girl accept the new life within her. We do this by helping her understand her situation, to restore her feelings of self-worth and esteem. At the same time, we are acutely conscience of the pressures on the single pregnant girl, from family, boyfriend and from society. There are no easy solutions to these complex and deeply human problems. We do provide a comprehensive programme that takes into account the welfare of the girl and of her baby.

[61] The Commission has not seen such reports for other years.

18.199 The report said that in 1982, services offered by Bessborough included: medical and obstetrical care; child care; individual/group counselling; group living; continuation of school education; adoptions; fostering; post-adoption family counselling and help with extra-marital pregnancies. The maternity hospital was staffed by a matron, six nurses and four visiting doctors. Services included prenatal classes with a psychoprophylactic exercise programme along with information sessions on nutrition and child development. Classes in child care were offered for women who planned to keep their babies. Nurses were available for personal health counselling and the identification and treatment of medical problems. Residents were examined by a resident midwife and by a specialist obstetrician at weekly clinics.

18.200 The report said that in 1982, 218 women were admitted to Bessborough. They were referred by Health Boards (35%); General Practitioners (22%); St Anne's Adoption Society (17%); direct referrals (14%); Catholic Protection and Rescue Society (7%) and priests (5%). The Congregation of the Sacred Hearts placed a further 23 expectant women with families in the community. One hundred and eighty eight babies were born during the year; 150 were delivered in Bessborough and the remaining 38 were born in outside hospitals. Ten women had made prior arrangements with city hospitals for the delivery of their babies and the remaining 28 were transferred to St Finbarr's Hospital due to twin pregnancies, foetal distress, breech deliveries, disproportion and toxaemia. No stillbirths, neonatal or maternal deaths occurred in Bessborough during 1982.

18.201 In 1982, 135 infants were discharged from the Bessborough home; 95 were placed for adoption; 36 were discharged with the mother and four extra-marital babies 'were dealt with'. Infants who were not discharged during the neonatal period were cared for in the home on a short term basis 'giving the mother time to come to a mature decision about her baby's future'.

18.202 This report stressed that the main characteristic of the home was 'Group Living'. The authors acknowledged that some 'girls' found group living difficult and women who could not settle in the home were placed with a family in the community until they went into labour. The report stressed that group living was designed to make each woman entering Bessborough aware that her situation was not unique, that she would benefit from the support and understanding of her house mates and that she would see different ways of dealing with her pregnancy in its different stages.

18.203 A section of the report, accredited to a resident of the home, said that group living was, for many, 'a strange and difficult experience fraught with tensions and frictions' caused by 'clash of personalities' and the fact that 'many women were under immense emotional strain'. However, the woman went on to state that communal activities such as helping in the nursery, attending shorthand/typing courses and parties organised by a local youth group 'allowed staff and residents to communicate in an easy and relaxed atmosphere'.

> Finding oneself alone and pregnant is a shattering experience especially in a society where one is frowned upon and condemned. It is therefore relieving and comforting to know of the existence of the Sacred Hearts Mother and Baby Home, a refuge where one can have one's baby away from the knowing stare and the pointed finger… It is consoling to know that 'I am not the only one', and supporting to be with others in a similar situation and sharing the same experiences, pregnancy, rejection, etc.

18.204 With regard to the decision to adopt or keep a child, the 1982 report stated:

> This is a decision that every single girl has to face. It depends on the personal situation of each individual and the particular circumstances of each case. In some cases Adoption would prove the correct procedure, while in other cases keeping the baby is a practical alternative. The decision should be a well-informed one carefully made by the girl herself once she has weighed up all the pros and cons guided by her Counsellor. It should not be a hasty one made largely in response to family and media pressures.

18.205 If the woman decided on adoption, the baby was placed with Bessborough's adoption team, headed up by Sister Sarto. In her evidence to the Commission, Sister Sarto said that, in her role as social worker at Bessborough in the 1980s, she counselled birth mothers to help them to come to decisions about the future, both for herself and the child. She and two other social workers at Bessborough helped women to evaluate their options including the possibility of keeping the baby, taking the baby back to the mother's family home, setting up home with the father of the baby or giving the baby up for adoption. Sister Sarto said that a nursery housed older infants, who were, in the main, children of women who had not yet made up their minds whether to keep their babies or to have them adopted. The women chose to leave their infants in the nursery while they took time to consider future possibilities for themselves and the baby with their families and partners.

18.206 When a woman decided that adoption was the best option for her child her appointed social worker explained the legal procedures for adoption to her. Sister Sarto told the Commission that when a baby was handed over to the adoptive parents it was a 'joyful time' for the new family and a 'sad time' for the birth mother. The women who placed their infants for adoption required much emotional support to cope with the sadness they experienced on parting with the child.

> In the early days the mothers would not be present when the babies were handed over to the adoptive parents but as time went on each mother could choose to be there or not… In later years the birth mother could meet the prospective adoptive parents and even choose which family the baby would go to… The mother could also choose the social background of the adoptive couple.

18.207 Women who chose to keep their children were assisted with finding accommodation. Sister Sarto told the Commission that she obtained two houses for women leaving Bessborough with their children in the Mahon area from Cork county council which housed four women and their infants. In other cases, she helped women to find private rented accommodation and helped them to pay their rent. She stated that annual fundraising activities supported these initiatives and facilitated the procurement of prams, buggies and clothes for women and their babies. In 1984, the congregational council was asked if they would purchase a newly built house in the vicinity of Bessborough to convert into flats for mothers and their toddlers. The congregational council did not agree but gave a commitment to procuring rental accommodation to accommodate women and their babies who had no other options regarding accommodation when they left Bessborough.[62]

Educational opportunities

18.208 Sister Sarto told the Commission that, in response to increasing numbers of schoolgirls becoming residents, Bessborough's education centre ran classes based on the secondary school curriculum and that social workers tried to provide girls, still in full-time education, with the means to continue their education through Vocational Educational Committee (VEC) schemes. In addition, AnCO, the Industrial Training Authority, ran a commercial course in the home.[63] Women

[62] Sisters of the Sacred Hearts of Jesus and Mary, Council minutes, 1984-85.

[63] An Chomhairle Oiliúna (AnCO) was established by the *Industrial Training Act 1967* to provide industrial and commercial training. It was abolished in 1987 by the *Labour Services Act 1987* and replaced by An Foras Áiseanna Saothar (FÁS). FÁS

could take courses in typing and hairdressing and a course in electronics was introduced in 1983. An AnCO tutor at Bessborough said that women who took a course were 'happy and very interested in what they were doing' and were all 'anxious to get themselves back to work'. During 1982, 97 women availed of classes in the Bessborough Education Centre: 40 took an AnCO course; 33 took non-examination subjects; 13 were second level students and 11 were third level students. Exam subjects which could not be provided for in Bessborough were undertaken in a nearby secondary school. A preventive education programme, developed by social workers at Bessborough, was presented to teenage school children, male and female, in 14 schools during 1982. Sister Sarto told the Commission that the VEC provided the services of a psychologist who offered individual counselling at Bessborough and the Southern Health Board financed group therapy sessions facilitated by a 'variety of professionals, many from UCC'.

Concerns about costs

18.209 A Southern Health Board (SHB) memo, dated April 1985, stated that Bessborough had two functions: (a) as a mother and baby home, and (b) as a registered adoption society, 'which has twice been struck off the register and reinstated later on both occasions'. The SHB was unhappy with the cost of providing the Bessborough services; the cost was given as £450,000. The memo also suggested that the length of stay in Bessborough was generally too long and cited examples where 'unmarried mothers who received Unmarried Mothers Allowance, and were also involved in AnCO training courses, were receiving free accommodation etc., in Bessborough'. The SHB 'hoped to cut their £450,000 operating budget to ribbons'. The congregation's council minutes show that, by 1987, the Bessborough budget has been reduced to £100,000.[64]

Closure of maternity hospital

18.210 In April 1985, the general hospital services division of the Department of Health wrote to Miss Reidy to say that a 'nun/midwife' working in Bessborough had been in contact in a private capacity to state that deliveries of babies should be discontinued there and that women should be transferred to a fully staffed maternity unit when they went into labour. The department considered that Bessborough was 'more or less' a matter for the Southern Health Board 'who don't

was itself replaced by An tSeirbhís Oideachais Leanúnaigh agus Scileanns (SOLAS) under the *Further Education and Training Act 2013*. In general, participants in training courses were paid a training allowance.

[64] Congregation of the Sacred Hearts, Council minutes, 9 January 1987.

seem to have a high regard for it'. The letter asked Miss Reidy to keep an eye on Bessborough and added:

> I would be interested in hearing any developments re discontinuance of deliveries, a move which the Division would favour in light of overwhelming medical opinion and evidence re non-consultant staffed units.

18.211 In August 1985, the Department of Health directed the Southern Health Board to take steps to phase out obstetrical services at Bessborough. The decision was taken in the interests of the safety of women and their babies and to bring services in the home in line with those provided in similar homes throughout the country. Mother and baby homes should have a 'social function only':

> Serving as a refuge for unmarried mothers and their children and providing them with counselling and accommodation during the latter months of pregnancy and for a short period after delivery… For the unmarried girls who reside in 'mother and baby homes', and their babies, pregnancy and delivery carry a much higher than average degree of risk and this is particularly so during the perinatal period. The significant reduction in perinatal and neonatal mortality rates in recent years has been due to the vast improvement in maternity and neonatal services. To continue to carry out deliveries of this high risk group in a non-consultant staffed unit, funded by a Health Board, would appear to be contrary to the Department's clear policy on deliveries.

18.212 In September 1985, the Department of Health noted that the Congregation of the Sacred Hearts of Jesus and Mary had agreed to discontinue obstetrical services at Bessborough and the Southern Health Board had made arrangements to transfer women for confinement in St Finbarr's Hospital. The congregation records show that it favoured this change and agreed with the SHB proposal that women could stay in St Finbarr's with their babies for up to four days. The SHB also stipulated that the maximum period for a post-natal stay in Bessborough would be six weeks. However, some of the women who gave birth in St Finbarr's were requesting transfers back to Bessborough two to three hours after delivery. This combined with the compulsory discharge of the mothers after six weeks meant that nurseries at the home quickly became crowded with unaccompanied new-born babies. The SHB accepted that their new policy was not working and agreed to maintain women in the home for periods longer than six weeks. As a trade-off, the SHB insisted that Bessborough would also cater for women with extra-marital pregnancies and women on their second pregnancies. In addition, the SHB

decided that if a woman had decided to keep her baby that she would be obliged to care for her child 'as any other mother in a home situation - feed, prepare feeds, wash etc. total care' while living in Bessborough. The SHB also directed the Bessborough authorities that no woman was to be allowed re-enter the home to participate in an AnCO training course and that such courses were to be undertaken on a non-residential basis. The SHB stated their concern that single mothers claiming social welfare payments would also use the Bessborough address to claim a training grant.

Tracing

18.213 The congregational council minutes show that there was a significant increase in the number of people contacting Bessborough 'seeking their roots' and looking for documentation and information relating to their time in the home. It was noted that this work was time intensive and that the sisters had received around 100 tracing inquiries in the last six months of 1987.[65]

Rationalisation of mother and baby homes

18.214 In February 1986, the Department of Health child care division drew up a rationalisation programme for mother and baby homes and infant nursing homes. The stated rationale of the proposals was to bring the facilities in question 'in line with modern-day thinking and needs' and to provide scope for 'the re-deployment of any surplus resources into the development of support services for these families, in their own communities'. Among other things, this programme suggested closing Bessborough. The department stated that 'greater tolerance and compassion' towards the single pregnant girl, along with the development of voluntary organisations providing support, advice and information to single mothers who wished to keep their children, had accelerated a drop in demand for mother and baby homes. The introduction of the Unmarried Mothers Allowance in 1973, the falloff in the number of children being placed for adoption and the rise in the number of Irish women seeking abortions in the UK were cited as further factors which influenced the demise of the mother and baby homes.

18.215 The department noted that there were only 14 women in Bessborough in December 1985. The department proposed that services at Bessborough would be gradually phased out and replaced with a scheme providing ten supervised

[65] Congregation of the Sacred Hearts, Council minutes, 4 January 1988.

flatlets supported by 'a strengthened community social work service' and 'an expanded fostering programme'. It was envisaged that this scheme would cost in the region of £60,000 each year and would represent a significant saving to the Southern Health Board, which had provided funds of £444,300 to Bessborough in 1984. It was suggested that the surplus resources would be allocated to other child care services.

18.216 In April 1988, the congregation began to develop other services at Bessborough. Sister Sarto formed the Blackrock Heritage Committee whose stated aim was to develop the Bessborough estate as a 'cultural, educational and leisure amenity and tourist attraction'. The congregation also planned to extend its services for one parent families with a focus on improved accommodation, additional counselling and guidance facilities and wider access to second and third level educational courses.

18.217 In January 1989, a Department of Health official visited various institutions in Cork, including the Bessborough home. In her report, the official stated that, despite an agreement between the Southern Health Board and the congregation, reached three years earlier with a view to phasing out services in the home, institutional services for women and their babies had continued at Bessborough. Furthermore, the Southern Health Board had allocated £300,000 to Bessborough for 1989. There were 22 expectant women living in Bessborough at the time of her visit, two of whom 'were on their second pregnancy and had toddlers staying with them'. She noted that most of the women attended an onsite FÁS Training Centre during the day.

18.218 In 1991, a report on Bessborough by two members of the congregation noted the varied work which was being carried on there. They noted that the congregation was actively involved in training and educating the pregnant women and that an onsite social welfare officer advised women, and those undertaking training courses, about their social welfare entitlements. In addition to the hostel for single expectant women, the Sisters operated a day nursery and crèche for working mothers and maintained three flats for mothers and babies waiting for housing and a number of short stay flats for mothers and their new-borns. Of the ten infants housed in the nursery at the time of their visit, one or possibly two were going for

adoption. They noted that Sister Sarto was kept busy dealing with ever increasing queries from former residents.[66]

18.219 The congregational council minutes for 1996 noted that, due to the negative attitudes towards the religious in Ireland, the authorities at Bessborough did not see fit to undertake fund raising activities. It was also noted that a negative programme broadcast on Irish radio relating to living conditions in Bessborough during the 1950s further impacted on their ability to raise funds. The Mother General donated £10,000 to the home to help bridge the shortfall.

18.220 Bessborough continued to provide services for single women and their children, as well as married women with extra-marital children. In the period 1986 to 1992, 826 women, or an average of 118 women a year, were admitted to the institution. By 1998 this had dwindled to just 37 admissions. In July 1998, Sister John Vincent wrote to the registrar of the Adoption Board to say that the congregation had decided to withdraw from the placement of babies for adoption but wished to continue its work of 'search and reunion' and the care of expectant women. The last single expectant woman was admitted to Bessborough in November 1998 and the last woman and child were discharged in November 1999. Other services for vulnerable women and children continue to be provided.

Evidence of former Bessborough staff

Sister Mary McManus, was in Bessborough 1948-69 and 1970-1998.

18.221 Sister Mary was born in 1926. She entered Bessborough in 1948. She worked in one of the nurseries in the home looking after toddlers. She said that the hospital was completely separate from the home and was run by a matron. The women gave birth in the maternity hospital and were transferred to the home with their babies after around six weeks. The four nurseries in the home were overseen by four registered nurses from among the congregation. Sister Mary said that the social stigma associated with single motherhood at the time was 'terrible, shocking'. She described the women:

> They came in very distressed, very sad and they didn't want anybody to know about them and we tried to protect them all the time. I was trying to make up stories for them and help them, do all I could, you know, so that the

[66] Congregation of the Sacred Hearts, Council Minutes, January 1991.

> neighbours or the parents or family nobody wanted to know them… Well, we pretended that they were in England or pretended they were in Scotland and the Sisters abroad, we sent the letters over and the Sisters would stamp them… and they would stamp the letters and send them back and pretend that they were working in England… They were rejected by society, it was very sad, shocking and they were lovely girls.

Many women entering Bessborough gave false names to protect their identity. This became obvious when a tracing inquiry was made. In relation to 'house names', she said:

> That is what they wanted; God help them that is because they didn't want - it was all confidentiality. All the time to protect them, all the time to protect, all my life trying to protect them.

18.222 She remembered that girls as young as 14 were admitted. She remembered one girl turning up at the convent covered in grass and carrying a baby having given birth in a field. In another instance:

> This girl came, this girl came at 1 o'clock in the day. She came - now, this was in the early 80s, she came at one o'clock in labour. I answered the door to her and she said to me "do you think I could be back at 6 o'clock in the evening?" I said "I am sure you will". So I took her down to the labour ward and she gives a list. "Will you ever go down to the shop and get the groceries for me because my mother is in bed an invalid and she doesn't know I am having the baby". I brought her over and handed her over to the midwife and she had her baby and she was back at 6 o'clock. And we couldn't hold her… We got the doctor and we couldn't hold her. And she went away and she went off and she didn't live too far away and she went back and the mother never knew a thing about her. And then she came back after a couple of weeks and sorted things out with us. We rang her doctor and we did everything… She went away after the baby was born, that was the pressure of society on her.

18.223 Sister Mary stated that she was responsible for dress making and sewing in the institution and that, in the early years of the institution, all women dressed the same.

> And we, you see, some of them would - we didn't - some of them came in with clothes, some came in just with what they had on them. And we didn't want …

> one looking down on the other and that is why we had them all in the same dress… Until I think it was the 60s then, the girls decided and we decided that [they could wear their own clothes]

18.224 She said that the women's clothes were made from simple patterns made from either blue or red fabric. Many women helped to make the clothes and some brought their own patterns with them. She taught women tapestry, marquetry and lace making.

18.225 Sister Mary said that, when the nursery at Bessborough became overcrowded, children were transferred to St Finbarr's Hospital [Cork County Home] and children who could not be adopted were transferred there also. The women's relatives did not help in any way and they did not want their children at all. Prior to the introduction of legal adoption, the Catholic Women's Aid Society placed babies in the nursed out and boarded out informal adoption systems.

18.226 Sister Mary remembered that the nights at Bessborough were often 'great craic'. The ballet dancer Denise Moriarty often put on shows at the home along with singers and other performers and they had regular concerts in the home. Danny Hobbs used to show films in the home. The atmosphere in the home was 'great' and she heard few complaints.

> I did my very best to make them happy, I knew that they were sad and lonely and tried to help them and support them best I could. I really loved them and I gave my whole life to them and I would do it all over again.

18.227 Sister Mary remembered the two Department of Health inspectors, Miss Litster and Miss Reidy, visiting the institution. Dr Sutton [gynaecologist] and a paediatrician worked at Bessborough for most of her time there. Dr Sutton visited the maternity hospital Monday to Friday at 10am. She did not recall any child dying in Bessborough during her time there.[67] She worked in a nursery with toddlers and older children and there were no deaths among this group. She explained that a woman whose child died in the maternity hospital would not be admitted to the home section of the institution. She never encountered such women as they were discharged directly from the maternity hospital. Sister Mary did not know anything about infant burials but stated her belief that infants were buried in the same onsite

[67] However, her name is given as the informant on a number of deaths registered with the GRO.

cemetery as the nuns. (See the Commission's 5th Interim Report) Sister Mary did not agree with the allegations made by June Goulding in her memoir (see below). She was particularly upset by the assertion that women in Bessborough were 'treated like criminals' and that they were in Bessborough solely 'to atone for their sins'.

> They were sinned against, the girls never sinned. They were just used. Poor little creatures, God help them… my heart went out to them.

18.228 Sister Mary said that, when she returned to Bessborough in the 1970s, she was on the committee of the Sacred Heart adoption society. She drove members of the committee around the country to interview prospective foster parents.

> When the people would write in about adoption, we would ask them to come in and visit us. And we would ask them all about their - why did they want to adopt, all this sort of thing, you know. And we would give them a questionnaire and they would take it home and fill it in. And had a Garda report and all sorts of Garda references and finance and all that and their relationship with each other, did they want to adopt and why did they want to adopt, all that sort of thing. And then they would come in, the couple would come in together and we do, Sister would interview them and then we would bring them in quite a few times. The mother - the lady, the wife would come in on her own and the husband would come in on his own and then we would meet them again, you know, to see everything was in order and all that sort of thing. To make sure they really wanted a baby, you know, things like that. And what else, you know and then we visit the home and see was the home okay and all that sort of thing. And we'd visit the home several times before they got the baby to make sure.

18.229 She said that women in Bessborough put their babies up for adoption of their own 'free will'. She stated that she had a good relationship with the women and that the decision to place a child for adoption 'came from themselves'.

> If a girl was leaving and she had the baby adopted, she would sign the Form 10, she would sign the Form 10: that was the first. Given the consent we could place the baby. And then when she signed the Form 10 if we - we could place the baby when she signed it. And then when the baby was six weeks old she could sign the final paper but she could still reclaim the baby until the adoption order was made. That could be six months could be 12 months, could be two years.

18.230 She said that 'once a baby went' the mothers left Bessborough. The women were free to leave the home then with no restrictions whatsoever.

Sister Úna Mulvey, [Sister Celeste] Bessborough, 1970-85[68]

18.231 Sister Celeste worked as a midwife in Bessborough from 1970-85. She worked in the nursery with two lay nurses. Both lay nurses were salaried and, as far as she was aware, were paid by the congregation. Dr Pillay was the visiting obstetrician and Dr Eithne Conlon was the visiting GP during her time there. It was the policy to have one of the midwives present with the obstetrician.

18.232 Sister Celeste said that she observed changes in attitudes towards single motherhood in Ireland during that period. The introduction of Unmarried Mother's Allowance was 'a very big thing' for women because previous to that most single women did not have the financial means to keep their babies. She also stated that there was more social acceptance of single motherhood in the 1980s.

> So a number of them then began to rethink and they thought maybe they might keep their babies, you know, because that made a difference. So they were applying for the Unmarried Mother's Allowance. It was much more acceptable to be pregnant. That was one of the differences I think. I suppose between the time I started there and the time I finished, by the time I finished I saw that, I began to wonder, do we really need to actually do deliveries here [in Bessborough] because most of the women coming no longer needed to hide. It was acceptable to be pregnant and they were out every day anyway down in the town and, you know, all places.

18.233 She said that in 1978 practically all the woman who passed through Bessborough put their children up for adoption but by 1985 a large percentage of women (she estimated 25%) were opting to keep their babies.

18.234 Sister Celeste said that she undertook a survey in 1984 to ascertain if women had any objection to being admitted to St Finbarr's Hospital in the first instance to have their babies. All but one woman expressed no concerns regarding this suggestion. The woman who did raise an objection was a teacher from the Cork area and it was important to her that she would not be recognised because she feared that it might affect her position in the school.

[68] Sr Mulvey died in May 2020 RIP.

18.235 When Bessborough ceased to provide maternity services in the mid-1980s, they kept St Finbarr's antenatal forms in the home to be dispatched with the women when they were transferred to St Finbarr's for delivery. They were careful to maintain the women's anonymity when filling in the antenatal forms.

> When somebody needed to go to St. Finbarr's I just sent the notes you see because on the notes that we had in the maternity there was nothing that was confidential, you know. It was all to do with the pregnancy and the mother and the baby, the growth of the baby and all that. There was nothing about her background or anything so it was safe enough for that to go with the mother.

18.236 Women continued to be admitted to Bessborough in the antenatal period. Most needed the time to come to terms with their pregnancy and most were 'unwanted pregnancies'. Many women had been ousted from their family homes and many others had lost their jobs because they were single expectant women. Their time in Bessborough gave them an opportunity to consider their options.

18.237 Sister Celeste acknowledged that some women found institutional living conditions challenging.

> Some of the girls would have, you know they would find it difficult, you know, to be with other people like if they were an only child and they suddenly, you know … and especially if they had been rejected and now they are with a crowd and, you know, they might find mixing difficult. So we would listen and we would see what we could do to help the person and that kind of thing.

18.238 She said that Sister Philomena undertook renovations at Bessborough as she was anxious that women would have some privacy while in the home. She put measures in place to ensure that women had their own rooms rather than living under dormitory conditions. Women did not work in the maternity hospital:

> From my memory there was no mother, and I put my hand on the Bible, there was no mother who did housework of any description in the maternity. What happened in the rest of the house I cannot say … I don't ever remember a mother taking a brush in her hand.

18.239 Sister Celeste recalled that a woman who had been transferred to St Finbarr's Hospital in the 1980s had told staff there that she had been involuntarily 'digging potatoes' and 'scrubbing floors'. Sister Celeste stated that there was no farm in

operation at Bessborough during her time there and that floors in the institution were carpeted. There were employed staff in the maternity hospital 'for cleaning and everything else'. She said that during her time at Bessborough women were busy undertaking AnCO courses and were paid £15 a week. Women could choose courses such as pottery, hairdressing, cooking, horticulture and typing. Many women living in Bessborough in the 1980s were doing the Intermediate and Leaving Certificates.

18.240 Sister Celeste said that she met and examined every expectant woman admitted to the maternity hospital during her time there. The regular contact with women allowed her to form a bond with them and their babies.

> You know it is amazing, you know, if you are a midwife and when you are … a baby in the womb and you know if you are in an outside hospital and you know they are just coming in once in a while, you mightn't see the same women the next time, but in Bessborough, you not only knew the mother, you began to know the baby. You almost had a relationship with the baby because you knew how they were kicking … We knew them so well and we had a good relationship with them and they were so confident.

18.241 There was one infant death in the maternity hospital during her time there. Dr Pillay had been called to assist and performed a forceps delivery. The baby was born with the umbilical cord knotted around the neck and died after ten minutes.

> I remember it so well and I remember Dr Pillay and the two of us we sobbed, we cried. It was the little girl in the bed who consoled us. The mother was the one consoling us. It was only afterwards I knew everything was back to front. We should have been consoling her and she was consoling us we were so upset.

18.242 She believed that the infant was buried in a family plot in St Michael's Cemetery.

18.243 Sister Celeste stated that the infants born in the maternity hospital were moved to a larger nursery after about ten days. The mother might have gone home at this stage to consider her options. After a couple of weeks, infants were transferred to the nursery in the home and remained there until they were around 12 weeks old. She remembered that one child had been left in the nursery for five months as the mother had not come to a decision about its future. The sister in charge of the

home nursery felt that this was too long for the child to be unaccompanied but they had no interaction with the mother or the prospective adoptive or foster parents.

18.244 Sister Celeste remembered driving Sister Sarto to a farm to speak to a woman about a tracing request. Sister Sarto put some potted plants in the back of the car so that they could pretend to be selling plants when they arrived at the woman's house. The woman in question had entered Bessborough under a false name but Sister Sarto had managed to locate her. Having arrived at the farmhouse, Sister Sarto asked the woman to sit in the car with her and then revealed who she was and stated her business. Sister Celeste stated that the woman was shocked and upset. The woman said that she thought about her time in Bessborough and the child she had there every day. She said that every night she had planned to tell her husband that she had had a child before she met him but could not bring herself to do so. She said that she could not let her children and grandchildren know this about her. Sister Sarto pleaded with the woman stating 'the woman [her daughter] just wants to meet you'. The woman replied 'I cannot meet her. Please leave and don't ever come back'. Sister Celeste stated that the woman who initiated the tracing was contacting Sister Sarto regularly looking for news and subsequently arrived at Bessborough from America. She stated that Sister Sarto told the woman that she could not bring her to meet her mother and that this caused the woman to become 'angry'. Sister Celeste stated that Sister Sarto was very upset by the case and felt that the woman held her responsible. She stated that this was just one case and that there were 'lots more' tracing cases which ended in this fashion.

18.245 Sister Celeste recalled one woman who arrived at Bessborough in labour. She had her immediately transferred to St Finbarr's hospital. She arrived back to Bessborough with her child the following day. Later that day, Sister Celeste was told that this woman had 'put her suitcase out the window' and she was attempting to leave the home via an upstairs window. Sister Celeste told the woman that she was free to leave by the front door. She cautioned the woman that she may still experience some bleeding so soon after the birth and advised her to stay in Bessborough for postnatal care. The woman could not be convinced to stay in the maternity hospital. She agreed to sign a note stating that she was discharging herself contrary to medical advice. She left without her baby. Sister Celeste said that this woman subsequently returned to Bessborough to put her child up for adoption. The woman was insistent that the paperwork relating to the adoption be

done expeditiously and, as Sister Philomena was away, she drove the woman to a solicitor to sign the adoption papers. Sister Celeste said that about three years later this woman took a legal case against the congregation claiming that Sister Celeste had 'forced her to sign an adoption order'. Sister Celeste produced the 'self-discharge' document. There was a significant time gap between the date of the woman's discharge and the date on which she had returned to Bessborough to sign the adoption papers and the case against the congregation subsequently failed. Sister Celeste took umbrage with the woman's claim that her child had been subject to a 'forced adoption'. However she stated that in her opinion 'the woman should have got her baby back'.

Sister Sheila Buckley, Bessborough 1971-74 and 1977-90

18.246 Sister Sheila was transferred to Bessborough, along with two nurses, when Castlepollard closed in 1971. There were between 40 and 60 women living in Bessborough at that time. At Bessborough, she worked with Dr Sutton, who visited the home once a week, and Dr Eithne Conlon. Sister Hildegarde was the Mother Superior at that time.

18.247 She did not remember a working farm during her time at Bessborough but there were greenhouses. The women living there were asked if they would prefer to work in the greenhouses or in the home. No woman ever refused to do work incidental to the running of the home and the women 'weren't really troublesome'. She never heard any complaints from the women and Sister Hildegard was very sympathetic with them. She described the atmosphere:

> Well they were always wary, when they came in, they made great friends among each other, the other girls that were there, you know. They were always very happy and contented there. They had a smoke room. They smoked a lot in those days, inside and outside. I mean they would play games and cards and that kind of thing. You would hear them laughing all over the place so they weren't really very unhappy. You would be saying be quiet and don't wake the babies in the nursery and things like that to them, you know. They were young as well, you know. But they seemed quite happy and contented, yes.

18.248 She said that Sister Isabella was in charge of the women while they were in Bessborough. Sister Isabella would refer them to a midwife if they were anxious

about their pregnancy. She arranged their meals and clothes and supervised the dining room.

> She [Sister Isabella] was very kind to them really. She'd mothered them more than anything I would say. She was very considerate to them and always made sure that they had, you know, clean clothes and looked after their hygiene and things like that.

18.249 Sister Sheila said that there were no uniforms in Bessborough during her time there and that women wore their own clothes.

18.250 She was not aware of any infant deaths in Bessborough during her time there. However, she stated that infants who died in the home were buried in the congregational burial ground onsite at Bessborough.

18.251 In her second period working in Bessborough, Sister Sheila was assistant to Sister Philomena who arranged adoptions from the home. She remembered that women signed an adoption form before they went home but that they could claim the child back at any stage before signing the final adoption papers.

> You would talk to them obviously, find out what the reasons behind it all were. Very often it would be the family, you know, that made them change their minds when they went home… Well you would go and approach the adoptive parents and tell them the mother had changed her mind. It all became very upsetting obviously for the adoptive parents but there was nothing that could be done about that.

18.252 Sister Sheila stated that neither she nor Sister Philomena ever put pressure on a woman to have her child adopted. Such pressure came from their families and 'from society in general'. Women would often tell her that their decision to place their children for adoption was influenced by their own mothers or grandmothers. The women returned to Bessborough when they had made a decision and Sister Philomena would talk with them to make sure that they were happy to proceed with the legalities of adoption. Sister Philomena would then take the woman to a solicitor to sign the final adoption papers.

> She would phone to say she was coming back, the mother would, yes, or write, you know … She might stay overnight a night or two but the ones I remember they just came in the morning and, you know, had their mind made

up and just went in and signed the paper, provided the solicitor was available, yes.

18.253 She described the process of handing over a child to adoptive parents:

> In a normal case, well if the baby went from the Neonatal Ward where I would be working, I would dress the baby, the mothers provided the clothes, I would dress the baby and take the baby to the parlour. I would meet Sister Philomena and she would do the handing over of the baby… She [the mother] wouldn't be present where the adoptive parents were but she would know. She would be dressing the baby with me if she was still in the home… she would know the parents were coming that day for the baby. She would be with you but she wouldn't go to the parlour with you, not in my time.

18.254 Sister Sheila acknowledged that this was a distressing time for many mothers. The women would have a certain amount of information regarding the background of the adoptive parents but, as far as she was aware, never actually met them.

18.255 There were few supports available to women who wished to take their babies home with them and women who did so would have been dependent on the support of their families.

Dr Pillany Pillay: Visiting Consultant Obstetrician to Bessborough in the early 1980s

18.256 Dr Pillay trained in the Royal College of Surgeons Ireland and qualified in 1965. From 1974 to 1980, he was a Consultant Obstetrician at St Finbarr's Hospital, Cork. He became involved with Bessborough through his association with Dr Sutton who also worked in St Finbarr's Hospital. Dr Sutton was visiting Obstetrician to the Bessborough Hospital from 1945 until his death in January 1980. Dr Pillay said that women from Bessborough attended St Finbarr's for antenatal classes. After Dr Sutton died, the Bessborough administrators would call Dr Pillay to attend at a difficult labour and his association with Bessborough grew from there. He stated that there was no official appointment but he received a 'small cheque' from the Congregation of the Sacred Hearts every month. Dr Pillay recalled that Sister Martha was the Mother Superior at Bessborough during his time there, Sister Sarto 'administered' the institution and Sister Celeste was the resident midwife. Dr Pillay said that Sister Celeste was extremely competent. He said that the women from Bessborough did not like attending St Finbarr's for

antenatal treatment as they feared being recognised so he decided that he would conduct the antenatal care in Bessborough.

18.257 He also attended deliveries at Bessborough and women were transferred to St Finbarr's only in exceptional cases. Sister Celeste delivered the majority of the babies and Dr Pillay was called if an episiotomy required repair or if a woman suffered from pre-eclampsia. He said that there was oxygen and nitrous oxide (gas and air) available to women at Bessborough but there were no epidurals available to them; epidurals were not available in St Finbarr's Hospital at that time either.[69] Local anaesthetic was used in cases where he repaired a birth passage. He said that women in Bessborough were well-fed and healthy. He understood that they did some work in the grounds of the institution and always seemed to him to be 'quite a happy lot'.

A social worker worked in Bessborough for three months in 1984

The witness grew up near Bessborough and recalled that 'it was kind of a local fear that if you stepped out of line you go to Bessborough'. She recalled walking through the grounds as a child, with her mother, who told her not to look at the women who were working there. She said that she was an intern trainee social worker at Bessborough. She recalled that there were three social workers there at that time: Sister Sarto and two lay women. There were a number of training courses, such as gardening and secretarial skills, being offered at Bessborough during her time there and she sat in on these during her working day. In the run up to Christmas 1984, she was engaged in making holly wreaths with women living in Bessborough and another social worker. She remembered one girl in particular. She stated:

> She was a teenager. She was definitely under 16. I was told initially by Sister Sarto I think it was, or one of the other staff members, that her family had dumped her at the door with her suitcase because she was pregnant as a result of incest and she had an intellectual disability, and I just remember her.

18.258 She also remembered two other expectant women who were waiting for their boyfriends to visit. She said that she did not know how to support them but sat with them as they waited. One man walked up the driveway to the main house and

[69] Epidurals did not become available on request in Holles Street hospital until the early 1990s: Peter Boylan *In the Shadow of the Eighth*, Dublin, 2019.

both women ran out to greet him. Neither woman knew that this man had fathered each of their children.

18.259 She never saw the living quarters at Bessborough but stated that she had her meals with the women and staff every day. She recalled:

> I never went beyond the dining room. There was a private, kind of where they were living, I was never allowed in there, but I had my meals there every day and I remember the food was really nice… We would have a three course dinner every day.

18.260 She remembered seeing some old women at Bessborough. Some appeared to be as old as 80 and she thought that they had been there all their lives and were institutionalised.

18.261 She said that she sat with the women making holly wreaths and they talked about their issues and about moving into independent accommodation. She stated that the conversations were about 'typical stuff, boyfriends, labour pains and babies names and things like that'.

> One might be kind of crying because her boyfriend didn't write and someone else might be thinking of what she was going to call the baby.

18.262 She remembered visiting some accommodation on the north side of Cork city to see if it was appropriate.

> The women who I went to see accommodation with were from the north side of Cork city… They were kind of going back to the area, back to their own area but very much they were going to support in the community. Like, they were setting up home for themselves. It was kind of a positive thing.

18.263 The women did not use their real names during their time in Bessborough; they felt that this was in their own best interest. She never saw a doctor visiting Bessborough but she remembered that the women used to talk about Dr Pillay.

> They used to talk about him in a very positive way. That he was gentle and I remember them explaining to me because I hadn't a clue. They were telling me about the different doctors and how it was good to get him. He was the one they were all hoping for.

18.264 The women in Bessborough during her time there were admitted three to six months before their due date. She never witnessed any mistreatment or maltreatment of the women in Bessborough and she recalled that any upset was always more to do with the boyfriends and the women's own families. She did not see any relatives visit during her time there. She described the general atmosphere:

> Well from what I could remember it seemed okay. I was probably glad to get out of there in the evenings but I suppose because I had grown up expecting all this awful stuff it seemed fine you know. It seemed comfortable and it didn't seem like - you know the classrooms didn't seem different to anything else you know. It didn't seem to be a problem… Now I went home when it started to get dark and I wasn't there at weekends or anything but during the day it seemed ok.

18.265 She remembered that visitors did call to see women in Bessborough. However, these were always planned to avoid lots of visitors arriving together. The women did not speak freely when she was in their company and she was regarded as an outsider. Women formed their own relationships with other women in the home and there was a mix of young girls and 'older, more streetwise women: they had little in common apart from the fact that they were pregnant'. She remembered some women talking about the processes of adoption and stating that they would have no control over it. She said that this had nothing to do with Bessborough and was determined by each woman's specific set of circumstances. There was a general assumption that adoption would be the normal kind of outcome. However, she stated:

> I think the girls that I went to the house with they stood out. They were kind of breaking the norm at that time. Maybe it was the beginning of people moving out into supported accommodation or whatever but they seemed to be, they stood out because they were doing something different.

18.266 These women were preparing to move into rented accommodation together and to live independently with their babies. She remembered that one of the social workers advised the women on the type of state assistance that was available to them. She stated that the social workers at Bessborough were confident that the women's families would re-engage with them once they were settled in their own communities.

> Yes, the girls were from Cork City. They were definitely from Cork City because I know the area we went up to and it was very near where they were living you know and I know the talk at the time with [other social workers] was that eventually their families would start kind of engaging with them and support them…It was a rented flat. It was nice…there was great excitement about it...Those girls; again I'd say they were young enough. You know I don't think they were even eighteen. They would have been quite young, or they might have just been eighteen, but they were young, but they knew one another so it wasn't just one in isolation.

18.267 She stated that some women had no other option. She did not see women receiving counselling but that that did not necessarily mean that there was no counselling available. Two of the social workers sat with the women every day during their classes.

18.268 She recalled being asked to assess the home of a prospective foster parent and she felt that she should not have been asked to do this due to her lack of experience.

18.269 She said that placentas were burned in an incinerator at Bessborough every Thursday and 'you could smell them burning all over the grounds'. She wondered what that was like for women who had given birth there.

18.270 She recalled that the holly wreaths were sent into the city to be sold. However, she did not remember the Congregation of the Sacred Hearts operating a shop nor were women expected to sell anything. She said that there was no pressure on women to work quickly and that they sat working and chatting. She said that the older social workers were 'kind, laid back and gentle' and were a great support to the women.

18.271 She said that her time in Bessborough as a social worker left a completely different impression than the one she had grown up with and from what she had read about the institution. She remembered that the women living in Bessborough supported each other in their shared experience. She had no 'heart-breaking or emotional' memories of Bessborough. She was eager to stress that she was not 'glamourising' Bessborough, and that she had been there by choice. However,

she said that if it had been awful she would not have stayed there for three months.

Sister Sarto, 1981-98.

18.272 Sister Sarto worked in Bessborough from 1981 to 1998 as a social worker. She graduated from University College Cork and obtained a postgraduate qualification in social work from Glasgow University. She said that she oversaw Bessborough's transition from a 'medical' to a 'holistic' system of dealing with women and their babies. She explained that maternity services at Bessborough ceased at the behest of the Southern Health Board around 1986 and that 'because society was changing' women could have their babies in St Finbarr's Hospital and then return to Bessborough to be 'looked after'.

> When I say "holistic" I mean the whole lot. I did out a chart of all of the things, which was; the girl, the girl becomes pregnant but she has other problems as well. She may be a very young girl; she may be continuing her education. I approached the VEC and we got teachers who would do their exams. At that stage it was the Inter Cert and the Leaving Cert. If there was a third level student UCC would offer assistance. That would be, that would be education. Again as time was moving on and more and more girls were keeping their babies there were two, there were two nurseries, nurseries for the older child. The older child, when I say "older" maybe weeks or months, where a girl could not make up her mind whether she would have the baby adopted or not, or could she, we offered her all of the different choices that were available to her. Again as time was changing a lot of the girls were keeping their babies so what we needed was, and they were growing up, and what we needed was a crèche, so we started a crèche again.

18.273 Sister Sarto said that there were two other qualified social workers working at Bessborough during her time there. Their salaries were paid for out of a grant from the Adoption Board but she herself was unsalaried. She described the placement of children for adoption:

> Well, first of all, the couple who were interested would have to write to us and we would reply to them, ask them to come for a visit and explain the procedure of adoption. In all we were obliged by the Adoption Board that three meetings had to take place; one to the home and two separate meetings, but it always meant that you would go back a second, maybe a third and a fourth time to see them… We would explain what they needed to

have; like birth certificates, baptismal certificates, character references, all those, Garda clearance, all of that. They would produce all of that. When we had all that all in place we would bring them back in again and discuss with them. We told them that we had a committee and in the committee was people of different disciplines and that we would decide how, what, what criterion would fulfil the need of the girl? The girl in the meantime would be, would be counselled by one of the social workers, […] and then we had other social workers would come in for a short while. Together we would, the social workers and ourselves would sit down and these are the families, this is what the girl wants. She might not want; she may not want her baby to be placed in the country. She may want the baby to be placed - she may want a professional background or she may not want a professional background… The natural mother would have the control. I just wanted to say too that with the different professionals that we had on the Board they would do their own investigation. Like we had […] who was a Superintendent of the Guards, he would be asked if there was any question of anything inappropriate he would do the investigation. For example, maybe somebody's husband might have an alcohol problem or whatever or would be known. He would do the investigations from that angle. Dr Conlon from a medical point of view, if there was anything on the medical because they were also asked for medical examination. Garda clearance also would come in. References from the employer. Income, whether the income that they were on would it be sufficient to support a child… In the process then the social worker would be, would be looking after the girl, the girl herself. This would all take place before the baby was born. If a girl came in at whatever time, two months, three months, at any time they would come in, the Social worker would look after her and try to get her to accept what is the best thing for this child, for your child… She would work that through with the mother. Was there a chance of maybe getting married, maybe keeping the baby, maybe the baby going home to grandparents? All of the options that were open to the girl they would be explored by the social worker and given time to absorb all of that. For herself, she would be a disturbed young woman coming in and giving her time to weigh up what she, the knowledge that she was given.

18.274 Sister Sarto said that all children were medically examined before placement for adoption. Any illnesses or physical and mental health issues were always disclosed to potential adoptive parents. The adoption process started when the

woman had made a decision on the matter and once the child was old enough for placement. In cases where a woman could not make her mind up about adoption, Sister Sarto said:

> What we would say to a girl is go home if you can and make your mind up. See what it is going to be like if you go home with a baby and to take as long as she possibly could to make her decision. If it was going beyond the stage of maybe three months, four months then the social workers would become worried here is a child and it does not know where it is going. So again we would try and make contact with the birth mother to make, you know not to pressurise her but to make a decision for the sake of the child.

18.275 The Sacred Heart adoption society liaised with various health boards and other adoption agencies when considering the placement of a child.

> … we had meetings with the Adoption Board at least once a year. We also had meetings with the Southern Health Board; Kerry, Waterford, Dungarvan and Wexford. If there was a family there that were a more suitable family for a baby then we would liaise with the social worker or the social worker from, we will just say from Kerry, might say well you can't place that baby in Kerry because it will be well known, its family would be well known so they would say will you place the baby for adoption… We would do that. So there was a lot of interaction going on between us. Also the Catholic Protection in Dublin, we had a lot of dealings with them in the past because some of the girls would come, would go to Dublin and get pregnant there, be sent to Cork. So we had a fair amount of dealing with the, I don't know what they are called now but they were called then the Catholic Protection and Rescue.

18.276 According to Sister Sarto, the mother's wishes were paramount when it came to placing her child; it always came down to the same question 'What did the mother want?' Women were generally given a choice of three potential adoptive parents. The woman would be given alternative options if, having met the prospective parents, she did not like them. This was not always the case, particularly in the early 1980s when a relatively high number of women continued to seek admission to Bessborough. As the number of admissions reduced, women had more of a choice. Sister Sarto explained that the reduction in the number of women who sought admission to Bessborough in the late 1980s was due to 'societal reasons' and that parents had become more accepting of their unmarried daughters having babies. She acknowledged that the availability of state benefits to single mothers

was also an important factor. She had approached Cork Corporation in the early 1980s and asked them to provide two houses close to Bessborough to house women who were leaving the home with their babies but had nowhere to go. There were four flats in Bessborough that were also used as temporary accommodation for women who were keeping their babies.

> I went to the Corporation and I asked for houses for the girls and they were, they gave me two houses. The girls who were keeping their babies needed more attention and they would be - we had, in the beginning the two houses there were three mothers and three babies in each house but then we found that three was too many so we cut it down to two. Then after that we had, we had hopes of building social housing for the babies but that didn't happen and the bust came… We would also have other houses that we might have an eye on. We had a house ourselves down the road, so we tried to cope with the girls who didn't have anywhere to go.

18.277 Women stayed in these houses until their social worker found accommodation for them. Women who needed 'a lot of support' tended to stay in these houses for longer periods.

18.278 Sister Sarto said that the use of 'house names' allowed women to maintain their anonymity while in the home and after leaving the institution but stressed that there was no compulsion on women to do so.

> It was for the sake of the girl herself that she would require that, but if she wanted to keep her own name that was perfectly all right. The reason being that should they meet afterwards, two girls might meet afterwards, one may not care who knew it but the other may be conscious of it… and the same with us if we met a girl outside unless she approached us we wouldn't approach her.

18.279 She said that some women who sought admission to Bessborough did not want to stay in the home itself as they did not want to be recognised by other women living there at the same time. In these cases, women were placed with families in the community until the baby was born.

18.280 Two infants died in Bessborough during her time there. She said that both were buried in the congregational cemetery at Bessborough. A third infant had been disinterred from elsewhere and buried in Bessborough also. A plaque in memory

of the children who had died in Bessborough was placed on the folly in 1986 or 1987 and the congregation had organised a commemorative event at that time:

> We had a special ceremony for it; we had a little hymn composed in their honour. We had a full day of celebration of this… we had a film director whose child had died. He had a special celebration there as well. So we had a full day of celebrating the deaths of the babies in my time, I think it was about 1986/87.

18.281 Sister Sarto did not know where children who died in Bessborough from the 1920s to the 1970s were buried. She said that she had visited cemeteries in Cork in a bid to ascertain where the children had been buried but could not settle the matter. Many women gave birth in St Finbarr's hospital and, if a baby was born in St Finbarr's and subsequently died there, she was not able to find out where they were buried.

18.282 The women admitted to Bessborough during her time there were generally referred by a doctor, priest, teacher or self-referred. The women were assigned a social worker and received counselling during their confinement.

> Now when the baby is born a decision would have to be made what was best for her, for baby? If she decided on keeping, we would find accommodation for her and the social worker would continue to help her through any problems she had. In the meantime in the hospital they would be doing all of these exercises; what to do with the baby and how to look after the baby. If the girl, then if she went home she went home and she lived with her parents, stayed with her parents maybe and if she was not they would try to find a place for her. So the social worker would be dealing with all of that; getting her to acknowledge what has happened, to come to terms with what has happened and what is the best thing for your child, and taking her through all of that. Then a decision would be made.

18.283 In the latter years of her time at Bessborough the families of women living in the home became more involved. Mothers and grandmothers would visit women and, on seeing the baby, would advise the mother not to go through with the adoption. This became a more regular occurrence in the latter years of the home's operation and the congregation encouraged family involvement in the decision making process relating to adoption. The social workers at Bessborough discussed the options available to women that might help them to consider keeping the baby

such as the prospect of marriage or hopes that the father of the child might become involved. More and more boyfriends were becoming involved and willing to support the women and their babies in this period.

18.284 Sister Sarto explained the adoption process:

> If she decided look this is what I want to do we would produce Form 10 and take her through Form 10 and what it meant, and that she had a right to withdraw that consent at any time if she wished even though the baby was gone for adoption. She was told about the legal side of that, that she had a right and the adoptive parents have a right to take a Section 3 case… So the Form 10 would be explained to her. She was told did she want her baby to go, when does she want the baby to go? She just couldn't walk off and leave it and we would be reminding her to make, to make her decision, whichever way it was. If she decided then on adoption she signed Form 10 and a social worker or anybody could, well the social worker could witness that Form 10. Then it would be explained to her that after three months that she, you know she would be making a decision, a final decision. Now if she was not ready that three months could be extended. Eventually if she wanted to continue and say, yes, this is what I want to do we would explain to her that she would have to see a solicitor… The social worker would accompany her to the solicitor, introduce her to the solicitor, he would have the Form 4 adoption in front of him and he would explain to her, her legal rights. If she wanted to continue and sign the paper she would sign. She would be told and this finishes, you know you are no longer the mother.

18.285 Sister Sarto explained that a child was not placed with a family immediately after a woman signed a Form 10. The congregation encouraged women to go home and to think about their decision. Sometimes a woman would return to Bessborough with a family member and they would take the child home. If the woman could not make a decision then social workers at Bessborough would advise her not to sign the adoption forms. If a woman had signed a Form 10 and subsequently decided to keep her baby, the Form 10 was 'torn up'. When a woman had made a decision to put her child up for adoption, she was brought to a solicitor to complete the process. This involved only the woman and the solicitor but a social worker sat with the woman if requested to do so. The solicitor would always ask a woman if she 'understood what she was signing' and that it was 'what she wanted'.

Landscaper, Bessborough, c.1983-2003.

18.286 The witness was contacted by Sister Sarto in 1983 to assist with landscaping and other work at Bessborough. He was a civil servant and he worked in Bessborough in a voluntary capacity. Sister Sarto had set up AnCO employment schemes which took on local unemployed men. When he started there, the farm had been neglected for over 40 years and the 'place was a wreck'. The farm buildings were renovated under the AnCO schemes and he built a garden and courtyard for the women living in the home. He helped to design and build a heritage park at Bessborough in 1986 or 1987. He built a 'Celtic garden' with a waterfall feature to the south east of the congregational graveyard in the area adjacent to the folly, a feature he called 'the Keep'. He dug up trees in the area surrounding the graveyard and folly garden feature.

> So, I did a lot of excavation in that area around the graveyard… They've actually cut some of those trees down but it's around, all around the back of the walled-in graveyard. There is an old Keep there. An old stone keep, a natural stone keep and it is all around that, the back of the … actually where the Nuns are buried in the graveyard.

18.287 He used a JCB to excavate the ground surrounding the graveyard and folly. He had to dig five or six feet deep to dig up the roots of trees. He was never told that he could not undertake ground works in any particular area at Bessborough. Some years later an archaeologist told him that the area surrounding the Sisters' graveyard and folly was suspected to be a children's graveyard. He frequently found large bones while digging in this area; he believed these to be the 'very old bones of animals'. Because of their large size, he was satisfied that they were the skeletal remains of a cow and that he found nothing that resembled a human bone.

> I would say that I did a lot of excavation down there and I came across nothing at all…That's why I am here really. To say that in my time down there…I came across nothing that would say that that was a child's bones or a child's skull or anything like that. I came across nothing like that.

18.288 He was not aware of any children's burial ground at Bessborough and he never heard anyone speak about a children's burial ground during his time there. As far as he knew, children were buried in St Finbarr's cemetery during the time that he worked there and he 'never saw any funerals down in Bessborough of babies'.

> I dug up the water pipe twice, going into the place. So I did, as I said, a lot of excavation. When I went there the place had actually been neglected for

many, many years. So there was a lot of trees had grown up in the wilderness basically. So, when I was clearing the wilderness with the JCB, so I did quite a lot of excavation, but never came across any bones that I could say were children's bones.

18.289 He was working in Bessborough in the period when land to the east of the Bessborough estate, and adjacent to the congregational graveyard and folly, was sold to a private developer. The development of this parcel of land was halted by the economic downturn. He witnessed different stages of the development of this site and he remembered the mounds of earth that were dug up during the site clearance. He stated that he did not hear of any human bones being unearthed during this work.

18.290 He dug a crater 30 to 40 feet wide and around nine feet deep to create a pond in the area to the west of the congregational graveyard and north of the avenue leading to the folly. No human bones were unearthed during this work.

18.291 The witness used maps and aerial photography of the Bessborough estate, dating from 1951 to the present, to provide the Commission with in-depth information on various developments which took place on the Bessborough estate during his time there.

Evidence of former Bessborough residents

The experiences described by the former residents who gave evidence to the Commission are largely set out in their own words. In some cases, particular information which might identify the witnesses has not been included.

Resident A: Mother early 1960s

18.292 Resident A became pregnant when she was aged 18. She travelled to London and told a priest that she was pregnant. The priest put her in contact with the Crusade of Rescue who made arrangements for her return to Ireland. She felt that she should have stayed in England as she would have been able to keep her baby there. She was met at Cork harbour by a car and driver who took her to Bessborough.

> I had never been to Cork before and knew no one there. I had no idea where I was going and did not know that once I had gone there [Bessborough] I would not be able to leave again.

18.293 On her arrival at Bessborough, she was given a uniform 'canvas overall'. She said that her belongings and life savings were taken from her. She said that she was not allowed to leave the home as there were bars on all the windows and the doors were locked.

> Even without these measures it would have been impossible to leave: all of our things had been confiscated, we had no clothes and no money. From time to time we were allowed outside but were always escorted by nuns… They marched us around like soldiers. These are the only times I remember being allowed outside.

18.294 She said that she had no rights in Bessborough. She was given a 'house name'. She never saw anyone from the outside and she was not allowed to maintain contact with family and friends. She wrote letters to her mother which were sent to London first and then posted to her mother in Ireland. The nuns supervised and censored her letters and coerced her to write positive things about the home while she and her baby were ill. She stated that there was a 'rule of silence' in Bessborough and that those who broke it were 'reprimanded'.

> At Bessborough we got up at 5am every morning and went to mass. Afterwards we fed the babies in the nursery, but never our own. For the rest of the day we were assigned duties. I scrubbed the stone floors of the long halls and passageways. At around 7pm we were put to work in the community room where 20 or 30 of us sat around embroidering Christmas cards… We were put to bed at 9pm… We worked in this fashion every single day. We were never paid for the work we did. We were made to work even if we were very ill, as I was. No excuses were ever accepted-it was just as if the nuns had no hearts at all. There was no education given to us and no time for recreation. During the day we worked and prayed, prayed for forgiveness… I was often given night duty on the labour ward. If the labour ward was not busy I was made to scrub long, cold stone-flagged passages on my hands and knees all through the night.

18.295 She said that there were about 30 beds in her dormitory and that it was 'always cold and draughty'. The women whispered to each other at night but were made to stand by the bed as punishment.

> You could hear the girls crying at night. We went to bed frightened and always woke up frightened.

18.296 They were able to bathe but were seldom allowed to.

> I really only remember eating potatoes during my time there, though we had sausage on Sunday mornings. The sisters lived in the Convent and definitively did not eat the same food we did. They had us to serve and wait on them and lived a beautiful life compared to us… You had to show respect to the nuns every time they passed, and each time they would demean you.

18.297 Most girls 'towed the line' and learned how to stay out of trouble. Some tried to 'escape' but were 'captured, brought back and punished'. Women were 'routinely denied contact with their children' as punishment.

18.298 She said that she received no medical care during her pregnancy in Bessborough and never saw a doctor or a nurse. She stated 'I had none in Bessborough, no care at all. I never remember being examined'. She said that her work in Bessborough included scrubbing the hallway and attending in the labour ward at night. There was no one in the labour ward to assist women in labour at night and the nuns only attended for 'daylight care'.

18.299 She did make friends at Bessborough. She recalled, 'they were beautiful girls. I mean that's all we had, we only had each other'. She said that one woman's mother sent her food. She said that, when she went into labour, she was locked in a room alone for 72 hours. She was afraid and in terrible pain and when she screamed or called for help she was 'abused'.

> I was screaming with the pain, three days screaming with the pain and all you got was, "Oh you should have thought about this nine months ago." "You have got to suffer for your sins and you have got to put up with it." And the more you screamed the more she abused you, which I call abuse now.
>
> On my second day in labour I was given an injection by Sister Veronica Cleary [midwife]. To this day I do not know what the injection was but I believe that this was what caused my baby's death and almost caused my own.

18.300 She said that she overheard two nuns arguing and one accused the other of injecting her with a dirty needle which had caused an infection. She said that she developed an abscess at the injection site and that she became unwell soon afterwards. Dr Sutton lanced the abscess.

> I had an abscess half the size of a football; it was protruding and at the very end I was terribly ill. I could only sit on one side of my bottom and painful even then to sit and I was made to go to church, go to Holy Communion. I was terribly embarrassed, you know, to say the pain. But finally the doctor, Dr Sutton was called: a cruel, cruel individual because I wasn't turned over properly. He never said who he was, never said my name. He just flung you over on the side and brandished this long thin knife in front of me and then there was no preparation, there was no nothing, he just cut you and then went out. I could hear the poison pouring on the floor. They were all just inhuman.

18.301 She said that she wanted to give her son a specific name but the nuns refused to allow her to do so as the chosen name was a 'protestant name'.[70]

18.302 She said that Bessborough was always cold and that she was forced to feed her infant in a cold passageway outside the nursery. She was not allowed into the nursery for reasons unknown to her. After two or three days the child 'would not eat, would not drink his bottle and would not swallow'. She had developed an abscess on her breast and the baby was being bottle-fed. She said that a nun took the child from her, told her that 'she was not feeding him properly' and 'almost smothered the baby by stuffing the bottle down the child's throat'.

18.303 She subsequently became ill herself. She developed a lame leg, a high fever and a pain in her head but said that the nuns did not want to know. She asked for a nurse for herself, but she was ignored and given nothing to relieve the pain. She was told 'It was your suffering, your sin and you had to cope with it'. She 'was left there to die' and she will never understand 'the cruelty'. She described the nuns at Bessborough as 'the most cruel, barbaric individuals' she ever met.

18.304 The baby was transferred to St Finbarr's Hospital aged 19 days. He died there 19 days later. The cause of death was given as renal failure and septicaemia.

[70] A number of boys born in Bessborough were christened with this name; Resident A's son was given this as his second name.

> My son died at six weeks… My son was a beautiful, blonde-haired boy; perfect. I believe he died as a result of the neglect he suffered from those at Bessborough… Another woman told me that they had kept my son in a dying room. I begged the nuns to take my son to hospital but they only did so after two weeks had passed. My son died in hospital.
>
> I was told by one of the girls that my baby was held in the dying room after he died and I asked where he was kept and I was told by a girl, who had a two-and-a-half year old baby herself that was in another part of the convent that he was in the dying room. I cannot get over this and this is one of the horrors that stays with me… I wasn't prepared for this inhumane treatment.

18.305 One of the nuns told her that her child was buried in the small cemetery at Bessborough.

> …she told me my baby had died and I asked her could I go to my baby's burial and I was told I couldn't go, even though I was 100 feet, 100 feet away from the burial now I know he was buried 100 feet from where I was, I wasn't allowed to go with him. I don't know if he was buried in a coffin. I don't know if he was buried in a gown or what he was buried in. I don't know if there were prayers said over him. I have no information.

18.306 She said that if she herself had died she would be buried in an unmarked grave like her baby. A doctor was never called to attend to her or to her baby. She believes that she was discriminated against because she was 'illegitimate' herself.

> I am sure there were other girls that were left out as well and other girls did disappear and, overnight with their babies and we presumed they had died.

18.307 She said that, after her child died, she was made to bottle feed other children in the nursery. It was always mothers who had lost their children who were given this task.

> The conditions we were in were worse than a prison - prisoners have rights but we had no rights at all. They did whatever they liked to us and said whatever they liked to us. They were unbelievably cruel and could get away with anything because people in those days put them on a pedestal and believed everything they were told. There was nothing we could do about it.

18.308 She was discharged from Bessborough a week after the death of her child.

> I could not accept how my baby had been allowed to die without any medical care. There was never even a kind or sympathetic word spoken to me and I was not allowed to attend his burial. The nuns believed in suffering for our sins.

18.309 Resident A was concerned that she did not get full information about her time in Bessborough. She said that other women were given full files relating to themselves and their children's time in Bessborough but that she 'received nothing'. Her records contained no information in relation to the injection she received or the treatment she received from Dr Sutton. She returned to Bessborough in the early 1990s to get information on her time. She met Sister Sarto who gave her some information. Sister Sarto brought her to the Bessborough cemetery and told her that she believed that her baby was buried there.[71]

Resident B: Mother, early 1970s

18.310 Resident B was a student aged 19 when she became pregnant. Her parents brought her to the Catholic Protection and Rescue Society, South Anne Street, Dublin, who recommended that she admit herself to St Patrick's Mother and Baby Home on the Navan Road (Pelletstown). She did not want to do this as her parents considered the institution 'too close to home' and feared that her identity might become known. She finished her university examinations and her father made arrangements for her to live with an elderly couple in London, who it was proposed 'would nurse her through her pregnancy'. She stayed there for two months:

> It was awful. I was actually scrubbing floors and so on. It wasn't what I expected. I was so unhappy in London and lonely and isolated that I rang home and said look, okay, I will go to Bessborough. That's it. So I came back. I was seven months pregnant when I arrived there and I was surprised, because for me anyway, it was a bit like going to Boarding School, and I had all these girls around me who were pregnant, and I know this flies in the face of everything you read and so on, but some of the time, we had a great time. Some of the time we had midnight feasts and you know we went out roaming around the grounds and getting up to mischief. Just being, we were basically kids.

[71] The Commission has since established that this child was not buried in Bessborough.

18.311 On her admission she was told to choose a 'house name'. She said she lost her identity in Bessborough and the residents were forbidden to tell each other their real names. She said that there was a two tier system in place at Bessborough:

> So, there were the nice middle class girls like myself, sitting around doing absolutely nothing, we had no occupations. We knitted. We went out for walks on the grounds and we were bored. We knew that there were other girls in the kitchens and in the laundries and that there were babies somewhere, but it was all very secretive, and we didn't know, and I suppose the whole culture was that you didn't ask questions. You just got on with it.

18.312 She was a private patient; her family paid for her maintenance there. She did not mix with the public patients; private patients were segregated from them.

> So you know we were the privileged few and as soon as our babies were born we left whenever we wanted. You know so long as the Adoption Society or whoever was organising it, had made arrangements, you could leave. But we knew that there were other girls that didn't leave.

18.313 Initially, she shared a room with an older woman. This woman had 'serious problems' and Resident B found this experience to be 'traumatic'. She said that she was 'absolutely terrified' of this woman.

> She used to masturbate every night. And was very loud. She had apparently had had several children. She had come in pregnant and had been kept in and I think she was intellectually challenged. She didn't speak to me at all. She grunted, she was a very strange person but the other girls, you know the gossip was that she used to go down, there was a farm in the grounds of Bessborough. She used to go down to this farm at night and sleep with the farmhands. So, she had several children and just stayed in the convent and had her children.

18.314 The other girls told her to speak to the midwife to put somebody else in with her. Resident B recalled that the midwife, Sister Martha, was the only nun with whom she built up a relationship. She said that Sister Martha was a 'very kind woman' and 'very competent at what she did'. In contrast, Resident B said that the visiting Medical Officer was 'awful' and that his whole demeanour suggested that he didn't want to interact with the women: 'He looked on us as fallen women'. She said that the doctor was 'gruff and old' but that all the women loved Sister Martha because she was kind and helpful. Resident B said that she 'pestered' Sister Martha to

allow her to assist at some of the births. Sister Martha subsequently agreed. Resident B said that this took her mind off her own situation and gave her an insight on what to expect during her own labour. She said that there was no antenatal training in Bessborough at the time. Her aunt had given her a book on a painless childbirth method, but it was all 'gobbledygook' to her.

18.315 Resident B said that she visited Bessborough in 1990 and met Sister Martha. Sister Martha told her that 'it broke her heart over and over again to help the women in Bessborough to give birth knowing that they were going to be separated from their babies'. She said that she came to the Commission to state that not all her memories were bad. However, she acknowledged that other women did not have the means to leave Bessborough as soon after the birth as she did.

18.316 She recalled that the food in Bessborough was like that served in a boarding school 'good but bland, and healthy enough at the time'. The women asked their visitors to bring food for some variety; roast chicken was a favourite. She said that public and private patients wore their own clothes and that they received adequate medical attention including Pethidine pain relief during labour. She said that the women's biggest fear was that they would be transferred to Cork district hospital (St Finbarr's) due to a complication. She recalled that single expectant women transferred from Bessborough to Cork district hospital shared a ward with other women who had people coming to visit them with presents for their new-born babies. She said that women from Bessborough were left in a corner on their own and found the whole experience to be upsetting.

18.317 Resident B's baby was christened immediately after birth. She asked the nuns to choose a name for the child as she knew that it would be changed on adoption. Initially, she had planned to keep her child and her parents were supportive of her wishes. Her mother had offered to give up work to mind the child so that she could return to college. However, she was visited by three aunts who 'ganged up' on her and told her that she would destroy her mother's life, that her neighbours would stop speaking to her, that the child would be treated 'as a bastard' and have a dreadful life and that nobody would ever marry her if they knew she had an 'illegitimate' child. She said that the adoption society (CPRS) also pressurised her and told her not to be selfish and to 'think of the child and not yourself'. She 'caved in to all the pressure'. A few weeks later she and the baby travelled to Dublin by train. She was met by her mother who took the baby to CRPS in South

Anne Street. She subsequently had a nervous breakdown and was hospitalised for a 'sleep cure'. A year later, she signed adoption papers and emigrated.

Resident C: Mother, early 1970s

18.318 Resident C became pregnant at age 18. She and her boyfriend travelled to their hometown to tell her parents. Her mother told her not to tell her father and said that she would 'fix this'. Resident C felt that she and her partner were independent enough to deal with the situation and she did not want her mother to interfere. Following sustained parental pressure, she was admitted to Bessborough as a private patient. Her parents gave a false name and county of origin to the Bessborough authorities. She left Bessborough without her parents' knowledge and went to Dublin to be with her boyfriend. When her parents found out they brought her home for a week and then re-admitted her to Bessborough. Resident C said that her mother was 'controlling her' at this stage and she 'instilled a deep sense of shame' in her. She was given a 'house name' and spent her days looking after babies in the hospital. She said that she was happy to look after the babies, that she had 'companionship' in Bessborough and that she was able to discuss aspects of her pregnancy with other girls. She said there were no antenatal classes and there was no discussion about what would happen during labour. Her mother did not discuss the matter with her and remained in complete denial that her daughter was having a baby. Her parents made it known to her that there was no option other than adoption. The option of bringing the baby home was never discussed. She agreed to place her baby for adoption but planned to return to Cork after a few days to reclaim him. She took care of her baby for ten days at Bessborough. On returning to the family home, her mother made her promise that she would not return to Cork to reclaim her child. Her partner went to her home and told her that they would both go to Bessborough and reclaim their child. However, she felt 'fearful and shamed' because of the 'damage' she had done to her family and she did not want to go against her parents' wishes. She felt 'brainwashed' and had 'damaged her parents'. Her parents put her on sedatives and never discussed the baby with her. They brought her to a solicitor where she signed adoption papers. She recalled that she was 'too-sedated to fight for her child'. Her parents never acknowledged the child as their grandchild and there was never any option other than adoption considered. The legalities of adoption were not explained to her and she does not feel that she gave her voluntary consent to have her child adopted. Her parents took total control over her and

never allowed her to express her feelings. The adoption proceeded without her having a say in the process.

Resident D: Mother, early 1970s.

18.319 Resident D was herself born in Sean Ross and subsequently adopted through St Patrick's Guild. She was 'very much loved' by her adoptive parents and she had 'the most wonderful life'. She became pregnant at age 18. It broke her parents' hearts, particularly her father's. She was regarded as an outcast by her family and her friends' parents who warned their children not to associate with her. A neighbour arranged for her to stay with a family but this arrangement only lasted two months. She does not know who arranged it, or how it happened, but she found herself in Bessborough. She later recalled that her father drove her there about four months before she gave birth. She was not sure if she was a private or public patient but thought that her parents probably paid for her maintenance there.

18.320 She was not made to change her name. She and another girl worked cleaning the chapel. She said that Bessborough ran a 'Magdalen Laundry' and that she remembered seeing a large number of women working there.[72] 'It was tough going'. She said that, to the best of her knowledge, women working in the laundry were not pregnant.

> There was one girl, God love her, she'd had her babies. I don't know, maybe ten years prior. She stayed on. I don't think they gave her much choice.

18.321 Her accommodation was in a four bed dormitory. It had four wrought iron beds and four lockers and the living areas were not separated with curtains. Some rooms had six beds. The top floor of the building had four baths and women bathed twice a week. She was used to these living conditions as she had been to boarding school.

> They were nicer to me in Bessborough than they were in [the boarding school] and as I said before. [the boarding school] treated us dreadfully, absolutely dreadfully. If you were caught reading a comic, and I was in national school in […], you were locked up. You were made sit in the church and you were locked up in the sacristy. I saw so many girls, including myself who was

[72] The Commission recognises that there was not a Magdalen laundry in Bessborough. The laundry was for internal use only.

caught I can tell, locked up in the sacristy, key locked, everything, left there overnight…I ran away from it twice. They kicked me out in the end.

18.322 She felt a sense of relief when she entered Bessborough. At home, her parents and her boyfriend's parents met to discuss matters and she was left out of the conversation. She felt that an awful lot went on behind her back. Her father hated her boyfriend's parents with a passion and he had threatened to shoot her boyfriend with his double-barrelled shotgun. Both sets of parents meant well, but didn't know how to deal with the situation. Getting away to Cork was 'a blessing in disguise'.

> But it was a great sense of relief for me when I went to Bessborough because I discovered that I wasn't this only girl in the entire world this has happened to because I really felt that prior to going down, do you know what I mean, that I was the only girl. And I didn't know, like, I mean I know I was nearly 19 but I hadn't got a clue. I was so … I thought I knew everything, but you know what I mean, I was naive about pregnancy things and knew everything else about riding horses and going on motorbikes.

18.323 Resident D said that the day in Bessborough began at 7.30/8 am and the women attended Mass every morning. The priest, who did not live on site, was 'very nice'. All women had to attend Mass on a daily basis and 'we all just kind of nearly rolled with it'. The nuns in Bessborough were 'fully garbed' but she reiterated that they were nicer that the nuns in the boarding school. They would line up for breakfast in the canteen with the other women and had porridge and boiled eggs. The food was generally 'ok' and some women helped in the kitchen. They were served dinner in the afternoon, which consisted of meat, vegetables and potato and in the evening they had bread and jam with tea. She witnessed some fights between women in the canteen.

> And a couple of times fights would break out in it with girls, you know. Girls slagging off other girls that might have had a hard time having their babies. I remember one big fight broke out where one girl - 'did you hear […] had her baby and she roared crying and she screamed' because she had the baby in the home.

18.324 One or two of the nuns were qualified midwives and they were assisted by a lay woman who was a long-term resident in Bessborough. The women got 'gas and air'. She was examined by the nuns and a doctor visited on a regular basis.

18.325 Although the days in Bessborough were very structured, women were allowed to walk around the grounds, to go to a shop outside the convent and to go into Cork city. They had to get permission to go offsite but their movements were not restricted. She met her mother and aunt on a few occasions in Cork city. She remembered going to Roches Stores where she had to buy two baby outfits, one for a boy and one for a girl, for when her baby would be handed over for adoption. Her father never visited her 'He wasn't happy with this at all'.

18.326 She said that there were many women living in Bessborough, whose parents thought they were living and working in England. These women wrote letters to their families while in Bessborough. The nuns sent the letters to one of their convents in England who then sent the letters to the woman's parents in Ireland. She also said that the telephone operators in the Cork telephone exchange made parents believe that a phone call from their daughter was coming from England, when in reality the woman was ringing from Bessborough.

> They were really great guys, like, we never ever met them, but they were - you know, you'd nearly ring them just to talk to them because they were nice, you know what I mean, they weren't judging us, you know.

18.327 Many women who pretended to be in England stayed in Bessborough for extended periods after their children were adopted 'because they couldn't just pop up'. Other women stayed on in Bessborough after their babies were adopted because they were 'very traumatised and didn't know which way to go'. These women worked for their keep.

18.328 She received many letters from her family and friends and her boyfriend. She does not believe that her mail was interfered with or censored. Women were free to walk to the nearest Post Office in Blackrock Village to post mail themselves. However, she remembered that residents of the area did not like to see women from Bessborough in the community and she always felt that she was being judged by them.

18.329 When she went into labour, there were complications and she was transferred to St Finbarr's Hospital by ambulance. She was administered a lot of drugs in St Finbarr's and felt that they prioritised married women over her. She remembered St Finbarr's maternity hospital as being overcrowded and she remembered seeing 'babies on trollies in the corridors'. She was put into a room with other maternity

patients who inquired where her husband was. She was discharged with her son to Bessborough the day after his delivery.

18.330 She had visited the Catholic Protection and Rescue Society with her mother and her boyfriend before she travelled to Bessborough and had decided at that stage that her baby would be put up for adoption. She never had any intention other than to place her baby for adoption. She stated that Father Colleran of the Catholic Protection and Rescue Society counselled her and told her that she may change her mind when the child was born. However, she said that she was 'firm set' and that adoption was the road that she was taking.

18.331 After the birth, she contacted Father Colleran to tell him that the child was born and that she wanted to be home for Christmas. He told her that no prospective adoptive parents were looking for baby boys at that time and that she would have to stay in Bessborough until he could place the child. She told him that she would be travelling home for Christmas regardless, with or without her child. When she told him that she would let the Sacred Heart Adoption Society handle her son's adoption, he agreed to arrange transport for her and her child to Dublin.

18.332 She and her son were met at the railway station by her boyfriend's parents and sister. Her boyfriend was not with them: his parents thought it best that he did not see the child. She went straight to the Catholic Protection and Rescue Society where she handed over her son and signed the initial adoption papers. Six months later she signed formal adoption papers.

> I had made up my mind. … and it's not out of that I didn't love him or I didn't care for him, I just wasn't maternal. I wasn't reared up with small - I knew more about a cow having a calf than I would have known about... I know it sounds cruel what I am saying, but that's why I knew what I did was right for him…I knew about the wonderful life I had… So I only could see the same thing happening with [my son]…So that's what my decision was, and it was right.

18.333 Her decision was fully supported by her boyfriend; they subsequently married. Her parents accepted her back wholeheartedly and she went to work with her father in his business.

Resident E: Mother, early 1970s

18.334 Resident E discovered that she was pregnant at age 18. She convinced her parents, who did not know she was pregnant, to allow her to travel to London to live with her aunt. Her older sister had become pregnant previously and 'all hell broke out at home'. Her parents told her that her sister had died and that she 'was never to mention her name again'. She and her siblings had been beaten 'profoundly' at home and she and her sisters were sexually abused by their father. She applied for a job in London and found out for certain that she was pregnant during a medical examination. She was offered an abortion in a hospital in London but decided against it. Her aunt overheard that she was pregnant and looked after her. She pleaded with her aunt not to let her mother know that she was pregnant. Her aunt rang her mother without her knowledge and told her about the pregnancy. She said that one day 'three people in black' were standing in her aunt's kitchen, 'forced her into a car' and told her she was going back to Ireland. It transpired that her mother and aunt had contacted the Catholic Crusade of Rescue who made arrangements to repatriate her to Ireland. She said that she was 'forced on a plane against her will' in Heathrow and flown to Cork. She was met by two nuns at Cork airport, one of whom was from St Anne's Adoption Society and taken to Bessborough.

> I remember the grandeur of the desk and the chairs. That is when I met the thing that ran it and she just looked over her glasses at me. I was sick. I was dizzy. I didn't know where I was, nothing. She asked me my name. I said "my name is […]". She got very angry with me. I repeatedly kept saying "my name is …" and she wouldn't believe me. She kept saying "that is not a name, don't be stupid"…I believe her to be the person called Sarto.[73]

18.335 She was given a bed in an eight-bed dormitory. She worked in the laundry and the kitchen during her time at Bessborough. She was flown to Cork and 'escaped' from Bessborough after about a month.

18.336 She said that she experienced some 'spotting' during her pregnancy but that the nuns at Bessborough refused her medical attention. She said that she received no medical attention of any sort at Bessborough. She was never seen by a doctor and no doctor ever visited the institution. She got some comfort from talking to the statue in the grotto at Bessborough. However, she had considered committing

[73] Note: Sister Sarto started work in Bessborough in 1981.

suicide by throwing herself out a window. She said that women were not allowed to leave the main house at Bessborough but that they were allowed visitors. She was visited weekly by a woman from St Anne's Adoption Society who told her that adoption would be the best option for her baby. Her boyfriend found out that she was in Bessborough and helped her 'escape'. She went to her sister's house in Dublin. Her mother found out where she was and drove her to St Patrick's Home, Navan Road (Pelletstown). She gave birth there and her child was adopted through St Anne's Adoption Society.

Resident F: Mother, mid 1970s

18.337 Resident F became pregnant at age 30. She visited a doctor in a town 20 miles from where she worked who directed her to a local curate. She said that curate was very nice to her and told her about Bessborough. She told her parents that she was pregnant. While they were upset, they did not throw her out. She stayed with her parents for a while after giving up her job. She stayed with friends over the Christmas period. She drove to Cork and was admitted to Bessborough early in 1974. She met a nun on arrival and was given scrambled eggs and brought to her quarters.

> I had experience of being in boarding school, where you just had a curtain in the cubicle but this was a completely enclosed private place with a door and a key. So nobody could come in. So it was very basic with a wardrobe and a table at the bedside and a single bed.

18.338 Her job was to make bottles for feeding babies. She and another woman made up 60 or 70 bottles a day. Her afternoons were free and she regularly drove to the local shopping centre for coffee and to read the newspaper; she had her own car. At least one other woman at Bessborough had her own car. She could come and go 'as she pleased'.

> I mean my remembrances of the place was that it was pretty grim and the food was basic but when I was thinking about it, I don't remember either being hungry or cold and it reminded me very much of boarding school, although of course I was older. The whole thing that was hanging over me then the whole time was, what was I going to do with my baby?

18.339 Her mother wrote to her regularly during her time in Bessborough and she spoke to her family on the phone. She recalled that her mother was glad that she had taken another name at Bessborough so that people in her family's local post office would

not get suspicious. Her pregnancy would have been regarded as 'a slur on her whole family'. She worked as a primary school teacher and she would not have been able to get a teaching position in a Catholic school as a single mother. She said that she had no money, no job and no place to stay. Although her parents never told her that she could never bring her baby home, she knew that was never an option. She thought about various scenarios where she would be able to keep her child but none of them seemed viable. She discussed her options with Sister Mary at Bessborough. However, the advice she got at Bessborough was 'leaning towards adoption'.

> Now you could look at that two ways, in that like I am a very practical person and it was definitely the practical solution to have the baby adopted. That's the way it worked out in the end… Because I wanted to be absolutely sure. So when it was coming up to the birth I had decided at that stage that I would give the baby away for adoption but I kept thinking to myself you know maybe I'll just do that now for the moment and see how things go… I knew myself I could change my mind if I hadn't signed the adoption papers.

18.340 The nuns at Bessborough 'weren't falling over themselves to be nice'. However, she never heard any nun say 'awful things to a girl'. She said that the 'crippling sense of shame' expressed by other women who resided in Bessborough was evident during her stay there and she never felt that she was in Bessborough 'to be reformed'. She did not recall any infant deaths during her time there. Her time in boarding school prepared her for life away from home and living with nuns. She felt that this was a more traumatic experience for other women.

18.341 She remembered that when she went into labour she was brought to a small room. She remembered being assisted by a midwife and another woman. She was given Pethidine when her labour pains increased. She was not given any painkillers after that and gas and air were not available. She had not changed her mind about putting her child up for adoption and did not breastfeed. She felt that the more she did with the baby the more difficult it would be to part with him.

> I had seen girls who have stayed in the place for two or three months after, maybe even longer and they were going to have their babies adopted and they were feeding their babies every day and changing them and I thought to myself, there is no way I can do that. There is no way and then give the baby away after a couple of months. So, I had said to […] that I wanted the baby to go quite soon after the birth.

18.342 Her baby was removed to a foster home when five days old and he was placed with an adoptive family soon afterwards. She signed preliminary adoption papers before she left Bessborough and signed the final consent to adoption forms six months later.

> So then I kept the papers as I say and one time then, just before Christmas, I decided yes, I am happy with this now. This is what I want to do. So, I can remember well the night I walked down after posting them and said that's it now. That's it.

Resident G: Mother, mid 1970s

18.343 Resident G became pregnant at age 17 while she was a second level student. She was six months pregnant when she told her father. A few days later she was on her way to Bessborough with her school books. Her father made the arrangements for her admission without discussing the matter with her. They did not tell her mother about the pregnancy. She said that she would not accept a house name in Bessborough, and she was allowed to use her own name while living in there. Her accommodation was an individual cubicle with a bed, locker and table. Other women were in wards with, four, six or nine beds. On one occasion she was brought into a room with other residents to see the body of a dead infant.

> We were brought into a room just off the ward where one or two babies had died and they were laid out in a little, I can't say it was a coffin but on a bed with a kind of a lily flower draped, they were dressed in white and a lily flower and to this day I actually don't understand why they would want you to go in and see a dead baby…I had said what happened to the baby? They said she was born with Spina Bifida but I don't understand the thinking behind marching pregnant girls in to look at dead…[74]

18.344 Other residents told her stories about the labour ward and the lay midwife who delivered babies at the hospital.

> So when somebody went into labour in that room and it was like the atmosphere in the hospital section completely changed because you knew

[74] The Bessborough institutional records show that there was one infant death in Bessborough during Resident G's time there. The infant had been born with Myelomeningocele Spina Bifida at St Finbarr's Hospital. The child's mother returned to Bessborough without her child and was subsequently discharged to her family home. Medical records show that doctors at St Finbarr's did not consider the child fit for surgery. The child was subsequently admitted to Bessborough unaccompanied aged 16 days; she died 5 weeks later. It would appear that the scene described was a prayer vigil/funeral service for the child.

> that somebody was at the hands of this midwife and the whispering that went on in the washroom was that this woman wouldn't give any sedation. She wouldn't give any painkilling. She was cutting the girls down below and just would tell them this is your punishment for what you have done and you are never doing this again.

18.345 She said that she became very 'fearful of being at the hands of this woman, the midwife' and that the stories about her had made her 'so terrified' that she told the nuns that she had been very sick as a child so that she would be sent to St Finbarr's Hospital for her delivery. In relation to ante-natal care she said:

> A doctor would come during the week. I don't know whether he was a gynaecologist or a GP. There was a room, an examination room where you would queue up in the corridor and go in to be examined by him. He was quite an old gentleman and from what I remember you wouldn't be given any information about yourself or how baby was doing or how many weeks you were but he would just examine you and then you were told you can go back to your room.

18.346 Resident G said that she did not undertake any work in Bessborough and spent her time studying. There were other school-going girls in the hospital and a teacher came in once a week to help them with their studies. She could not recall much about the food at Bessborough except that there were lots of turnips and she remembered having cornflakes for breakfast.

18.347 She was taken to St Finbarr's Hospital in an ambulance with another expectant woman. The staff at St Finbarr's Hospital did not explain anything to her and she was 'terrified'. Her time in St Finbarr's Hospital was deeply upsetting.

> The night he was born they put me in a ward with other mothers and family were coming in and loving their new little arrivals naturally and I can see myself in the bed, it was just in the door, on the right hand side, and I was able to turn my face to the wall. I was absolutely distraught. So, I was crying so much they took me back out and they brought me back down to a side room of some kind but I just - oh my heart was broken. I just, the whole night I just moaned for him…moaned for him all night. The loss of him…I was just heartbroken. I was absolutely heartbroken.

18.348 No friends or family member visited her while she was in St Finbarr's and she felt very lonely. She did not see her baby until she was in an ambulance heading back to Bessborough. A nurse in the ambulance with her was holding two babies. She experienced post-partum haemorrhaging and was returned to St Finbarr's Hospital for some days. When she returned to Bessborough she was brought to the nursery where she held her baby for the first time. She said that her child was baptised by a priest at Bessborough and that she was forced to attend Mass every day.

> We had committed a mortal sin and we were unclean and the only way to atone for your sin of becoming pregnant was to pray and pray and pray for forgiveness. That was the over-riding feel of it.

18.349 She had two visitors while she was in Bessborough - her school chaplain and a nun who was a friend of her father. Both visitors told her that her only option was to put her son up for adoption. No other options were discussed with her. She subsequently signed her child over for adoption and a year later she travelled to Cork where a legal adoption was finalised. She said that she did not fully understand the legalities associated with legal adoption and that they were never explained to her.

> I was informed that when I signed the paper I was going to sign my rights away. That's what I do remember. Signing that form. I don't remember anyone coming forward to me to say or stand me aside to say are you sure this is what you want to do. It was almost that this was a standard journey… I know I was a student. Financially, I wasn't in a position to take care of him but it - I suppose for me an over-riding feeling of the whole thing is there was no support there for me at the time… There was no options available to me other than adoption… No option whatsoever. Therefore I just felt completely overwhelmed as a young person, and pressured into the baby being adopted… I was railroaded into signing these documents.

18.350 She said that before she gave birth she was sent into Cork city to buy an outfit for her baby that he could wear when he was handed over to his adoptive parents.

> They would have sent us out to buy an outfit in a shop in Cork. So the baby would wear the outfit you have bought him when he was going to be adopted. That was the outfit that was going to be given, put the baby in to be handed over to the parents. So you can imagine going into Cork City, buying a little

suit, knowing that the suit that you were buying was what he was actually going to be given away in. The thinking behind it is just horrendous.

18.351 Her family never spoke of her pregnancy, her child or his adoption again except when her father was dying, he apologised 'for putting me through what he put me through'.

To this day, I think I might have mentioned it there, I still feel a shame. If you ask me where is that coming from, it is like just something in my soul, that people - that I was 17, and I know that you were unmarried and you have done this terrible thing. I can't get my head around it.

Resident H: Mother, mid 1970s. This former resident was accompanied by another woman and they are both active in a helpline for adopted people and mothers

18.352 Resident H became pregnant at age 21. She went to London and got a job in a hotel. When she was sent for a medical she told the nurse that she was pregnant. The nurse told her to contact 'some sort of agency'. She contacted an agency:

I went in there and they said to me - of course it was all that was bothering me was nobody would know; this would be over and done with. It was like it wasn't a baby, it was a problem… That is all it was, it was a problem, nothing to do with a baby at all. They said to me that I could go to Cork or Dublin and I said 'well nobody knows me in Cork'.

18.353 She said that there was no option for her to enter a mother and baby home in England. The agency arranged for her to travel to Ireland by boat. She was met by a nun in Cork who drove her to Bessborough. She has little recollection of entering Bessborough but said that she had her own cubicle and that women wore their own clothes. She remembered 'the secrecy, the fear, the not having a mind of your own, not having an opinion'. She remembers the feeling of 'being scared all the time'.

18.354 Her family did not know that she was in Bessborough and thought that she was working in Scotland. She wrote letters to her family and the nuns arranged for the letters to be posted from Scotland. Her sisters subsequently found out that she was in Bessborough and travelled there. She said that an adoption agency 'brainwashed her family' into agreeing that adoption would be the best route for her.

> Their main thing was not to upset mammy and daddy that was all, their only motivation was not to upset mammy and daddy. So they became part of the whole railroading of me into adoption.

18.355 She said that when she walked in the door, she lost everything and someone else made all the decisions for her. The 'whole set up in the place was powerlessness'. She was made change her name and told not to tell the other women anything about herself. She said that there was a class system at play in Bessborough.

> There was a definite class; there was a class system in place. I was considered to be from a respectable family, a country family. I think they had this idea that girls who were from the city, well they would have been Cork girls, you know most of them were Cork city girls, they were of a lower calibre and they were sort of looked down on because there was this idea that oh those city ones they'll keep the babies because they're irresponsible and they don't care about these children. You know the good; the good country girl will just do what she is told and hand over her baby. That was the sort of mentality there.

18.356 She said that working class women regularly left Bessborough with their babies and that they knew all about the social welfare payments available to them. Women were never told about the Unmarried Mothers Allowance in Bessborough and the nuns working there actively dissuaded women from any thoughts of living independently with their babies.

18.357 The nuns asked her:

> What are you going to do? Are you going to be in a flat in Dublin with a baby on your own? What are you going to live on? What are you going to do? You're going to have to give him back after a couple of weeks because you won't be able to cope.

18.358 Resident H said that the work women were asked to do in Bessborough was based on their backgrounds. If they were from an agricultural/labouring background women were expected to work on the farm and 'middleclass' women worked in the nursery. She said that 99.9% of callers to the helpline she now helps to run did not know that the State was paying for their maintenance in mother and baby homes.

> Everybody who worked there assumed they were paying for their keep and atoning for their sins but mainly paying for their keep actually. So, they never

questioned when they were asked to perform certain duties; they accepted it without question whatsoever. One image that stays in my mind is the human lawnmower…it is in June Goulding's book… Well basically the girls were asked to mow the lawn by kneeling and moving forward plucking the grass because this would save getting a man in with a lawn mower to mow the lawn in front of the Bessborough house.

18.359 She said that a doctor called to Bessborough on a weekly basis to examine expectant women. She had heard 'horror stories' about the lay midwife working in Bessborough and stated that she 'was a witch'. She had a good relationship with Sister Anthony who arranged for her to give birth in St Finbarr's Hospital. She had an 'absolutely terrible' experience in St Finbarr's.

> Terrible, absolutely terrible. I never will - it was the most demoralising experience of my life. I remember being left in the room on my own at one stage with my feet in stirrups, freezing cold and nobody with me at all. I was absolutely butchered. I ended up with these big hooky things. They just split me open to deliver the baby. I was given very little pain relief. Now after he was born they put him into the room with me and I couldn't cope at all, I couldn't cope. I said "this is so unfair"… Then the next day I think Sister Anthony rang me and I said "get me out of this place, I'm going to go crazy", because it just felt like I was being treated like I was a second class citizen. I had been left, I was told to shut up a few times when I was crying in pain.

18.360 Sister Anthony arranged for her and her baby to be returned to Bessborough that same day. Sister Anthony told her that there was a bug going around the nursery and that she had arranged a private room for her and her baby.

18.361 The woman who accompanied Resident H was never in a mother and baby home. She said that she sometimes felt jealous of callers to the helpline who had been in a mother and baby home as they offered refuge that she was not afforded during her own pregnancy.

> I used to be jealous of the women on the helpline, you know? I know it sounds odd. Sometimes I would think to myself if I had that refuge, I mean I know that they were cruel places but if I had that refuge I might have been able to keep my daughter you know, maybe… For some it was a refuge. I mean in an ordinary physical way…

18.362 Resident H said that she felt safe in Bessborough. She recalled walking the grounds and going out to the shop. She remembered travelling into Cork city to buy a christening outfit for her baby. She contemplated suicide and tried to throw herself in front of a bus in Cork city. She felt that if she was dead that her parents would raise her child.

18.363 Her baby was taken for adoption by St Anne's Adoption Agency aged three weeks.

> I still have nightmares of that car. You know what the car looks like? I think my father used to call them Model T because he was mad into cars. I can still see this woman going off in this black Model T from the front of Bessborough with my baby.

18.364 She went to London with one of her sisters to collect her belongings. She 'was out of it' at the time and did not know that she had flown back to Dublin and not Cork. She was met by one of her sisters who took her to their uncle's house. Her family were keeping her away from Cork and were convincing her that adoption was the 'right thing to do'. Her sisters 'colluded' to make sure that she went through with the adoption. They 'pressurised her' into signing adoption papers and they kept telling her that the longer she put it off the harder it would be. She did sign the adoption papers. She thought that she could go back to Bessborough at any time and reclaim her child. However, she was drinking heavily at the time and felt that she 'wasn't in control of her life'.

Affidavits received by the Commission

The Commission received a number of affidavits from former residents. These are sworn statements and are reported largely in the words used by the former residents. Unlike those who gave direct evidence, the Commission did not ask any questions of these former residents.

Resident I Mother, early 1960s

18.365 Resident I grew up in a traditional Catholic household in Liverpool. She stated that she was sexually abused from the age of 11 and became pregnant at age 13.

> I did not know what was happening to me but when it became apparent to my mother that I was pregnant she was ashamed and arranged with our local parish priest that I would give birth in Ireland. My mother and aunt told me that I was going on holiday with them and we travelled together to Ireland when I was about five months pregnant.

18.366 Her mother admitted her to Bessborough as a private patient and she remained there for four and a half months. Her mother visited her once but otherwise she had no contact with her friends or former life. She stated that she could send and receive letters but that they were 'opened and checked by the nuns'.

> I remember that it was very strange and lonely for me in Bessborough. I couldn't use my own name or wear my own clothes. The other girls looked after me and helped me because I was so young and didn't know what was happening to me.

18.367 Resident I said that she did not receive any education at Bessborough and occupied herself in a day room with books, sewing materials and wool. She said that she was let off some of her work because she was a private patient. She did scrub floors and collected potatoes from the farm and she worked before and after the birth of her child.

> Life was fairly basic in Bessborough, I was warm enough and the food we received was adequate. I was allowed to walk around the grounds accompanied and although there was a rule of silence it was only at certain hours, just before lunch and during 'quiet time' in the afternoon.

18.368 She said that the nun in charge, Sister Pius, was very kind to her but remembered that the delivery nun, Sister Veronica, was 'stern and cold' and that 'none of the girls liked her'. She said that she received no medical care in Bessborough and that her child was delivered by Sister Veronica. She never saw her baby as he was taken away immediately after birth. On the day after the birth she was told 'in a matter of fact way' that her baby had died.

> During this time I carried on with my former work duties and also helped feed the babies in the nursery. It is hard to explain how I felt after the death of my own child; it was heart-breaking.

18.369 She believes the information regarding her child's death, as contained in the Bessborough records, is incorrect. She believes that there was 'widespread trafficking of babies in Bessborough by these nuns and their associates' and she wonders if her child might have lived. She stated that she did not receive a death certificate for her child.[75] She found a report in the *Irish Examiner* regarding 'discrepancies' in the notification of infant deaths at Bessborough to be unsettling.

[75] The Commission has established that the child's death was notified to the General Register Office.

Resident J Mother mid 1960s

18.370 Resident J was 19 when she became pregnant. Her parents considered that she had brought disgrace on the family and they drove her to Bessborough when she was three months pregnant. They told her that she must never speak about her pregnancy and that she 'must never come back home again'. She said that, on her admission to Bessborough, she was told:

- never to speak of her identity or where she came from;
- that she was not allowed to have contact with the outside world;
- if she left Bessborough without permission she would be brought back by the Garda.

18.371 She said that she witnessed one woman who left the institution and was returned by the Garda. She also recalled that one woman fell to her death while trying to 'escape' from the institution through a very high window.[76]

18.372 She felt that she was stripped of all her human rights and dignity when she entered Bessborough. She said that she was not allowed to tell anyone her real name and was given a fictitious name which she can no longer remember.[77] She said that there was a rule of silence in the institution; no visitors were allowed; she was not allowed to send or receive letters; and she was not allowed to listen to the radio. She was subject to 'psychological abuse' in Bessborough; the nuns 'constantly' told her that she was 'evil' and that no one would ever want to marry her. She suspects that her hearing loss was a result of the abuse she suffered at Bessborough. She considers that she suffered 'severe trauma' at Bessborough and that she continues to have panic attacks because of her time there.

18.373 She slept in a dormitory which had six to eight beds. She had a single bed with a bedside locker and there was a communal wardrobe. She said that there were no recreational activities and women had to wear 'a big loose cover-up'. She said that she wore her 'cover-up' during her time at Bessborough and that it was never washed. There were one or two bathrooms for each dormitory and, although there were baths available, she could use them only 'when told to'. She stated that women attended mass every morning and undertook work for the rest of the day. Her days were 'very repetitive'.

[76] There were no maternal deaths notified from Bessborough during Resident J's stay there.
[77] The institutional records indicate that her 'house name' was the same as her actual name.

> I arrived in Bessborough in mid-July and during the summer months my job was cutting the lawn with scissors. I did this every day in a line with a group of other women. We were not allowed to stop when we felt tired. In the winter months I had to polish and scrub the corridors. Other women were sent to work in the laundries. The work was especially difficult given that I and the other women were pregnant. I worked seven days a week until I went into labour.[78]

18.374 She said that the food at Bessborough was 'not nutritious'. She was given 'watery porridge' for breakfast, bread and cheese or jam for lunch and stew for dinner.

> It was not nice. I doubt that the nuns ate the same food as us as there was a big farm there with all fresh produce. There was no food available between meals.

18.375 She said that, when women required medical attention, they were taken to St Finbarr's Hospital, Cork. She was never examined by a doctor during her time at Bessborough [five months]. She was attended to by 'a nun and another mother' when she gave birth.

> I went into labour while polishing the corridors. Later that evening, as the pain progressed, I was locked in what I can only describe as a cell. There was a single bed in it and a commode and the door had a small window in it, like a prison cell. I was left there all night with no attention. In the morning a nun came into the cell to check on me. My baby's head was presenting and so she made me walk across the corridor to a room where there was a table for you to lie on. I was unable to get up on to the table and so I lay across it and that's how I gave birth. After I gave birth to my son he was immediately taken away from me and put in the nursery.

18.376 She said that the only time that she was allowed to spend time with her son was when she fed him. A bell would ring to announce the start of feeding time and she would feed him and change his nappy. She said that women were told to 'face the wall' while breastfeeding.

[78] The allegation that residents were obliged to cut the grass with scissors was made in June Goulding, *The Light in the window*, (Ebury Press, London, 2005). Miss Goulding was a newly-qualified 22 year old midwife at the Bessborough maternity hospital from September 1951 to June 1952. Her book was the product of a creative writing class. It is not factually correct about a number of issues and many of its allegations are impossible to prove or refute.

> I vividly remember one day going to the nursery to pick up my son as he was screaming because he was very wet and dirty. He was clearly distressed and I believe that it was because he had been in that wet and dirty nappy for some time. As far as I am aware the nuns did not go in between feeding times to comfort the children if they were distressed or crying.

18.377 She said that sometimes the children of women who were unable to breastfeed did not get fed. She said 'they were hungry; screaming, hungry'. She stated that bottle-fed babies were given the 'bare minimum'. She said that one nursery at Bessborough housed children aged one to five years old and that they were kept 'four to a cot'. These children were sometimes wheeled outside in their cots but were never allowed to get out of them.

18.378 Her baby was taken from her when he was six or seven weeks old.

> When my baby boy was six-seven weeks old, he was wrenched from my breast by one of the nuns whilst I was feeding him and taken away for adoption… I ran after the nun down the corridor, but there were two big doors that women weren't allowed to go through and so all I could do was bang on those doors. About an hour later the nun came back and told me that my baby was gone…At no time did I give my consent to my son's adoption.

18.379 Her parents collected her two days later and put her on a plane to the UK. She later made contact with her son.

18.380 Resident J disagrees with every date relating to her admission and discharge and the birth of her son as recorded in the Bessborough records.

18.381 In a separate statement Resident J said:

> I was incarcerated in Bessborough Mother and Baby Home in Cork from [for approximately a year and a half]. During my time I vividly recall a woman telling me she was from Donegal, she had given birth to a mixed race baby boy. At the time I met her, her baby was approximately two and a half years old. I visited the nursery with her one day to meet her son, the room had babies from birth to approximately three years old, they were all mixed race. I cannot give a factual figure as to how many, I would estimate up to ten. I recall a nun stating to me and others that 'those coloured babies will be here

> for a long time as nobody wants them'. I often thought whatever came of these babies and that of their mothers.

Resident K, Mother early 1980s

18.382 Resident K became pregnant at the age of 18 and was taken to Bessborough by her aunt when she was six months pregnant. On arrival, she had her clothes taken from her and was given a 'smock' to wear. She was given a 'house name' and was allocated a job, which was to 'polish the wooden floors in a long corridor'.

> No one had a choice as to what jobs they were given. We were not allowed to speak to each other. We had to be on our knees to polish the floor…if a nun passed we had to stand up and say 'excuse me sister' as if we should not have been there.

18.383 The women went to mass daily and to confession weekly. There was 'silence at all times' and she did not remember ever leaving the grounds 'or even being outside'. She remembered having enough to eat and she never recalled being cold. They had recreation time once a week, when music was played. However, she said that she had spoken with another former Bessborough resident, who was living in the home at the same time, who told her that there was 'no recreation time and no music'.

18.384 Her only means of communicating with the outside world was by writing letters. Her incoming letters were open when she received them. She didn't write many letters because 'there wasn't anything to say'. She could not write anything about Bessborough 'because the nuns were reading her letters'. 'The only thing I could say was that I was OK'. Her uncle visited her in Bessborough but her father and her aunt did not.

18.385 The nuns were 'tough, strict and straight'. She was not aware of anyone being punished by the nuns but that 'we were all afraid of them'. 'We were reminded every day that we were sinners and that we were at Bessborough for our sins'.

18.386 She developed toxaemia during her pregnancy and she was attended by a nun who was a midwife. On the day prior to giving birth, the nuns had told her to scrub the kitchen floor 'to bring the labour on'. There was no doctor present when she gave birth but she was attended to by a midwife and a helper. Her baby was full term and the midwife 'took the baby away quickly'.

> I never got a chance to see or hold the baby. They told me that the baby was a boy and that he was still-born. There was no more mention of the baby after I gave birth and I accepted that he was dead. I was not invited to the burial nor was I given any details of how the remains were being dealt with. I was not given a death certificate.[79]

18.387 She didn't receive any aftercare in Bessborough. Her aunt came to collect her. She suspects that her aunt 'paid for me to be released'.[80]

18.388 She visited Bessborough on three occasions in a bid to get information about her time there and records relating to her child's death and burial. On one occasion a nun told her that her child was buried in the congregational burial ground onsite. She 'mistrusts the accuracy of the [Bessborough] records' provided to her. She also stated that she understood that she may have been 'the subject of vaccine trials carried out in the 1960s on behalf of the Wellcome Foundation'.[81]

Resident L, Mother, early 1980s

18.389 Resident L became pregnant at age 17. She entered Bessborough, stayed for two months and left before her baby was born.

> Bessborough was a solitary place. When I arrived I was shown my room and I spent most of my time in there or in a common area with a television… I refused to work in the nursery where they kept the new-borns. There was no one else to talk to except the other girls, but everyone seemed to ignore one another… The nuns generally kept their distance from us… Other than the social worker, I received no other visitors.

18.390 She said that there was a hierarchy of the girls at Bessborough and some were treated quite well. The women who worked in the home were getting a 'state allowance' and 'generally got what they wanted'. Because she refused to work in the home, she was 'quite low on the ladder'. She said that when she began to outgrow her clothes all she was given was a safety pin.

> We were only provided with basic provisions. The food was non-descript, and the only antenatal care we received was from one sister who took our blood

[79] It was not possible to register stillbirths at this time.
[80] This resident was a public patient maintained in Bessborough by Kerry County Council. Women routinely left Bessborough after experiencing a stillbirth or child death.
[81] The Commission can confirm that no vaccines trial was undertaken in the period that this resident was living in Bessborough; adult residents were not subject to any vaccine trials.

pressure and carried out urine tests. There were no opportunities given to us to do any sort of exercise or recreational activity.

18.391 She said that she had been told that she might be able to complete her Leaving Certificate at Bessborough. She attended one lesson but the teacher 'paid no attention' to her so she left and never went back. She considered Bessborough to be a 'holding pen' where young women were kept until they gave birth. She stated:

> Although I never suffered any physical abuse in the home, I felt like you were only there because nobody wanted you.

18.392 She said that no woman left Bessborough with her baby and that she herself was not sure that she wanted to give up her baby for adoption. She felt that leaving the institution would be difficult and there seemed to be very little help for girls once they left Bessborough.

> To try to leave on your own was one thing, but to leave with a baby with no support was impossible. I did not know if I was entitled to any welfare support, but I just knew I had to leave if I wanted to keep my child.

18.393 She told one of the maternity sisters that she was leaving for Galway. She said that the Sister tried to get her to change her mind but that she had made up her mind to leave with another girl. She stated 'we simply walked out the door and left'.

Child Residents 1949; 1959; 1961; 1962; 1965; 1969; 1971; 1976

18.394 The evidence of children born in Bessborough was mainly about adoption and tracing. Some recounted what they had been told by their birth mothers about conditions in Bessborough.

18.395 One, who was born in 1949, said that her mother told her that mothers were allowed contact with their babies only when breastfeeding. Babies in the nurseries were left to cry 'without being given any attention'. The babies' nappies were made of a rough material and caused them to suffer from nappy rash. Conditions were hard and punishments included 'being told to cut the lawn with a scissors'. She herself was in Bessborough for over two years. She was then fostered for a brief period and then sent to an industrial school where she remained until she was 16.

18.396 Another, who was born in 1962, thinks that her grandmother arranged her adoption through the Catholic Women's Aid Society. Her mother told her that £100 was paid to Bessborough 'so that she could leave the home'.[82] She said that Sister Sarto went that 'extra mile' to trace her birth mother. She subsequently met her mother and has a good relationship with her. However, she stated that her mother could not bring herself to tell her husband and their children about her.

18.397 Another child resident found her birth mother but her mother did not want her existence known to her husband and other children.

18.398 Some suspected that they might have been involved in vaccine trials. One who was born in 1959 suspected that she may have been involved and she also suspected that a relative who was born a few months earlier may have been involved.[83]

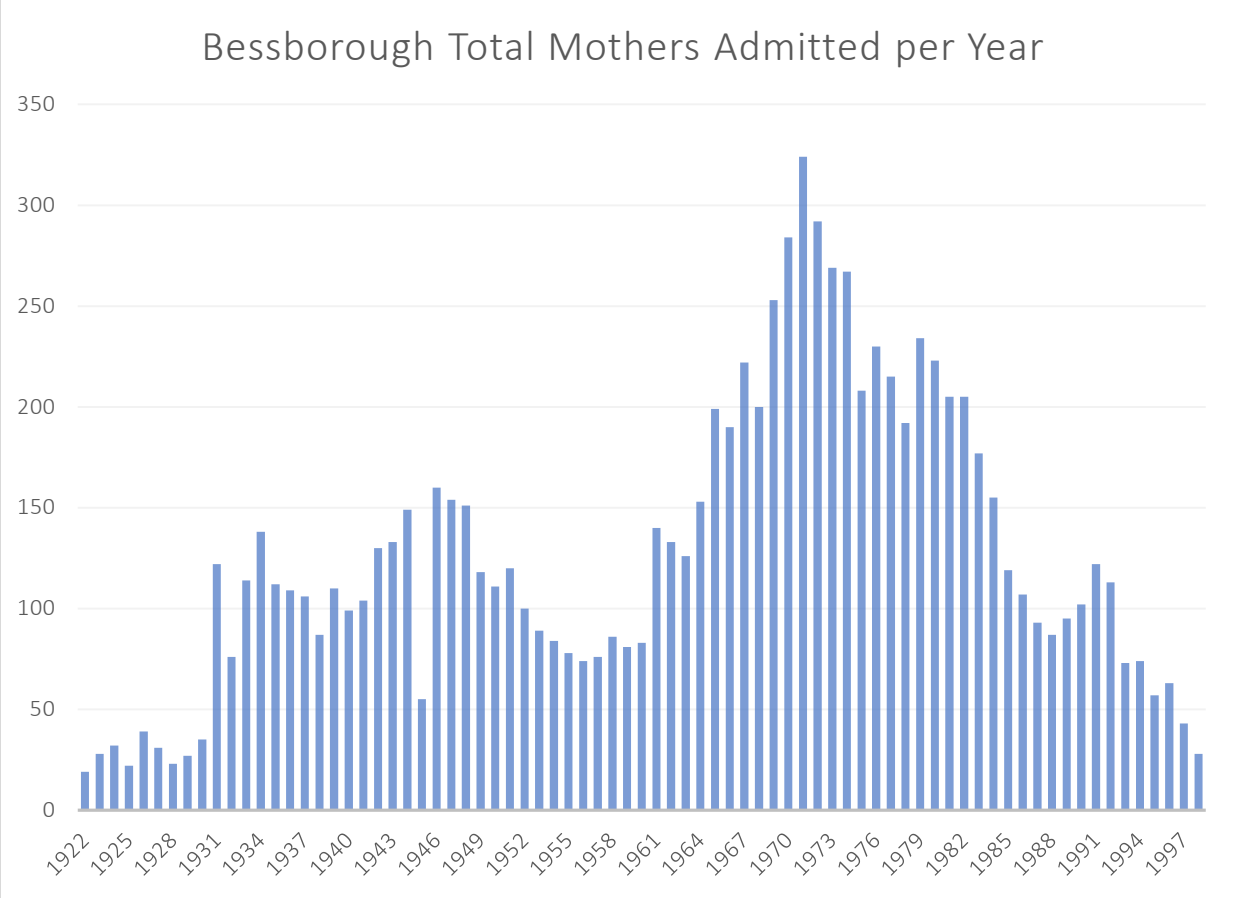
18.399 One who was born in 1961 said that she never met her birth mother but her half-siblings told her that her mother had told them that the nuns in Bessborough treated her very well and that 'it was not at all like the portrayal of Mother and Baby Homes in the media'.

[82] This was most probably the £100 adoption fee charged by the Catholic Women's Aid Society.
[83] The Commission has established that this resident was not involved in vaccine trials but her relative was.

Chapter 18A: Bessborough Statistical Analysis

The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. However, as is clear from the analysis below, the statistical returns made to the Department of Health by the institution are broadly in line with the Commission's analysis. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions



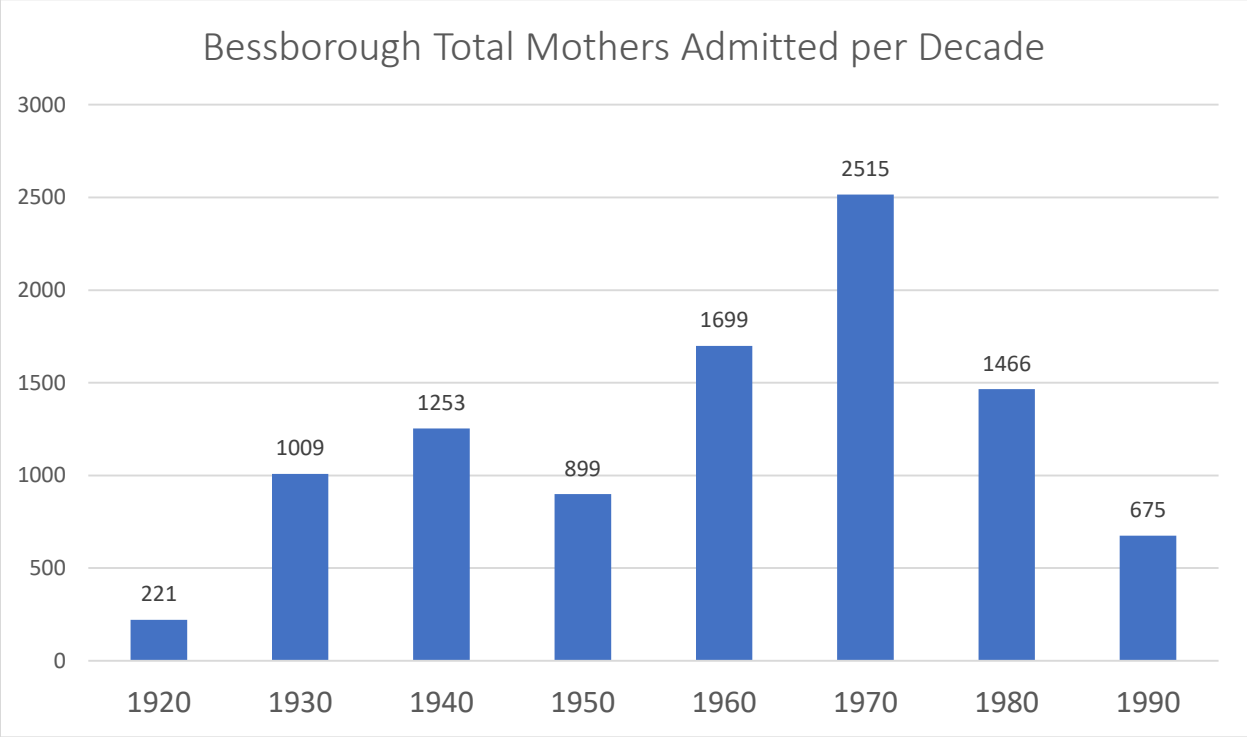
From the institutional records, the Commission has identified 9,768 women who were admitted to Bessborough between 1922 and 1998. Information relating to date of admission was available for 9,737 women (99.7% of admissions). In the 1920s an average of 28 women were admitted each year. Admissions increased following the introduction of maternity services at Bessborough in 1930 and rose steadily until 1946 when 160 admissions were recorded. (Decreased admissions were recorded in 1932 when Sean Ross opened and in 1945 when the institution was closed to public patients).

The number of admissions decreased considerably between 1947 and 1961. Difficulties in procuring foster homes for children in this period meant that a woman entering Bessborough, who sought to place her child in the boarding out system, could expect to spend three or more years in the home. By the early 1960s, the availability of legal adoption meant that a woman entering Bessborough stayed less than five months. Numbers increased substantially from 1961 and peaked in 1971 when 324 admissions were recorded. Reduced occupancy, because

of shorter stays, meant that Bessborough could facilitate higher numbers of women without overcrowding.

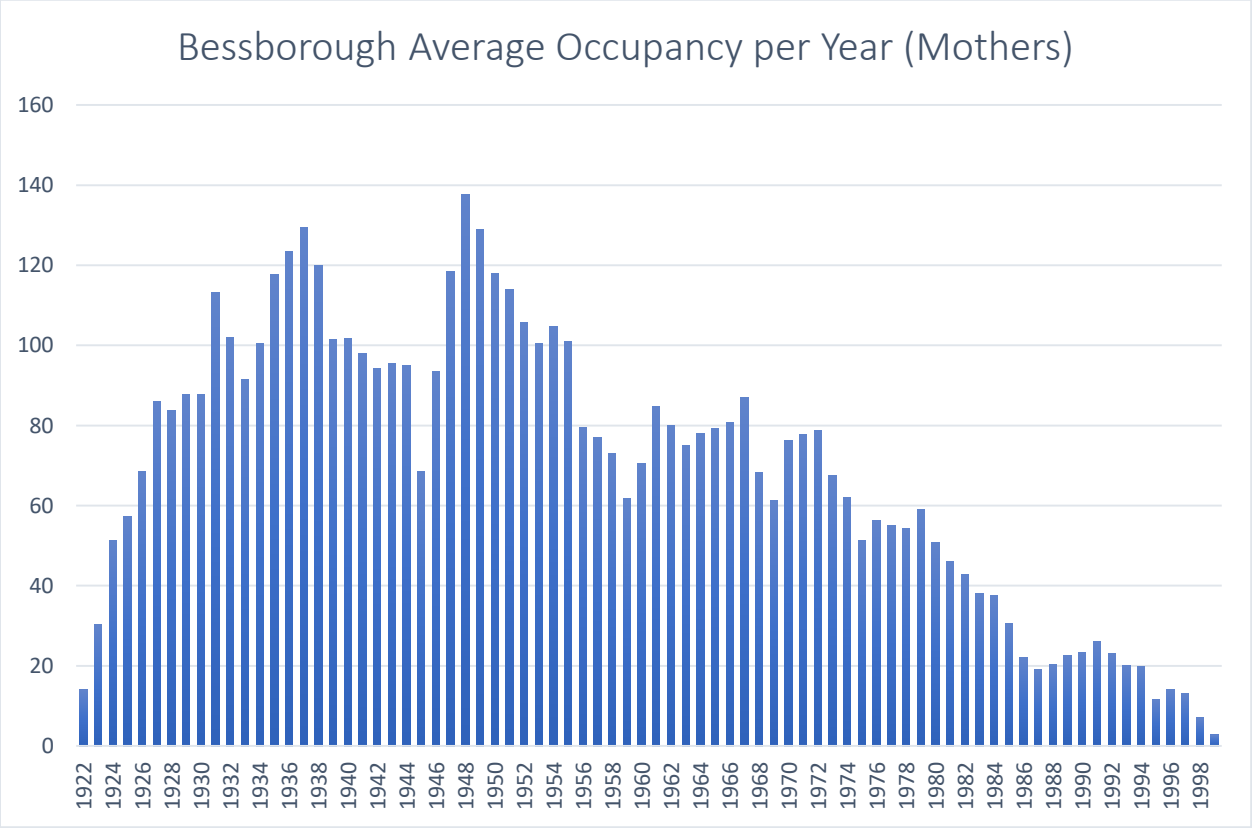
Admissions remained relatively high until the mid-1980s when they started to decline. Admission remained low throughout the 1990s and ceased in 1998.

Analysis by decade shows that the number of admissions was highest in the 1970s when 2,515 women (26% of all admissions) entered the home followed by the 1960s (17%), 1980s (15%) and the 1940s (13%).



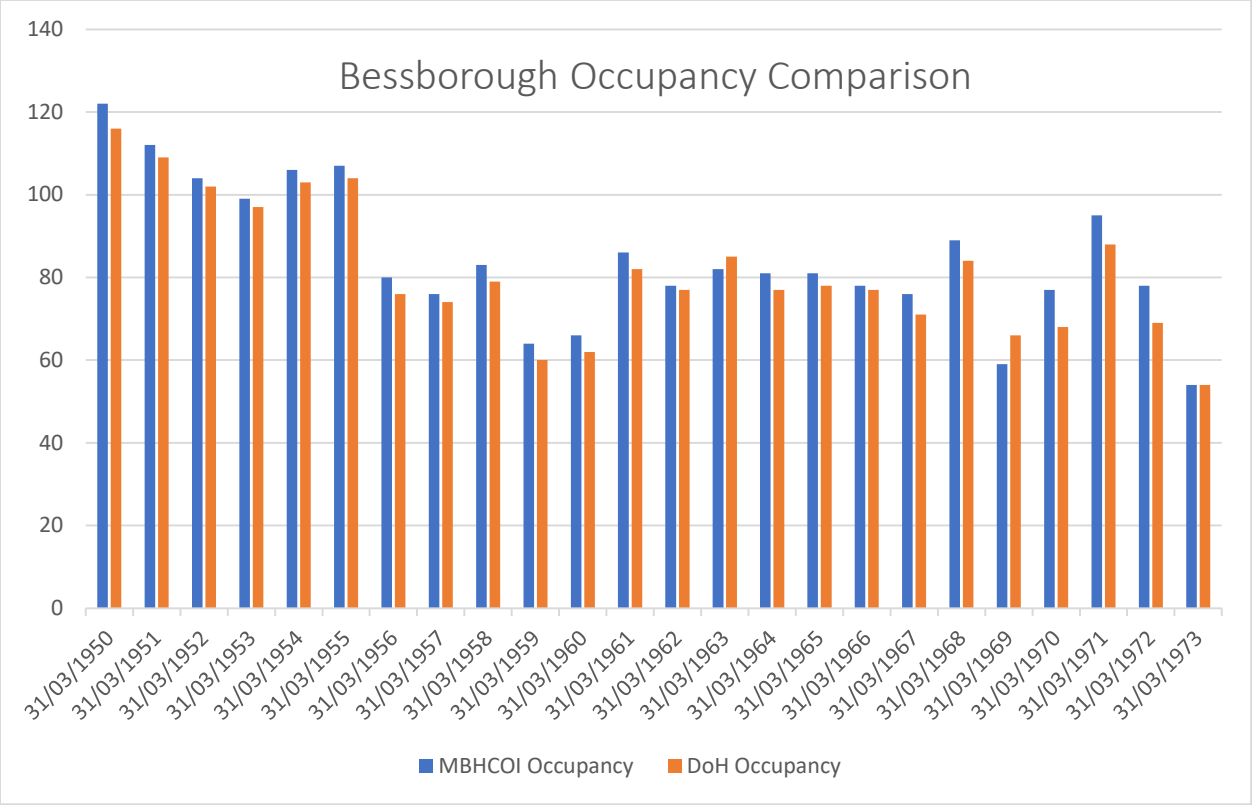
Occupancy

The Commission was able to calculate average occupancy for 9,247 women (95% of admissions). The date of admission and/or discharge was not available for the remaining 5%.



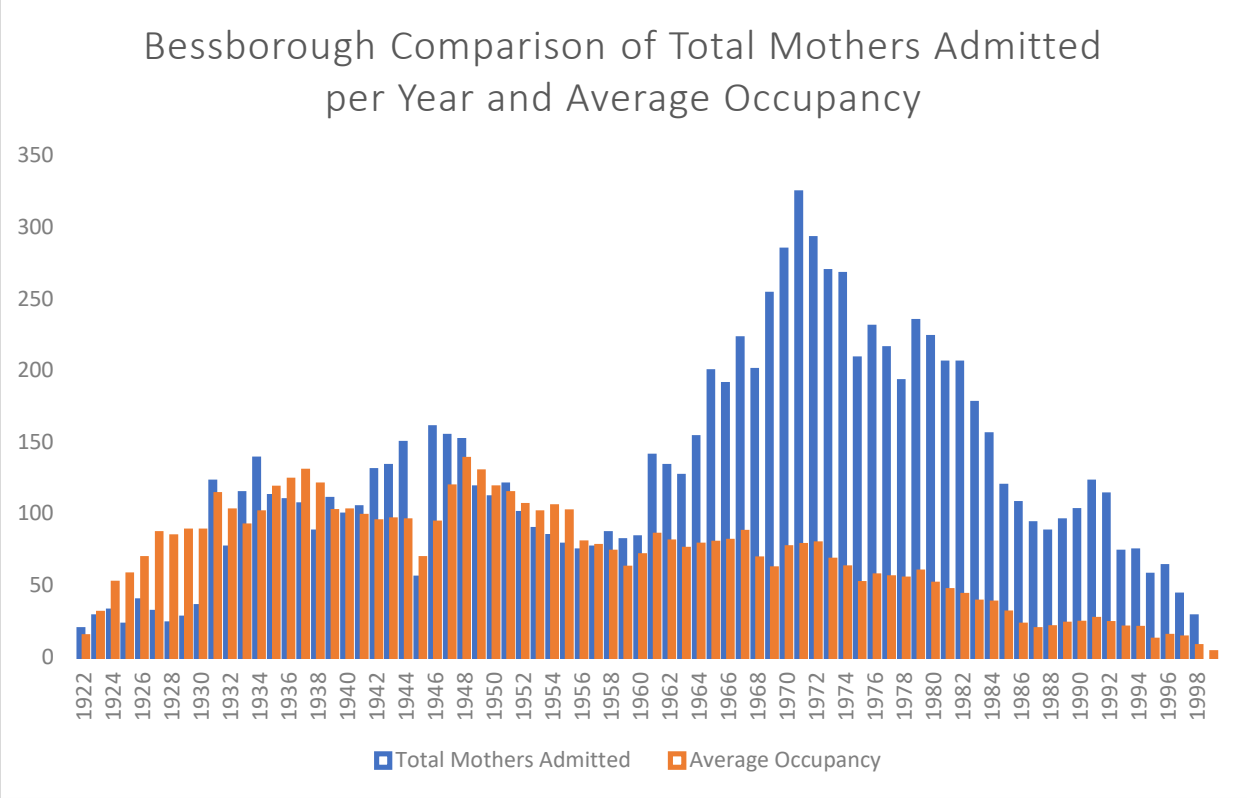
It is clear that occupancy rates in Bessborough were high in the mid to late 1930s and rose steeply in the late 1940s, peaking in 1948 when 138 women on average were living in the home. Occupancy rates decreased steadily following the introduction of legal adoption from 1953. By 1960 average occupancy was 71 - almost half the rate recorded in 1948. By the 1980s, 33 women on average were living in the home at any one time. By 1997, average occupancy had decreased to 13 women.

Occupancy Comparison



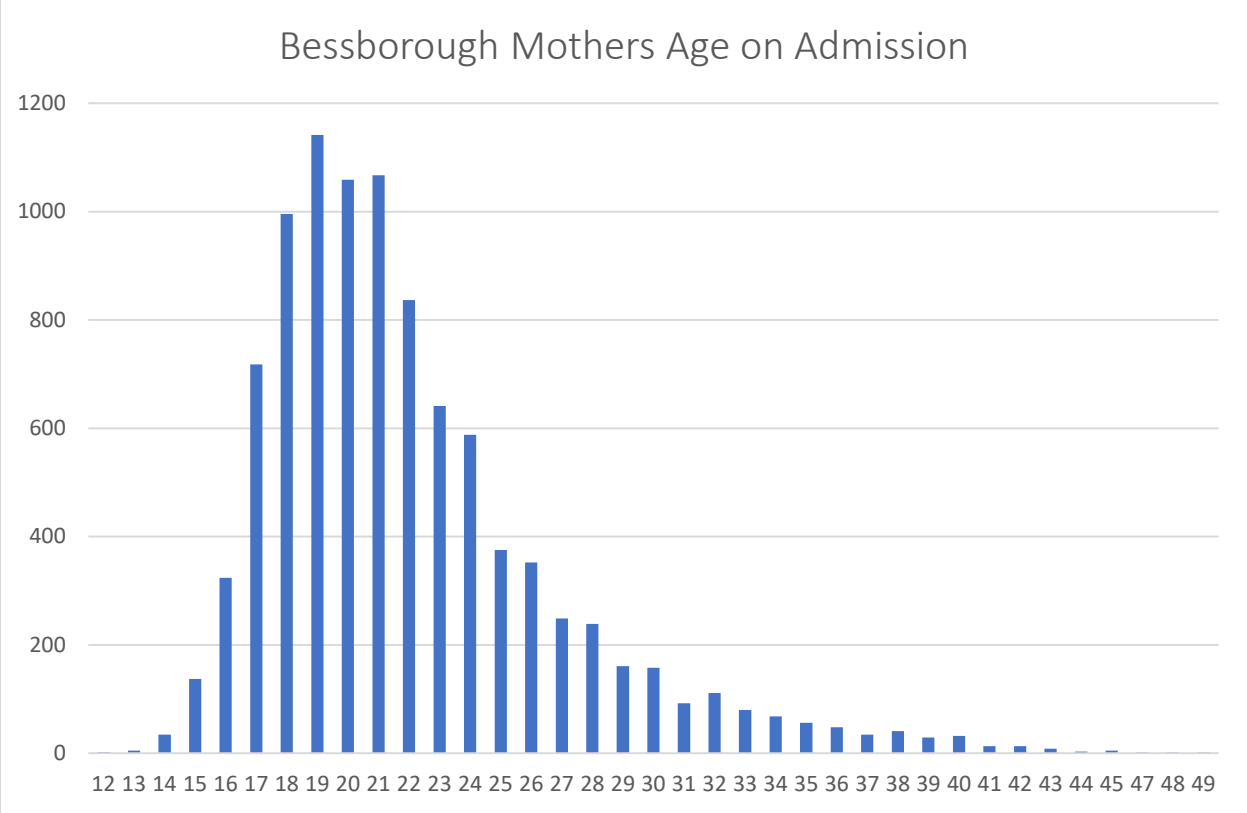
The Commission compared occupancy rates calculated from the institutional records to occupancy rates returned by the Bessborough authorities to the Department of Health in the years 1950-73. Temporary absences from Bessborough, where a woman was treated in an external hospital or went home for a period and returned, are not recorded in the Commission's calculations. No date of admission and/or discharge was available for 5% of women and they were excluded from the Commission's calculations. These factors cause the Commission's calculations to fluctuate slightly. However, occupancy rates established by the Commission are largely in line with returns notified by Bessborough to the Department of Health.

Admissions/Occupancy



Analysis of the total number of women admitted to Bessborough compared with average occupancy in the institution shows that, while admissions were relatively low in the 1920s, occupancy rates were relatively high. This indicates that there was not a big turnover of women entering and leaving the institution in this period and that those who were admitted stayed there for extended periods. In the 1930s admissions to Bessborough increased significantly. In this period average occupancy was often higher than the number of admissions. This was due to the number of women admitted in previous years who remained in the institution. Although admissions continued to increase in the early 1940s, occupancy rates fell. This was most likely due to increased infant mortality in this period and the early discharge of women whose children had died. A different trend can be identified from the late 1950s when admissions to Bessborough increased substantially while occupancy rates fell. This was most pronounced in 1971. Although 324 women were admitted to Bessborough that year, occupancy rates suggest that 78 women on average were living in the institution at any one time.

Mothers Age on Admission



The age on admission to Bessborough was available for 9,720 women (99.8% of admissions).

Age on admission ranged from 12 to 49 years as follows:

Under 18 years: 12.5%

18-29 years: 79.5%

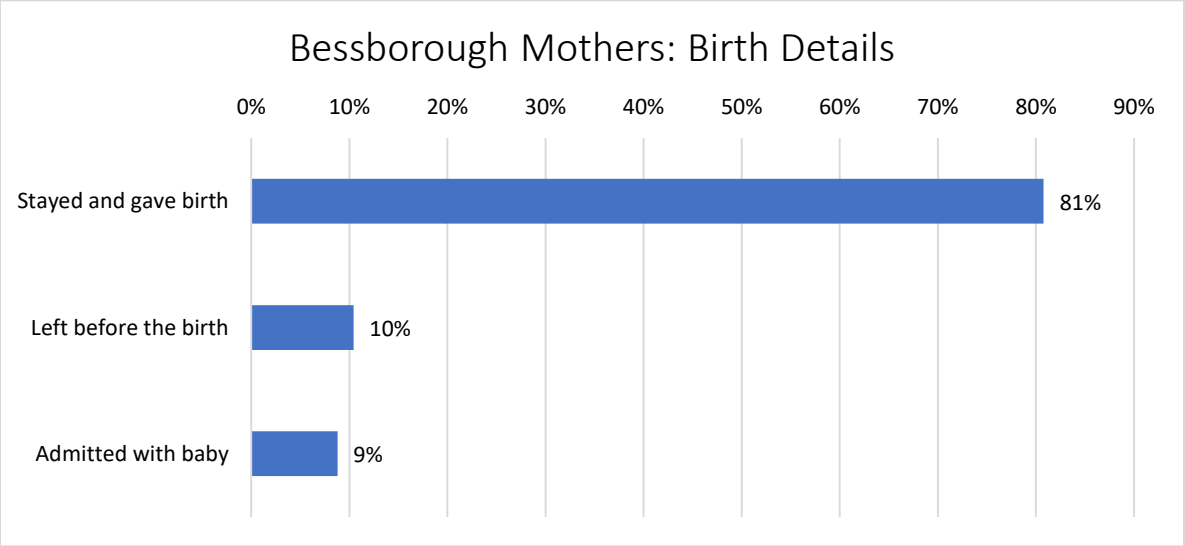
30 years and over: 8%

Around 5% of admissions were under 17 years and, therefore, below the age of consent.

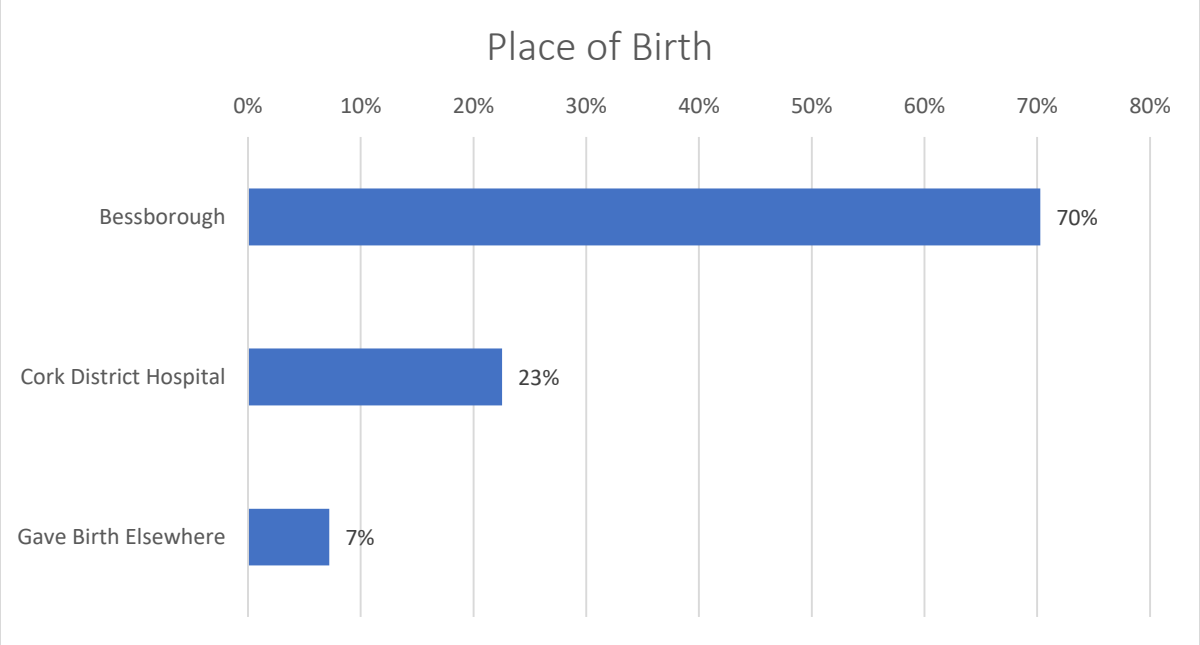
The mode of age on admission was 19 years. However, this fluctuated by decade. For instance, the mode of age on admission was 21 years in the 1940s and 18 years in the 1950s. The mode of age on admission in the 1980s was also 18 years but increased to 20 years in the 1990s.

Birth Details

Of the 9,768 women admitted to Bessborough, 81% stayed until after the birth; 10% left the institution before giving birth and did not return and 9% were admitted accompanied by their baby who had been born elsewhere.

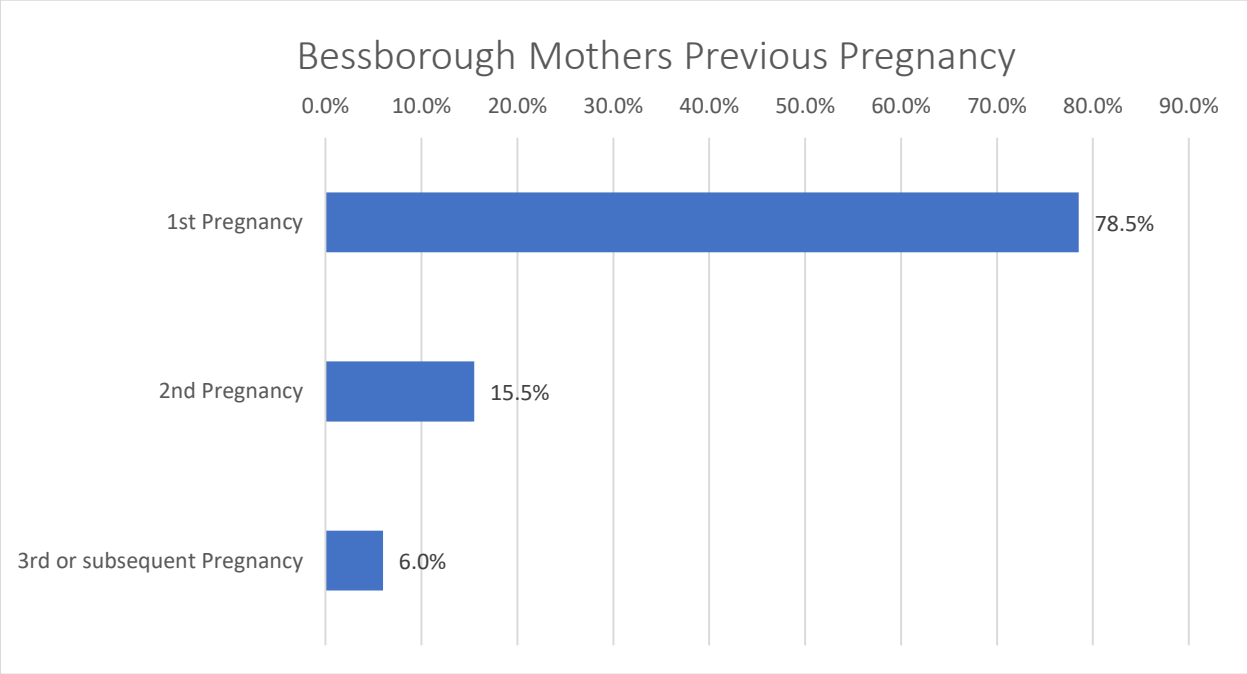


The available data show that 70% of women admitted to Bessborough gave birth in the institution; 23% gave birth in Cork District Hospital/St Finbarr's Hospital and returned to Bessborough and the remaining 7% gave birth elsewhere and were admitted to Bessborough with their babies.



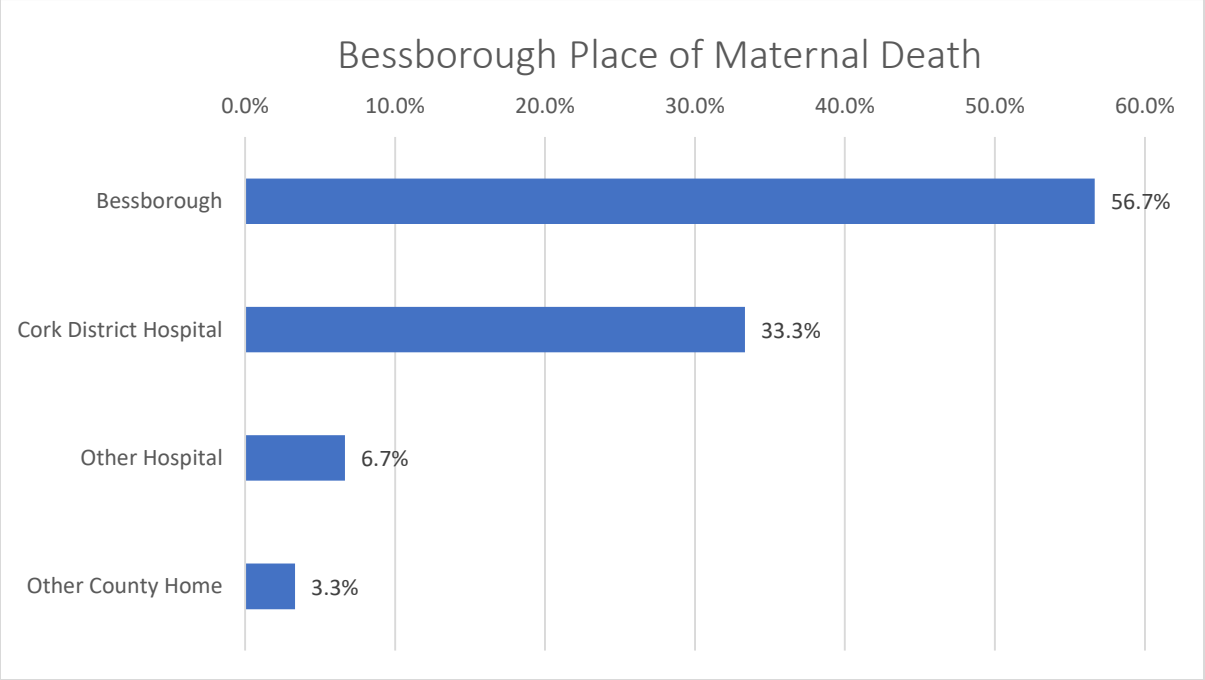
Previous Pregnancy

Information relating to previous pregnancies was available for 3,645 women (37% of admissions). The available data suggests that at least 21.5% of women admitted to Bessborough had been pregnant on more than one occasion. Around 15.5% had a single previous pregnancy and 6% had two or more previous pregnancies. Admissions of women on their second or subsequent pregnancy are discernible in records from the 1930s. However, most such cases were admitted from the 1970s onwards. In the 1980s and 1990s, over 20% of all admissions were women on their second or subsequent pregnancy.



Maternal Deaths

Through the institutional records, the Commission identified 31 deaths among women admitted to Bessborough: representing a mortality rate of 0.32%. Thirteen deaths occurred in external hospitals - mainly in Cork District Hospital. Twenty deaths were not associated with pregnancy or childbirth - half of these relate to women who were long term residents in Bessborough, one was an accidental death due to electric shock and the others were mainly due to diseases such as tuberculosis, pneumonia, meningitis and leukaemia. Three deaths were indirect obstetric deaths in the sense that they were conditions that developed during pregnancy, were aggravated by the physiological effects of pregnancy and generally resulted in cardiac failure. Eight deaths were directly associated with pregnancy and childbirth. Direct obstetric deaths were due to nephritis, haemorrhage, septicaemia, eclampsia and toxaemia. Adhering to WHO guidelines the maternal mortality rate in Bessborough was 0.11%.[1]

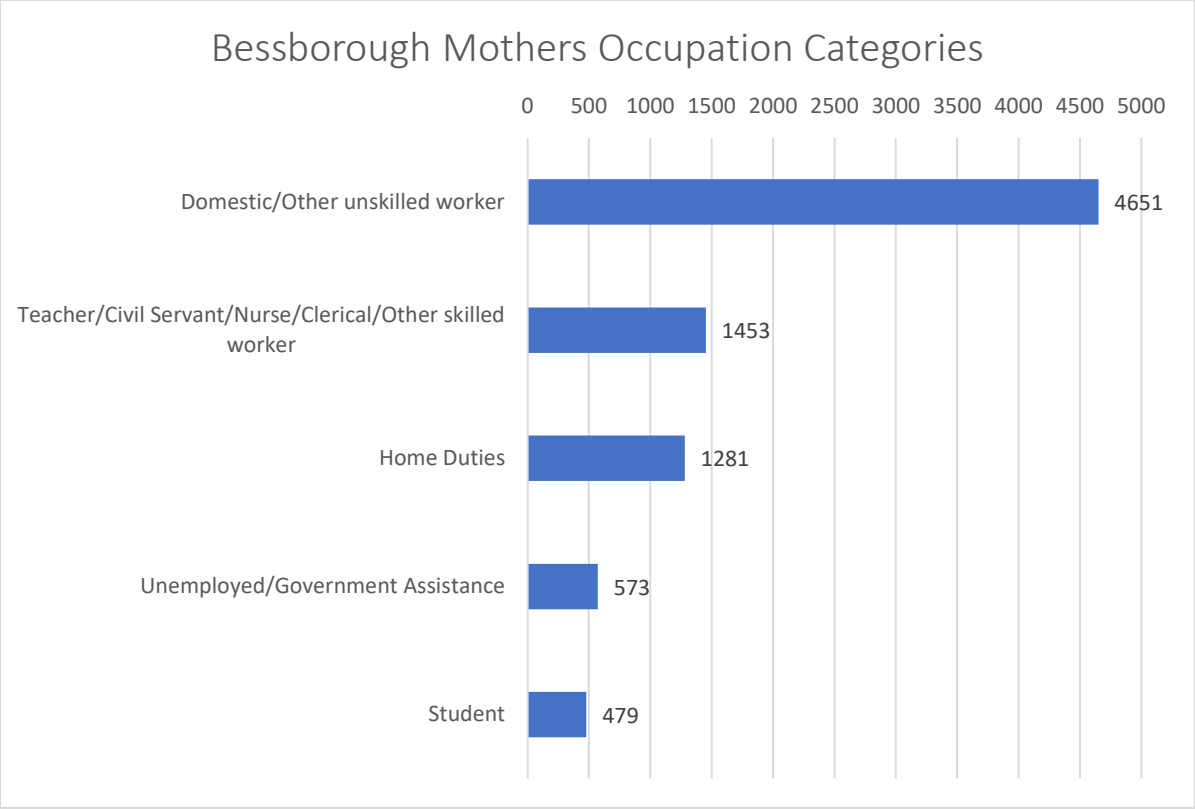


Most maternal deaths related to women who were in Bessborough for extended periods. In one case the woman had been admitted to Bessborough in 1922 and died there in 1940. Another admitted in 1927 died there in 1942. A woman admitted in 1925 died there in 1943. Another,

[1] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

admitted in 1926, died there in 1957. A woman admitted in 1923 died there in 1974, aged 81 years. Another, admitted in 1922, died in Bessborough in 1984, aged 80. A woman admitted in 1924 spent 60 years in the home and died there in 1985, aged 85. The Commission found GRO records for 29 of the 31 maternal deaths. The Commission found burial records for 12 women in St Joseph's Cemetery, Cork.

Occupation

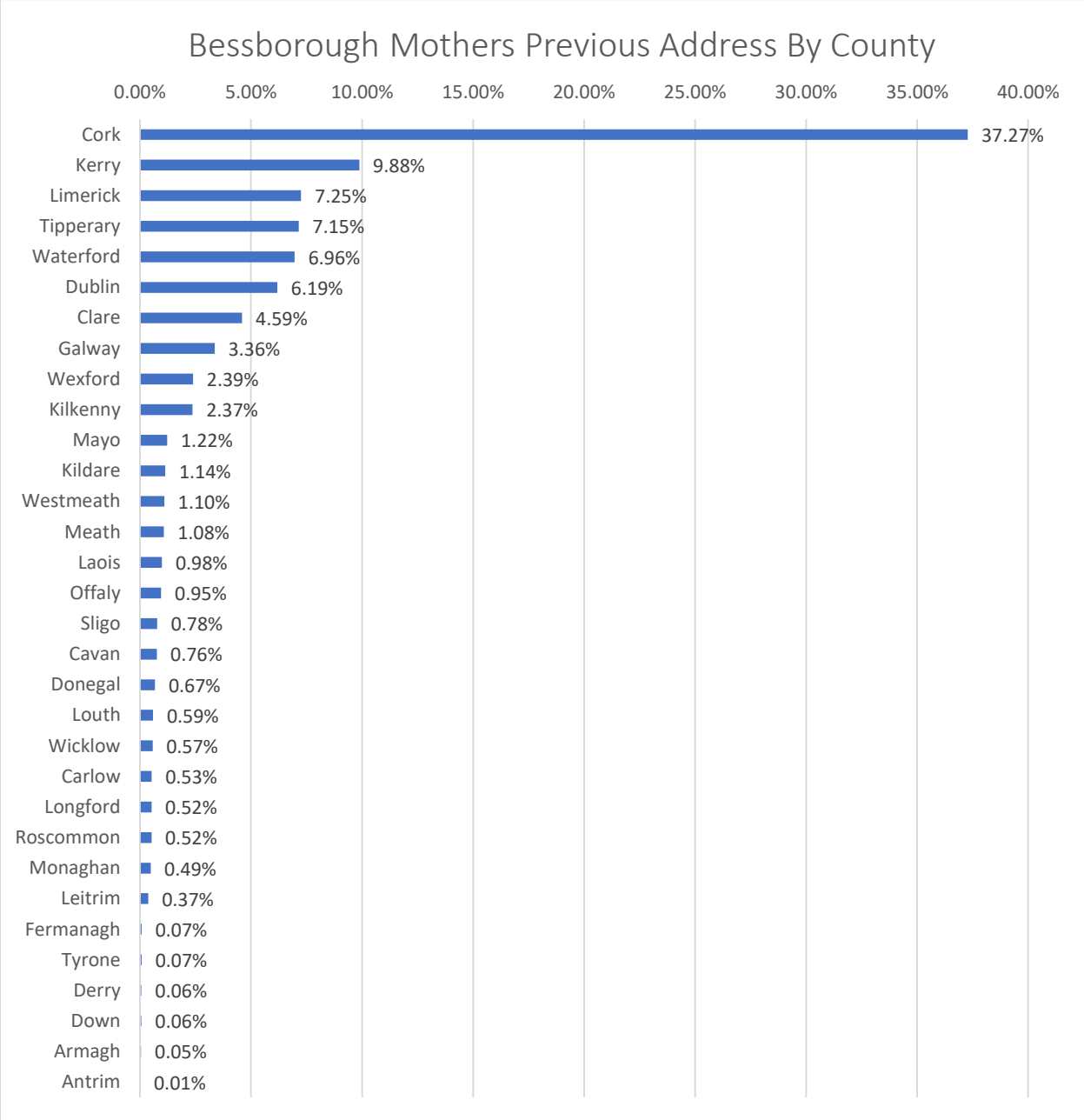


Information relating to occupations was available for 8,437 women (86% of all admissions). Most women (55%) were recorded as domestic servants or as unskilled workers in factories or retail and hospitality sectors. Over 17% of women were recorded as teachers, civil servants and nurses or held managerial, technical, and semi-skilled positions in the private sector. Around 15% of women were recorded as working in the family home or on the family farm; 7% were either unemployed or receiving state assistance and 6% were in fulltime education - mostly secondary school students.

Occupation categories changed over the years in which Bessborough was in operation. For instance, in the 1920s over 80% of women were recorded as domestic servants or unskilled workers. In the 1990s this category represented 17% of admissions. Conversely, in the 1920s around 1% of women were recorded in the teacher/civil servant/skilled worker category. However, by the 1970s this category represented 27%; over 1 in 4 of admissions. Similarly, in the 1920s around 1% of admissions were recorded as students; in the 1990s, 22% were in fulltime education.

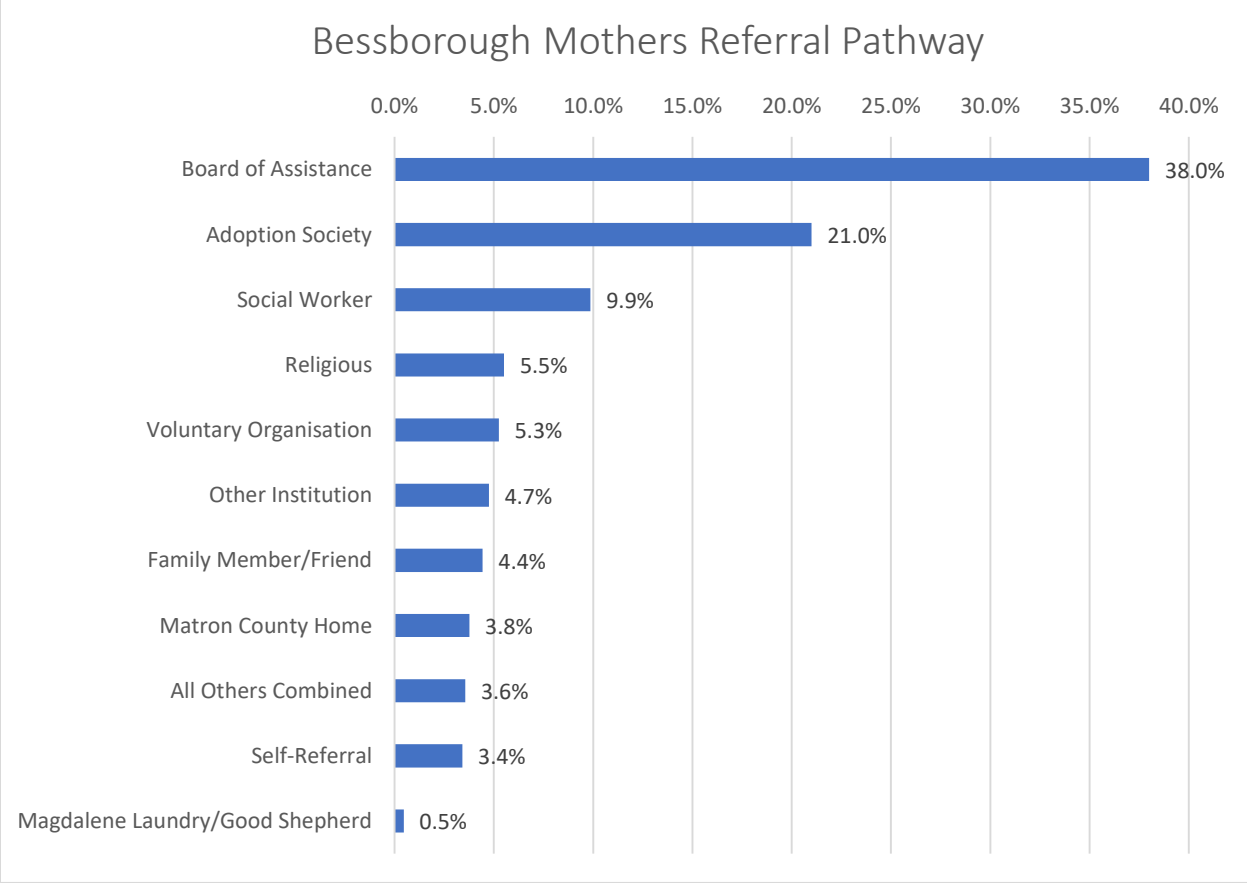
Admissions by County

Information relating to address previous to admission was available for 9,666 women (99% of admissions). The available data show that women were admitted to Bessborough from every county in Ireland and Northern Ireland. Most gave Cork as their previous address (37%) followed by Kerry (10%); Limerick (7%); Tipperary (7%); Waterford (7%); Dublin (6%); Clare (4.5%); Galway (3%); Wexford (2%) and Kilkenny (2%). All other counties combined accounted for around 14% of admissions.



Referral Pathways

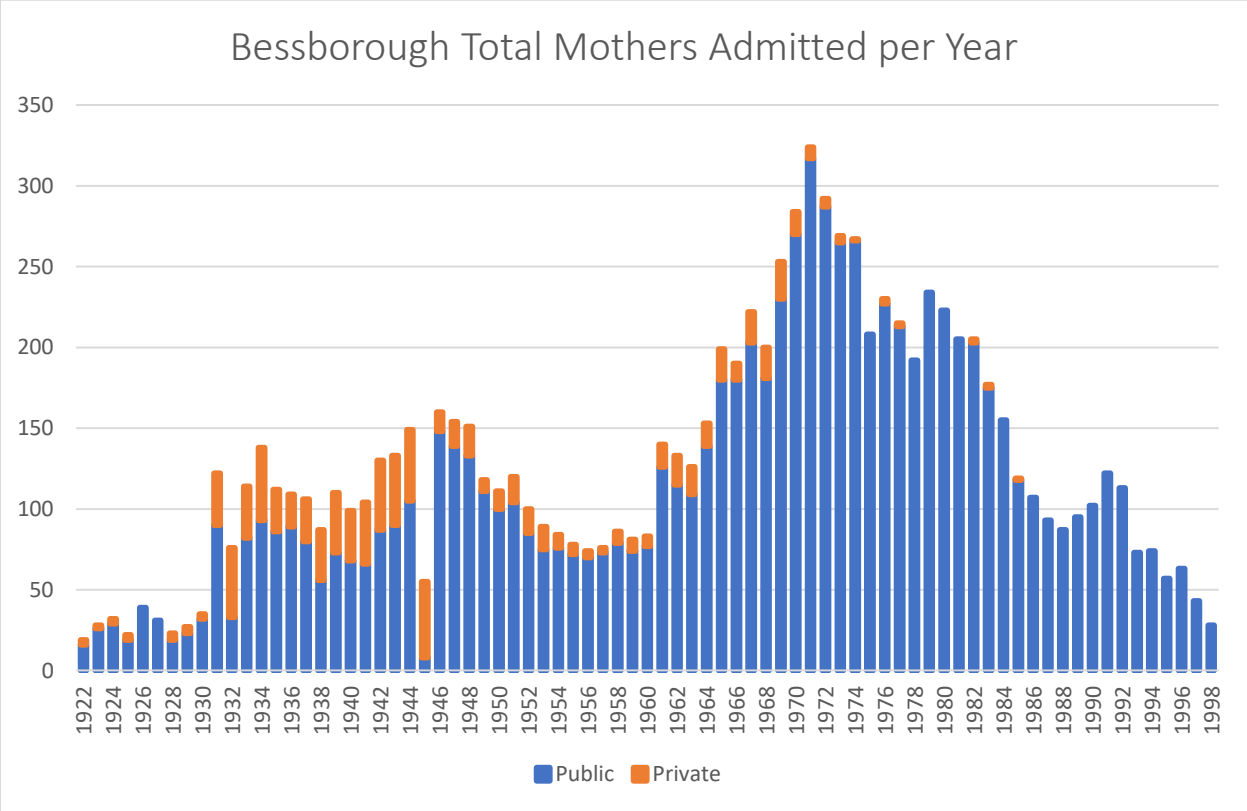
Information relating to referral pathways was available for 6,131 women (63% of admissions). Most women (around 91%) were maintained in the home by a public assistance/health authority: 38% were referred directly by such authorities. Around 21% were referred by adoption societies; 10% by social workers; 5.5% by priests or nuns; 5% by voluntary organisations; 5% transferred from other institutions under the Commission's remit; 4% were referred by family or friends; 4% by matrons of county homes and around 3% self-referred. Twenty-eight women (0.5%) were referred from Magdalen laundries or unspecified Good Shepherd Homes - a further five women admitted to Bessborough from Cork County Home had also been residents of a Magdalen laundry.



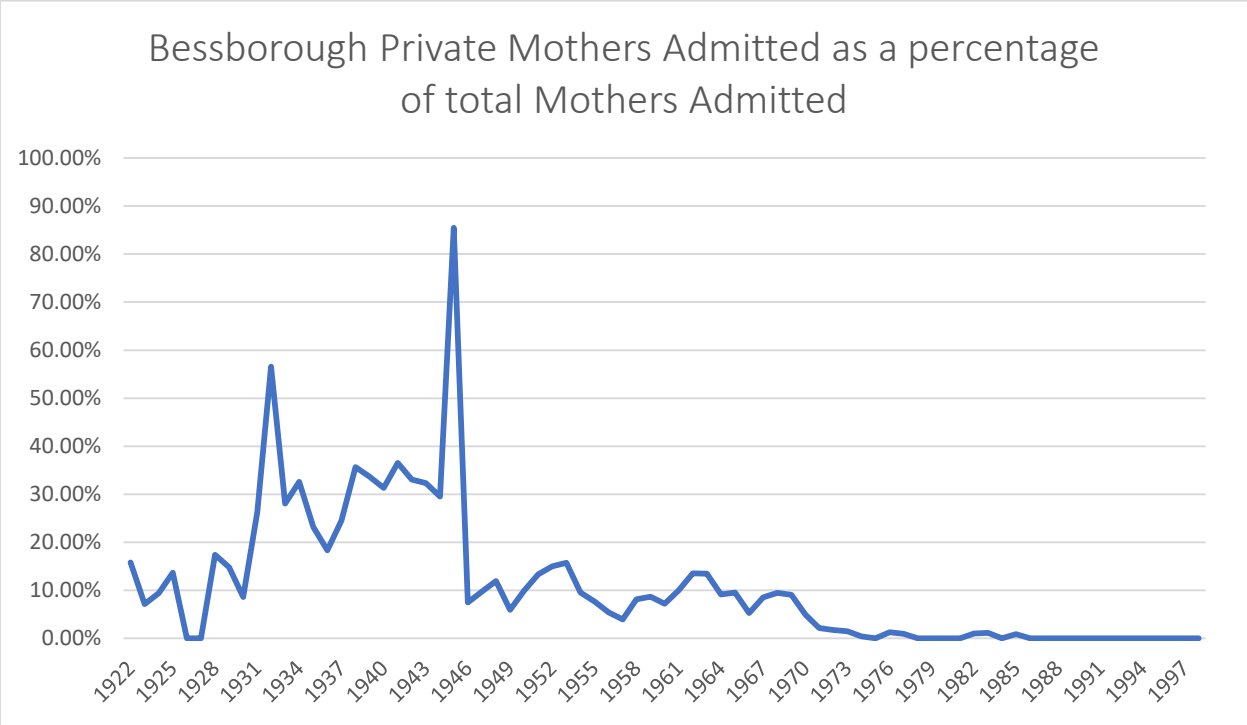
The available data show that in the 1930s most women were referred by a public assistance authority, a matron of a county home or by family and friends. However, by the 1970s, most women were referred by adoption societies, most notably the CPRSI and St Anne's Adoption Society.

Private Patients

The Commission has established that at least 903 women (9% of admissions) were admitted to Bessborough as private fee-paying patients.

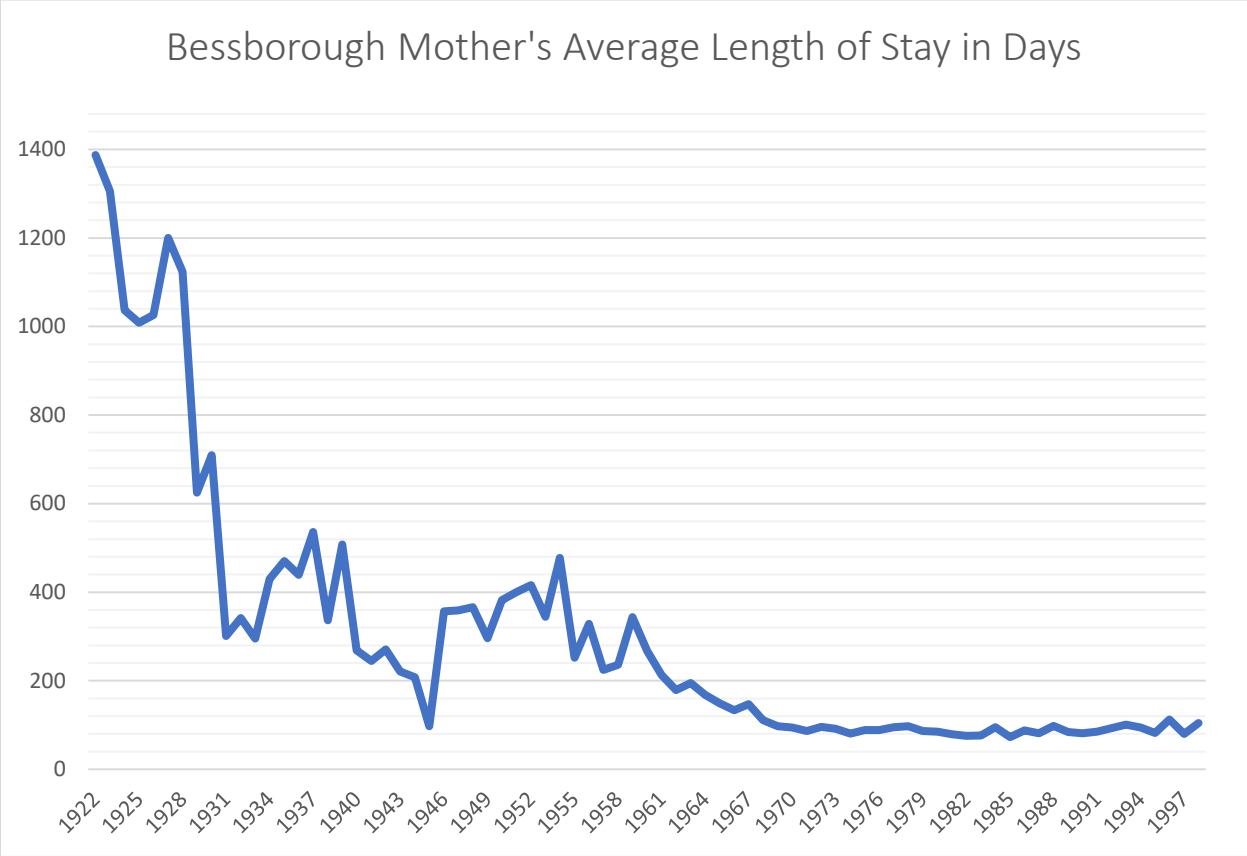


Very few private patients were admitted to Bessborough in the 1920s. From 1922-30 just 22 women were recorded as such. However, following the introduction of maternity services in 1930, the number of private patients increased from three in 1930 to 32 in 1931. In 1932, 57% of admissions were private patients. In the years 1933 to 1944 private patients accounted for around 30% of admissions on average. In 1945, the DLGPH closed Bessborough to public patients maintained by public assistance authorities. The Bessborough authorities, however, continued to admit private patients and they accounted for 85% of admissions that year. In 1946, the Bessborough authorities decided that they would no longer allow private patients to leave the institution without their babies. This seems to have prompted private patients to seek admission to private maternity homes in Cork city so that they could leave soon after the birth and leave their baby to be nursed out, usually through the CWAS. From 1946 to 1970, private patients accounted for around 9% of admissions on average. Very few women were recorded as private patients after this period.


Bessborough Private Mothers Admitted as a percentage of total Mothers Admitted
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
1922
1925
1928
1931
1934
1937
1940
1943
1946
1949
1952
1955
1958
1961
1964
1967
1970
1973
1976
1979
1982
1985
1988
1991
1994
1997

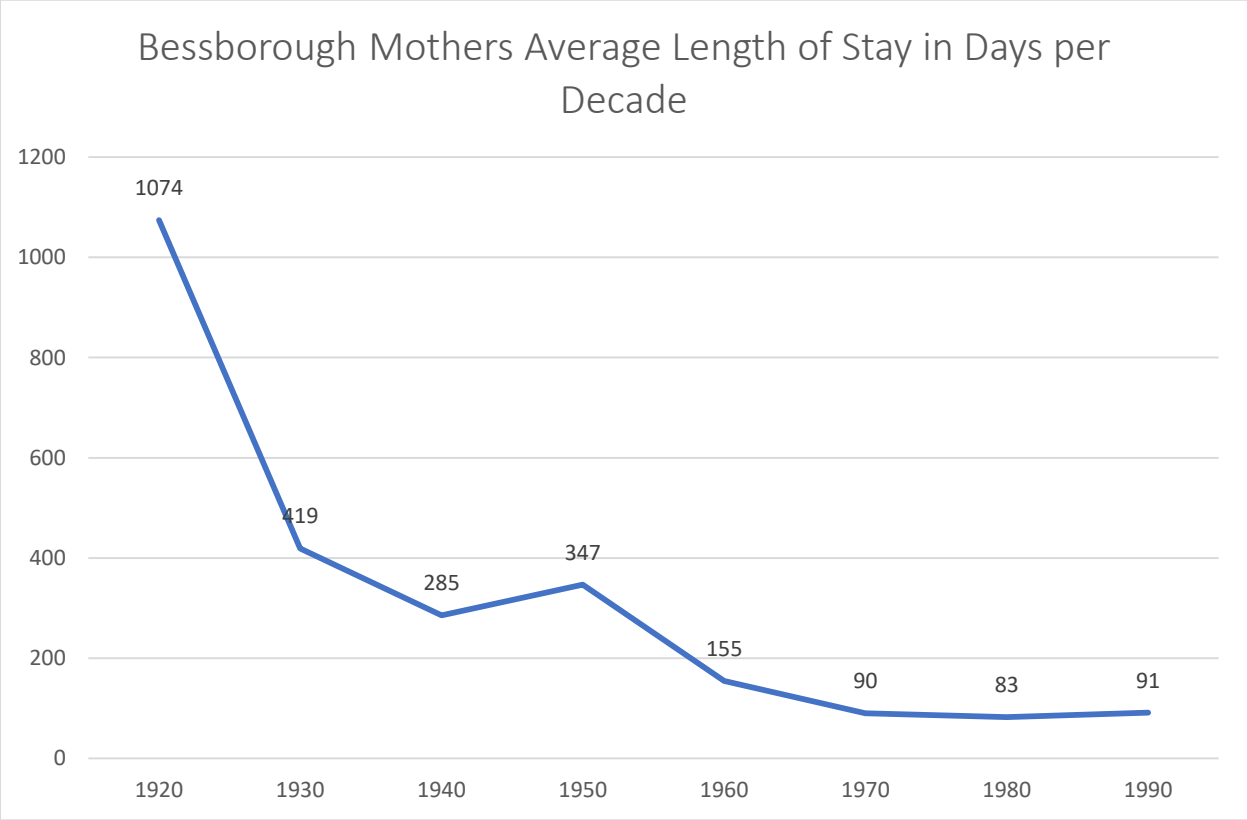
Length of Stay

Information relating to the length of time women stayed in Bessborough was available for 9,236 women (95% of admissions). A small number of women who stayed in the home for an exceptionally long period of time are excluded from the length of stay calculations. These 11 women stayed on in Bessborough as workers and their stories appear in another section of the report.

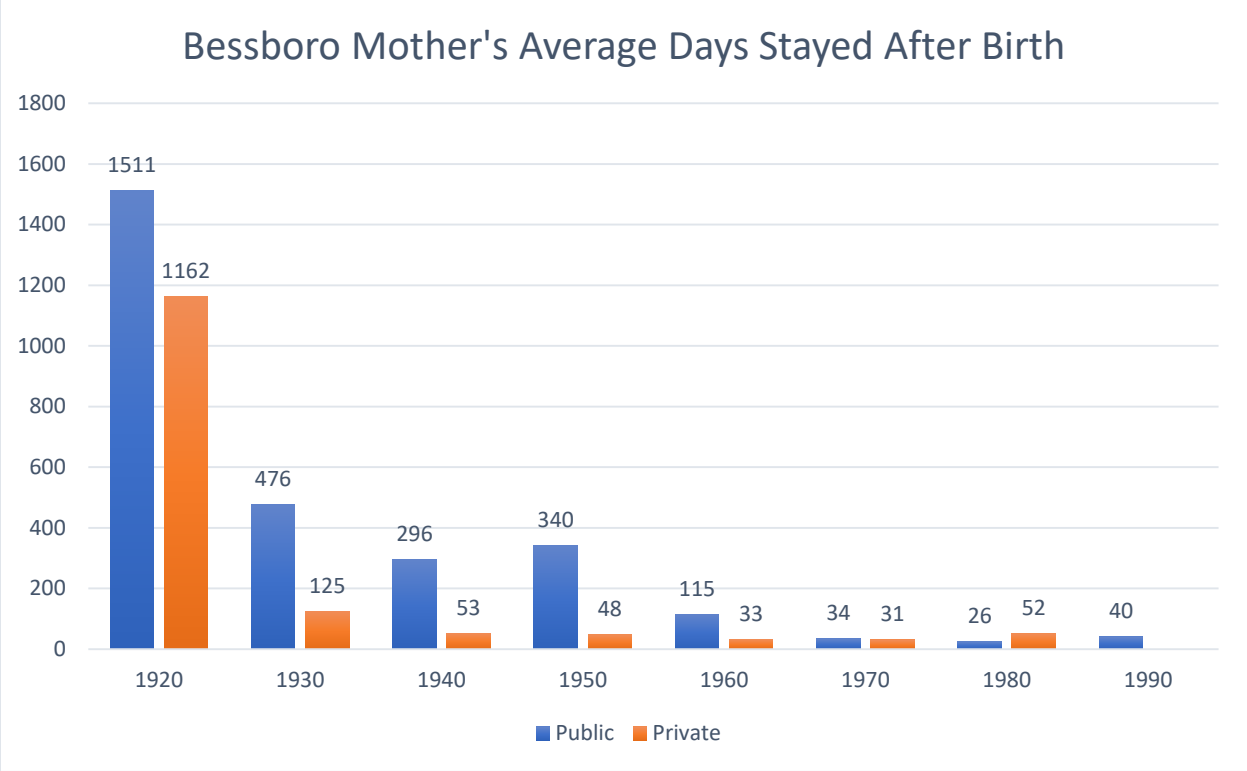


Women admitted to Bessborough during the first six years of its operation spent three years on average in the home. Those admitted in the years 1929 to 1940 stayed in Bessborough for between 12 and 18 months on average. For women admitted in the period 1941 to 1945, the average length of stay had declined substantially to around six months. This decline was due in the main to the high number of private patients admitted in those years who left the institution shortly after giving birth and the high number of infant deaths; bereaved women left the institution when their baby died. In the post war years, difficulty in procuring foster homes for children meant an extended stay in Bessborough for women and children waiting for placement in the boarding out system. However, this fell from an average stay of around one year for women admitted in 1950 to an average of around nine months for those admitted in 1960. From

1962, the increased availability of adoptive parents meant that women stayed in Bessborough for far shorter periods and for women admitted in 1970 the average stay was less than three months (90 days). This remained relatively constant in the 1980s and 1990s.

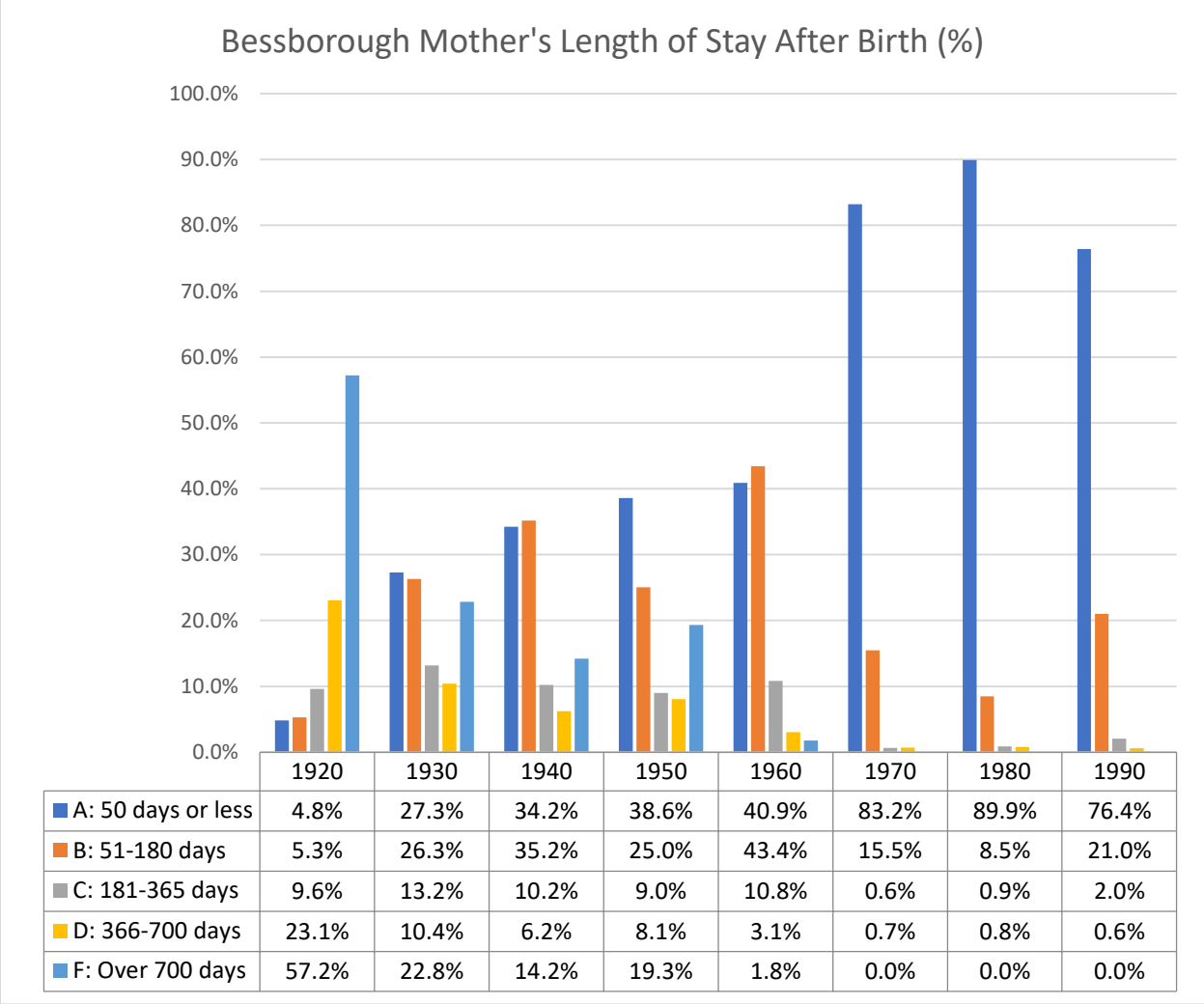


Analysis of the average days spent in Bessborough before giving birth shows that there was little difference between public and private patients. Prior to the 1960s private patients were admitted on average around four days earlier than public patients. In the 1960s and 1970s public patients were likely to have been admitted between two and 12 days earlier than private patients.



However, analysis of the length of stay in Bessborough after giving birth shows a greater disparity between public and private patients. In the 1930s private patients spent 125 days on average in the institution following the birth. Public patients, on the other hand, remained in the institution for 476 days on average in this period, four times longer than their private counterparts. This discrepancy was even more pronounced in the 1950s when the average post-natal stay for a public patient was seven times that of private patients. The reason for such disparity in this period can be explained by the fact that private patients had the means to pay an 'adoption fee' to the Catholic Women's Aid Society (CWAS) who brokered private nursed out arrangements on their behalf. When the CWAS took responsibility for placing a child the mother was free to leave Bessborough. Many public patients relied on local authorities to place their children under the boarding out system. Children could not be boarded out until they were at least two years old and local authorities frequently struggled to secure suitable foster homes. This meant an extended stay in Bessborough for many public patients and their children. The introduction of legal adoption changed this. From the 1960s, growing numbers of public and private patients opted to place their children for adoption. By the 1970s, the length of post-natal

stay in Bessborough had become more uniform among all patients and a public patient was likely to spent around three days more in the institution than a private patient.

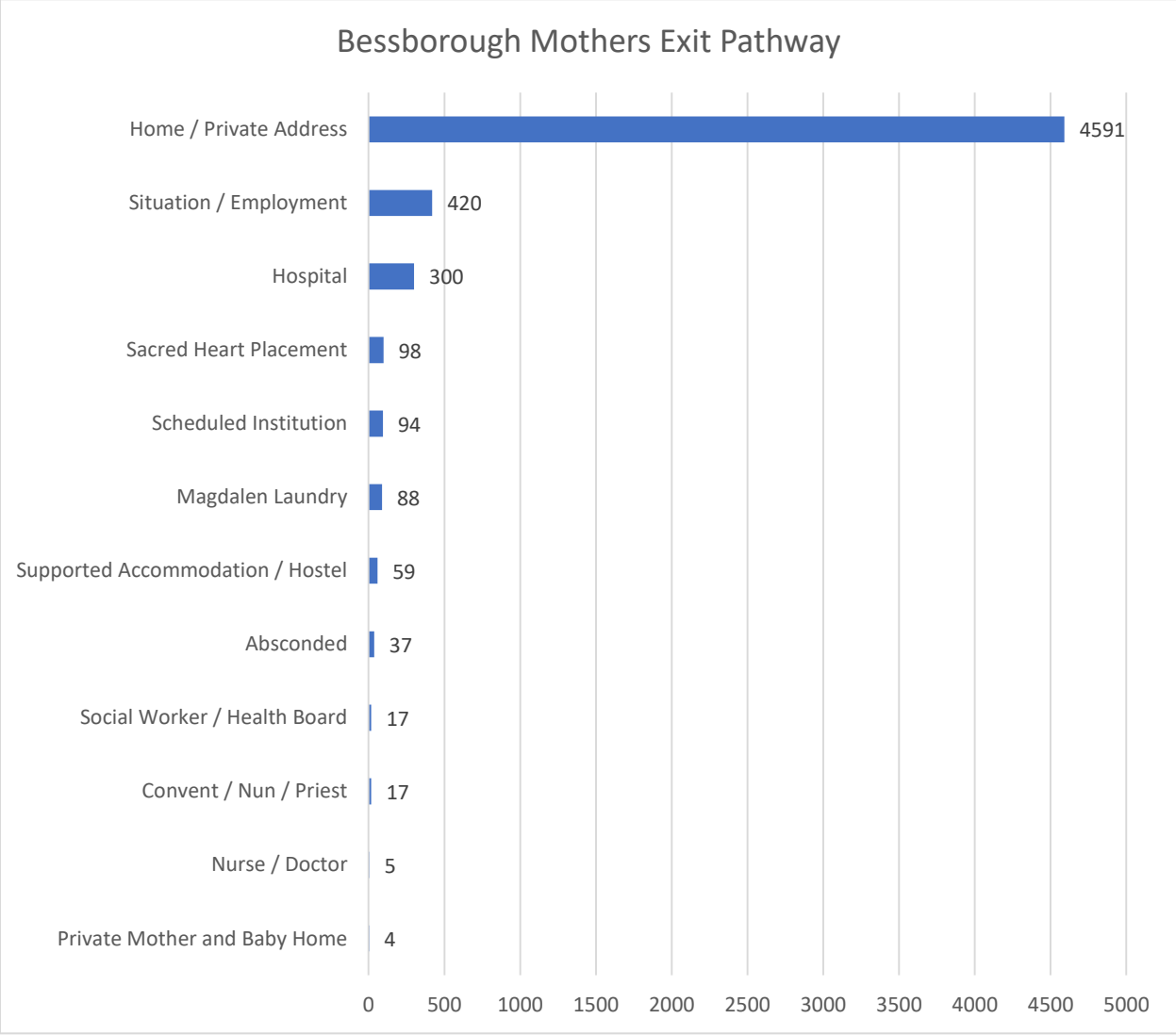


	1920	1930	1940	1950	1960	1970	1980	1990
A: 50 days or less	4.8%	27.3%	34.2%	38.6%	40.9%	83.2%	89.9%	76.4%
B: 51-180 days	5.3%	26.3%	35.2%	25.0%	43.4%	15.5%	8.5%	21.0%
C: 181-365 days	9.6%	13.2%	10.2%	9.0%	10.8%	0.6%	0.9%	2.0%
D: 366-700 days	23.1%	10.4%	6.2%	8.1%	3.1%	0.7%	0.8%	0.6%
F: Over 700 days	57.2%	22.8%	14.2%	19.3%	1.8%	0.0%	0.0%	0.0%

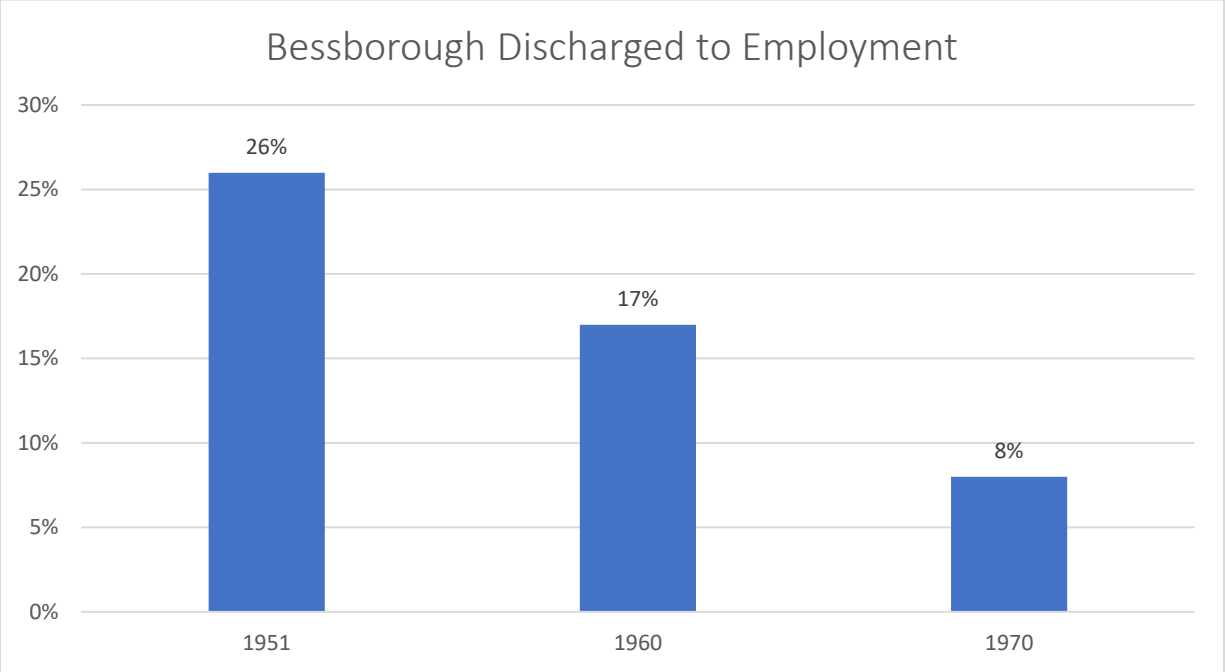
The institutional records show that in the 1920s most women (57.2%) admitted to Bessborough spent two years or more in the home and a further 23.1% lived there for between one and two years. Fewer than 5% of women left within 50 days of giving birth in that period. By the 1930s the number of women who left the home within 50 days of giving birth had increased dramatically to 27.3% and most women admitted to Bessborough in the 1930s (54%) were discharged within six months of giving birth. However, almost 23% of women remained in the home for two years or longer in that period. In the 1960s, 41% of women admitted to Bessborough left within 50 days of giving birth and 84% had left within six months. By this time, the number of women remaining in the institution for two years or longer had reduced dramatically to just 1.8%. By the 1980s, almost 90% of women left Bessborough within 50 days of giving birth and 98.4% left within six months.

Exit Pathway

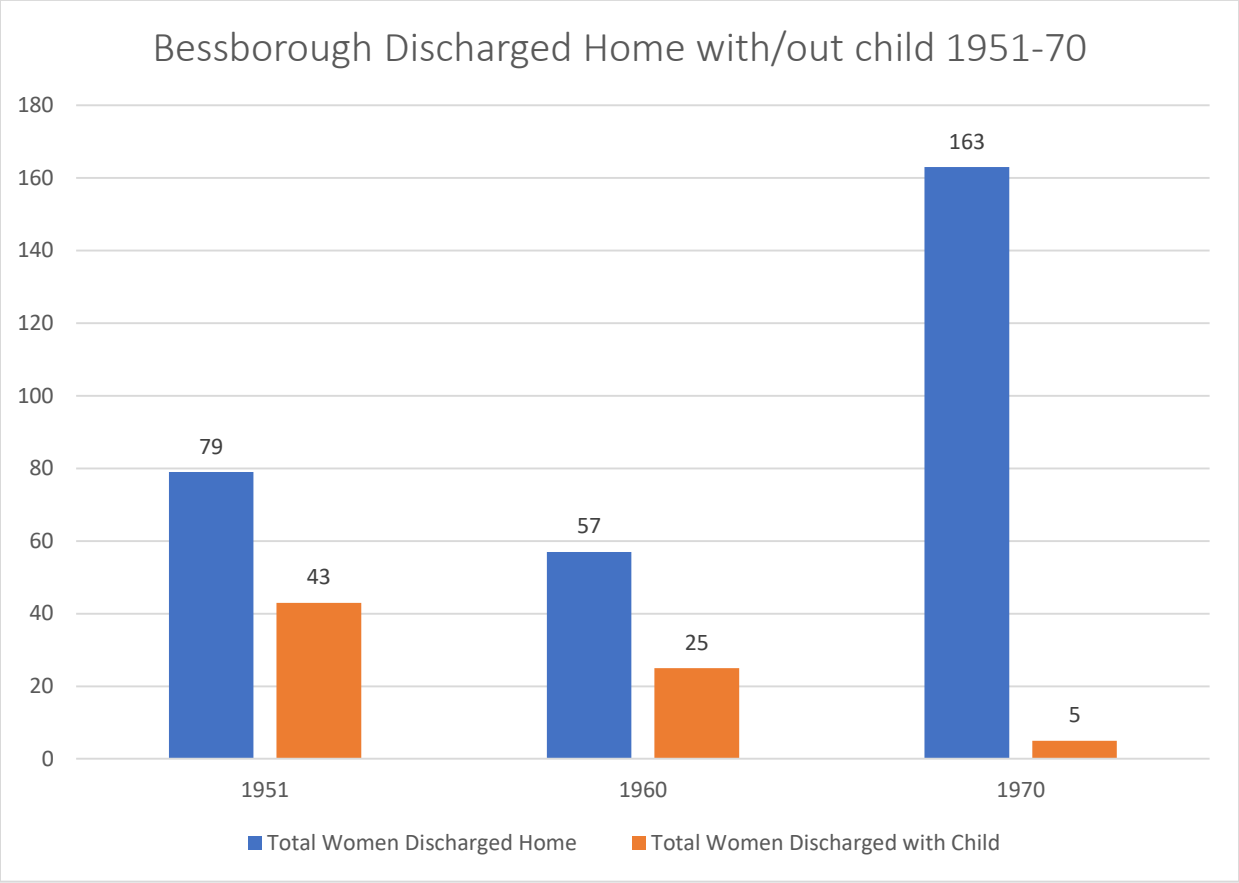
Information relating to exit pathways was available for 5,730 women (58.7% of admissions). The available data show that over 80% of women left Bessborough and returned to the family home or other private address; 7.33% left to take up employment; 5.24% were transferred to external hospitals; 1.71% left to take up employment in another Congregation of the Sacred Hearts run institution (generally in the UK); 1.64% were transferred to another institution under the Commission's remit (most went to Cork County Home); 1.54% transferred to a Magdalen laundry; 1.03% to supported accommodation and 0.65% 'absconded' leaving their babies in Bessborough.



Annual statistical returns sent by the Bessborough administrators to the Department of Health for the years 1951-70 confirmed that the major exit pathways in that period was either return to the family home or discharge to employment. It is clear from the statistical returns that the introduction of legal adoption in 1952 altered exit pathway trends. For instance, in 1951, 26% of women left Bessborough to take up employment. By 1960, 17% left the institution to take up employment and by 1970 this exit pathway accounted for just 8% of discharges.

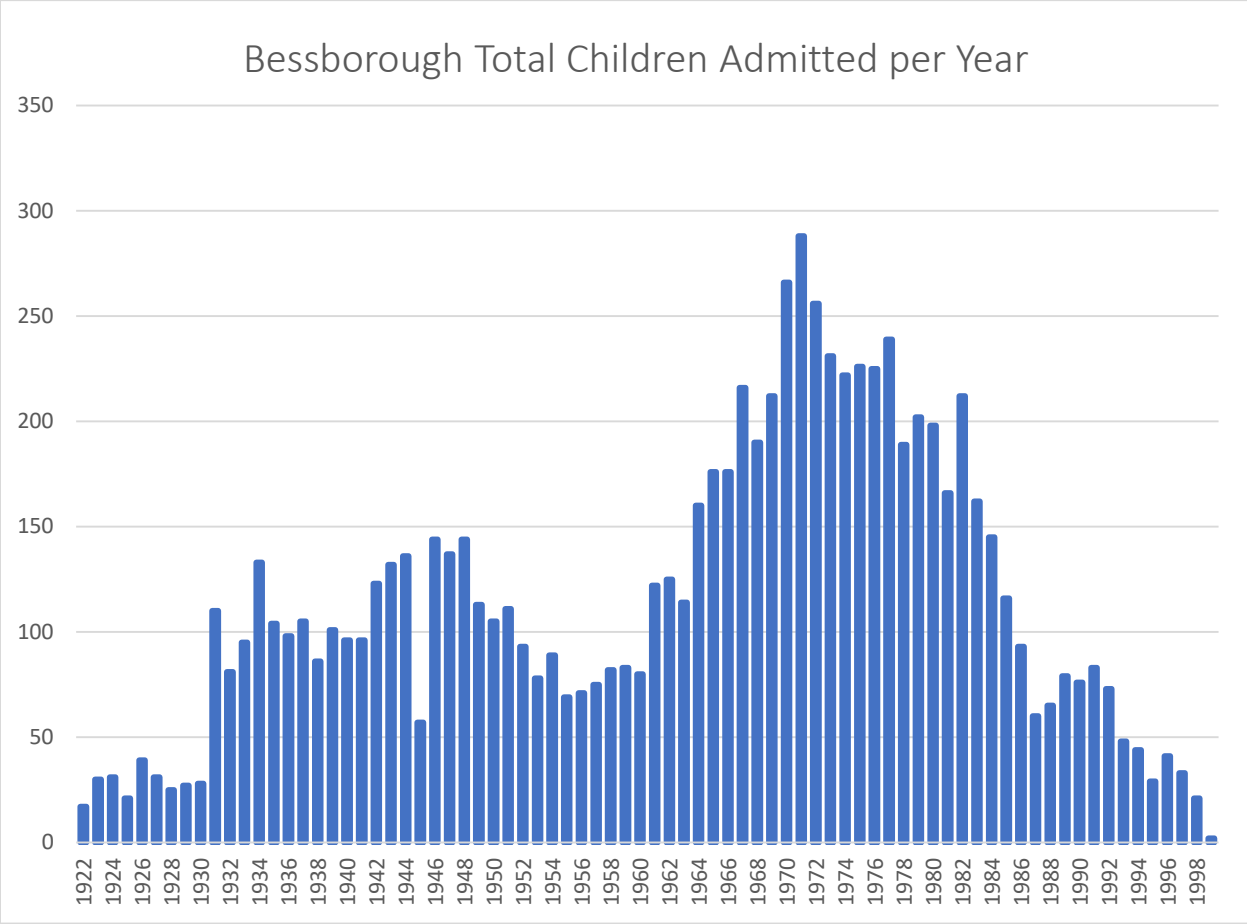


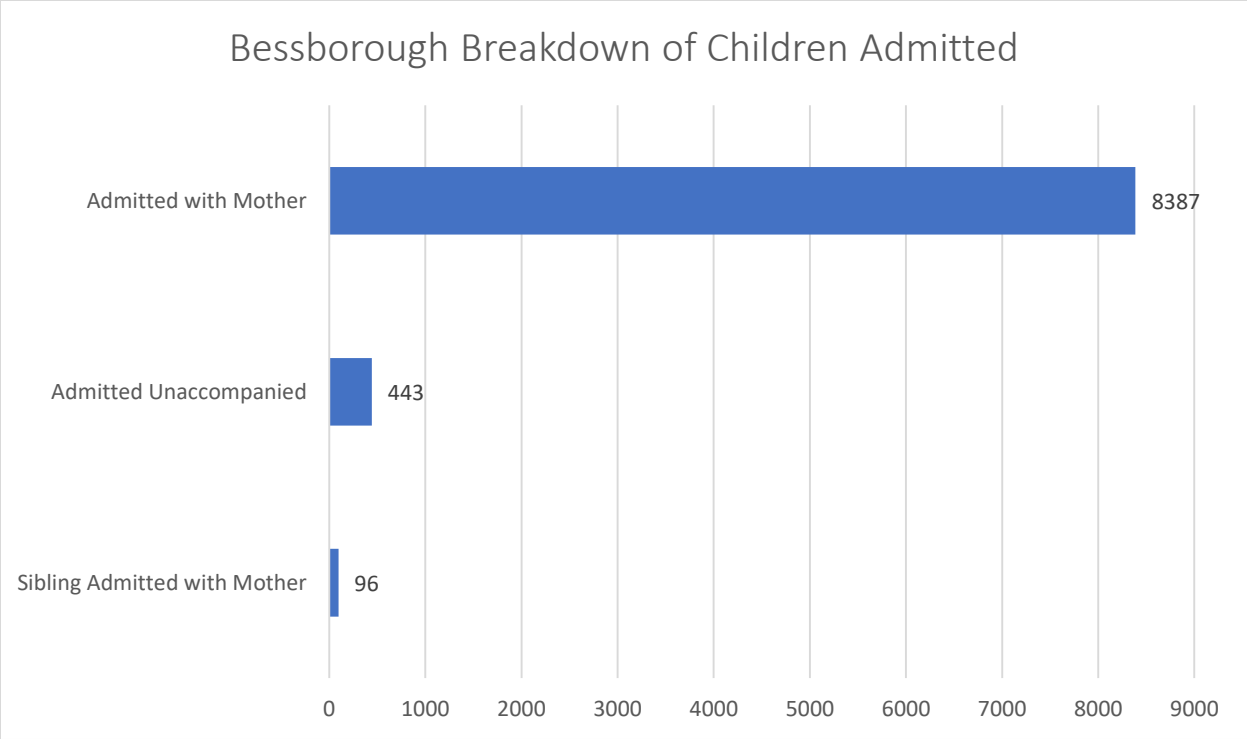
The annual returns show that the percentage of women who were discharged to their family home or to another private address was also altered by the introduction of legal adoption. In 1951, 70% of women are recorded as leaving Bessborough and returning to the family home. The available statistics relating to child exit pathways show that 54% of women who returned to the family home in 1951 took their babies with them. In 1960, over 75% of women returned to the family home, but the percentage who took their babies with them had decreased to 44%. By 1970, women who returned to the family home accounted for 57% of discharges. By this time just 3% of women had taken their babies with them: 97% had left the institution without their children.


Bessborough Discharged Home with/out child 1951-70
180
160
140
120
100
80
60
40
20
0
79
43
57
25
163
5
1951
1960
1970
Total Women Discharged Home
Total Women Discharged with Child

Children: Births and Admissions

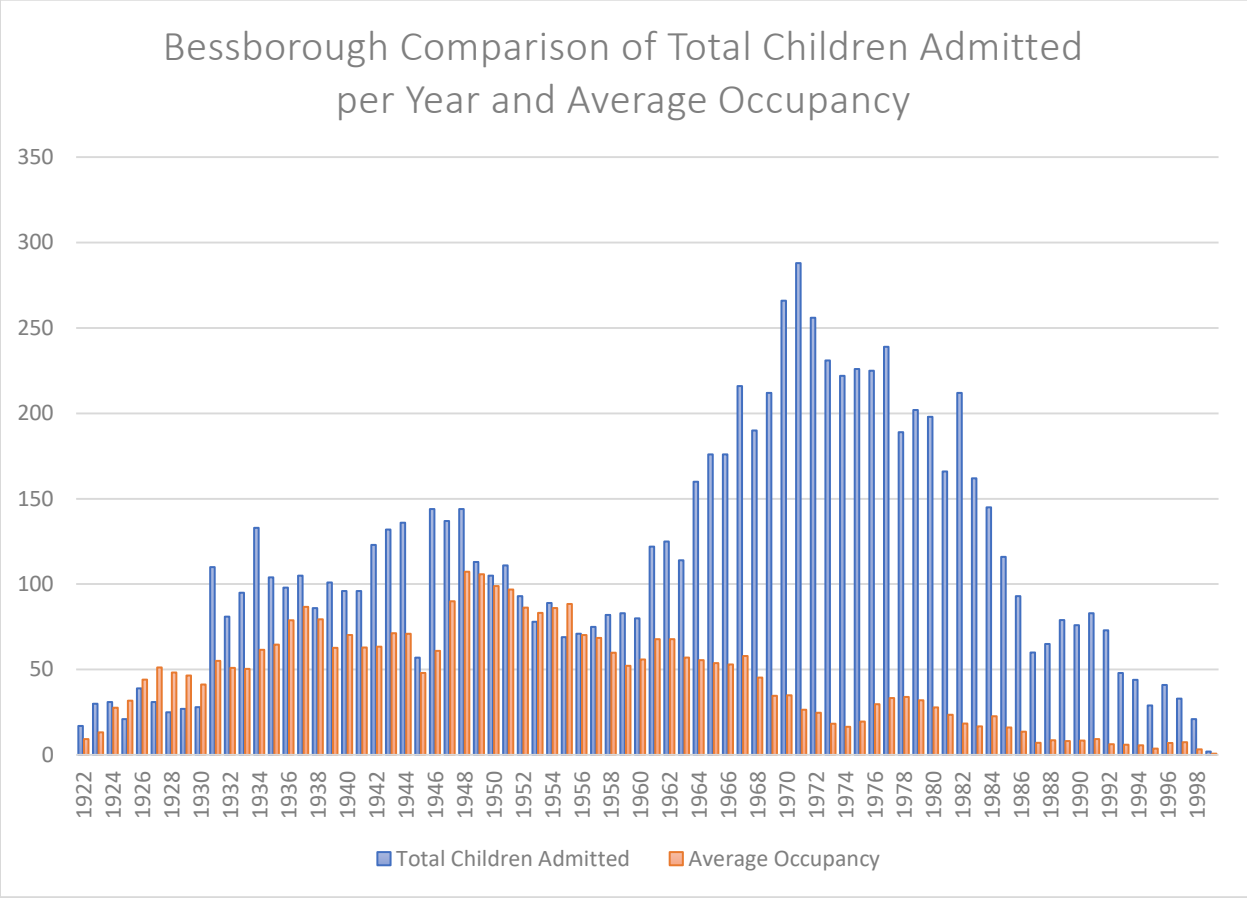
The Commission identified 8,938 children who were either born in Bessborough or admitted there after birth. Information relating to date of birth/admission was available for 8,857 children (99% of births/admissions). The records show that the 1960s, 1970s and 1980s were the busiest periods for births and child admissions to Bessborough. Almost 60% of all births and child admissions occurred in this period.





Information relating to accompanied/unaccompanied children on entering Bessborough was available for 8,926 children (99.9% of admissions). The data show that 94% were either born in Bessborough or admitted there accompanied by their mothers. Almost 5% of children were admitted to Bessborough unaccompanied and the remaining 1% were older siblings accompanied by expectant mothers.

Children: Average Occupancy



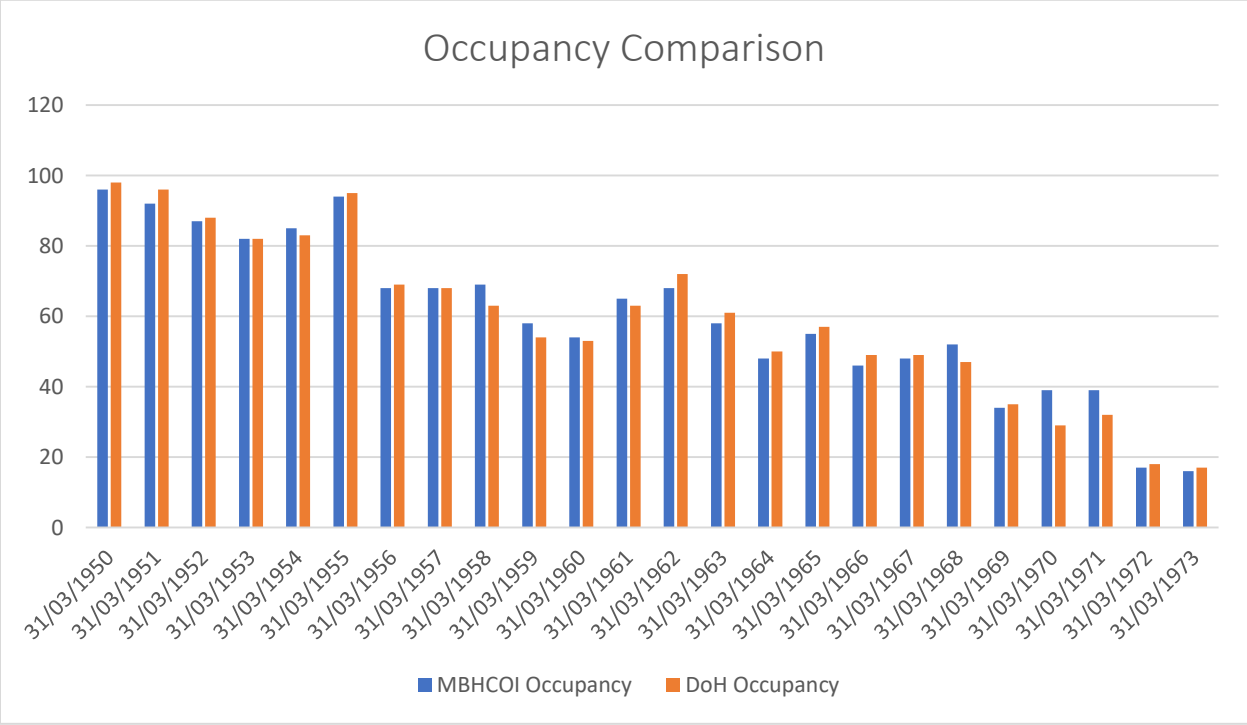
The institutional records facilitated the Commission in establishing the average annual child occupancy in Bessborough and represents the average number of children in the home in any given year. The sample size was 8,240 children (92% of admissions).[2]

In the late 1920s, average occupancy in Bessborough was generally higher than admissions in any given year. Children typically lived in the institution for two to five years in this period and this kept occupancy rates relatively high. From 1926-30 there were 46 children on average living there at any one time. By 1937, however, average occupancy had increased to 87 children. This upward trend was interrupted during 1939-44. Although admissions increased in this period child occupancy largely remained unchanged. This may have been due to the high rates of infant mortality which pertained in the home at this time. Child occupancy rates began to increase again from 1947 and peaked in 1948 when 107 children on average were living in

[2] In 698 cases a date of admission and/or discharge could not be determined.

the home. Child occupancy decreased steadily during the 1950s. Although admissions to Bessborough increased significantly in the 1960s, the uptake in legal adoptions ensured that occupancy rates continued to decline. Although 288 children were born in or admitted to the home in 1971, average child occupancy for that year was 26 children. By the 1980s there were 16 children on average living in Bessborough at any one time.

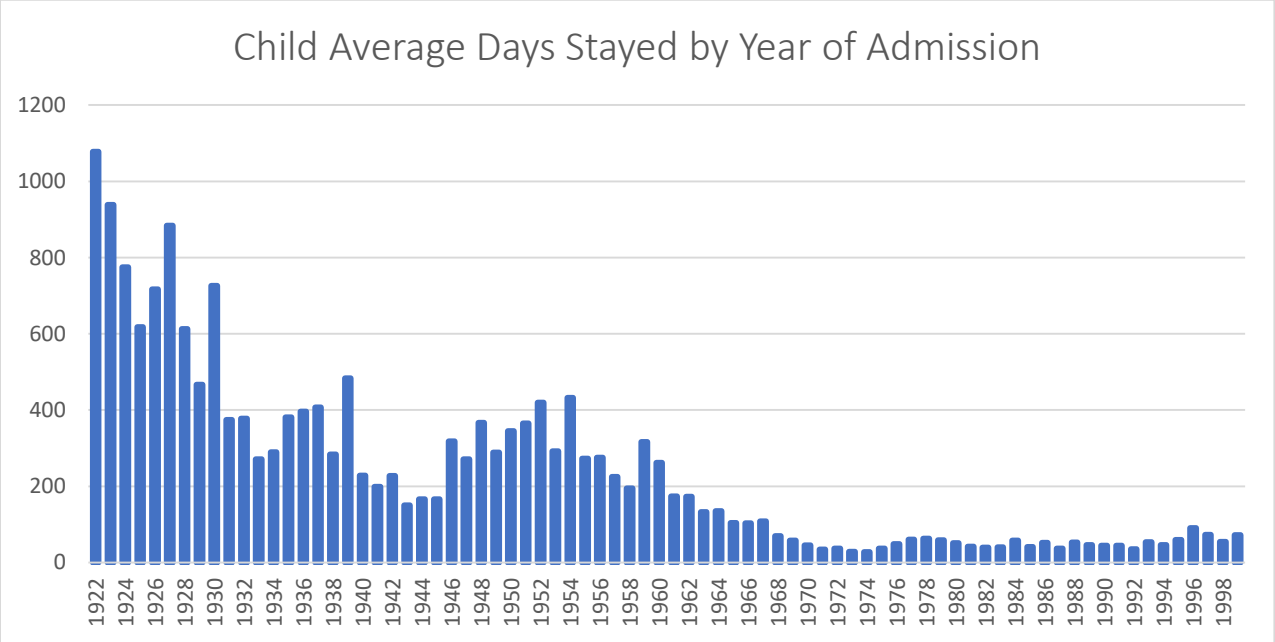
Occupancy Comparison



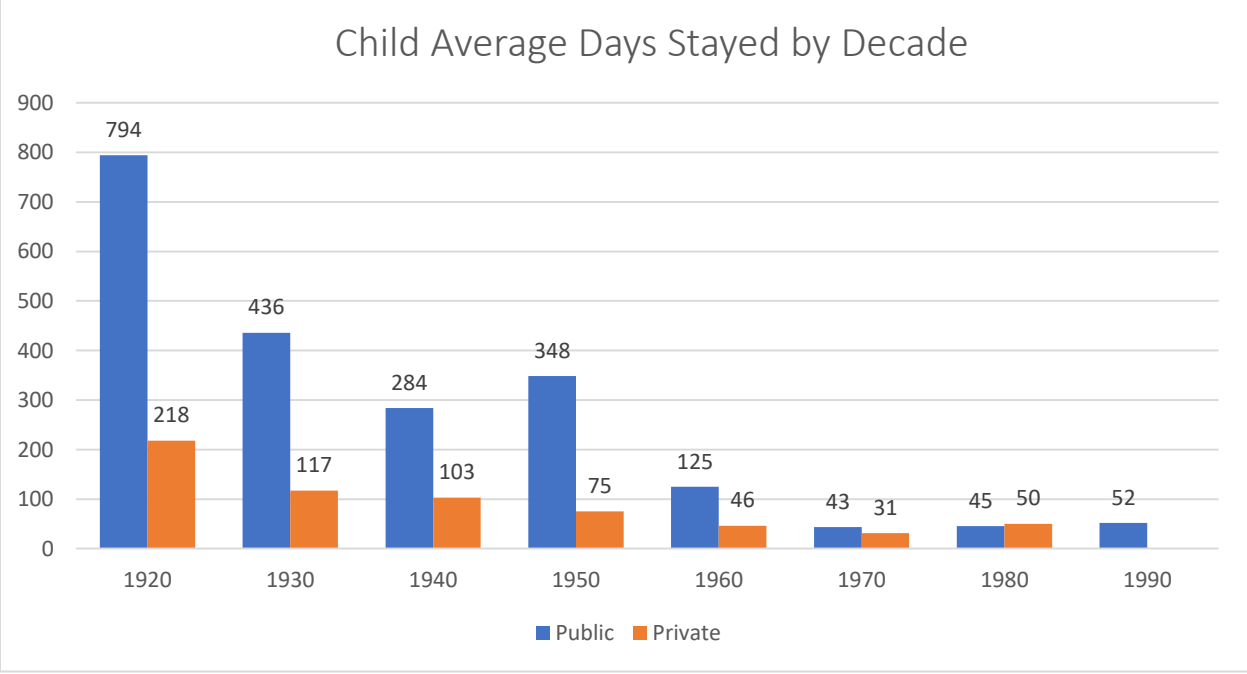
The Commission compared occupancy rates as recorded in the Bessborough institutional records with occupancy rates notified by the Bessborough authorities to the Department of Health in their annual returns 1950-73. Temporary absences from Bessborough, such as where a child was receiving treatment in an external hospital, are not included in the Commission's calculations. This may inflate the Commissions numbers slightly. However, it is clear from the above chart that the Commission's calculations regarding occupancy are broadly in line with the occupancy rates notified by the Bessborough authorities.

Children: Length of stay

Information relating to length of stay was available for 92% of births/admissions. The date of birth/admission and or date of discharge was not available for 8% of children.

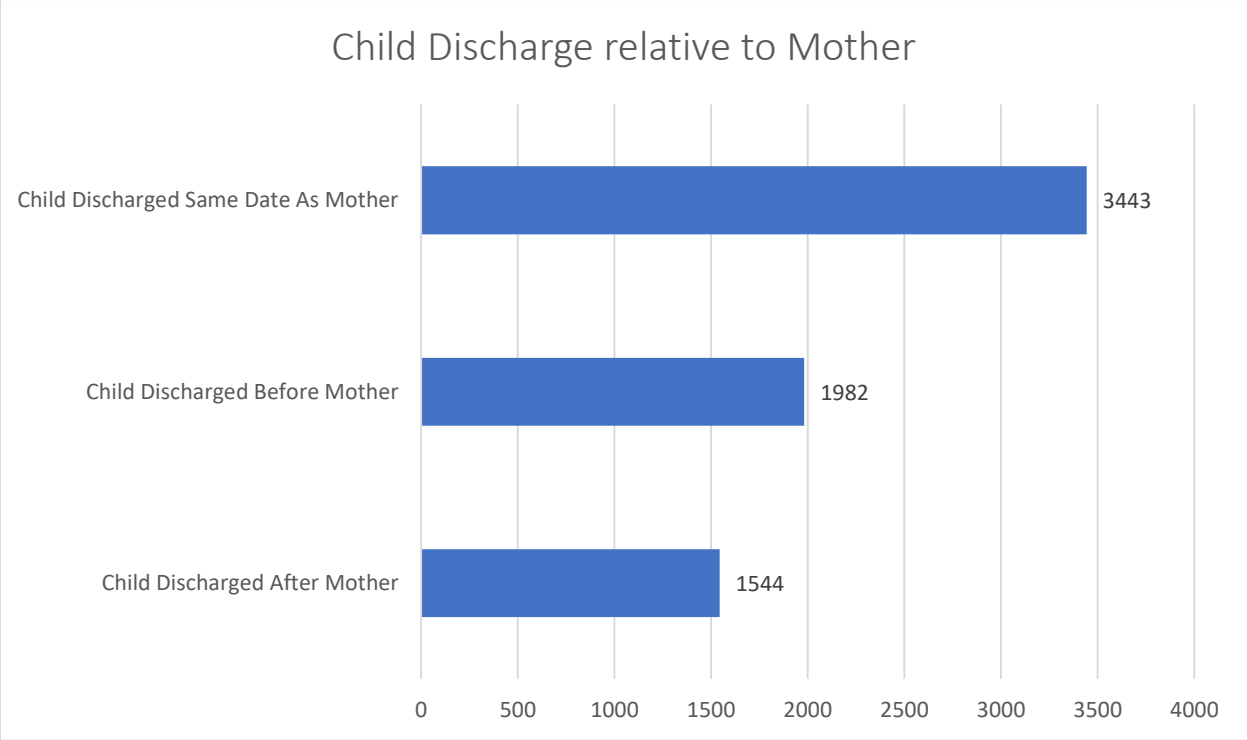


Children born to public patients and maintained in Bessborough by public assistance authorities stayed in the institution for much longer periods than children born to private patients.



In the 1920s, children of public patients spent 794 days on average in the institution while children of private patients spent 218 days on average there. By the 1940s the average stay of a publicly funded child had reduced substantially to 284 days. However, the average stay of a privately maintained child had also reduced considerably to around 103 days. From the 1920s to the 1960s, publicly maintained children spent around three times longer in the institution then their private counterparts. Private patients generally paid an 'adoption fee' to an intermediary agency such as CWAS to have their baby placed at nurse. This usually meant that children born to private patients left Bessborough a few months after birth. Children born to publicly funded patients generally had to await a boarding out placement. This could mean a lengthy stay in Bessborough for both mother and child. From the mid-1940s to the early 1950s the length of stay for publicly funded children increased to 348 days on average while the average stay for a private patient continue to decline. The introduction of legal adoption in 1953 influenced a sharp decrease in the length of stay for publicly funded children and by 1970 there was little difference in the length of stay of private and public children.

Children: Discharge with/without mother



Information relating to the date of discharge of a child, where the mother's date of discharge was also recorded, was available for 6,969 children.[3] The available data suggest that 49% of children were discharged from Bessborough on the same date as their mothers. Around 29% of children were discharged before their mothers and were most likely either boarded out or adopted. Over 22% of children remained in Bessborough for a period after their mothers' discharge.

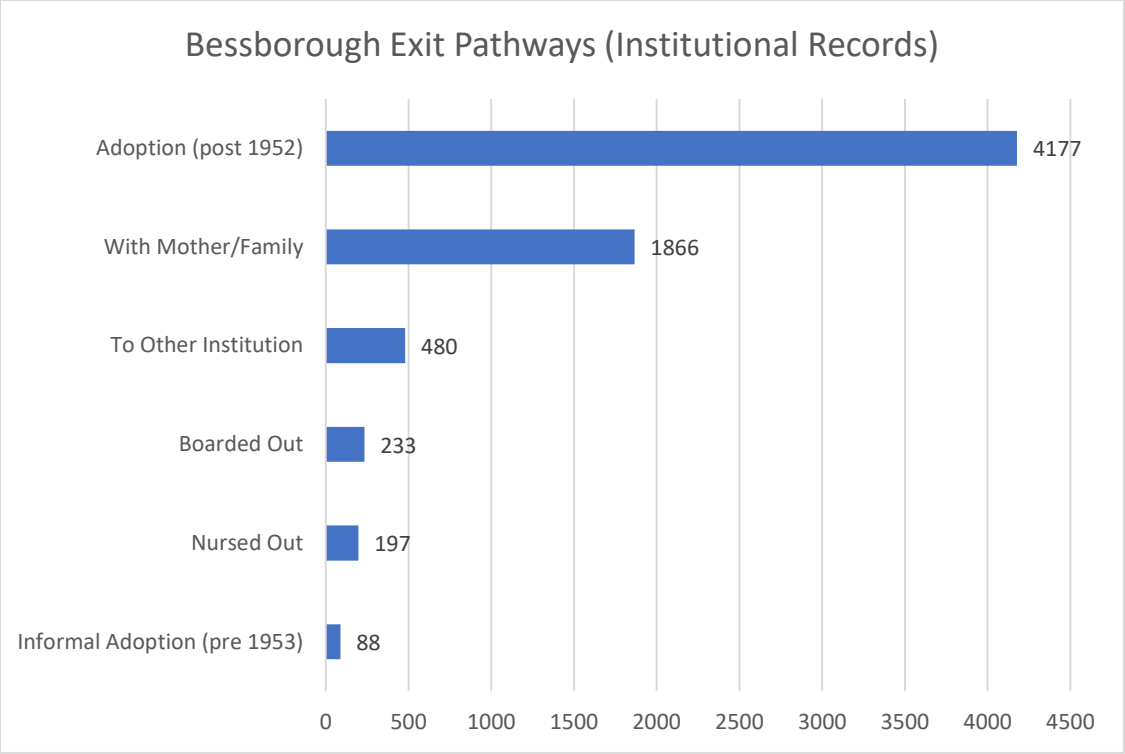
Around 10% of all children who remained in the home after their mothers had left were born to private patients and were awaiting placement through adoption agencies. Around 6% of all children left unaccompanied in Bessborough subsequently died in infancy.

Children: Exit Pathways

Information relating to child exit pathways was available for 7,401 children (78.8% of admissions):

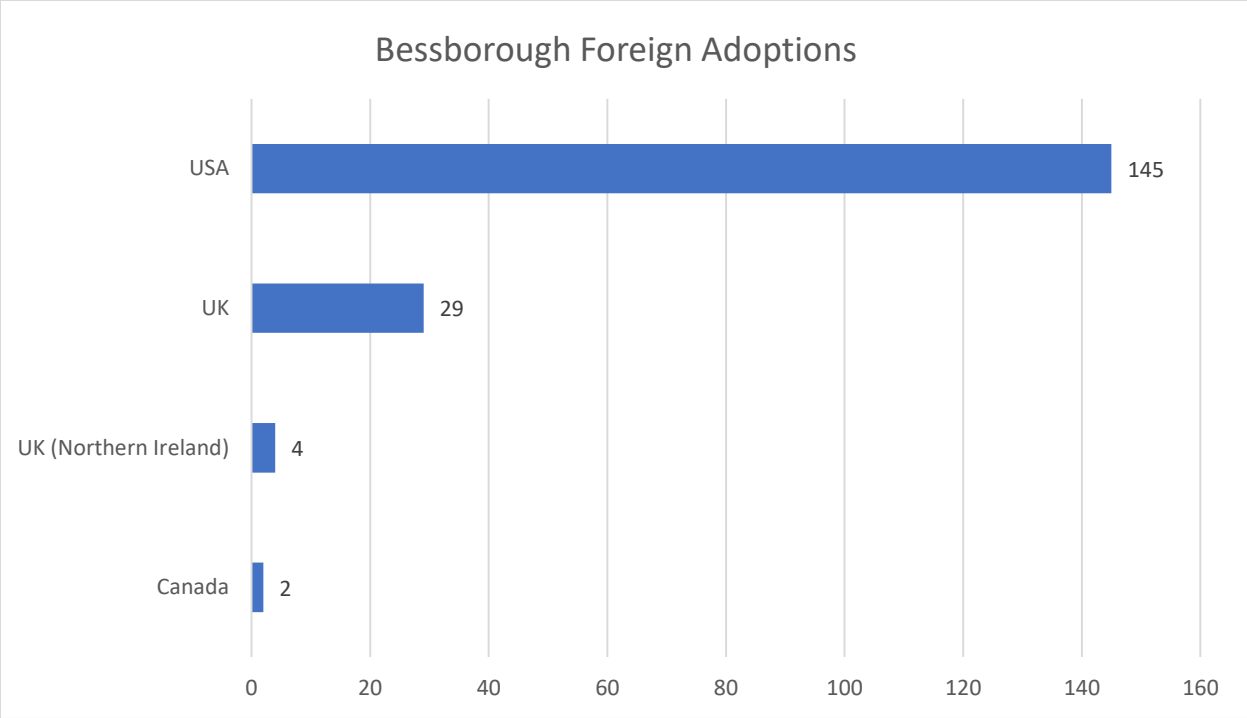
- 4,177 (59.3%) were placed for legal adoption (from 1953).
- 1,866 (26.5%) left Bessborough with their mother or with another family member.
- 480 (6.8%) were transferred to other institutions such as specialist hospitals, county homes and industrial schools.
- 233 (3.3%) were boarded out directly from Bessborough.
- 197 (2.8%) were placed at nurse directly from the institution.
- 88 (1.3%) were informally adopted (pre 1953).

[3] This excludes children who died in Bessborough and children who were admitted unaccompanied.

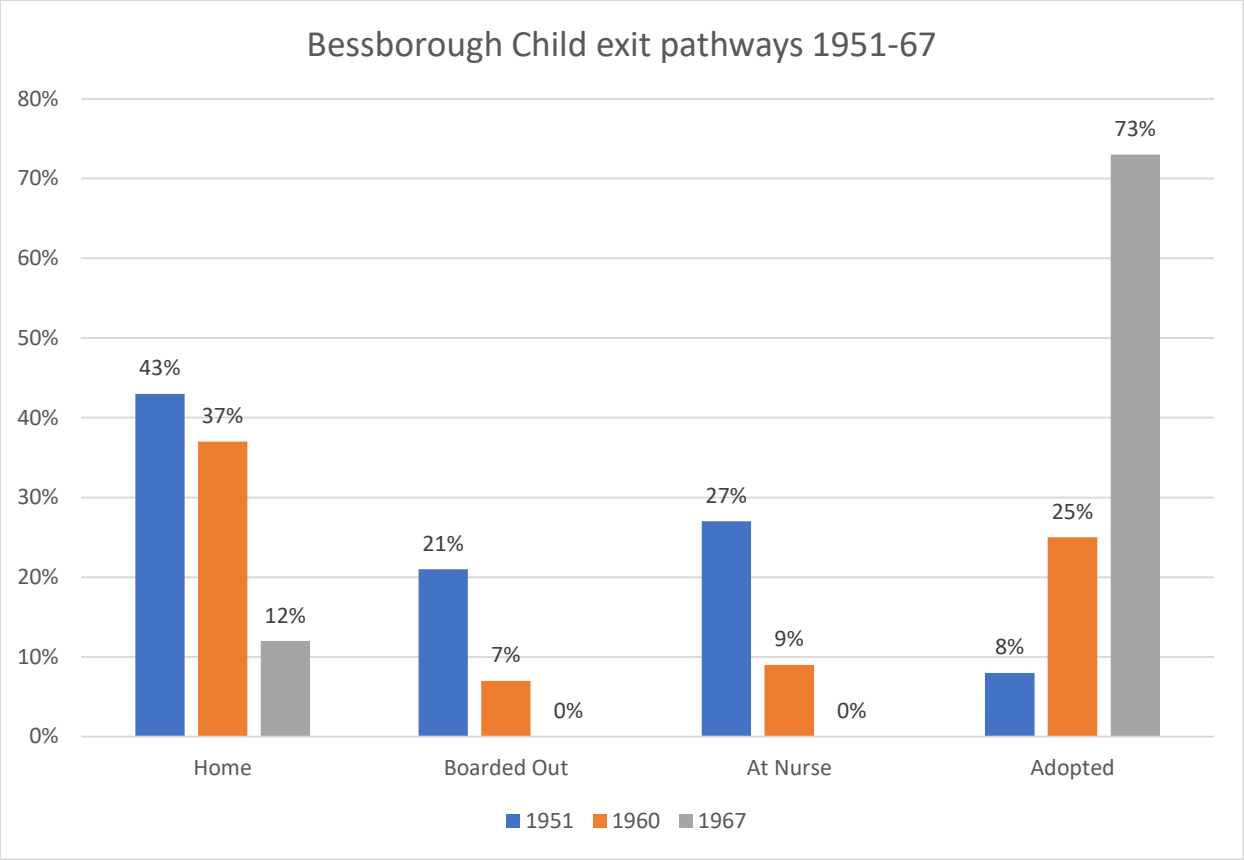


Institutional and external records identified 180 Bessborough children who were adopted in other jurisdictions. Foreign adoptions from Bessborough were as follows:

- 145 (80.5%) to the USA
- 29 (16%) to Great Britain
- 4 (2.5%) to Northern Ireland
- 2 (1%) to Canada



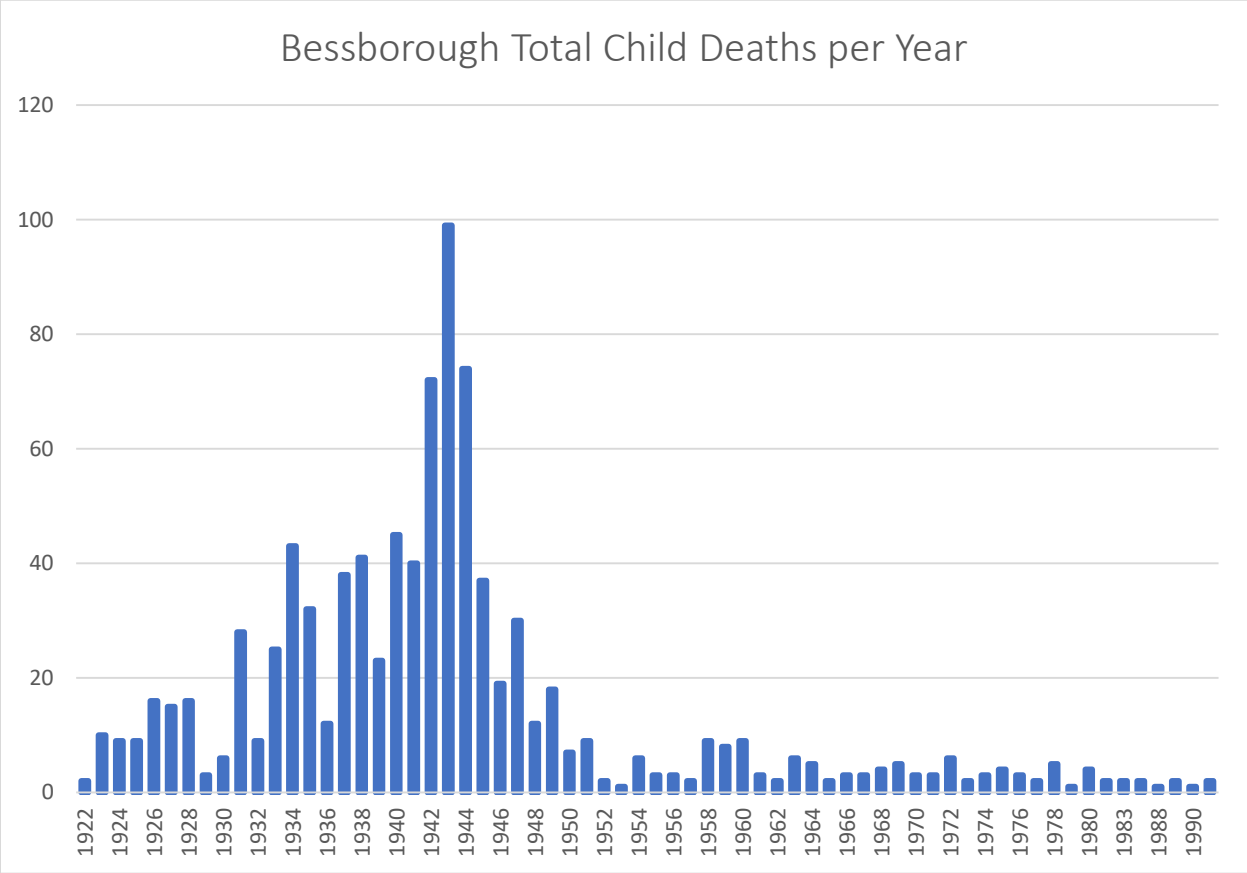
Annual statistical returns sent by the Bessborough authorities to the Department of Health for the years 1951-70 show how the availability of legal adoption from 1953 altered child exit pathway trends. These records confirmed that the major child exit pathways in that period were boarding out; at nurse through a society; home with the mother and adoption. In 1951, informal adoption accounted for 8% of child discharges from Bessborough. Legal adoption accounted for 25% of discharges in 1960 and by 1967 accounted for 73% of child discharges. Although the percentage of children discharged home with mother decreased from 43% in 1951 to 37% in 1960, by 1967 this exit pathway accounted for just 12% of child discharges. In 1951, child discharges via boarding out and placement at nurse through a society accounted for 21% and 27% of child discharges, respectively. By 1967, both exit pathways appear to have ceased. It should be noted that, although children continued to be recorded as being placed at nurse from Bessborough in 1970 and thereafter, this related to infants who were placed by the Cork Health Authority/Southern Health Board and adoption societies with paid foster mothers (generally retired nurses) while their adoptions were being processed.



The Commission had access to records created by the South Cork Board of Public Assistance/Cork Health Authority relating to children who were boarded out or placed at nurse in the South Cork District and records relating to children who were born in the South Cork District and subsequently adopted. These records are not complete but were useful to follow up on some child exit pathways. For instance, the institutional records had no information on exit pathways for 1,136 children, 402 of whom were maintained in Bessborough by the South Cork Board. Over 50% of children maintained by the South Cork Board were recorded in the board's boarded out, nursed out and adoption registers. Similarly, of the 1,866 children recorded in the institutional records as having left Bessborough with their mothers, 854 were maintained in the institution by the South Cork Board. Around 14% of these children are recorded in the board's boarded out, nursed out and adoption registers. The Commission considers that analysis of all local authority boarded out, nursed out and adoption records, were they available, would show that most children who left Bessborough with their mothers were subsequently fostered privately or placed for adoption.

Child Deaths

The Commission has established that 923 children born in or associated with Bessborough died in infancy or early childhood.[4] This includes children who died in the Bessborough home and Sacred Heart Hospital; children who were born in or admitted to Bessborough who subsequently died elsewhere and children who were never admitted to Bessborough but whose mothers had been resident in Bessborough prior to their birth (this generally related to women transferred from Bessborough to Cork District Hospital/St Finbarr's Hospital to give birth). The Commission confirmed 99% of child deaths with the GRO.



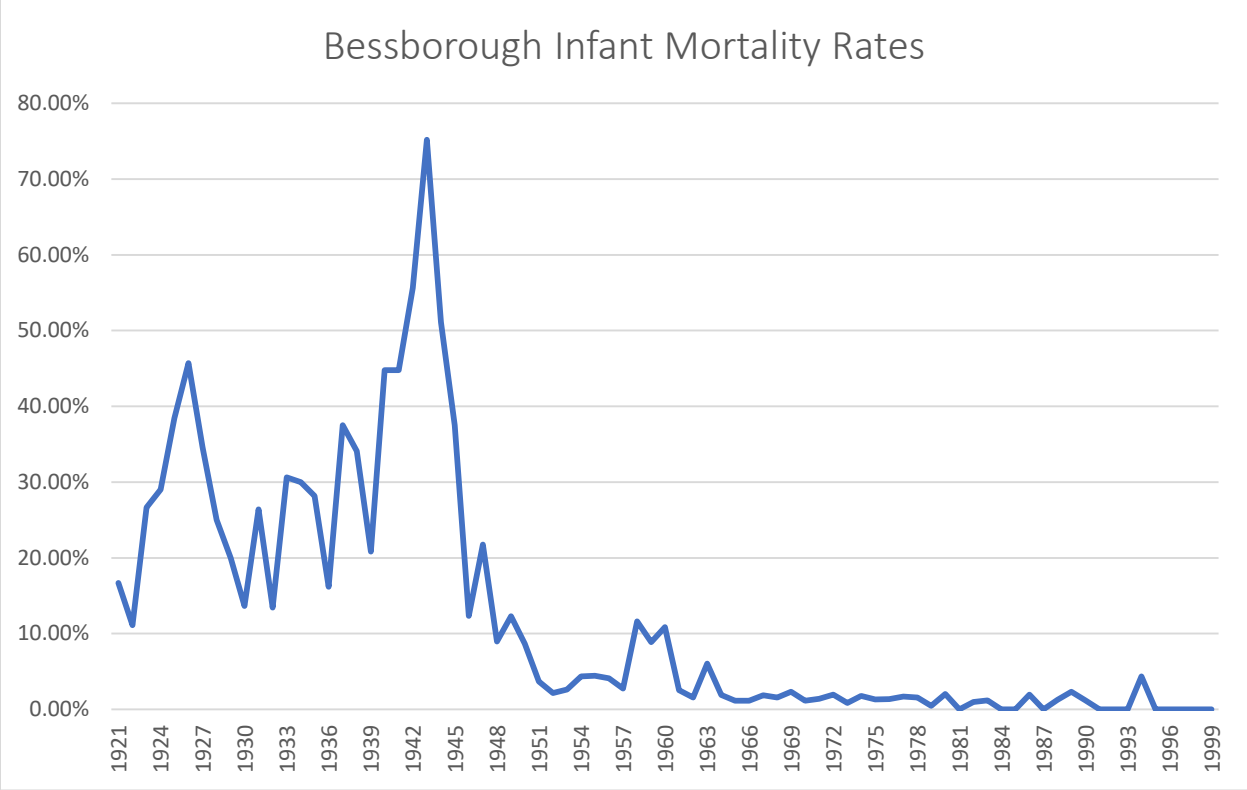
It seems clear that an incremental increase in child mortality in Bessborough began in 1931, the year following the introduction of maternity services there. Six child deaths were recorded in 1930 but a significant increase occurred in 1931 when 28 deaths were notified. Child deaths peaked in the early 1940s. In the years 1940-44, 330 children died in Bessborough. Deaths recorded during these five years accounted for 36% of all child deaths associated with

[4] Many children were associated with both Bessborough and Cork county home and may appear in records relating to both institutions. The Commission identified a combined total of 1,401 individual child deaths in both institutions.

Bessborough in its 76-year operation. Almost 11% of all child deaths occurred in 1943 alone when 99 deaths were notified. Following interventions by the DLGPH in 1945 and revised operational structures in Bessborough child mortality fell dramatically; 19 child deaths were recorded in 1946. This trend continued until 1952 when just two child deaths were recorded. The introduction of antibiotics to Ireland in 1946 and the establishment of a specialist neo-natal unit in St Finbarr's Hospital in 1950 played a central role in addressing infant and child mortality in Cork city and county. The introduction of legal adoption from 1953 ensured that babies born in Bessborough spent less time in an institutional setting which meant that the risk of dying in infancy was reduced significantly. From the 1960s, child mortality in Bessborough remained relatively low. Most deaths in this period occurred in infants who had been born in St Finbarr's Hospital, or transferred there for medical treatment.

Available records show that almost 79% of children were accompanied by their mothers at the time of death. The remaining 21% died unaccompanied by a parent.

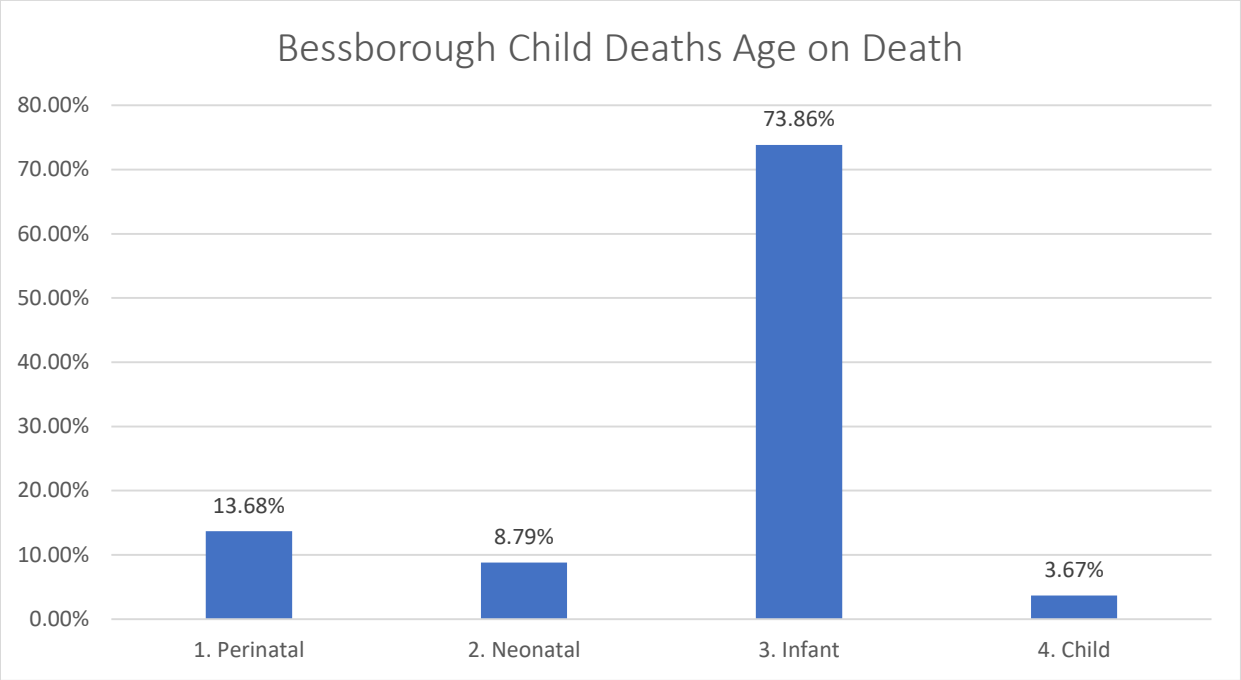
Infant Mortality Rates[5]



Although the number of infant deaths recorded in Bessborough during the 1920s was relatively low, mortality rates were relatively high. For instance, the 16 deaths among infants born in 1926 represented an infant mortality rate of almost 46%. The infant mortality rate decreased to 13.6% in 1930 but increased incrementally from 1931. Infant mortality peaked in 1943 at 75.19%: for every 100 babies born in, or admitted to, Bessborough that year, 75 subsequently died in infancy. Infant mortality rates fell to just over 12% in 1946 and continued a downward trend. By 1952 the infant mortality rate stood at 2.15%. In the years 1958-60 infant mortality increased to around 10%: representing nine deaths on average in these years. The mortality rate decreased to around 2% in 1961 and remained in this low range until the closure of the home in 1998.

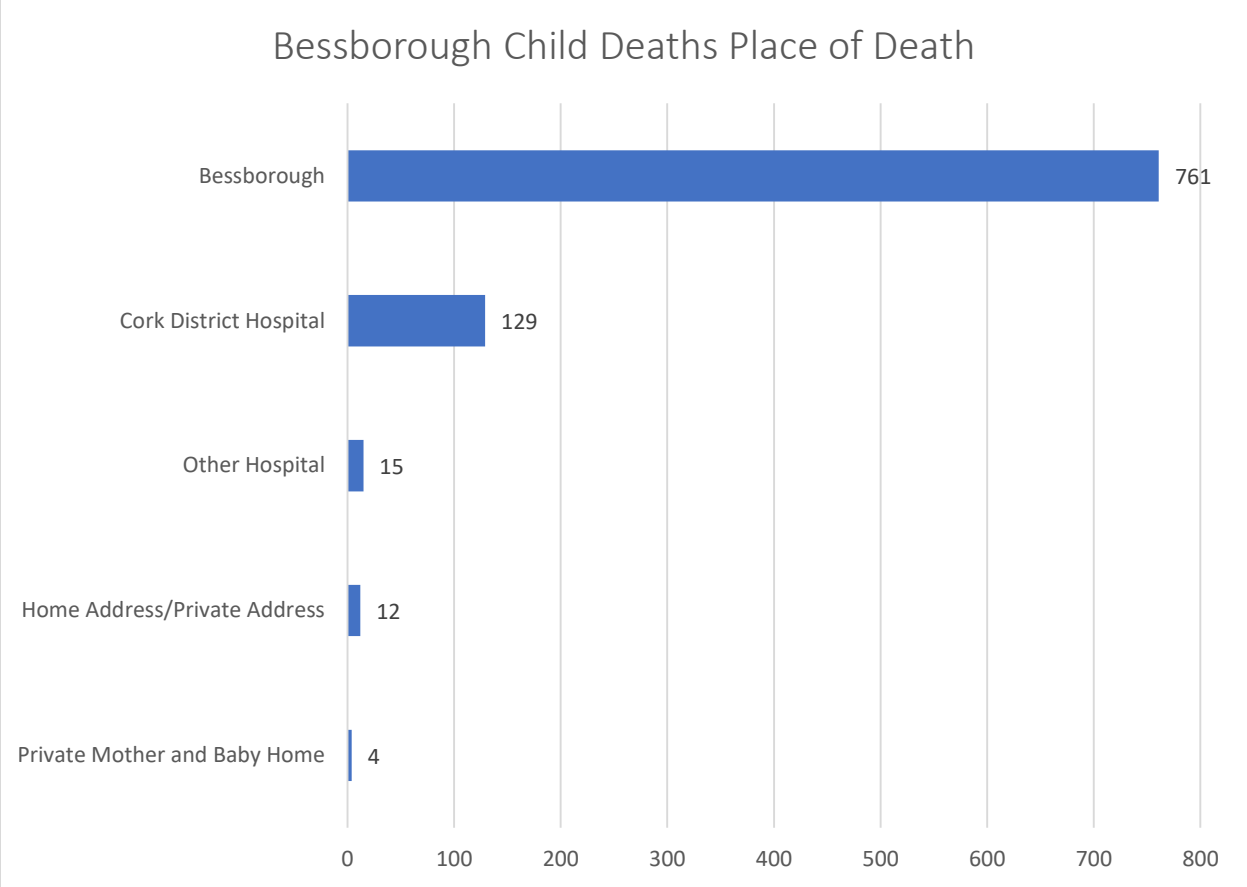
[5] Infant mortality rate is calculated as follows: Living infants born in a given year who died before the age of 1 year as a percentage of all infants born in the same year.

Child Age on Death



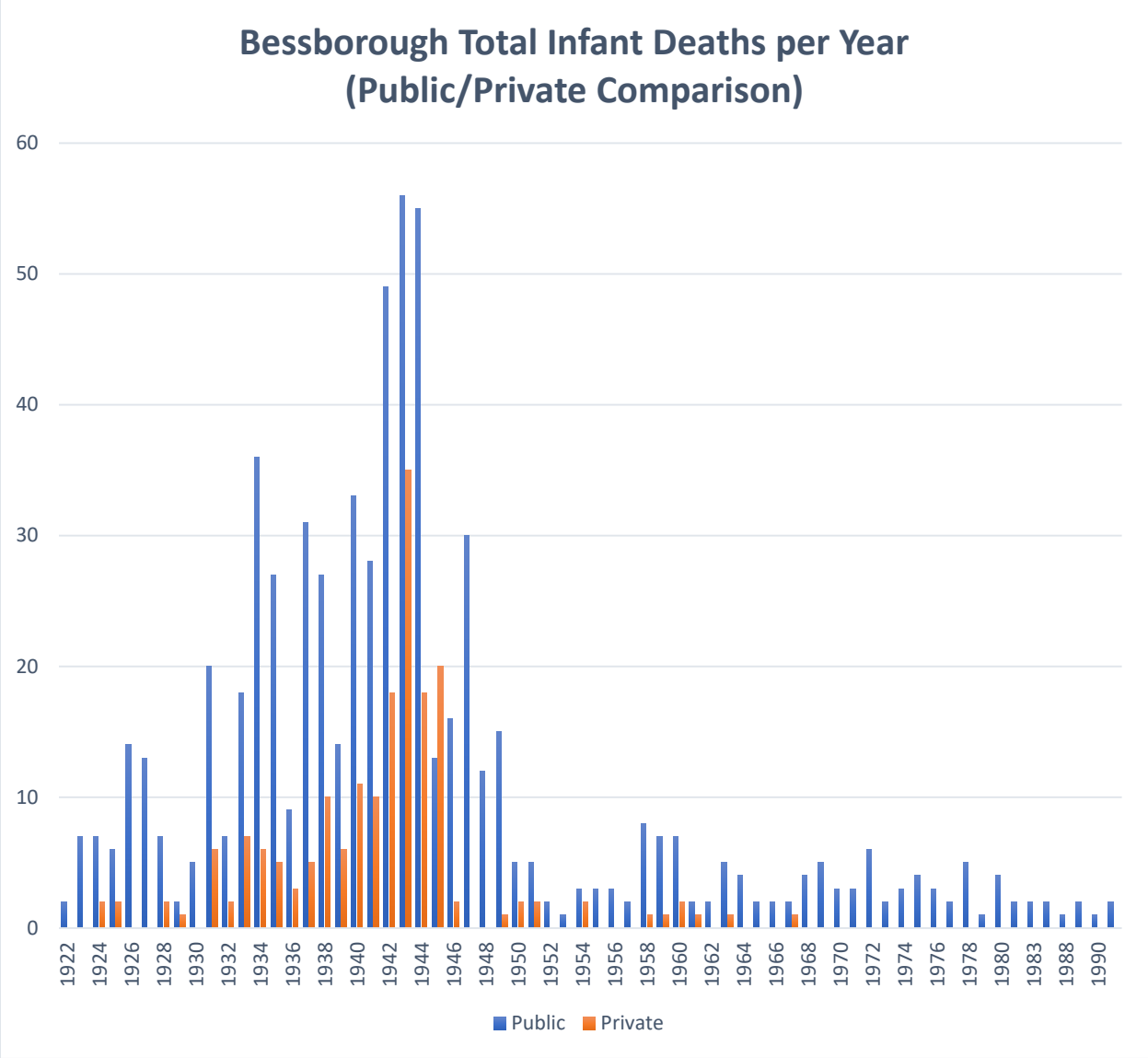
Information relating to the age on death was available for 899 children. Over 96% died in infancy as follows: 13.68% died in the perinatal period (0-7 days); 8.79% died in the neonatal period (8-28 days) and 73.86% died aged 29-365 days. The remaining 3.67% died in childhood aged between 366 days and five years.

Child Place of Death



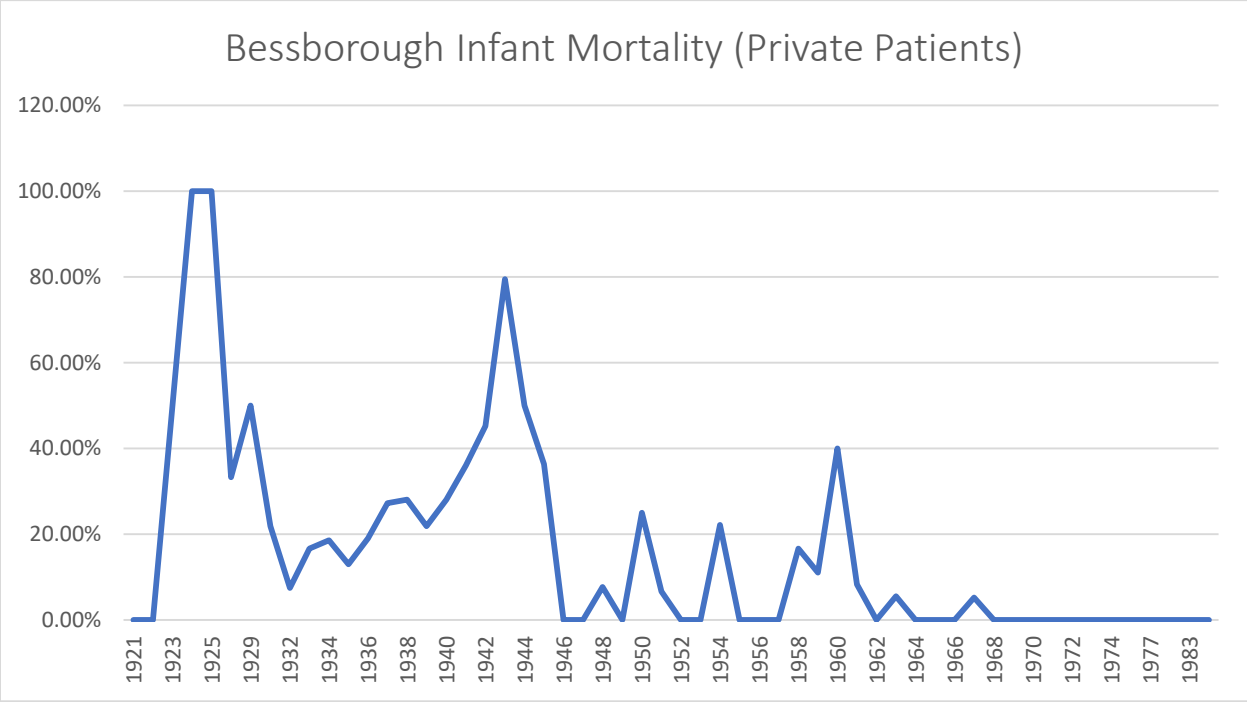
Information relating to the place of death was available for 921 children. Most (761) died in Bessborough, either in the Bessborough home or in the Sacred Heart Hospital. One hundred and twenty nine children died in Cork District Hospital/St Finbarr's Hospital having been born there or after their transfer from Bessborough. Fifteen children died in other city hospitals - most in the South Infirmary and Victoria Hospital. Twelve children died in private addresses following their discharge from Bessborough. These were mainly foster homes. Four children died in private mother and baby homes; three of which occurred in Mrs Grants Home, South Mall, following discharge from Bessborough.

Infant Deaths Public/Private



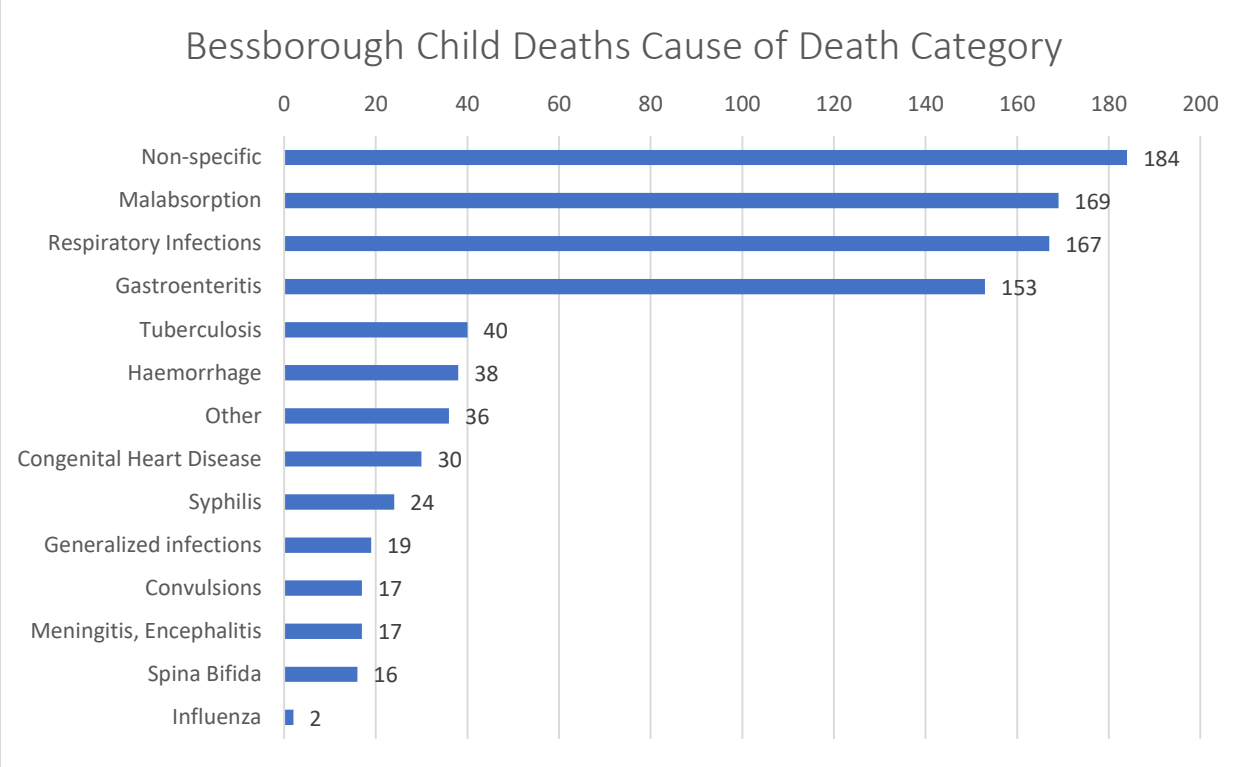
Analysis of infant deaths shows that, although babies born to private patients accounted for 9% of all births and admissions, they accounted for 21% of all infant deaths. Bessborough was closed to public patients for most of 1945 so it is no surprise that deaths among private patients exceeded deaths among public patients in that year. However, increased mortality among infants born to private patients was most pronounced during the years 1939-45. The CWAS found it difficult to procure nurse mothers for infants born to private patients in this period and those infants remained in Bessborough for longer periods. To compound this, they remained in Bessborough unaccompanied by their mothers. The policy which allowed private patients to leave their babies unaccompanied in Bessborough, while awaiting placement by the CWAS,

was halted in 1945. Deaths among infants born to private patients plummeted the following year and accounted for a small number of deaths in subsequent years.



Analysis of mortality rates among infants born to private patients shows that all three such children admitted to Bessborough in 1924 and 1925 died there. Mortality rates among children born to private patients increased steadily from 1939 and peaked in 1943 when a rate of 80% was recorded among this cohort: eight in every ten infants born to private patients in 1943 died in infancy. The mortality rate among private infants reduced to 50% in 1944: one in every two infants born to private patients died that year.

Child Cause of Death



Information relating to the cause of death was available for 912 children. The Commission cross referenced the stated cause of death recorded in the Bessborough institutional records with the records of the GRO and found no major discrepancies. Child deaths were certified and notified as follows:

- Non-Specific Causes (184) - generally congenital debility, delicate from birth, prematurity, or weakness from birth.
- Malabsorption (169) - marasmus (165), malnutrition (3) and wasting from birth (1).
- Respiratory Infections (167) - mainly bronchitis, bronchopneumonia, pneumonia, atelectasis, lobar pneumonia, atelectasis pulmonum and congestion of the lungs.
- Gastroenteritis (153) - mainly gastroenteritis, enteritis, and infective gastroenteritis.
- Tuberculosis (40) - mainly tuberculosis, tubercular meningitis, tubercular peritonitis, and pulmonary tuberculosis.
- Haemorrhage (38) - mainly haemorrhage, cerebral haemorrhage and bowel haemorrhage.

- Other Causes (36) - relate to several causes of death such as asphyxia, congenital kidney disease, mastoiditis, cot death, cellulitis, and congenital malformation/deformation/abnormality.
- Congenital Heart Disease (30)
- Syphilis (Congenital) (24)
- Generalised Infections (19) - mainly toxaemia and septicaemia.
- Convulsions (17)
- Meningitis/Encephalitis (17)
- Spina Bifida (16)
- Influenza (2)

Malabsorption was notified as the leading cause of death in the 1920s and 1930s. However, its prevalence waned in the 1940s and had almost disappeared by the 1950s. Conversely, respiratory infections hardly made an appearance as a cause of death in the 1920s but became one of the main certified causes in the 1940s. Similarly, congenital syphilis was all but absent as a cause of death in the 1920s and 1930s but featured as a significant cause of infant mortality in the 1940s. Gastroenteritis, which was a leading cause of infant mortality from the 1920s to the 1950s was largely absent as a cause of death in the 1960s.

Chapter 19: Sean Ross

Introduction

19.1 Sean Ross mother and baby home opened in 1931 and closed in 1969. During that time, 6,414 women were admitted there and 6,079 children were born or admitted there. It was owned and run by the Congregation of the Sacred Hearts of Jesus and Mary. The public assistance/health authorities paid for the vast majority of the mothers and their children while they were living in Sean Ross but there were a small number of 'private' patients.

Sources

19.2 The following is a summary of the main sources used for this chapter. A complete list is included in Part 5: Archives.

Institutional records

19.3 Sean Ross institutional records are held by the Child and Family Agency (TUSLA). As already reported, the Commission made digital copies of these records. There are over 14,000 records.

19.4 The institutional records include:

- Indoor Registers (admissions by county)
- Admission Books
- Private Patients Book
- Nursery Admission Book
- Maternity Register
- Records and Particulars Books
- Birth Registers
- Death Register
- Adoption Ledgers/Adoption Orders/Adoption Placements/American Adoption Files

Department of Health

19.5 The main Department of Health files used for this chapter are:

INACT/INA/0/445784

HLTH/H27/2/3,

HPO/INA/0/425641
INACT/INA/0/425115
INACT/INA/0/426512
INACT/INA/0/455744
INACT/INA/0/464099
INACT/INA/0/465642
INACT/INA/0/471890
NATARCH/ARC/0/404277
NATARCH/ARC/0/413869

Congregation of the Sacred Hearts of Jesus and Mary Congregational Archive, Chigwell, UK.

19.6 See Chapter 17.

Killaloe Diocesan Archives

19.7 The Fogarty Papers
Sacred Hearts of Jesus and Mary, Box 31: 1.8; A2.

Local Authority Records for North and South Tipperary

19.8 The Commission examined archived local authority records of North and South Tipperary in the Civic Offices, Nenagh, Thurles Library and Tipperary County Archives, Clonmel. Three collections which were of interest to the Commission were identified: Minutes of the South Tipperary Board of Public Assistance, Minutes of the North Tipperary Board of Public Assistance and North Tipperary Managers Orders. These, however, did not have much information of relevance.

Other sources

19.9 Official publications, books and newspapers are referenced in the text.

Origins

19.10 In 1921, like all local authorities, councillors in North and South Tipperary and neighbouring counties were discussing changes to the poor law arrangements. While many Tipperary councillors acknowledged that the workhouse was an unsuitable environment for healthy women and children, initial proposals by members of the Tipperary boards did not consider that unmarried mothers and 'illegitimate' children should be housed separately from the 'aged, infirm and

lunatic' in these institutions.[1] However, in 1924, and in line with many other county councils, the North Tipperary Board of Health and Public Assistance discussed the possibility of setting up a children's home. This would accommodate healthy children from North and South Tipperary as well as children from neighbouring counties. Waterford county council said that they had made their own arrangements in this regard (with Bessborough) and Galway county council said that they were about to set up a children's home in Tuam. The North Tipperary board then proposed to transfer children from county homes and other institutions in Tipperary to St. Francis' Industrial School for Girls, Cashel, which was run by the Presentation Sisters. However, the superioress of that institution stated that she had no authority to admit children unless they were 'formally committed by a court'.[2]

19.11 The North Tipperary board regarded boarding out as the preferred alternative to rearing children in institutional settings and proposed an increase in the boarding out allowance to 25s a month in a bid to attract more foster parents. However, the Department of Local Government and Public Health (DLGPH) refused to sanction the increased rate and insisted that it remained capped at £1 (20 shillings) a month.[3] In 1925, the chaplain to Thurles county home complained to the Tipperary board that the county home was 'full of children running wild and getting no education whatever'. In a bid to alleviate the overcrowded conditions the board appointed a ladies committee to use their influence to secure foster mothers for institutional children and advertised for suitable foster homes in local newspapers.[4]

19.12 By 1930, the North Tipperary board had made little progress in relation to the provision of services for unmarried mothers and their children. Institutional accommodation continued to be in county homes and the number of children in the boarding out system (31) was reportedly 'practically the same as previous years'. One councillor complained about the cost of accommodating single women and their children in county homes and claimed that 'poor people who had given service to the nation', on being admitted there, were forced to mix with 'part-lunatics' and 'a lot of unmarried mothers'.[5]

[1] *Nenagh Guardian*, 29 October 1921.
[2] *Nenagh Guardian*, 28 June 1924.
[3] *Nenagh Guardian*, 5 July 1924.
[4] *Nenagh Guardian*, 28 March 1925.
[5] *Nenagh Guardian*, 21 June 1930.

19.13 In 1930, the DLGPH asked the Congregation of the Sacred Hearts of Jesus and Mary if they would consider opening a second mother and baby home in Ireland (they were already running Bessborough – see Chapter 18). The Mother General of the congregation, accompanied by Mrs Crofts, a DLGPH inspector, visited several dioceses and spoke with several bishops regarding possible sites for a new mother and baby home. The congregation wanted to establish a home in Dublin but failed to get the permission of the Archbishop of Dublin.[6] The DLGPH report for 1930-31 stated that the congregation had agreed to establish a second mother and baby home in Ireland and was considering some sites in Limerick and Tipperary.

19.14 Having considered the available options the congregation decided to buy a manor house and estate at Corville, Roscrea, North Tipperary, at a cost of £6,000.[7] The Bishop of Killaloe, Dr Fogarty, agreed to the congregation's request to establish a home in his diocese.[8] The main house, described as 'a large structure in the Grecian style',[9] was converted for use as a mother and baby home along the lines of that already established at Bessborough. The first superioress was Mother de Sales Gilmartin who was reportedly 'very sympathetic' towards the women entering Sean Ross but was upset to see girls from families she had known in Offaly being admitted to her institution and asked to be relieved from her position after two years. She was replaced in 1932 by Sister Rosemonde McCarthy.[10]

19.15 In July 1931, Bishop Fogarty visited Sean Ross, which was reportedly 'in full working order' and ready for the reception of single women and their infants.[11] Mrs Crofts visited county homes in Tipperary and in neighbouring counties to encourage health authorities to send 'first offender' unmarried mothers who applied for public assistance to Sean Ross. The Minister for Local Government and Public Health wrote to health boards in Tipperary and in neighbouring counties recommending that they direct single women with one child seeking assistance to Sean Ross[12] and that all single expectant women who sought admission to a county home should be directed to Sean Ross also.[13] Mother De Sales wrote to

[6] Congregation of the Sacred Hearts of Jesus and Mary, *Diaries of the Mother General*.
[7] Killaloe Diocesan Archive
[8] Congregation of the Sacred Hearts of Jesus and Mary, *Council minutes*, 23 September 1930.
[9] NUI Galway, Landed Estates Database, Estate: O'Byrne; Corville. http://landedestates.nuigalway.ie
[10] *Nenagh Guardian*, 13 August 1988.
[11] *Nenagh Guardian*, 4 July 1931.
[12] *The Nationalist* (Tipperary), 22 July 1931.
[13] *Nenagh Guardian*, 25 July 1931.

local health authorities to inform them that women living in Sean Ross would be taught 'cooking, housework and needlework' and that she envisaged that a dairy and poultry farm would be established onsite where women would be 'employed and trained'.[14] The congregational council minutes show that after a few months in operation Sean Ross was 'already crowded'.[15]

19.16 In May 1931, Mother De Sales told the North Tipperary board that the rates applicable were 12s 6d a week for expectant women and £1 1s (21 shillings) a week for mother and child. She recommended that expectant women should be admitted directly to Sean Ross rather than going through a county home. The board agreed that Dr Heenan, medical officer to Sean Ross, would be empowered to admit patients directly to the home and that the local health authorities would be notified of all admissions.[16]

19.17 In May 1931 the DLGPH wrote to the Offaly Board of Health suggesting that the 26 unmarried mothers living in Tullamore county home should be transferred to Sean Ross.[17] In support of the suggestion, the chairman of the board said that the 26 women in question were 'mere girls' and first time mothers and that every effort should be made to teach them how to become 'self-supporting'. While the Offaly councillors did not oppose the suggestion in principle, some raised concerns regarding the cost of hiring staff to take on the work performed by these women in the county home.[18]

19.18 Although the Clare Board of Health had agreed to implement the ministerial direction to transfer single woman and their infants to Sean Ross, the matron of the County Nursery, Kilrush, objected to the move. The cost of maintenance for a woman and child in Kilrush was 24s a week and the Clare board was agreeable to the reduced rate of 21s a week applicable at Sean Ross. However, the matron at Kilrush protested on the basis that if women were transferred from Kilrush to Sean Ross the board would have to replace them with five paid employees to assume their duties (see Chapter 16). The board decided that their duty to unmarried mothers was to 'reform rather than punish them' and that the training that women would receive in Sean Ross would provide them with the prospect of future

[14] *Offaly Independent*, 27 June 1931.
[15] Congregation of the Sacred Hearts of Jesus and Mary, General Chapter 1933, Report of Superior General.
[16] North Tipperary Board of Public Assistance Minutes, January-June 1931.
[17] *Nenagh Guardian*, 30 May 1931.
[18] *Offaly Independent*, 30 May 1931.

employment in new surroundings.[19] The Clare board wrote to Bishop Fogarty to get his views on the matter.

19.19 In his reply, Bishop Fogarty said that the system in operation in Sean Ross was 'admirable' and led to 'merciful results' whereby many women were placed in situations and were 'permanently reclaimed'. He also included a description of what he described as the three classes of women who were admitted to Sean Ross:

a) The feeble or weak-minded sort (and a great many of them are such) who will never be able to take care of themselves and are easy victims to the wicked. For these I can see only one form of protection, namely, collect them into institutions under the care of the Nuns. As long as they remain in such institutions, they are quiet, happy and inoffensive, and for the most part they are willing to take shelter in such institutions. I know of no such institutions at present in Ireland. It is a pity the Local Government Department would not take up the question and provide such an institution as far as it may be necessary.

b) The second class of these offenders are girls who are naturally decent but who have fallen through accident or environment. Girls of that class are dealt with by the Nuns at Sean Ross, who get them in a good many cases, as I have said, safe occupation outside and they nearly all remain right: many of them get married.

c) The third class is that of women of a wild and vicious nature, who are a harmful influence wherever they prevail. They are neither amenable to religion outside, nor will they consent to abide permanently in religious institutions. Some of them are taken as penitents into houses under the care of the Good Shepherd Nuns and remain there.[20]

19.20 The Clare board reportedly approved Bishop Fogarty's letter in every detail and one councillor said that the letter 'hits the nail on the head from every point of view'.[21]

19.21 The Clare board also considered the matter of single women with two or more children who were not eligible for admission to either Sean Ross or Bessborough.

[19] *Nenagh Guardian*, 7 November 1931.
[20] Killaloe Diocesan Archives, Fogarty Collection
[21] *Nenagh Guardian*, 2 December 1933.

The secretary of the board said that there was no legal power to detain such women in Kilrush if they wished to take their discharge. However, he pointed out that the only obligation on any woman who decided to leave the Kilrush home was that she must take her child with her and it was this obligation that prevented most women from leaving. The board then proposed to maintain children unaccompanied in Sean Ross so that their mothers could, if they wished, discharge themselves from the Kilrush home to take up employment.[22] However, the DLGPH would not agree to this proposal.[23]

19.22 In September 1931 a Memorandum of Agreement was made between the Tipperary North Riding Board of Health and Public Assistance and 'Shan (*sic*) Ross Abbey',[24] Roscrea, for the reception, maintenance and treatment of persons eligible for relief in institutions not provided or maintained by the board. Sean Ross was approved by the Minister for Local Government and Public Health for this purpose. This agreement was made under Article 15 of the *Tipperary (North Riding) County Scheme Order* [25] which was an order under the *Local Government (Temporary Provisions) Act 1923*.[26] The agreement stated that the superioress would be the sole judge of applicants' suitability for admission to the home, and in consultation with the institutional medical officer, their suitability for discharge. The superioress undertook to provide residents with 'proper food, medicines, accommodation, nursing and medical attendance for such period as may be necessary'. The board agreed to pay 12s 6d a week for expectant women and £1 1s a week for a mother and 'firstborn' child. This fee was to cover the cost of maintenance, training and treatment of women and children maintained by the board in Sean Ross. The agreement did not include any express provision for inspections either by the North Tipperary board or the DLGPH, but, as is set out below, such inspections did take place.

19.23 The ministerial directive to transfer single expectant women and single women with a child to Sean Ross was not universally welcomed. In South Tipperary, the cost of maintaining a woman and child in Cashel county home was 12s a week, seven shillings less than the cost of maintenance in Sean Ross. One South Tipperary councillor speculated that the number of single expectant women seeking to be

[22] *Nenagh Guardian*, 5 March 1932.
[23] *Nenagh Guardian*, 30 January 1933.
[24] As is explained in the 5th Interim Report, Shan Ross is the correct pronunciation; Sean Ross is the correct spelling.
[25] http://www.irishstatutebook.ie/eli/1924/sro/935/made/en/print
[26] http://www.irishstatutebook.ie/eli/1923/act/9/enacted/en/html ; see Chapter 1.

maintained by the board would double if they thought they were to be accommodated in a mansion such as Sean Ross and concluded that women were very well off in the county home and should be left there. Another councillor reminded the board that every Poor Law Commission that ever sat had recommended that single women and their children should be accommodated outside of the county home system and that the clergy of the country approved of the system in operation at Sean Ross. The chairman of the board declared that they would not be altogether led by the clergy and that the board was not authorised to incur the extra expense involved.[27] In late September, Mrs Crofts addressed the South Tipperary Board and convinced them to accept the ministerial directive to admit single expectant women to Sean Ross instead of Cashel county home.[28]

The 1930s

19.24 The DLGPH report for the year 1932–33 stated that, in the period June 1931 to March 1932, 85 women were admitted to Sean Ross and 74 babies were either born or admitted there in the same period. In its first full year of operation, April 1932-March 1933, 173 women were admitted. It was immediately obvious that infant mortality was a problem. The report noted, without comment, that 35 infants had died in the home during this period. The congregational records show that the Superior General was concerned about infant mortality at Sean Ross. She acknowledged that 'the babies in Roscrea were not doing well' and sent Sister. Agatha from Liverpool to Sean Ross to investigate the matter.[29]

19.25 In May 1934, the secretary of the North Tipperary Board of Health visited Sean Ross and reported as follows:

> The Home is in the charge of the Order of the Sacred Hearts of Jesus and Mary. It is not under the control of any Local Authority. It caters for different counties, and the charge for maintenance and treatment is a per capita one. In the case of Clare, the charge is 10s per head per week for each mother and child. The number of unmarried mothers and children in the Home from this county on the day of my visit was 27 and 40 respectively.
>
> The various wards and nurseries in the Home are large and well ventilated. The beds in use are of modern type, and the clothing and bedding are in good

[27] *Nenagh Guardian*, 25 July 1931.
[28] *Nenagh Guardian*, 3 October 1931.
[29] Sisters of the Sacred Hearts of Jesus and Mary, *Diaries of the Mother General*, May 1932.

condition and spotlessly clean. The nurseries deserve special mention, as the babies, their clothing, cots and surroundings are kept in such clean condition that only by untiring attention of a highly trained staff could it be accomplished. Central heating and electric light are installed, and all other requirements necessary for the comfort of the patients, including spacious day hall, and playrooms for the children are available.

The food supplied to the patients is the best available. The milk used is supplied from a herd of milk cows kept on the farm attached to the Home. Other cattle and sheep are kept, consequently all the fresh meat consumed in the Home is supplied from the farm stock. All the bread (plain and fancy) required is baked in a modern bakery in the Home. The garden attached supplies all the vegetables required, so it can be seen that the chief articles of food for this Home must be of good quality.

The unmarried mothers in the institution are admirably dealt with. They are employed at occupations which, in the opinion of the Reverend Mother, they are adapted to. In the bakery, girls are trained to do all classes of baking and, judging by the results, they are highly efficient at their work. In the laundry others are employed at making and repairing clothing and bedding, knitting stockings etc. In the kitchen, where central range and electric cookers are installed, the patients attend to the cooking for the entire House. In the dairy, poultry farm and garden, others are employed.

From the foregoing it can be seen that the unmarried mother at this Home is given every opportunity of becoming proficient in every phase of domestic and other work. Supervision appears to be strict, but the manner in which it is exercised does not tend to impress on the patients that they are in the Home under duress as they all appear happy and contented. I regret to say that the Home is getting overcrowded. At present an extension is being provided at a cost of £28,000. If the good work of the Reverend Mother and Sisters in charge of the Home was more fully realised, the necessity for such an extension may not be necessary as some steps would be taken to assist in a practical manner the work performed by the Order at Sean Ross and also at Bessborough.[30]

19.26 The DLGPH report for the year ending March 1934 stated that 193 women, 191 of whom were single expectant women, were admitted to Sean Ross. In the same

[30] *Nenagh Guardian*, 12 May 1934.

period, 124 women were discharged: 97 to their parents' home; 22 to other institutions and five married.

19.27 The report noted that there were 160 births recorded during the year and 60 infants had died. The report noted that the high infant mortality rate in mother and baby homes generally was 'caused by an epidemic of some kind, measles, whopping cough, etc., which spreads quickly among the children and wipes out the weaklings'. It noted that the nurseries were laid out to accommodate too many children and the provision for isolation was not adequate. It further stated that, in the new building at Sean Ross, no nursery would accommodate more than thirty children and provision for isolation was being made 'on a much more generous scale that has been possible heretofore'.

19.28 Following her visit to Sean Ross in March 1934 the Superior General reported that she had found 'a decided improvement in everything', that she was very pleased with the superioress, Sister Rosemonde, and with 'the spirit of the whole place'.

19.29 In February 1934, a man lodged a claim against the Laois Board of Health alleging ill-treatment of his 23 year old daughter in Sean Ross, which led to her death.[31] A subsequent sworn inquiry heard that Dr Heenan, the Sean Ross medical officer, had suspected that the deceased woman was suffering from venereal disease. As there was no isolation ward or facilities for dealing with such cases in Sean Ross, Dr Heenan arranged for the woman to be admitted to Abbeyleix Hospital. At Abbeyleix, the medical officer, Dr Maher, did not examine the woman and refused to admit her. He stated that 'an unmarried mother with venereal disease should not have been sent to his hospital' and that 'he could not see his way to admit her to the only accommodation in the county for married women'. He directed the ambulance driver to take the woman to the county hospital, Portlaoise. In Portlaoise, the medical officer, Dr O'Connell, examined the woman but also refused to admit her stating that there was no provision for dealing with maternity cases there. He directed the ambulance driver to take the woman to her own home. She was treated in her home by a local dispensary officer but died some days later. Following a sworn enquiry, the Minister for Local Government and Public Health found that the medical officer in Abbeyleix had shown 'an entire disregard of his duty' to provide for the treatment of the woman and that he had

[31] *Kilkenny People*, 24 February 1934.

'used this instance as a test case to press his own view regarding institutional arrangements for such cases'. The minister concluded that the medical officer's whole attitude demonstrated 'a callous disregard to the interests of the patient and was most objectionable'. It subsequently transpired that the woman did not have venereal disease and had died of sepsis. The minister insisted that this material fact be put on public record so that 'the unfortunate girl who died is cleared of this charge against her'.[32]

19.30 The DLGPH report for the year ending March 1935 stated that 187 women, of whom 168 were single expectant women, were admitted to Sean Ross. The department noted that in the same period, 87 women were discharged with their children and that two maternal deaths had occurred. There were 154 births and 52 infant deaths. Following her visit to Sean Ross in February 1935 the Superior General reported that she 'found a crowded house' and 'all very well'.

19.31 The Hospitals Commission *First general report 1933-34* reported that the demand for services at Sean Ross was so great that overcrowding in the institution 'was evident almost from the beginning'. Additional accommodation, as well as improvements to existing accommodation, was necessary and 'a matter of extreme urgency' as infant mortality in the home was 'exceptionally high'. Overcrowding and unsuitable accommodation were the chief causes of the high infant mortality. The Commission had undertaken 'a thorough investigation' of plans for the extension and reconstruction of the home and recommended that a grant of £29,595 would be made to from the Hospitals Trust Fund.

19.32 The maternity hospital at Sean Ross (which was known as St Gerard's) was licensed under the *Registration of Maternity Homes Act 1934* on 1 January 1935.

19.33 In September 1935, Bishop Fogarty blessed the foundation stone of the new Chapel of St Michael the Archangel at Sean Ross.[33] The *Nenagh Guardian* reported that 'Roscrea was jubilant' as the bishop led a local troop of boy scouts and 'hundreds of townspeople' through the streets of the town and on to Sean Ross. The ceremony, described as 'very impressive', was reportedly witnessed by 'a very large gathering' which included 'inmates' from the 'rescue house for young

[32] *Nationalist and Leinster Times*, 23 March 1935.
[33] *Irish Press*, 25 September 1935.

women' who were dressed in 'brown garb'.[34] One year later, another large crowd attended a high mass at Sean Ross to mark the opening of St Michael's Chapel. Although Bishop Fogarty's sermon was almost exclusively focused on the Spanish Civil War, he did refer to the work undertaken at Sean Ross:

> Pity for the unhappy Magdalenes of society has created here at Sean Ross a shelter for unmarried mothers and their children, often the victims of misfortune, under the care of the virgin Sisters of the Sacred Hearts of Jesus and Mary. It is a charity of infinite mercy and value. I am grateful to the good nuns for undertaking, at the request of the Government, this work, so arduous in nature. I admire their heroism and self-sacrifice.[35]

19.34 In the year ending March 1936, the DLGPH reported that 188 women, 176 of whom were single expectant women, were admitted to Sean Ross. In the same period 80 women were discharged with their children. The department noted that 80 discharged children were placed at nurse by their mothers; 31 were boarded out and 12 were 'adopted'. There were 157 births and 54 infant deaths; the report did not comment on the death rate.

19.35 In October 1936, an outbreak of diphtheria occurred among children at Sean Ross. The chairman of the North Tipperary Board of Health claimed that outbreaks of the disease were a common occurrence in the institution and that some infected infants were less than two weeks old. He said that something must be wrong somewhere and that the board should act to stamp out the epidemic without delay. Dr McCarthy, County Medical Officer for North Tipperary, confirmed that such epidemics had been a regular occurrence at Sean Ross over the previous three years and that 15 children from the institution, including 13 babies, were being treated for diphtheria in the Roscrea district hospital. Dr McCarthy noted that, although the district hospital had accommodation for only eight children, 21 children in total were receiving treatment for diphtheria there.[36]

19.36 Dr McCarthy claimed that the regular outbreaks of epidemic diphtheria in Tipperary did not originate among the people of Co Tipperary itself but among the residents of Sean Ross. However, it is clear from coverage of North Tipperary Board of Health meetings in the *Nenagh Guardian* that diphtheria was endemic in most

[34] *Nenagh Guardian*, 28 September 1935.
[35] *Evening Herald*, 9 September 1936.
[36] *Nenagh Guardian*, 24 October 1936.

North Tipperary districts during this period. On Dr McCarthy's recommendation, the board decided to cease admissions to Sean Ross until the diphtheria epidemic waned and recommended that all new admissions to the home would receive active immunisation against diphtheria. The board acknowledged that Sister Rosemonde was 'perfectly agreeable' to any suggestions which the board might make to further address the matter.[37] However, the issue of who would pay for these precautionary public health measures was cause for debate.

19.37 The North Tipperary board decided that the Congregation of the Sacred Hearts of Jesus and Mary should not bear the expense of an anti-diphtheria intervention at Sean Ross and that all nine counties maintaining women and children in the home had a shared responsibility for the cost. The DLGPH supported the board's proposal and health authorities in North Tipperary, Laois, Offaly, Carlow and Kildare agreed to meet the costs associated with the immunisation scheme. However, health authorities in South Tipperary, Clare, Kilkenny and Wexford refused to accept liability.[38] The refusal of the Clare Board of Health is of particular interest. Several women admitted to Sean Ross from County Clare had been identified as diphtheria carriers. Clare was the last county to employ a fulltime county medical officer and the Clare Board of Health had not implemented an anti-diphtheria immunisation scheme. Efforts made by individual doctors to introduce anti-diphtheria schemes in Clare were thwarted by the Irish Medical Union and it seems likely that many women and children admitted to Sean Ross from Clare had been exposed to virulent forms of diphtheria.[39]

19.38 The Roscrea district hospital did not have adequate facilities to deal with the increased demand for services resulting from the establishment of Sean Ross. The county medical officer said that the fever hospital, a stand-alone building located behind the district hospital, was designed to accommodate ten patients and was frequently overcrowded. The facilities available there were 'inadequate according to proper fever hospital standards'.[40] The North Tipperary board's report for 1937 stated that admissions to the fever hospital were frequently suspended

[37] *Nenagh Guardian*, 24 October 1936.
[38] *Nenagh Guardian*, 13 August 1938.
[39] See Michael Dwyer, *Strangling Angel: Diphtheria and childhood immunization in Ireland*, (Liverpool, 2018).
[40] *Nenagh Guardian*, 11 April 1936.

due to 'gross over-crowding' and the lack of accommodation for patients suffering from infectious disease was reportedly 'a matter of extreme gravity'.[41]

19.39 In August 1937, a meeting of the North Tipperary board heard that Roscrea fever hospital was staffed by one nurse and one cook and that the board had been relying on adult patients admitted from Sean Ross to help nurse patients suffering from infectious disease.[42] When the county medical officer, Dr McCarthy, inspected the fever hospital in 1937, he found one nurse caring, or attempting to care for, 27 fever patients.[43] The North Tipperary board did not approve Dr McCarthy's recommendation to hire additional nursing staff, on the grounds of increased expenditure, and gave no consideration to paying women from Sean Ross for their services in the fever hospital. In fact, the records suggest that although these women were admitted from Sean Ross as patients themselves, they were expected to nurse fellow patients, and in doing so, were exposed to a myriad of infectious diseases.

19.40 Throughout the 1930s, all cases of diphtheria notified in North Tipperary were transferred to Roscrea fever hospital for treatment. Dr McCarthy had notified the board that children admitted there with ailments other than diphtheria were contracting diphtheria in the institution. These children subsequently either died of the disease in the institution or were discharged while still infectious.[44] It is likely that women and children admitted to Roscrea fever hospital from Sean Ross were exposed to virulent forms of diphtheria. The fact that diphtheria was the leading cause of infant mortality in Sean Ross during 1936 and 1937 strongly suggests that women and children discharged from Roscrea fever hospital to Sean Ross brought diphtheria into the institution on their return.

19.41 An article co-authored by county medical officer for North Tipperary, Dr O'Regan, and the institutional medical officer to Sean Ross, Dr Heenan, which appeared in the *Irish Journal of Medical Science*, referred to 'endemic diphtheria in an institution for the care of unmarried mothers'. Although the institution is not named in the article there is little doubt that the study related to Sean Ross and the endemic nature of diphtheria which prevailed there from 1935 to 1942. The

[41] *Nenagh Guardian*, 4 June 1938.
[42] *Nenagh Guardian*, 7 August 1937.
[43] *Nenagh Guardian*, 13 November 1937.
[44] *Nenagh Guardian*, 18 March 1939.

authors described the layout of the maternity building and how the wards were laid out over two floors and concluded that the free communication between the wards facilitated the spread of communicable disease in general, and diphtheria in particular.[45]

19.42 The institutional records compiled in Sean Ross and analysed by the Commission show that infant mortality peaked in 1936; 95 infant deaths were notified that year. The cause of death is known in 88 of these cases; 28 were notified as deaths due to diphtheria. Further analysis of known causes of death which occurred during 1936 show that 59 infant deaths were directly attributable to infectious disease: diphtheria (28); gastroenteritis (12); sepsis (ten); bronchitis (four); influenza (two); measles (two) and chickenpox (one). A further 12 deaths attributed to marasmus (five); pneumonia (five) and convulsions (two) may also have been due to underlying infections. Analysis of infant deaths in 1937 shows comparable results. Of the 54 infant deaths notified during 1937, 35 were caused by direct exposure to infectious disease: diphtheria (12), sepsis (ten), gastroenteritis (six), influenza (five) and tuberculosis (two).

19.43 Analysis of infant mortality in Sean Ross in the mid to late 1930s shows that a significant number of deaths occurred in children who had contracted a communicable disease, most commonly diphtheria, in the days after their mothers had returned to Sean Ross from Roscrea fever hospital. In one instance, a 22-year-old woman was transferred from the home to the fever hospital. The woman returned to the nursery at Sean Ross three weeks later. Soon after her return this woman's six-month-old infant contracted diphtheria and was transferred to the fever hospital. The child died there one month later. In 1937, the child of a 20-year-old woman returning from Roscrea fever hospital fell ill and subsequently died. Although incidents such as these were most common in 1936 and 1937, similar instances of infant deaths following the return of the mother from Roscrea fever hospital can be identified up to 1945.

19.44 For the year ending March 1937, the DLGPH reported that 146 women were admitted to Sean Ross, 172 women were discharged, and 35 children were boarded out. One maternal death was notified in this period. One hundred and

[45] O'Regan, Heenan, Murray, 'Diphtheria in infants', *Irish Journal of Medical Science*, 6: 116 (1942).

twenty births and 60 infant deaths were recorded; no comment was made about this very high death rate.

19.45 The DLGPH report for the year ending March 1938 stated that 171 women were admitted to Sean Ross. In the same period 93 women were reported as being discharged to their parents; 36 were discharged to take up employment and three married. Three maternal deaths were notified in this period. Forty seven children were discharged with their mothers; 20 were boarded out and 12 were adopted, either privately or through a society. One hundred and thirty eight children were either born in or admitted to Sean Ross during the year and 54 infant deaths were recorded. Although this represented a decrease on the previous year, infant mortality rates at Sean Ross were still very high.

19.46 For the year ending March 1939, the DLGPH reported that 158 women were admitted to Sean Ross. In the same period 101 women were discharged to their parents; 19 were discharged to take up employment and six married. One maternal death was notified. Sixty six children were discharged with their mothers; 13 were boarded out and five were 'adopted' either privately or through a society. One hundred and forty eight children were either born in or admitted to Sean Ross and 27 infant deaths were recorded. This represented a considerable reduction in infant mortality and the lowest infant mortality rate recorded in the institution since its opening in 1931. However, even this comparatively low infant mortality rate was still three times the national rate.

19.47 The DLGPH report for the year ending March 1940 reported that 153 women were admitted to Sean Ross. In the same period, 92 women were discharged to their parents; 25 were discharged to take up employment and two married. Seventy three children were discharged with their mothers, eight were boarded out and five were adopted. One hundred and forty three children were born in or admitted to Sean Ross and 19 infant deaths were notified. This represented a new low in the infant mortality rate at Sean Ross. In August 1939, Dr Heenan, the medical officer to Sean Ross Abbey, reported on the health of children under his care. He stated:

> It gives me great pleasure to mention that the health of the children in Sean Ross Abbey was very good during the year. At the present moment the general health is also very good.[46]

[46] *Nenagh Guardian*, 26 August 1939.

19.48 Infant deaths in Sean Ross during 1939 were not as frequent as in previous years. However, in the eight years from the opening of the institution in 1931 to the date of Dr Heenan's statement, over 450 of the over 1,300 children born in, or admitted to, Sean Ross had died in infancy.

The 1940s

19.49 The decrease in infant mortality at Sean Ross did not last long. The DLGPH report for the year 1940/1 reported that, in the year ending March 1941, 162 children were born or admitted to the home and 58 infant deaths were recorded.

19.50 In 1938 the DLGPH had agreed that counties maintaining women and children in Sean Ross should meet the proportionate cost of an anti-diphtheria immunisation scheme undertaken in the institution between 1 January 1937 and 31 March 1938. However, in January 1940, the department was made aware that nasal swabbing to test for diphtheria and anti-diphtheria immunisation had continued at Sean Ross and that a bill of £419 9s11d had been issued by the North Tipperary board to the relevant county councils. Both Dr O'Regan, county medical officer for North Tipperary and Dr Heenan, medical officer to Sean Ross, told the department that the steps taken were necessary 'to combat recurrent outbreaks of diphtheria from 1937 to 1940'. The recurrent outbreaks of diphtheria at Sean Ross appear to have been unique to that institution; outbreaks of diphtheria were rare or non-existent in other mother and baby homes. The DLGPH issued a directive to the authorities in the five mother and baby homes (Pelletstown, Bessborough, Tuam, Sean Ross and Castlepollard) recommending that swabbing of patients to test for diphtheria should be discontinued and promoted isolation and prophylactic treatment as the most appropriate way to combat diphtheria in an institutional setting. In 1941, six adults living in Sean Ross contracted diphtheria in a mild form. Although Dr Heenan reportedly 'got this outbreak under control' the infection spread to nine infants aged between six and 27 days old. Dr Heenan did not recognise the presence of diphtheria among the infants and failed to make a diagnosis until one of them died. All nine afflicted infants subsequently died. Dr Heenan's report on the outbreak succinctly stated:

> Nine cases - Nine deaths - Mortality 100 per cent.[47]

[47] O'Regan, Heenan, Murray, 'Diphtheria in infants', *Irish Journal of Medical Science*, 1942 6: 116.

19.51 In March 1942, the county medical officer, Dr O'Regan, notified the DLGPH of another outbreak of diphtheria among infants at Sean Ross. In this instance, seven infants, all under three weeks old, had contracted diphtheria and two new admissions to the home had been clinically identified as diphtheria 'carriers'. Dr O'Regan stated that he and Dr Heenan had done everything possible to limit the spread of the infection and asked the department to send a medical inspector to investigate the matter. In a subsequent letter to the department, Dr O'Regan suggested that a programme of mass anti-diphtheria immunisation should be undertaken at Sean Ross but said that Dr Heenan, had opposed the idea. Dr O'Regan asked the DLGPH to reconsider its previous directive regarding the swabbing of new admissions to the institution and requested permission to resume this practice at Sean Ross. The department refused to agree to the re-introduction of swabbing and Dr Heenan refused to administer anti-diphtheria serum as a preventive measure and limited the administration of anti-diphtheria serum to confirmed cases of diphtheria only. Diphtheria remained prevalent in Sean Ross throughout 1942 and 1943 and 12 further diphtheria deaths were notified in this period. Of the 91 diphtheria cases notified in North Tipperary during 1944, 20% occurred in Sean Ross.[48]

19.52 In March 1944, Dr O'Regan notified the DLGPH that an outbreak of typhoid had occurred at Sean Ross. Three women had initially tested positive for the disease and within days clinical diagnosis was established in 16 women. All affected women were transferred from Sean Ross to fever hospitals in their home counties. Three were transferred to Roscrea fever hospital. Dr O'Regan cautioned that he expected more cases to develop and that women who could not be transferred to hospital would be treated at Sean Ross. By the beginning of April, 25 typhoid cases had been confirmed in the institution. Women who had been discharged from Sean Ross before the outbreak had been identified were contacted and tested for the disease. A section of the institution was reconfigured to act as a fever ward and isolation unit and the matron hired two 'fever trained nurses'. By mid-April, 28 women were being treated for typhoid in the institution. Dr O'Regan reported that the matron required additional trained nurses to cope with the growing number of patients but was unable to get suitable staff. Two members of the congregation were drafted in to help in the wards one of whom was the former matron of the Bessborough Maternity Hospital, Sister Kyran, who had been

[48] *Nenagh Guardian,* 26 August 1944

removed from her position at the request of the DLGPH a year earlier (see Chapter 18). Women from the unaffected portion of the institution could not be brought in to assist as they risked exposure to infection. Dr O'Regan advised the department that 'we hope to straighten things out soon'.

19.53 Throughout April the number of confirmed typhoid cases at Sean Ross continued to rise. Dr O'Regan instructed a workman to inspect the sewage disposal system; it was found to be defective and the workman contracted the disease through his endeavours. On inspection it was found that crude sewage from the convent and nursery buildings was being diverted into a 'bog drain' which also took effluent from the maternity building where the outbreak originated. This effluent drained into an adjacent river and Dr O'Regan issued warnings to the inhabitants of Roscrea that the use of river water for any purposes whatsoever was dangerous. Dr O'Regan investigated the water supply to the home (Roscrea town chlorinated supply) and the methods employed to prepare and cook food as possible causes of the outbreak. Suspicion fell on a herdsman employed at the home and on women who had been admitted in the weeks prior to the first confirmed case. The affected section of the home was isolated, women were inspected every morning to determine if they had developed any symptoms and were directed to wash their hands after using the lavatory. In one of his updates to the DLGPH, Dr O'Regan reported that:

> The use and abuse of the lavatories by the type of girls who enter this institution and who have not been used to such amenities was such as to convince me that the spread of the disease was due to infection from the lavatory seats.

19.54 While Dr O'Regan blamed women living in Sean Ross for the outbreak he later acknowledged that two workmen had also contracted typhoid. However, he could offer no explanation as to how they had contracted the disease.

19.55 In his annual report for 1944, Dr O'Regan reported that 35 cases of typhoid had occurred during the outbreak at Sean Ross and that four people had died. However, Dr O'Regan failed to note that a further three women, all clinically confirmed typhoid cases who were transferred from Sean Ross to fever hospitals in other districts, had also died. In the case of one woman, who had been transferred to a hospital in Laois, the GRO record states that her death was due to puerperal sepsis even though she had been clinically diagnosed with typhoid prior

to her discharge from Sean Ross. Dr O'Regan also said that most infant deaths during 1944 were caused by pneumonia, bronchitis, diarrhoea and enteritis, premature birth and congenital debility.[49] However, in a later correspondence to the DLGPH, Dr O'Regan reported that six infants born to typhoid infected women had also died. While Dr O'Regan surmised that these infant deaths may have been the result of typhoid septicaemia, no infant death which occurred in Sean Ross during 1944 was notified as a typhoid related death to the GRO.

Inspection 1944

19.56 In September 1944, Miss Litster inspected Sean Ross. At the time of her visit 131 women and 118 children were living in the home. She noted that all except one woman were maintained by local authorities. Miss Litster stated that the superioress, Sister Rosemonde, told her that she did not propose to admit private patients in the future.

19.57 Miss Litster noted that there were 28 children aged over two years old in Sean Ross at the time of her inspection and reported on them as follows:

> Clare: Four children. One of these children is mentally defective and the local authority has been requested to send her to a suitable institution. She is six years old and not a suitable companion for normal children.
>
> North Tipperary: Seven children. One of these children will be shortly going out to his grandmother. Four are 4 years old. Two are over 3 years. These 6 are normal, healthy children and should be boarded out.
>
> Kilkenny: Five children. All five are over 3 years old and all healthy and normal.
>
> Kildare: Four children. All four are about 3 years old and are healthy and normal.
>
> South Tipperary: Three children. These three are over 2 years. Only one is fit for boarding out.
>
> Offaly: Three children. One is 2 years old, one 3 and one 4. All are healthy and normal.
>
> Wexford: Two children. Neither is fit for boarding out.

19.58 In October 1944, Miss Litster raised concerns with the DLGPH regarding the 28 healthy and 'normal' children aged over two years who were maintained by local

[49] *Nenagh Guardian*, 11 August 1945.

authorities in Sean Ross. She wanted the relevant local authorities to provide foster homes for these children. She acknowledged that the mothers of these children had been obliged to remain in Sean Ross for three or four years because the local authorities had failed to board out their children. She further acknowledged that such prolonged stays in the home led women to feel aggrieved and that they became 'stubborn and intractable'. The DLGPH wrote to all relevant local health authorities asking them to take immediate steps to have the children removed to suitable foster homes and to inform the department of the actions taken in this matter.

19.59 The Kildare board told the department that they had instructed their superintendent assistance officer to suggest suitable homes for children maintained by them in Sean Ross. The Clare board said that the medical officer at Sean Ross had informed them that the older children maintained by them in the home were not medically fit to be boarded out. The Tipperary South board told the department that they were actively seeking foster homes. The Tipperary North board said that they advertised for foster parents in the local press on two occasions and received only one application from a family living outside the county; all those who made applications to foster children wanted children aged ten years and over. The Kilkenny and Offaly boards also said that advertisements for foster parents in the local press failed to secure any suitable homes in those counties.

19.60 During 1945, the DLGPH continued to put pressure on the relevant local authorities to get foster homes for children maintained by them in Sean Ross. However, it appears that their efforts did not meet with any success. In February 1945, Sister Rosemonde wrote to Miss Litster to tell her that the institutional medical officer, Dr Hanley, had advised her to close the maternity hospital to new admissions due to overcrowding. She said that there was a mild outbreak of diphtheria in the hospital and that all patients had received anti-diphtheria immunisation treatment or were in the process of receiving preventive treatment. Sister Rosemonde further stated that the children aged two years and older, whom Miss Litster had seen on her last visit, were still in Sean Ross and that the presence of these children and their mothers was 'a great drawback to our work' and was a contributory factor in the overcrowding in the institution. She intimated that she had been asked to take patients from Waterford but that she could not do so due to the conditions in the institution.

19.61 In March 1945, Sister Rosemonde told the department that Sean Ross was at maximum capacity and closed to new admissions on Dr Hanley's advice. The department acknowledged the decision, made further enquiries about the children aged two and over who were living there and asked if it was stipulated in the agreement between Sean Ross and the local authorities maintaining women and children there that they would maintain children until they were two years old. Sister Rosemonde replied that the agreement did not specify any definite period for which women and children would be maintained but a former departmental inspector, Mrs Crofts, had deemed that children aged under two were unfit for boarding out; this, in effect, meant that women spent about two years in the home. Sister Rosemonde forwarded a list of the older children living in Sean Ross in March 1945. In spite of the departmental pressure on local authorities to arrange foster parents for these children, their number had increased from 28 in September 1944 to 31 in March 1945. Dr Hanley had passed 27 of the older children as medically fit for boarding out and four required medical treatment.

19.62 Boards of assistance in all counties continued to have difficulties in finding foster parents. They cited war-time conditions, the high cost of living and the boarding out rates of payment as major disincentives to couples who would have previously considered fostering a child.

19.63 In March 1945, Miss Litster noted that the position regarding accommodation for women was becoming serious as Sean Ross and Bessborough were closed to new entrants. The department wrote to the local authorities involved and told them that their failure to arrange boarding out of the older children was the cause of the closure to new entrants.

19.64 The local authorities concerned continued to tell the department that they were having trouble getting foster homes. Kilkenny county council said that they had removed six children from Sean Ross to Kilkenny county home, Thomastown, with a view to having the children boarded out from there. In a similar move, Laois county council transferred women and children maintained by them from Sean Ross to Portlaoise county home. Other local authorities reported that they had managed to get one or two suitable foster homes but that their efforts were largely fruitless.

19.65 In a bid to attract more applications from prospective foster parents, some local authorities, such as Offaly county council, increased the boarding out rate from 30s to 35s a month and advertised the revised rates in the local press. In other districts it was the assistance officers as opposed to prospective foster parents who required an incentive. In Kilkenny, assistance officers considered that extra foster homes would necessitate extra inspections for them and asked to be compensated for the extra work involved. Assistance officers were paid 2s 6d a year for each boarded out child in their district and the superintendent assistance officer advised that a rate of 10s for each child might be a good incentive for assistance officers to increase their efforts. The DLGPH agreed to the increased rate and ten applications for boarded out children were subsequently received in Kilkenny.

19.66 In October 1944 Miss Litster noted that the matron of the maternity hospital at Sean Ross, Sister Conrad McCarthy, was a registered nurse but not 'specially trained' in maternity work; she was assisted by two certified midwives. Miss Litster acknowledged that a considerable improvement in the health of infants in Sean Ross had been achieved since the appointment of Dr Hanley and, on her last inspection, she observed that 17 of 19 infants in the maternity hospital were breastfed. Although she reported that Sean Ross had not been overcrowded at the time of her visit, she recommended that a survey like those undertaken at Castlepollard and in the Tuam Children's Home[50] should be undertaken to determine the standard of accommodation available for mothers and children in the home.

19.67 In November 1944, the DLGPH engineering inspector, Mr Humphreys, inspected Sean Ross. Dr Dillon and Miss Litster accompanied him. The report of this visit gave a comprehensive overview of the physical layout of the institution:

- The original mansion was a three-storey building with a women's dining room in a semi-basement; reception rooms on the ground floor and three women's dormitories (plus two small rooms) on the first floor.
- A three-storey extension to the main house had a 2,200 square feet recreation room in the semi-basement; two dormitories, two bedrooms and sanitary accommodation on the ground floor and a dormitory, two

[50] The Commission has not seen these surveys.

bedrooms, sanitary accommodation and a washroom with 31 wash-hand basins on the first floor.

- A wing off the main house had sleeping quarters for the congregation along with a laundry, stores and a kitchen.
- The maternity hospital had a pre-natal reception and isolation block which had been built in 1934. This contained a waiting room, lavatory, sink room, examination room, four-bed ward, bathroom, kitchenette, laundry and drying room on the ground floor and two three-bed wards, congregational accommodation and lavatories on the first floor. One patient was living in the reception and isolation block at the time of inspection.
- The maternity block itself was a two-storey building which had originally been the stables of the former mansion. The ground floor contained the labour ward, bathroom, kitchen, large dining room/day room and a babies' bathroom. The available facilities to bathe babies were in such poor condition that the institutional medical officer, Dr Hanley, prohibited their use. The upper floor contained two eight-bed dormitories for mothers, a ten-cot nursery for new-born infants, a Sister's bedroom, sink room and separate lavatory accommodation.
- Adjacent to the maternity block was another two-storey building housing pre-natal patients. The ground floor was used as a work room/dining room with a sanitary annex attached. The upper floor was a 14-bed dormitory also with sanitary annex attached. The women living in this dormitory each had a living space of 49 square feet and Mr Humphreys recommended that the number of beds should be reduced to give a more generous living space.
- The nursery block which had also been built 1934 was single storey except for an administration section located at one end of the building. The administration section had cubicle accommodation for the congregation on the upper floor and an entrance hall, kitchen and doctor's office on the ground floor. The single-story section of the building was 130 feet long and had day and night nurseries. At the time of inspection, the nurseries were being partitioned into one 70-foot and three 20-foot sections. There were 108 infants living in the nursery block at the time of inspection.

19.68 Mr Humphreys recorded that dormitories, particularly those located in the maternity block, afforded women a living space of around 90 square feet. However,

considering living conditions overall, he suggested that Sean Ross was not equipped to house the 144 women living there at the time and recommended that maximum occupancy should be capped at 120 women. This number was arrived at by apportioning 60 square feet of living space to every adult resident and by maintaining a minimum of five feet between beds. He concluded that there were not enough baths and WCs for the number of residents. There were 38 wash-hand basins, three baths and seven WCs to cater for the 144 women living there. He noted that this represented one bath for every 38 women and one WC for every 16 women.

19.69 Mr Humphreys said that the British Ministry of Health had recommended that infants and children aged under three years should be accommodated separately from older children and that each infant should have between 30 and 50 square feet living space. The ministry had also recommended that large numbers of infants should not be housed in the same building owing to the risk of infectious disease and that dormitories should not contain more than six to eight cots. Sean Ross did not accord with this as, at the time of the visit, the three large dormitories had 40, 24 and 20 cots respectively. Mr Humphreys recommended that the maximum nursery occupancy in Sean Ross should be 80 infants. Some of the accommodation could be partitioned to have six or eight infants in one room but this would not be possible in the nursery block. Mr Humphreys said that Dr Hanley had committed to reducing the number of infants in these rooms.

19.70 Dr Dillon also inspected the maternity hospital at Sean Ross. Sister Conrad McCarthy, a registered nurse, was matron of the hospital and was assisted by one certified midwife. Dr Dillon recommended that two additional members of the congregation, trained as midwives, were required to run the hospital efficiently. The hospital had four wards with a combined total of 11 beds. In the year ending November 1944, 147 babies were delivered in the hospital and ten infant deaths (five stillborn, five neonatal) were notified.

19.71 In December 1944, the Chief Medical Officer at the DLGPH, Dr Deeny, and a departmental colleague visited Sean Ross. A subsequent letter from Sister Rosemonde to Dr Deeny set out the issues discussed during the visit. Sister Rosemonde said that she was quite disturbed by the inferior quality of the labour ward. The building itself was low lying and badly lit and unsuitable for carrying out obstetric work as there was a complete lack of equipment other than that

necessary to deal with a normal delivery. The maternity ward had no sterilising unit, or any other sterilising equipment, and lacked even the most basic equipment to undertake emergency operations. Sr. Rosemonde told Dr Deeny that all patients were admitted to Sean Ross on their first pregnancy and that the percentage of difficult births was higher than hospitals admitting all maternity cases. The absence of equipment necessary to deal with emergencies meant that the maternity hospital could not treat women who presented with toxaemia and haemorrhage.

19.72 Most women were admitted to Sean Ross between 24 and 28 weeks pregnant. Sister Rosemonde said that women admitted with any evidence of haemorrhage at this stage of pregnancy constituted a 'grave source of worry' because she had no desire to refuse them admission to the home but worried that the maternity hospital was not adequately equipped to deal with them. She proposed building a new maternity section with a labour ward, sterilising room and combined operating theatre along with ante-partum and post-partum examination rooms all of which would be interconnected and fitted out with the necessary surgical instruments and equipment to deal with difficult births and emergencies.

19.73 Sister Rosemonde also discussed the DLGPH venereal disease scheme with Dr Deeny and said that the medical personnel at Sean Ross would cooperate with the department 'wholeheartedly' in this matter. She gave an undertaking that all women admitted to the home would undergo a prophylactic Wasserman reaction blood test for syphilis and that those women who tested positive would be sent for treatment on the basis that the DLGPH would bear the cost of the scheme.

19.74 Sister Rosemonde also raised the issue of anti-diphtheria immunisation. She told Dr Deeny that the practice in the institution was to swab the nose and throat of all women on admission and that those who tested positive for diphtheria were returned to fever hospitals in their home counties for treatment. She said that Dr Hanley had found that women admitted from rural areas had particularly low levels of immunity against diphtheria and consequently failed to confer any level of protection against the disease on their infants at birth. She stated that Dr Hanley proposed to immunise all women against diphtheria on admission and to immunise infants when they reached six months. She said that she supported Dr Hanley's proposal but added the caveat 'again the question of finance arises'.

19.75 Sister Rosemonde told Dr Deeny that the installation of an operating theatre, the introduction of an anti-diphtheria immunisation scheme and a commitment to investigating and making arrangements for the treatment of venereal disease at Sean Ross were all pressing and necessary interventions which would have a positive impact on the health and wellbeing of women and children living in the institution. However, she stated that such services would involve considerable additional expenditure. She provided Dr Deeny with an overview of the financial position of the institution from 1938 to 1943 which showed that Sean Ross received £48,401 in capitation payments from the local health authorities and that expenditure over the same six-year period amounted to £60,892 suggesting that, in 1943, Sean Ross had accumulated deficits of £12,491. Sister Rosemonde said that the yearly deficits were offset by the work of the congregation who received no remuneration. She said that the capitation rate in 1944 (12s 6d for each woman each week) was not enough and would not cover the costs associated with the initiatives that the congregation wished to introduce.

> It is clear from the above, and particularly when long term maintenance and repair costs are taken into consideration, that the present per capita figure is entirely inadequate for the efficient maintenance of the institution for its present basis, without any consideration of the proposals set out above.

19.76 Sister Rosemonde also raised the continuing problem of finding foster homes for children aged two years and over. There were 25 children aged between two and five years in the institution over the Christmas period in 1944. Sister Rosemonde thought it unfair that such children and their mothers should have to endure such extended stays and that their presence precluded the admission of 25 expectant women who Sister Rosemonde deemed 'were in more urgent need of our services'.

19.77 The final issue which Sister Rosemonde raised with Dr Deeny related to childhood vaccination in Sean Ross. She told Dr Deeny that an average of 170 children living in the institution required vaccination each year. She requested that the DLGPH provide the necessary vaccines free of charge and that the institutional medical officer receive the same remuneration as public health doctors who administered vaccines to children at public health clinics. It is not known if, or how, the department responded to this request.

19.78 Dr Deeny, in a briefing note, said that he had been pleased by the general condition of Sean Ross during his visit but conceded that the available accommodation for maternity patients was 'poor' and 'quite out of keeping with the rest of the Home'. He stated that he had considered the changes proposed by Sister Rosemonde and concluded that they would give 'very good accommodation for the amount she proposes to spend'. He said that the institutional medical officer, Dr Hanley, was a former assistant master of the Coombe maternity hospital and was an 'excellent doctor capable of advanced treatment'. Dr Deeny supported Dr Hanley's request for the upgrading of the labour wards and said that the proposed anti-diphtheria immunisation scheme was 'a necessary measure of precaution and treatment'. Dr Deeny concluded that the proposed measures would assist the congregation in carrying out their duties of 'caring for women during their confinement' and in their 'moral and physical rehabilitation afterwards'.

19.79 Overcrowding at Sean Ross continued throughout 1945 and 1946 and many children aged two years and over remained there with their mothers. Despite sustained pressure from the DLGPH, local authorities continued to struggle to find foster homes. In November 1945, Miss Litster inspected again and noted that 26 older children and their mothers were still living there.

19.80 In February 1946, the Mother Superior, Sister Brigid, wrote to the relevant local authorities to tell them that the institution was again 'much overcrowded' and that she could not admit any more expectant women until the older children and their mothers were discharged. In March 1946, she told the DLGPH that there were 181 women and 144 babies living in the institution and it was 'dangerously overcrowded'. She asked that the department would give the matter 'serious and urgent consideration'. At the department's request, the congregation provided the names of the older children and the responsible local authorities. The department again wrote to the local authorities concerned and instructed them to transfer the children to foster homes.

19.81 In April 1946, Clare County Council sent an ambulance to Sean Ross to collect six older children and their mothers and transfer them to Ennis county home; the county council disputed that four other children maintained by them were suitable for boarding out on health grounds. Some other county councils also disputed the suitability of children maintained by them for boarding out, also on health grounds. Other councils told the department that they had placed advertisements inviting

applications from prospective foster parents and some intimated that they were in the process of assessing applications. All county councils again reported difficulties in finding suitable foster homes. The superintendent assistance officer for Kildare wrote:

> I would like to point out that there has been great difficulty in procuring homes for boarded out children in this County for some time past, every effort has been made and in May 1945 an advertisement was inserted in the local papers for foster homes. Applications were received from five persons, four of those were considered unsuitable. The fifth changed her mind and would not take a child.

19.82 This superintendent assistance officer decided to visit the families of women living in Sean Ross to explain the situation to them and to ask them if they were able to take their daughters and their children into the family home. He reported that the families he approached said that they 'were not on friendly terms' with their daughters since their admission to Sean Ross and would not be willing to take their children.

19.83 All other relevant county councils told the DLGPH that they were experiencing similar difficulties. It appears that the only option open to some councils was to transfer groups of women and older children from Sean Ross to county homes. The Tipperary North county manager contacted local authorities in counties who did not maintain women in Sean Ross to inquire if they had capacity to take boarded out children. All responses were negative.

19.84 Some long-term Sean Ross residents made independent efforts to find a place for their children and so enable them to leave. In April 1945, three residents applied for court orders for the committal of their children to industrial schools. The presiding judge asked the women what they intended to do when their children were committed. All three indicated that they wished to take up employment. Fearing an increase in such applications, the judge stated that he was hesitant to grant the orders unless the women were prepared to contribute towards the upkeep of their children in such institutions. All three children were subsequently committed to industrial schools.[51] In May 1947, a further three residents sought court orders to commit their children to industrial schools. On this occasion, the

[51] *Nenagh Guardian*, 21 April 1945.

solicitor to North Tipperary county council opposed the granting of such orders as all three women were maintained in Sean Ross by councils other than North Tipperary. The solicitor argued that if these children were committed to industrial schools in North Tipperary the council would be responsible for their maintenance until they reached 16 years of age. Orders for committal were made; the judge said that he did not have jurisdiction to make another county liable for the maintenance of children in North Tipperary industrial schools.[52]

19.85 In March 1948, Miss Litster inspected Sean Ross. There were 152 women and 126 children, aged from newborn to three-and-a-half years, living there at the time. Miss Litster noted that the health of the children 'appeared excellent', that they were 'beautiful babies, well-nourished, healthy in appearance, clean and well-cared for'. Of the nine new-born babies in the maternity hospital, just one was bottlefed. Four older children were waiting to be boarded out. In the period 1 April 1947 to 12 March 1948, 120 children were born in the home or admitted after birth. Eighteen child deaths were recorded in the same period. While welcoming the reduction in infant mortality, the Department of Health considered that the rate was still too high. The causes of death were notified as septicaemia (five); congenital heart disease/failure (four); congenital syphilis (two); pneumonia (two); meningitis, marasmus, pertussis, mastoiditis and inter-cranial haemorrhage.

19.86 In the period 13 March 1948 to 9 February 1949, 148 live births and four stillbirths were recorded and 14 children were admitted after birth. Fifteen infant deaths were notified in the same period. Infants were aged between 22 hours and nine months at the time of death. The certified causes of death were: pneumonia (four); congenital syphilis (two); septicaemia (two); prematurity, spina bifida, atelectasis, icterus gravis neonatorum, gastritis, meningitis and congenital heart disease. The department suggested that the Sean Ross medical officer, Dr Hanley, should be contacted about the possibility of administering anti-pertussis vaccine along with the already established anti-diphtheria vaccination scheme in a bid to stamp out deaths due to whooping cough, even though no death due to whooping cough had been notified. The department also recommended that nursing staff in the home should be advised to administer penicillin to sick infants at an earlier stage to minimise the risk of death from pneumonia.

[52] *Nenagh Guardian*, 17 May 1947.

Work and training at Sean Ross

19.87 In July 1946, a Land Commission Court heard that the Sean Ross Estate contained 63 acres of arable land, of which 45 acres were used for growing potatoes, wheat, oats and other vegetables. The Sisters kept 44 dairy cows, which produced 60 gallons of milk a day and they reared their own cattle. All farm produce was used in the home. A portion of the lands at Roscrea was bog land from which the Sisters cut turf, also for use in the home.[53]

19.88 A former Mother Superior, Sister Hildegarde, later recalled:

> We had the farm which supplied us with our own potatoes, vegetables and milk…We cut our own timber and turf, all of us, nuns, girls and workmen, worked on the bog.[54]

19.89 In addition to providing training in 'cooking, housework and needlework' Sister Hildegarde stated that the congregation ran training schemes for the women in Sean Ross. Instructors ran courses in machine knitting and sewing and many women found employment in Clery's department store, Dublin. Women who worked in the convent bakery were also reportedly 'well sought after' and many went on to take up employment in the confectionary and catering industry.[55]

Fire safety concerns

19.90 An inspection of Sean Ross by an architect in April 1946 raised issues about fire escapes. The recreation/assembly hall at the basement level of the three-storey extension had a large wooden stage at one end; it was used for the purpose of 'entertainment and cinematograph shows'. The architect recommended that it should not be used as it did not have enough exits in the event of a fire and because the floors of the overhead dormitories were not constructed of fire-resistant materials. The department's chief engineering advisor confirmed that the three-storey dormitory building constituted 'a grave fire risk' and acknowledged that the fire hazard in Sean Ross was 'acute'. However, the issue of who would pay for the installation of fire escapes and fire-resistant materials at Sean Ross was a matter of dispute, which remained unresolved until October 1950 when the Department of Health authorised a £7,000 grant to undertake the work.

[53] *Nenagh Guardian*, 6 July 1946.
[54] *Nenagh Guardian*, 13 August 1988.
[55] *Nenagh Guardian*, 13 August 1988.

19.91 The Mother Superior, Sister Brigid, was instructed by the department not to use the basement for recreational purposes. This meant that Sean Ross lost the use of its main recreational amenity. Sister Brigid had successfully lobbied to have the cost of a new recreational hall included in the re-development plans. However, when tenders for between £10,820 and £18,500 were received to undertake the planned renovations, the department reconsidered the provision of a recreation hall. A memorandum on the subject shows that the department was reluctant to cut the provision of a recreation hall from the redevelopment plans on 'purely financial' grounds and considered that the lack of such a facility in an institution 'where the rehabilitation of the patients is of prime importance' would be 'a serious matter'.

> If the girls in this Home are deprived of reasonable entertainment their sojourn in the place will hardly be likely to do them much good…It would be preferable in their own interests to encourage them to stay for the full two years and to reap the maximum benefit of their stay. I consider that this can only be done by providing reasonably adequate facilities for entertainment and amusement and that this in turn is dependent on the provision of a new assembly hall.

19.92 Notwithstanding these concerns, the department was unwilling to fund the provision of a recreational hall. Acknowledging that building costs had increased since the original redevelopment programme was drawn up, the department agreed to increase its grant to £8,050 and suggested that 'the less essential parts of the work', which is presumed to refer to the recreational hall, should be omitted.

The 1950s

19.93 The renovation work at Sean Ross began in May 1952. In September 1952, the Mother Superior, Sister Barbara, sent an overview of work completed to the Department of Health. It included work undertaken for the provision of a new assembly and recreation hall. A departmental memo acknowledged that the congregation 'had no resources of its own' to meet any overrun on the building costs but concluded that no action was called for. It appears that departmental officials were resigned to the fact that the congregation would seek a supplementary grant. In October 1952 the department authorised a grant of £1,800 from the Hospitals Trust Fund towards the cost of providing a new assembly hall. Sister Barbara was grateful: 'It will mean a lot to our girls to have a nice bright hall during these sad few years of their young lives.'

19.94 The renovation work at Sean Ross, which included the fitting of fire escapes and other fire safety measures and the provision of a new assembly hall appears to have been completed during 1953.

19.95 Statistics notified by the authorities at Sean Ross to the Department of Health for the year ending 31 March 1951 show that 130 women were admitted to the institution. On that date 148 women (28 expectant women; 120 postnatal) and 133 children were living there. All but nine women were maintained by a local authority. One hundred and twenty eight women were discharged during the year: 108 to parents or friends; 13 to another institution (mainly county homes); five to unnamed Good Shepherd Homes[56] and two were transferred to unnamed hospitals. Eighty five live births and nine stillbirths were recorded during the year and ten children were admitted after birth. Fourteen infant deaths and one child death were notified. Ninety seven children were discharged during the year: 54 to relatives or friends; 23 were informally adopted; ten were boarded out by local authorities; five were placed at nurse by the mother and three children were transferred to a county home for boarding out. One child was discharged to hospital.

19.96 Miss Litster raised a question mark over the accuracy of the figures from all mother and baby homes: 'A lot of these figures require checking. Do not assume their accuracy until I have made a report on them.'

19.97 The Department of Health files contain no further commentary on the veracity of statistical returns from Sean Ross or any other mother and baby home. The department frequently sought clarification on minor discrepancies and queries were always resolved amicably. Despite Miss Litster's caution, the Commission has not seen any evidence to suggest that the statistical returns furnished by Sean Ross to the department were wilfully inaccurate. The Commission's analysis of the institutional records compiled in Sean Ross has confirmed that there are no significant discrepancies between those records and the annual statistical returns sent to the Department of Health.

19.98 In July 1951 a DLGPH inspector, Miss Reidy, inspected the maternity hospital. The departmental record of the previous inspection was not available but the Sister

[56] Almost certainly Magdalen Laundries.

in charge said it had been about 1946.[57] The person in charge was Sister Conrad McCarthy, a registered nurse and state certified midwife.[58] She was the only midwife employed and was assisted by 'inmate help'. She had sleeping quarters in the hospital and was called when a woman went into labour. Miss Reidy stated that the hospital was adequately staffed. She noted that the hospital had two four-bed wards and a two-bed labour ward and that there was adequate floor space to accommodate this number of beds. There were two bathrooms and WCs for patients and one WC for the staff and this was adequate. Miss Reidy reported that the hospital had central heating and that she was satisfied with the accommodation provided to patients and with the fire safety equipment and fire escapes available there. She noted that no instance of puerperal pyrexia or sepsis was recorded in the hospital since the previous inspection in 1946 and that one maternal death occurred in the intervening five years. Twenty infant deaths and 31 stillbirths had been recorded in the same period. There were two small isolation rooms in the hospital to treat infants who were ill and infants were generally housed in a separate nursery. The standards which had been set by the Department of Health for nurseries in maternity hospitals stipulated that there should be a minimum of eight feet between cots.[59] However, Miss Reidy noted that infant cots in Sean Ross were less that one foot apart. Nothing was done about this until February 1953.

19.99 In his report for 1951, the Tipperary North county medical officer, Dr O'Regan, noted that many women entered Sean Ross in the late stages of pregnancy, and some while in labour. They did not benefit from the care available from the 'professional medical and nursing staff' at the home 'to bring women and their infants safely through their first confinement'. He noted that in 1951, 118 live births and four stillbirths were recorded in Sean Ross representing 107 vertex presentations, five breech presentations; nine forceps deliveries; one version and one caesarean section. He said that the known neo-natal death rate for 1951 was very high and noted that 50% of women discharged themselves and their infants less than three months after confinement. He recommended that infants should be kept in the institution for at least six months so that they could be fully vaccinated

[57] There was an inspection by an architect in 1946 – see above. The Commission has not seen any report of a general inspection in that year.
[58] It seems that Sister Conrad had acquired a midwifery qualification since 1944 when Miss Litster reported that she was not a qualified midwife.
[59] These were not statutory requirements. The standards were set out in departmental circulars which were revised from time to time.

and immunised against diphtheria. He presented figures for the years 1947-51 which showed that close to 50% of women were admitted less than one month before confinement; over 21% of women left Sean Ross with their child less than one month after confinement and 34% left within three months after giving birth.

19.100 In February 1952, Miss Litster again inspected Sean Ross. At the time of her visit 141 women and 120 children were living there. Four infants, aged from twelve days to seven months, were under observation in the infirmary but were not seriously ill. St Michael's Ward housed eight infants under six months old. They were reportedly 'comfortable, healthy and thriving'. St Kevin's Ward housed 15 infants aged three weeks to five months. All but two were breastfed and were reportedly 'healthy and thriving'. One child had returned from Temple St Hospital following treatment for 'a malformation'. St Brigid's Ward housed 30 infants aged six months to one year. All were reportedly 'healthy and contented'. St Philomena's Ward housed 21 children aged 12 months to two years old. One child 'about two years old' was suffering from 'bad strabismus'. St Anne's Ward housed 31 children in the higher age groups. Miss Litster noted that all appeared 'healthy, well-cared for and contented', and were well supplied with play material, including a sand pit. In the maternity wing, there were 31 women residents (20 expectant; 11 postpartum) and 11 infants 'who all appeared healthy'.

19.101 There were six children aged between three and five years living in the institution. Arrangements were being made to have three adopted to the USA and two others were due to be boarded out. Miss Litster suggested that one child, whom she described as 'backward and not of average intelligence', should be admitted to a convent industrial school.

19.102 Miss Litster reported that, in the period 1 April 1951 to 21 February 1952, 112 babies were born in the institution and eight were admitted after birth. In the same period 14 infant deaths were recorded. Age at death ranged from two and a half hours to nine and a half months and the notified causes of death were asphyxia pallida (foetal asphyxia) (three); prematurity (three); congenital cardiac failure (three); septicaemia/toxaemia (two); pneumonia, marasmus and atelectasis. The three infants whose causes of death were certified as foetal asphyxia, and notified to the department as such, were subsequently deemed stillbirths by the department's chief medical advisor even though the infants had lived for five,

seven and ten minutes respectively. The department considered that this was in line with notifications from other institutions.

19.103 Statistics returned to the Department of Health for the year ending 31 March 1952 show that 121 women, 24 of whom were private patients, were admitted to Sean Ross during the year. In the same period 133 were discharged: 82 to parents or relatives; 33 to take up employment; six were transferred to hospital; five went to unnamed Good Shepherd Homes; three married; one was transferred to a county home and one to a mental hospital. Two expectant women discharged themselves before giving birth. Ninety nine live births and four stillbirths were recorded during the year and a further 11 children were admitted after birth. Fifteen infant deaths were notified. One hundred and eleven children were discharged: 53 to relatives or friends; 40 were informally adopted; six were placed at nurse by their mothers; five were boarded out by local authorities; four were transferred to industrial schools and three children were transferred to hospital.

19.104 In April 1952, the assistant county engineer for Tipperary North surveyed the fire protection measures in place at Sean Ross. He reported that the premises comprised a three-storey building with convent, nursery, bakehouse and laundry and a two-storey hospital. He noted that the convent block had a night population of around 250 and that the hospital block housed around 50. There was an adequate water supply to the institution to supply one fire engine. He recommended that the Mother Superior delegate responsibility for fire precautions to a responsible person and make provision to sound a fire alarm other than using the chapel bell. There were 16 fire extinguishers and two stirrup pumps on the premises and the hospital had a newly built fire escape. He recommended that a second fire escape was required there and that two fire escapes were required at the convent block. He recommended that all 30 doors on the premises should have keys affixed under glass with instructions for their use. In her reply, Sister Barbara, said that Sister Conrad had been put in charge of fire protection in the hospital block and that Sister Mary Bernard had taken responsibility for the convent block. She stated that Sister Mary Bernard worked in a hospital in London during World War II and that her experience 'ought to be helpful'. She stated that one fire escape had been erected and that she could not guarantee that the congregation could provide any others due to their 'present financial condition'. It should be noted that Tipperary North County Council was assessing fire precautions and fire escapes at all maternity homes in North Tipperary at this time.

19.105 In February 1953, a Department of Health medical inspector, Dr Fanning, was asked to report on infant accommodation in the maternity hospital. Dr Fanning reported that there were eight cots in the nursery at the time of his visit and that they were in close proximity to each other. There was not enough ground space to ensure that cots could be placed eight feet apart to comply with the department's own standards. He also inspected nurseries in the home section of Sean Ross and the prescribed distance between cots was not observed there either. Although the nurseries at Sean Ross did not have the floor space to comply with the department's regulations, Dr Fanning noted that all nurseries were well ventilated. He recognised that if the department was to insist on the prescribed distance between cots then the numbers admitted would have to be radically reduced or extra accommodation would have to be provided. He was not prepared to give unqualified approval to conditions which were in conflict with the department's standards but, having regard for 'all the circumstances' and the 'experience of the institutional Medical Officer', he concluded that he would not press for increased accommodation in the home.

Adoptions to USA

19.106 In an undated memo on adoptions from Sean Ross, Miss Litster noted that 'the stream of adoptions to the U.S.A. continues' and that:

> The babies so sent are the best of our children in the Home, the prettiest, the healthiest, the most promising. The restrictions on sending children out of the country, to be incorporated it is hoped in an Adopted Children's Bill, will doubtless put a stop to this export of children.

19.107 Miss Litster inspected Sean Ross again in 1953. She noted that 140 children from there had been adopted in the USA over the previous four years. She considered that the material gain for these children was obvious and that adoptions had been arranged for children who could not be provided for in a similar way in Ireland. She gave an example of 'a half-caste little boy' who had been adopted by 'a negro Catholic family' in the USA. Notwithstanding this, she found it disturbing to see so many Irish children sent permanently out of the country. She pointed to the fact that the children sent to the USA were carefully selected and examined for health and intelligence while the older children left in Sean Ross for boarding out were those 'handicapped physically or mentally'. She acknowledged that these adoptions did not infringe the *Adoption Act 1952*. However, she received an undertaking from Sister Barbara that Irish adopters, when available, would be

given priority over US adopters. In a note on her report, the secretary of the department wrote:

> The adoptions abroad do not call for any action by the Department of Health. Extended boarding out arrangements was the only way to keep children in Ireland.

19.108 Statistics returned to the Department of Health for the year ending 31 March 1953 show that 133 women, 26 of whom were private patients, were admitted to Sean Ross during the year. One maternal death (due to coronary embolism) was notified. One hundred and forty five women were discharged: 52 to parents or relatives with their babies; 47 to parents or relatives without their babies; 35 took up employment; eight married; one was discharged to a Good Shepherd Home, one to a county home and one was transferred to hospital. One hundred and fourteen live births and four stillbirths were notified during the year. Thirteen child deaths were notified. One hundred and twenty two children were discharged: 55 to relatives or friends; 55 were adopted; six were placed at nurse through societies; two were transferred to industrial schools; one was placed at nurse by the mother and one was transferred to a county home for boarding out.

19.109 In November 1953, Miss Reidy again inspected the maternity hospital. Sister Barbara Feeney was the Mother Superior and Sister Conrad McCarthy remained in charge of the maternity hospital assisted by 'inmate help'. Miss Reidy found the hospital adequately staffed and furnished; there was adequate sanitary accommodation for patients and staff, proper fire precautions and precautions relating to the storage of medicines were observed. However, she noted that accommodation for infants still did not comply with the department's standards. There were nine cots in the hospital nursery: four cots one foot apart; four cots one and a half feet apart and one cot three feet from the others. In the two years since her previous inspection of the hospital, she reported that twelve infant deaths and two miscarriages were recorded.

19.110 In May 1954, a Department of Health memorandum on institutional services available to 'unmarried mothers and illegitimate children' gave an overview of Sean Ross. The memorandum stated that the institution had accommodation for 170 women and 170 children. Average daily bed occupancy in 1953 was stated as 124 mothers and 112 children. The memorandum noted that, in 1953, Sean Ross received £17,927 in local authority capitation payments and an additional £355

from the Maternity and Child Welfare scheme. Total receipts for the year were recorded as £23,785; total expenditure was £24,995 leaving a deficit of £1,210. The capitation rate at Sean Ross had been revised upwards in 1953 to £2 a week for each woman and £1 a week for each child. This rate was intended to cover the cost of all drugs, medicine and medical services provided by the institution. The memorandum confirmed that Dr Hanley remained as visiting medical officer to the institution and that emergency deliveries and caesarean sections were dealt with onsite.

19.111 In June 1954, Miss Litster reported that 133 women and 122 children were living in Sean Ross. She noted that, overall, the children appeared healthy, happy and well-cared for. There had been an outbreak of chickenpox and three infants were recovering in the infirmary. The congregation had set up a kindergarten for children aged three years and upwards. It was conducted by a member of the congregation qualified in kindergarten teaching and the area was equipped with a good range of teaching materials. Sixteen children were in the kindergarten group, 13 of whom were about to be adopted. One child was to be adopted in Ireland, one in England and 11 were going to the USA. A new recreation hall had been provided for the mothers. It was equipped with a radio and piano, a bookcase with books and magazines and a raised stage for concerts and plays. Miss Litster described the new semi-basement refectory as somewhat dark but noted that fluorescent lighting and mirrors were being installed to brighten the room. On the day of her visit dinner consisted of soup, meat and two vegetables, and a sweet (semolina and rhubarb). In the evening women were served tea, bread and butter, with sausage, black or white pudding, salad or stewed fruit. Miss Litster noted that new sprung mattresses had been purchased for the maternity hospital beds. In the period 1 April 1953 to 31 March 1954, 145 children were born in, and a further 23 children were admitted to, Sean Ross. Seven infant deaths were recorded in the same period. Six of the seven infant deaths occurred in the first 24 hours of life. Causes of death were given as: premature birth (three); asphyxia pallida (two); infantile hematemesis and neo-natal Infection. One woman, who gave birth to twins, died of eclampsia.

19.112 In June 1954 a Cork based priest contacted the government about one of his parishioners who was living with her new-born baby in Sean Ross. He said that the woman's parents 'missed her weekly help very much' but understood that she was obliged to remain in Sean Ross 'to pay for the upkeep of her baby'. The

Department of Health replied that the woman in question was not obliged to remain in Sean Ross to pay for the upkeep of her baby and that Limerick County Council was paying for the maintenance of the woman and her child. She was obliged to remain with her child until adoption, or private nursed out arrangements were made but the department said that the most appropriate action would be that the woman's parents would take their daughter and granddaughter home. Institutional records show that the parents did not take her or her child home. The woman remained in Sean Ross for a further 18 months until her child was adopted to the USA.

19.113 In July 1955, Miss Litster again inspected Sean Ross. One hundred and fifty one women and 125 children were living in the institution at the time. Ten of the children were aged over three years. Adoptions had been arranged for all ten children: five in Ireland and five in the USA. Twelve children aged between two and three years were awaiting adoption. Miss Litster noted that boarding out had practically ceased at Sean Ross at this stage. She observed that, while adoptive parents were readily secured for Irish children in the USA, preference should be given, where possible, to suitable Irish adopters. Miss Litster considered that the placing of 'attractive and healthy' children in Irish homes might encourage more Irish couples to consider adoption.

19.114 Miss Litster noted that 71 infants were born in Sean Ross during the first seven months of 1955. Twelve infant deaths were notified in the same period. Three infants died in the maternity hospital aged between eight hours and three days. Three children aged over twelve months died of viral pneumonia or complications associated with pneumonia. Five infants aged between ten weeks and eight months were also notified as having died due to viral pneumonia. In the remaining case, mesenteric thrombosis was given as the cause of death.

19.115 In 1955, Sister Barbara considered undertaking works to improve and expand facilities at Sean Ross. An engineer's report on the maternity hospital concluded that the costs associated with bringing the existing hospital buildings up to normal hospital standards would outweigh the cost of building a new hospital in a more suitable location. The main concerns raised by the engineer were:

(a) the health risks posed by the close proximity of the maternity hospital to the farm yard;

(b) the fact that all three buildings were not linked and could only be accessed through the farm yard;
(c) ceiling heights and the general accommodation were 'below normal maternity hospital standards';
(d) the hospital was low lying and inadequate drainage meant that the site was prone to flooding; and
(e) the general layout of the buildings obscured views of the surrounding landscape and were 'not very pleasant for patients and staff'.

19.116 In November 1955, Dr Hanley wrote to the Department of Health to support Sister Barbara's request for financial assistance to provide more modern maternity facilities. He told the department that ante-natal patients were housed in converted coach houses which were low, damp, poorly lit and ventilated and were in close proximity to a farmyard on one side and an open sewer on the other. He reminded the department of the typhoid outbreak in 1944 and cautioned that there could be another epidemic. The Bishop of Killaloe also wrote in support of the request.

19.117 The Department of Health estimated that construction costs for a new maternity hospital would run to £30,000 and the modernisation of the existing hospital would cost even more. The department conceded that, due to the overall financial position in 1956, both proposals would have to be deferred for consideration for some years. However, the department did send a civil engineering inspector to assess the situation.

19.118 In May 1956, the engineering inspector visited the maternity hospital. The first issue which struck him was that of fire safety. This issue had not been considered as part of the modernisation plans submitted by the congregation or the concerns raised by Dr Hanley. The engineering inspector reported that the maternity hospital was a two-storey building which housed 22 women on the first floor. The first floor was accessed by a narrow timber stair and the floors and roof were also timber; he concluded that the building was 'a major fire risk'. He advised that a veranda should be built at first floor level to act as an alternative escape from the hospital block and that this work should be carried out as a matter of urgency. In addition, he advised that smoke stop fireproof doors should be installed on the first floor.

19.119 The engineering inspector noted that there were two dining rooms for patients; one had seating for 40 women adjoining the hospital block and the other had seating for 100 women adjoining the nursery block. The floors of both dining rooms had very rough surfaces and were badly pitted and he recommended that they be concreted and finished with linoleum. He also drew attention to the fact that there was 'constant traffic' between the dormitory, hospital and dining room blocks which were all accessed through an open yard. He noted that this was very unpleasant for both patients and staff, particularly in inclement weather, and recommended that a covered walkway be erected to link these three buildings. He further noted that rain water was discharged into the hospital yard via down pipes which resulted in flooding in some buildings.

19.120 An architect and civil engineer investigated the sewerage system. He reported that the sewerage system serving the hospital, nurseries and main house was adequate but he expressed concern about an open drain which carried effluent from a septic tank to an open stream. He noted that liquid manure ran from the cow house along an open sewer parallel to the hospital building to an open stream. He recommended that all sewage should be piped when discharged and that the existing septic tanks and sewerage systems should be cleaned and overhauled. He told Sister Barbara that the works outlined in his report would cost in the region of £4,000. The Department of Health had previously informed the congregation that, although it did not have the means to fund any major restorative works, it would contribute to the cost of undertaking the minor, but necessary, remedial works. The department now decided that it would give a grant of £1,300 to cover the cost of installing fire escapes, upgrading the sewerage system, connecting downpipes and renovating the dining rooms.

19.121 In August 1956 the Minister for Health wrote to Bishop Rodgers of Killaloe asking his advice on the institutional treatment of unmarried mothers in Sean Ross. The minister told the bishop that all government departments were trying to reduce expenditure and he was concerned about the length of stay of mothers in Sean Ross. The minister said this was usually two years and the average cost of maintenance for a woman and her child was £230 and £100 respectively. The minister said that social workers attached to catholic societies in Britain reported that one of the main reasons why single expectant Irish women left for Britain was that the two year stay in a mother and baby home in Ireland was out of line with the practice of catholic homes in Britain. The department was considering reducing

the period of stay in mother and baby homes to six months after the birth of the baby and asked for the bishop's views on the matter. The minister also said that earlier discharge would free up accommodation for women on second or later pregnancies who were living in county homes.

19.122 In his reply, Bishop Rodgers said that he sympathised with the minister's efforts to achieve economy in health spending but urged him to approach the issue of unmarried mothers 'carefully and cautiously'. The bishop agreed that some women could safely leave after six months but warned that others required 'a longer period for rehabilitation'. He identified such women as those who were 'sub-normal' and those who were 'ignorant of basic religion and moral principals'. He stated that although such women required longer periods for rehabilitation, he agreed that a stay of two years in a mother and baby home was unnecessary. The bishop was also receptive to the idea that 'repetitive cases' should be accommodated outside the county home system and expressed his wish that the Congregation of the Sacred Hearts of Jesus and Mary would look favourably on the minister's proposals.

19.123 In March 1957, the minister wrote to Sister Antonia, Superior General of the Congregation of the Sacred Hearts of Jesus and Mary, to discuss the congregation's role in the provision of institutional care for unmarried mothers in Ireland. The minister told Sister Antonia that the congregation played a vital role in providing such services and sought her co-operation in further developing them. The minister said that the prospect of a two-year stay deterred single expectant women from entering mother and baby homes in Ireland and that many opted to leave for the UK as an alternative. He cautioned that the falling demand for admissions to mother and baby homes in Ireland would have serious financial implications for the congregation. He further asserted that the financial position of the congregation's homes in Ireland would become 'very difficult' and their discontinuance might have to be considered.

19.124 The minister also raised the practice of maintaining single women with two or more children in county homes. He pointed out that Dunboyne catered for women with more than one child but conceded that efforts to establish homes elsewhere, with the object of removing such women from county homes, had failed.

19.125 The minister proposed that, as a general rule, women should be discharged from mother and baby homes much sooner after the birth of their babies and that the congregation should retain children, unaccompanied, until their adoption or boarding out was arranged. He qualified this proposal by stating that women who required a two year stay for 'rehabilitation and re-adjustment' would not be afforded an early discharge. He further suggested that two of the congregation's homes could be reserved for single women on their first pregnancy and the third would be reserved for women on their second or subsequent pregnancy exclusively. He stated that, if Sister Antonia was amenable to his proposals, Sean Ross would be the most suitable home to cater for single women on their second or subsequent pregnancy.

19.126 The Commission has not seen any record of a reply from Sister Antonia. The minister took the opportunity to discuss the matter with Sister Rosemonde when she visited the department in April 1957. Sister Rosemonde, who had moved from Sean Ross to Castlepollard, told the Minister that she and the Mother Superiors of Sean Ross and Bessborough preferred that 'second cases' (women on their second or subsequent pregnancy) would be taken into all three homes rather than the proposal that a separate home would be set aside for them. Miss Litster, who also attended the meeting, told the minister that the Sacred Heart Homes were already accepting 'second cases'. Miss Litster further stated that the congregation took care to ensure that a woman who had been in a particular Sacred Heart home on her first pregnancy would not be admitted to the same home on her second. Miss Litster also stated that the congregation would not in any circumstances admit a pregnant woman accompanied by her first child.

19.127 In March 1958, the Department of Health sent a letter to all city and county managers to tell them that the authorities at all three Sacred Heart homes had agreed that 'in suitable cases' the early discharge of women was now possible. The department also said that the Sacred Heart homes were also prepared to accept 'some mothers' in their second or subsequent pregnancies but that the congregation would not admit mothers accompanied by children.

19.128 In 1958, the Department of Health reviewed the cost of accommodating women and children in the Sacred Heart homes over the period 1950 to 1957. The review concluded that, although the number of admissions to the homes had decreased, the operating costs had increased substantially. The department's analysis

showed that admissions had decreased from 373 women and 350 babies in 1950 to 299 women and 257 babies in 1957. Expenditure had increased from £55,560 in 1950 to £83,160 in 1956 but decreased to £78,370 in 1957; the average cost had increased from £77 for each person in 1950 to £141 in 1957. The review recognised that the total costs had to come from public funds as the institutions had virtually no other income. The Minister for Health concluded:

> The only effective economy in this matter would be to reduce the number of special homes from three to two, as it is now clear that two is sufficient to serve the full needs. I assume, however, that such a step would have to be approached rather slowly and would have to be preceded by some trial of every possible alternative.

19.129 In April 1958, Miss Reidy again carried out an inspection. She reported that there were seven dormitories for women: two twelve-bed units; two fourteen-bed units; one eleven-bed unit; one eight-bed unit and one ten-bed unit attached to the nurseries. The total bed complement for women was 81 beds. There were 72 women resident at the time. The women's dormitories were converted stables which were 'clean, comfortable and centrally heated'. The infant accommodation had four units: three thirty-cot units and one twenty four-cot unit, which were described as 'large, bright and airy'. There were 114 cots for infants but there were 118 infants living there; eight of the children were awaiting transport to adoptive homes in the USA.

19.130 Miss Reidy also inspected the maternity hospital. Again, she recorded that the hospital was well-staffed, clean and well-kept and accommodation and sanitary accommodation for patients and staff was adequate. She noted a slight improvement in nursery accommodation where infant cots were two to two and a half feet apart; the recommended distance was eight feet. One maternal and ten infant deaths were recorded in the three years since her last inspection of the hospital.

19.131 Miss Reidy asked for data about the discharge of children. The congregation said that, in the period 1 August 1955 to 31 March 1956, 67 children were born in or admitted to Sean Ross. In the same period 19 were discharged with their mothers; six were adopted in the USA; four were adopted in Ireland; 20 were discharged to St Patrick's Guild (presumably to be placed for adoption); two children were boarded out and three had died. In the period April 1956 to 31 March 1957, 109

children were born in, or admitted to, the home; 36 of these were discharged with their mothers; ten were adopted in the USA; seven were adopted in Ireland; 19 were discharged to other adoption societies and 13 children had died. In the period 1 April 1957 to 31 March 1958, 128 children were born in, or admitted to, the home. Of these, 41 were discharged with their mothers; 12 were adopted in Ireland; 26 were discharged to other adoption societies; one to a relative; one to the Catholic Women's Aid Society; two to Dublin hospitals; one to a Mercy Convent (probably an industrial school) and ten children had died. In the period 1 August 1955 to 31 March 1958, 306 children were born in or admitted to Sean Ross. Fifteen were children of private fee-paying patients.

19.132 Miss Reidy expressed alarm that the infant death rate at Sean Ross had increased since 1954 and had remained high during 1958. Furthermore, it appeared that seven in every ten deaths during this period were due to viral pneumonia. When questioned, the congregation told her that the affected children had been given every medical care available but stated that the facilities available were 'inadequate to provide proper care for critically ill infants'. The Reverend Mother also drew attention to the high levels of morbidity which prevailed among infants who survived viral pneumonia and the difficulty in finding foster homes for them. Miss Reidy concluded that the continued high infant death rate warranted medical investigation and advised the Department of Health to refer the matter to its chief medical advisor to identify measures which would reduce infant deaths.

19.133 It is unclear whether the Department of Health made any intervention at Sean Ross. However, Miss Reidy's report for the year ending May 1959 showed a marked reduction in infant deaths. Three infant deaths had occurred. Two were neo-natal and the third occurred in a nineteen-day old infant who contracted influenza from his mother. In Miss Reidy's subsequent report covering the period 1 May 1959 to August 1960, infant mortality had fallen even further. Of 169 children born in or admitted to the institution during this period two infant deaths occurred.

19.134 In a short report on an inspection visit in May 1959, Miss Reidy said that the general administration of the institution was satisfactory, the hospital was clean and well-kept and that mothers and infants were well-cared for. The accommodation for women was at 92% occupancy; infant accommodation was at 78% occupancy; and the maternity hospital had over 90% occupancy. Seven of the 41 women living in the maternity hospital were mothers of infants housed in the

hospital nursery. These women lived in the hospital block and worked there as female attendants. There were 13 unaccompanied children living in the home. Three had been admitted unaccompanied for adoption; their names did not appear on the books and they were not maintained by a health authority. A further seven children were also unaccompanied. Three of these were described as 'delicate' and considered 'not fit for adoption' due to impaired health. One child was 'mixed race' and the congregation reportedly 'found it difficult' to place the child in an adoptive home. The mother of one child was in a 'mental hospital' and the child was waiting to be boarded out. Another was recovering from orthopaedic surgery and the remaining child was due for discharge to the USA. Three children aged under two were also in the home unaccompanied. The mothers of two of these children were under treatment in external hospitals and the third child was admitted at the request of a health authority because of his mother's 'extreme youth'.

1960s

19.135 In an inspection report in August 1960, Miss Reidy said that the hospital was clean and well-kept and the records were up to date. She reported that a new nursery with central heating and cross-ventilation had been built along with a new feeding room equipped with wash-up sinks and basins. Miss Reidy noted that 39 of the 45 maternity beds were occupied. She noted that 135 deliveries were recorded since her last inspection (six stillbirths); one miscarriage and three neo-natal infant deaths were notified.

19.136 In April 1961, the children's officer of Wexford County Council wrote to the Department of Health about a 25-year-old woman and her infant who were maintained by the Wexford Board of Assistance in Sean Ross. He described the woman in question as a 'hopeless mental defective' who was 'entirely incapable' of looking after herself and her child and required assistance with washing and dressing. He said that the Mother Superior at Sean Ross was anxious to discharge the woman and that the woman's mother wanted to have her back in the family home. However, no member of the woman's family was willing to accept responsibility for her child. The child could not be placed for adoption until he had been assessed. He suggested that the child be placed in an industrial school so that the mother could leave Sean Ross. The department did not think this appropriate in view of the child's age and suggested that the child remain in the care of Sean Ross for 12 months so that his mental intelligence could be assessed

later. Institutional records show that the child remained in Sean Ross for a further 22 months until he was transferred to St Clare's, Stamullen in July 1963.

19.137 Sometimes politicians made representations about having women discharged from Sean Ross even though no arrangements had been made for the child. Usually, the family wanted the mother to come home but would not take responsibility for the child. In one such case in the early 1960s, the woman's mother was prepared to take the child but the woman's brother would not allow the child into the family home. As a result, the mother had to stay in Sean Ross for almost three years. Her child was adopted to the USA. At this stage, her mother did not want her home.

19.138 A TD wrote to the Department of Health in the early 1960s looking for 'early adoption' for a child born in Sean Ross. The department made enquiries with the Mother Superior who said that, although 'all the advantages of adoption' were put to her, the woman was anxious to keep her baby and would not part with it 'for any offer'. She said that the congregation in Sean Ross would not dissuade her. The woman herself wrote to the department stating 'I have no intention whatever of parting with my baby'. The department subsequently told the TD that the woman's aunt had returned from England to claim her and her child. However, institutional records show that she had remained in Sean Ross for a further 11 months, until her child was discharged for adoption.

19.139 In January 1962, Miss Reidy again reported that the maternity hospital was clean and well-kept and that all records were up to date and available for inspection. In the two years since her last inspection of the hospital, 175 deliveries (three stillbirths) were recorded. No maternal deaths had occurred and two neo-natal deaths (asphyxia pallida and prematurity) were notified. She noted that 38 of the 45 maternity beds were occupied.

19.140 In July 1962, Miss Reidy again inspected the home. The nurseries and women's dormitories were very clean and well-kept; all records were 'available and properly posted' and the wellbeing of both women and children was very satisfactory. There were 106 children living there; 64 were aged under one year. In the period 15 August 1960 to 20 July 1962, 302 children were born in, or admitted to, Sean Ross. Of these, 68 were subsequently discharged with their mothers; 116 were adopted (USA 45; Ireland 65; England five; Scotland one); 68 were discharged to

other adoption societies; 13 to relatives; two to hospital (Cherry Orchard and Temple Street); seven to what was described as 'schools' (some went to an industrial school, the others went to orphanages); five to 'special institutions'; six to St Clare's, Stamullen, and two to St Patrick's Home, Navan Road (Pelletstown). A further 16 children were boarded out. Seven infant deaths were recorded during this period. Causes of death were given as pneumonia (three), bronchitis (two), hyperpyrexia and acute gastroenteritis.

19.141 In April 1963, Miss Reidy again inspected the maternity hospital. She reported that the hospital was clean and well-kept and that records were up to date and available for viewing. She noted that 174 deliveries (five stillbirths) had been recorded in the 14 months since her previous visit and that one neo-natal death had been notified. At the request of the General Registration Office (GRO), Miss Reidy made enquiries regarding the registration of births at Sean Ross. She was told by the Mother Superior that all infants in the hospital were registered and that registration took place weekly. Miss Reidy stated that the Mother Superior insisted that all children admitted to the home, whose births were not registered, were subsequently registered at the place of their birth and that a copy of the birth certificate was sent to her. While the Department of Health memorandum did not record the problem relating to the registration of births the department asked Miss Reidy to query registration practices at Bessborough, Castlepollard and St Patrick's, Navan Road (Pelletstown).

19.142 Miss Reidy's report in July 1963, again reported that the welfare of both women and children was 'quite satisfactory'. At the time of inspection 113 women and 77 children were living there. In the period 20 July 1962 to 31 July 1963, 46 children were discharged with their mothers; 66 were adopted (Ireland, 37; USA, 27; England, one; Scotland, one); 43 were sent to other adoption societies; eight were boarded out; six were discharged to relatives; four to hospitals; and seven were transferred to 'special schools'. Two infant deaths were notified during this period. Causes of death were given as measles and pneumonia.

19.143 In May 1964, the Department of Health studied the audited accounts of the three Sacred Heart homes and queried why the running costs associated with Sean Ross had increased in 1963. Auditors for the congregation told the department that there were no members of the congregation on the nursing staff of Sean Ross

and that increased expenditure there related to the provision of new bathrooms at a cost of £2,800 and renovations to the chapel at a cost of £500.

19.144 In response to statements made during debates surrounding the *Adoption Bill 1963*, the Department of Health drew up an overview of how single expectant women were catered for in the 'Special Homes' and the pathways available to women who were not in a position to support themselves and their child. The department pointed to Section 54 of the *Health Act 1953*, as the legal basis for maintaining women in Sean Ross, Bessborough and Castlepollard. This stated that persons unable to provide shelter and maintenance for themselves were eligible for institutional assistance in a county home or similar institution. Furthermore, the department pointed to their obligations under the *Institutional Assistance Regulations 1954*, to provide maternity services to women living in mother and baby homes. The department acknowledged that the legislation did not empower those running and/or operating mother and baby homes to detain a woman against her will. However, it was equally acknowledged that a woman could not leave a mother and baby home without taking her child with her or without planning for the future care of the child. The department set out the principal exit pathways for children on their discharge from a mother and baby home.

19.145 The first and, according to the department, most appropriate pathway was that a child would leave a mother and baby home in the care of the birth mother or her family. Where this was not an option the department considered that the next most appropriate exit pathways were legal adoption, boarding out by a health authority, placement in a foster home by a voluntary agency and as a last resort, placement in a long-stay institution such as an industrial school. The department acknowledged that the latter four options required the formal consent of the mother and often 'exerted emotional stress on women who had to make a decision regarding the future care of their children'. This being so, and in the interests of infant welfare, the department considered it desirable that women should remain with their children in mother and baby homes until arrangements for their future had been agreed. The department recognised that this was the primary factor which determined the duration of a woman's post-natal stay in an institutional setting. The department also acknowledged that no complaint had ever been received regarding the duration of a woman's pre-natal stay in a mother and baby

home and concluded that most women 'were willing enough to withdraw from the social scene when their condition becomes obvious'.

19.146 In April 1964, Miss Reidy inspected the maternity hospital. She again reported that the hospital was clean and well-kept and that records were up to date and available for inspection. In the twelve months since her previous inspection, 146 deliveries (six stillbirths) were recorded and six neo-natal infant deaths were notified. Regarding the stillbirths, the causes recorded were breech and cord prolapse; multiple birth (macerated); face presentation and cord tightly around neck; multiple birth and congenital abnormality; pre-viable prematurity, mother aged 14 years and pre-eclampsia toxaemia (macerated). Causes of neo-natal infant deaths were given as: congenital abnormality (three); hydrops foetalis; atelectasis and prematurity/asphyxia pallida.

19.147 In her October 1964 inspection, Miss Reidy noted that the well-being of mothers and children was 'satisfactory'. At the time of her visit, 71 women and 84 children were living there. There were eight children aged two years and over in the home but their adoption had been arranged. In the period since her last inspection, 198 children were born in Sean Ross and a further 21 babies born outside the institution were admitted. Two infant deaths were notified during this period. Of the 193 children discharged from the home 150 were put up for adoption (Ireland, 62; USA, 41; UK, one;) and 46 were sent to other adoption societies.

19.148 Miss Reidy's July 1965 report showed a similar pattern. In the fourteen months since her previous inspection, 203 births and six stillbirths were recorded. One maternal and five neo-natal deaths were notified in the same period. She noted that four cases of abortion (miscarriage) were treated and that three multiple pregnancies had occurred also. She stated that although the babies associated with the multiple pregnancies involved 'a considerable degree of immaturity' all six infants thrived. The causes of infant deaths were given as: hyper pyrexia; pre-viable prematurity; intra-cranial haemorrhage and asphyxia neonatorum. She reported that 50% of women admitted in this period were aged 21 years and younger; 16 were under the age of 17. The mother who died was a 21-year-old woman with a history of mental depression who suffered frequent attacks of tachycardia and died of coronary thrombosis.

19.149 In May 1966, Fr Colleran of the Catholic Protection and Rescue Society (CPRS) complained to the Department of Health about the behaviour of Louth County Council in relation to a 17-year-old single expectant woman whom the society had repatriated from England and placed in Sean Ross. Fr Colleran outlined how the society made the usual confidential application to the county council. However, an official of the council had called to the woman's family home, informed her mother that she was expecting an 'illegitimate' baby in Sean Ross and asked if she would contribute towards her maintenance. The woman's mother was reportedly deeply disturbed to hear about her daughter and her husband travelled to Sean Ross to investigate the matter. The woman was deeply upset to encounter her father at Sean Ross. However, he does not seem to have asked for her discharge. He told his wife that the woman in Sean Ross was not their daughter but a woman with the same name from the Dundalk area. As similar cases had come to light Fr Colleran said:

> All through the years we have always understood that this confidential information which we disclose to the Officers of the County Councils would in fact be treated as such. May I add that I have rarely had occasion to be concerned that our trust was misplaced. You will appreciate that the whole system and method of helping unmarried mothers in this country must break down completely unless we can guarantee to these mothers that their parents, relatives and neighbours will not be informed of their condition. Secrecy is absolutely vital in the majority of these cases.

19.150 In January 1965, Dr Hourihane of the Department of Health medical inspectorate visited Sean Ross. He reported that the hospital labour and delivery wards had 44 beds combined and that Dr Hanley, medical officer to the district hospital, Roscrea, remained as attending obstetrician and medical officer at Sean Ross. In the year ended 31 December 1964, 160 births and six infant deaths were notified. He said that the infant deaths were mainly due to prematurity and congenital abnormalities. At the time of inspection 94 women and 77 children were living in the institution. Dr Hourihane noted that other buildings on the estate included a convent, chapel, laundry, bake house and farm outbuildings and stated that the institution was 'almost self-sufficient'. Reporting to the chief medical advisor to the department, he said that he was 'impressed by the general atmosphere in the Home', that the mothers 'appeared to be content and well-dressed' and that the relationship between the mothers and the staff 'was good'. He reported that all infants were

'healthy, well-nourished in appearance', were 'obviously well-cared for' and that the overall cleanliness of the home was 'first-class'.

19.151 He also reported that proposals made by the North Tipperary county council to reconstitute Sean Ross as a home for mentally handicapped children had caused great anxiety among the Sisters in Sean Ross and that they were determined to fight the proposal (see below). The Mother Superior, Sister Barbara, told him that she was reluctant to spend money on maintenance due to the uncertainty of the situation.

19.152 Miss Reidy inspected the maternity hospital in March 1968 and reported that there were eleven pre-natal and four post-natal women in the hospital along with four neo-natal infants. In the three years since her last inspection, 518 women had been admitted and 408 births and ten stillbirths had been recorded. She noted that 110 women admitted to Sean Ross in this period were not subsequently confined there: 65 were admitted with babies born elsewhere; twelve were transferred to other hospitals; nine married and twenty four expectant women discharged themselves prior to giving birth. No maternal deaths were recorded in this period and the hospital treated three abortion (miscarriage) cases. Eleven infant deaths were notified. The causes of infant deaths were given as: atelectasis and asphyxia pallida (three); respiratory failure (three); intra-cranial haemorrhage; C.H.D.; prematurity (multiple birth) and congenital abnormality. Miss Reidy reported that the hospital conformed to the required standard.

Closure of Sean Ross

19.153 In 1964 the Department of Health began to examine the occupancy levels in the Sacred Heart mother and baby homes. The department noted that the combined available accommodation in the homes during 1963 was 880 beds and that total occupancy for the year was 485. The department considered that 'sizeable economies could be achieved' by closing one.

19.154 The Tipperary Association for Mentally Handicapped Children was trying to establish a centre for the institutional care of children with intellectual disabilities in the county. The association had raised £6,000 and was lobbying for the conversion of the former fever hospital in Roscrea (which had been closed) into a home for the mentally handicapped. The Commission of Inquiry on Mental

Handicap was sitting at the time and the shortage of residential care centres for people with intellectual disabilities was one of the issues it was addressing.

19.155 In September 1964, the department asked the Superior General of the Congregation of the Sacred Hearts of Jesus and Mary, Sister Bernadette, if she would consider reconstituting one of their institutions in Ireland as a home for 'mentally retarded girls'. The department said that such a move would represent 'a worth-while contribution towards the mentally retarded in this country' and would help to resolve the financial difficulties experienced by the congregation in Ireland due to the falling numbers of admissions.

19.156 In September 1964, Sister Bernadette, with Sister Rosemonde (Castlepollard) and Sister Barbara (Sean Ross) met the Department of Health to discuss the matter. The department explained that, while low percentage occupancy and the consequent higher maintenance costs were a cause for concern, the more important consideration was the need to make the best use of all accommodation in the national health service. There was a pressing need for additional accommodation for 'mentally handicapped' children and the severely handicapped were the most pressing problem. All the institutions catering for the moderate and severely handicapped were full. The department considered Sean Ross to be the most suitable of the three Sacred Heart homes for the care of mentally handicapped people. Bessborough was considered but the Cork Polio and General Aftercare Association was already providing a similar service in the Cork area.

19.157 Sister Barbara said that the congregation was aware for some time that the three homes were not operating to full capacity and was anxious to remedy the matter. She proposed that one of the homes be used to cater for babies and children only. She understood that, in recent years, more women were going to England to have their babies and many of these babies were 'lost to non-Catholic organisations'. The congregation hoped to encourage more unmarried mothers to have their babies in the special homes in Ireland by letting it be known that women could leave Sean Ross before their babies were adopted. The department took the view that two homes would still be sufficient even if this scheme was introduced. If the congregation agreed in principle that one home could be used for mentally handicapped people, the department would inspect the three homes and then make plans. Sister Bernadette said the issue would have to be discussed by the

congregation's council. In October 1964, Sister Bernadette told the department that the council had unanimously agreed in principle and invited the department to undertake its inspections. The congregational council minutes show that, although the 'Sisters in Éire' were not happy with the proposed changes, the congregation was agreeable to the proposal in principle.

19.158 In November 1964, departmental inspectors visited the three homes and strongly recommended that Sean Ross was the most suitable for use as a home for mentally handicapped children and possibly some adults.

19.159 A meeting was arranged for February 1965 between the congregation and the Department of Health to discuss the matter. The day before the meeting, Sister Bernadette wrote to the department. She said that she had asked the superiors of the three homes to look at the issue through local spectacles. In the period since they had met the department (in September 1964) the numbers in the three homes had increased 'enormously' and the homes were at full capacity. She argued that the figures which the department was using about the number of beds in each home were incorrect; one third were extra beds which had been put in because of demand in earlier years. In effect, the 'past figures meant overcrowding'.

19.160 Sister Bernadette's letter also pointed out that the original policy of the congregation was to accept first time mothers only. They were now admitting mothers with second or subsequent pregnancies. She said that it was detrimental for very young first-time mothers aged 15, 16 or 17 (they had one 12 year old) to be with women in their late 30s or early 40s 'who may have had 6 or 7 illegitimate children'. She said that the congregation had considered re-organising so that one of their homes could be put aside to cater for younger women only to assist in their social rehabilitation and that Sean Ross had been the 'unanimous choice' for such a home.

19.161 Sister Bernadette said that Sean Ross was the least suitable of the three homes for housing people with mental handicap basically because it was too remote.

19.162 At the meeting, Sister Bernadette was accompanied by her assistant and by Sister Barbara, Sean Ross, and Sister Rosemonde, Castlepollard. The letter was read and the Department of Health officials were clearly somewhat surprised by it. A discussion on the numbers ensued. The congregation set out what they regarded

as a reasonable bed complement which would allow for lockers and wardrobes; in the case of Sean Ross, this was 126 mothers and 90 children; there were 110 mothers in residence at the time. The department pointed out that the figures produced by the congregation still meant that two institutions would be sufficient. However, Sister Bernadette's assistant said that the congregation could not turn over one of their homes in Ireland for any other purpose at this time.

19.163 The departmental secretary said that, while reasonably good conditions should obtain in residential homes for unmarried mothers, 'super-standards are not important in the case of able-bodied people only in the Home for a short period'. He also made it clear that the provision of accommodation 'for the mentally handicapped' was the department's primary concern. It was agreed that the congregation and the department would meet again in March. This planned meeting did not take place as it appears that the Bishop of Killaloe arrived at Sean Ross and was then told of the proposal. He had baptismal statistics which showed the increase in the number of children in Sean Ross.

19.164 In April 1965, the Minister for Health wrote a long letter to the bishop outlining the sequence of events. He said that the congregation had argued that if the homes were at full capacity they would be overcrowded and that accommodation, once regarded as appropriate, would not be acceptable to women entering the homes in 1965. He said that, at the meeting with the department, one of the Irish homes superiors had said that women admitted to the Sacred Heart homes in 1965 arrived with 'their transistor sets and large kits of beautifying aids'. The minister accepted that women were entitled to a reasonable standard of accommodation but pointed out that, while the average stay had previously been around two years, the average in 1965 was around three months.[60] In this letter the minister said that his officials had formed the view that, at the February meeting, the Superior General was agreeable in principle to the release of one of the homes but she was 'considerably embarrassed by the change of front' on the part of the representatives present from two of the Irish houses.

19.165 While the Department of Health and the Congregation of the Sacred Hearts were discussing the future of Sean Ross, neither party had consulted Bishop Rodgers of Killaloe. The bishop admonished the Superior General of the congregation and

[60] Killaloe Diocesan Archive

the Minister for Health for excluding him from these discussions. In April 1965, after the minister's letter, the bishop said that he had no wish to be presented with 'even a partial *fait accompli* where important religious moral or social issues are involved'. 'Any change to Sean Ross must not be lightly undertaken.'

19.166 The minister replied that:

> I cannot sufficiently express my regret that you were not consulted in the first instance when the proposal to convert Sean Ross into a home for mentally-handicapped children emerged and before any other action had been taken. I can only plead that the extreme pressure which I have been bringing to bear on my Department here to find, and even to improvise accommodation, to meet the urgent demands of the parents and relatives of these poor children and equally pitiable adults was responsible for the oversight.

19.167 In May 1965, the bishop wrote to the department. He denied that he was 'piqued' because he had not been consulted about the proposal but said that he was deeply perturbed by

- the fact that a religious community in his diocese had been asked by a government department to give up the work for which they had been admitted into the diocese and
- the records of Sean Ross showed that the need to provide for unmarried mothers, their rehabilitation and the adoption of their children was more pressing and urgent than ever.

19.168 He outlined some statistics in support of his view. He went on to remark that he did not agree that three months was sufficient time for the moral rehabilitation of some women. The department offered to meet the bishop to further discuss the matter even though it was reasonably clear that the bishop did not support the change of use of Sean Ross. The bishop accepted the offer of a meeting but made it clear that he was not interested in the other two homes; Sean Ross was his only concern. A meeting was held in July 1965. The department's conclusion was that, as far as the bishop was concerned, the department could close any home but not Sean Ross. The department concluded that it could forget about Sean Ross as a possible immediate solution to the problem of accommodation for the mentally handicapped.

19.169 The congregational council minutes of November 1966 show that the congregation agreed to the proposal that Sean Ross would be reconstituted as a home for children with mental disabilities. It would appear that this decision was not conveyed to the Department of Health at this time. When the authorities at Sean Ross applied for increased maintenance rates in May 1967 the department raised the issue again. Occupancy rates were falling and, as a result, the Sacred Heart homes had accumulated deficits. In June 1968 the department noted that agreement on the change of use of Sean Ross had been received all round and that discussions regarding the alteration of the institution were in progress. In October 1969 the Congregation of the Sacred Hearts of Jesus and Mary ceased to admit single expectant women to Sean Ross. The last mother and baby were discharged before Christmas 1969 and the institution ceased its operations as a mother and baby home.[61] In August 1970, it opened as St Anne's Hospital for Mentally Handicapped Children.[62]

Australian Former Child Migrant Project

19.170 In 2001, the project manager of the Australian Former Child Migrant Project (UK) wrote to Sister Sarto in Bessborough to inform her that she had located records relating to ten children who were born in Sean Ross and subsequently sent from the UK to Australia under Barnardo's Child Migrant Scheme. Sister Sarto confirmed that all ten children in question were born in Sean Ross on dates between 1936 and 1946 and that they had been discharged with their mothers who took up employment in Wales. She stated that the women involved had accepted offers of employment at the newly built St Winefride's private hospital operated by the Congregation of the Sacred Hearts in Cardiff. Sister Sarto said that a retired member of the congregation who knew the women involved had stated that, while the women worked in St Winefride's, their children lived in 'an orphanage in Swansea'. The project manager confirmed that the children lived in Nazareth Homes in Swansea and Cardiff. With parental permission, all ten children were subsequently sent to Australia from these institutions under the Barnardo's Child Migrant Scheme which ran from 1920-65.[63] The project manager said that she was surprised to find children from Ireland among the records of those sent to Australia but acknowledged that Irish children who had been transferred to institutions in Belfast and Derry had also been identified as child migrants.

[61] Congregation of the Sacred Hearts of Jesus and Mary, *Roscrea Annals 1969-89*.
[62] *Nenagh Guardian*, 14 February 1970.
[63] https://www.childmigrantstrust.com/our-work/child-migration-history

Institutional records analysed by the Commission show that at least 94 children were transferred from institutions under the Commission's remit to a Nazareth Home in the United Kingdom. In addition, hundreds of women were discharged with their children to take up employment in institutions run by the Congregation of the Sacred Hearts in the United Kingdom. It seems plausible to suggest that more children who were born in, or once resident in, one of the institutions under the Commission's remit were also transferred to Australia from orphanages in the United Kingdom.

Evidence of former Sean Ross residents

The experiences described by the former residents who gave evidence to the Commission are largely set out in their own words. In some cases, particular information which might identify the witnesses has not been included.

Resident A, Mother, mid 1950s

19.171 Resident A told the Commission that she became pregnant at the age of 15. When her mother found out she was taken to see a doctor. Her mother thought that her pregnancy was 'a scandal' and she tried to keep it from Resident A's 12 siblings. The witness said:

> From then on it was all hullabaloo. It was like, who did it? Who didn't do it? How did it happen? You know, and my father and my mother. Anyhow, I couldn't tell because I didn't actually know any facts of life to be fair, but I knew somebody messed about, you know. When I was out with my sister, he sort of pulled - well, there was two lads and they pulled me into the bushes and whatever happened, it happened, and I didn't even know that that is where babies come from or anything. So, I didn't know. It was like rape I suppose you would call it, you know, they just attacked me… I said two names I thought might be it, and they must have known… it was the day my sister got married this happened.

19.172 She was driven to Sean Ross accompanied by her mother.

> They took me as far as Roscrea, but I didn't know anything until I got out and I saw the big house, and I thought it was a convent, yes, that I was going to, I think it is a convent, I don't know, but I was brought in there and from then on I was a different, different clothes, different everything, and you know

whatever you get on and do your work. You know, I wasn't a child anymore. No education of course, they didn't do it then. So, yes, but you know you got a new name. So, you were never to use your name again while you are there anyhow, and everyone else I assume had a wrong name, but it didn't matter. You were put in a dormitory with - there was quite a lot of people in it.

19.173 She worked in the laundry during her time in Sean Ross. She remembered washing sanitary towels by hand.

Up early for you to go to church every morning, back down to where you got your breakfast, and two slices of bread or toast…Then we were assigned jobs. Mine was in the laundry and it wasn't a very nice job, you know. It was like … how do I call them, a lady's … The ladies sanitary [towels], let us say, cloth things, and collect them, put them in baskets. They were put into some baskets, wicker baskets. Bring them into the wash house, wash them out by hand, and when it was fine, the day was fine I had to put them out on stones in this yard, yes. Maybe turn them every now and again, and in the meantime, I helped with the sheets and put them through the mangles, big sheets.

19.174 She was taken out of Sean Ross by her father and one of the nuns on one occasion and questioned about the alleged rape while accompanied by her father. She did not know if the person she spoke to was a doctor or a solicitor. She said that they were trying to find out which boy was responsible. She does not know the outcome of that.

19.175 She said that the food in Sean Ross was sparse and that she was constantly hungry.

You were so hungry, I do remember that bit, you got so hungry and you just had whatever the ration was. You couldn't get anything extra. The bread was in the morning. There might have been something in the lunchtime, like I don't know was it soup or something but very little. I found oh God I was always starving, but you get used to it, nobody else had it. So, you didn't. There were no extras or anything.

19.176 She was not told what to expect during labour and her experience in Sean Ross was ‘awful’.

> They actually tied me, because I was in pain, I thought I am going to die. They tied me down with some, I don't know, stuff to the bed. It was like the bed was on the floor because it was in case I fell out I suppose, I don't know, and it was absolutely horrific, but anyhow once it is over and I was told I suppose, this will teach you, offer it up for the sins you committed and all that. You felt that too, that that is why you got more pain maybe than maybe another one, you know. There were no painkillers in those days I don't think, I don't know whether there was.

19.177 She said that she had to return to work in the home a few days after giving birth. She took up her duties in the steam room and breastfed her baby three times a day. She said that the women were excited to spend time with their babies at feeding times and in the evenings and were resigned to the fact that they could not spend as much time with their babies as they wanted to. She thought that she would be in Sean Ross for her whole life.

19.178 She said that no one ever discussed her baby's adoption with her. She remembered that her mother and married sister visited Sean Ross after her baby was born and she suspects that they made arrangements for her baby's adoption with the nuns. She said that it was not up to her to decide on what happened to her baby and that she did not sign adoption papers. She said that the nuns would not have been able to put her baby up for adoption without her parents' consent. She got up one morning and was told to put her own clothes on. She remembered that her baby was dressed in a blue suit and that there was a car waiting outside.

> He was four months old. I was still breastfeeding him. So I fed him and he got all dressed up and everything and told me … they took the baby, one of the …a nun, took the baby, and there was a driver in the car and I was told to come out. I actually thought we were going somewhere nice, back home or something, and took us to Dublin.

19.179 She followed her mother and one of the nuns from Sean Ross into a house on South Anne Street [Catholic Protection and Rescue Society]. She remembered that she was asked to feed her baby and then he was taken from her. Her father arrived and took her to her married sister's house. She was not allowed to see her friends or siblings. She returned to South Anne Street when she was 18 or 19 to sign some documents.

I probably knew what it was, but I didn't put any emphasis on it. It wasn't like somebody came with me and explained it, as far as I remember.

19.180 Reflecting on her time in Sean Ross, Resident A said:

It is just the way the regime was when you went into these places. They should have like - I should have been treated maybe - maybe I feel I should have got more food, maybe everyone felt it. Maybe a bit more tolerance, because I was so young… Just I think at the age I was and everything, it stopped, you know, dead on. Maybe I could have had a nicer experience, or because I was ignorant really but I suppose everyone was and maybe I shouldn't have had to do so much work, you know, hardship, and maybe organise for a little bit of education in there or something.

Resident B, Mother, early 1960s

19.181 Resident B told the Commission that she became pregnant at the age of 21 When she was seven months pregnant she told her aunt with whom she was living and the aunt arranged her admission to Sean Ross. Her boyfriend (whom she subsequently married) did not know that she had been admitted.

When the door opened and I met this nun, Sister Hildegarde I am quite sure it was, I can't memorise that end of it, but I was asked who the father of my child was… So, I said I don't know, and they said what was your mother's name and I said Mary and she said right, she said we will call you Molly. She said go off there and get dressed and there was no more about it.

19.182 She said that all the women in Sean Ross wore uniform clothes. They did not wear their own clothes and that everything, including sanitary towels, was provided for them. She said that she worked minding babies in the nursery during her 14 months stay.

19.183 She said that her time in Sean Ross was ‘perfect’. She had been treated as ‘slave labour’ in her aunt’s house and she had not been allowed to progress to secondary school. She said that the nuns were very fond of her and that she had a great relationship with Sister Conrad and Sister Winifred. Her boyfriend visited her in Sean Ross every Saturday but when the nuns found out that he was the father of her child they stopped the visits.

19.184 The birth of her baby went smoothly but she picked up an infection after giving birth. She recovered after some days' rest. She said that she had to breastfeed the baby and did so every morning before going to mass. She said that she could have left Sean Ross shortly after giving birth if she paid the nuns £105 but that she was adamant that she would try to keep her baby. Her boyfriend would not take her and their baby out of the home or marry her in Sean Ross because of what his family would say about it.

> It was the time that was in it. You were blackened, your reputation was gone and they kind of didn't want to mix with you. You were stained, you know, at that time, you know.

19.185 Her baby was due to be adopted in America and she signed papers for an 'American adoption'. She said that her boyfriend upset a local priest and the baby was instead given to a couple living four miles from where she lived. She suspects that the parish priest arranged for this to happen. She said that any couple could walk into Sean Ross and adopt a child 'as long as they had money'. She said that the local priest had his 'palm well-greased' for arranging her baby's adoption and that the priest wanted to disgrace her boyfriend.

> You and your wife could walk in and go through the nursery. As long as you had money, this is my theory anyhow, you'd go and you can pick what child you like or you can ask their parent, or their we'll say, pedigree in life kind of… You had to give so much money. I think it was what, something around four, about four grand for America and whatever. In Ireland, I don't know.

19.186 She said that she never actually saw any couple handing money over to adopt a child from Sean Ross and that she had 'no evidence whatsoever' that this happened but believes that this was a regular occurrence.

19.187 She said that she was given no other option but to give her baby up for adoption. She had no support in the outside world from anyone. Sister Hildegarde told her that her baby was to be adopted by two doctors in the west of Ireland. Sister Hildegarde oversaw all adoptions from Sean Ross, and she did not remember ever signing any paperwork in the presence of a solicitor.

> You signed where you were told and after that then she could have been sent anywhere. You had no say, only dress your child and bring her to the door and that was it. I handed her over to another girl… and I knew she was gone then, and we ran to the window to watch the car going down the

> avenue…Sure I cried my eyes out and that was it. There was no - never mentioned after. You were told then that you were going soon.

Resident C, Mother, mid 1960s

19.188 When Resident C became pregnant, her aunt spoke to the local priest and he directed her to the 'Irish Catholic Church Society' [Catholic Rescue and Protection Society] in Dublin who arranged for her admission to Sean Ross. She had no real choice about this decision as her aunt took full control of the situation. She was collected by a car and driver in her hometown and driven to Sean Ross.

19.189 Resident C told the Commission that she was given a 'house name' and a number when she was admitted. She did not want this but had no choice but to accept it. She shared a dormitory with ten or twelve other women.

19.190 Her incoming and outgoing letters were censored. She wrote to her aunt complaining about the food and one of the nuns read her letter in the dining room and then made her eat it. She said that the food was generally 'horrible'. The women in the home were not allowed to speak to each other. She worked in the shop at Sean Ross with Sister Francis and she remembered that the women listed to music from a record player for around two hours every Sunday afternoon.

19.191 She said that her birthing experience in Sean Ross was 'desperate':

> When I went out first, I was called over to the hospital end. I walked over, they arrange to take you over and this horrible man who was the doctor arrived in and I was really afraid. So, I was shoved down in the bed. Legs strapped and this bucket was brought in. So, the bucket was in case I bleed when he examined me. He never spoke to me or nothing. So just did the examination… That was all the attention and then when it came to the actual birth my waters broke and I didn't know what it was and the nun that was in the dormitory nearly went mad because I had wet the floor.

19.192 She said that she had not agreed to have her baby adopted and that the adoption procedure was never explained to her. She remembered being brought to see a woman who asked her to sign a form. She suspects that this was the form consenting to her child's adoption. She said that she did not formally consent to have her baby adopted and that she did not sign any final consent forms.

19.193 She bought clothes for her baby for the day that she would leave the home. She was subsequently told by the woman who adopted her baby that the baby was in a nappy and blanket when she received her. The witness suspects that the nuns were selling the same baby clothes multiple times. She recalled one occasion where she was asked to count money with Sister Winifred. She said that the nuns were buying a new safe and had the money in old biscuit tins:

> All notes. Money I had never seen before which looked like dollars. So, all in plastic bands. So, I counted it then and passed it to the Sister. She counted it and gave it back to me. I counted it. She finally counted it and then it was registered in the book… I mean but there was quite a lot of tins. Now I can't say if there was money in all of them, but my daughter told me her adoptive mother got letters regularly from them asking by the way how they were and how was the baby and she always sent a donation.

19.194 The witness said that she had no prior notification of the day the adoptive parents would take her child. She said that she hurriedly dressed her baby in new clothes and that she was then taken away by one of the nuns. She became hysterical at that point and does not remember anything else about that day. She left Sean Ross a few days later. She said that a driver drove her to the train station and made some disparaging remarks towards her.

Affidavits received by the Commission

The Commission received a number of affidavits from former residents. These are sworn statements and are reported largely in the words used by the former residents. Unlike those who gave direct evidence, the Commission did not ask any questions of these former residents.

Resident D, Mother, early 1950s

19.195 Resident D became pregnant in at the age of 18. She stated that she was living with her aunt at the time. When her aunt realised that she was pregnant she was taken to a doctor who recommended that she be admitted to Sean Ross. Her brother drove her to Sean Ross accompanied by her aunt. She was admitted when she was seven months pregnant. She remembered that there was a brief hand over before her aunt and brother left her.

I slept in a large dormitory with other women and girls some of whom were pregnant and others who had already had their babies. Most of my memories have been blocked out over the years but I recall being cold at night and that the clothes they gave us to wear were cold and scratchy. No one had any privacy at all. I cannot remember what the food was like, however, I have an abiding memory of always being hungry.

19.196 She said that she worked in the laundry at Sean Ross and that the working day was approximately 8.30am until 4pm.

It was heavy work scrubbing clothes and bedding on boards, washing and ironing all with our bare hands. As far as I could see we were only washing the Abbey's own laundry and that this was not a commercial operation. We worked a six-day week. On Sundays we would attend a number of masses, but we would not work in the laundry. To the extent that the women and girls had any spare time, I recall that we spent a lot of this time knitting clothes for our children.

19.197 She described the regime in Sean Ross was pretty severe but she didn't receive many punishments. She stated that on one occasion she was forced to 'go down on my knees' to publicly apologise to a nun. This was 'just another part of the humiliation and shame' she was subjected to every day. The nuns constantly reminded her that she had 'committed a mortal sin' and that 'her shame would be eternal'. She was given a 'house name'. Women did not discuss their family or their backgrounds. This was all part of the 'shame' she was made to feel every day of her time at Sean Ross. She said that some girls 'ran away' but were 'brought back by the Garda'.

19.198 She said that there was no doctor present during her labour and that 'there was no formal medical care or any kind of pain relief' made available to her. Her labour was 'agonising in accordance with the principle that we had to suffer for our sins'. She gave birth to a healthy boy and spent eight weeks in the maternity hospital looking after her son and breastfeeding him.

19.199 She returned to work in the laundry after eight weeks and she was allowed to spend one hour, 4-5 pm, with her baby. She remembered:

Some of the others had a little money to buy gifts for their children. I had nothing but there was one very kind nun, Sister Annunciata, who would

> occasionally give me a bar of chocolate to give him. That same nun took a few photographs of [the baby] and gave them to me. It never occurred to me ask whether I could go home now I had given birth. This was partly because I had nowhere to go. My aunt had disowned me but also because I had to stay until [the baby] was adopted. It was taken for granted that [my baby] would be adopted and it never even crossed my mind that there might be any other option.

19.200 She said that she signed consent to adoption form in the presence of Sister Hildegarde and a man who she assumed was a solicitor. She stated that she was not allowed time to read the document and did what she was told. She said that the contents of the document were never explained to her and she was not asked to formally swear to the document. She said that she was not told when her son would be taken and she was given no information regarding prospective foster parents. She remembered:

> When [the baby] was three and a half years old, he was taken away for adoption. I didn't get the chance to say goodbye but the same kind nun, Sister Annunciata, informed me that he was leaving, and I ran upstairs and looked out of the window and saw him getting into a car. There was no discussion about it in advance and I was given no information afterwards other than that he had gone. Being parted from him broke my heart.

19.201 The nuns arranged work for her in a school in the UK and she moved there shortly after her baby was adopted.

19.202 She decided that she would try to contact her son in 2003 when she was 70 years old. She contacted Sister Sarto at Bessborough who told her that her son had been adopted in America but had since died.

19.203 She stated that she was told by her son's adoptive sister and another person that the American couple that adopted her baby 'paid a significant sum of money to Sean Ross Abbey' and that 'they paid annual sums thereafter'. She did not know the details of the sums involved and did not have any documentary evidence.

Affidavits from children born in Sean Ross and adopted to the USA

19.204 Not surprisingly, the children who were born in Sean Ross and adopted to the USA did not have any memories of their time in Sean Ross. Their statements were

mainly concerned with their subsequent attempts to trace their birth mothers. Some provided some anecdotal evidence about money changing hands.

19.205 A man who was born in Sean Ross in the early 1960s and was adopted at about the age of three and a half years said he had no memory of his time in Sean Ross but that he had some memory of his flight to his adoptive parents in the USA. He remembered that he was one of four children sent to the USA together in the care of an elderly woman and a priest. He remembered being met by his adoptive parents on his arrival in America. He had seen financial statements showing that his adoptive parents paid money to the nuns at Sean Ross, but his recollection was that this related to itemised expenses such as the cost of his flight to the USA. The supporting letter shows that the cost of his flight to America was paid directly to Pan American World Airways Systems. His adoptive parents paid Pan America $273.40 for a half or child's ticket. The Congregation of the Sacred Hearts billed his adoptive parents $142.00 to cover one quarter of the accompanying guardian's air fare (the guardian accompanied four children on the same flight) and their expenses. It would appear that the expenses received by the congregation amounted to $6.00.

19.206 Two other statements dealt with the question of money changing hands in such adoptions. One man said that his adoptive parents did not believe that they thought that they were 'buying' a child from Ireland. One woman said that she had been told by a HSE employee that her adoption had been arranged through the 'black market'.

19.207 One woman who was born in Sean Ross in the late 1950s outlined what her mother had told her about her (the mother's) stay in Sean Ross. Her mother told her that she had become pregnant aged 15 years and that her family sent her to Sean Ross. Her mother's family were prepared to let her marry the father of her child, a much older man, but she declined to do so. Her mother told her that she had 'suffered badly at the hands of the nuns' at Sean Ross. Her mother said that she had been tied to a bed when she was in labour and that 'a nun sat on her chest' to make her push. Her mother told her that the nuns did not give her nappies and was 'actively prevented from bonding' with her. Her mother said that she was back 'working in the fields and laundry' two days after giving birth.

Evidence of local people to the Commission

Workman 1980s

19.208 The workman told the Commission that he worked at Sean Ross in the 1980s. He remembered repairing the pillars and chains that delineated the infants' burial ground. He said that the burial ground was in a general state of neglect at that time. The workmen knew that the site was a graveyard but were not told that it was an infants' graveyard. The nuns' graveyard was in much better order than the 'baby plot'.

19.209 The infants' graveyard area was cleared of briars and sprayed with weed killers. Some time later a tractor was brought onto the site to prepare the ground for grass seed. Shortly after this work commenced, he noticed 'lots of small bones' in the ground. He was not present for the rest of the groundwork, but he believes that workers brought a small rotavator onto the site and put down grass seed. He believes that the work to clean up the graveyard was undertaken at the behest of Sister Priscilla.

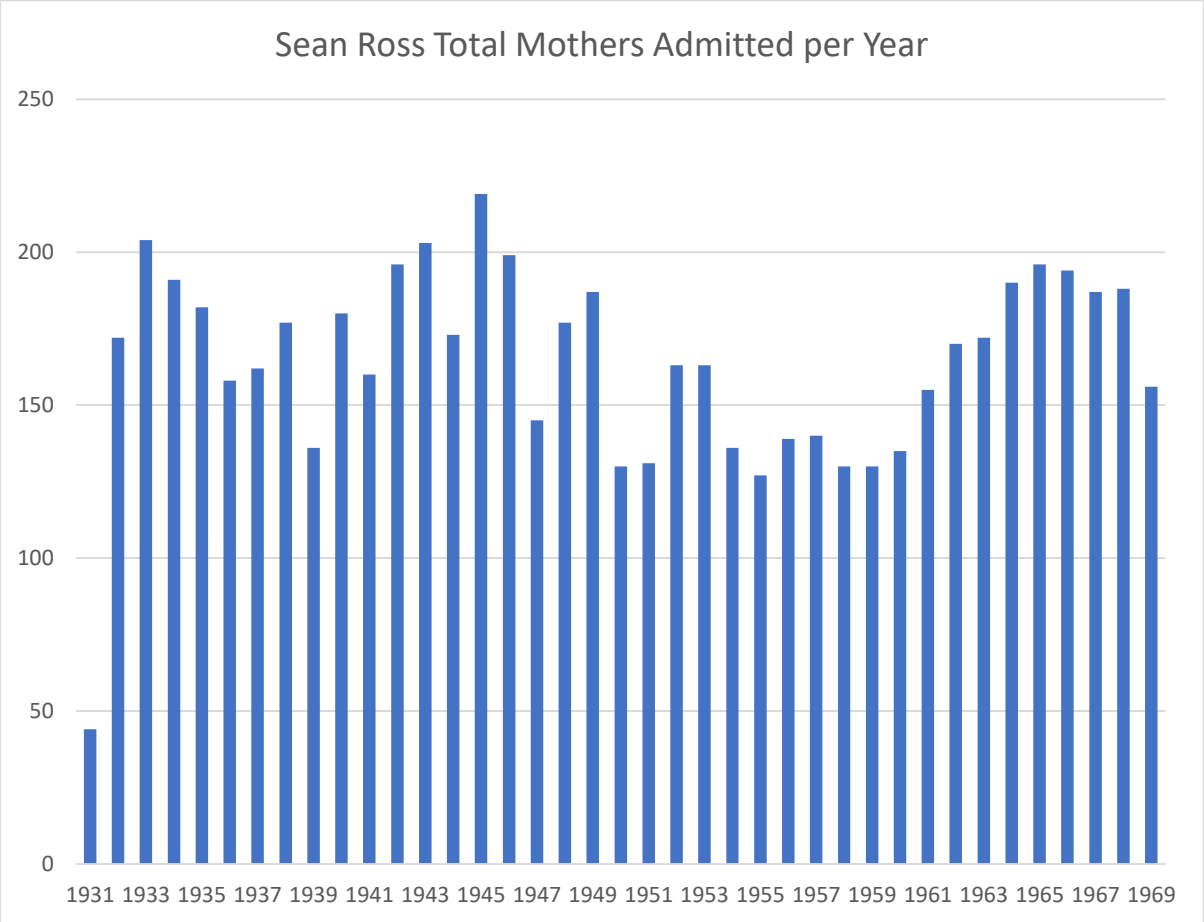
Local resident

19.210 A local resident told the Commission that he was a carpenter and worker with Maher's Undertakers in Roscrea in the mid-1950s. He said that an order came in from the Sean Ross mother and baby home every October for 'six to ten 18-inch to 21-inch coffins'. He knew a man who buried infants at Sean Ross and this man had said that infants at Sean Ross were buried without coffins in 'quick lime'. The local resident believed that the coffins which were ordered from the undertakers where he worked were for children born to the daughters of 'respectable farmers' who would have buried their children in a family plot.

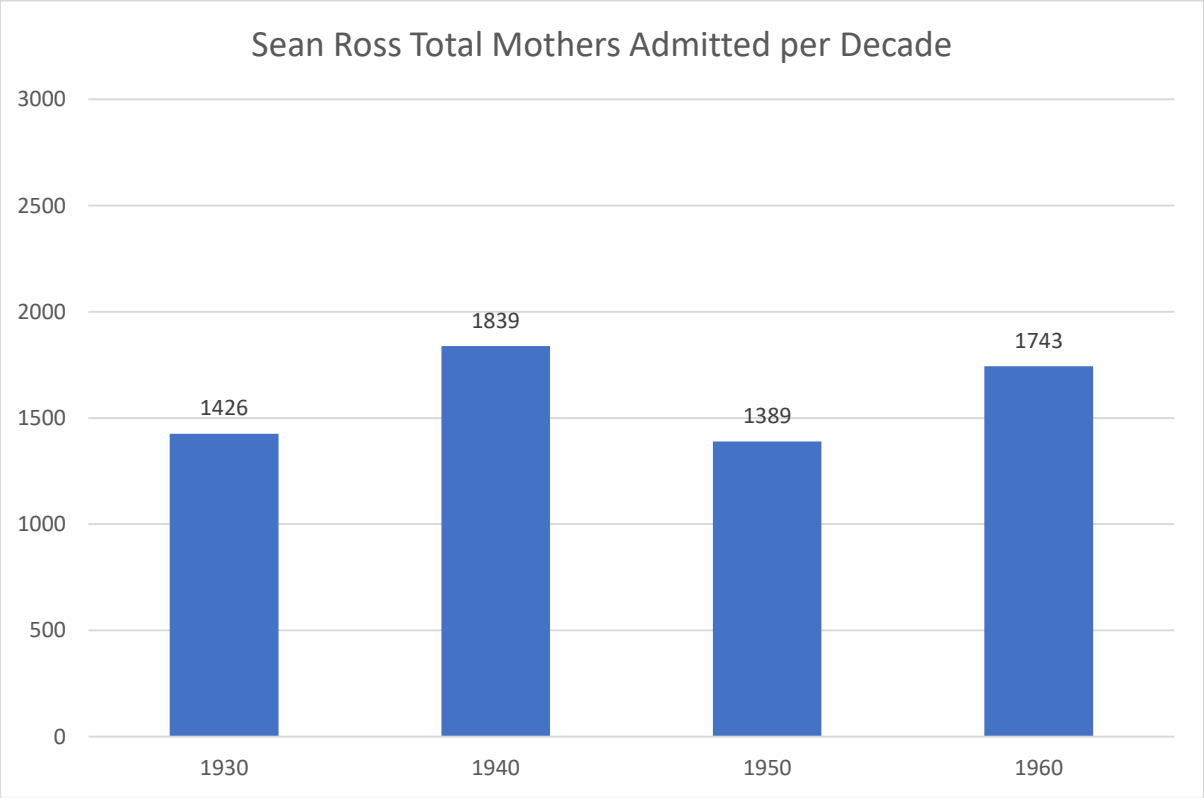
Chapter 19A: Sean Ross Statistical Analysis

The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. However, as is clear from the analysis below, the statistical returns made to the Department of Health by the institution are broadly in line with the Commission's analysis. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions

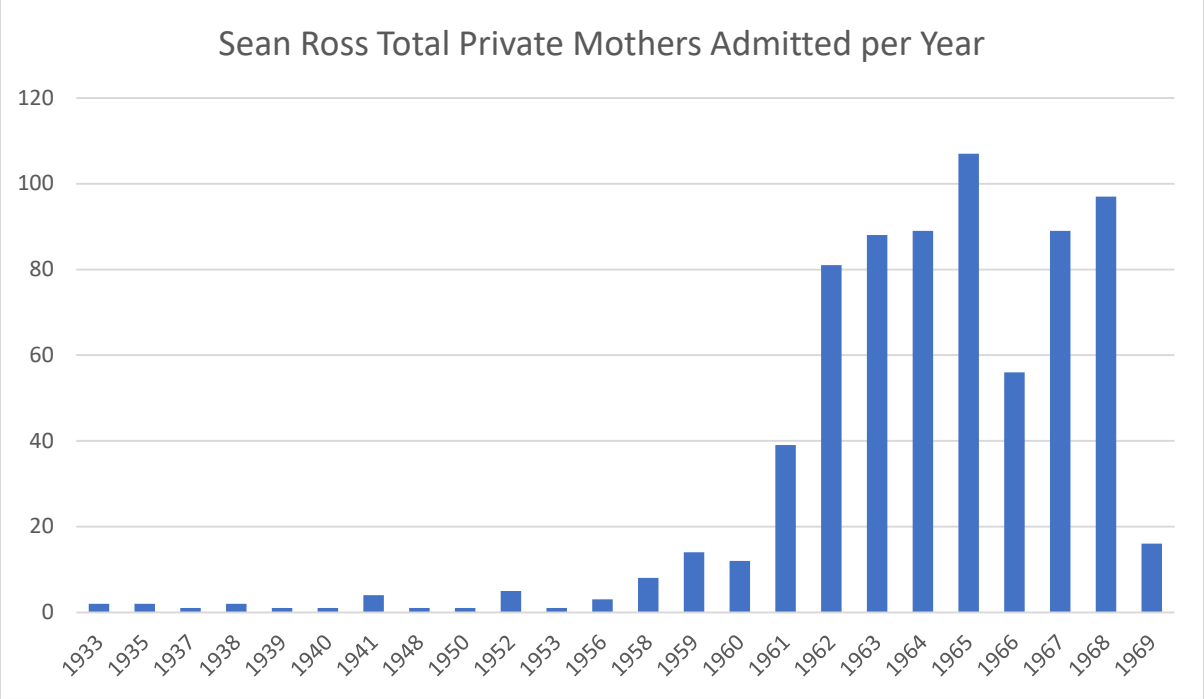


From the institutional records, the Commission identified 6,414 women who were admitted to Sean Ross between 1931 and 1969. Information relating to date of admission was available for 6,397 women (99.7% of admissions). In 1932, its first full year in operation, 172 women were admitted. More than 200 women were admitted in 1933 and numbers remained relatively high throughout the 1930s. Admissions fell in 1939; 136 women were admitted that year. Admissions increased steadily during the war years. By 1945, Sean Ross was extremely overcrowded and, despite reportedly being closed to new admissions for most of the year, 219 women were admitted. Admissions remained high in 1946 when 199 women were admitted. Mirroring trends in other mother and baby homes, admissions to Sean Ross began to decrease in the late 1940s and remained relatively low throughout the 1950s when 139 admissions on average were recorded annually. Admissions began to increase from 1961 and 182 women on average were admitted annually in the years 1962-69.

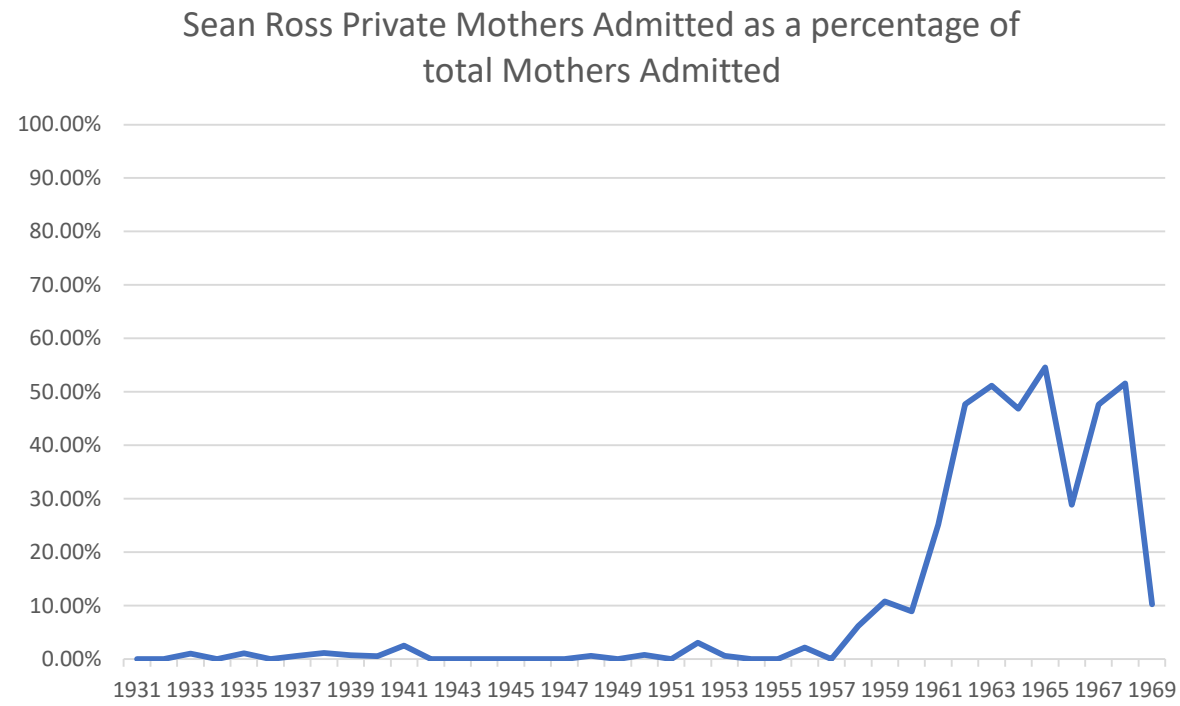


Analysis by decade shows that admissions were most frequent in the 1940s (29%) and the 1960s (27%) followed by the 1930s (22%) and the 1950s (22%).

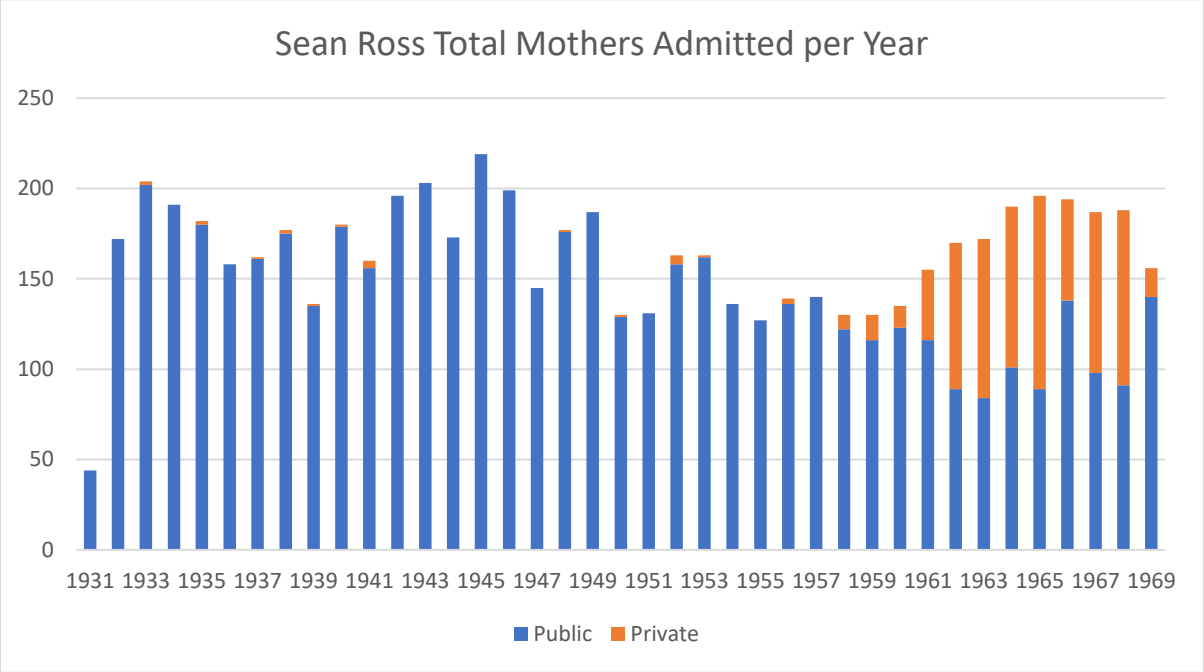
Private patients



The Sean Ross records recorded 721 women as private patients representing 11.2% of all admissions. Information relating to date of admission was available for 720 private patients. Although private patients are identifyable in the institutional records from 1933 their numbers increased dramatically in the early 1960s.



By 1965, private patients accounted for 55% of all admissions to Sean Ross and for around 47% of admissions on average in the years 1962-68.



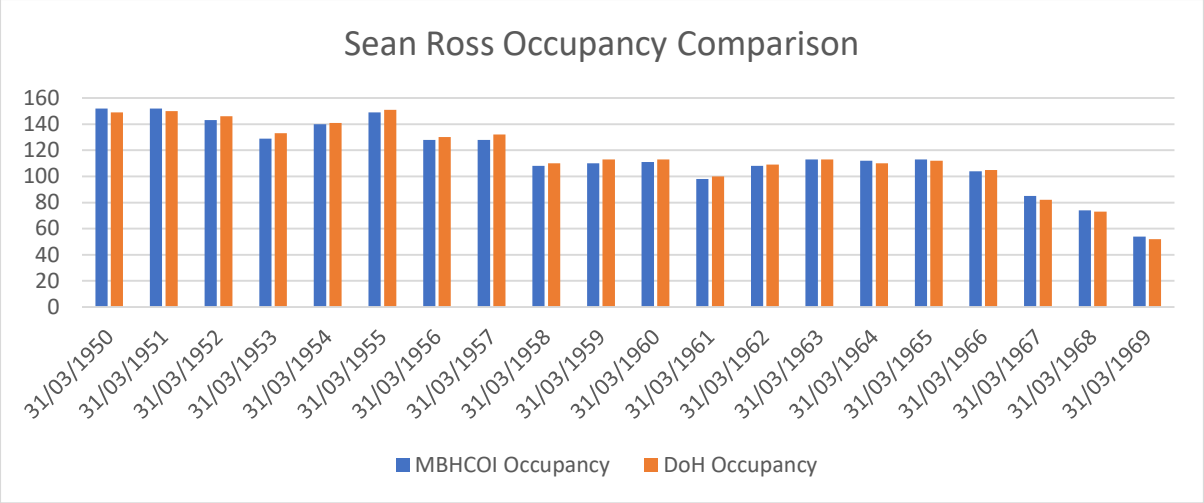
All mother and baby homes experienced increased admissions in the early 1960s. However, it appears that increased admissions to Sean Ross in that period were driven by increased admissions of private patients. The institutional records show that, prior to the 1960s, private patients accounted for a small percentage of admissions. However, for most of the 1960s one in every two women admitted to Sean Ross was a private patient.

Referral pathways

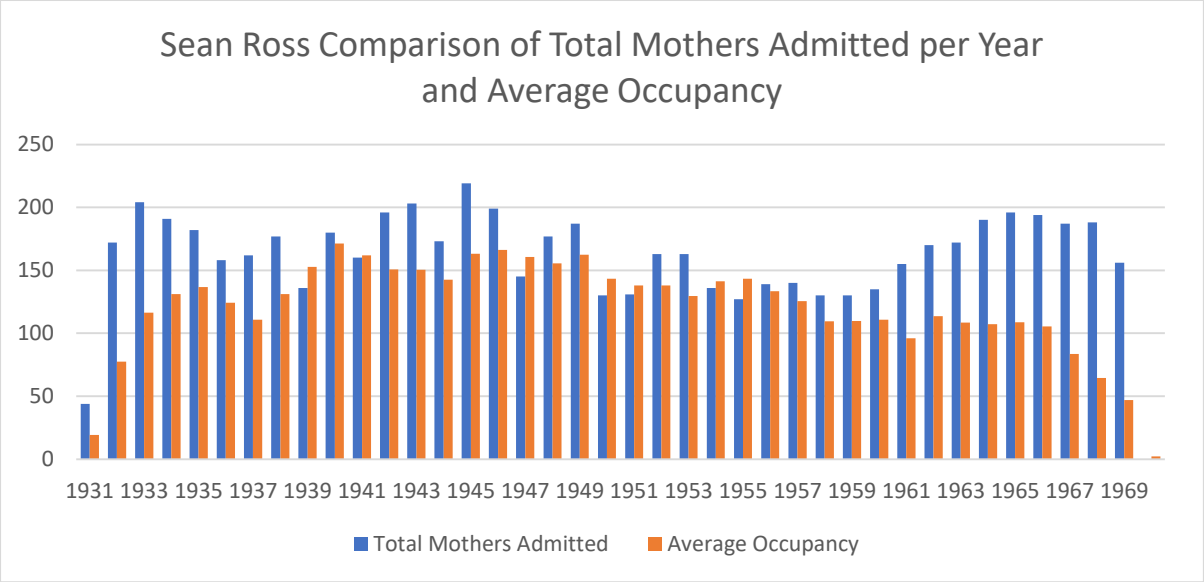
Information relating to referral pathways into Sean Ross was available for just 46 women (0.7% of admissions). The Commission considered this sample size too small to draw conclusions.

Occupancy

Information which facilitated the Commission's calculations relating to occupancy was available for 6,322 women (98.6% of all admissions). Occupancy represents the average number of women present in the institution on any given day.

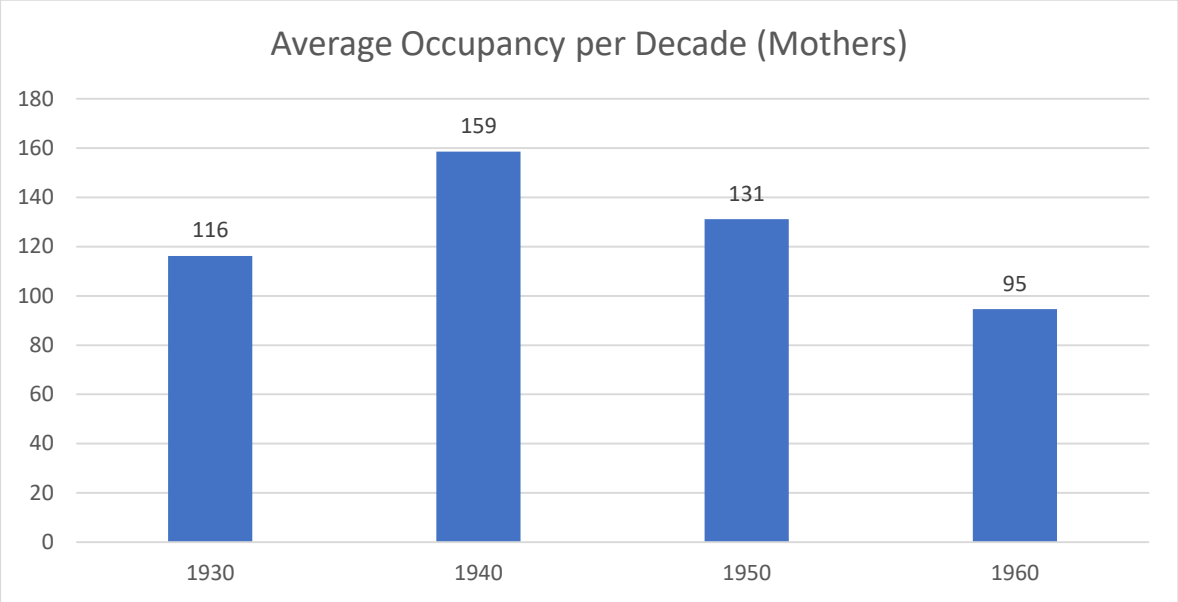


The Commission compared data relating to occupancy derived from institutional records with annual returns sent by Sean Ross to the Department of Health for the years 1950-69. Temporary absences from the institution, such as instances where women were being treated in external hospitals, are not recorded in the Commission's occupancy numbers. No date of admission and/or discharge was available for 1.4% of women and these were excluded from the Commissions calculations. These factors caused the Commission's calculations to fluctuate slightly. Notwithstanding this, the Commission is satisfied that the occupancy rates forwarded by Sean Ross to the Department of Health were broadly in line with rates which the Commissions independently arrived at.



Analysis of occupancy rates against admissions shows that average occupancy in Sean Ross was high from the late 1930s to the late 1950s. In 1939, average occupancy exceeded the number of admissions to Sean Ross for the first time, which suggests that women were staying in the home for longer periods. Admission rates increased during the war years and high average occupancy rates pertained. This led to severe overcrowding in the home from

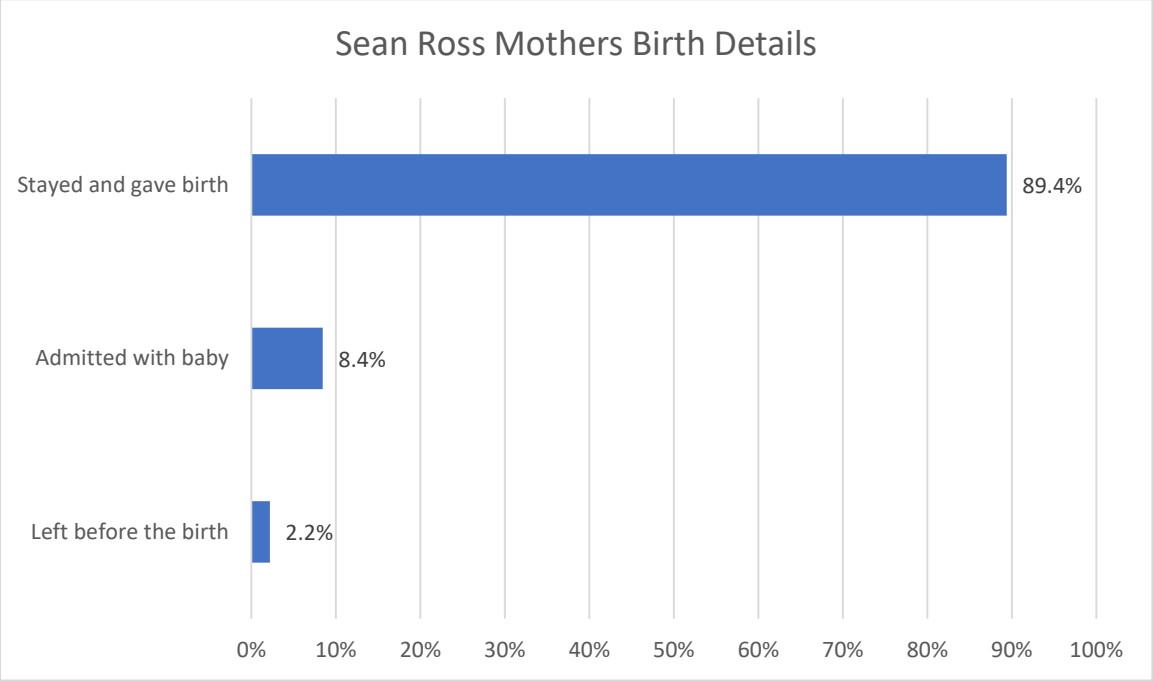
1945-47. High occupancy rates persisted for most of the 1950s and average occupancy regularly exceeded the number of admissions to the home. As was the case in other mother and baby homes, this trend was altered in 1961. Although admissions increased significantly in the 1960s more women were opting to have their child adopted and consequently spent less time in the institution.



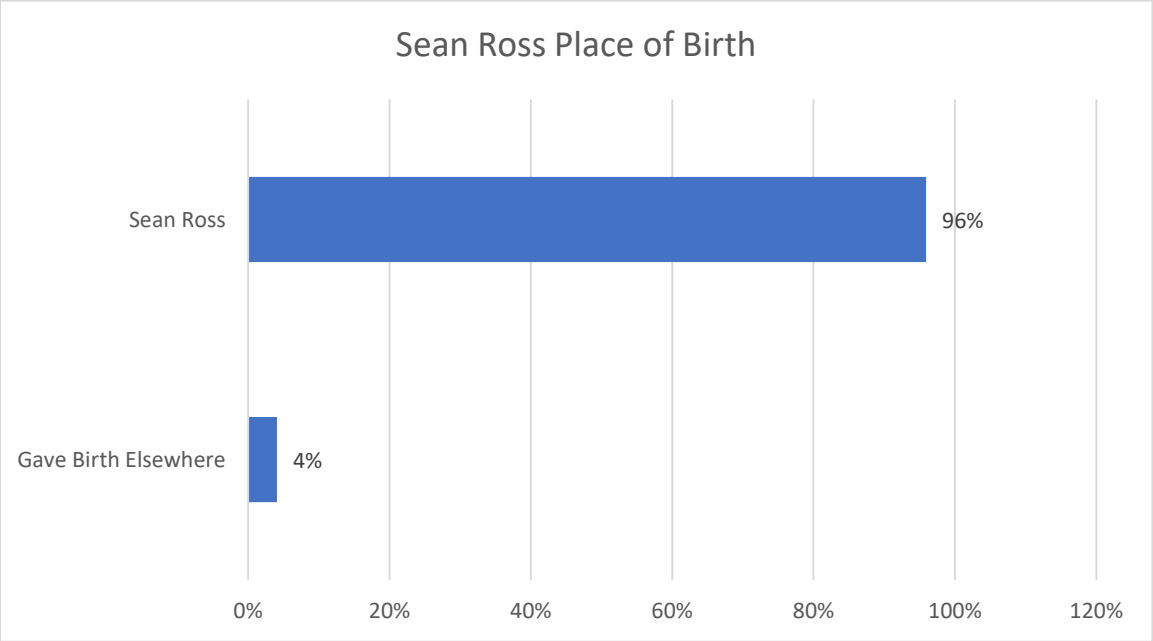
There were similar numbers of women admitted to Sean Ross in the 1940s (1,839) and the 1960s (1,743). A woman admitted to Sean Ross in the 1940s could expect to be living with another 158 women on average. However, a woman admitted to Sean Ross in the 1960s could expect to be living with 94 women on average.

Birth details

Information relating to birth details was available for 6,167 women (96.1% of admissions).



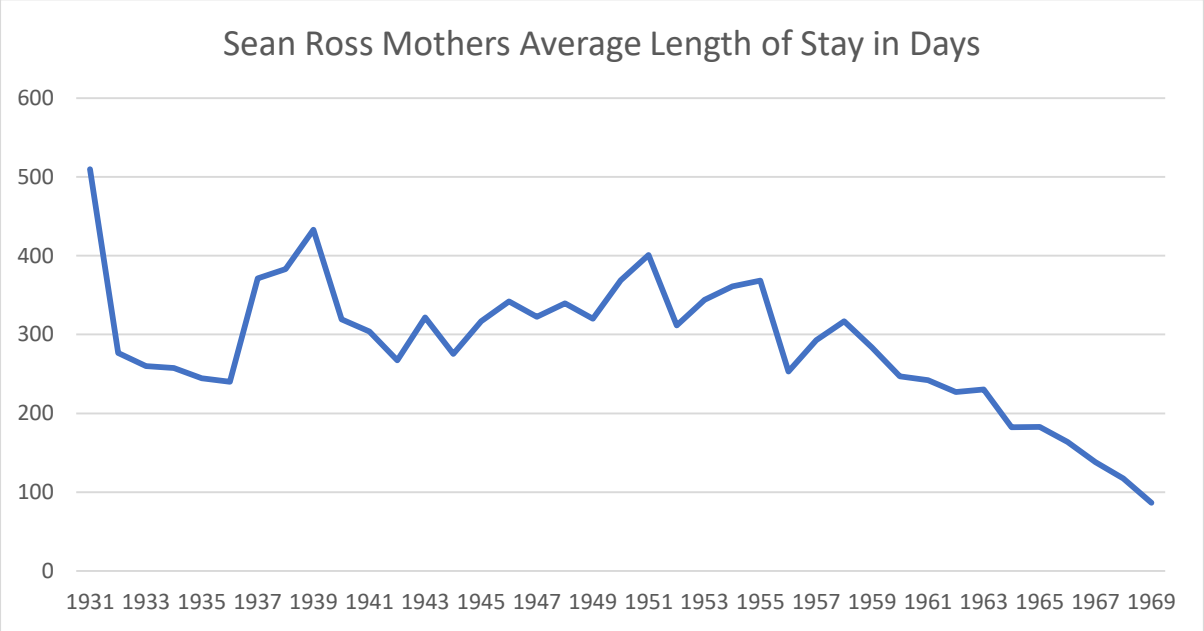
The institutional records show that 89.4% of women admitted to Sean Ross stayed and gave birth there. A further 8.4% were admitted with their baby having given birth elsewhere and 2.2% of admissions left the home before giving birth.



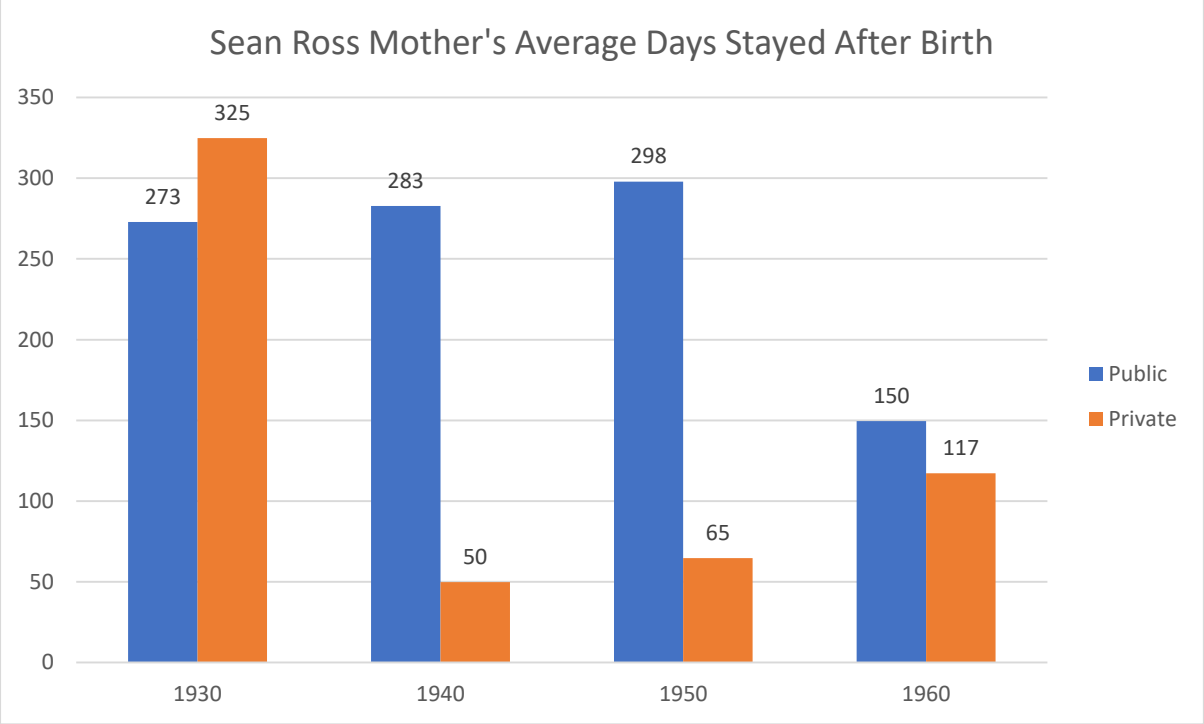
Information relating to place of birth was available for 5,665 women (88.3% of admissions)

Length of stay

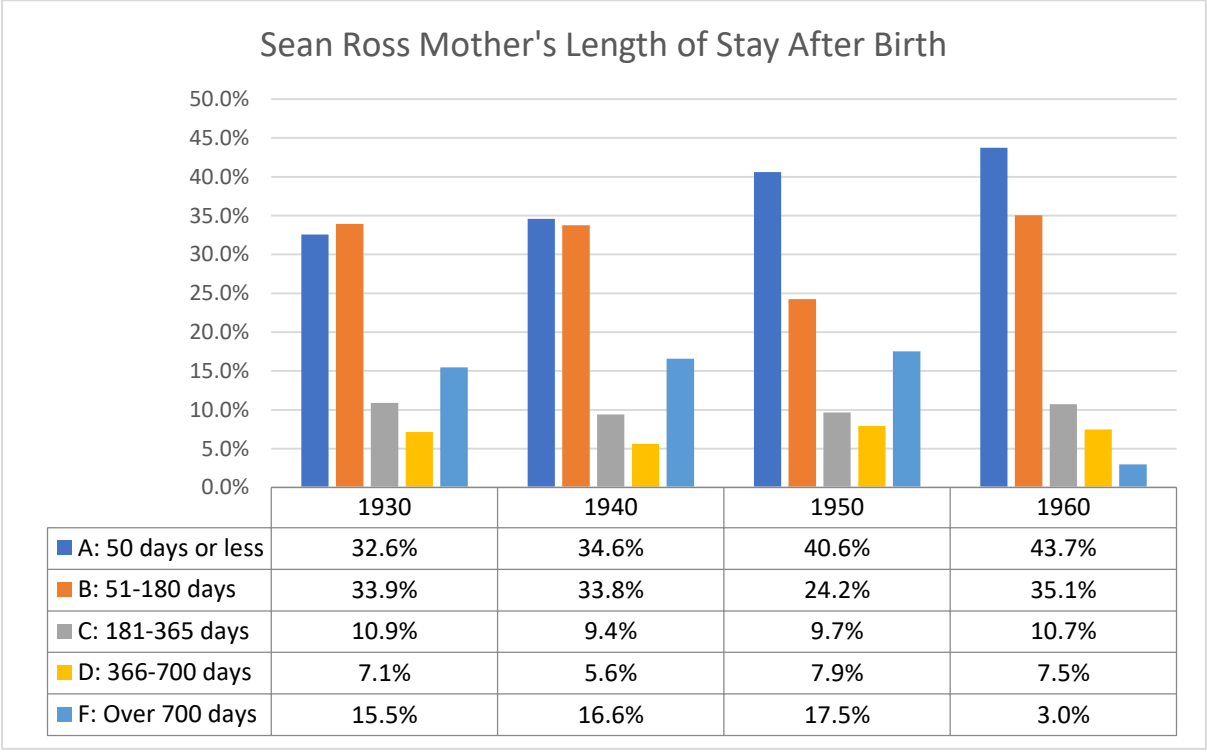
Information relating to length of stay was available for 6,322 women (98.6% of admissions)



The institutional records show that the length of stay in Sean Ross increased substantially from 240 days on average for women admitted in 1936 to 433 days on average for those admitted in 1939 and remained relatively high until the late 1950s. Women admitted in 1951 spent over 400 days on average in the home; this had altered little by 1955 when 369 days was an average stay for women admitted that year. Length of stay shortened dramatically from 1961.



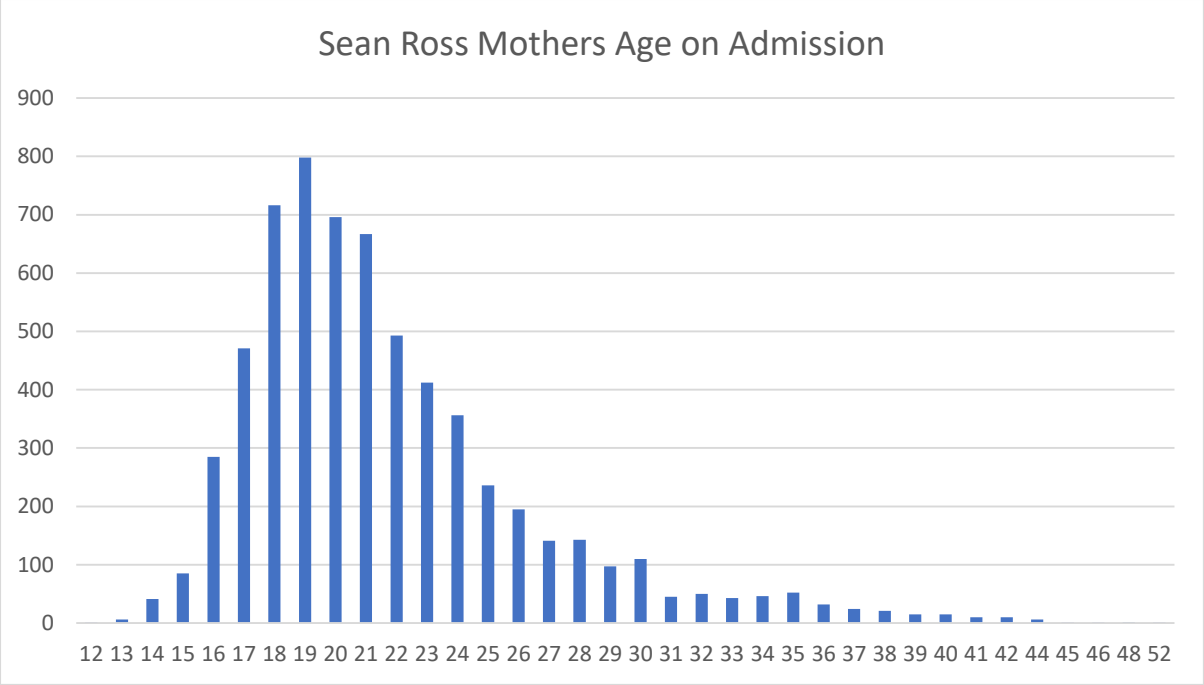
Information relating to the length of stay among private patients shows that they spent far less time in Sean Ross than their public counterparts. Although the statistics suggest that the opposite was true in the 1930s the figures for that decade include two private patients who spent more than three years in the institution. In the 1930s private patients generally left Sean Ross between 24 and 66 days after giving birth. Although the number of private patients admitted to Sean Ross in the 1940s and 1950s was small, it is clear that their stay in the home was of far shorter duration than their public counterparts. Most private patients admitted to Sean Ross were admitted in the 1960s. Although most women opted to place their baby for adoption in this period, public patients spent five months on average after the birth in the home whereas private patients stayed for around four months on average.



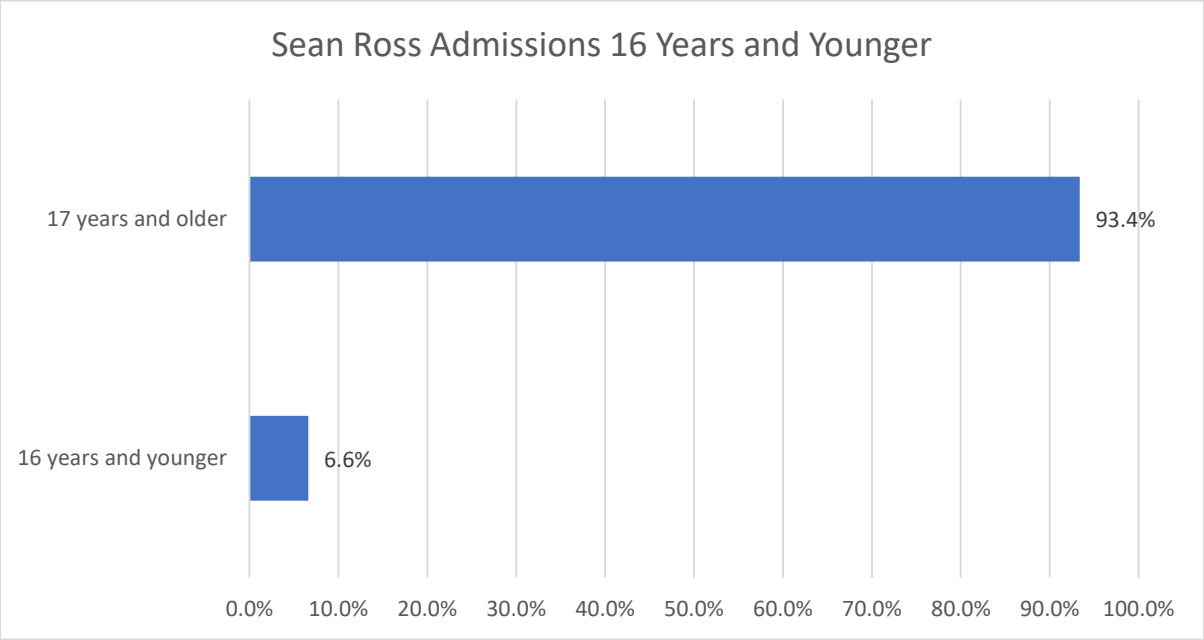
	1930	1940	1950	1960
A: 50 days or less	32.6%	34.6%	40.6%	43.7%
B: 51-180 days	33.9%	33.8%	24.2%	35.1%
C: 181-365 days	10.9%	9.4%	9.7%	10.7%
D: 366-700 days	7.1%	5.6%	7.9%	7.5%
F: Over 700 days	15.5%	16.6%	17.5%	3.0%

Analysis of length of stay after birth shows that in the 1930s almost 33% of women, or one in three, left Sean Ross within 50 days of giving birth; by the 1960s almost 44% left within 50 days. In the 1930s, 66.5% of women, or two in three, left Sean Ross within six months of giving birth; by the 1960s almost 79% left within six months. In the 1930s 15.5% of women spent more than two years in Sean Ross after giving birth. This figure increased to 16.6% in the 1940s and to 17.5% in the 1950s. However, by the 1960s just 3% of women spent more than two years in the home.

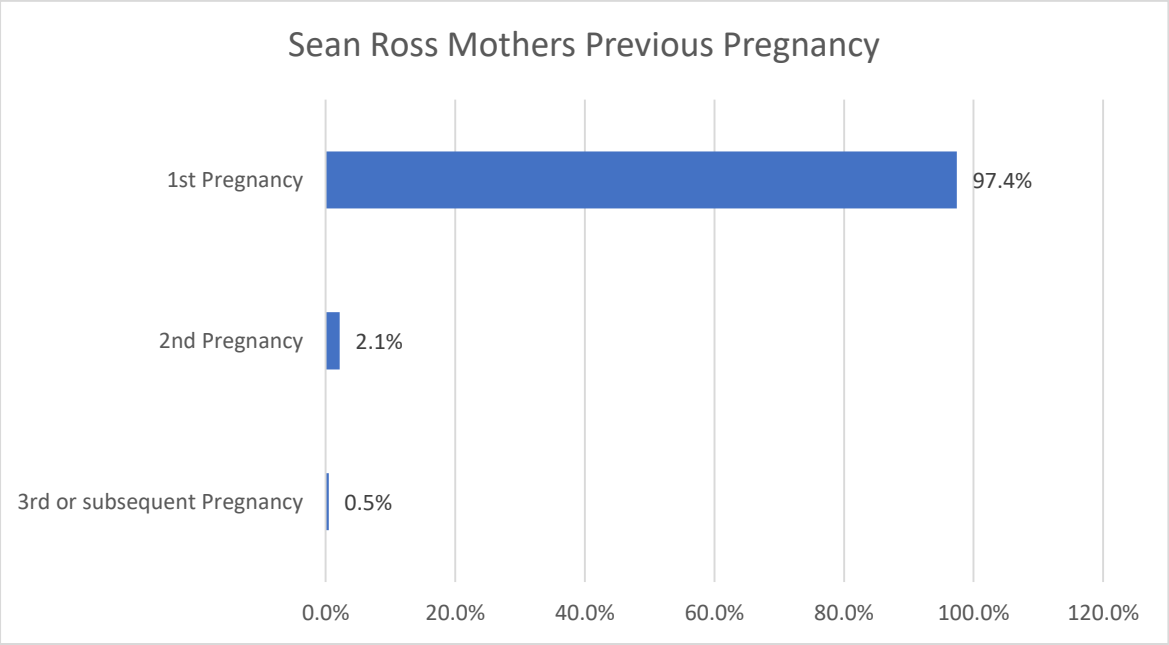
Age on admission



Information relating to age on admission was available for 6,323 women (98.6% of admissions). Age on admission ranged from 12 to 52 years. The average age on admission was 22 years. The mode of age on admission was 19 years. Most women (87.5%) were aged between 17 and 30 years on admission; 5.9% were between 31 and 52 years and 6.6% were aged between 12 and 16 years.

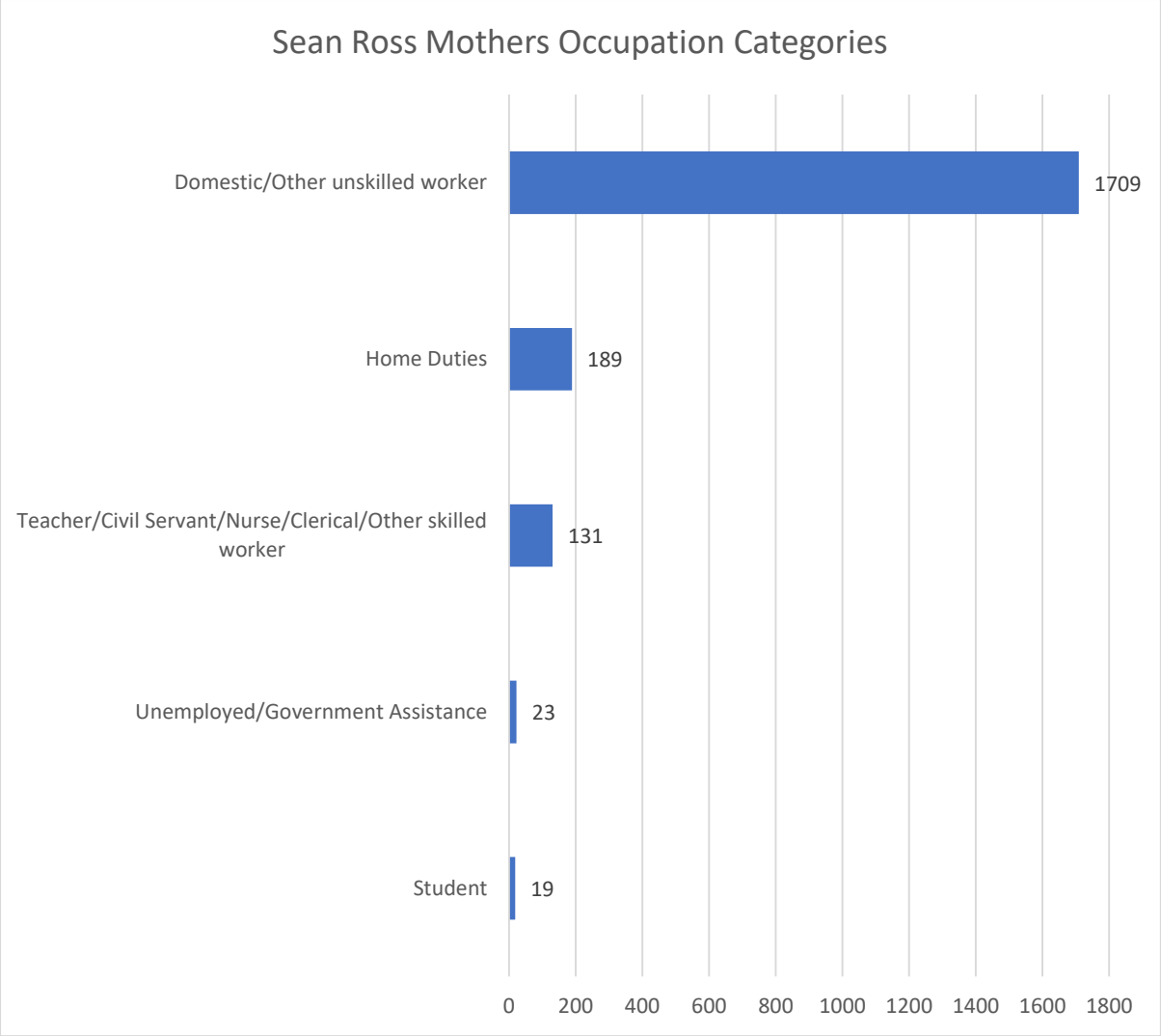


Previous pregnancy



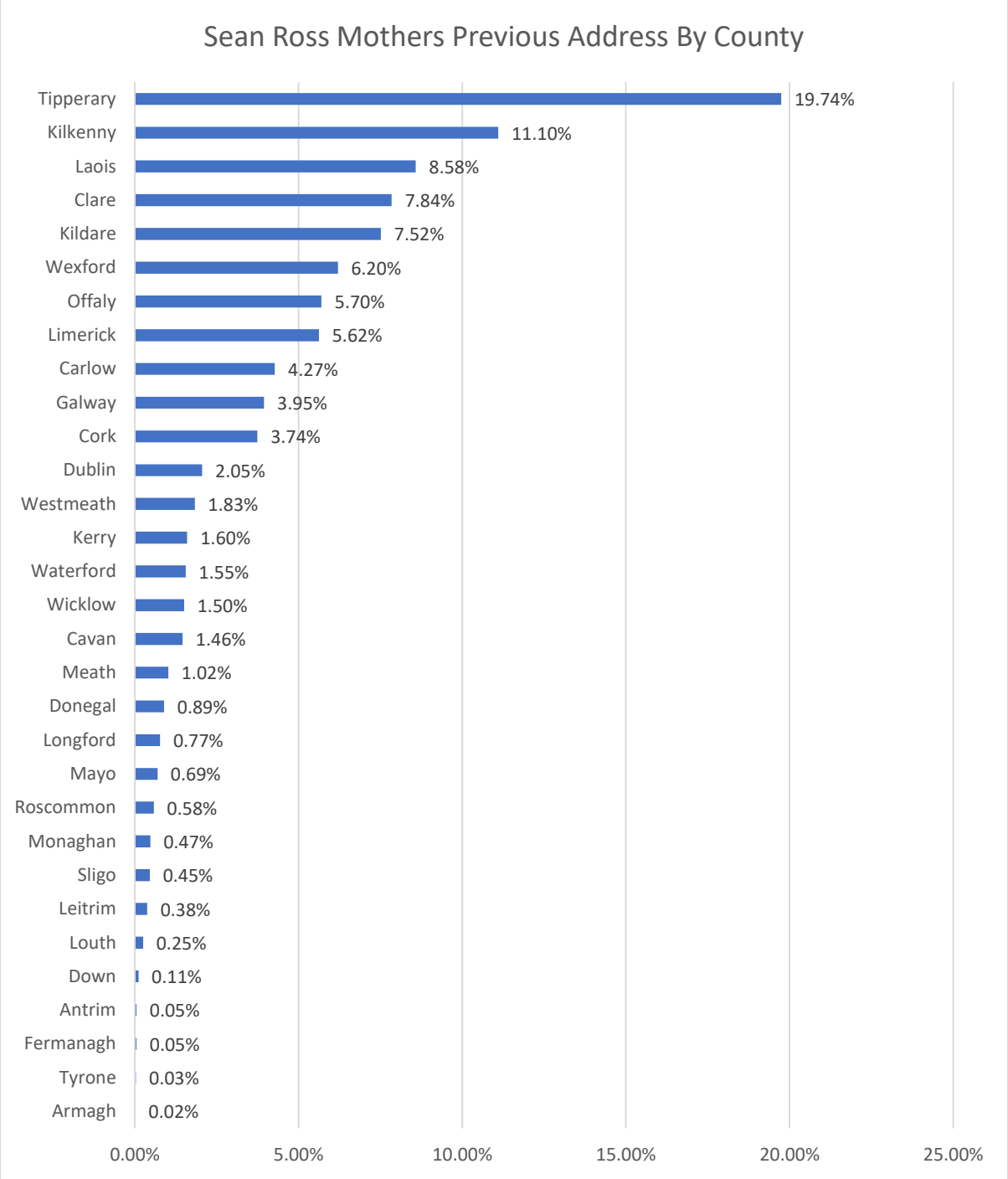
Information relating to previous pregnancy was available for 1,728 women (26.9% of admissions). The sample shows that most women (97.4%) were admitted on their first pregnancy; 2.1% were admitted on their second pregnancy and 0.5% were admitted on their third or subsequent pregnancy.

Occupations



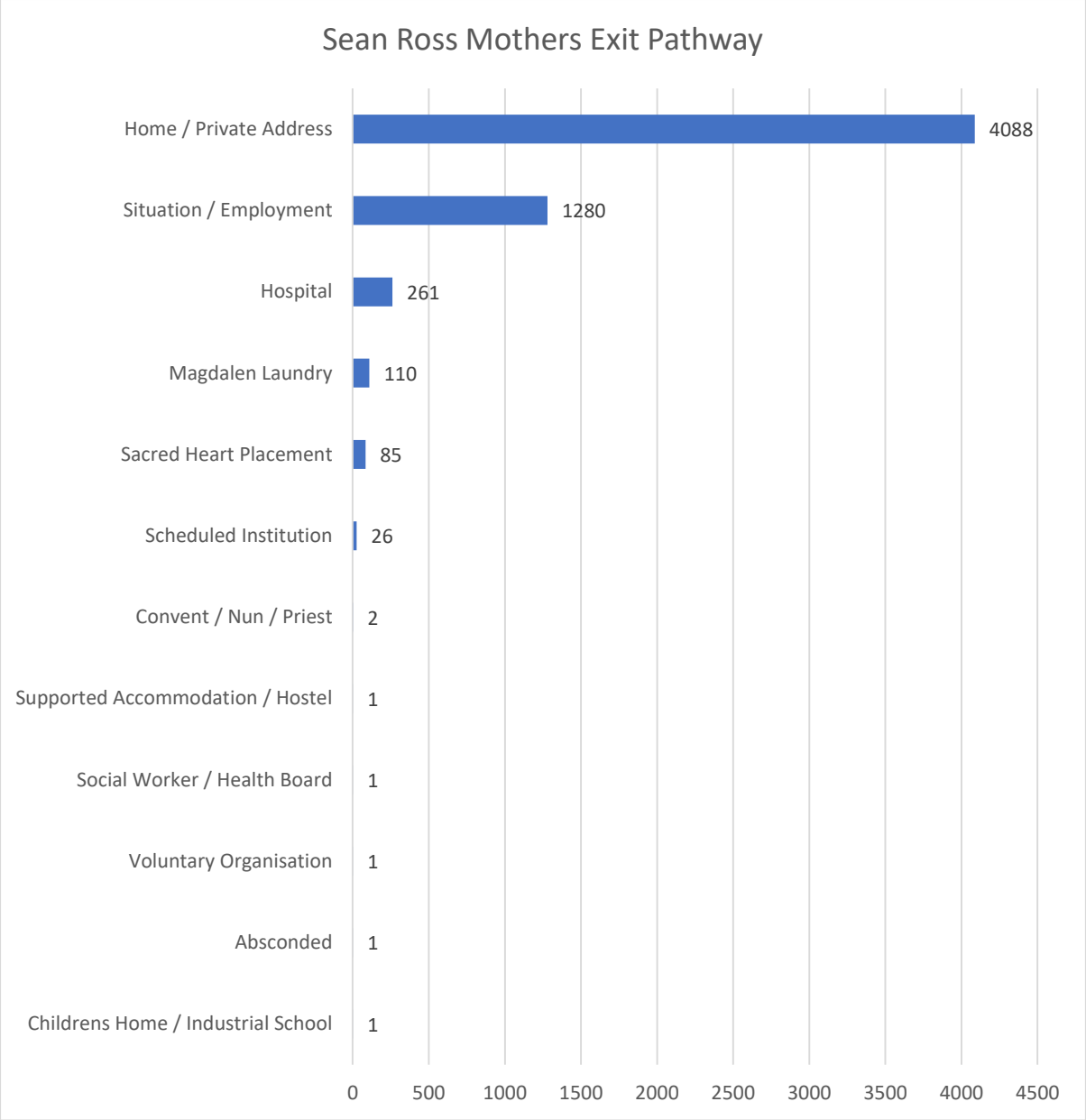
Information relating to occupations was available for 2,071 women (32.3% of admissions). Most women (82.5%) were recorded as domestic servants or unskilled workers; 9% were engaged in home duties or working on the family farm; 6% were recorded as teacher/civil servant/nurse/clerical/other skilled worker; 1% were unemployed or in receipt of state benefit and 1% were in full time education. Admissions from the civil servant/skilled worker category were most frequent in the 1960s; 52% of whom were private patients. Similarly, admissions of women working in the family home or on the family farm also increased sharply in the 1960s; 43% of whom were private patients. Increased admissions from these two cohorts in the 1960s may partially explain the increased admissions of private patients.

Previous address by county



Information relating to address prior to admission was available for 6,387 women (99.6% of admissions). Institutional records show that women admitted to Sean Ross gave addresses in all 32 counties. Almost 20% gave an address in Tipperary followed by Kilkenny, 11.1%; Laois, 8.6%; Clare, 7.8%; Kildare, 7.5%; Wexford, 6.2%; Offaly, 5.7%; Limerick, 5.6%; Carlow, 4.3%; Galway, 4%; Cork, 3.7% and Dublin, 2%. The remaining counties combined accounted for around 14% of admissions.

Mothers Exit Pathways



Information relating to exit pathways from Sean Ross was available for 5,857 women (91.3% of admissions). Institutional records show that most women (69.8%) returned home or were discharged to a private address; 21.85% were discharged to employment; 4.46% transferred to hospital; 1.88% were discharged to a Magdalen Laundry; 1.45% were placed in situations by the Congregation of the Sacred Hearts and 0.44% transferred to another institution under the Commission's remit (generally Kilkenny County Home).

Annual statistical returns furnished by Sean Ross to the Department of Health for the years 1951-69 inclusive allow for further analysis of exit pathways in this period and show how the introduction of legal adoption altered trends. For instance, in 1951 around one in ten women were discharged directly to employment; by 1969 over one in seven were discharged in this manner. These records also show that 54% of women who returned to the family home in this period took their babies with them; 46% of women returned to the family home while their babies remained in Sean Ross.

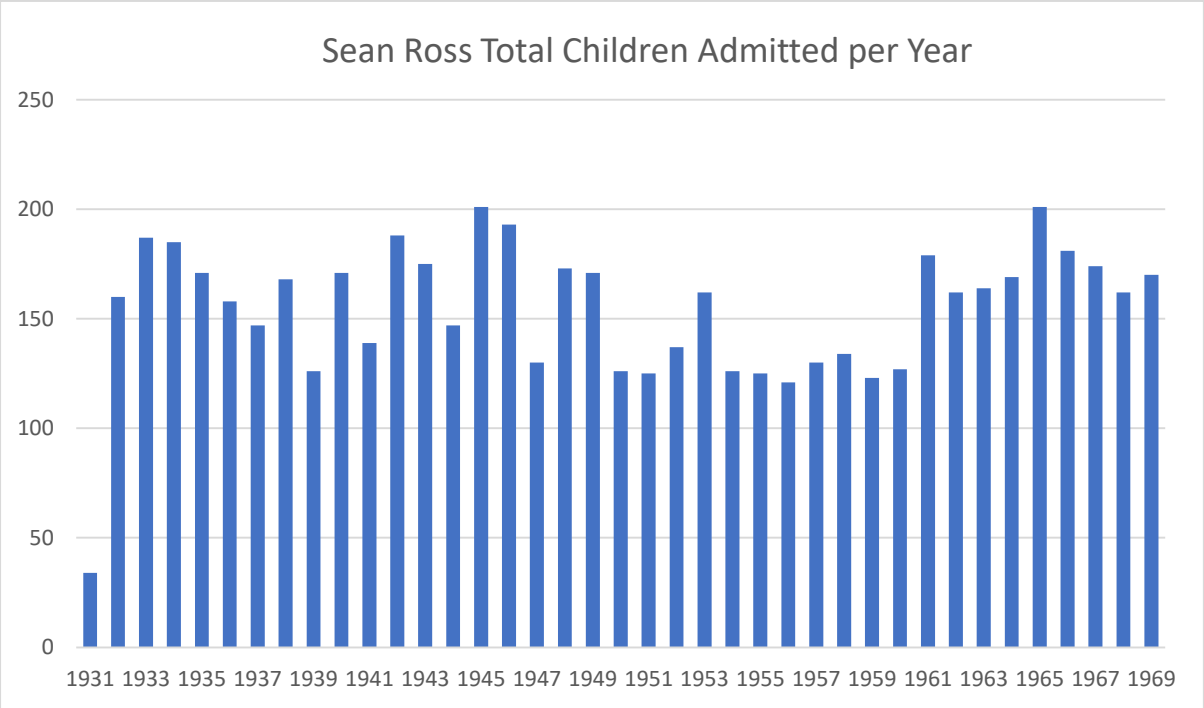
Maternal Deaths

Through the institutional records, the Commission identified 37 deaths among women admitted to Sean Ross: representing a mortality rate of 0.58%. Sixteen deaths occurred in external hospitals. Fourteen deaths were not associated with pregnancy or childbirth - half of these were due to typhoid and the remainder were, in the main, due to tuberculosis. Eight deaths were indirect obstetric deaths in the sense that they were conditions that developed during pregnancy, were aggravated by the physiological effects of pregnancy and generally resulted in cardiac failure. Fifteen deaths were directly associated with pregnancy and childbirth. Direct obstetric deaths were due to eclampsia, puerperal sepsis, toxaemia, nephritis and coronary embolism and thrombosis. Adhering to WHO guidelines the maternal mortality rate in Sean Ross was 0.35%.[1]

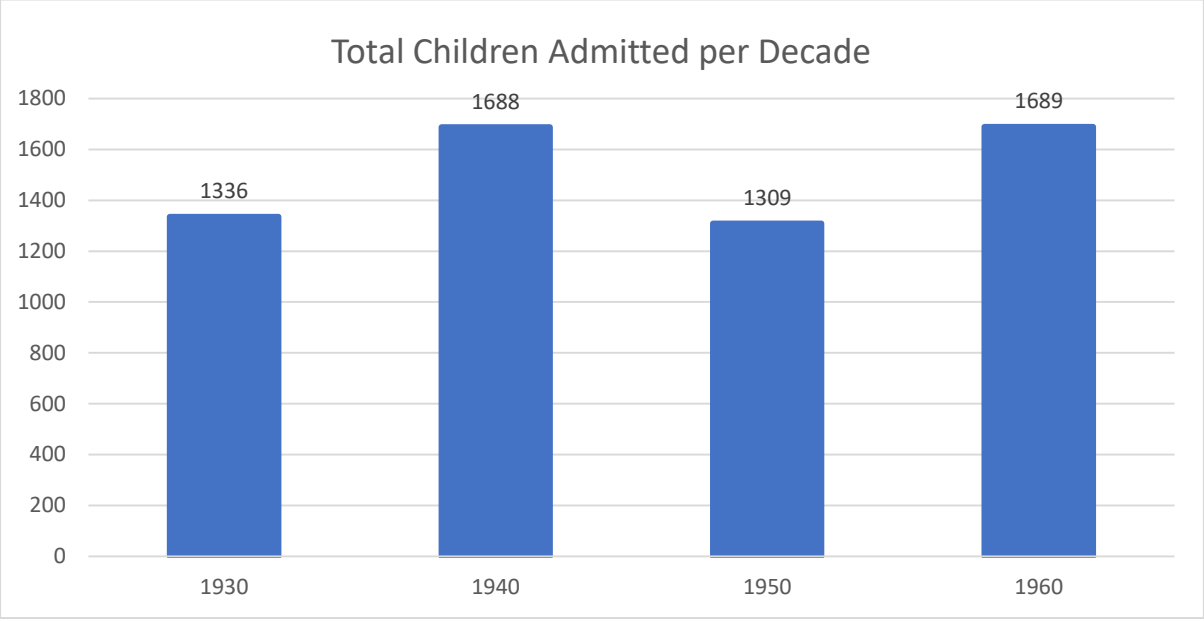
[1] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

Sean Ross: Children

The institutional records show that 6,079 children were born in or admitted to Sean Ross. Date of birth/admission was available for 6,022 children (99% of births/admissions).

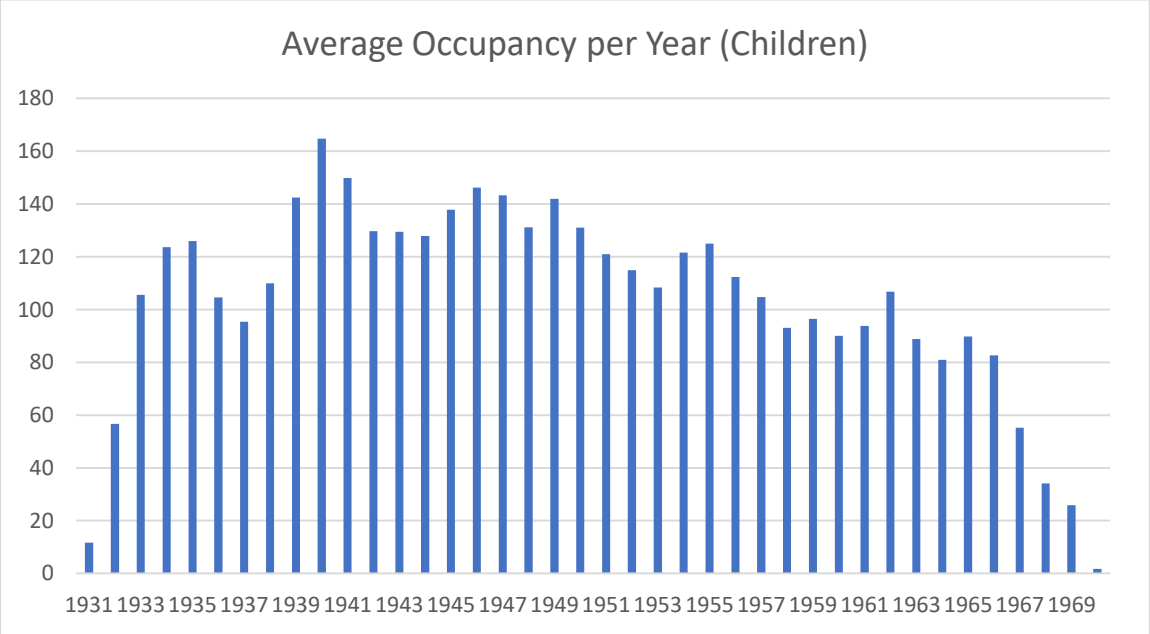


Births and child admissions to Sean Ross were consistently high throughout the 1930s and early 1940s and peaked in 1945 when 201 children were recorded. Although births and admissions decreased somewhat in the 1950s, numbers began to increase from 1961 and peaked in 1965 when 201 children were again recorded. It would appear that Sean Ross was busiest in the decade prior to its closure.

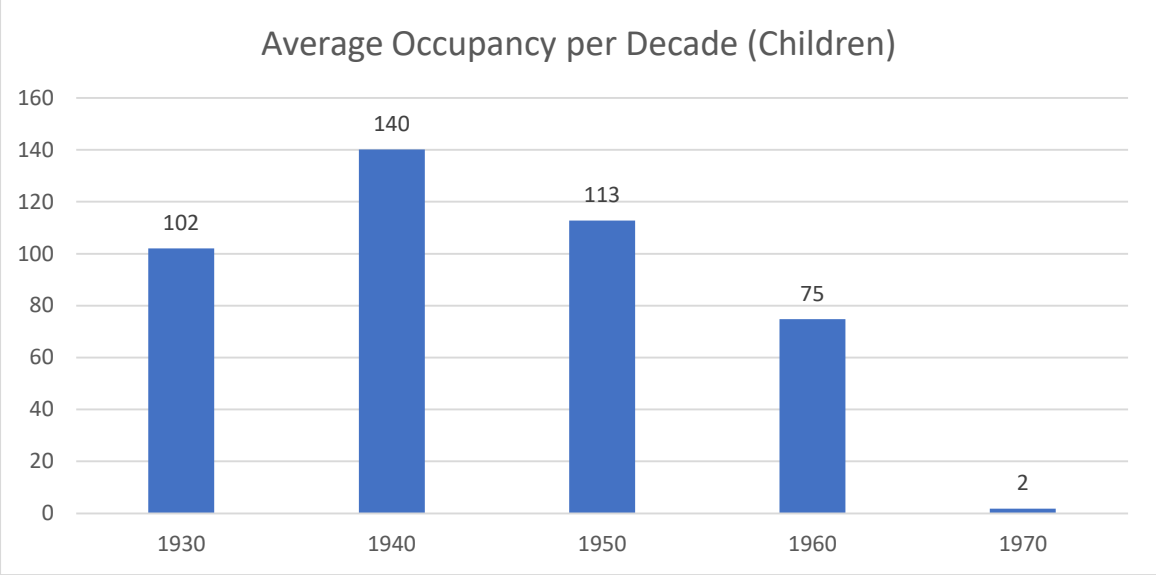


Child Occupancy

Information relating to child occupancy was available for 5,935 children (97.6% of births/admissions). Occupancy relates to the number of children who were living in Sean Ross on any given day.

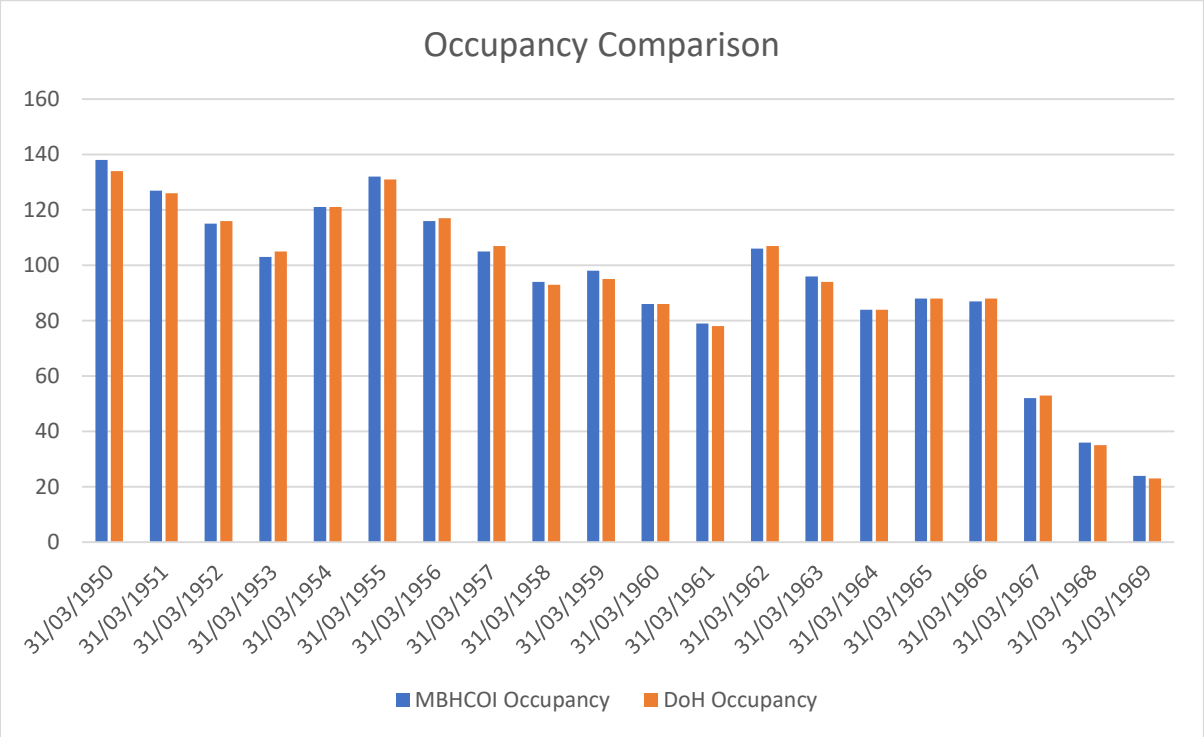


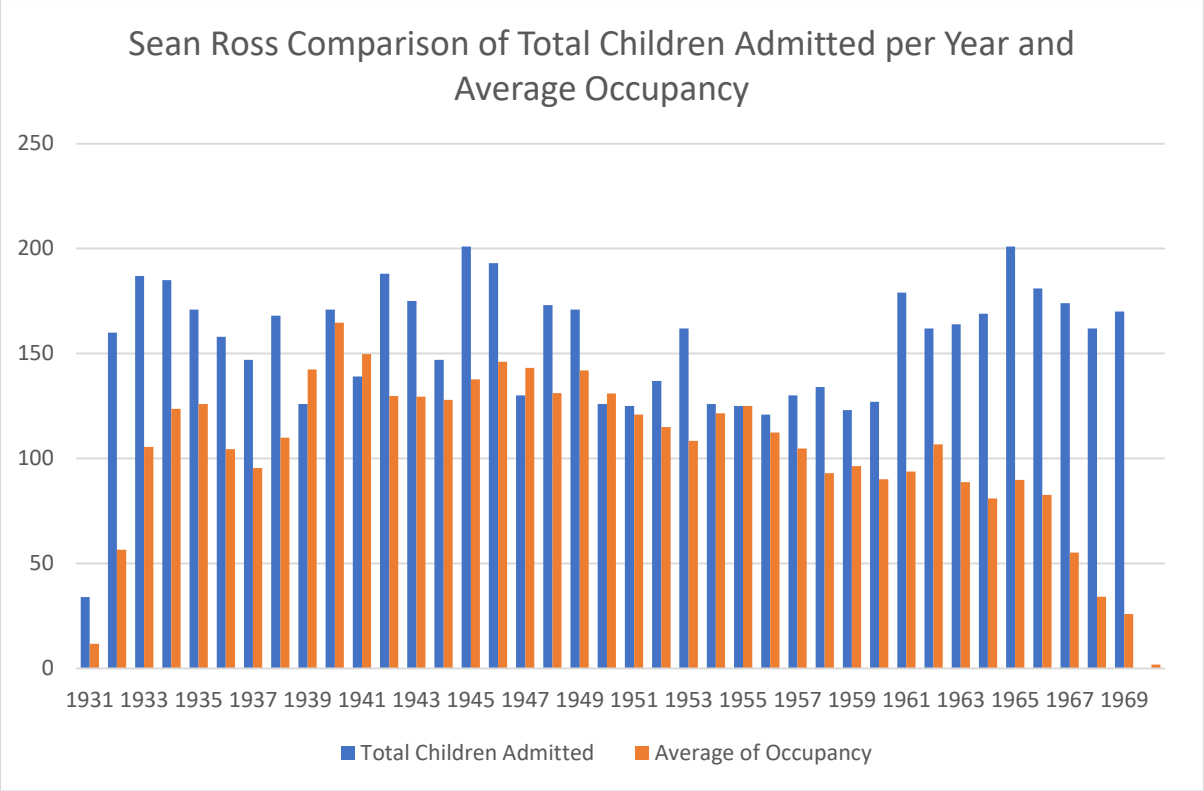
The institutional records show that occupancy rates in Sean Ross were particularly high in the 1940s when 140 children on average were living in the home on any given day and peaked in 1940 when 165 children on average were living in the home. In the 1960s, the same number of children were born in or admitted to Sean Ross as the 1940s. However, occupancy rates in the 1960s were almost half that recorded in the 1940s.



Occupancy Comparison

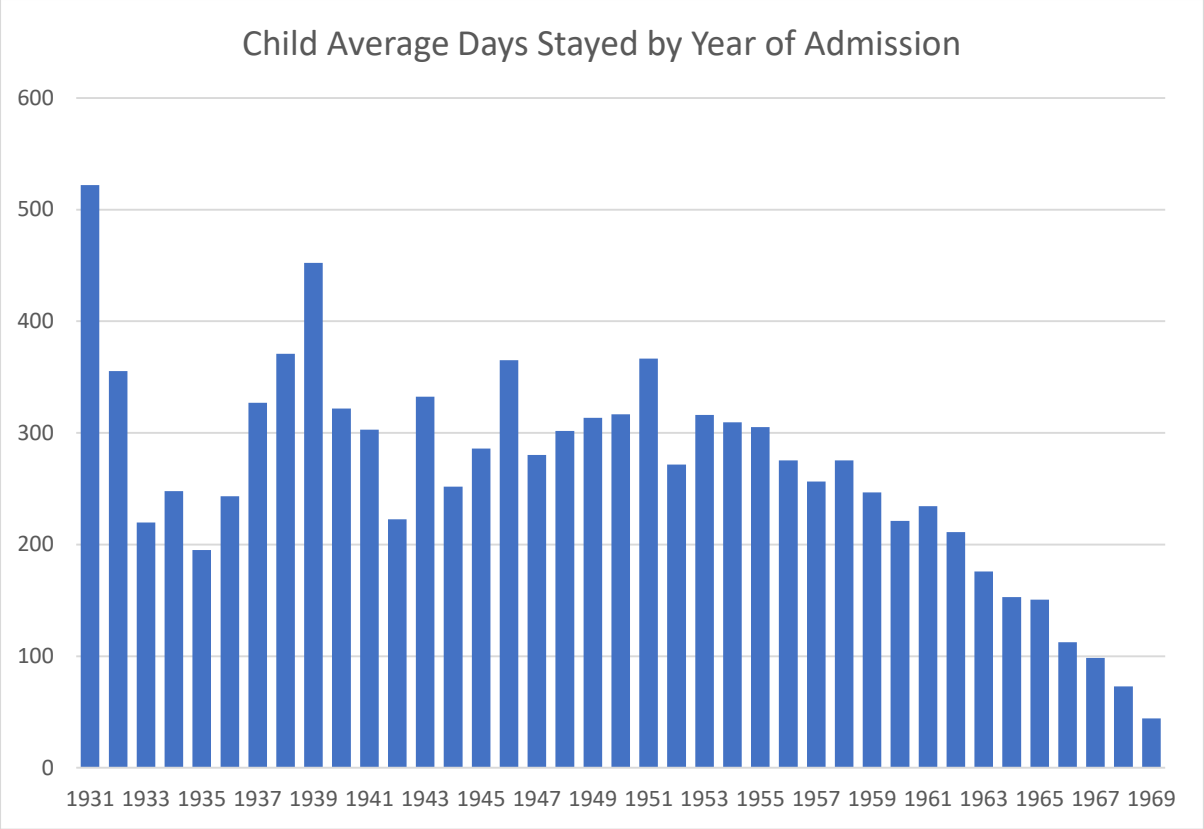
Annual statistical returns furnished by Sean Ross to the Department of Health for the years 1950-69 facilitated a comparison with occupancy rates independently established by the Commission and those notified by the Sisters of the Sacred Hearts. Occupancy rates established by the Commission may vary slightly as they do not take temporary absences from the institution, such as children transferred to hospital for treatment, into account. Children without a date of admission and/or discharge (2.4%) were also excluded from the Commissions calculations. Notwithstanding this, it is clear that the occupancy rates established by the Commission are broadly in line with those notified by Sean Ross to the Department of Health in this period.





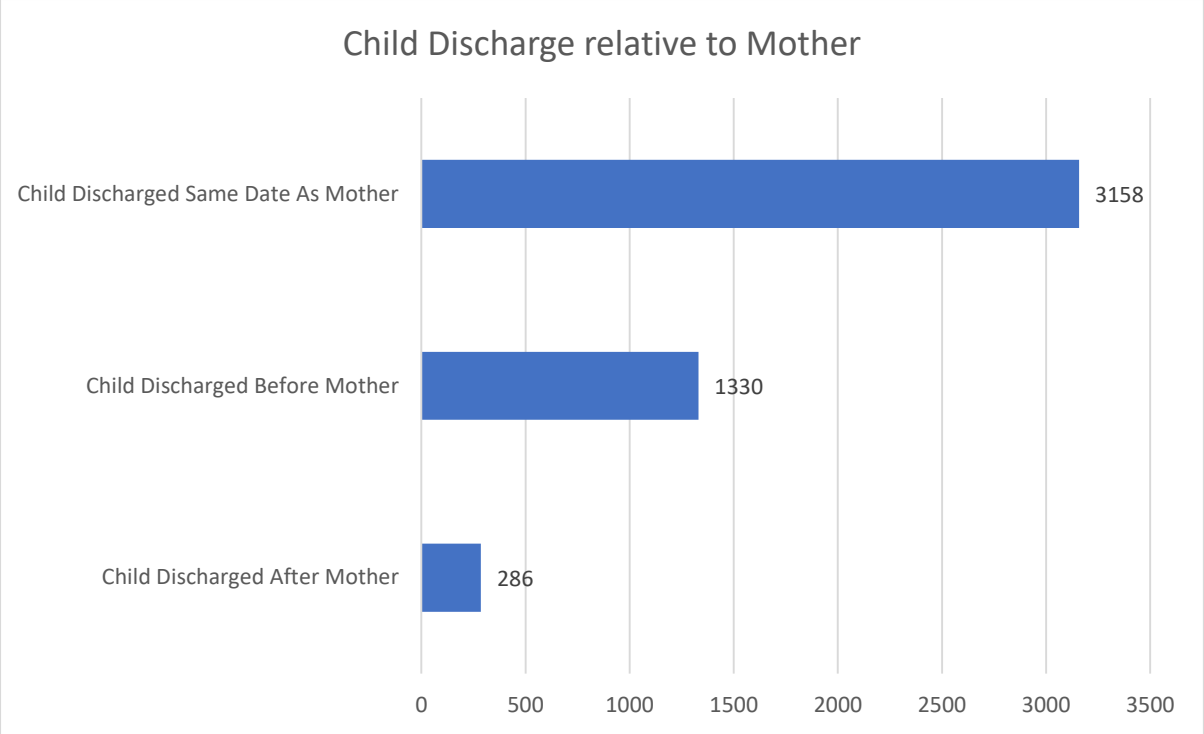
The institutional records show that occupancy rates were high in the 1940s and, although births/admissions decreased in the 1950s, occupancy rates remained relatively high. In 1954 and 1955 in particular, average occupancy was almost on par with average births/admissions. This suggests that children were in the home for prolonged periods in those years. Although births/admissions increased substantially from 1961, occupancy rates began to decrease. This trend continued throughout the 1960s.

Child Length of stay



Information relating to length of stay in Sean Ross was available for 5,935 children (97.9% of births/admissions). Children born in or admitted to the institution in 1931 spent 522 days on average there. While some children born/admitted in 1931 spent less than 50 days in the home, others remained there for over four years. For children born or admitted in 1935 the average stay had reduced to 195 days but increased substantially for those born or admitted in 1939 when children spent 452 days on average in the home - some children born/admitted that year spent as little as eight days in Sean Ross while others remained there for over five years. Although the average length of stay for children born/admitted in 1942 decreased to 222 days, an upward trend can be identified until 1951 when the average stay for children born/admitted that year was 367 days. Average length of stay declined steadily from then falling to 44 days on average for children born/admitted in 1969. The available information relating to children born to private patients, which relates mainly to the 1960s, suggests that they spent considerably less time in the home than children born to public patients.

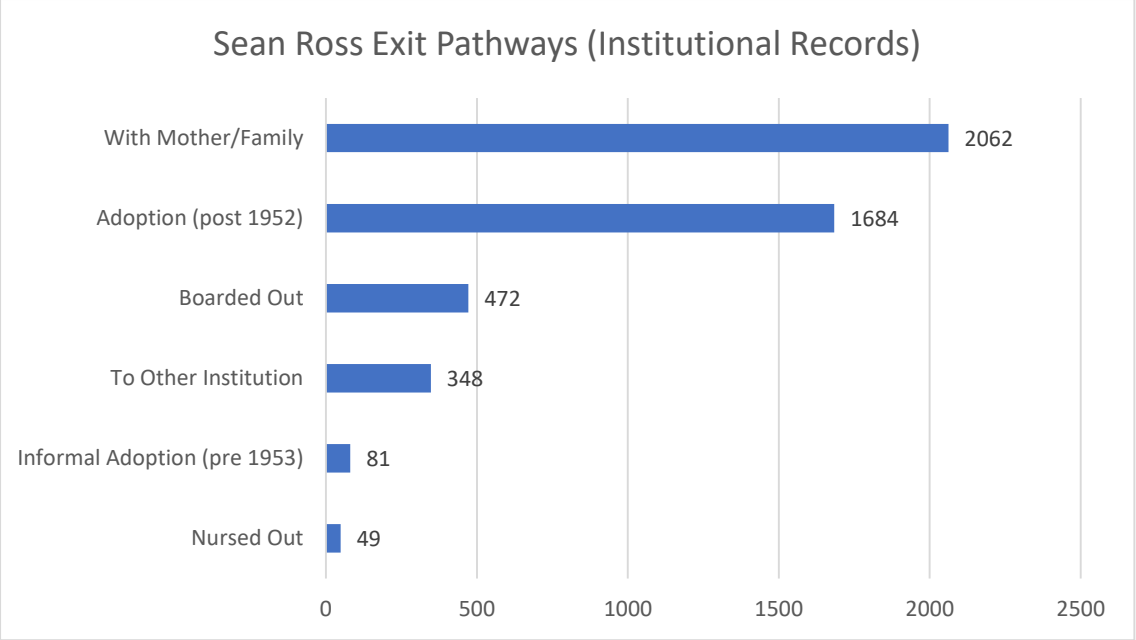
Child discharge relative to mother



Information relating to the child's date of discharge relative to the mothers' date of discharge was available for 4,774 children (78.5% of admissions).[2] The institutional records show that most children (66%) left Sean Ross on the same day as their mothers; 28% were discharged before their mothers and 6% remained in the home for a period after their mothers' discharge.

[2] The 1,016 infants and children who died in Sean Ross are excluded from this figure.

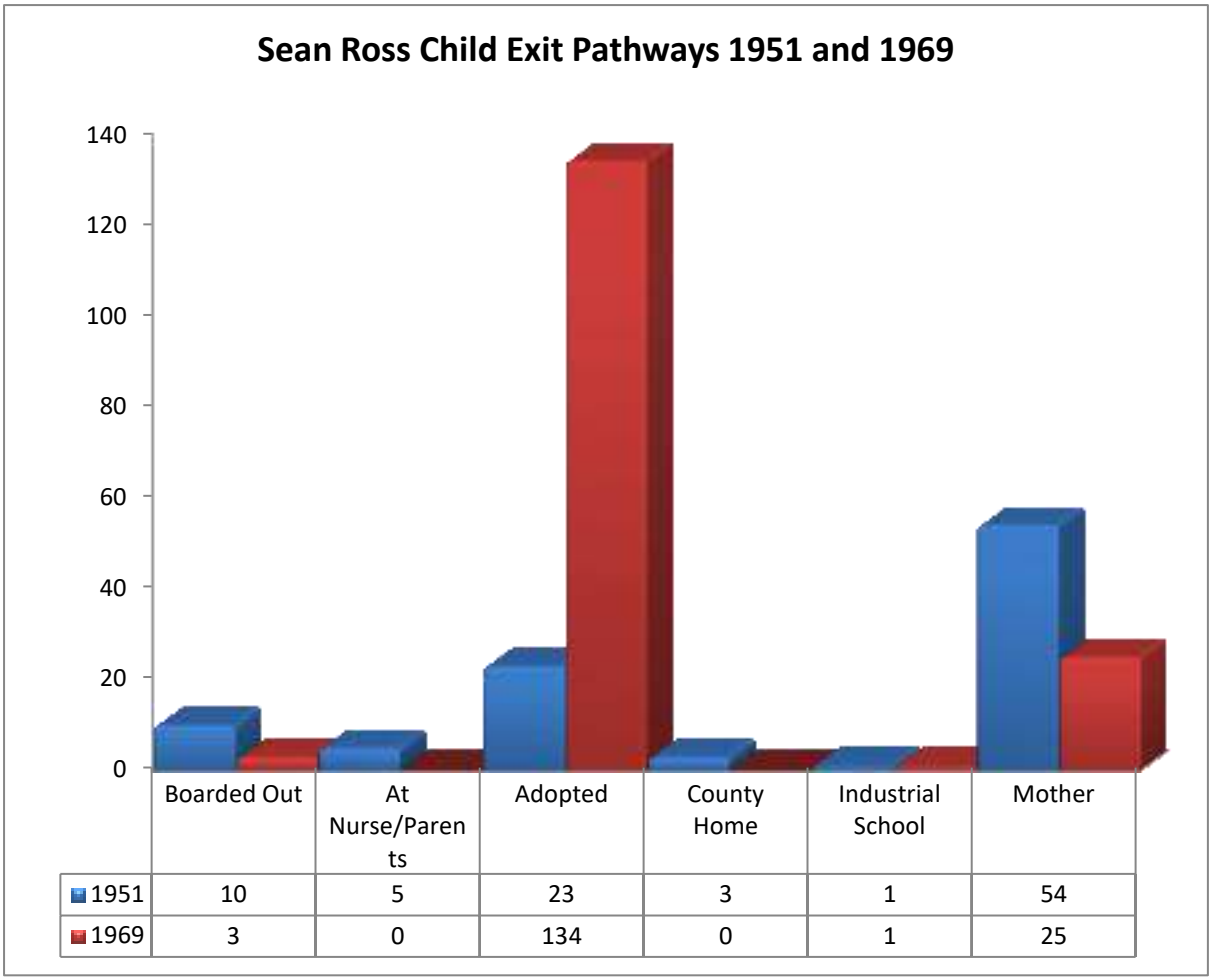
Child Exit pathways



Information relating to child exit pathways from Sean Ross was available for 4,696 children (77.3% of births/admissions). The institutional records show that 43.9% of children left the home with their mothers or another family member; 35.9% were legally adopted; 10.1% were boarded out; 7.4% transferred to other institutions; 1.7% were informally adopted and 1% were placed at nurse.

In the 1930s and 1940s most children discharged from Sean Ross either left the home with their mothers or were boarded out. Although discharge with the mother remained as the most common exit pathway in the 1950s legal adoption had displaced boarding out as an exit pathway. By the 1960s legal adoption accounted for almost 74% of child exit pathways and the number of children leaving the institution with their mothers declined from almost 66% in the 1940s to just under 19% in the 1960s.

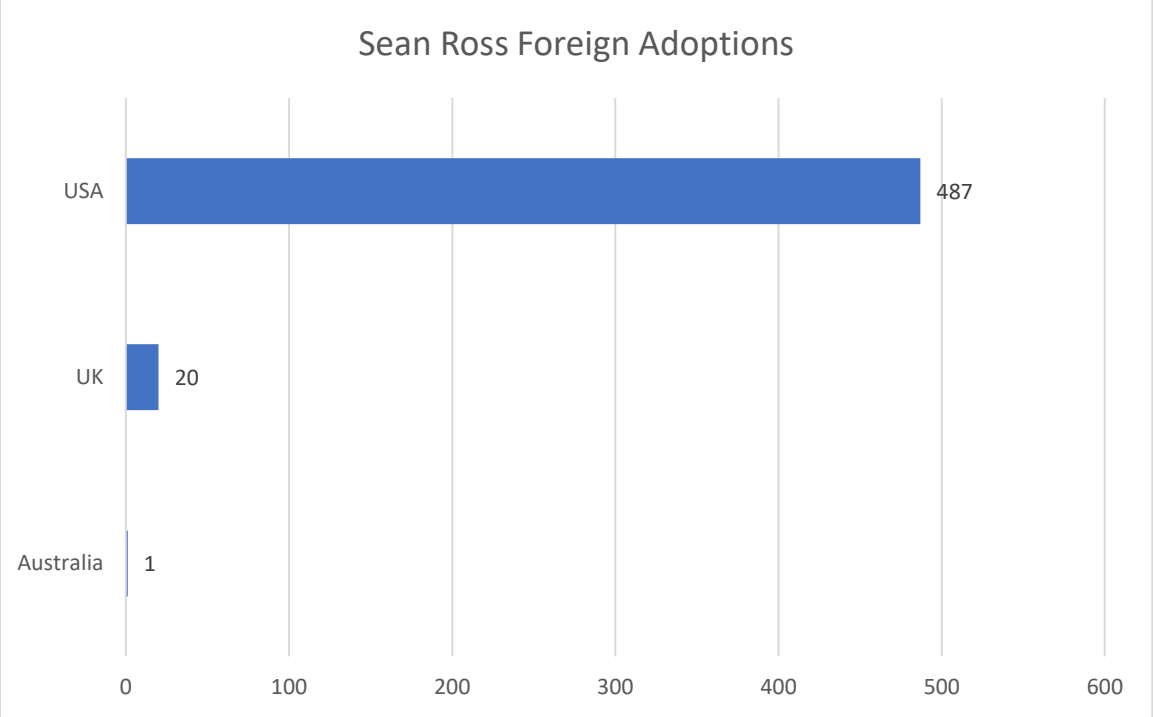
A set of annual statistical returns furnished by Sean Ross to the Department of Health for the years 1951-69 show how the introduction of legal adoption in 1952 altered child exit pathway trends.



	Boarded Out	At Nurse/Parents	Adopted	County Home	Industrial School	Mother
1951	10	5	23	3	1	54
1969	3	0	134	0	1	25

The most obvious change was in the number of children discharged to adoptive parents. The figure for 1951 relates to informal adoptions and represents the second most common exit pathway at that time. Following the availability of legal adoption from 1953, it became the most significant exit pathway and by 1969 over 80% of children were discharged from Sean Ross via this pathway. In 1951 the main child exit pathway (over 50%) was recorded as discharge with the mother. However, by 1969 just 15% of children were discharged from Sean Ross in this manner. In 1951 around 1 in 10 children were discharged from Sean Ross to a local authority boarding out scheme. By 1969 less than 1 in 50 children were discharged via this route. The practice of discharging children to a county home with a view to securing foster homes under the boarding out system was a common exit pathway prior to the introduction of legal adoption. However, this practice had ceased altogether by 1969. Similarly, private nursed out arrangements, a popular pre-1950 option among women who had the means to do so, did not feature as an exit pathway in 1969. Although industrial schools still featured as an exit pathway in 1969 just 1 in 165 children was discharged from Sean Ross in this fashion.

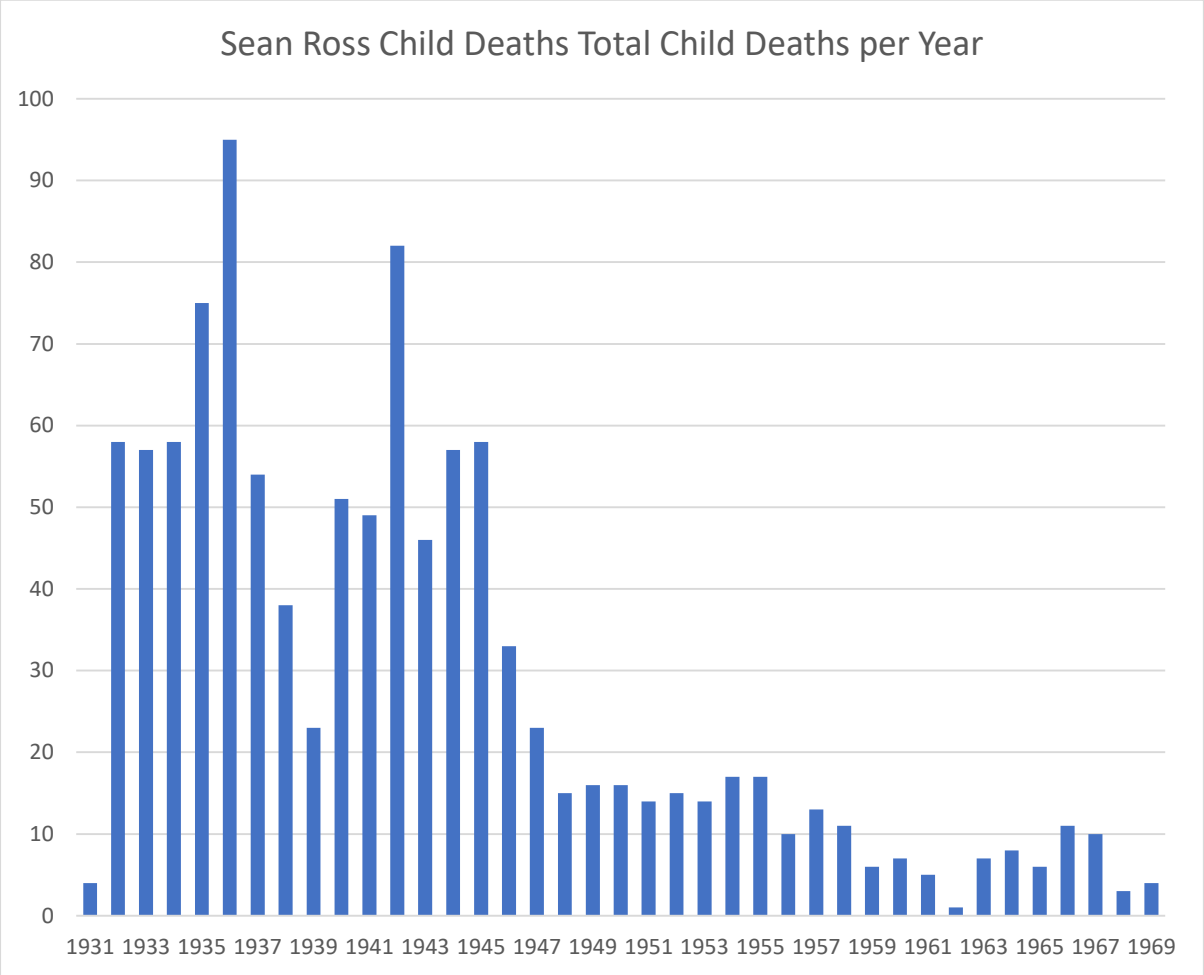
Foreign adoptions



The institutional and official external records show that 508 children were placed for foreign adoption as follows: USA (96%); UK (3.9%) and Australia (0.1%).

Child deaths

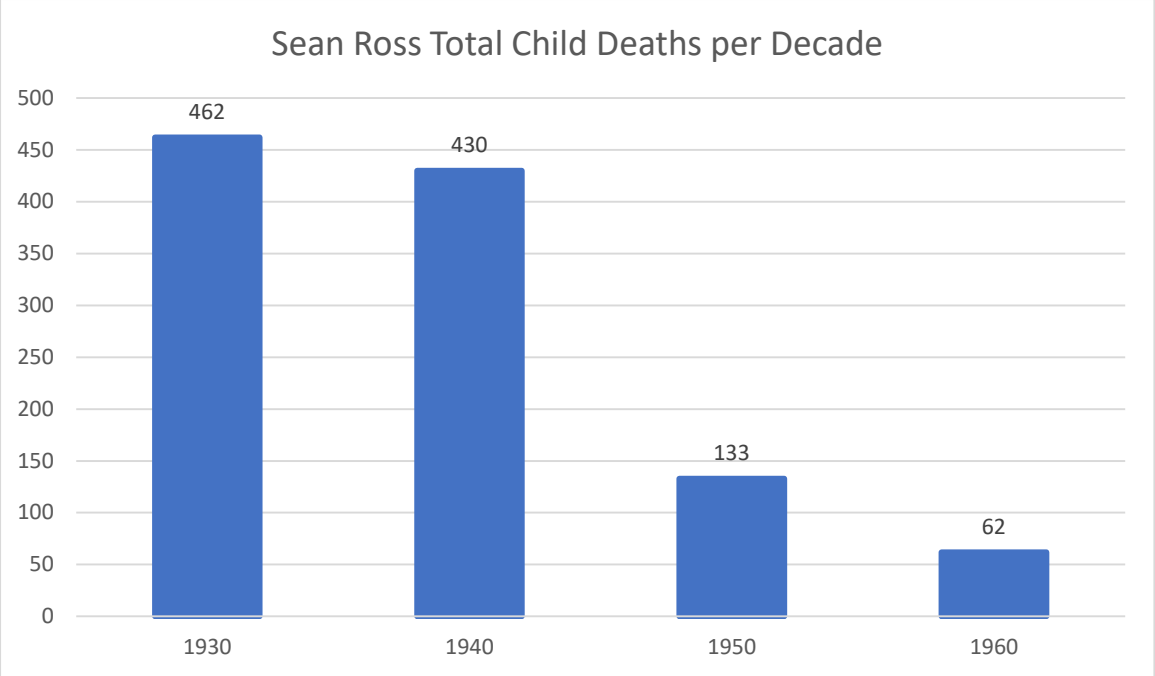
The institutional records show that 1,090 children born in or admitted to Sean Ross died in infancy or early childhood. These deaths include children who died in the institution, children who died in hospital following their transfer from Sean Ross and children born to women who had been resident in Sean Ross but gave birth outside the institution. The Commission confirmed 1,061 of the deaths (97.34%) with the GRO.



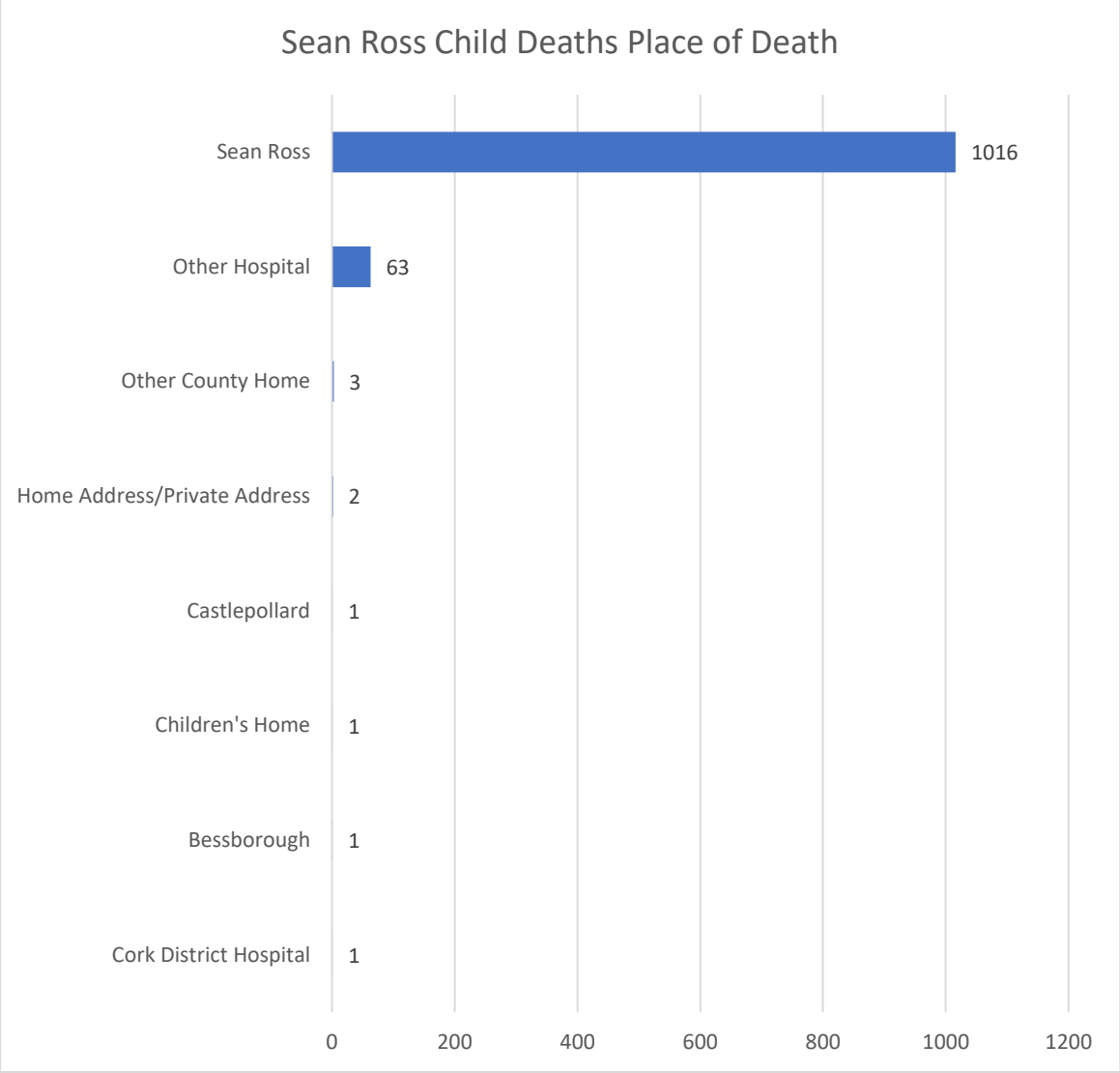
The institutional records show that most infant and child deaths (79%) occurred between 1932 and 1947. Mortality peaked between 1936 and 1942 when 95 and 82 deaths were recorded respectively. The 1930s was the worst decade for deaths in Sean Ross and accounted for 42.5% of all infant and child mortality in the institution. Over 39.5% of mortality occurred in the 1940s; 12% in the 1950s and 6% occurred in the 1960s.[3]

Although private patients made up 11.2% of admissions to Sean Ross they accounted for just 2% of child deaths. The majority of private patients were admitted in the 1960s when mortality rates were considerably lower than previous decades.

[3] Three deaths are excluded from these statistics as no date of death was available.

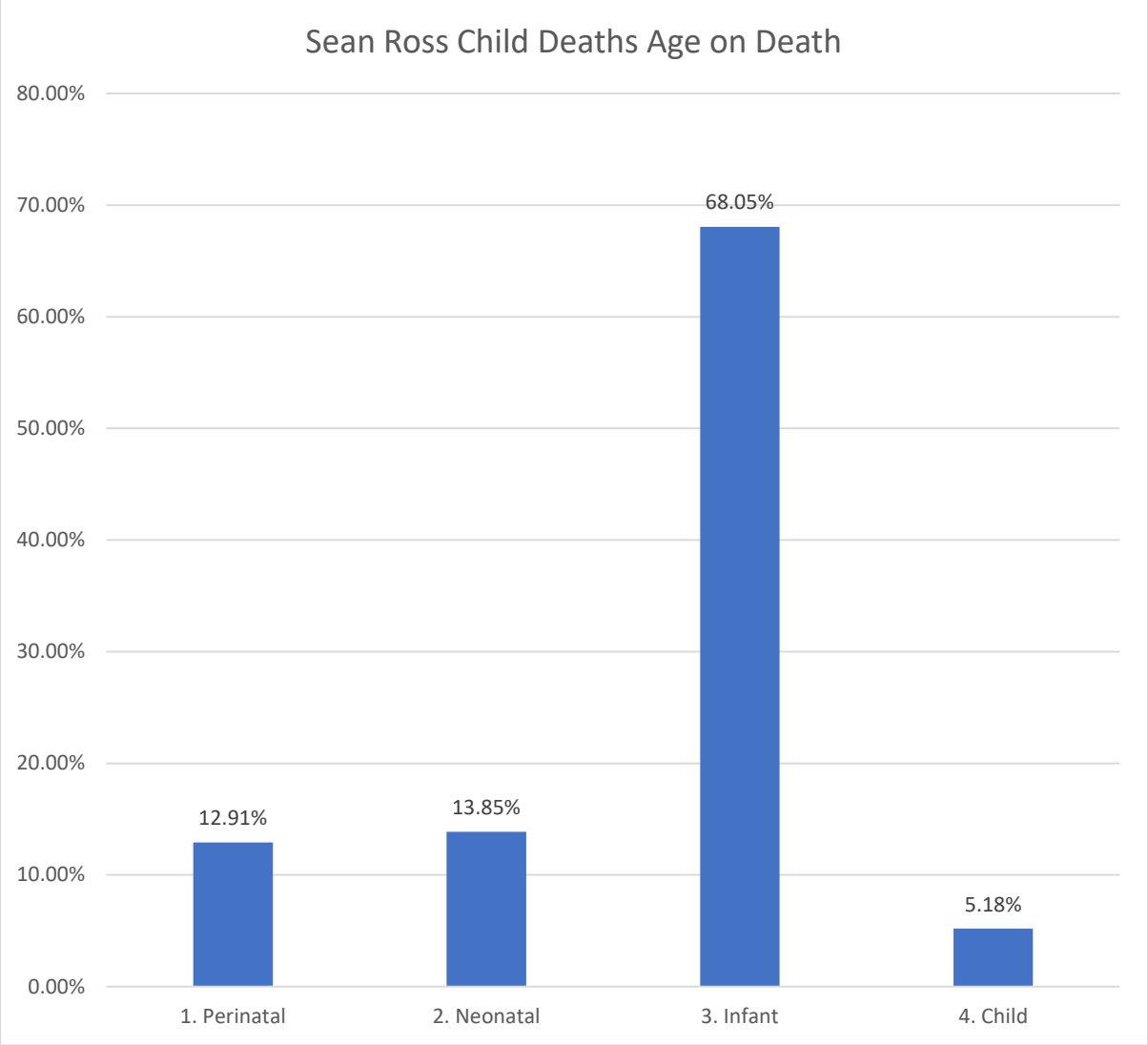

Sean Ross Total Child Deaths per Decade
500
450
400
350
300
250
200
150
100
50
0
462
430
133
62
1930
1940
1950
1960

Place of death



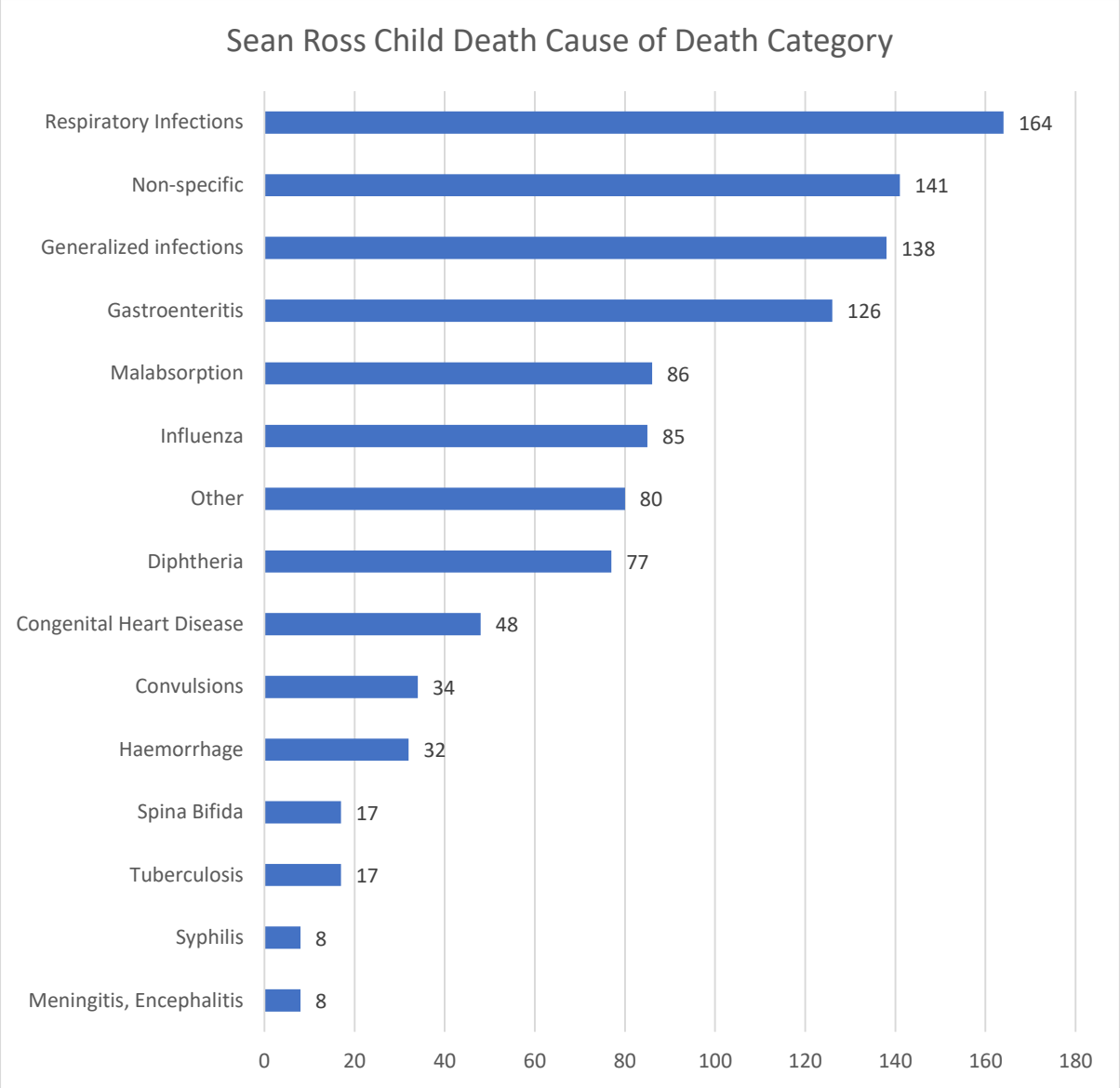
Information relating to the place of death was available for 1,088 children (99.8% of infant and child deaths). Most deaths (93%) occurred in Sean Ross. Around 6% occurred in external hospitals, mainly Roscrea District Hospital. The remaining 1% occurred subsequent to a child being transferred to another institution or private address.

Age on death



Information relating to age at death was available for 1,061 children (97.3% of infant and child deaths). The institutional records show that almost 95% of deaths occurred in infants as follows: perinatal, 12.91%; neonatal, 13.85% and infancy, 68.05%. The remaining 5% of deaths occurred in early childhood.

Cause of death

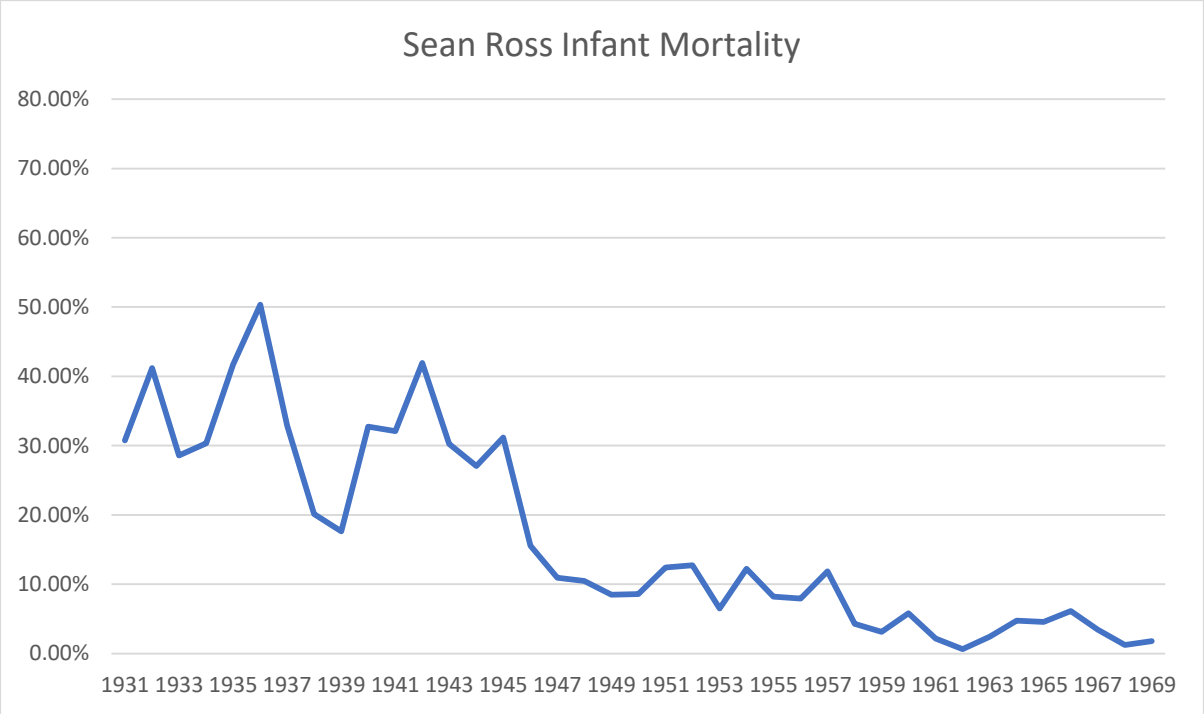


Information relating to cause of death was available for 1,061 children (97.3% of infant and child deaths). Most deaths (15.5%) were medically certified as being due to respiratory infections, mainly pneumonia, bronchitis and atelectasis; 13.3% were assigned to non-specific causes such as congenital debility, prematurity and delicate/weak from birth; 13% were attributed to generalised infections such as toxaemia, sepsis and septicaemia; 12% were due to gastroenteritis, gastritis and epidemic enteritis/diarrhoea; 8.1% were assigned to malabsorption - mainly marasmus; 8% to influenza; 7.5% to asphyxia pallida, pyloric stenosis and a range of mostly one off causes such as pertussis, chickenpox, jaundice, heatstroke and sunstroke; 7.2% were due to diphtheria; 4.5% to congenital heart disease; 3.2% to convulsions; 3% to haemorrhage, mainly intercranial; 1.6% to spina bifida; 1.6% to tuberculosis; 0.75% to congenital syphilis and 0.75% to meningitis.

The leading causes of infant and child mortality in Sean Ross changed over the period of the institution's operation. In the 1930s, most deaths were caused by Gastroenteritis (15%), diphtheria (13.5%), non-specific (congenital debility, prematurity) (13%), generalised infection (12.5%), malabsorption (10.5%) and respiratory infections (10%). By the 1950s most child deaths were caused by respiratory infections (42%), non-specific (congenital debility, prematurity) (14%), other - mainly asphyxia pallida (13%) and generalised infections (7.5%).

The institutional records show that in 93% of infant and child deaths the mother was living in Sean Ross at the time of death. The remaining 7% died unaccompanied by a parent.

Infant Mortality Rate[4]



It is clear from the institutional records that infant mortality in Sean Ross was highest in the 1930s. In its first year of operation, an infant mortality rate of almost 31% was recorded. This increased to 41% during 1932 and peaked at almost 50% in 1936. By 1939, infant mortality had declined to just under 18%, but increased again during the war years reaching 42% in 1942. Infant mortality declined to around 10% in 1947 and remained at that rate on average over the intervening decade. Between 1958 and the closure of the home in 1970 average infant mortality ran at just over 3%.

[4] Infant mortality rate is calculated as follows: Living Sean Ross infants born in a given year who died before the age of 1 year as a percentage of all Sean Ross infants born in the same year.

Chapter 20: Castlepollard

Introduction

20.1 Castlepollard mother and baby home was opened in 1935 and closed in 1971. During that time, 4,972 women were admitted; 4,559 children were born there or admitted there. It was owned and run by the Congregation of the Sacred Hearts of Jesus and Mary. The public assistance/health authorities paid for the vast majority of the mothers and their children while they were living in Castlepollard but there were a small number of 'private' patients.

Sources

20.2 The following is a summary of the main sources used for this chapter. A complete list is included in Part 5: Archives.

Institutional records

20.3 Castlepollard institutional records are held by the Child and Family Agency (TUSLA). As already reported, the Commission made digital copies of these records. There are about 8,000 records.

The institutional records include:

- Admission Books
- Records and Particulars Books/Maternity Registers of the maternity hospital (which was known as St Peter's).
- Ante-natal Records
- Private Patients Register
- Babies Register
- Indoor Register, Co Leitrim
- Baptismal Register
- Adoption Orders
- Death Register

Department of Health

20.4 The main Department of Health files used for this chapter are:
INACT/INA/0/425115
INACT/INA/0/465642

NATARCH/ARC/0/403458
NATARCH/ARC/0/413869
INACT/INA/0/450268
INACT/INA/0/450464
INACT/INA/0/455744
INACT/INA/0/426512
National Archives Ireland (NAI), H31/8/4
NAI, A104/2

Congregation of the Sacred Hearts of Jesus and Mary Congregational Archive

20.5 See Chapter 17.

Meath Diocesan Archive

20.6 DM/MBH/C/8-9; 25 January 1971.

Other sources

20.7 Official publications, books and newspapers are referenced in the text.

Origins

20.8 In 1924, the Meath Board of Health discussed reports that unmarried mothers and their children were 'accumulating in large numbers' in Trim county home. Board members considered setting up a standalone ward in the county home to accommodate unmarried mothers and wrote to the Westmeath Board of Health and local authorities in neighbouring counties seeking their support.

20.9 A Westmeath councillor told his board that a very large number of unmarried mothers were housed in Mullingar county home also. He proposed that unmarried mothers in Meath and Westmeath should be removed to a standalone institution where they could be 'put to work'. He considered it a scandal that ratepayers should 'foot the bill' for maintaining unmarried mothers and their children and that if the women were put to work then ratepayers would be 'relieved of this responsibility'.[1] The Westmeath councillor's remarks mirrored the views expressed by members of the Meath board who proposed that unmarried mothers should be housed in a central institution to undertake laundry work for other institutions in

[1] *Westmeath Independent*, 15 November 1924.

Meath and adjoining counties and to engage in poultry and dairy farming with a view to supplying eggs and milk to same.[2]

20.10 The discussions about the maintenance of unmarried mothers and their children in Meath was sparked by a letter from the Department of Local Government and Public Health (DLGPH) regarding 'illegitimate' children who were sent by the Meath board to St Joseph's Industrial School, Artane, with some regularity.[3] The department advised that, although these children were 'illegitimate', they were 'not criminals' and that Artane was an institution for youths convicted of an offence. Faced with the prospect of having many unaccompanied 'illegitimate' children returned to Trim county home the Meath board was forced to reconsider the provision of services for the institutional care of unmarried mothers and their children.[4]

20.11 In 1927 the *Report of the Commission on the Relief of the Sick and Destitute Poor* gave an overview of facilities at Mullingar county home. The Commission found that sanitary and bathing conditions in the home were 'insufficient' and that the 'aged and infirm, chronic invalids, idiots, imbeciles, unmarried mothers and their children' were housed together in the institution. The commission reported that accommodation for unmarried mothers and their children in Mullingar was 'bad' and 'wanting in comfort'. It further stated that a maternity department for single women was attached to the home along with a separate maternity department for 'respectable women'. In light of the commission's report, the Westmeath Board agreed that separate accommodation should be provided for unmarried mothers in the county and that such a need 'had been apparent for years'.[5]

20.12 A report on Mullingar county home, undertaken three years later, suggests that the Westmeath board had not provided any alternative accommodation for unmarried mothers and children outside of the county home and had not addressed the very poor living conditions in the institution. Reporting on the accommodation available to unmarried mothers, a local government inspector, Mr McLysaght, noted that

- The sleeping quarters had no heat or ventilation;
- The milk supply to the institution was suspect;

[2] *Meath Chronicle*, 25 October 1924.
[3] Ryan Report: http://www.childabusecommission.ie/rpt/01-07.php
[4] *Meath Chronicle*, 25 October 1924.
[5] *Westmeath Examiner*, 8 October 1927.

- The institution was poorly lit and without proper lavatory accommodation;
- Sanitary conditions were less than satisfactory;
- Drainage was not in a proper state; and
- There was no disinfecting apparatus in the institution.

20.13 The inspector concluded that the Westmeath board should provide better and more suitable accommodation for single women and their children in the county.[6]

20.14 In December 1930, the Westmeath board discussed the costs of maintaining unmarried mothers. The board was told that 22 'illegitimate' children were living in Mullingar county home at a weekly cost of £1 each to ratepayers. One councillor claimed that some unmarried women living there had three and four children and argued that the men responsible should be taken to court and forced to contribute to their maintenance. The chairman pointed out that the 'moral aspect of the matter' was not up for discussion by the board but agreed that steps should be taken 'to make the fathers of the children pay up'. The board subsequently issued proceedings against seven men identified by women as the putative fathers of their children but made no attempt to improve living conditions in Mullingar county home.[7]

Manor House, Castlepollard

20.15 In May 1933, Mrs Crofts, a local government inspector, wrote to the Superior General of the Congregation of the Sacred Hearts of Jesus and Mary to ask if the congregation would consider opening a third mother and baby home in Ireland, in the diocese of Meath (the congregation already ran Bessborough and Sean Ross). The congregation 'reluctantly' accepted the offer on the basis that a refusal might impact negatively on its future work in Ireland and gave an undertaking to source a suitable property. Early in 1935, the congregation purchased Kinturk House[8] (Manor House), Castlepollard, for £5,000.[9] The estate had been vacant for a number of years and, although the main house was substantial, it was reportedly not in good repair at the time of purchase.[10]

[6] *Westmeath Examiner*, 11 January 1930.
[7] *Westmeath Independent*, 6 December 1930.
[8] National Inventory of Archaeological Heritage; 'Kinturk House, Dublin Road, Castlepollard, County Westmeath'. http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=WM&regno=15302016
[9] *Westmeath Examiner*, 6 February 1965.
[10] *Westmeath Examiner*, 22 June 1935.

20.16 The congregation spent £1,000 on renovations and, on opening, Castlepollard mother and baby home had accommodation for 37 women and 20 children. In 1937, the congregation applied to the DLGPH for a grant from the Hospitals Trust Fund to extend and improve the institution and to construct a maternity hospital onsite. The estimated cost of the works was £55,950 and the Hospitals Trust sanctioned a grant of £25,000 towards the project. The DLGPH subsequently committed to provide a grant worth £65,000 to the hospital building project and, in November 1942, the new St Peter's Hospital opened at Castlepollard with capacity to accommodate 109 women and their children.

20.17 In March 1935, Mrs Crofts told the Meath board that Castlepollard was about to open under the stewardship of Sister Leontia. Mrs Crofts described the institution as a home for unmarried mothers who were 'first offenders' with a maternity home attached to cater for single expectant women and their babies. She said that Bishop Mulvaney of Meath had given his blessing to the new home and was confident that such an institution would give women a chance to 're-establish themselves in life' and 'induce them to accept responsibility for the maintenance of their children'. She also said that the congregation would procure positions for the women on discharge and that mothers would bear the cost of maintenance for their children when they secured employment. The Meath board agreed to support a scheme where women from County Meath would be admitted to Castlepollard if it meant the 'redemption' of those 'unfortunate girls'.[11] In June 1935, the Meath Board of Health requested approval from the DLGPH to include Castlepollard as a recognised extern institution.[12]

20.18 In May 1935, the Cavan Board of Health considered a request from the Minister for Local Government and Public Health to send 'first time' unmarried mothers to Castlepollard instead of the county home. The board considered that time spent in Castlepollard would be 'very beneficial' to such women and, more importantly, would result in a 'substantial financial saving' to Cavan county council. The board agreed to notify dispensary medical officers in the county to send all 'first time' single expectant women to Castlepollard. However, when Sister Leontia asked the Cavan board to assume responsibility for the first Cavan woman admitted to

[11] *Meath Chronicle*, 2 March 1935.
[12] *Meath Chronicle*, 1 June 1935.

Castlepollard, it refused to do so on the basis that the putative father was from Westmeath.[13]

20.19 Castlepollard opened for admissions in June 1935 and by the end of March 1936, 60 single expectant women and 12 women accompanied by a child had sought admission there. Thirty eight births and four infant deaths were notified in this period. The DLGPH report for the year ending 31 March 1936 recorded that 51 women and 33 children were living there. In the year ending March 1937, the department reported that 76 women were admitted. Sixty six births and ten infant deaths were notified during this time. On 31 March 1937, 56 women and 48 children were living there. Mrs Crofts had stated that Castlepollard, when it opened, had accommodation for 37 women and 20 children. Occupancy rates recorded in March 1937 suggest that the home was already grossly overcrowded.

20.20 The Hospitals Commission's *Second General Report 1935 & 1936* stated that Castlepollard was an extension of activities for the care of unmarried mothers under the control of the Congregation of the Sacred Hearts in operation in Bessborough and Sean Ross. The Hospitals Commission acknowledged that such 'specialised institutions' could not be provided in every county and necessitated the support of several counties to meet the cost of their maintenance and administration. The report noted that Castlepollard served the counties of Westmeath, Meath, Cavan and Offaly and that proposals to extend accommodation to 100 beds would allow it to also cater for counties Longford, Louth and Monaghan. The report concluded:

> The completion of the institution will go far towards meeting the requirements of the scheme initiated by the department [DLGPH] for dealing in an enlightened manner with a particularly important aspect of the unmarried mother problem.

20.21 The establishment of Castlepollard was not universally approved. In October 1937, the matron of Trim county home told the Meath Board of Health that the lack of unmarried women being admitted to the county home had made it difficult to run the institution. The matron explained that the lack of 'helpers' in the laundry meant that those working there were unable to get through their daily workload. Furthermore, the matron complained that there was no 'maid' to cook for the

[13] *Meath Chronicle*, 4 May 1935.

nurses and to keep their apartments, that nurses had to undertake these chores themselves and that this arrangement was 'unsatisfactory'.[14] In another instance, the board received complaints of 'undesirable practice' in the county maternity hospital, Trim, where married expectant women were attended by 'unmarried mothers' living in the county home. The board decided that this practice should cease immediately and that alternative arrangements should be put in place.[15]

20.22 In the year ending March 1938, the DLGPH reported that 83 women were admitted to Castlepollard. During the same period 23 women were discharged to employment, 47 returned to their family home and three left to marry. Three maternal deaths were notified. Seventy five children were either born in, or admitted to, the home during this period. Three infant deaths were notified. Fifty one children were discharged with their mothers, ten were boarded out and four were informally 'adopted' through a society. On 31 March 1938, 64 women and 55 children were living there which suggests that overcrowding endured in the institution.

20.23 The DLGPH reported that, in the year ending March 1939, 78 women were admitted to Castlepollard. In the same period 29 were discharged to employment, 37 returned to the family home and two left to marry. One maternal death was notified. Seventy three children were either born in, or admitted to, the home in this period. Five infant deaths were notified. Forty children were discharged with their mothers, eight were boarded out and eight were informally 'adopted' through a society. On 31 March 1939, 69 women and 60 children were living in the home. The number of women living in Castlepollard in March 1939 was almost twice the number that it was considered could be accommodated. Similarly, the number of children living in the home at that time was three times more than the home was supposed to accommodate.

The 1940s

20.24 In January 1940, an inquest into the death of an infant born in Castlepollard was held in the district hospital, Athlone. The infant left Castlepollard with his mother in December 1939 having spent six months in the institution. The woman had arranged that a private nursing home in Athlone would take herself and her child.

[14] *Meath Chronicle*, 2 October 1937.
[15] *Meath Chronicle*, 27 November 1937.

However, the child died one week after discharge. The jury heard that the infant had been 'weak from birth' and that the Sisters in Castlepollard had been reluctant to let him leave. The coroner told the jury that the child had died of malnutrition due to congenital deformity of the large intestine.[16]

20.25 In the year ending March 1940, the DLGPH reported that 101 women were admitted to Castlepollard. In the same period 29 left to take up employment and 53 returned to the family home. Two maternal deaths were notified. Eighty eight children were either born in, or admitted to, the home in this period. Thirteen infant deaths were notified. Thirty eight children were discharged with their mothers, 26 were boarded out and five were informally adopted through a society. On 31 March 1940, 81 women and 62 children were resident in the home.

20.26 In its report for the year ending March 1941, the DLGPH reported that 135 women were admitted to the home. In the same period 49 were discharged to employment, 56 returned to their family home and six left to marry. Two maternal deaths were notified. During this period, 117 children were either born in, or were admitted to, the institution. Thirty four infant deaths were notified. General Register Office (GRO) records show that eleven infant deaths notified in this period were attributable to whooping cough and a further three were due to influenza. The remaining twenty deaths were notified as either prematurity or congenital debility. Twenty nine infants were discharged with their mothers, 27 were informally adopted through a society and seven were boarded out.

Inspection 1941

20.27 In March 1941, the DLGPH inspector, Miss Litster, inspected Castlepollard. She noted that there were 109 women living in the home at the time of her inspection; 104 were public patients - 18 expectant and 86 post-natal patients. All five private patients were expectant women. There were 86 children living in the home. These numbers suggest that the institution housed three times more women and more than four times more children than it was supposed to accommodate. Taking 50 square feet (4.6 square metres) as the minimum desirable living space per patient, Miss Litster calculated that maximum occupancy in Castlepollard 'without putting undue pressure on space' should be 40 women and their babies. She

[16] *Westmeath Independent*, 6 January 1940.

further stated that, even if occupancy was limited to 40 women and their babies; extra space would still be required for day use.

20.28 Miss Litster reported that the main building was severely overcrowded and, although it was suitable to accommodate around 40 women, 70 were living there. An additional 44 women were sleeping in a loft over stables located 'some distance away from the main house'. She calculated that Castlepollard housed around 70 women more that it could accommodate and that overcrowding among the adult population of the home was 'severe'. The 86 children were accommodated in rooms suitable for around half that number. In the year ended March 1941, 34 infants had died in Castlepollard.[17] Miss Litster instructed Sister Leontia to close the home to new admissions and the department instructed local authorities to send women to Bessborough and Sean Ross until overcrowding had eased at Castlepollard. The institutional records show that only one woman was admitted to the home between 20 March 1941 and 27 February 1942 which suggests that the congregation had complied with Miss Litster's direction to cease admissions. Four infant deaths were notified in Castlepollard in the twelve months following Miss Litster's intervention whereas 34 infant deaths had been notified in the preceding 12 months.

20.29 Miss Litster reported that the home and maternity hospital were staffed by ten members of the congregation, a nurse and a certified midwife. There was no nurse on night duty in any section of the institution and the procedure appeared to be that one resident sat with women in labour and a nurse was called when necessary. The maternity ward was a large and bright room, with three beds and four cots, heated by a log fire and radiator. The attached dormitories were clean but were grossly overcrowded.

> The dormitories are all clean and bright, those on the top floor have low ceilings. Each bed has two blankets and a good mattress. No provision of any kind for hanging or placing clothes at night. Work clothes are generally thrown on the beds-a practice not conducive to cleanliness. No lockers are provided for personal effects. No chairs…The degree of overcrowding at present would not in fact permit the addition of chairs and lockers in most of the dormitories.

[17] DLGPH, *Report for the year 1940-41*

20.30 The living space above the stables was occupied by women and older children. A large space with six windows and no means of heating contained 27 beds with three blankets for each bed. The space was overcrowded. The second loft space was a smaller room with four windows and no means of heating. There was no ceiling in the room and the exposed roof was damaged. This room had 17 beds with three blankets for each bed. Two members of the congregation also shared a small room in the stables. There was one clean WC available for the 44 women living there.

20.31 Miss Litster reported that Castlepollard had no recreational areas. There was one room with a large table, three sewing machines and an apparatus for winding wool. The dining room, located in a basement, was 'dark and gloomy'. She counted 95 women eating dinner there and stated that 'there was not elbow room for each'. She observed that 'less than half that number might be accommodated with some degree of comfort'. She noted that the dinner served that day consisted of peppered herring, potatoes and rice pudding.

20.32 Miss Litster reported that the main nursery, housing infants up to twelve months old, was a large 'airy and bright' room with two large wards heated by fireplaces and radiators. It contained 34 cots and a bed for one woman, a resident and not a nurse, who attended to the babies. The cots were comfortable and clean but the ward was overcrowded. A second nursery was also airy and bright and heated by a log fire and radiators. This had nine cots with 15 infants; some cots had three infants in them. A nursery for toddlers, aged over twelve months, was also an 'airy and bright' room heated by radiators but was also overcrowded. This room contained 28 cots and a bed occupied by one of the mothers.

20.33 A day nursery was heated by a log fire and radiators. It had three cots and a playpen and was occupied by about 40 toddlers during the day. Miss Litster reported that this room was so overcrowded that there was no room for play materials. Some children slept in cots behind their mother's beds. There were 12 children aged over two years in the home with their mothers. Miss Litster instructed Sister Leontia to notify the local authorities responsible for their maintenance to have them boarded out as the discharge of these children and their mothers would help to alleviate overcrowding. Miss Litster advised the department that the extent of the overcrowding at Castlepollard was 'a danger to the health of women and children living there' and asked that the planned new

hospital would be expedited so that some residents could be transferred there. She also raised concerns about the absence of a fire escape from the upper floor of the main building.

20.34 In April 1941, another DLGPH inspector, Dr Dillon, visited Castlepollard. She confirmed that there had been no admissions since 11 March of that year. At the time of her visit, there were 93 women and 84 children living there. She noted that the maternity ward was staffed by two members of the congregation, qualified in general nursing and midwifery, one qualified midwife and one infants nurse. Dr Dillon reported that the 'trained nuns' were always on night duty in the maternity ward[18] and that the other members of the congregation undertook general duties. She stated that it was still overcrowded and that she could offer no remedy until the new buildings would be available to accommodate women. A note on her memorandum stated:

> The conditions here are very bad and admissions should be stopped until such time as the overcrowding is reduced. There is a serious menace to health in the present conditions.

20.35 In May 1942, just over a year later, Miss Litster and Dr Dillon together inspected Castlepollard. At the time of their visit 56 women and 57 children were living there. All 12 children aged over two years, whom Miss Litster recorded on her previous visit, were still in the home with their mothers. The Meath, Westmeath, Cavan and Monaghan boards responsible for their maintenance had failed to get foster homes for them. The inspectors advised the DLGPH to insist that children aged two years or over not be kept in the home and that local authorities responsible for their maintenance should make a better effort to secure foster homes for them. The inspectors reported that the new maternity hospital at Castlepollard would be ready for occupation in June 1942, that a maximum occupancy should be set and that the authorities at the home should be compelled to adhere to it.

20.36 In June 1943, Dr Dillon inspected the newly constructed St Peter's Maternity Hospital. Sister Marie Celine Murphy, a registered nurse and midwife, was the matron. There were two nurses and two midwives employed there and they were assisted by women living in the home. The hospital had two eight-bed wards, two one-bed wards for private patients and an observation room with one bed. There

[18] This is at variance with Miss Litster's report of a month earlier.

were two bathrooms and three WCs. The hospital was clean, well-kept and adequately staffed and the accommodation and sanitary facilities were acceptable. However, she was critical of the food women received in the hospital. The diet was not sufficient for nursing mothers as 'no porridge or gruel was provided'. She also found that no admission register was available for viewing which was a breach of the *Registration of Maternity Homes Act 1934*. While the department followed up on the matter of the admission register with the authorities at Castlepollard they do not appear to have addressed the inadequacy of the diet.

20.37 In January 1944, the DLGPH sent an architect and a clerk of works to inspect the maternity hospital. Although the building was newly constructed in 1942, serious structural defects were detected over the subsequent 18 months. Minor defects were initially addressed by the building contractor but by 1944 a crack extending across the front of the building was severe enough to let rain in. As a result, the architect reported 'great damp' in the walls of the building 'made worse by continual condensation' due to lack of proper heating. He noted that although the hospital boiler was fired by 'green logs' the circulating pumps were not working. The architect's report concluded that the heating in the building was wholly inadequate and that, while radiators in some parts of the building were warm, most were 'icy cold'. It transpired that the circulating pumps in the hospital were never turned on because they consumed too much electricity. This was because the institution had been supplying electricity to the town of Castlepollard since 1941. The main power station serving the town was destroyed in a fire in 1941 and Manor House had supplied power to the town as a temporary measure. However, the institution continued to provide power until January 1948 when the town was connected to the national grid.

Agreement about new maternity hospital

20.38 The congregation had received a grant of £65,000 from the Hospitals Trust Fund to build the maternity hospital on the condition that the building would be used as a maternity home to cater for 'unmarried mothers' and 'expectant unmarried mothers' sent there by public assistance authorities or by the Minister for Local Government and Public Health under the *Public Hospitals Acts 1933-40*. The congregation undertook to maintain such women and to provide them with all necessary nursing, food, medicine, and medical and surgical attendance free of charge. The congregation agreed to undertake this work in return for per capita maintenance rates agreed between the congregation and public assistance authorities. The

congregation also agreed that authorised officers from the DLGPH could enter and inspect the home at all reasonable times and interview the 'inmates'. The terms of the Hospitals Trust Fund grant also stipulated that, if Castlepollard ceased to operate as a mother and baby home, ownership of the estate would transfer to the DLGPH. The congregation later inserted a clause in the agreement enabling them to refuse admission to public patients 'suffering from disease', women with a 'vicious history' and women who had been in prison.

20.39 In February 1944, Dr Dillon inspected the maternity hospital. Sister Marie Celine was still matron of the hospital and one nurse and one midwife were employed and assisted by 'non-paid waiting patients'. Dr Dillon discovered that the nurse employed in the maternity hospital had failed her final exams and was not a registered nurse. It appears that Sister Marie Celine was aware that the woman had failed her final exams and stated that she was in the hospital as an 'assistant' and had not delivered any babies. There were serious problems with the building - the electric lift was not in working order, hot water was not always available, heating pipes were not working at one end of the hospital and plaster was falling off walls throughout the building. The records prescribed by the maternity homes regulations were up to date and available for inspection. The Mother Superior, Sister Leontia, gave the DLGPH an undertaking to refer all building defects to the congregation's consulting engineer and not to employ unqualified nursing personnel.

Criminal charges 1944

20.40 In May 1944, six soldiers were charged before Mullingar Circuit Court with committing a serious offence (defilement of a girl under the age of 15) against a 13-year-old girl contrary to the provisions of Section 1 of the *Criminal Law Amendment Act 1935*. The girl gave birth in Castlepollard in January 1944. The institutional records show that the child died in Castlepollard aged two weeks. The cause of death was given as atelectasis, a common complication in premature infants. None of the soldiers was convicted. In the same sitting, two other soldiers pleaded guilty to the sexual assault of underage girls and were sentenced to three and nine months, respectively. The judge commented that he did not want to suggest that Westmeath was 'in a bad way' but expressed his concern at the

number of cases of 'defilement of the young' that were coming before the court in the county.[19]

Complaints about conditions in the institution 1945

20.41 In January 1945, a Westmeath councillor told the county council that women resident in Castlepollard were compelled to undertake manual work 'more suitable to men' and that 'girls' had to 'cut timber and wield heavy sledges in all kinds of weather clad in overalls'. He said that conditions in the home were 'uncivilised' and 'like the days of slavery'. The councillor had not verified these claims himself but had read about them in a report of a meeting of Meath county council in the *Meath Chronicle*. The Westmeath councillors protested that Meath county council had no jurisdiction to discuss matters relating to an institution located in Westmeath and told the councillor 'not to read accusations against the nuns at Castlepollard' in the council chambers.[20] In a letter to the editor of the *Westmeath Examiner*, a Meath councillor restated the claims made against the authorities at Castlepollard and claimed that he was drawing attention to the matter as the institution was 'extensively subsidised' by public monies. He said that he had submitted all the information available to him to 'the appropriate Minister' and called for a Commission of Inquiry be set up to hear evidence regarding Castlepollard.[21]

20.42 The Meath councillor wrote to Dr Ward, the Parliamentary Secretary at the DLGPH to register the complaints made to him and asked that the department set up a Commission of Inquiry, to include 'five persons experienced in Social Welfare Work and at least two married women'. He outlined the complaints:

- The 'girls' in Castlepollard were cutting up timber in adjoining woods, until the onset of their labour and again after their confinements and they were also carrying out other seasonal forms of farm work unsuited to their physique.
- The 'girls' were undernourished and heavily overworked and they started at 5.30 am.
- For most of the year the nurseries were unheated with open windows and the children were lightly clothed.

[19] *Westmeath Independent*, 13 May 1944.
[20] *Westmeath Examiner*, 20 January 1945; Meath county council had the same relationship with Castlepollard as did Westmeath; they each paid for some residents.
[21] *Westmeath Examiner*, 10 February 1945.

- The infants were changed to spoon feeding at the age of two months and then to a diet consisting of potatoes and soup at six months which appeared to him to be contrary to all recognised methods of child dietetics.
- The infants were put in their cots at 6 pm and there was no further feeding until the following morning.
- In order to avoid soiling the floors, children, when suffering from diarrhoea, had been kept on nursery chairs for so long that the intestines were known to have on occasion protruded.
- The death rate for infants was unduly high, and on occasion there were four or five deaths on one day.
- Discipline generally was unduly harsh and mothers have been beaten, or otherwise ill-treated.

20.43 He said that, if any of the allegations was true, the institution was not fulfilling its primary purpose of 'reforming' women who were 'more sinned against than sinning'. He said that he was asked to bring the matter to the minister's notice by a former resident of the home who had made the claims. He argued that councils, including Meath county council, were expending 'large sums of public monies' to maintain women and babies in Castlepollard and that each county should have visiting committees to undertake 'on the spot' checks in the home.[22] He asked the minister to consider sending the departmental inspector on 'surprise' visits to Castlepollard and suggested that 'a widow who was herself a mother' would be better placed to assess the care of mothers and babies in the home.

20.44 In February 1945, Miss Litster met the Meath councillor to discuss his claims. She told him that the method of feeding infants at Castlepollard was in line with modern practice and that any inquiry based on his own assumptions of what constituted good infant feeding practices would fail. She agreed with his assertion that infant mortality rates in Castlepollard were high but told him that they were not as high as those in other similar institutions. The Castlepollard institutional records show that 17 infant deaths were notified in the twelve months that the complainant had lived there suggesting that the allegation that infants were dying at a rate of four or five every day was unfounded. Miss Litster reported that the councillor did not agree with her view that manual work and especially outdoor work was 'desirable' for

[22] The Commission has not been able to establish if the various inspections by the DLGPH were notified in advance or were unannounced.

women in Castlepollard. Miss Litster considered that the women were, for the most part, 'young, healthy country girls, accustomed to farm work and country life'. She undertook to interview the woman who made the complaint and to discuss all her allegations with the Mother Superior, Sister Leontia.

20.45 Miss Litster met the 21-year-old former resident of Castlepollard who had made the complaint to the councillor. Miss Litster described her as 'a big robust girl, plump, rosy-cheeked, healthy in appearance and full of animal spirits, well over 10 stone in weight'. Miss Litster observed that, if she had been given insufficient food during her twelve months stay in Castlepollard, she would not be in the physical condition in which she found her. Miss Litster examined the baby in his foster home. The foster mother claimed that the baby was in poor condition when she received him and that he was 'very thin and ravenously hungry'. Miss Litster reported that the child was 'a fine child, normal in size and weight, healthy in appearance with good colour, teeth normal, limbs straight and flesh firm'. She observed that, if the child had been emaciated when the foster mother received him, he could not have become such a healthy child in such a short time. Miss Litster advised the councillor that the claims made by the former resident regarding the feeding of herself or her baby would not be likely to be proved at an inquiry.

20.46 The former resident told Miss Litster that she spent about six hours a day felling trees at Castlepollard and she described the process of using a wedge, sledgehammer and cross-cutting saw. Miss Litster noted that allegations that women were felling trees in Castlepollard had also been made in 1942. She said that on that occasion Sister Leontia undertook not to allow patients to be engaged in the felling of trees but did not acknowledge that women were ever employed in such work. Sister Leontia rejected the former resident's claim that she had been felling trees but stated that women were engaged in cutting logs for firewood as well as ordinary farm work in the garden, milking cows and feeding livestock. Miss Litster reported that there could be 'no objection to this kind of work which provides good physical exercise and helps to maintain the health of the patients'. Miss Litster concluded her report by stating that none of the claims made by the former resident would hold up to the scrutiny of an inquiry. However, she acknowledged that the conduct of the institution had not been 'wholly satisfactory'. She stated that Sister Leontia was 'somewhat hard' and 'did not err on the side of generosity'. She noted that Castlepollard had been closed temporarily in 1942 owing to

overcrowding and unsatisfactory conditions and 'the housing of patients in an outhouse'.

20.47 After his meeting with Miss Litster, the Meath councillor wrote to Dr Ward to thank him for the 'prompt and diligent attention' given to his complaint and that he was 'fully confident' to leave the whole matter in Miss Litster's 'very capable hands'. He withdrew his request for an inquiry and said that he was satisfied that the issues raised could be addressed without a public inquiry and could be remedied under Miss Litster's direction.

20.48 The Westmeath councillor continued to pursue the issue. Westmeath county council decided to send a delegation to Castlepollard to investigate.[23] In March 1945, seven council members, including the county manager and a local TD reported on their visit to Castlepollard. The report which was read to the council stated: 'We inspected the institution on the invitation of the Reverend Mother…We were agreeably surprised to find such a well-run and up-to-date institution in the County and was a credit to the Sisters'. The committee stated that they saw and interviewed the mothers there and found them to be 'happy and contented' and that the children were 'clean, well-dressed and healthy'. The committee concluded that they were satisfied that the institution was administered in 'a highly creditable and efficient manner' and that 'there were no grounds whatsoever for complaint'. The councillor who had instigated the visit reluctantly agreed with the committee's findings but protested that the council should have the power to undertake surprise visits to the institution. The visiting committee concluded that there was no truth in the allegations made against the institution and that 'the unfortunate unmarried mothers of the county and their babies were well catered for'.[24]

20.49 A DLGPH memorandum on Miss Litster's inquiries noted that 'the lady [Sister Leontia] requires watching. What is the infant mortality rate in this place'. Miss Litster provided data on infant mortality in Castlepollard for the years ended March 1941 to March 1944 which showed that the infant mortality rate had decreased from 30% to 10% over this period. Although the department acknowledged that infant mortality had been greatly reduced, the rate was still too high. The department told Sister Leontia that it would not be satisfied until infant mortality was reduced to a rate of 2%. Sister Leontia replied that the congregation had

[23] *Westmeath Examiner*, 10 February 1945.
[24] *Westmeath Examiner*, 17 March 1945.

made every effort to reduce infant mortality and that the rate had decreased further in the year ended March 1945. However, she said:

> I would point out that we are dealing with a class of mothers who in the vast majority of cases, does not want the baby to survive and we get little cooperation from them.

20.50 The department also asked if Wassermann tests were being used to identify venereal disease in Castlepollard. Sister Leontia said that the local authority maintenance rates applicable at that time would not justify the cost of undertaking routine blood tests. She stated that the maintenance allowance was 'hardly sufficient' to maintain women and children and reminded the department that the congregation was paying off a large overdraft having built the maternity hospital. She further said that patients who tested positive for venereal disease required treatment which would incur further outlay of monies which the congregation did not have. The congregation had no objection to carrying out Wasserman tests or to providing treatment for those who tested positive but asked for any suggestions as to where they could get the extra funding this would involve.

20.51 In July 1945, the department told Sister Leontia that it would not object to an increase in local authority maintenance rates and approved the following rates:

- Expectant mothers 15s each
- Children 15s each
- Mother and child 27s 6d
- Post-partum mothers 12s 6d each.

20.52 The department stipulated that the increased rates should result in extra nourishment for expectant mothers and should cover the costs associated with Wasserman tests and childhood immunisation.

20.53 In January 1946, the *Meath Chronicle* reported on a case where a 23-year-old man was charged with having 'carnal knowledge' of a 'feeble-minded' 29-year-old woman. The woman had given birth in Castlepollard in August 1945. The medical officer, Dr Cullen, gave evidence that the woman was 'of low mentality' and that anyone in frequent contact with her should have been able to judge that she was feeble-minded. The accused denied being the father of the child but admitted having 'carnal knowledge' of the woman whom he did not consider to be 'feeble-

minded'. The jury returned a guilty verdict and he was sentenced to twelve months hard labour.[25]

Financial problems

20.54 In February 1948, the Mother Superior in Castlepollard, Sister Helena, told the Department of Health that the congregation would not be in a position to keep Castlepollard operational unless something was done to help them offset their accumulating annual deficit. The department acknowledged that the institution had accumulated substantial deficits from at least 1945 and, following a consideration of the applicable capitation rates, one departmental source wrote:

> I am not at all surprised that there is a deficit in the working of the institution as it must be quite impossible to maintain mothers and children at any proper standard for these rates. At the time they were fixed the rates for patients in voluntary hospitals were £2.12.6 per week for adults and 35/- per week for children. It has since been recognised that it costs just as much to maintain a child as an adult and that they are in fact more troublesome and need more attention. It is likely that much of the work in this institution is done by mothers thereby enabling the costs to be reduced. Nevertheless, the capitation charges are in my view, too small.

20.55 In May 1948, Miss Litster again inspected Castlepollard. One hundred and thirty one women and 135 children were living there at the time of her visit. There were eight babies in the maternity hospital and all but one were being breastfed. The infants were normal and healthy except for one whom she described as 'a Mongol, marasmic' with a bad hernia from birth. There were 32 infants in the infants section; all but two were being breastfed and they appeared healthy on the whole. She noted that the infants were outside in cots, that most were 'already tanned', and that a shade protected them from direct sunlight. There were 40 older children whom she said appeared normal and healthy except one described as a 'marasmic infant'. There were 55 toddlers playing outside and all seemed to be healthy and contented. Three toddlers, whom Miss Litster described as 'mentally defective', were also living in the home. Two of these were aged three and five years respectively. The Department of Health had previously instructed Cavan county council to make alternative arrangements for these children but was told that no suitable alternatives could be found. The third child, a two-year-old girl described

[25] *Meath Chronicle*, 26 January 1946.

as ‘an imbecile’, was born to a private patient who had left the home without her child. The congregation received no maintenance payments for this child and her mother had refused to consent to admit her to a specialist institution.

20.56 In the period 1 April 1947 to the date of inspection, 21 May 1948, 104 children were either born in, or admitted to, the institution. Fourteen infant deaths were notified during the same period. Miss Litster calculated that this was a 13% infant mortality rate. The causes of death were given as gastroenteritis (six); marasmus/congenital debility (three); cerebral haemorrhage; cerebral tumour; haemolytic jaundice; cardiac failure and bronco-pneumonia. One woman died of eclampsia during this period. Miss Litster noted that many women admitted during the year were admitted ‘practically in labour’ and that some were ‘verminous and suffering from scabies’. She concluded:

> On the whole the health of the inmates of the Manor House continues good. The food is plentiful and excellent. Beds and cots are comfortable.

20.57 The structural problems had continued. There were large cracks down the walls.

20.58 Miss Litster inspected again in January 1949. At the time of her visit, 131 women were living in the institution along with 160 children aged from new-born to three and a half years. The problem of older children remaining in the institution was again raised; a quarter of the children were over two years old. Again, Miss Litster urged that the local authorities make better efforts to find foster homes. She also raised concerns about a three-year-old boy whom she described as ‘a mental defective, noisy, ill-tempered and unable to walk or talk’ who could not be properly cared for in Castlepollard. In the year ending 21 January 1949, there were 123 live births (there were also six stillbirths) and a further five infants were admitted after birth. Four infant deaths were notified; the causes were given as gastroenteritis (two); congenital debility and haemolytic jaundice. Miss Litster noted that this represented an infant mortality rate of 3% and was a significant reduction from the previous year:

> This is the lowest death rate yet in our special homes for mothers and babies and I think some recognition should be conveyed to the community and the doctor. The health of the children is on the whole, excellent, and they are well cared for.

Policy on mother and baby homes

20.59 In January 1949, the medical officer to Castlepollard, Dr Cullen, told the Department of Health that the continued failure of local authorities to board out children had led to serious overcrowding which he warned could result in epidemics of serious proportions. He said that the councils involved received a list of children maintained by them at the end of every quarter but failed to make any serious efforts to secure foster homes for them. He cautioned that local authorities must take a large share of the responsibility if children succumbed to infectious disease while resident in the home. Dr Cullen expressed his belief that all institutions catering for unmarried mothers were overcrowded with children who should have been boarded out and suggested that the department set up separate orphanages to cater for children aged between two and six years. He reasoned that women could then take their leave from mother and baby homes to take up employment and avoid the 'discontentment' attendant on 'detaining' women for two or more years while they waited for their children to be placed in foster homes.

20.60 Following Dr Cullen's letter, the department gave some consideration to the system in operation in the three Sacred Heart mother and baby homes. Miss Litster pointed out that the retention of mothers for two years had been decided by the congregation in consultation with the Department of Local Government and Public Health and that all parties considered that this was the shortest period 'within which any reformative effect might be expected'. She further stated:

> The attitude of society in this country towards the unmarried mother is at the root of the idea of retention for a long period. Unmarried mothers here are persons to be punished. In the Homes a great deal of emphasis is placed upon penance and it is small wonder that girls come to look upon them as places of punishment. Any girl in these Homes speaks quite casually of 'doing my term'. The result is that once the two year period has passed, continued detention is a cause of discontent. I suggest that mothers should be kept not longer than nine months after confinement. A more willing spirit amongst the inmates may be expected as a result.

20.61 Miss Litster pointed out other advantages to earlier discharges.

> Most of the mothers were domestic servants before admission and during their stay in the home have had opportunity of further training. There is at present a dearth of domestic servants and good wages are procurable. It is short-sighted policy to saddle a P.A. Authority longer than need be with the

upkeep of a woman who is capable of maintaining herself and of contributing to the maintenance of her child.

It would be good public policy to insist that the employment found for a discharged mother should be in this country for several reasons; to stem emigration; to help solve the problem of domestic labour; to keep her within reach. Another advantage which might accrue from earlier discharge would be greater readiness on the part of expectant mothers to seek admission to the maternity home at an earlier stage in pregnancy. There is a growing tendency to delay application for admission until confinement is almost due. The lack of pre-natal care can have nothing but bad results.

20.62 Miss Litster said that the Reverend Mothers of the three Sacred Heart homes were willing to agree on the shorter stay suggested but all emphasised the resultant problem of dealing with the children of discharged mothers. She then addressed Dr Cullen's suggestion about establishing homes where children could be maintained to the age of six or seven years.

On many occasions I have drawn attention to our need for homes for motherless babies. We have no such homes, except that now owned and conducted by the Irish Sisters of Charity at Temple Hill, Blackrock. To that home, of course, our "Public Assistance" babies have no right of admission. An orphanage for children up to 6 or 7 years old would not agree with our policy of keeping children as far as possible out of institutions. For this reason, homes to which babies might be transferred from the ''mother & baby" homes at the age of 9 months, or earlier, should not be designed to keep children beyond an age when they might be boarded-out. To build and staff such nursery homes would prove a costly undertaking.

20.63 Instead she suggested that changes could be made to the arrangements in the three homes to allow for the establishment of a separate nursery for babies from nine months upwards. She pointed out that the space and equipment were already there. The consequences of such a change would include the employment of household staff as 'mothers left behind are found unwilling to care for the babies of discharged mothers'. She said that mothers who should have been discharged and who were willing to remain as domestic workers and nursery attendants should he paid. A higher capitation rate would have to be paid for children who were resident without their mothers. However, there would be savings to the local health authorities in that there would be no payments for the discharged mothers

and employed mothers could contribute to the cost of their children's maintenance.[26]

20.64 Miss Litster said that she was unsure if the Congregation of the Sacred Hearts was willing to care for unaccompanied children who were in their care from birth but expressed her doubt that they would be willing to admit 'orphaned babies from outside' and considered it unwise to do so. She noted that the Sacred Heart Homes were already 'unwieldy' and that smaller units designed to house unaccompanied children were more desirable. There remained a problem of finding accommodation for 'illegitimate' children who were not born in mother and baby homes - children born in hospitals, county homes, maternity homes or at home. These children were being kept at home 'where they are not wanted' or placed at nurse for reward, or 'adopted' for a lump sum or brought to the Regina Coeli hostel. 'These are the babies whose deaths swell our infant mortality rate.'

20.65 She suggested that one or two of the 'better Convent Industrial Schools' might be asked to equip a nursery and provide staff trained in the care of infants and children. Miss Litster did not agree with Dr Cullen's suggestion that the department should set up standalone orphanages to house unaccompanied 'illegitimate' children. She cautioned against the move on the basis of the costs involved and the danger that such orphanages would become 'waiting rooms' for children destined for transfer to industrial schools, a move which she regarded as being against the departmental policy of keeping children out of institutions.

20.66 Miss Litster was strongly committed to keeping children out of institutional care which, in the case of older children in mother and baby homes, meant industrial schools. However, she thought that industrial schools were better than county homes. In November 1949, following requests to have 13 children aged between two and four years removed from Castlepollard, Westmeath county council sought permission from the Department of Health to transfer some children to an industrial school. The department refused the request and instructed the Westmeath council to re-double their efforts to secure foster homes for them. The Westmeath council replied stating that they were unable to secure suitable foster homes and that

[26] Miss Litster noted that her observations referred only to the three Sacred Heart homes. The other two homes in existence at the time – Pelletstown and Tuam - were directly controlled by the public assistance authorities. Mothers left these homes earlier than mothers in the extern homes and they were allowed leave their children in the homes. See Chapters 13 and 15.

Mullingar county home was also overcrowded with unaccompanied children. In further correspondence the Westmeath council sought permission from the department to transfer five boys aged between three and four years from Mullingar county home to St Joseph's Industrial School, Tralee.[27] When asked for her opinion, Miss Litster stated that she was reluctant to agree but conceded that, in the absence of suitable foster homes, the only way to get children out of Castlepollard was to make room for them in Mullingar county home. The department reluctantly agreed to the move on the proviso that the Westmeath council would continue to seek foster homes for all institutional children maintained by them.

The 1950s

20.67 The congregational council minutes for 1950 suggest that the Department of Health, through Miss Litster, had asked the congregation to consider setting up a home for 'unwanted children': presumably a reference to older children for whom it was proving difficult to find foster homes. It appears that the congregation could not come to a decision and the matter was left in abeyance. This was not the first time that the congregation refused an offer to set up a home in Ireland. In previous years the health authorities had lobbied the congregation to open mother and baby homes in Sligo and Wexford. On both occasions the congregation reluctantly agreed to the proposals and made efforts to source properties in both counties. On another occasion Miss Cruice, St Patrick's Guild, was anxious that the congregation would take over the work of an unidentified mother and baby home in Dublin (this was almost certainly St Gerard's - see Chapter 27). In this instance, the Archbishop of Dublin, Dr McQuaid, refused to allow the congregation to operate in his diocese. However, it seems clear from the congregational council minutes that the Congregation of the Sacred Hearts had no real interest in expanding its operations in Ireland and did not follow up on the proposals with any vigour.

20.68 During her inspection of Castlepollard in May 1950, Miss Litster noted that 28 children aged between two and four years were living there. Miss Litster commented that Meath county council was especially slow in finding foster homes. She also reported that all local authorities found it more difficult to procure foster

[27] See Ryan Commission: http://www.childabusecommission.ie/rpt/01-09.php

homes for boys than for girls. The Castlepollard institutional records confirm this: 20 of the 28 older children living in Castlepollard were boys.

20.69 In 1943, the departmental engineering inspector, Mr Humphreys, had reported that Castlepollard was suitable for the accommodation of 122 women and their babies. However, in May 1950 Miss Litster recorded that 142 women and 143 babies were living there. She noted that the Reverend Mother in Castlepollard had not been told about the assessment of maximum capacity and there was nothing in the agreement between the department and the congregation about maximum capacity. The issue was addressed immediately; a month later the department inspected Castlepollard again to establish occupancy and reported that adult occupancy was in line with its recommendations. However, the number of children living there exceeded the maximum occupancy number by 13; the problem, as always, was that alternative arrangements had not been made for the older children, some of whom were 'mentally defective'.

20.70 Miss Litster's 1950 inspection report stated that, in the period 21 January 1949 to 22 May 1950, 140 infants were born in Castlepollard and a further 40 were admitted after birth. Six infant deaths, and one child death, were recorded during this period; Miss Litster calculated that this was an infant mortality rate of 3%. Despite the concerns about overcrowding, she acknowledged that the mortality rates there were far lower than in other institutions.

20.71 The institution reported to the Department of Health that, on 31 March 1951, 122 women were living in Castlepollard. During the previous year 149 women had been admitted: 75% were maintained by local health authorities and 25% were private patients. Of the 162 women discharged during the year, 44 were discharged to employment. All but one of these women were public patients. Three women left the institution to marry, four were transferred to other unnamed institutions and a further seven were discharged to unspecified destinations. Most women were recorded as being discharged to parents or relatives.

20.72 When Miss Litster next inspected in November 1951, 113 women and 95 children were living in the home. She noted that six children aged three years and upwards should not have been there; five were accompanied by their mothers. Some women had lived in the institution for almost four years because alternative arrangements had not been made for their children. Miss Litster noted that four of

the older children were 'mentally defective' and the prospect of procuring foster homes for them was poor. One child, an unaccompanied five-year-old 'mentally defective' girl, whom Miss Litster had recorded in her previous four reports, had reportedly developed 'a violent temper and vicious disposition' and was deemed 'a danger to younger children'. This child was born in Castlepollard to a private patient who had left the home and who repeatedly refused calls to have the child admitted to St Vincent's Home, Cabra. The child's mother was a native of County Laois and was paying £3 a month for the maintenance of her child. Laois council would not accept liability for the child's maintenance in St Vincent's Home. Miss Litster advised the Mother Superior that, failing successful negotiations between the child's mother and Laois county council, the child should be transferred to the county home. In another instance, Miss Litster discovered that the NSPCC inspector for the area had proposed to bring a three-year-old boy, resident with his mother in Castlepollard, before the courts for committal to an industrial school. Miss Litster strongly opposed the move and demanded an explanation from Offaly county council as to why they were not utilising their powers under the *Public Assistance Act 1939* to provide for the child rather that bringing him before a court for committal to an institution.

20.73 In the period 1 April 1950 to 21 November 1951, ten infant deaths were notified in Castlepollard. All ten had been born in the home and were aged from new-born to seven months at the time of death. Causes of death were given as gastroenteritis (four); congenital heart disease/heart failure (four); prematurity/spina bifida and convulsions/cerebral haemorrhage. Miss Litster calculated that these deaths represented an infant mortality rate of around 5%. While acknowledging that this was relatively low, she noted that it represented the second increase in infant mortality in the home in two years.

20.74 In 1952 the Superior General of the congregation contacted the Department of Health proposing that unmarried women with more than one child should be allowed admittance to their homes. Traditionally, institutional care for unmarried women with more than one child was restricted to county homes. Sister Rosemonde had suggested that women and children already living in the Sacred Heart homes would be placed in Bessborough and Sean Ross and that single mothers and their children living in county homes could be transferred to Castlepollard. The department objected to the proposal for a number of reasons. The primary reason was that this would result in overcrowding in Bessborough and

Sean Ross. Another departmental objection to the proposal was concern that the removal of women from Westmeath to institutions in other districts would isolate them and would ensure that 'family contacts would fail'. The third objection was that the fall in the numbers seeking admission would continue: the department was sceptical that the fall in admissions recorded in the 1950s represented 'a sudden excess of virtue'.

20.75 The Department of Health made a different proposal to Sister Rosemonde, asking her, in consultation with the Superior General, to consider setting up a separate home to cater for unmarried women on their second or subsequent pregnancy in County Meath. Sister Rosemonde met a departmental delegation and the Meath county secretary[28] to discuss the proposal but decided against the move on a number of grounds; the initial cost of a new home would fall on the congregation 'as they would not accept the running of an institution under the direct control of a local authority'; there would be difficulties getting suitable staff; and many single women on their second or subsequent pregnancy would be former residents of one of the Sacred Heart homes and might be reluctant to face re-admission to a home in the care of the same nuns 'due to embarrassment' or 'fear of another lengthy stay'. Congregational council minutes for 1952 show that, at this juncture, the congregation was not prepared to undertake work with 'second offenders' even though it was in discussions with the Irish authorities about doing so. Due to increased pressure from the Department of Health, and some county managers, regarding the 'pressing need' to provide suitable institutional care for single women on their second or subsequent pregnancy the congregation approached Cardinal D'Alton, Archbishop of Armagh, to discuss the possibility of opening a home in Dundalk. However, following correspondence between Cardinal D'Alton and Louth County Council, the congregation withdrew the suggestion.

20.76 In May 1954, a Department of Health memorandum on services available to 'unmarried mothers and illegitimate children' gave an overview of Castlepollard. The memorandum stated that the institution had accommodation for 130 women and 130 children (which was more than the 122 deemed to be appropriate in 1943 - see above). It noted that Castlepollard had previously experienced severe overcrowding but produced figures for the years 1950-52 suggesting that average occupancy had declined considerably. The memorandum stated that, in 1953,

[28] Meath County Council was looking at establishing a mother and baby home at this time and did later set up Dunboyne – see Chapter 24.

average occupancy was 112 women and 96 children. In 1953, Castlepollard received £16,622 in local authority capitation payments and a further £305 from the Maternity and Child Welfare scheme. Total receipts for the year totalled £23,454: total expenditure was £23,539.

20.77 The memorandum noted that weekly capitation rates at Castlepollard in 1953 were £2 for mothers and £1 for children and were intended to cover the cost of all medicines, drugs and medical services provided by the institution. Dr Cullen remained as the visiting medical officer and emergency deliveries and caesarean sections were not undertaken in the institution, but transferred to the National Maternity Hospital, Dublin (Holles Street). Dr Cullen had asked local authorities to consider covering the cost of 'special drugs' such as aureomycin, streptomycin and procaine-penicillin outside of the ordinary maintenance charge. However, Miss Litster urged Dr Cullen not to press the matter and the suggestion was subsequently dropped. The Department of Health agreed that local authorities could pay for the use of drugs such as penicillin 'in certain instances'.

20.78 In April 1955 Miss Litster inspected Castlepollard. At the time of her visit, 111 women and 89 children were living there. She noted:

> The general health of the occupants is excellent. The children especially are well cared for, well clothed, comfortable and well-fed. Good and plentiful play material is provided.

20.79 Miss Litster noted that the women had been admitted from almost every county in Ireland. She acknowledged that the original intention was that the Sacred Heart homes would be regional institutions but recognised that the admission of a large number of women from a small number of counties to any one institution was not conducive to residents seeking to maintain their anonymity. Miss Litster noted that nine children aged two years and over were also living there and described each of their circumstances:

- A two and a half year old girl. Mental defective. She is incapable of walking or talking, has no control over bodily functions, cannot feed herself. Arrangements have been put in train for her admission to St Vincent's Hospital, Cabra. The Health Authority might be asked to make an effort to expedite admission.
- A two year old boy. This boy may not prove suitable for boarding out. It is feared that he has an epileptic tendency.

- A three year old boy. This boy is a fine healthy child. Legal adoption was proposed for him but cannot be arranged because his mother is a patient in […] mental hospital and her consent, even if procurable, would be invalid. I am informed that arrangements are being made for his admission to St Vincent's Junior Industrial School, Drogheda, and I suggest that the Health Authority might be asked to make efforts to obtain a good foster home for him at once instead of sending him to an industrial school.
- A two year old boy. A fine child of healthy appearance. However, he is making no effort to walk. It is possible he may prove to be sub-normal in mentality.
- A two year old girl. A lovely and healthy little girl. Arrangements have been made for her adoption in America and only the passport is being awaited.
- A two year old girl. This child is mentally defective. Arrangements are being made for her admission to the Home for mentally defectives in Lisnagry, Co Limerick. The Health Authority might be asked to make an effort to hasten her admission.
- A two year old boy. Awaiting passport for adoption in America.
- A two year old girl. A healthy and lovely little girl. Arrangements have been made for her adoption in America and the passport is being awaited.
- A two year old boy. A healthy little boy. Arrangements have been made for his adoption in America.

20.80 Miss Litster commented that children from Castlepollard were not sent to the USA for adoption until they reached the age of two; other institutions were sending them when they reached one.

20.81 She noted that a new dining room had been completed. It was 'admirably designed', airy, bright and attractive with tables seating four. The structural problems were continuing - there were patches of damp on the outer walls even though she was visiting after a prolonged period of dry weather.

20.82 In August 1956 the Minister for Health wrote to Bishop Kyne of Meath asking his advice on matters relating to the institutional treatment of unmarried mothers in Castlepollard. The minister was trying to reduce expenditure and was concerned about the length of time women and children were remaining in Castlepollard. The minister said that average annual cost of maintaining a woman and her child in

Castlepollard was £230 and £100, respectively. In his reply, Bishop Kyne said that he had no say in the administration of Castlepollard.

20.83 In July 1957, Miss Litster reported that 101 women and 81 children were living in Castlepollard. Because occupancy in Castlepollard was comparatively low at that point, she urged the department to contact health authorities in Wexford, Kilkenny and Limerick, where county homes had a number of mothers and children, with a view to transferring expectant women and single women and their children from those county homes to Castlepollard. Miss Litster stipulated that the health authorities should be asked to consider transferring women with one child and women with multiple children to Castlepollard.

20.84 In June 1958, the Department of Health inspector, Miss Reidy, inspected Castlepollard. At the time of her visit 103 women and 81 children were living there. She reported that accommodation for women was 'clean, well-kept and adequately comfortable' and was as follows: six seven-bed units and two six-bed units in the main building; the hospital had five six-bed units and one two-bed unit; the isolation unit had four two-bed units.

20.85 Miss Reidy reported that the children's nurseries were 'large, bright and airy' and that the welfare and the wellbeing of both mothers and children was 'excellent'. She noted that the children had a plentiful supply of 'toys and playthings' and a television had been installed.

20.86 Between Miss Litster's 1955 inspection and Miss Reidy's inspection, 332 women were admitted to Castlepollard: four were private patients and the remaining 328 were maintained by local authorities. Almost all the local authorities had residents there. Miss Reidy noted the recorded discharge pathways of 241 children in this period as follows: home with mother/relative (124); USA adoption (13); Irish adoption (seven); Scottish adoption (two); other adoption societies (72); boarded out (three); various children's homes (eight); hospital (seven) industrial schools (five). Nine infant deaths were notified in this period; Miss Reidy noted that this was half the Sean Ross infant mortality rate.

20.87 In 1958, the Department of Health was reviewing the occupancy rates in the three Sacred Heart Homes - see Chapters 18 and 19. The conclusion was that two, rather than three, institutions would be sufficient to meet demand. The department

wrote to Bishop Kyne of Meath pointing out that Castlepollard was the smallest of the three and had the highest cost per patient. The proposal was to transfer women and children from Castlepollard to Sean Ross and Bessborough. Castlepollard would then be available to cater for 'mentally defective children'. In reply, Bishop Kyne said that his diocese was not directly involved in the administration of Castlepollard and that the diocesan council of Meath would not object to the repurposing of the institution.

20.88 As the department gave further consideration to the future of the three Sacred Heart homes, the question of the unmarried mothers who were still using county homes arose. A memorandum, dated May 1958, noted that decreased occupancy in St Patrick's Home, Navan Road (Pelletstown - see Chapter 13) could absorb some women who were using county homes. However, the memorandum concluded that in the event of Castlepollard's closure, the only available accommodation for single women on their second or subsequent pregnancy would be in county homes. (This, of course, was incorrect because Dunboyne had been established for this purpose - see Chapter 24).

20.89 In March 1959, the Department of Health issued a circular letter and questionnaire to every health authority seeking up to date information on unmarried mothers and their children accommodated in county homes and similar health authority institutions. The returns showed that 204 unmarried mothers had been admitted to county homes in the year ending March 1959. On 30 September 1958 there were 94 unmarried mothers and 236 children in county homes. The children were not necessarily 'illegitimate'; many were there because they had disabilities and no suitable institutional place was available; others were homeless. Information about the length of stay of mothers in county homes does not seem to have been collected but the department seemed to think that many stayed only for a month and the majority stayed for less than six months. The department's commentary on the situation is revealing:

> it appears that some health authorities do not endeavour to send unmarried mothers to the Special Homes; they only send them if requested to do so by or on behalf of the mothers. Most health authorities do, however, endeavour to send mothers to the Special Homes, generally first pregnancy cases, but it appears that quite a number of these refuse to go to the Special Homes because they believe they would be compelled to work very hard while there. This type of mother, often of the vagrant class, generally stays only a month

> or so in the County Home and then leaves, taking her child with her; she is apparently not concerned very much about keeping her mishap secret. Health authorities generally have not been aware that second and subsequent pregnancy cases are being taken into the Special Homes so these cases are still accommodated in the County Homes as a rule. It appears that health authorities tend to keep subnormal unmarried mothers in the Homes for long periods - up to 3, 4 or 5 years - as they know that these girls would only get into trouble again as soon as they leave. The mothers of subnormal or handicapped children tend also to be kept in the Homes for long periods - the children are not suitable for adoption, boarding out or sending to industrial schools and health authorities tend to keep the mothers in the County Homes to look after the children until they can be admitted to suitable institutions.

20.90 A memorandum dated September 1959 shows that the department had begun to consider using Castlepollard as a home for women on their second or subsequent pregnancies. At this stage, it is clear that the homes were all accepting some women on their second or subsequent pregnancies but they would not accept the woman's other older child or children. It is also clear that the congregation did not favour establishing a home exclusively for these women.

20.91 This memorandum also dealt with the question of capitation rates. On 1 April 1956 capitation rates for all three homes had been fixed at £2 5s a week for mothers and £1 2s 6d for children. The department had anticipated that these rates would result in a revenue loss at Castlepollard but would result in a £1,500 surplus across all three homes. The department acknowledged that their expectation of a surplus was not realised, that a deficit totalling £7,000 was recorded in 1957 and that the congregation's financial situation had further deteriorated during 1958. The memorandum recognised that lower occupancy was the cause of the financial problems. Sister Rosemonde had called to the department to discuss the financial situation and had intimated that a plan to change Bessborough to a home for 'mental defectives' would be welcomed.

The 1960s

20.92 The Department of Health considered the capitation rates in January 1961. A briefing note at this time shows that the deficit of £7,000 in 1957 had increased to £25,000. The department considered that this accumulated deficit was largely the

fault of the authorities of the homes or their accountants as they had failed to present their annual accounts promptly and failed to draw the department's attention to any serious losses in running the homes. The department accepted that the revised capitation rates would have to cover the costs of running the homes and also deal with the deficit. The expected transfer of women and children from the Children's Home, Tuam (which was due to close - see Chapter 15) to Castlepollard and Sean Ross was a further consideration as this move was expected to increase income for both homes; the department expected that 17 women and 117 children would be re-located from Tuam.

20.93 In March 1961, the Department of Health notified authorities at the Sacred Heart homes that the capitation rates were being increased to £3 for each woman and £1 10s for each child and the increased rates would apply from 1 January 1961. The department also decided to discontinue the grants paid to the homes under the Maternity and Child Welfare scheme as they were not paid to other institutions; the three homes had been receiving a total of about £1,500 a year from this scheme. The revised capitation rates were to be considered 'all-inclusive' and would represent the total contribution to the homes from public funds. This meant that no extra payments would be made by health authorities for any medical services, blood-grouping or any similar tests provided for residents.

20.94 In June 1960, Miss Reidy inspected Castlepollard. There were 78 women and 79 children living there. She reported that the accommodation for women and children was 'clean and well-kept' and that the wellbeing of both was 'excellent'. In the period since her last inspection in June 1958, 337 women had been admitted: 302 were maintained by local health authorities and 35 were private patients. The children's exit pathways were recorded as follows: parent/relative (75); USA adoption (43); Irish adoption (16); other adoption societies (65); boarded out (nine); St Clare's Stamullen (12); industrial schools (two); and Crumlin Children's Hospital (four). There were two infant deaths in the period; the causes were congenital deformity and debility.

20.95 When Miss Reidy visited Castlepollard in March 1962, she recorded that, since her previous visit, 229 women had been admitted; 14 were private patients. Adoption was now the major exit pathway for children. A number of children continued to be described as going home with their mother or a relative but many of these children are very likely to have been subsequently placed for adoption.

20.96 There were six children in the institution aged between three and four; five of these had been transferred from the Children's Home, Tuam. There were 13 children without their mothers; nine of these had been transferred from Tuam; two were 'legitimate' children being maintained by Mayo county council and two were the children of mothers who were in 'special institutions'.[29]

20.97 Miss Reidy concluded her report by stating that no infant deaths had occurred in Castlepollard during this two year period. However, the institutional records show that two infants born in Castlepollard during this period subsequently died in Our Lady's Children's Hospital, Crumlin.

20.98 Miss Reidy next inspected Castlepollard in August 1963. Her report shows that, in the period since her previous inspection, 100 women had been admitted and 77 women were living there on the date of her visit. Adoption continued to be the major exit pathway for children; two children were admitted to Nazareth House, Fahan at the request of their mothers. Two infant deaths were notified during this period representing an infant mortality rate of about 2%. Causes of death were given as congenital heart disease and congenital deformity.

20.99 In May 1964, the Department of Health examined the audited accounts of the Sacred Heart Homes and queried the increased running costs associated with Castlepollard. The congregation's auditors told the department that the annual salaries of nursing staff who were members of the congregation had increased from £50 to £200 during 1963. The auditors stated that there were 14 congregational nursing staff working at Castlepollard at that time. The auditors also advised that renewals and repairs at Castlepollard increased from £1,647 to £3,405 during 1963 and other increased expenditures were attributable to the erection of a new shed (£1,700) and the purchase of a new washing machine at a cost of £757.

20.100 Miss Reidy inspected Castlepollard again in April 1967. In the period since her previous inspection, in August 1963, 684 women had been admitted. There were 72 women and 41 children living there on the day of her visit. Adoption continued to be the most significant exit pathway for children and the problem of older children remaining in the institution was ending. When Miss Reidy inspected in

[29] It is not clear what is meant by this; it is most likely to be either mental hospitals or Magdalen laundries.

August 1968, there were 29 children in the home and all were less than six months old.

20.101 Miss Reidy's last inspection was in December 1969. At the time of her visit 43 mothers and 15 infants were living there. In the period since her previous inspection, 135 women had been admitted. All infant residents were less than six months old. Four women were living in the home without their children. Their children had been placed for adoption and the women were seeking employment. She noted that due to reduced occupancy, all residents were accommodated in the hospital block and the 'old Manor House' was unoccupied.

20.102 During her December 1969 inspection, Miss Reidy was told by Sister Rosemonde that talks had been going on with the Department of Health about the future of Castlepollard. Miss Reidy was clearly not impressed by the fact that she had not been informed by the Department of Health about the closure of Sean Ross as a mother and baby home - she found out only when she sent a client there after it had closed.

> As you are aware, the inspection of Homes for Unmarried Mothers was assigned to me officially in August 1957. The reasons that it is administratively requisite that I should be kept informed regarding any proposed changes under consideration effecting either the running of the Homes or the reception of cases to them, are patently obvious.

20.103 She had not been informed of the talks about Castlepollard either: 'my first intimation also that the closing of the Home is almost imminent came from the Home Authority accidentally, and not, as logically one would expect, through the administrative channel'.

Closure of Castlepollard

20.104 In August 1969, the Superior General of the congregation, Sister Etheldreda, had told the Department of Health that the congregation would be discontinuing services for unmarried mothers at Castlepollard and it planned to dispose of the property. Sister Etheldreda said that she had informed the Bishop of Meath of the decision and, while he expressed his regret that such a decision had to be made, he was most understanding. She said that the property at Castlepollard was in excellent condition and asked if the department had an interest in buying the

estate. She said that any new work at Castlepollard would have to be undertaken by another congregation or lay group as she did not have Sisters available to continue the work there. In November 1969, Sister Rosemonde was asked to meet departmental officials to discuss the matter.

20.105 On 13 November 1969, Sister Rosemonde, Sister Assumpta, Castlepollard, and Sister Hildegarde, Bessborough, met Department of Health officials to discuss the proposed closure of Castlepollard. Sister Rosemonde told the meeting that Castlepollard had accommodation for 130 women but was 'too big and too expensive to run'. She said that the capitation rate paid by health authorities 'was not generous' and that the home had incurred a substantial loss as a result. Sister Rosemonde also stated that the congregation had insufficient staff to run the home and found it impossible to employ nurses because of its remote location. She stated that 'under the old system' women stayed in the home for longer periods and undertook work while living there but that the average stay was now six to eight weeks. She told the meeting that there was no major hospital close to Castlepollard and that emergency cases were taken 60 miles to Dublin by road. This had been undertaken by a local man who was no longer available and she found it difficult to get emergency cases transferred to hospital, particularly at night. She said that the congregation did not want to 'drop out' of their work with unmarried mothers and intimated that they were considering opening a smaller home near an urban centre. However, efforts to establish such a home near Dublin had not met with Archbishop McQuaid's approval because he considered that Pelletstown catered for Dublin's needs. She said that women living in Castlepollard would be transferred to Bessborough.

20.106 A department official said that the decision to close Castlepollard was a matter for the congregation but thought it unwise to close it so soon after the closure of Sean Ross. He calculated that women living in both institutions could be accommodated in Bessborough with four beds to spare. However, it was brought to his attention that in March 1959, 188 women were living in both homes and that Bessborough had capacity to accommodate just 130 women. He expressed his concern that Bessborough did not have capacity to deal with every woman who sought admission to a Sacred Heart home and cautioned that the closure of Castlepollard 'might create serious difficulties' for the department. He also expressed concern that the closure of Castlepollard would leave the midlands and the west of Ireland without institutional services for unmarried mothers and their children. He asked

Sister Rosemonde if the Superior General would consider postponing the closure of Castlepollard for at least six months to give the department time to assess the 'fall out' from the closure of Sean Ross. He concluded by stating that the service provided by the Congregation of the Sacred Hearts at Castlepollard was essential to the midlands and the west and urged the congregation to consider opening a smaller home near Galway or Sligo if plans to close Castlepollard were to proceed. The department wrote to the Superior General to tell her that the department was examining the possibility of using Castlepollard as a home for 'mental defectives' and thanked her for not pressing for the immediate discontinuance of services for unmarried mothers at the home.

20.107 In January 1971, Sister Rosemonde informed the Department of Health that the Superior General had decided to close Castlepollard and that the congregation would no longer admit maternity patients to the home. Sister Rosemonde advised the department that she hoped to have all resident children placed and all resident women discharged before the end of that month. The Longford/Meath/Westmeath Mental Hospital Board bought Castlepollard for £100,000. The Department of Health discussed the use of the £100,000 due to the Congregation of the Sacred Hearts of Jesus and Mary from the sale of Castlepollard and considered that, as a registered charity, the congregation had two options: to transfer the proceeds to the Department of Health for deposit to the Hospitals Trust Fund or to allow the congregation to use the proceeds to pay off their bills until the £100,000 was exhausted. Sister Etheldreda informed the department that the congregation would not object to the monies being spent on the provision of a new 50-bed unit to cater for 'mentally handicapped' girls at Sean Ross. The congregation has told the Commission that it paid £80,000 of the proceeds towards the unit in Sean Ross.

20.108 Concerns were expressed by the county medical officer for Westmeath about the closure and its effects on the availability of services for unmarried mothers in Westmeath. Bishop McCormack of Meath initially objected to the sale of Castlepollard as he considered that the Congregation of the Sacred Hearts should have, under canon law, sought permission from him to do so and protested that he had not been involved in discussions about the closure. (His predecessor had not objected - see above.) Furthermore, he told Sister Etheldreda that he had received representations expressing concerns about the consequences for the care of single expectant women. He said this continued to be an urgent pastoral problem

that could not be dealt with adequately by social services. Bishop McCormack subsequently agreed to the sale on condition that the purchasers would care for the 'nun's cemetery' at Castlepollard. The matter of the 'children's cemetery' did not arise during discussions.[30]

Evidence of former residents

The experiences described by the former residents who gave evidence to the Commission are largely set out in their own words. In some cases, particular information which might identify the witnesses has not been included.

Resident A: Mother, mid 1960s

20.109 Resident A became pregnant at age 18 after being raped by her then boyfriend. When she was six months pregnant she told her parents. She said that the parish priest arranged for her to be admitted to Castlepollard and her parents drove her to Dublin and put her on a bus to Castlepollard. Her parents did not discuss any other options with her and 'sent her away'. She went to the Catholic Protection and Rescue Society before she went to Castlepollard to make arrangements to have her baby adopted. Her mother wanted to keep the baby but her father would not allow it. Her father was afraid of what the neighbours would say and her pregnancy would have brought shame on the family.

20.110 She remembered entering Castlepollard for the first time:

> There was a girl waiting at the gate for me, and took me up to the - and then when I went up to the office I got a pet name, my whole identity was taken away and I got a pet name. Then when any post came in for me it was opened before I got it, and when I was sending out letters they were read before I could seal the envelope. Then I was given a job, you were given jobs like I had to sluice the nappies and I had to take them down to the laundry and I had to collect the bread down there for to bring up for the supper. Some of the days I went down the nuns were carrying the little shoe boxes down, to bury the babies.

[30] Meath Diocesan Archives

20.111 Resident A told the Commission that she saw 'about ten' deceased babies being sent for burial in what appeared to be shoe boxes.[31] The deceased infants were buried on site at Castlepollard.

> I would like to see justice done like where the little babies were buried, you know why? Were they starved, why? I couldn't say they were really cruel or anything like, but I didn't like them burying the babies. I suppose they had to do something with them, but I didn't like that.

20.112 She told the Commission that there was a building on site at Castlepollard known as the 'mattress room' and the women were sent there to give birth if they were 'screaming and shouting'. She had not seen this herself but was told about it by other women at recent meetings held at Castlepollard. She said that she was examined by a doctor and nurse about once a month. The doctor was in attendance when she went into labour and her baby was delivered by forceps. She said that the nuns forced her to breastfeed her baby for six weeks and she had a bad experience with it.

> It was probably a good thing for the baby, but it wasn't good for me…I was made breast feed her and she was really and truly eating me. So, I said it to them, and they got me a shield and that didn't work, and they made me express then. They got me a pump and made me express. That turned me off breast feeding my children.

Resident B, Mother, mid 1960s

20.113 Resident B became pregnant at the age of 17. Her mother took her to her family doctor who suggested that she might move in with a couple in Cork until she had her baby. Her mother then brought her to see their parish priest who recommended that she would be admitted to Castlepollard. Her parents did not consult her or her partner on the decision: 'It was Castlepollard or nowhere'. Her mother drove her to Castlepollard. Her parents signed all the paperwork at Castlepollard. She said that her mother signed her into Castlepollard under a different name to maintain her anonymity. Her mother was determined to conceal her pregnancy and was 'in total denial'. She did not know if her parents paid for her maintenance in Castlepollard. She recalled:

> So, I go to Castlepollard with my parents. I am brought in, introduced to one of the nuns, I can't remember her name. My parents - I was taken out of the

[31] The institutional records show that no infant deaths occurred in Castlepollard during Resident A's time there.

room and my parents had a chat with her. Then I was brought over to what they called the hospital. It was a separate building from the convent.

20.114 Resident B said that the ground floor of the maternity hospital housed about ten Down Syndrome women and their babies.[32] She was put in an eight-bed ward for two months and then transferred to a two-bed ward for the duration of her stay. She was not allowed to use her real name and was given a house name. She said that women did not discuss their personal life with each other as they were 'too afraid'. She wore her own clothes but was given a brown nylon shop coat to wear over them. The women woke at 6am each morning for mass followed by breakfast. She recalled the daily routine as follows:

> Get up, go to mass, have your breakfast, and then basically wash floors, clean windows, change beds; houseworky type things. Some of the girls worked in the laundry…It was more boring than hard… In the evening we would just sit around and read or talk or, you know, talk about nothing basically because we were all afraid to say 'my name is …' type of thing, and you know, 'the guy that is the father of the baby is my boyfriend'. You know, you just didn't talk about your personal life.

20.115 She said that all the beds in Castlepollard were occupied during her time there and stated that some women were from Australia and England. She recalled:

> Well they had English accents, so I presumed they were English. There were girls there that were from the country, but their parents didn't know that they were pregnant. They thought that they were working in England and say it is me, well I would write to my mum and give the letter to the nun not sealed, right. She would read it and if she didn't like anything in it they got a black marker and put a line through what they didn't like, and it was the same when we got post in, if they didn't like something they would censor it… The point I was going to make about the girls that their parents didn't know, that they thought they were working in England, they would write a normal letter home to their parents and say how well they are getting on and all this type of thing and they would send them to England to be posted back to Ireland.

20.116 Resident B did not remember if there was a television in Castlepollard but remembered hearing the radio in the dormitories during the day. The gates to the

[32] The Commission has found no evidence of this.

institution were locked at all times and she had to seek permission to walk the grounds. She recalled that some of the nuns 'were quite pleasant and some of them weren't'. She said that she received no medical attention and 'never saw a doctor' during her time in Castlepollard. She told the Commission that a Down Syndrome girl delivered her baby and that there was no nun in attendance: 'Just as I say this Down Syndrome girl standing beside me holding my hands and me screaming my lungs out'.

20.117 She said that the food served to women in Castlepollard was 'horrendous':

> Breakfast would be a cereal and a cup of tea. Lunch would be a sandwich and dinner was normal dinner…You got what was on the plate and that was it. If you had a big appetite, then you were hungry… It was a harrowing experience. It was like being in jail basically; your freedom, your identity, the whole lot was taken away from you.

20.118 Resident B said that women were free to receive visitors and that her parents and her partner's parents visited her. She said that, although there was no conversation with her parents about it, her child was going to be adopted and that was it. Her mother never spoke to her about her child. She subsequently married the father of her child and he refused to talk about their child.

20.119 Resident B told the Commission that she was in Castlepollard for nine months.[33] She said that her mother would have left her in Castlepollard 'if she had her way'.

20.120 Three weeks after giving birth she was collected by her partner and they handed over the baby for adoption. She and her partner went to England and they subsequently married. The adoption papers were sent to her in England about two years later. She said:

> I knew that she was, you know, that she was going to be adopted and I didn't really have the courage or the conviction to not sign them because at that stage I think I was about 20 living in a foreign country, two children, you know, and I didn't have the means to do anything about it either.

20.121 Resident B subsequently made contact with her daughter.

[33] The Castlepollard register records that Resident B was in Castlepollard for 18 weeks

Resident C, Mother, late 1960s

20.122 Resident C told the Commission that she came from a family of 12 children where there was 'a lot of religion'. She became pregnant aged 18 years in 1968. She did not tell her mother but her mother subsequently found out and was glad that Resident C was gone out of their neighbourhood so that she 'didn't bring shame on the family'. Resident C was put in contact with Fr Colleran, Catholic Protection and Rescue Society, who told her about Castlepollard. She told her friends that she got a job in the midlands and went to Castlepollard in November 1968:

> I went in there. I remember the open armed statue at the door, it was facing the door, and I remember the girl who answered the door… So, she said, 'Mother is expecting you' and I was sitting down, and Mother came in. Again, in my head she was a very large presence. I stood up when she came in and she sat down, I remained standing, which was a very odd thing in a way… She told me that basically, I nearly have the words in my head because I never, I have vivid memories of certain aspects but not others, but she said how I'd been a really bad person and that I was there to make amends, and that I was lucky that they were taking me in, and that the only way I could get God to forgive me was by giving a good Christian family the child that I couldn't rear myself. So that was it… How my mind was, to be honest. I couldn't keep this baby.

20.123 Resident C said that she went into Castlepollard with the idea of having her baby adopted but that she did not know what that entailed.

20.124 She was brought upstairs in Castlepollard and was examined by 'a very nice nun', Sister Justine. She said that, because she did not have 'a huge bump', she was put on night duty and allowed to go into the local town on Sundays to attend mass. Her duties included feeding babies, making bottles and cleaning. When she became obviously pregnant she was put working in the home by day. She remembered:

> I just have in my head this vision of very busy people; stairs being polished and you know all of that sort of stuff, but I don't have any memories of being so tired that I couldn't speak or anything like that, you know? I didn't find it, I mean I come from a family where we all helped out, we had a small little farm and we worked pretty hard tilling turnips and all that sort of thing, so I didn't mind work.

20.125 She had a bed in a dormitory. The women did not have much privacy. She recalled:

> Again I used to share, well when I was younger I shared a bed with two sisters, a double bed, so having your own bed was actually not the worst thing that could happen to you, but it was all very strange and new… So again, personal hygiene was really important and not everybody realised that so you could sometimes be sharing with somebody whose personal hygiene was pretty awful.

20.126 She wore her own clothes in Castlepollard and a house coat. She remembered that women brought their clothes to the laundry and washed them themselves. They could watch television and she remembered watching 'Top of the Pops'. She said that she learned lots chatting to women who came from various parts of the country. She remembered that quite a few of the women were civil servants. They were not encouraged to talk to each other while working but that they had leisure time in the evening and the nuns operated a small shop on the premises:

> And so, they sold, top of the list guess what? Cigarettes, cigarettes and matches top of the list. Toiletries, you could buy your toiletries and baby clothes. There was a lot of sort of almost competition about who would have the nicest clothes for their babies and things like that. What else? Obviously, it sold biscuits… So that, that was the shop. Like we would all be puffing our heads off in the whatever, it was some sort of a sitting room, you know, day room or whatever it was called. That would be an hour or something and then a bell would ring.

20.127 She said that her days in Castlepollard were 'very regimented' and, while food was not ample, the women were fed sufficiently. She remembered:

> It was the very first time that I ever had potato salad. Like, it wasn't something that the farmer's wife made usually. I remember having potato salad, beetroot and tinned corned beef and it was a real novelty. Yes, it was, I was looking at it thinking it was very strange but, you know? So, yeah, you got things like that. So, no, I was never, I was never hungry.

20.128 Resident C told the Commission that her waters broke around six weeks before her baby was due and the nuns were convinced that she had done something to herself to bring on labour. This was the worst part of her time in Castlepollard when she was not believed. She was brought to the hospital and she had a long

and difficult labour. She was attended by a lay midwife and two helpers. A nun brought her son to her but told her that he would have to be transferred to hospital. Her baby remained in a children's hospital for almost two months. She did not have the opportunity to visit him there. When she recovered, she was put on night duty feeding babies:

> Then I was put back on night duty because I was free, I was the one who was free, I didn't have a baby of my own to mind and I was, I think I was probably very good because I took an interest in all of the babies. My interest in babies has never waned. I love babies. Every baby I see I speak to. I fed all of the babies and I would have girls bribing me to feed their baby first, not quite bribing me, but you know what I mean?

20.129 She said that it was difficult to get updates about her baby and she found this very frustrating:

> So, I didn't get weekly updates, or whatever, but when I would ask, she would say no he is not ready to come back yet, or whatever. So I continued almost like, like why am I here, I am a prisoner in my head, you know, and sort of thinking I might escape and go to Dublin and take him out of this hospital, you know I had all sorts of thoughts but obviously there was a number of things that were confining me and one of them was a lack of money. My mother never wrote to me or anything while I was there… the father of the child came once… But he didn't come again, and he didn't want a baby either. Like I didn't want him, and he didn't want either of us. So anyway, loads of times I really just wanted to run away but, in those days, you didn't get mother and payment, you know that? So that was, you know, I couldn't bring the baby home, end of story, and I didn't have any, anybody who said look I'll help you to mind your baby.

20.130 Resident C told the Commission that women stayed with their babies in Castlepollard until they were adopted:

> If it took a year then you stayed a year. For some girls it took longer. There was a girl who had twins and they were finding it difficult to place twins, I think.

20.131 She remembered seeing some older children in Castlepollard during her time there. She also remembered some women who worked in the home and were known as 'lifers'. She thinks that these women had had children in Castlepollard

but were mentally incapacitated to some degree. She also remembered that some women in Castlepollard were there on their second pregnancies and that they 'got a terrible hard time':

> Then there was also a girl arrived one day and I remember it so well. She was slim, beautiful; her hair was beautifully done, etc... She came in, she was there two days, her baby was born and three days later her baby was adopted, and she had her own room. I wondered afterwards, you know, whose daughter was she because obviously she was somebody that the nuns knew? She could have been a politician's daughter, who knows but there was that special treatment.

20.132 She remembered that the priest was treated very well when he came to say mass at Castlepollard on Sundays. She stated that everything had to be perfect for his visit and that he was given his breakfast after mass:

> He got rashers and sausages and the whole lot. We didn't get any of those but if you happened to be in the kitchen when you were cooking them you might have got a little bit. So, it was probably of its time that era when everybody bowed down to the clergy and people had disdain. Like you know you were lower than, it is a very hard thing when you are made to feel that. You know people say you can only be made to feel it if you allow it but I certainly wasn't self-aware or well developed in those days; I didn't have any skills really so I felt myself like a really bad person.

20.133 She said that babies in Castlepollard were 'stuffed with porridge and thick rice and rusks so that they would fatten up' and look healthy for prospective foster parents. She remembered well-dressed couples visiting Castlepollard and presumed that they were prospective adoptive parents:

> I kept thinking maybe they are going to take my baby. I would be looking at people. Then I was told, I was told one, I think it was a Wednesday that you are going to Dublin tomorrow, your baby is being adopted tomorrow. Now I am sure I signed papers, but I have no recollection of signing papers. It is possibly something that I did but it doesn't stand out for me. I don't have this memory of signing away my baby… But I obviously did, I'm sure I did otherwise it wouldn't have happened. I don't know if I knew the full implication of it, but I did, I knew that I had no choice I think, so that was it.

20.134 The witness told the Commission that that she was driven by car to the Catholic Protection and Rescue Society with her baby and accompanied by a nun from Castlepollard. She stated that she had all her belongings with her in the car. She remembered:

> I was put in a room up the top of the house with him and then they brought me in, well it was a nun brought me in a hot bottle and told me to feed him for the last time, so I did. Then she just came in and took him. So I had to stay in the room, I was trying to look out the window to see would I see people going out with him or would I follow them, you know, all this sort of thoughts? Anyway I had to stay for 30 minutes and then no talk, nothing, just 'you may go now'…So I had to put on the brave face and smile and look like life was very good and I'd just come from my job. So, I did that, I suppose I did that, and I did it for years, I was able to, you push it all down there somewhere… So, I didn't ever discuss him. I didn't forget him.

20.135 She met her son 30 years later in the room in which she had given him up for adoption. She said that she had a happy reunion with him and he was now part of her family. Reflecting on her time in Castlepollard, she said:

> I wouldn't, like I would never sort of condemn Castlepollard. I feel that at the time I was what was considered 'in trouble', that was what was on offer. It was a penance, you know? They weren't enlightened about people's feelings… They were God's people and, you know we had, we did have respect for them, there is no doubt about it, and you had fear, you know you did have fear. Probably all of us down there our biggest fear was that somebody would find out about us. Like that was probably one of the biggest fears.

Resident D, Child, born mid 1940s

20.136 Resident D believes that his mother was admitted to Castlepollard in 1944. He has a photograph of her in Castlepollard and she was 'smiling and seemed quite happy'. She stayed with him in Castlepollard for two years and then he spent a further four years there. His mother told him that she was working to contribute towards his maintenance in the home. He suspects that his mother was trying to prevent him from being boarded out but he was subsequently discharged to Tullamore County Home. He told the Commission about his own research into mother and baby homes but said that he had no memory of his time in Castlepollard and that his mother had not spoken much about her time there.

Resident E, Child, born mid 1960s

20.137 Resident E told the Commission that he suspects that his mother was admitted to Castlepollard as a private patient as she came from a wealthy family. His mother was driven to Castlepollard by her father who 'left her there'. He was taken from his mother as soon as he was born and sent to a nursery. His mother did not see him for 13 days. He was then transferred to another mother and baby home with his mother. His mother was collected from there by her father and he was left unaccompanied. He was collected by his adoptive parents three days later. He has never met his birth mother but spoke to her on the phone once for 50 minutes. He stated that his mother had no memory of the time between giving birth and leaving him in the second mother and baby home. Not surprisingly, he has no memory of either institution.

Affidavits received by the Commission

The Commission received a number of affidavits from former residents. These are sworn statements and are reported largely in the words used by the former residents. Unlike those who gave direct evidence, the Commission did not ask any questions of these former residents.

Resident F, Mother, early 1960s

20.138 Resident F was collected from her home by a priest who drove her to Castlepollard when she was 14 years old. She said that she did not know that she was pregnant. She was given a 'house name' but she refused to acknowledge it:

> I was told 'from now on you answer to the name […]'. I did not respond to being called […] because my name is […]. I got my ear pulled or a thump on the back or my hair pulled by the nuns when I did not respond to being called […]
>
> …Their behaviour and aggression towards me was vicious and spiteful…They would give me a vicious knock, hit or dig. The nuns were unkind, hostile, spiteful and mean.

20.139 She said that she was subjected to beatings by the nuns:

> I was beaten by the nuns with a stick. They would beat me all over, on my head, my arms, my legs, anywhere. I don't recall what I did to get beaten so badly. I had massive welts and bruises all over me. I saw other girls get

beaten with sticks and saw their welts and bruises. No one visited so no one knew what they did to us. You got beaten by sticks or by their hands; across your face, your head, hands, arms, legs or torso.

20.140 She said that the nuns made her unblock toilets with her bare hands. This used to make her physically sick and she could not get rid of the putrid smell. She stated that 'sometimes a nun was kind' and would give her a bar of scented soap after unblocking the toilets.

20.141 She said that the sanitary towels given to women in Castlepollard were made from towelling:

> We were given six towels each and they had to last for the whole of your period. They were made of towelling, but they were like gold dust. They would be stolen by the other girls if you did not hide them well. The towels were hard and smelly. You had to wash them by hand before they were taken away and boil washed in the laundry. You washed what you had out to use again but they were awful things to use…We had to deal with periods every month…I dreaded my periods and I think every girl did.

20.142 She said that the 'older girls' in Castlepollard were 'malicious and nasty' and physically assaulted and threatened her. She said that she was hit and smacked across the face by the older girls and that the nuns did nothing about it. She stated that some of the girls would take her clothes and underwear and if she complained to the nuns, they would physically assault her.

20.143 She said that she had a difficult pregnancy and was put on bed rest for six months. She was transferred to a hospital in Dublin to give birth and then returned to Castlepollard with her baby. She stated that she was not allowed enough time to recover and was made to go back to work in the home even though she could not walk on her own. She said that the nuns had no concern about her and did not care about her welfare.

20.144 She said that the nuns were unsympathetic to women if they were sick or ill:

> I had in-growing toenails and never had treatment for them while I was at Castlepollard. No one did anything if you were ill, the nuns did nothing, you were left to deal with pain…Some girls would get hurt by doing their jobs, some would get hurt in the laundry room by machinery or down on the farm.

> The nuns would bandage the girls; no one was sent to the hospital or seen by doctors. The same could be said about the girls in labour, the nuns delivered the babies…

20.145 She said that she was put in charge of one of the dormitories:

> Working in the dormitories was a better job than most. I think there were 12 beds and one chest of drawers for all of us in our room. Our clothes were laid out every two days or so. Everyone had their names on their clothes. Our underwear had to last two to three days before they were changed. There was no storage in the room for clothes…When important people came to Castlepollard I had to change the beds and put these new bedspreads on beds and put the old ones in the chest of drawers. Once they were gone the old canopies came out.

20.146 She said that each bed had a pillow, blanket and sheets. The bedspreads were taken off the beds at night and women were not allowed to use them to stay warm. The dormitories had radiators but that they were not left on long enough to heat the rooms: 'You went to bed cold and you stayed cold all night and you woke up cold'.

20.147 She said that the daily routine in Castlepollard began at 5am when women went to mass and then had breakfast. They then went to work in the laundry, ironing, cleaning, tending to the dormitories and working on the farm. The women did all the work while the nuns supervised:

> They would beat you or wallop you if they thought you did not work hard enough or do it right. They would make you do it again. They were very cruel and blamed us for them being in the convent. They are the cruellest people under the sun and the harshest on the planet.

20.148 Breakfast at 7am was porridge with milk and sugar on top. Lunch was between 1-2 pm and consisted of bread with jam or cheese, with ham every so often. She said that dinner was at 5pm and that it was 'a proper dinner' with meat and vegetables:

> We had to line up and our food was served by other girls. You wouldn't and couldn't line up for seconds. We would have a pudding, normally rice or semolina and every so often apple pie and custard. We were always hungry.

20.149 The women were allowed to watch television in the evenings and that they were in bed by 9 pm. The women washed every day in a sink and they had toothbrushes and toothpaste. She said that she hid her toiletries because other women would try to steal them.

20.150 She said that the nurseries in Castlepollard were well-run and the children were treated well. Sister Angelina was in charge of the babies and she was a lovely lady:

> The children had plenty of clothes, nappies and plenty of food. The children were immaculate. You could pick out outfits for your child to wear. The children had plenty of food. Not many babies were breast fed, mostly bottle fed, I think because the children were moved on and adopted. There were children there as old as 5-6 who were never adopted.

20.151 She said that she was upset when her baby was taken for adoption and the nuns showed her no sympathy. She said that at some stage she had signed her name on a document but she did not know what it was. She believes that these were documents relating to the adoption. She remained in Castlepollard for six weeks after the adoption and was then taken to a hospital in Dublin where she worked in the kitchen and lived onsite.

Resident G, Mother, early 1960s

20.152 Resident G became pregnant at the age of 19. Her mother discovered that she was pregnant and sent her to Castlepollard. She had no say in this decision. When she entered Castlepollard, she was given a 'house name' and a uniform. She was not made to work in the home as she was heavily pregnant and had swollen ankles. Her labour was uncomplicated and one of the nuns helped to deliver her baby. She was not given any pain medication. She found the birth to be a traumatic experience as she was alone and did not have any family member with her and she was not shown any compassion by the nun.

20.153 She was sent to work in the laundry at Castlepollard a few days after giving birth:

> I worked six or seven days a week from early morning until evening. The working conditions were very difficult due to the long hours and the heat and I felt constantly exhausted…The nuns told us that we had to work to pay for the cost of our upkeep in the home.

20.154 She bathed and fed her baby every day but she was not allowed to spend any great amount of time with her child. She feels that this was a conscious effort by the nuns to prevent mothers and children from bonding. She said her baby was kept in a play pen all day and that had impeded his physical development. She said that the mothers were only given limited information about their babies.

20.155 She said that, while she was not afraid of physical abuse at Castlepollard, the nuns subjected her to emotional abuse. She said that she felt she was not able to complain of her treatment as the nuns would not have listened. She said that this contributed to 'the culture of fear' in the institution.

20.156 She said that living conditions in Castlepollard were 'basic' and that the nuns enjoyed a 'better lifestyle'. Women had little freedom and there were no opportunities for recreation, education and exercise. The nuns read all her incoming and outgoing letters and this prevented her from forming meaningful relationships with anyone outside Castlepollard:

> It was very lonely and depressing living in Castlepollard. I felt that I was locked away for all that time, despite the fact that I had not committed a crime.

20.157 She said that she signed documents relating to her baby's adoption under duress. She said that she was never informed of her rights and was not offered any advice. She said that the nuns reduced the amount of time that she got to spend with her baby after signing the adoption papers. She felt that this was to reduce any chance of bonding. Her baby was adopted by an American couple when three months old:

> The night before [my baby's] adoption, I was given clothes to dress him in and the nuns had given him a teddy bear and a prayer book. The next morning, I woke up early to bathe and dress him. As I was trying to say goodbye, a nun entered the room and removed him from my arms stating that he had to go now…I later learned that he was taken to Shannon airport with a nurse and flew to America.

20.158 She said that she subsequently learned that the adoptive parents handed money over to the nuns at Castlepollard and that 'payments continued for a number of years'.[34]

[34] The witness did not provide any evidence to substantiate this statement.

> I was never informed of this fact by the nuns and I was shocked by the reality. I felt as if my son had been sold.

20.159 She remained in Castlepollard for a month after her baby was adopted.

Resident H, Mother, late 1960s

20.160 Resident H became pregnant, aged 20, as a result of rape. She subsequently contacted the man who promised to support her but then disappeared. She then went to see this man's parish priest and told him her story. She said that the priest sexually assaulted her in his car. Her parish priest arranged for her to be admitted to Castlepollard. She said that going to Castlepollard was initially a relief for her as she was having so much trouble at home. She was given a 'house name' and 'a big floral smock' to wear. Her days in Castlepollard were 'long and boring' and the women were not allowed to speak to each other. She said that the medical officer examined her every week:

> I hated him; he was so rough with really big hands. He used to examine me internally from the back passage and I was sore for ages after. I went into labour … and was still there two days later. I was given nothing to eat in case I was sick…Eventually, [three days later] I was put in the main labour ward and they sent for [the medical officer]. He had a face like thunder as he was so annoyed that he had to come in. He and Sister Aiden put me to sleep and I had to have a forceps delivery. He woke me up and stitched me in cold blood with not even a local anaesthetic. I will never forget the pain. I later found out that he had cut right through my rectum and I had six stitches. I couldn't go to the toilet properly for years after that.

20.161 She said that she was unable to walk after her labour as 'they had damaged a nerve in my right leg'. She said that no one was allowed to breastfeed in Castlepollard and that women had to express their milk and feed their babies with a spoon:

> I really wanted to feed my baby myself but instead I couldn't see her. The other girls kept saying how beautiful she was. I wasn't allowed out of the bed and didn't see her until after Christmas. All the time I was expressing, and she was being fed off a spoon. I had engorged breasts with milk lumps in my shoulders and upper arms. I was in so much pain…I was in agony…They wrapped me in tight bandages to relieve me…I was forced to stay in bed for 21 days.

20.162 She said that when she held her baby for the first time, she was determined to keep her. She was sent to work in the laundry when her baby was six weeks old:

> It was a horrible place and the smell hit you each morning. Filthy nappies and sanitary towels called 'rabbits' were washed in huge washing machines. We could only see the babies at feeding time when you expressed your milk and fed them with a spoon. All the time we were feeding we had to recite the rosary out loud and so couldn't talk to our babies. Once they were fed, we changed their nappies and went back to work.

20.163 Her foster mother told her that she could bring her baby home and keep her. The witness 'jumped at the idea' as she did not want to put her baby up for adoption. She said that the nuns did not approve of the move as she did not have the means to support herself and her child. Life with her foster mother was difficult and she struggled with being a first time mother. She said that she used to get 'incredibly upset' and had no one to turn to for help or advice. After six months, she and her baby were re-admitted to Castlepollard. She said that the nuns were very persuasive, and she agreed to put her baby up for adoption. She realised that she could not work and look after her baby at the same time and realised that she had very little to offer her baby:

> The nuns painted a wonderful picture of the life she would have in the USA and how could I deny her that…I don't know where I got the strength to make the decision as they suggested but I did so and I agreed to return to Castlepollard…I dreaded going back there and I didn't know how I would be received.

20.164 She said that she and her baby were put in isolation for two weeks and were brought food by one of the women. When they were released from isolation she saw her baby only for short periods each day and although she never saw any evidence of it, she wondered if her baby was given 'any injections'.

20.165 She said that she worked in the front hall of the home during this period. On one occasion she was physically attacked by one of the nuns which left her with 'scratches on her arms and covered in flour'. This nun also verbally abused her and told her that all she was good for was 'lying under men'. Another nun asked her not to tell the Reverend Mother about this:

> Living in Castlepollard was like living in a prison. I couldn't leave while I was there but, even if I could have done, I had nowhere to go…We had to work all

> the time…There was the odd argument or fight when one of the girls didn't follow the rules but I didn't get involved in any of that and tried to stay out of trouble. A lot of it I don't remember.

20.166 The witness said that the women lived in the convent. There was no heating, although she was allowed a hot water bottle, and the building was freezing in the winter. She slept in a ten-bed dormitory and was allowed to bathe once a week for 20 minutes. She said that 'there was no medical care or attention, not even an aspirin'. She described the food in Castlepollard as 'adequate' with porridge for breakfast; soup and bread for lunch; and stew with vegetables followed by pudding for dinner. She did not know if the nuns ate the same food as the women. There were no opportunities for education at Castlepollard but they had recreation time for an hour every evening when they watched television.

20.167 Her child was adopted by an American couple when she was two years old. She was then free to leave Castlepollard but had nowhere to go. She contacted her birth mother who arranged for her to live with her aunt in the UK. She was subsequently contacted by her daughter and that they now have a wonderful relationship.

Children born in Castlepollard in the 1960s

20.168 Seven people born in Castlepollard provided affidavits. They had no recollection of their time there. One described his time in an industrial school. A number described their experiences of adoption.

20.169 Some provided anecdotal evidence about their mothers' experiences. One man who was born in the mid-1960s said that his mother told him that the treatment was terrible and inhumane:

> She said she was made feel like a criminal for having a baby and was constantly made to feel guilty…She said she would never be able to publicly acknowledge my existence because of the shame she felt and she was terrified that anyone would ever find out about it…My birth mother said that she did not suffer any beatings at the hands of the nuns, but she spent the majority of the day on her hands and knees scrubbing stone floors. She told me it was a very emotionally traumatic time and that it impacted her mental health severely.

Evidence of former staff heard before the Commission of Investigation

Sister Sheila Buckley, Castlepollard, 1968-71.

20.170 Sister Sheila told the Commission that she worked as a midwife in Castlepollard from 1968 to 1971. Two other midwives assisted her. Dr Cullen, an obstetrician, was medical officer to the home at that time. He visited every Tuesday to examine the women living there. He did not attend at normal deliveries but did so if there was a complication, if there was foetal distress or if the mother was unable to deliver. Sister Rosemonde was Mother Superior at Castlepollard during her time there.

20.171 The nearest maternity hospital to Castlepollard was the Coombe Hospital, Dublin, which was a two hour drive away. The home did not have an ambulance to transport emergency cases. She said that there was 'great cooperation' between Castlepollard and the Coombe who were always willing to take women from Castlepollard when necessary. Sister Sheila stated that societal attitudes to single motherhood were changing at that time:

> They were inclined to go more into the hospitals to have their babies and then they would be transferred from the hospital to us until such time as the mother made up her mind whether she wanted the adoption or whether she would keep the baby, so they were given that time.

20.172 Sister Sheila said that it was still policy that women would take a 'house name' in Castlepollard in the late 1960s:

> Well the girls were offered this name and they all wanted to take names when they came in and it was just because of confidentiality really, you know. If anybody didn't know that they were there and they rang up phoning, well if they didn't know the house name you knew you could decline and not always give out the information.

20.173 Sister Sheila stated that the maternity hospital at Castlepollard was a modern well-equipped unit and that it was 'quite a nice place to work'. With regard to the general atmosphere in the institution she stated:

> It was quite pleasant. There was the odd disagreement I suppose between them but that's always, they were all right the next day, an odd grumble here and there.

20.174 Sister Sheila stated that Sister Rosemonde interviewed every woman on her admission to the maternity hospital at Castlepollard. She stated that the purpose of the interviews was to find out who they were, whether they intended to keep their babies and to ascertain if any family members were aware that they were in the home.

20.175 She said that there were typically ten to twelve babies to be cared for in the neonatal nursery at any one time. She and a nurse looked after the babies and were helped by some of the young mothers waiting to have their babies. She said that it was a popular job for some of the women. She said that mothers went to the nursery to feed their own children. With regard to breastfeeding, Sister Sheila stated:

> Well they would feed if they wanted to but very few of them did want to breastfeed so they used to express the milk and then that was boiled and given to the.., put in the bottles and given to the babies…some of them went home a bit early, you know, if they didn't make a decision about the baby and they wanted the time to think, they didn't want to be breastfeeding and then going home. So, it was to keep their breasts from getting engorged and all that kind of thing.

20.176 Sister Sheila explained that if a woman was undecided on whether to put her child up for adoption, she would leave the baby in Castlepollard while making her decision. She said that, while some may have decided to take the baby home, most women were advised by their families to have their babies adopted. She said that adoptions from Castlepollard were managed by Fr Regan of St Clare's Adoption Society, Stamullen, in conjunction with Sister Rosemonde. Sister Sheila said that she sometimes brought infants from Castlepollard to Bessborough to be adopted through the Sacred Heart Adoption Society. She stated that on some occasions, but not always, foster parents waiting at Bessborough would give her a donation of £10 to be given to Sister Rosemonde:

> If I took a baby to the parlour and if somebody would put a note in my hand, that's the only thing that I am aware of a donation. They might say, to help

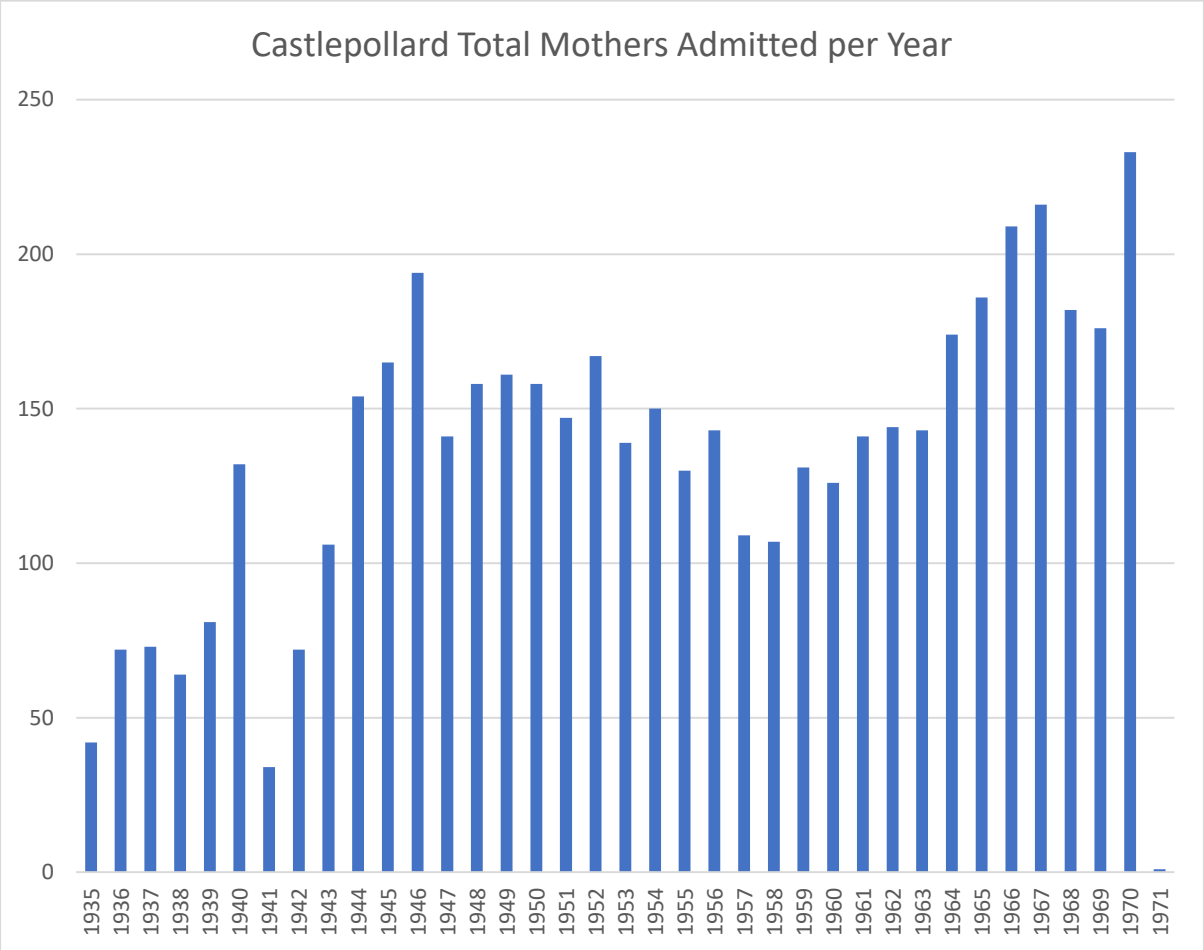
you with the petrol, Sister, or something they might say, something like that, you know.

20.177 Sister Sheila said that no infant deaths occurred in her nursery during her time at Castlepollard. However, she said that infants who died in the home were buried in an onsite burial ground. She moved to Bessborough when Castlepollard closed in 1971.

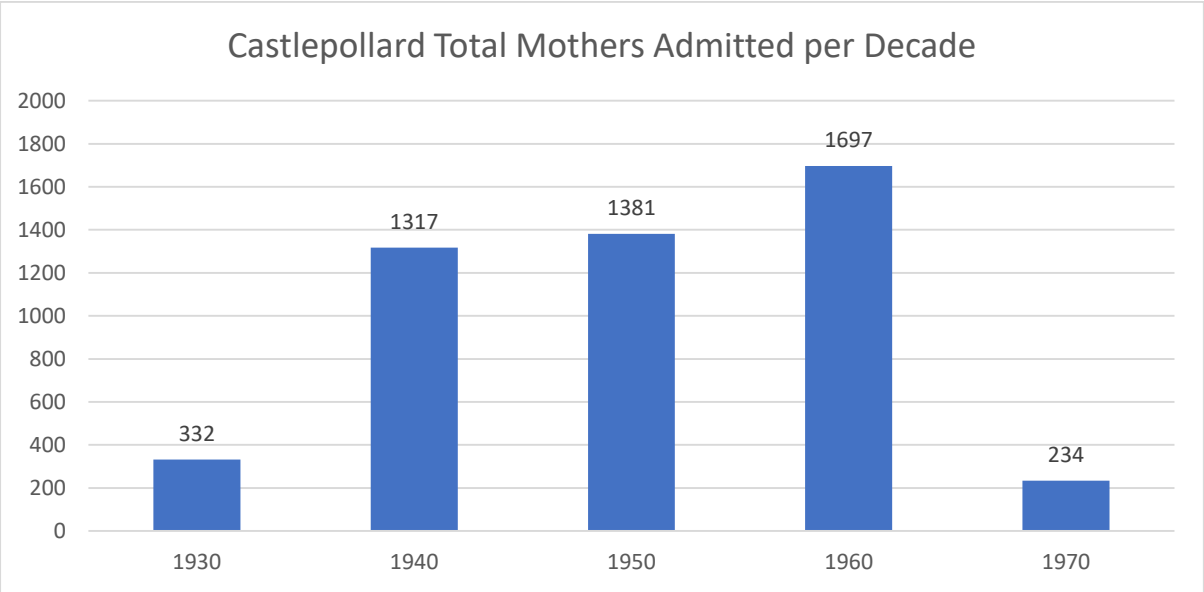
Chapter 20 A: Castlepollard Statistical Analysis

The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. However, as is clear from the analysis below, the statistical returns made to the Department of Health by the institution are broadly in line with the Commission's analysis. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

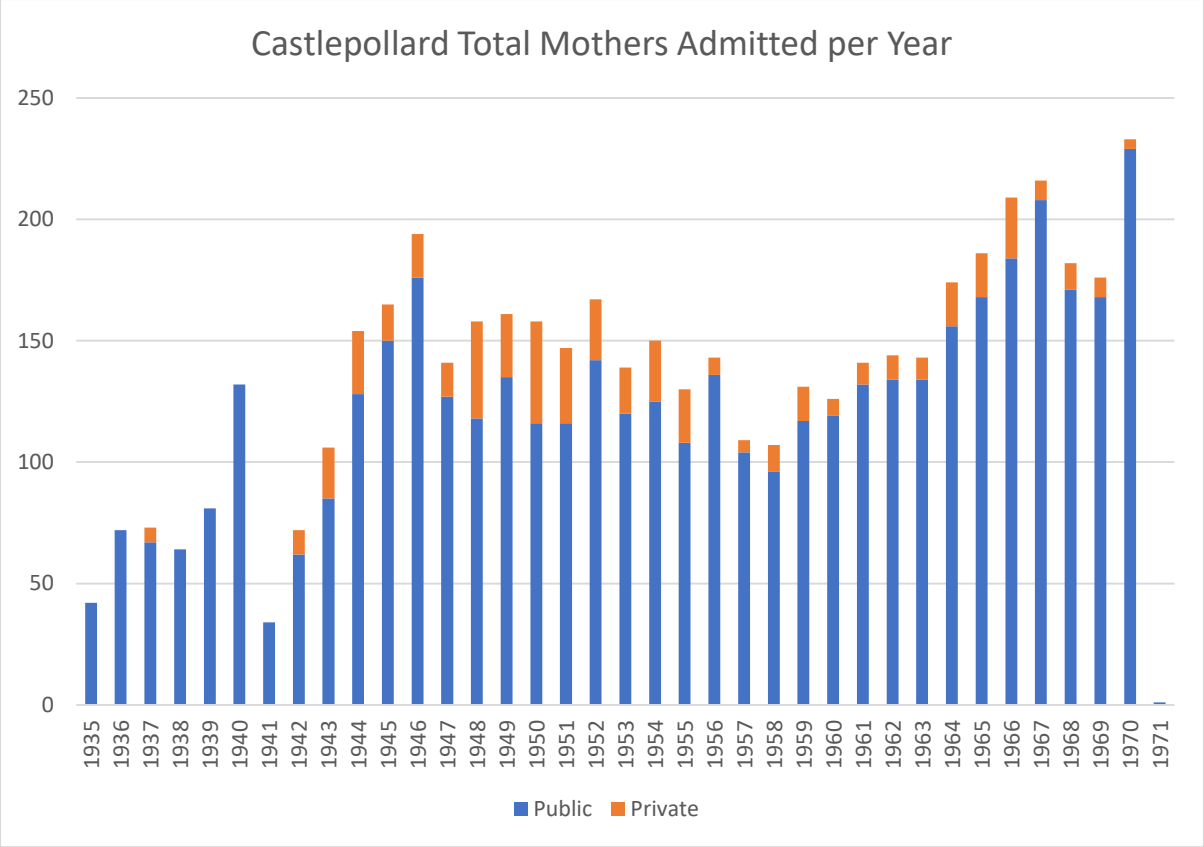
Admissions



The Castlepollard institutional records show that 4,972 women were admitted to the home in the years 1935-71. Information relating to date of admission was available for 4,961 women (99.8% of admissions). On opening, Castlepollard had accommodation for 37 women. However, in its first full year in operation 72 women were admitted. Throughout the 1930s admissions were routinely double the capacity of the home. In 1940, 132 women were admitted to the home causing acute overcrowding. Following DLGPH advice, Castlepollard closed to new admissions for much of 1941; 34 women were admitted that year. Admissions increased steadily during the remainder of the war years and peaked in 1946 when 194 women were admitted. From 1947 to 1957, 146 women on average were admitted annually. Admissions began to increase again from 1959 and peaked in 1970, the home's final year in operation, when 233 women were admitted.

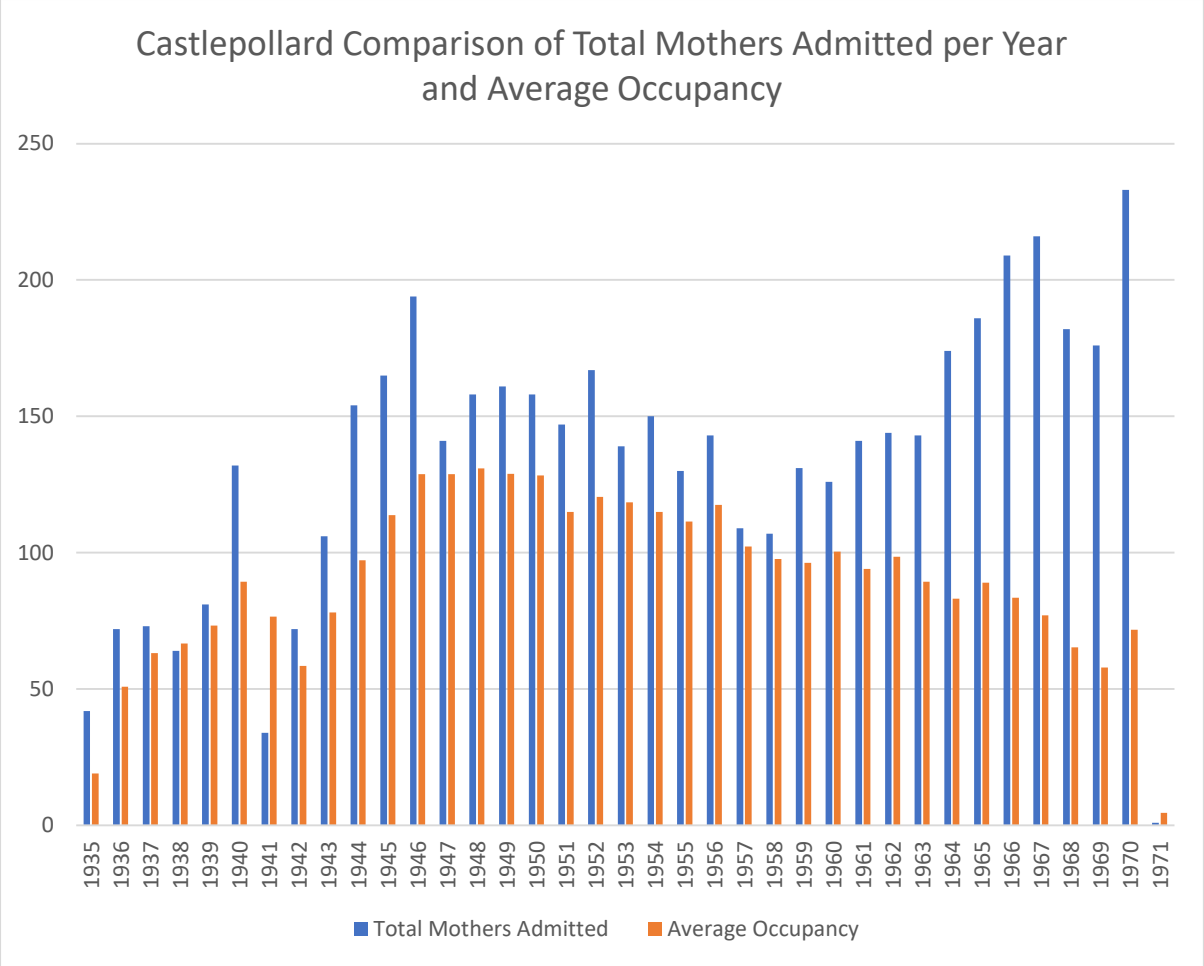


Analysis by decade shows that most admissions to Castlepollard were recorded in the 1960s (34.2%) followed by the 1950s (27.8%); 1940s (26.5%); 1930s (6.7%) and the 1970s (4.7%).



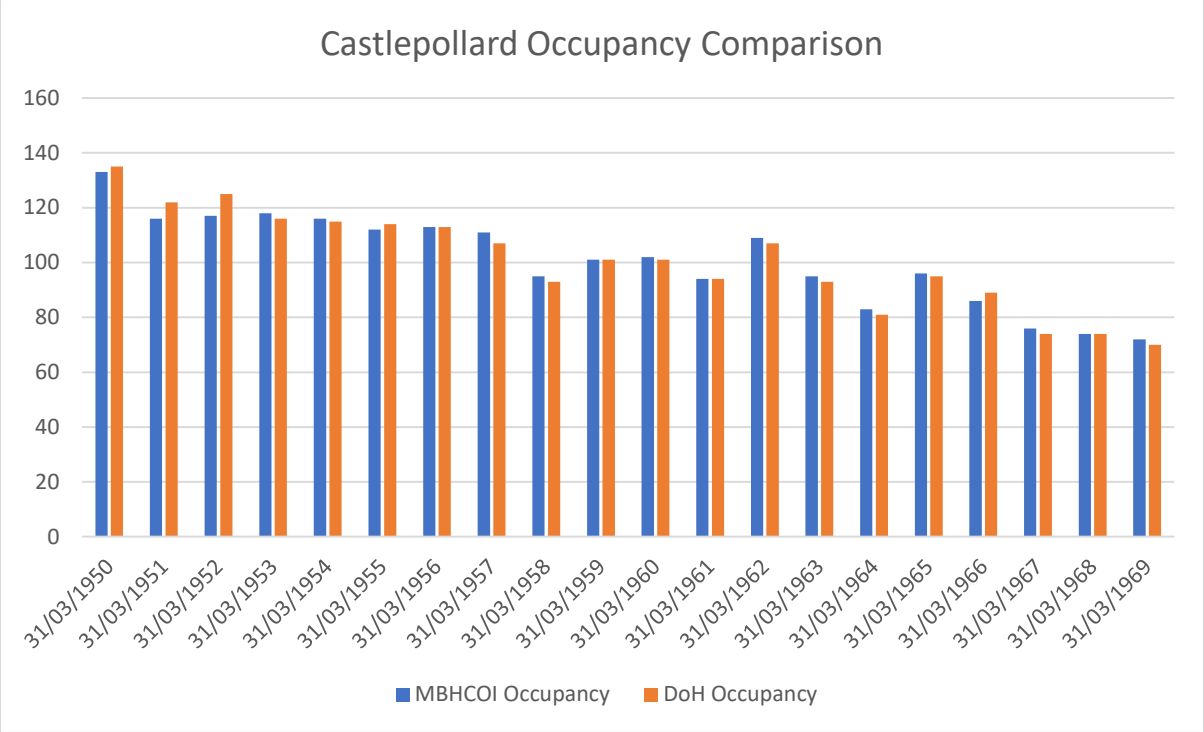
Private patients accounted for around 10% of admissions to Castlepollard. Most private patients were admitted between 1948 and 1955. They accounted for one in four of admissions in 1948 and 1950.

Occupancy

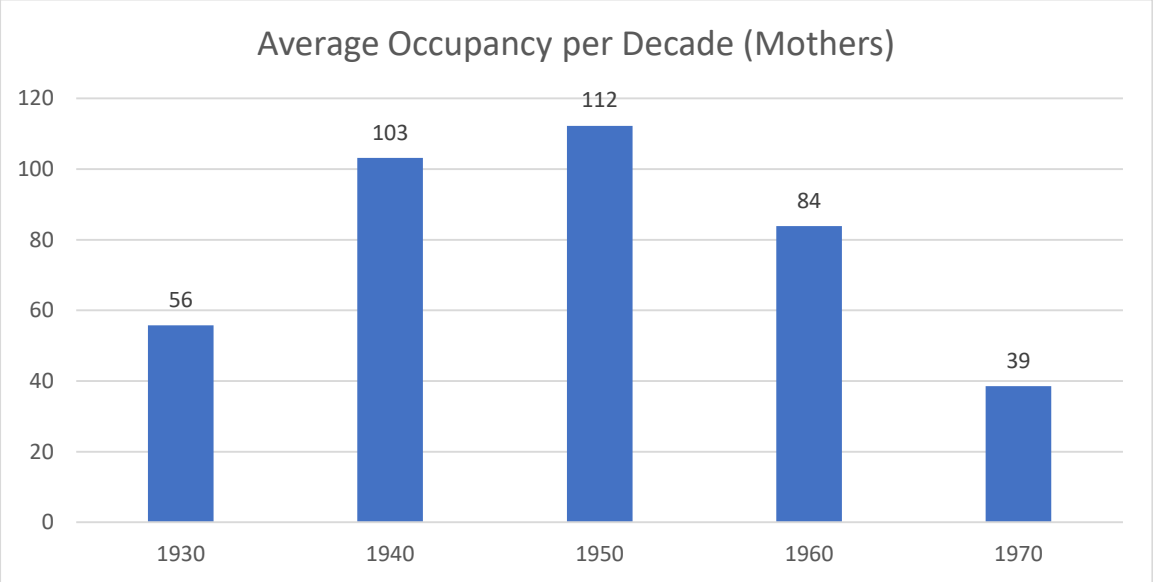


Information relating to occupancy was available for 4,846 women (97.3% of admissions). The institutional records show that occupancy, in relation to the number of admissions, was relatively high throughout the 1930s and was higher than the number of admissions in 1938. High occupancy rates generally related to periods where women stayed for longer durations in the institution and correspond with periods of overcrowding as identified in the historical records. Increased admissions to the home in 1940 caused acute overcrowding to the extent that restricted admissions during 1941 did little to reduce the occupancy rate that year. Occupancy rates increased again in 1943 and remained relatively high until the mid-1950s. Although admissions began to increase significantly in the 1960s occupancy rates declined steadily. This mirrored trends in other mother and baby homes and reflected shorter stays because of the availability of legal adoption.

Occupancy comparison

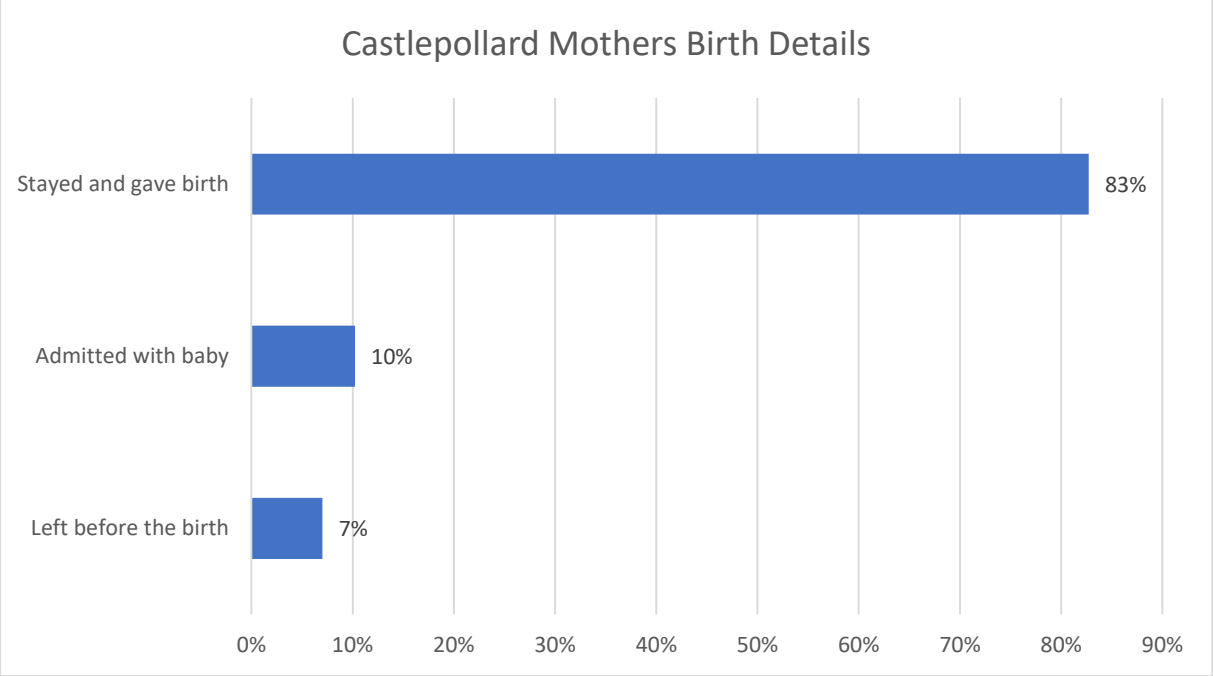


A set of annual statistical returns sent by Castlepollard to the Department of Health for the years 1950-69 inclusive allowed for a comparison of occupancy rates notified by the Congregation of the Sacred Hearts against occupancy rates independently calculated by the Commission. Temporary absences from the home, such as cases where women were temporarily in another hospital, are excluded from the Commission's calculations and may inflate the Commission's numbers slightly. Notwithstanding this, it is clear that the occupation rates notified by Castlepollard are broadly in line with the Commission's calculations.



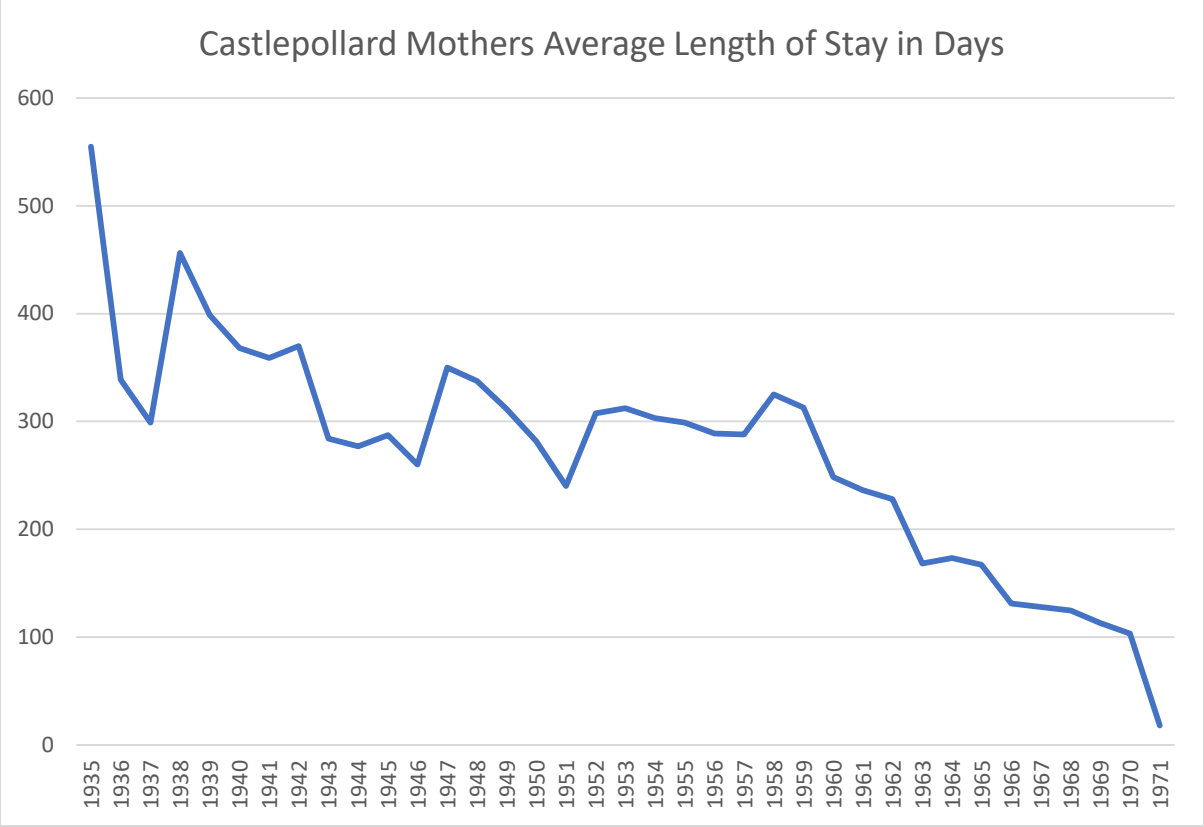
Analysis by decade shows that there was little variation in average occupancy in Castlepollard in the 1940s and 1950s. A similar number of women were admitted to Castlepollard in both decades (1,317 in the 1940s and 1,381 in the 1950s) and average occupancy was 103 and 112 respectively. A significant change, however, can be identified in the 1960s. Although admissions increased significantly during the decade (1,697 women were admitted) average occupancy had decreased to 84. Although less admissions were recorded in the 1940s and 1950s a woman admitted to Castlepollard in that period could expect to be living with another 106 women on average. Although admissions increased in the 1960s a woman admitted in that decade could expect to be living with another 83 women on average.

Birth details



Information relating to birth details was available for 4,913 women (98.8% of births and admissions). The institutional records show that 83% of women admitted to Castlepollard were admitted pregnant, gave birth and stayed; 7% were admitted pregnant, left before giving birth and did not return and 10% were admitted to the institution for the first time accompanied by their baby having given birth elsewhere. Of the women admitted pregnant, who gave birth and stayed, 92% gave birth in Castlepollard, 6% gave birth in the Coombe and 2% gave birth elsewhere.

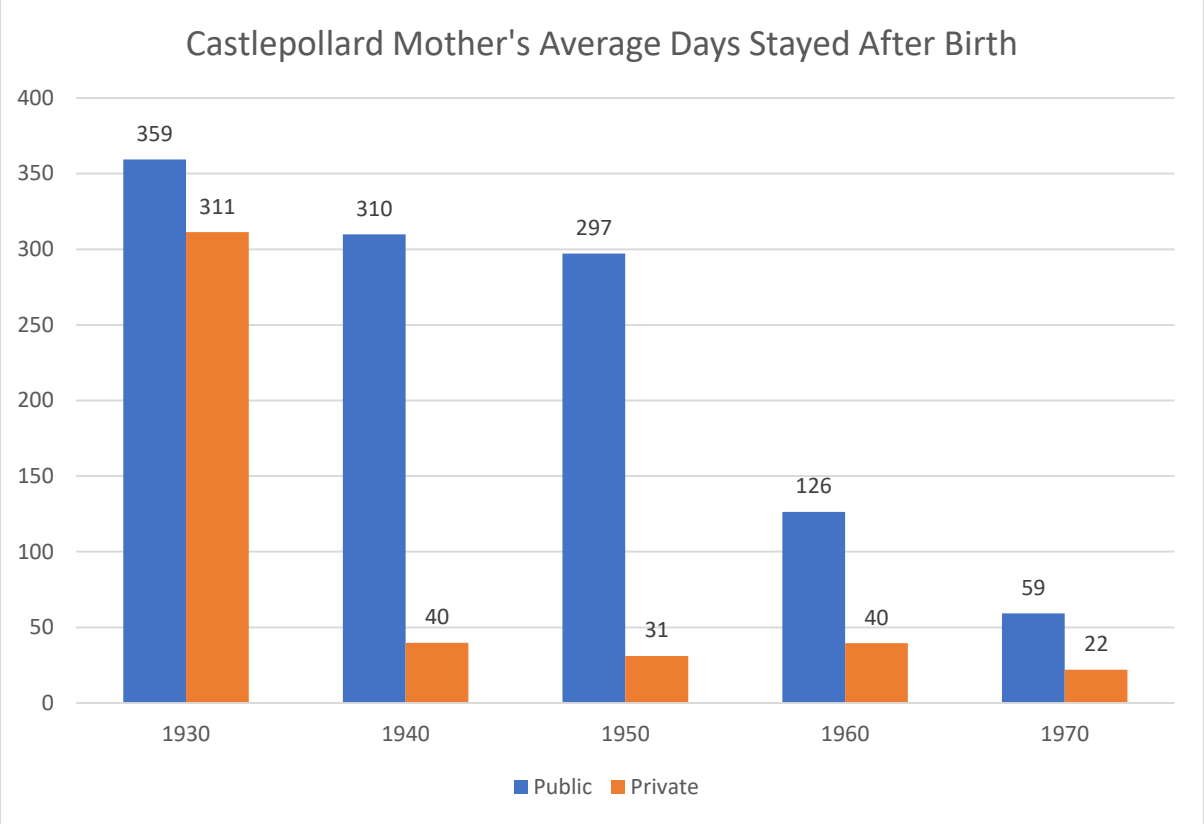
Length of stay



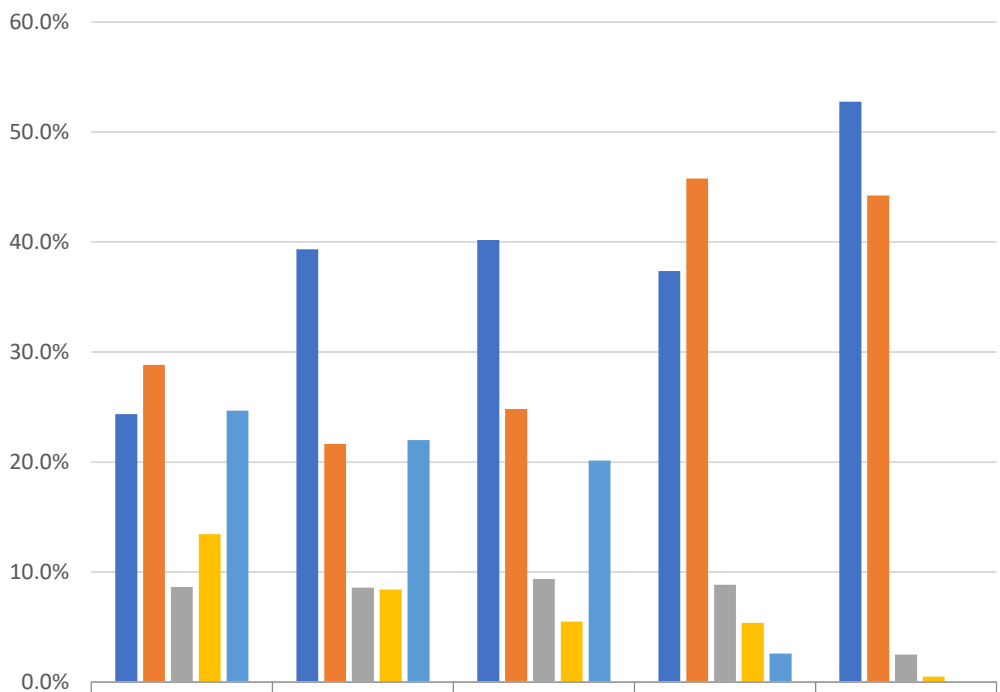
Information relating to length of stay was available for 4,836 women (97.3% of admissions). Length of stay was longest for women admitted during 1938.[1] Women admitted that year spent 456 days on average in the home: one woman spent just eight days in the home while others remained there for over three years. Average length of stay decreased gradually until 1946 but increased significantly for women admitted in 1947. In the period 1947 to 1959 length of stay remained relatively high at 304 days on average. Length of stay decreased dramatically during the 1960s and for women admitted in 1970, the home's last full year in operation, women spent 103 days on average in the home.

Analysis by decade shows that the average length of stay in Castlepollard was highest during the 1930s. Although the average length of stay decreased somewhat in the 1940s there was no great reduction until the 1960s. A woman admitted to Castlepollard in the 1960s could expect to spent around half as long in the home as a woman admitted in the 1940s.

[1] 1935 is discounted here as it was not a full year.



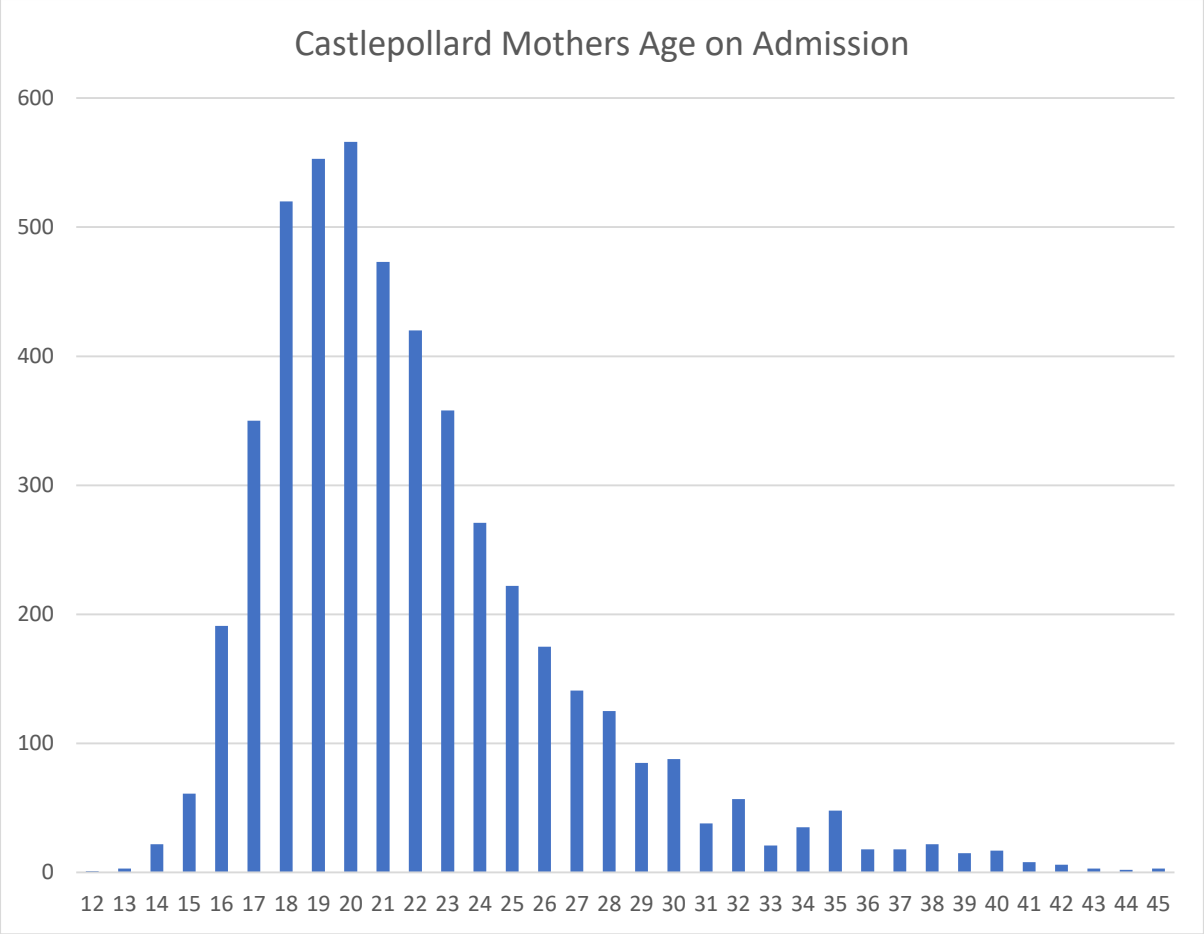
Comparative analysis of average length of stay between public and private patients shows that while private patients spent slightly less time in the institution in the 1930s, they spent significantly less time there from the 1940s through to the 1970s. For instance, in the 1940s the average stay for a private patient was 40 days; approximately one eight of the 310 days on average which public patients spent in the home. Although this margin reduced somewhat in the 1960s and 1970s public patients remained in Castlepollard around three times longer than their private counterparts in those decades.



	1930	1940	1950	1960	1970
A: 50 days or less	24.4%	39.3%	40.2%	37.4%	52.8%
B: 51-180 days	28.8%	21.7%	24.8%	45.8%	44.2%
C: 181-365 days	8.7%	8.6%	9.4%	8.9%	2.5%
D: 366-700 days	13.5%	8.4%	5.5%	5.4%	0.5%
F: Over 700 days	24.7%	22.0%	20.1%	2.6%	0.0%

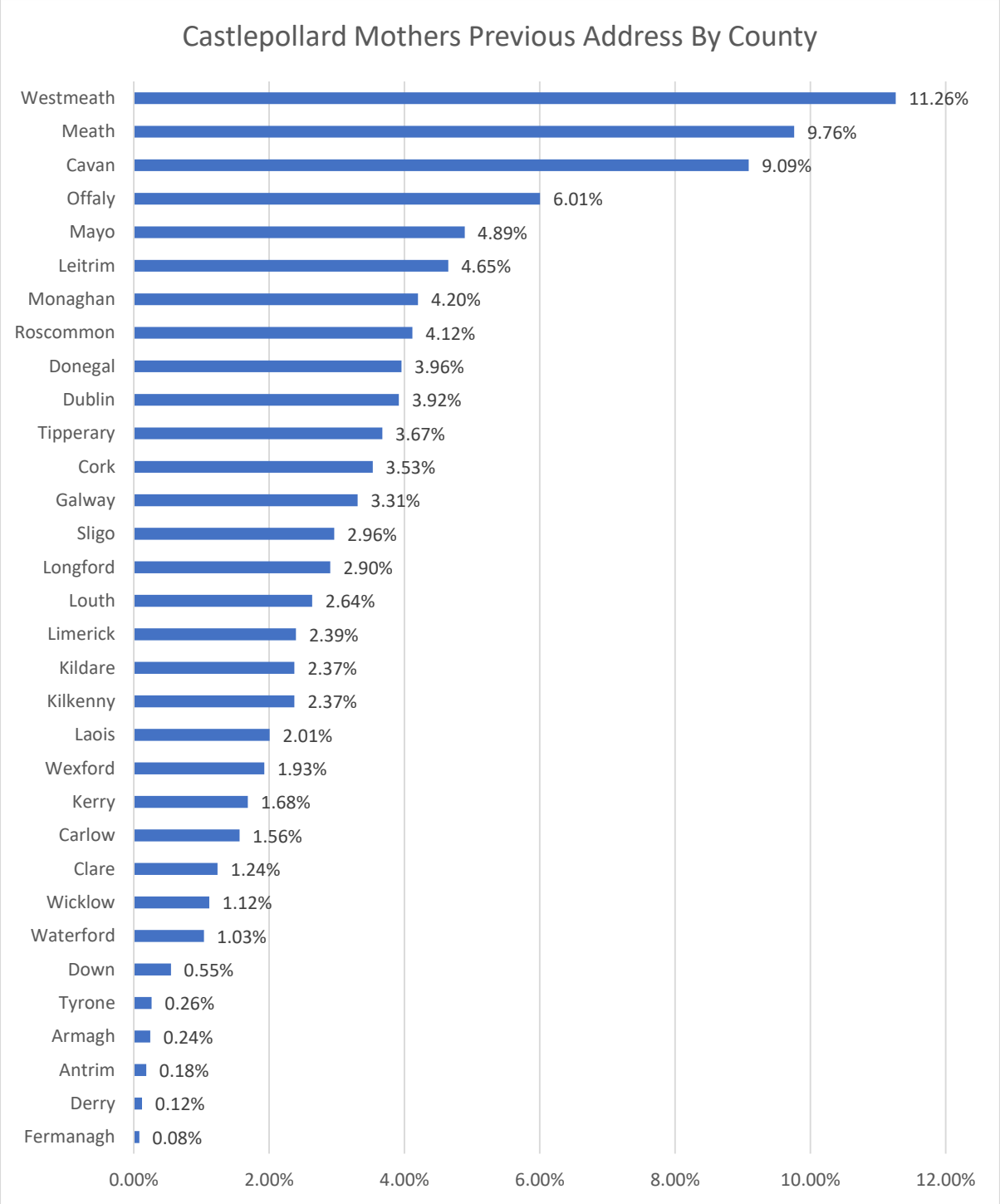
Analysis of length of stay in the institution after giving birth shows that, in the 1930s, 24.4% of women left Castlepollard within 50 days of giving birth and 53.2% left within six months of giving birth. However, 24.7% of women, or one in four remained in the home for over 700 days. In the 1940s, 39.3% of women left within 50 days of giving birth and over 60% left within six months. The number of women who spent over two years in the home had decreased slightly to 22%. By the 1960s, 37.4% of women had left the home within 50 days of giving birth and over 83% had left within six months. The number of women who spent over two years in the home had decreased dramatically to 2.6%. By the 1970s, almost 53% of women left within 50 days of giving birth and 97% had left within six months. By this time only a small number of women spent over six months in the home.

Age on admission



Information relating to age on admission was available for 4,936 women (99.3% of admissions). Age on admission ranged from 12 to 45 years. The average age on admission was 22 years and the mode of age was 20 years. 79% of women were aged between 18 and 29 years on admission; 8% were 30 years or over and 13% were under 18 years. Around 5.6% of all admissions were aged between 12 and 16 years.

Address prior to admission



Information relating to address prior to admission was available for 4,929 women (99% of admissions). The institutional records show that all 32 counties featured as an address prior to admission. Westmeath was the most cited address and accounted for 11.26% of admissions. Over 36% of women were recorded as having a previous address in either Westmeath, Meath, Cavan or Offaly.

Previous pregnancy

Information relating to previous pregnancies was available for 179 women (3.6% of admissions). The Commission considered this sample too small to enable it to draw any conclusions.

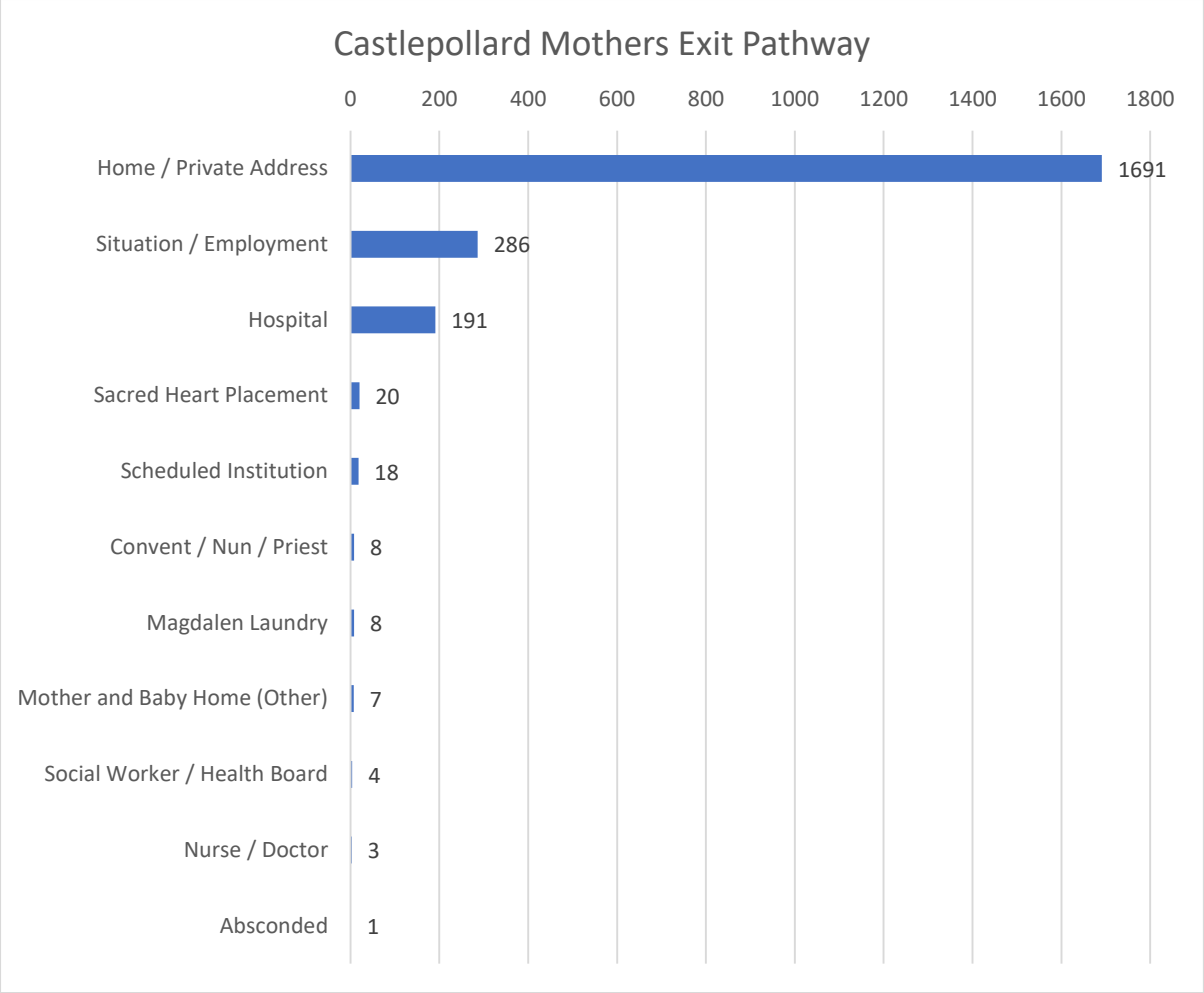
Occupations

Information relating to occupation was available for 172 women (3.5% of admissions). Again, this this sample too small from which to draw any conclusions.

Referral pathways

Information relating to referral pathways was available for 91 women (1.8% of admissions). The Commission considered this sample too small from which to draw any conclusions.

Exit to place



Information relating to exit to place was available for 2,237 women (45% of admissions). The institutional records show that over 75% of women left Castlepollard and returned to the family home or other private address; 12.78% left to take up employment; 8.54% transferred to hospital; 0.89% were placed in employment in a Congregation of the Sacred Hearts run institution; 0.8% transferred to one of the other institutions under the Commission's remit; 0.36% were discharged to a convent, nun or priest; 0.36% to a Magdalen Laundry; 0.3% transferred to private mother and baby homes and small numbers were discharged to social workers, nurses and doctors. One woman 'absconded' without her baby. These exit pathways altered very little from the 1930s to the 1970s. All transfers to Magdalen Laundries were recorded between 1936 and 1950.

Annual statistical returns furnished by Castlepollard to the Department of Health for the years 1951-69 inclusive confirm trends relating to exit pathways established by the Commission's analysis of the institutional records. The annual returns show that, in this period, most women were discharged to the family home (64%) or directly to employment.

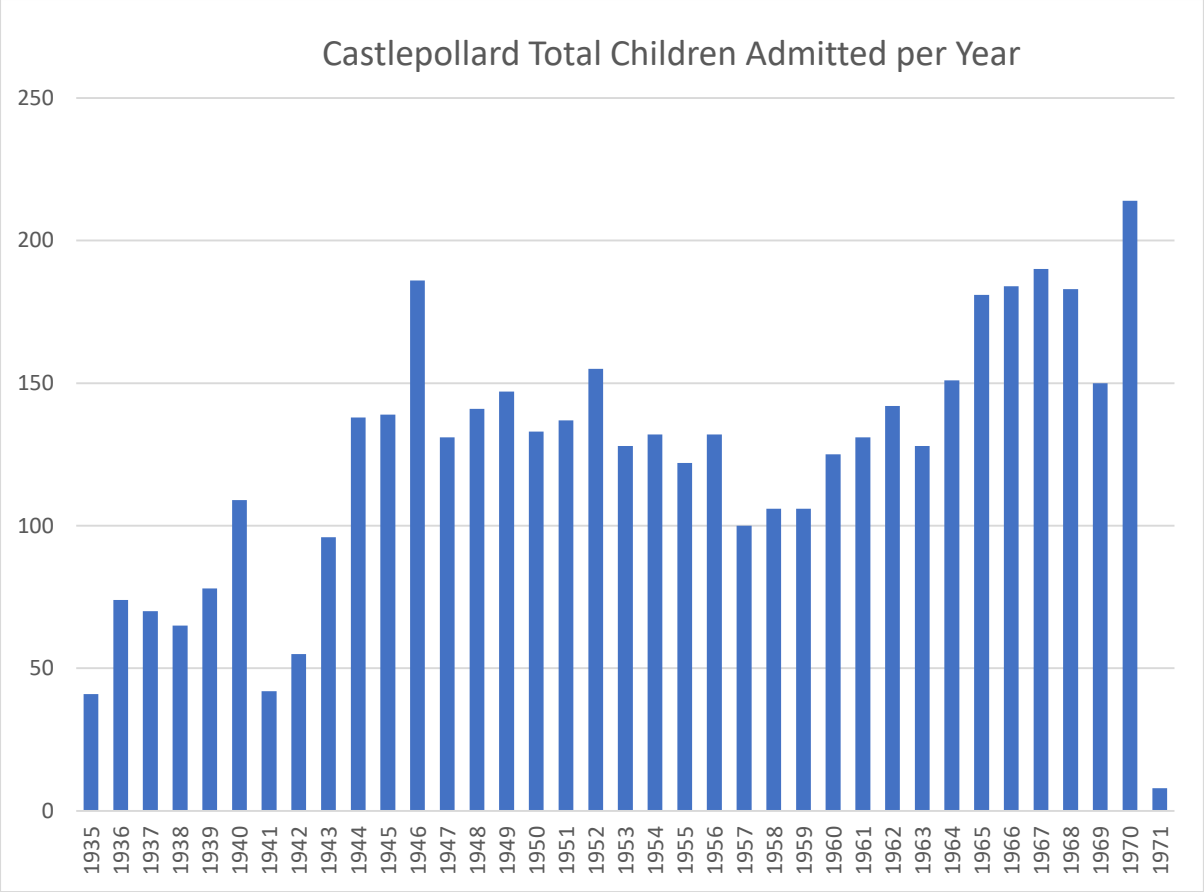
In the 1950s, 30% of women were discharged directly to employment; by the 1960s close to 50% of women were discharged via this route. The annual returns also show that 2% of women left the home to marry in this period and 1% were transferred to unnamed institutions.

Maternal mortality

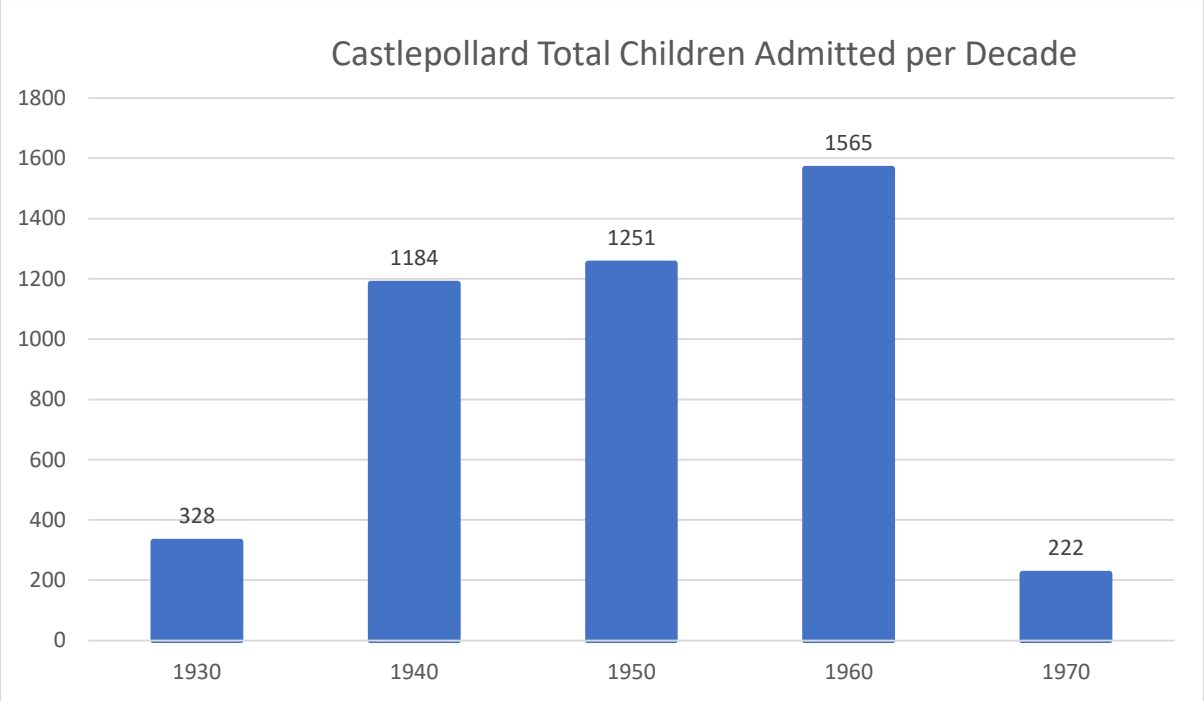
Through the institutional records, the Commission identified nine deaths among women admitted to Castlepollard: representing a mortality rate of 0.18%. All bar one death occurred in Castlepollard. One death was not associated with pregnancy or childbirth and was due to tubercular meningitis. Three deaths were indirect obstetric deaths in the sense that they were conditions that developed during pregnancy, were aggravated by the physiological effects of pregnancy - all three were notified as syncope. Five deaths were directly associated with pregnancy and childbirth. Direct obstetric deaths were mainly due to puerperal septicaemia/sepsis, eclampsia and atrophy of the liver. Adhering to WHO guidelines the maternal mortality rate in Castlepollard was 0.16%.[2]

[2] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

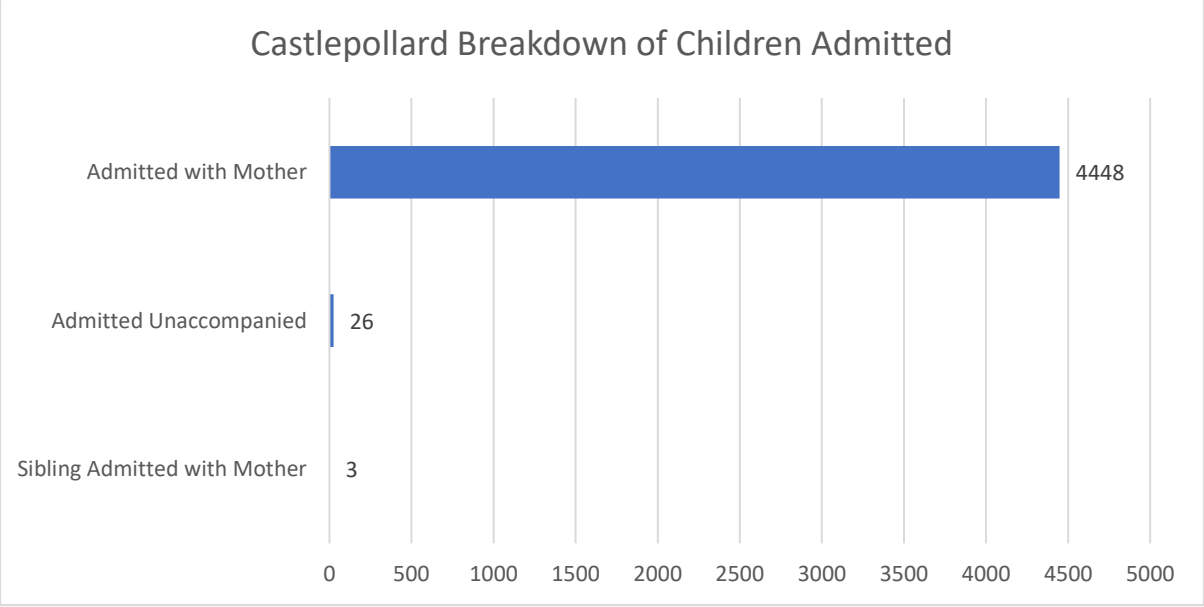
Children: Admissions



The institutional records show that 4,559 children were admitted to Castlepollard. Information relating to date of admission was available for 4,550 children (99.8% of births/admissions). On opening in 1935, Castlepollard had capacity for 37 women and their children. However, from 1936-39 almost double that number were admitted each year. In 1940, 109 children were born/admitted to Castlepollard which led to acute overcrowding. Admissions were restricted during 1941, but increased steadily from 1942 and peaked in 1946 when 186 children were born/admitted. Child births and admissions remained relatively high in the period 1947-63 when 129 births/admissions on average were recorded annually. Births and Admissions increased substantially in 1964 and remained high throughout the 1960s. In 1970, the last full year of Castlepollard's operation, 214 children were born in or admitted to the home.

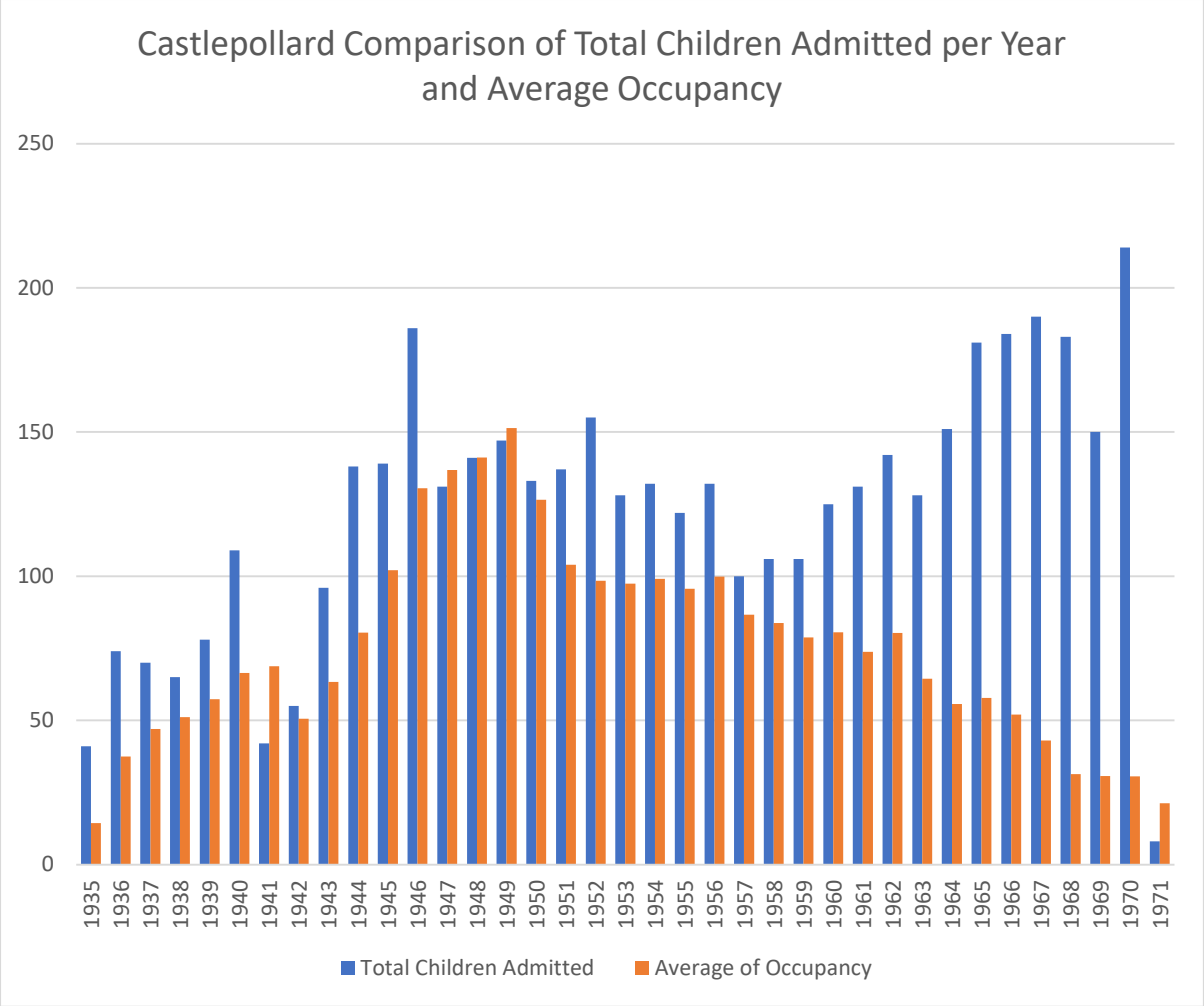


Analysis by decade shows that most births/admissions to Castlepollard (34.4%) were recorded in the 1960s followed by 27.5% in the 1950s and 26% in the 1940s. Numbers recorded in the years 1935-39 accounted for 7.2% of all births/admissions and 4.9% were recorded in 1970-71.



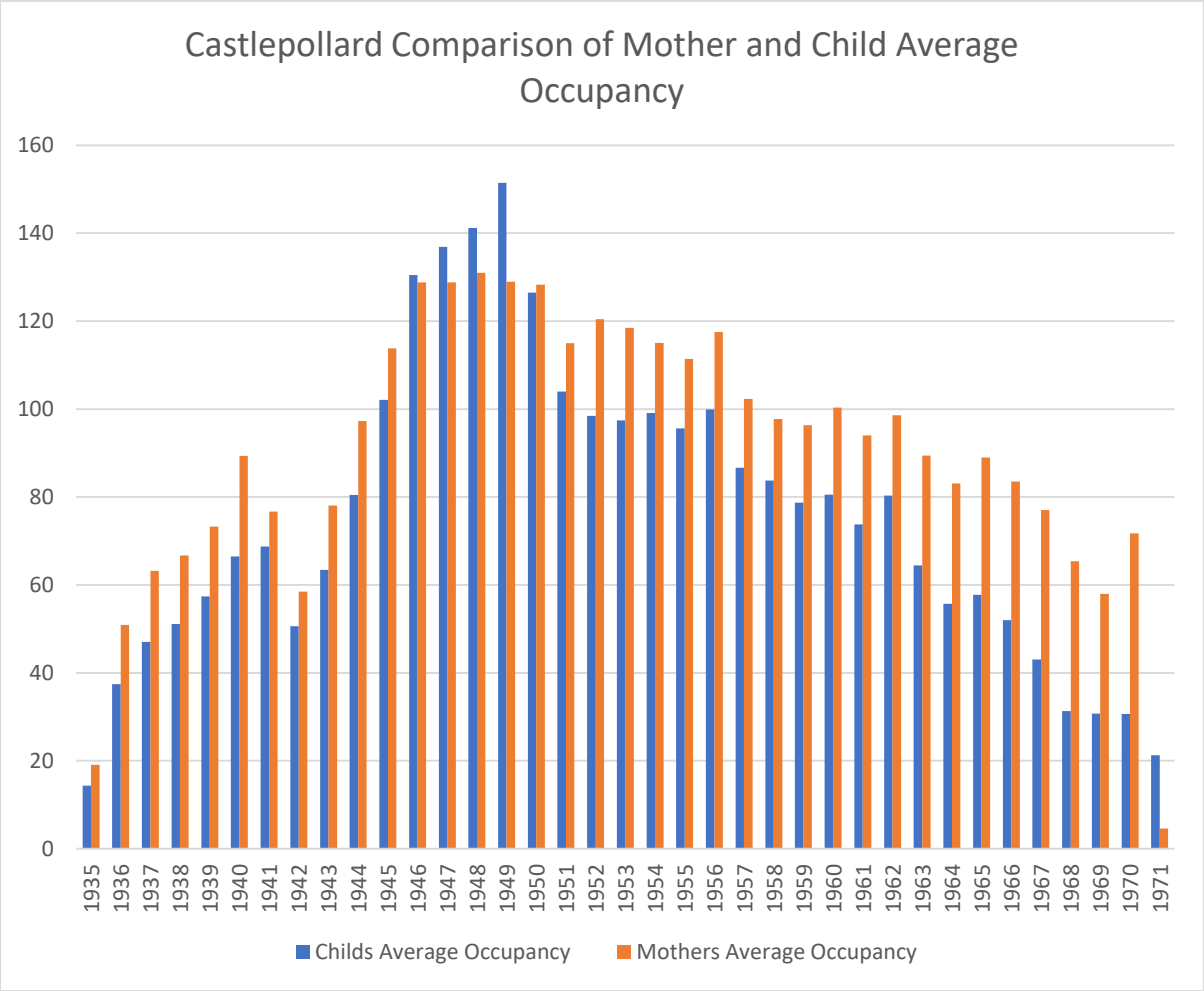
Information relating to accompanied/unaccompanied children on entry was available for 4,477 children (98.2% of admissions). The institutional records show that 99.4% were admitted accompanied by their mother and 0.6% were admitted unaccompanied. Three children were admitted as accompanying siblings.

Child Occupancy

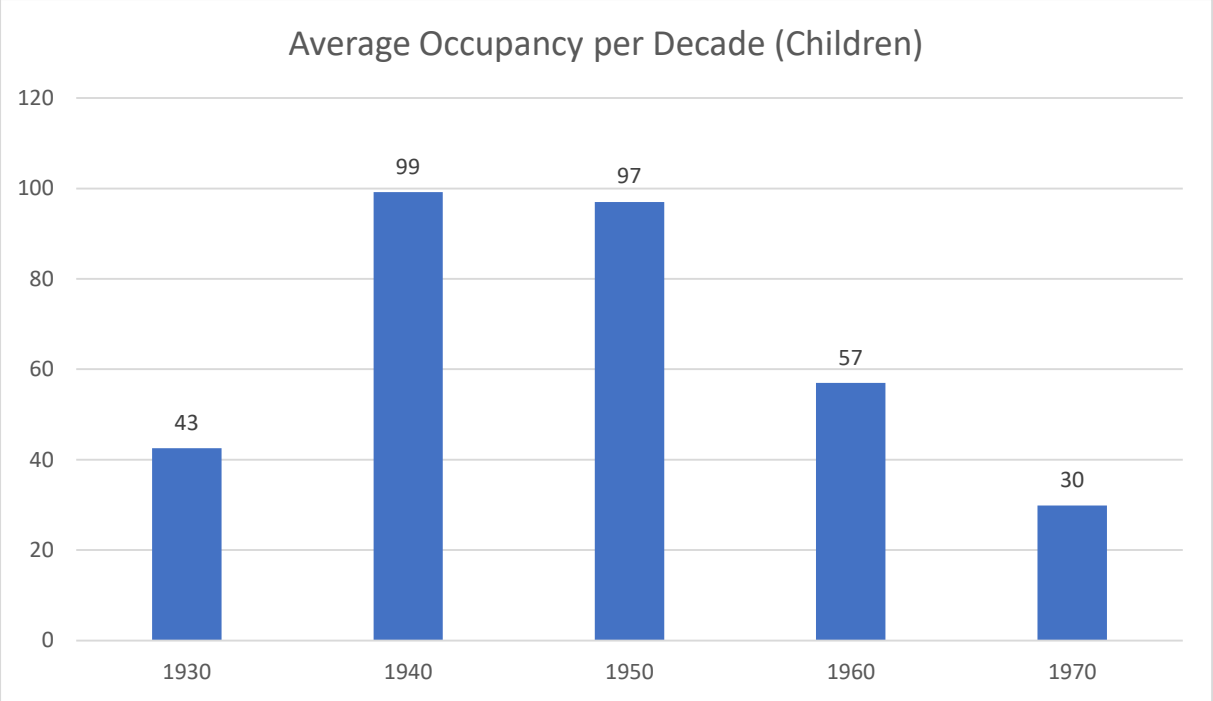


Information relating to child occupancy in Castlepollard was available for 4,335 children (95.1% of admissions). From 1935 to 1940 average occupancy increased in line with increased admissions. In 1941, average occupancy was substantially higher than average admissions and was most likely caused by the temporary restriction on admissions that year. However, in the years 1947-50 average occupancy was often higher or on par with average admissions. As was the case with other mother and baby homes, occupancy rates decreased in the 1960s as more women were opting for adoption.

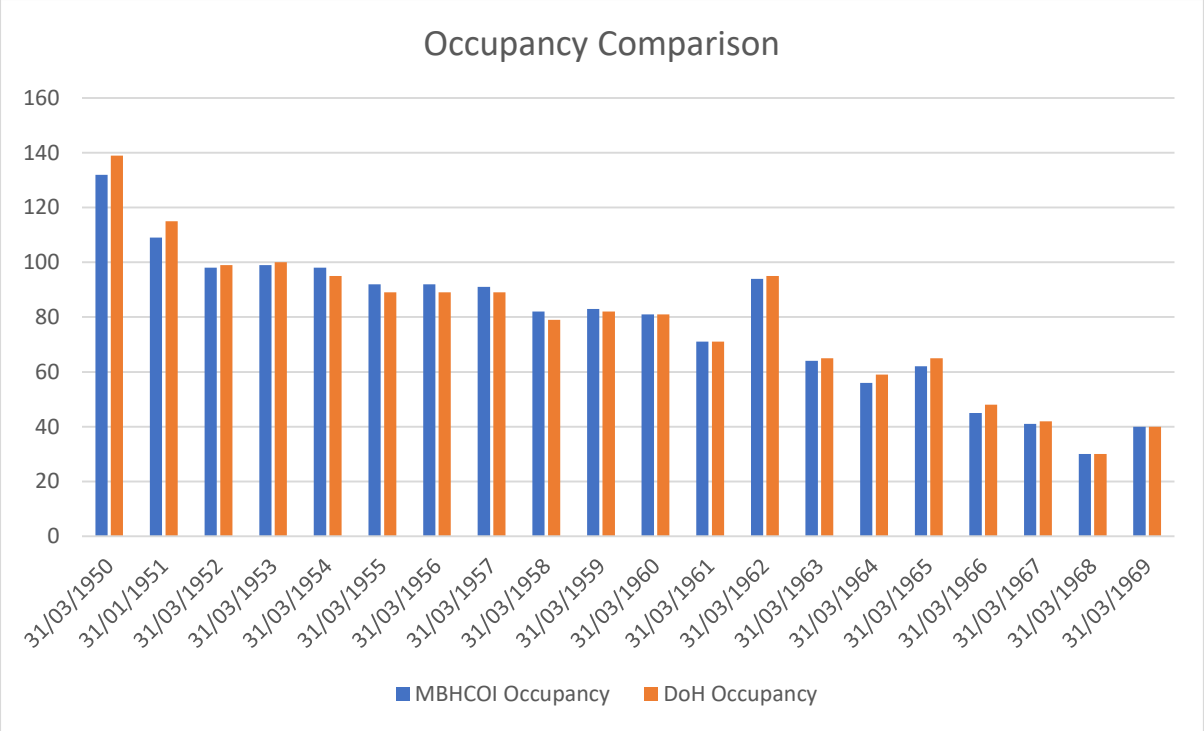
Mother/Child occupancy comparison



Further analysis of occupancy rates in the late 1940s shows that child occupancy rates were greater than mothers' occupancy rates from 1946-49. This suggests that, in those years, more women left Castlepollard without their babies. Conversely, from 1951 to 1970, mothers' occupancy rates were substantially greater than child occupancy rates; the discrepancy was most pronounced in the mid to late 1960s. This suggests that women remained in Castlepollard for a period after their children had been discharged.

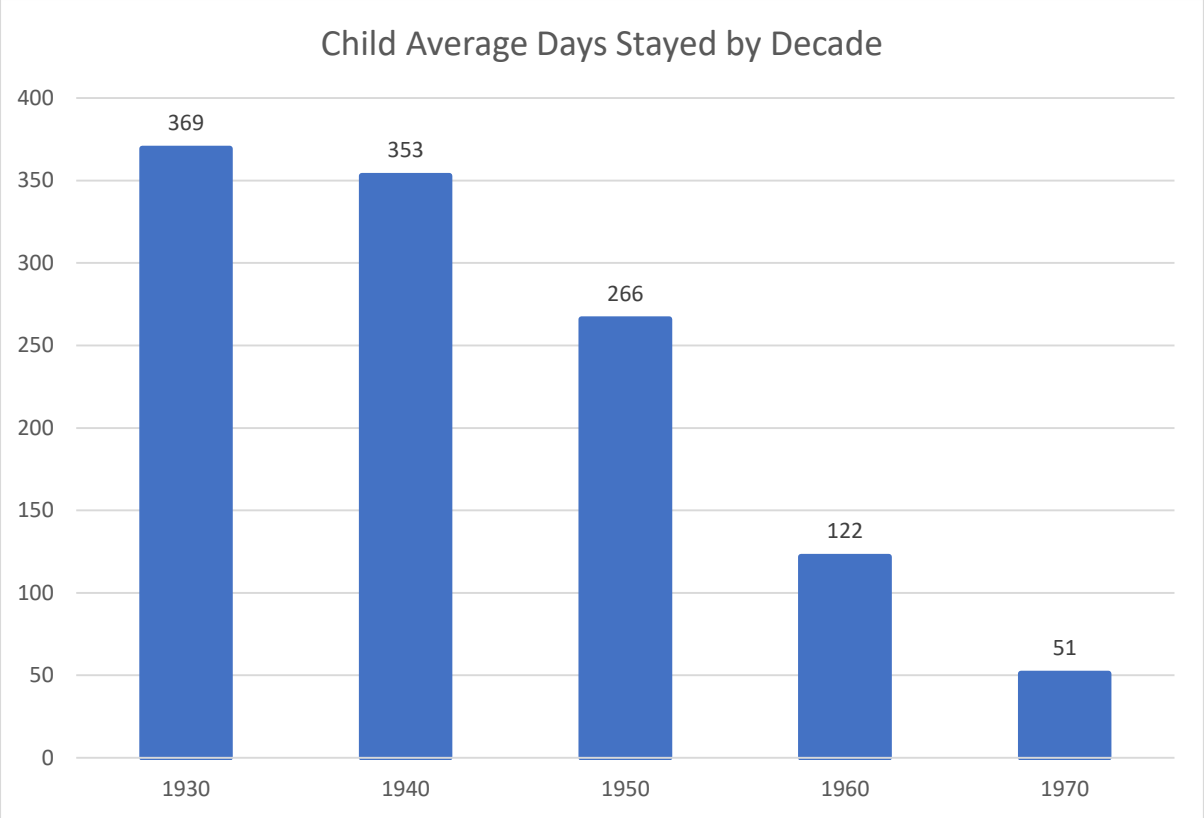


Analysis of child occupancy by decade shows that a child admitted to Castlepollard in the 1940s could expect to be living with another 98 children on average. Although child admissions had increased in the 1960s, a child admitted in that decade could expect to be living with another 56 children on average.

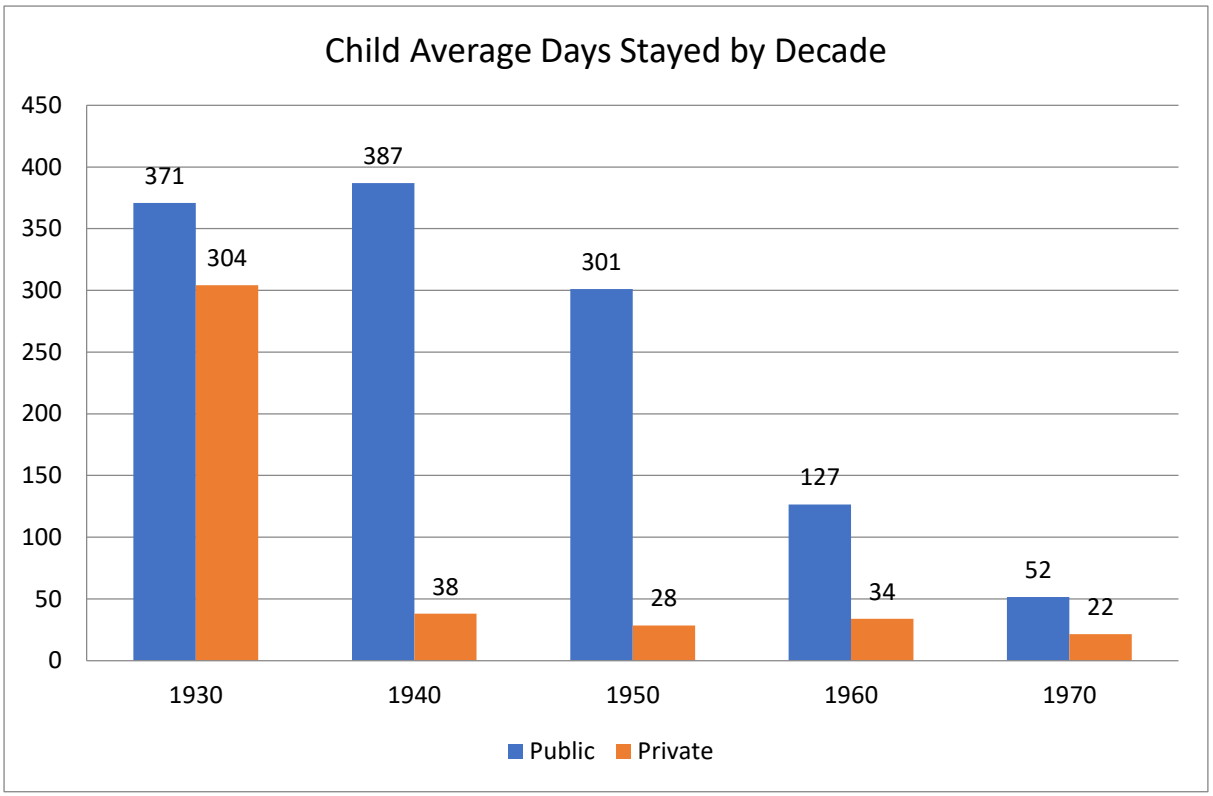


The Commission compared data relating to occupancy derived from institutional records with annual returns sent by Castlepollard to the Department of Health for the years 1950-69. Temporary absences from the institution, such as instances where children were being treated in external hospitals, are not recorded in the Commission's occupancy numbers. No date of admission and/or discharge was available for 4.9% of children and these were excluded from the Commission's calculations. These factors caused the Commission's calculations to fluctuate slightly. Notwithstanding this, the Commission is satisfied that the occupancy rates forwarded by Castlepollard to the Department of Health were broadly in line with rates which the Commissions independently arrived at.

Children: Length of stay

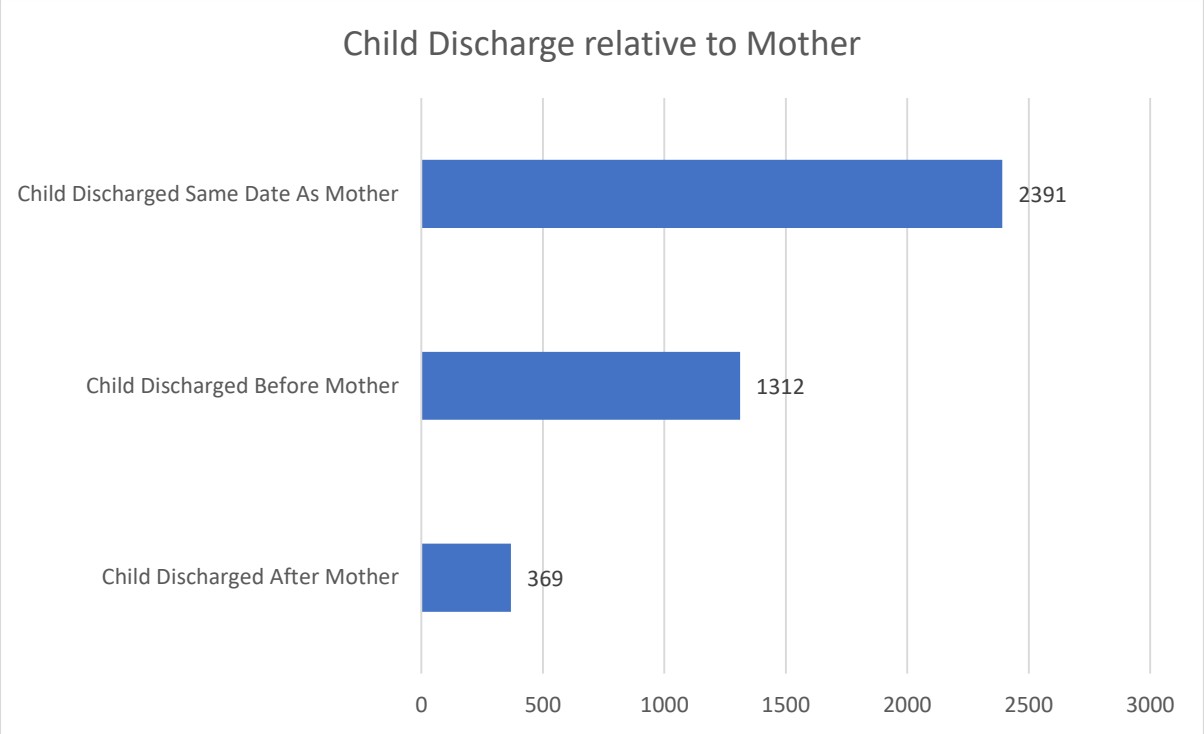


Information relating to length of stay was available for 4,335 children (95.1% of admissions) The institutional records show that children stayed in Castlepollard longest in the 1930s when the average stay was 369 days. This decreased steadily to 353 days in the 1940s; 266 days in the 1950s; to 122 days in the 1960s and to 51 days in the 1970s. Children admitted to Castlepollard in the 1930s spent three times longer in the home than those admitted in the 1960s and seven times longer than those admitted in the 1970s.



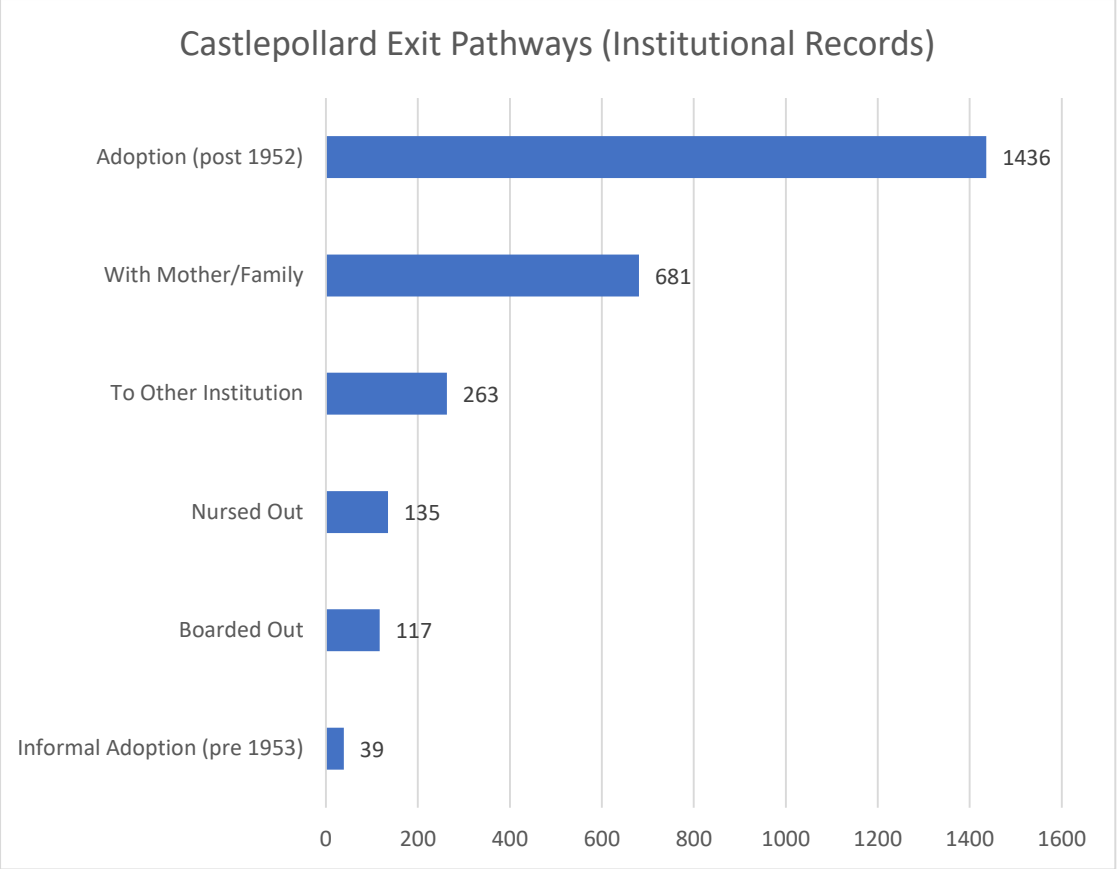
Comparative analysis of public and private patients shows that children born to private patients experienced significantly shorter stays in Castlepollard than their public counterparts. In the 1930s, the discrepancy was around 20%. However, in the 1940s and 1950s the discrepancy had increased to around 90%. Although the gap reduced significantly in the 1960s a public patient still spent around four time longer in the home. The gap reduced further in 1970, but public patients still spent over twice as long in the home as their private counterparts.

Child discharge relative to mother



Information on child discharge relative to the mother was available for 4,072 children (89.3% of admissions). The institutional records show that 58.7% of children discharged from Castlepollard left the home on the same day as their mother; 32.2% were discharged while their mothers remained in the home and 9.1% were discharged after their mothers had left the home.

Child exit pathways

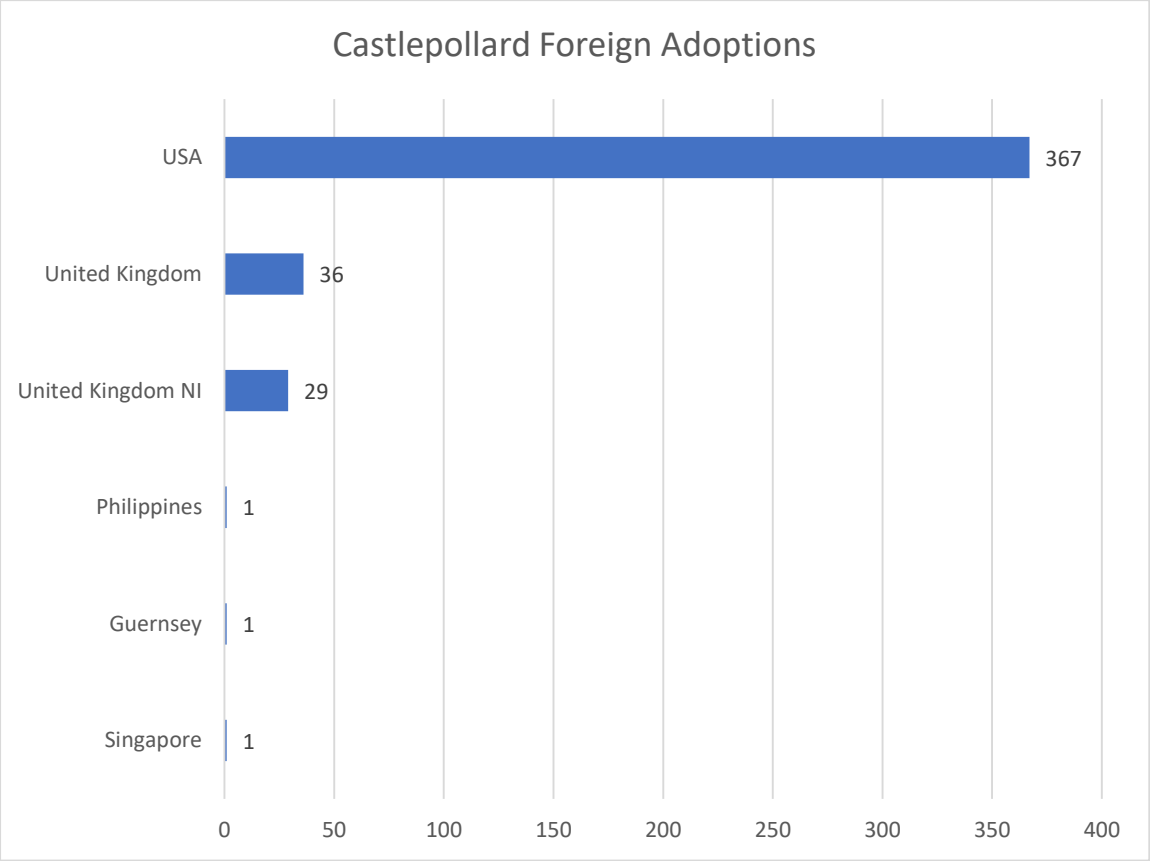


Information relating to exit pathways was available for 2,892 children (63.43% of admissions). The institutional records show that legal adoption (49.65%) was the most frequent exit pathway for children; 23.55% went home with their mother; 9.09% transferred to another institution; 4.67% were nursed out; 4.05% were boarded out and 1.3% were informally adopted (pre 1953).

Annual statistical returns furnished by Castlepollard to the Department of Health for the years 1951-69 inclusive show that the main child exit pathways from Castlepollard during this period were with the mother, through adoption, placement with an adoption society with a view to adoption and through local authority boarding out schemes. In 1951 around 1 in 3 children were discharged from Castlepollard with their mothers; by 1969 around 1 in 6 were discharged in this manner. In 1961 a noticeable increase in the number of children discharged to the care of an adoption society can be observed. While the statistical returns record such children under the heading 'Placed at nurse through a Society' in these cases 'at nurse' refers to temporary foster arrangements while the child awaited placement for adoption. Similarly, in 1964 there is a discernible increase in the number of children placed for adoption directly from Castlepollard. By 1969 almost 80% of children discharged from

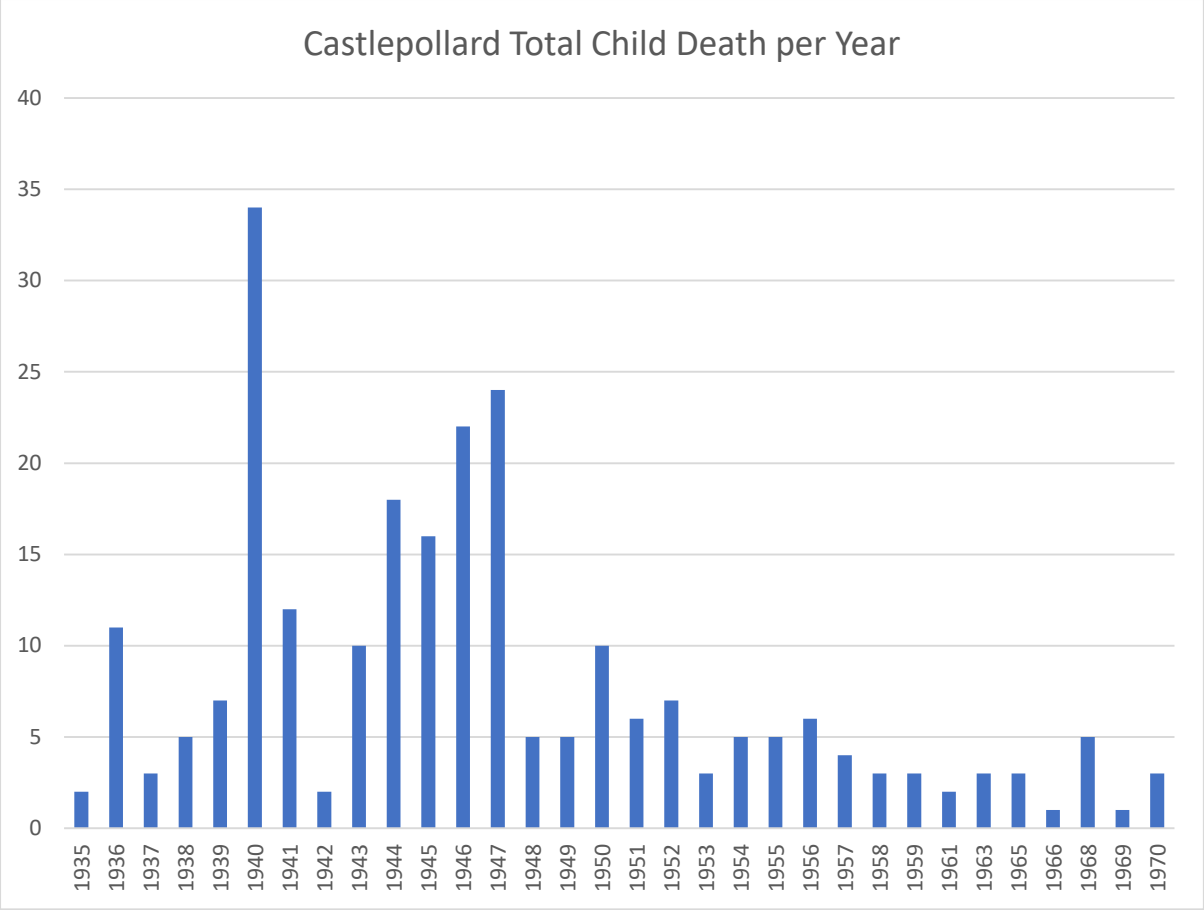
Castlepollard were adopted directly from the home or through an adoption society. In 1951 around 1 in 5 children were discharged under a local authority boarding out scheme. As legal adoption became a more frequent exit pathway the number of children placed in boarding out schemes fell dramatically and by 1969 just two children were discharged from Castlepollard in this manner. During this period around 3.5% of children were discharged from Castlepollard to other unidentified institutions. These discharges are likely to relate to children who were transferred to specialist hospitals, or to the placement of older children in industrial schools. However, the records show that seven discharges to 'other institutions' notified in 1967 and 1968 were transfers to Nazareth Home, Fahan, Co. Donegal.

Foreign adoptions



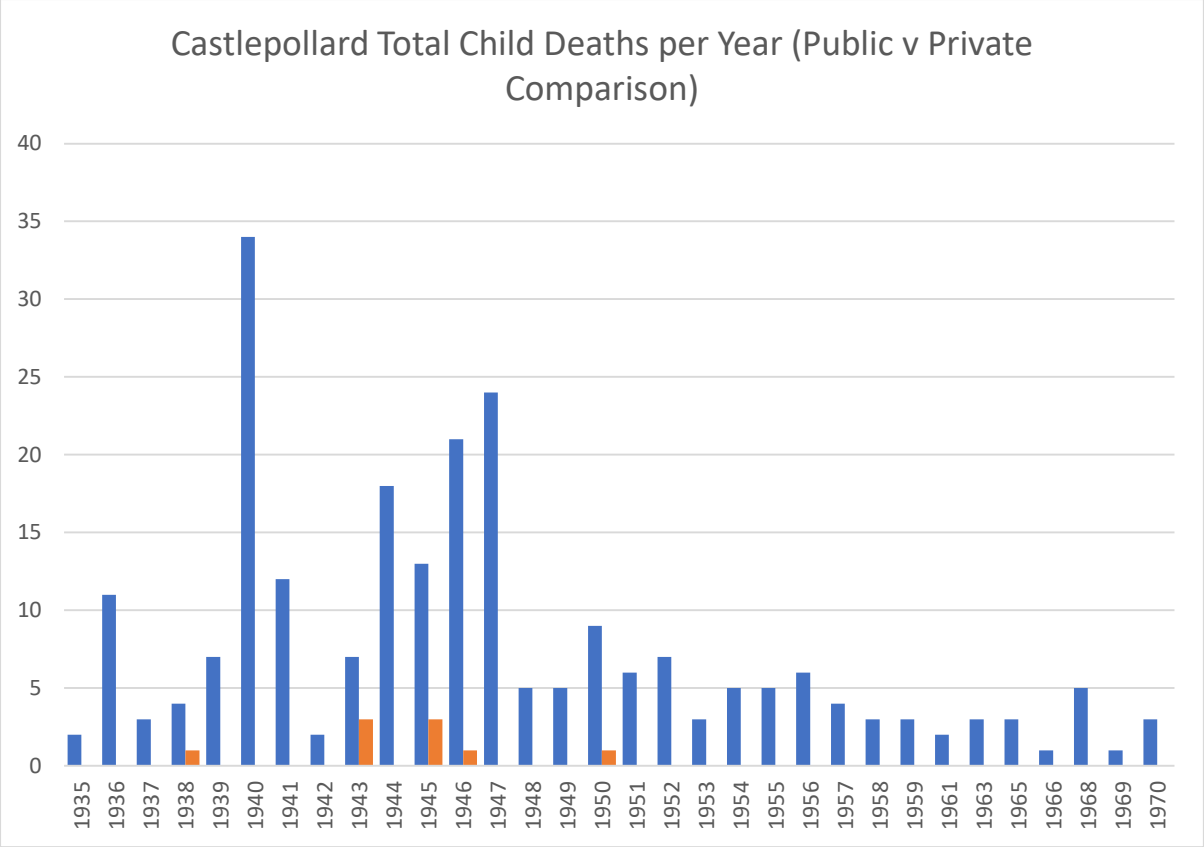
The institutional and official external records show that 435 children admitted to or associated with Castlepollard were placed for foreign adoption. The Commission identified passport office records for 314 of these children. Most foreign adoptions (84.36%) relate to children adopted in the USA; 8.27% in Great Britain and 6.6% in Northern Ireland. Three children were adopted in the Philippines, Guernsey and Singapore respectively.

Child deaths



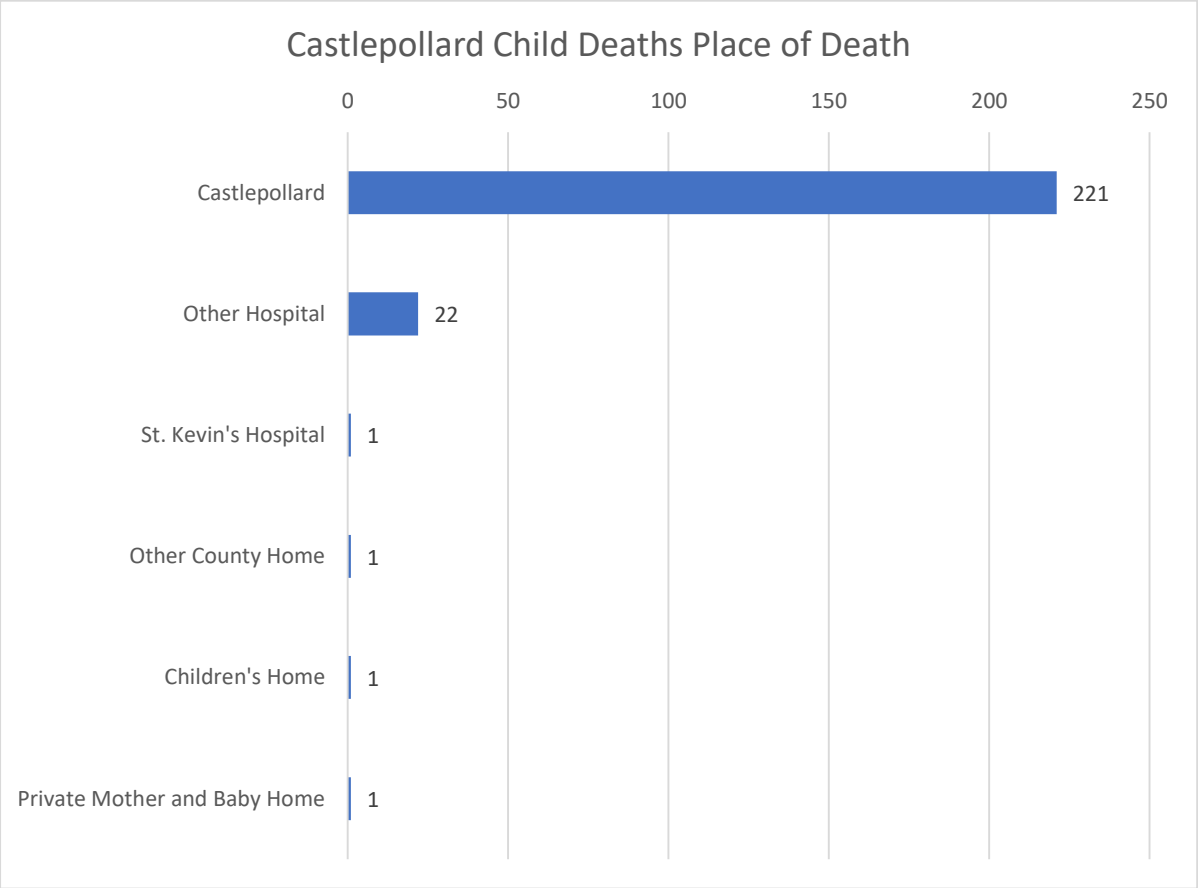
The Commission established 247 deaths among children associated with Castlepollard. Information relating to date of death was available for 246 children (99.6% of deaths). The Commission identified death records relating to 230 children which are held by the GRO. Most infant and child deaths in Castlepollard (67.5%) were recorded between 1935 and 1947 and peaked in 1940 when 34 deaths were notified. Infant and child mortality was also high in the years 1944-47; 80 deaths were recorded in that period. The number of deaths fell from 24 in 1947 to five in 1948, and apart from a slight spike in 1950 (10 deaths were recorded that year) mortality remained relatively low for the remaining years of the home's operation.

Analysis by decade shows that most infant and child deaths (60.2%) were recorded in the 1940s; 21.1% in the 1950s; 11.4% in the 1930s; 6.1% in the 1960s and 1.2% in the 1970s. The institutional records show that in 93% of cases the child's mother was resident in Castlepollard at the time of the child's death. The remaining 7% died unaccompanied by their mothers.



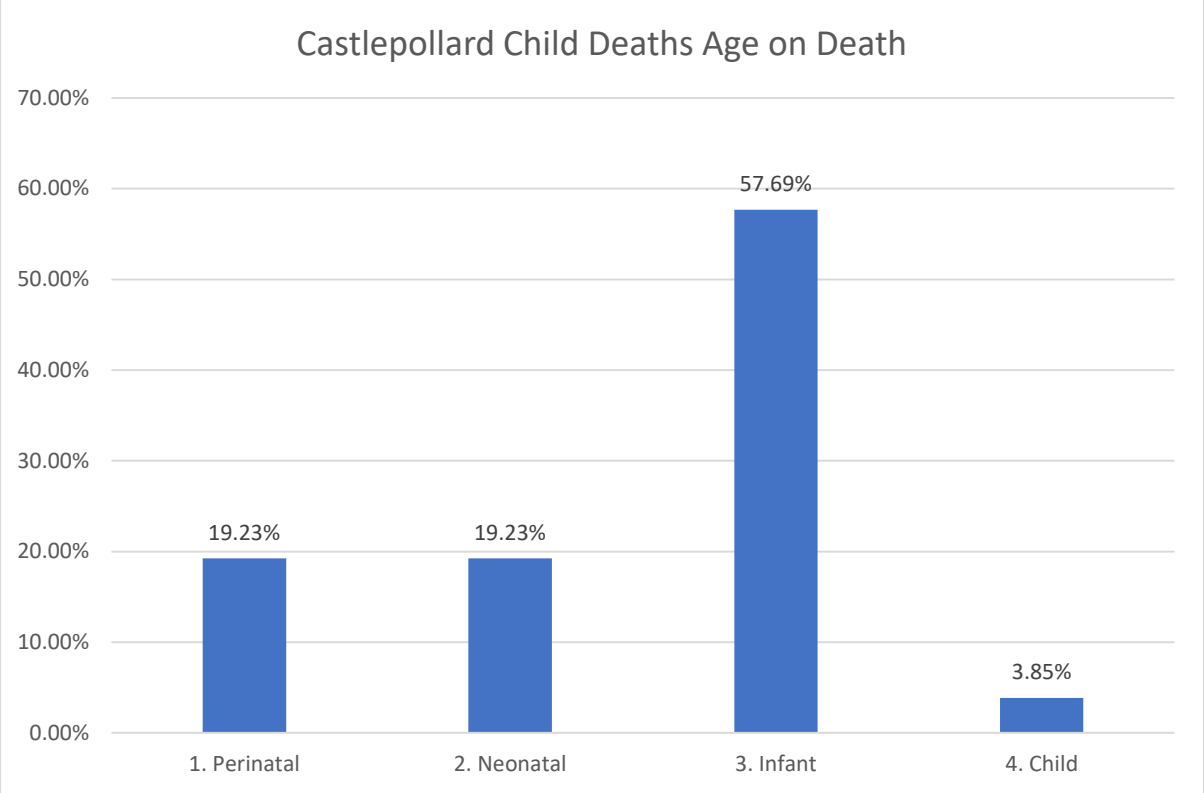
Although children born to private patients accounted for around 10% of admissions, they accounted for just 3.7% of infant and child deaths; 96.3% of deaths occurred among children born to public patients.

Place of death



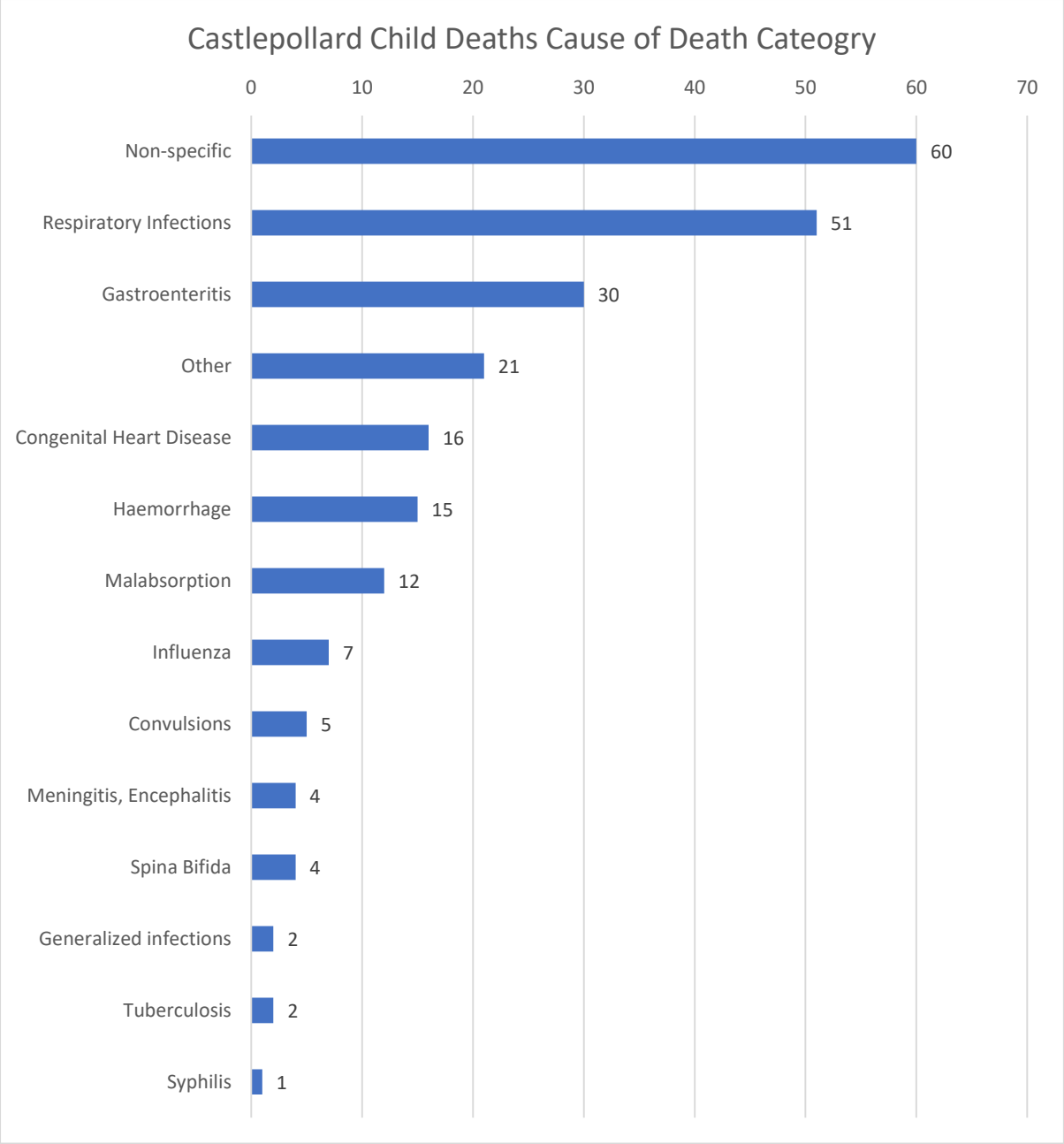
Information relating to place of death was available for 247 infants and children (100% of deaths). Most deaths (89.5%) occurred in Castlepollard/St Peter's Hospital; 8.9% occurred following transfer to other hospitals. One death was recorded in St Kevin's Hospital, a county home, a children's home and a private mother and baby home respectively.

Age on death



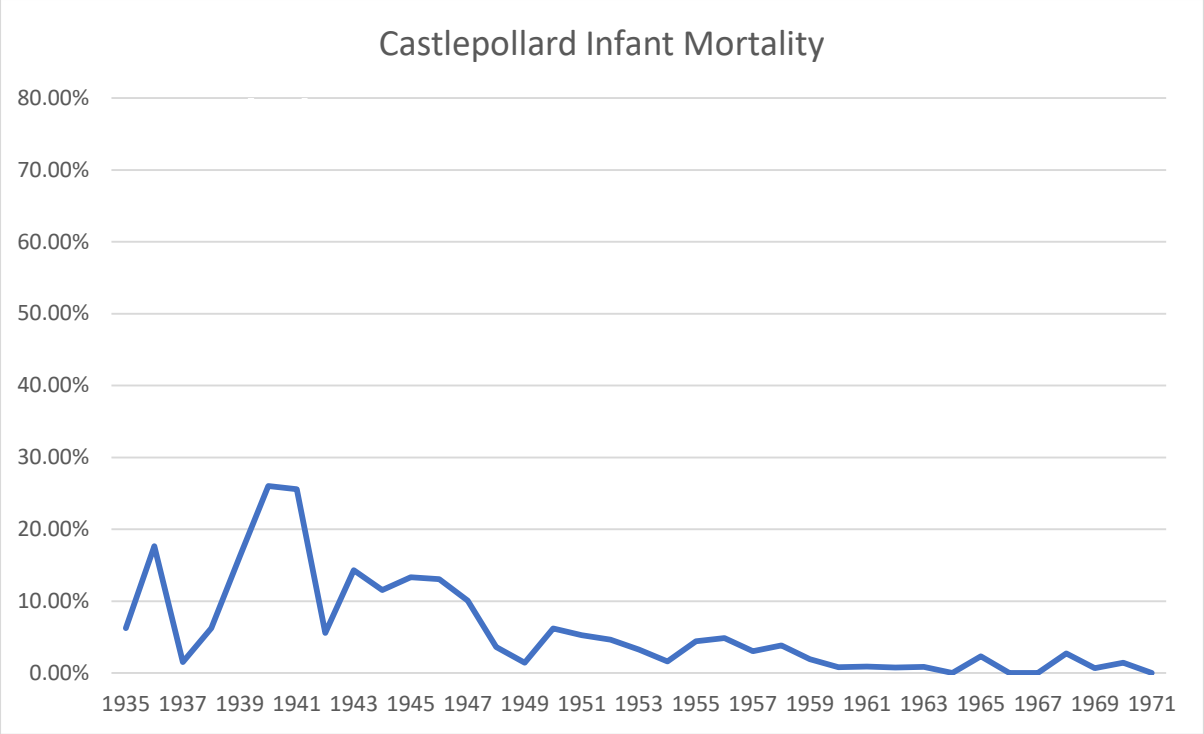
Most deaths (96.15%) occurred among infants as follows: perinatal: 0-7 days (19.23%); neonatal: 8-28 days (19.23%) and infancy: 29-365 days (57.69%). The remaining 3.85% of deaths occurred among children aged between one and three years old.

Cause of death



Information relating to cause of death was available for 230 children (93.1% of deaths). The most frequently notified cause of death (26.1%) was congenital debility and prematurity; 22.2% were notified as respiratory infections - mainly bronchopneumonia; 13% as gastroenteritis and gastritis; 9.1% as whooping cough and one off causes; 6.9% as congenital heart disease; 6.5% as haemorrhage - mainly cerebral haemorrhage; 5.2% as malabsorption - mainly marasmus; 3% as influenza; 2.2% as convulsions; 1.7% as meningitis or encephalitis; 1.7% as spina bifida; 0.9% as generalised infections; 0.9% as tuberculosis and 0.4% as congenital syphilis.

Infant mortality rate[3]



Infant mortality rates in Castlepollard were by far the lowest recorded across all three homes run by the Congregation of the Sacred Hearts of Jesus and Mary. Infant mortality peaked in the home in 1940 when a rate of 26% was recorded. This was approximately half the peak mortality rate recorded in Sean Ross (50%) and approximately one third of the peak infant mortality rate recorded in Bessborough (75%).

In its first full year in operation, 1936, Castlepollard recorded an infant mortality rate of 17.65%. Unusually for an institution of this type, infant mortality decreased dramatically to just 1.52% in 1937 and remained relatively low at 6.25% in 1938. In the years 1939-41, Castlepollard experienced acute overcrowding. Infant mortality increased to 26% in 1940 and remained relatively high at 25.58% in 1941. However, following restrictions on admission to the home in 1941 and an easing of overcrowded living conditions infant mortality decreased to 5.56% in 1942. The infant mortality rate remained relatively steady in the years 1943-47 when an annual average of 12.5% pertained. From 1948 to its closure in 1971, infant mortality rates in Castlepollard remained relatively low; it was above 5% on just two occasions (6.2% in 1950 and 5.3% in 1951) and remained below 1% most years after 1960.

[3] Infant mortality rate is calculated as follows: Living infants born in a given year who died before the age of 1 year as a percentage of all infants born in the same year.

Chapter 21: Regina Coeli

Introduction

21.1 Regina Coeli was not a conventional mother and baby home. The Regina Coeli Hostel opened on 5 October (Rosary Sunday) 1930. It was run by the Legion of Mary, a lay Catholic organisation, founded in 1921 by Frank Duff, who was a senior civil servant in the Department of Finance. A report covering the first nineteen months from 5 October 1930 to 11 May 1932 indicated that it catered for two distinct categories:

- Unmarried mothers and
- General, which the report subdivided into 'young and elderly and good, bad, indifferent, criminal, proselytized and Protestant'.[1]

21.2 This hostel admitted homeless women, separated women, alcoholics, women with mental health problems and other destitute women; some returned on many occasions. This Commission is concerned only with the unmarried mothers and other women who entered the hostel with their children. Regina Coeli provided both short-term and long-term accommodation for many pregnant single women and for mothers and children. A total of 5,631 women and 5,434 children who come within the Commission's Terms of Reference were in Regina Coeli between 1930 and 1998, (the end date for the Commission's investigation). Regina Coeli was the only institution in Ireland prior to the 1970s that supported unmarried mothers who wished to raise their child(ren). It offers insights into an alternative to the other mother and baby homes. Unlike the other institutions that have been examined by the Commission, Regina Coeli never received direct state support for maintaining mothers and children.

Sources

Institutional records

21.3 The records of women admitted to Regina Coeli are held by the Legion of Mary. They consist of entry cards that are filed alphabetically. Records of the mothers and children that come within the Commission's Terms of Reference are therefore mixed with the records of other women who entered Regina Coeli. This meant that the relevant records had to be extracted manually. The Legion of Mary facilitated

[1] The Regina Coeli Hostel, Report 5 October 1930-11 May 1932; Dublin Diocesan Archives/AB7/b/Lay organisations.

the Commission's staff who photocopied all the cards on site. The Commission then identified and recorded all pregnant single women and unmarried mothers; separated and widowed pregnant women and women in these categories who entered the hostel with one or more children. Married women with an extra-marital pregnancy or an extra-marital child are also included.

21.4 These cards record the woman's name, address and date of admission, and departure, her age, marital status, name and address of near relatives, and where she was living before she came to Regina Coeli. Other information recorded includes whether she was working and, if so, the name of her employer. Many women were working as domestic servants and in these cases the name and address of the employer is recorded. If the woman had been referred to Regina Coeli, the name of the person, oftentimes a priest or a voluntary organisation, is recorded. The cards also record when the woman was last at the sacraments and they include a question as to whether the woman has been confirmed (the sacrament of confirmation) but that is rarely recorded. The woman's religion is recorded. The religion of the birth father, if known, is usually only recorded if he is not a Catholic.

21.5 It is also generally recorded whether a woman spent time in another institution, such as another institution being investigated by the Commission or an industrial school or orphanage; whether she had a previous pregnancy and where that baby was born.

21.6 The card was updated if the woman left the hostel and returned. Most details of daily life for residents that are given in this report are taken from these records. Some cards span decades and sometimes include an update about the child: adopted, fostered, or sent to an industrial school. If the child was boarded out or settled directly from the maternity hospital, the records often give details of the child's birth taken from the register of births. Some cards include information about the mother or child that was recorded many years later. For example, the record of a woman who entered the hostel in 1939 contains an additional entry in 1966 to say that she had died. The record of a woman who entered the hostel in 1942 contains an entry from 1954 saying that she had lived in England but had returned to Ireland, had just got keys to a house and 'seems wonderfully happy and quite settled down'. Other cards record queries or contact made by children looking for information about their mothers.

21.7 Some cards record whether or not a woman had 'confessed' to the events leading to the pregnancy. They record whether the woman arrived pregnant or accompanied by her child or children, and whether she had other children who were not in the hostel. The cards use the term 'second offender'. They generally record whether the woman's family is aware of her pregnancy, and whether the woman is using an alias, rather than her own name.[2]

21.8 Information as to the 'putative father' is included in as much detail as was available; for example, an entry from 1933 states that 'a T.D. is responsible for her trouble. She had been going to Leinster House and creating scenes there, trying to see him'. She had been sent to Regina Coeli 'by the porter from Leinster House' The cards often record cases where a pregnancy resulted from rape or incest, though these words are generally not used; rather reference is made to the putative father being a family member or the woman having been 'assaulted'. Whether or not the father of the child was supportive and whether he acknowledged the pregnancy or child was also recorded, if known.

21.9 The cards sometimes also give background information about the new resident, including physical descriptions and comments on her presentation, her background or general demeanour. They often record an initial observation: 'seems like a good girl'; 'seems very untruthful'; 'very indifferent about everything', 'is a strange person', 'seems wanting in sense'. The health of the mothers and babies is noted, including references to any hospital stays by the mothers or babies while in Regina Coeli and the name of the hospital. There are references to mothers undergoing tests at the Lock Hospital - the hospital that treated sexual diseases - and the outcome of these tests is recorded: whether she has 'the all clear' or needs treatment.

21.10 Comments are also recorded about the woman's prospects of marriage. One card stated that the putative father would be willing to marry the woman if she produced a clear blood test result (free from venereal disease). The record on a woman who was admitted in 1951 states that 'marriage [is] improbable'. A 1958 entry states that the woman 'knew the man about a year - no question of marriage'.

[2] This only appears to have happened in very rare cases – fewer than ten.

21.11 The information on these cards was entered by a Legion of Mary voluntary worker. The Legion of Mary has told the Commission that at any time the hostel might have had 140 volunteers working on a weekly basis.[3] 'Different volunteers wrote up the cards at different times'. These case records provide an unrivalled source of information about unmarried mothers and children. Because of their unique nature, they are quoted extensively in this report.

Other Sources

21.12 The mothers and children in Regina Coeli were not maintained by central or local government. Some limited evidence relating to Regina Coeli exists in a number of Department of Local Government and Public Health (DLGPH) and later Department of Health files that are available in the National Archives; the most important of these are HLTH M 60, and H10/70/1. Regina Coeli is mentioned intermittently in the Clandillon Papers, which were supplied by the Department of Health to the Commission. These papers include records of pregnant women who contacted the Custom House (the headquarters of the Department of Health) seeking assistance during the 1940s and 1950s; many of these women had been sent back from Britain. (These women are discussed in Chapter 7). The other files relating to Regina Coeli in the various Department of Health discoveries were concerned with the threatened closure and reconstruction of the hostel - these contain extensive details of costs and architectural plans, but very limited information about life in the hostel. There is also some information about Regina Coeli in the files of the Dublin Diocesan Archives.

Origins

21.13 The hostel opened in North Great Brunswick Street, in part of the former North Dublin Union, next door to the Morning Star hostel for homeless men, also run by the Legion of Mary, that opened in 1927. In 1918 the North and South Dublin Unions merged to become the Dublin Union. Thereafter all in-house admissions were to the former South Dublin Union (in James's Street). The former North Dublin Union was occupied by the British military authorities during the war of independence, but by the mid-1920s it was vacant. When Dublin Corporation was dissolved in 1924, local administration was controlled by three government-appointed commissioners. They offered the former North Dublin Union buildings to

[3] A member of the Legion of Mary is sometimes described as a 'legionary' and the female members are sometimes described as 'Sisters'. As far as possible, the Commission is using the term 'member of the Legion of Mary' but the other terms are frequently used in quotations.

the Catholic charity, the St. Vincent de Paul Society, for use as a hostel for homeless men, but the Archbishop of Dublin, Dr Byrne did not wish the SVP to undertake this work, and the premises were given to Frank Duff who was a personal friend of one commissioner, subject to certain conditions.[4] A Department of Health file, dating from 1951/2 states that there were

> no records of the agreement to give these buildings to the Legion of Mary; the arrangement was purely informal and the buildings were apparently taken over piecemeal by the Legion as the need arose. Although the Dublin Board of Assistance complained from time to time about "encroachment" by the Legion of Mary they took no positive action in the matter.

21.14 Planning for a women's hostel began in 1929. There is no indication that Regina Coeli was originally planned as a mother and baby home. In a long memorandum written in 1950, Frank Duff stated that

> Primarily it was the derelict type of woman that was in view, but from the very first moment the unmarried mother presented herself for admission and was accepted in her capacity of destitute.

They did not admit 'girls possessing means' because it was believed that they could make other arrangements. Finola Kennedy notes that, shortly after Regina Coeli opened, a pregnant woman applied for admission, and this resulted in 'the inauguration of the "Mater Dei"[5] aspect of the hostel, a type of hostel within a hostel specifically organised on the basis of units for mothers and children'. By Christmas 1930, less than two months after the hostel had opened, women from Regina Coeli were giving birth in the Coombe Hospital.[6] The August 1932 report gives the capacity of Regina Coeli as 78; it is unclear how this was divided between the two groups.

Religion

21.15 Regina Coeli was run by the Legion of Mary and their religious mission was central to its operation. In this respect Regina Coeli was similar to many rescue homes established in Britain and the United States by religious communities both Protestant and Catholic, who believed that spiritual and material rehabilitation were inextricably linked. In the 1932 report on Regina Coeli, Frank Duff emphasised that 'Every entrant is made the subject of a special and individual attention,

[4] Finola Kennedy, *Frank Duff*, pp 86-8 (London, 2011).
[5] Mother of God.
[6] Kennedy, *Frank Duff*, p. 91

directed in the first place to the creation of moral fibre through the frequentation of the Sacraments'. Before Regina Coeli opened, he suggested that many of these women would have 'enjoyed free lodging in a Protestant shelter, at the expense of attendance at Proselytising institutions'; the only option for destitute unmarried mothers from outside Dublin who fled to the city was to seek admittance to 'the Protestant home' - a reference to the Bethany Home. He claimed that most women who entered the hostel were 'found to be neglecting the Sacraments', and while 'no pressure is brought to bear on them in the Hostel but an early return to regular practise is the unvariable [sic] result of some period of residence'. Between October 1930 and May 1932 he claimed that eight Protestants who had stayed in the hostel were received into the Catholic church.

21.16 Religion played an important role in the life of Regina Coeli. In the first 18 months two retreats[7] were held in the hostel. There was a chapel/oratory, but it is unclear when it opened. A member of the Legion of Mary who worked in Regina Coeli said that

> When our oratory opened then there would have been weekly mass, and occasionally mass during the week. But very few of our residents would attend it, they would always be welcome but no one was ever forced to attend.

21.17 Daily prayers were part of the routine, but she claimed that no one was obliged to take part.[8] In 1942 Frank Duff wrote to Archbishop McQuaid, thanking him for the restoration of the Blessed Sacrament in the Regina Coeli and Morning Star Hostels,[9] which seems to suggest that the hostels had that privilege at some earlier time, but then lost it. Retreats were held in Regina Coeli on 10-12 May and again on 13-15 December 1947. In 1948 Frank Duff thanked the Archbishop for granting the status of a semi-public oratory in Regina Coeli. Retreats appear to have been a regular feature of life in the hostel; there is reference to the regular Easter retreat. In 1961 and again in 1969 there is evidence that the hostel was granted permission to hold Easter religious ceremonies in the hostel.

21.18 The individual records of women in the hostel indicate that much emphasis was placed on confession, including a note of when a resident was last 'at the

[7] A period of intensive prayer and religious ceremonies lasting one or more days.
[8] Ann-Marie Graham, *Unmarried mothers: the legislative context in Ireland, 1921-1979* (M.Litt thesis, NUI Maynooth, 2012): http://mural.maynoothuniversity.ie/4000/1/M. Litt. Thesis.pdf
[9] Dublin Diocesan Archives/AB8/b/XXI/79/12/3.

sacraments'. Some cards record whether the woman had made a 'good' or 'bad' confession. All the children were baptised and subsequently consecrated to Our Lady and all the mothers were churched.[10] At this time children were baptised within days of their birth, when the mothers were still in a maternity hospital; children baptised while resident in the home were baptised in St Paul's Church, Arran Quay. The records of children who were long-term residents in the hostel give the dates of their first communion and confirmation.

The Women

Admission Pathways

21.19 A total of 5,631 women who come within the Commission's terms of reference are recorded in the institution's admission records. There are records of 5,434 children; 809 women were accompanied by more than one child. Of the 1,426 women who were in the hostel without a child, 999 left prior to birth; 222 left to give birth and did not return; 141 stayed in the hostel after the birth of a child, but without a child; 14 arrived after the birth and without a child and there is no information on 50 women.

21.20 In the 1932 report Regina Coeli claimed that the hostel assisted women who were in grave difficulties 'for whom no alternative existed'. The only facilities for unmarried mothers in Dublin were the Dublin Union (which included Pelletstown, see Chapter 13) or Protestant homes. (St Patrick's Guild operated a small maternity home, but it only accepted women who could pay). It was alleged that some women were reluctant 'to face the Union'; furthermore the Union would only admit 'Dublin girls', which meant that for the 'the large number of those flying from the country,' the Protestant homes were the only option. Between October 1930 and May 1932, 101 women were admitted to Regina Coeli; 26 were described as 'waiting mothers' - pregnant; 45 gave birth after admission and 30 arrived with their baby. The outcomes for these mothers were: two went back to previous employment; 19 settled in indoor situations (live-in service); six settled in outdoor situations; 12 married; 23 returned home; 39 were in Regina Coeli or in the Coombe Hospital.

21.21 Women were referred to Regina Coeli by a variety of individuals and agencies. Some women were brought or referred by their employer, particularly those in

[10] DDA/AB7/b/Lay organisations. A ceremony that involved a religious blessing of mothers who had recently given birth.

domestic employment. One woman met Frank Duff on the street and he brought her to the hostel. Another common referral pathway was through the almoner (social worker) of a Dublin hospital. In 1930 for example, 'An unmarried mother with fifteen day old baby entered the hostel. B went to City of Dublin hospital (Baggot Street) on 17th April, 1931 and was referred to us. She tells me that the baby has been adopted by the Catholic Protection and Rescue Society'. Women and children were referred by inspectors of boarded out children. The almoners of the Dublin maternity hospitals referred women who had recently given birth and had nowhere to go. The records of two women, in 1944 and 1949, state that they were referred by the almoner in the Coombe Hospital and the almoner in Dr Steeven's Hospital (a general hospital) respectively. Many women were referred by members of the Legion of Mary: a woman in 1945 was admitted following a phone call by a member in Sancta Maria; another woman was sent by a member in Raglan Road; other women were referred by priests.

21.22 Regina Coeli features regularly in the records of pregnant women who contacted the inspectors in the Department of Local Government and Public Health/Department of Health seeking assistance in the 1940s and 1950s. In the years 1944-48, 73 of the 680 women who contacted the department were sent to Regina Coeli and large numbers were referred to the hostel during the Emergency years, though it was often full and they had to be sent elsewhere. Many of these women had been returned from Britain while others came to Dublin from other parts of Ireland, often destitute and not knowing where to go. The department used Regina Coeli as short-term emergency accommodation while inspectors tried to secure the agreement of a local authority to pay for the woman's maintenance in a mother and baby home and a place was being sought for her in one of those homes. Many of the 999 women who were in the hostel and left before giving birth went to mother and baby homes. The number of women referred by the Department of Health fell during the 1950s because arrangements with local authorities and with the mother and baby homes had become more streamlined, and there was less pressure on places.

21.23 Some women who could not afford to stay in a private nursing home came to Regina Coeli seeking accommodation. A woman in 1943: 'Came to hostel pregnant nine months. Has been with [Nurse who ran a nursing home on Dublin's North Circular Road], for past 3 weeks. Came here as she cannot afford to pay'. In a small number of cases the referral came from a politician as in the case of a

woman in 1947: 'Wrote to her local TD who contacted General Mulcahy [leader of Fine Gael] regarding her admission here. Had a letter from Mr X, manager of an enterprise in Galway who had written to Sr. R [one of the voluntary workers in Regina Coeli]. The file on a woman in 1941 stated that her sister had taken her home, 'but husband did not like her in the house so she had to leave'. A woman was referred by a priest in 1937, 'Was to be married but man decamped'. A woman in 1942 was referred by Parnell Square Hostel. She 'was working as domestic servant. Her mistress told her to get another job as she did not appear to be settled down. She is very weak; eight men in her life. A doctor gave her medicine-seems to have had an abortion. Seems to be a dull girl but not stupid'. A woman in 1949 was referred 'By woman to whom she told her tale. Father of baby is drafted in Middle East with Royal Air Force. Pregnant. Lived with her grand parents. Never saw her parents and knows nothing about them'.

21.24 Some women wrote seeking admission, for example a woman in 1951 'Applied for permission by letter and was accepted'. A woman in 1953 'Was housekeeper to priest one month before entry. No mention of family at all. Is not in touch with father of baby'. A woman in 1958, 'was living in a flat with children. Put two other children for adoption'. Regina Coeli tried to find her accommodation but was unsuccessful. A woman in 1975 was referred by her family. She was 'separated from coloured man for some years'. A woman in 1983 had been 'Deserted by husband who is an Algerian Muslum [sic]. Parents have disowned her'. A woman in 1970 was 'Referred by two nuns. She had been here before making tentative inquiries. She was very anxious to keep the baby so 2 of the nuns brought her here. Her mother knows about the baby but refused the nuns' request to take her home'. An interview with two voluntary members of staff from Regina Coeli, recorded in an academic thesis, described the referrals they received:

> A lot of our, em...we didn't have any referrals as such but a lot of our girls would have been recommended by their priests. You know if they were in trouble they may have gone to their priest for assistance and they would have sent them over. The hospitals also recommended girls to come to us, but mostly it was word of mouth.[11]

21.25 On occasion a mother would be referred to Regina Coeli whilst attempting to have her children returned from an industrial school. A separated woman who entered

[11] Graham, *Unmarried Mothers*

the hostel in 1956 with one of her two children, and pregnant with a third, had another child in Goldenbridge Industrial School. The record stated that 'the Department of Education notified us about 21/1/1957 that [the child] would be sent here from Goldenbridge School on a supervision certificate - that is, we must notify the school authorities if [the mother] leaves here'. In 1952 a separated woman was ordered to stay in Regina Coeli for three weeks on probation from the court.[12] She remained for five years with her child.

Circumstances of Pregnancy

21.26 The institutional records usually contain some information about the circumstances of the woman's pregnancy, such as whether she became pregnant by her boyfriend, through a casual sexual encounter, or as a result of rape. One entry from 1931 makes it clear that the woman in question was totally ignorant about sexual reproduction: 'the father of the child is a man called […], whom she knew for four months, frequent intercourse, never knew that it was that way children were brought into the world'. Most often it simply stated whether the putative father was her boy-friend; it sometimes recorded whether he was willing to marry her. In most cases, whilst the putative father was named, no further mention is made of him. Some records gave additional details. For example, a woman 'Is five months pregnant, does not know who is responsible, has been carrying on with men since she was seventeen years of age but is adamant she never took any money from them'. Another woman in 1946: 'Got pregnant while she was in the British Forces stationed in Palestine'. Some descriptions are colourful: a woman in 1941 'Came to hostel pregnant'. It notes that the father of her child 'respected her all along 'til one night they both took cocktails to which they were not accustomed with result - she does not remember the occurrence'.

Rape

21.27 The cards also recorded instances of possible rape or incest. Rape is often recorded as assault or an attack. A woman who entered Regina Coeli was employed at St Patrick's Hospital (a psychiatric hospital). 'She was assaulted on her way into the hospital. Reported the matter to the Guards'. A woman who was admitted in 1942 'was attacked while going for a message. Does not think she has any sin'. A woman, who was admitted in 1945 from the Coombe Hospital with her baby boy 'States that a man assaulted her when returning home late one night'.

[12] The Commission is not aware of any statutory basis for this court order.

The record card on a woman in 1941 stated 'Expecting a baby. Father - a neighbour - assaulted the girl when he was in drink'. A woman came to the hostel in 1955, four months pregnant. She did not know the identity of the father; she got a lift from him and was assaulted. In the case of another woman, 'The man responsible is […], a neighbour who returned to England a few days after he assaulted her'. A woman admitted in 1950 'was working in a mental hospital and was assaulted by two men whom she knew when coming from work'. In relation to a woman in 1939, a doctor 'called and said […] should take action against father of child when baby is born. He said […] was a very nice girl'. Any blood relationship between the mother and the putative father was recorded, for example, in the case of a woman admitted in 1951, 'her uncle is responsible'.

Attempted Abortion

21.28 A number of women appear to have attempted to terminate their pregnancy. There are references to women drinking substances that were sent to them from England or going to doctors to have the baby removed. In 1943, a separated woman arrived at Regina Coeli; she was a domestic servant who had been assaulted by a lodger in the house where she worked. He sent her to a doctor in Merrion Square and she paid him £3 but his intervention failed to terminate the pregnancy. The report states that the doctor refused to take further action unless she paid him more money. A woman had a miscarriage in the hostel in 1943 and was removed to the Rotunda; she returned to Regina Coeli when she was discharged. Her records state that 'Doctor had said it was a complete abortion. Suspected […] brought in drugs to […]'. The records of a woman who came to Regina Coeli in 1938 stated that the doctor had been called as a result of statement she made about taking a dose to destroy the baby. The doctor ordered her to bed and said he would call again. He also advised that the Gardaí be notified. A detective called to the hostel and took a statement. This statement was signed by the woman and a member of the hostel staff. The file on another woman who arrived in 1948 noted that 'she has been taking stuff to settle her condition'.

Pregnant from Ireland[13]

21.29 The hostel often provided short-term accommodation for women who were described as Pregnant from Ireland (PFIs). These were pregnant Irish women or new mothers who were sent back from England by local authorities or Catholic

[13] This section should be read in conjunction with Chapter 7 which describes the wider story of PFI cases. The focus here is primarily on evidence from Regina Coeli records.

charities. This role reflected the fact that the Legion of Mary was very involved in welfare services for emigrants - speaking to young women who were taking the boat to England, and through that work Legionaries would have come into contact with pregnant women who were travelling to Britain.[14] They were also in regular contact with English Catholic charities and members of the legion worked with Irish emigrants in Britain.

21.30 Regina Coeli's involvement with PFI cases began shortly after the hostel opened. The report covering the years 1930-32 tells the story of a woman who was sent to Regina Coeli by Father Craven of the Crusade of Rescue, Westminster Archdiocese. The report claimed that 'cases from England are not ordinarily taken, but Fr. Craven certified as to his conviction that mother and baby would not be saved if they stayed in England. She was indescribably hardened and had already disposed of her baby to Protestant hands'; after some months in Regina Coeli 'she is frequenting the Sacraments, and manifests a great love for her child with which she vows she will never part'.[15]

21.31 There are many references in admission records to women being returned to Ireland when it became evident that they were pregnant. A woman in 1935 'Went to England, arrived in Liverpool last Tuesday. Stayed in a Catholic hostel. Was met at the boat by Girls Protection Society who discovered her condition and warned her to return to Ireland at once. She arrived back in Dublin this morning'. Another woman, admitted in 1932, spent nine months in London and was 'sent back pregnant last October'. In 1934 a woman was 'Sent home by the CPS[16] and met in Dublin by member of CPS who took her to the Union'.

21.32 Some women who planned to travel to England were stopped before they left Ireland. In a case in 1936:

> Legion prevented her from going to Scotland with her two sisters, who had asked her to come over and made arrangements for her when they found out she was pregnant. Protestant Ladies Maid had asked […] to tell her when baby was born she would take it and pay her compensation for having given it over.

[14] Mary E. Daly, The *Slow Failure: Population decline and independent Ireland, 1920-1970*,pp 299-302.
[15] Regina Coeli report October 1930-August 1932
[16] Catholic Protection and Rescue Society of Ireland

21.33 The number of PFIs who were repatriated rose during the years of the Emergency, as English mother and baby homes and other welfare agencies came under increasing pressure; some had to relocate from the large cities. Despite an agreement that women would not be sent back to Ireland without advance notice, giving either a charity or the department inspectors the time to arrange for their maintenance in a mother and baby home, many women ended up in Dublin, with no arrangements for their future. Many of these women were given temporary accommodation in Regina Coeli but Miss Litster complained that after a few days in the hostel they were often 'unwilling to go to an institution under the care of nuns', because they preferred 'a certain free and easy' atmosphere in Regina Coeli, including permission to smoke.

21.34 Some of the cases below highlight the way in which women who went to England, either pregnant or who became pregnant in England, returned to Ireland.

21.35 In the case of a woman in 1958 there is no reference to her coming back from England but she was put on a train for Limerick with her baby, where she would be met, at the train, by Miss Harris of the London Welfare Office.[17] Another woman in 1945 'was sent by Southwark CPRS'. A woman in 1953 'Came with baby aged 7 months born in England'. She had been transferred to the hospital from a home in Surrey and returned there for about six weeks after the birth with the baby. A doctor recommended that both should be sent to Ireland and the Southwark branch of the CPRS arranged for her repatriation. A woman who was three and a-half months pregnant when she went to England in 1935 'was met at the boat by the Girls Protection Society,[18] who discovered her condition and warned her to return to Ireland at once'. One woman was returned from the United States in 1955 when it was discovered that she was pregnant. Her records state that she 'was in America since she became pregnant. States Legionnaires there had her sent back. Had three more children while resident in the hostel'.

21.36 Some women returned from England because they were unable to work. A woman, five months pregnant, admitted in 1945, 'arrived back from England last night with a letter addressed to Legion of Mary, Dun Laoghaire. Has all arrangements made by Welfare Association in Leeds to stay in England but

[17] Information about Miss Harris can be found in Chapter 7.
[18] This may be a reference to the International Catholic Girl's Protection Society. For details see Jennifer Redmond, *Moving histories. Irish women's emigration form independence to Republic* (Liverpool University Press, 2018) pp 88-93.

Ministry of Labour insisted on her returning when she could not work'. A woman in 1932 went to a job in England but when she realised she was pregnant her employer sent her home. In the case of a woman, admitted in 1943, 'the factory where she worked paid for her fare home and will take her back'. In 1944, a woman 'arrived from Reading tonight and was brought by sisters [members of the Legion of Mary] from the Bureau, Westland Row'.[19] 'Was seven months in England. Was pregnant when she went and was deported'. Another woman, 'a V.D case' was deported from England in 1943. Another woman was sent to Regina Coeli as a 'refugee' from Leeds in 1941.

Women who were admitted and those who were refused entry

21.37 Regina Coeli did not distinguish between 'first offenders' and 'second offenders'. A woman who entered the hostel in 1948 with her three-week-old baby 'is a second offender. Had another baby three years previously in Castlepollard. Tried to gain admission to Castlepollard again; was refused, and the Rev Mother told her to come here'. A woman in 1944 'Came to the hostel eight months pregnant. Refused to go to Roscrea' [Sean Ross]. In 1943 a woman 'entered hostel nearly nine months pregnant. Was in Tuam Maternity Home for 5 weeks. Left there and is adamant that she would not return there'.

21.38 Regina Coeli refused to admit, or re-admit, women who were classified as a 'street case', that is, women who were, or had been, engaged in prostitution. They were generally referred to the Legion's Sancta Maria Hostel.

21.39 Some women were described as 'not the type for here'; one woman was sent to St Rita's nursing home on Sandford Road (see Chapter 2). It is probable that she was not admitted to Regina Coeli because she had sufficient means to pay for accommodation in a private nursing home. A file on a woman who had been in Regina Coeli in 1949 records that she called in October 1954 seeking re-admission, 'is in trouble again. Meeting decided not to accept her in view of the way she had placed last child after signing a statement about NSPCC'. Her child had been placed in an industrial school. 'Meeting decided that she could not come here 'til M. has been returned to her. Returned with children'.

[19] The Emigrants Section of the Dublin Archdiocese's Catholic Social Welfare Bureau was based at 18 Westland Row, opposite the railway station (now known as Pearse Station). This station was the terminus for trains from the west of Ireland and passengers taking the boat from Dun Laoghaire to Holyhead (a major route for people travelling to and from England) travelled by train from Westland Row to the boat. Members of the Bureau and the Legion of Mary, met and interviewed intending emigrants at the railway station, and on the train to Dun Laoghaire, Daly, *Slow failure*, pp 278-9.

21.40 Some women were refused admission because they were married or were known to have accommodation. A woman who first entered the hostel in 1941 with her baby subsequently married and returned with her husband, but was refused admission as they had accommodation. In 1984 a woman who arrived at the hostel with two of her children, including a son aged fourteen, was refused entry to the hostel as he was too old.

Overlap with other scheduled institutions

21.41 The Regina Coeli files record extensive references to other institutions which are being investigated by the Commission (scheduled institutions). Roughly 1% of the women admitted (a total of 72) gave a mother and baby home or the Dublin Union as their previous address. A woman who was admitted in 1944 had given birth to a baby in Pelletstown, went from there to Sancta Maria, who sent her to Regina Coeli. A woman admitted in 1957 had been in Castlepollard. 'She did not like Castlepollard so left and came back to Dublin'. A woman in 1944 'came from Pelletstown for one night with baby and returned to Pelletstown the next day.' Some women only stayed for one or two nights in Regina Coeli, while on the way to another institution. A woman returned from England in 1962 with her baby; her record noted: 'is wavering about keeping the child, but with a bit of encouragement might.' The CPRSI, (who had probably organised her return from England) arranged for her to be admitted to Pelletstown. In 1942 a woman went to Pelletstown from the hostel; another woman travelled by bus to Bessborough in 1946. She wrote shortly afterwards to Regina Coeil asking to return with her baby but 'was advised to stay there'. In 1945, a woman arrived in Dublin by bus and was admitted to Regina Coeli for one night before travelling to Castlepollard. One common pathway was for women who came to Regina Coeli to go to the Dublin Union and from there to Pelletstown. A woman in 1943 was 'anxious to go to Castlepollard but cannot afford to pay'. A woman came with her baby in 1942 from the county home in Castleblayney.

21.42 Some women had spent time in industrial schools or other institutions. A woman who arrived in 1943 'Was eight years in Booterstown Convent - Sisters of Mercy and then two years in Sisters of Mercy Baggot St training for laundry work. Left Regina Coeli 24/9/1943. Returned on 30/8/1944 with baby born in Pelletstown. Went back to Pelletstown with baby on 31/8/1944'

21.43 The mother of a young woman who arrived in 1940 had died when she was only two weeks old. She spent two years with a nurse mother in Kent and was then transferred to a Barnardo's Home in England where she remained until she was seventeen. She then went to an institution in Belfast, remaining for three months before being sent to the Bethany Home where she remained for three years. In 1937 she broke a window and was sent to the Dublin Union, where she remained until she came to Regina Coeli in 1940.

21.44 Some women who were refused entry to other institutions came to Regina Coeli. In 1946 a woman stated: 'Tried for admission in several places today. Went to St Kevin's but would not be taken in without a doctor's note. Went to Pelletstown next day'. The record on a woman in 1943 states that 'Dr […] sent her to Pelletstown today but she was refused admission and sent here.' She left Regina Coeli to go to Bessborough after a stay of less than a month. In the same year a woman came to Regina Coeli from Holles Street Hospital after trying Basin Lane (a night refuge) and St Patrick's Guild. A woman arrived in 1945 with her fourteen-month-old child who was born at a private address and baptised in the Roscommon county home. The record stated she 'left Roscommon on 6/1/1945 with child to go to Summerhill Convent, Athlone. Baby could not be accepted by Sr. […] who said the child was deformed and would never walk. Came to Dublin. Went to Sisters of Charity and the Bureau (presumably the Catholic Social Welfare Bureau) and was sent here.'

21.45 Women also sought the services of Regina Coeli when they had tried and failed to get baby 'settled' or 'fixed' elsewhere. A woman in 1933: 'Came from South Dublin Union- a cousin claimed her out this morning and took her to Eccles St (probably St Brigid's orphanage) to see if she could get the baby fixed up, was refused there, tried Dunleary also refused. […] told her to come here if she failed to get her baby fixed'. A woman went to Regina Coeli in 1937 with her baby. She was recorded as having gone 'to Henrietta St and St. Patrick's Guild - neither would take her. Has no money.'

Long stays and multiple entries

21.46 A unique feature of Regina Coeli was the fact that many women entered the hostel on multiple occasions and others stayed, sometimes intermittently, over the course of many years. Some of these long-stay women gave birth to a number of children during their years in the hostel. Many women kept in contact with the staff in the

hostel after they had left and sometimes returned for a further stay (not pregnant). One woman, who entered the hostel in 1953 pregnant, wrote in 1970 seeking admission for herself, her husband and children. On more than one occasion women who subsequently married, informed the hostel of this and sent some wedding cake. These examples indicate the nature of the relationship between the residents and Regina Coeli.

21.47 A woman who arrived in 1954 stayed for nine years. Her daughter is recorded as being 'placed'; she was sent to Booterstown Convent.[20] It seems that this girl returned to Regina Coeli for holidays. A woman who arrived in 1953 stayed for ten years with her two children. A woman who first entered in 1940 was resident intermittently for ten years. In 1950 it is recorded that she was pregnant; she left in 1961.

21.48 A woman, who came in 1955, gave birth to six children during the course of her fifteen-year stay. A woman, who is first recorded in 1943, stayed in Regina Coeli for 14 years and gave birth to three children during that time. Another woman stayed with her child in Regina Coeli for eight years from 1945. A woman was admitted in 1952 and left in 1966. A woman entered the hostel in 1957 pregnant. Her first child was born that year, a second was born in 1960 and a third in 1962. It would appear that they had been placed with a foster mother but retained a relationship with the hostel. There are references to them returning on occasional weekends. One of the children is recorded as pregnant and leaving the hostel in 1986 to live with the father of her child. A second child was reported to have given trouble in the hostel, and a meeting decided that she could no longer remain there. She was placed in High Park special section in May 1971.[21]

21.49 A woman spent fourteen years on and off in the hostel with her son, from 1946. Another woman also arrived in 1946 with her three-month old baby. The baby was placed in Cavan Industrial School in 1948. The woman was readmitted to Regina Coeli in 1965, brought by a member of the legion. A woman lived in the hostel intermittently over a period of twenty-six years, between 1939 and 1965. She married while resident there. A woman arrived pregnant in 1950 and gave birth that year. She died in 1963; her son left the hostel in 1965, having apparently been resident there for the first 15 years of his life. He was taken by a female

[20] This is probably a reference to St Anne's Industrial School.
[21] There was an industrial school and a Magdalen laundry at High Park.

member of the Legion of Mary and apprenticed to clock making. A pregnant woman entered the hostel in October 1952; she returned with her son from the maternity hospital and gave birth to a second child in 1958 while living in the hostel. Mother and children moved to accommodation in the north inner city in 1969; she had spent 17 years in Regina Coeli.

21.50 A woman arrived in 1952, seven months pregnant. She gave birth to a boy in the Rotunda and returned to Regina Coeli with her infant. Her eldest child was brought to Regina Coeli to join her. She gave birth to additional children in 1954, 1957, 1960 and 1962. There is evidence that she gave birth to another child, but no date is recorded. Mother and children moved to a flat in the Liberties, 18 years after coming to Regina Coeli.

21.51 A separated woman with a son, who was boarded out, entered the hostel pregnant. A daughter was born in 1955. She gave birth to four additional children between then and 1969. The family moved to a house in 1978, 23 years after she had entered the hostel. A woman arrived in 1931 pregnant and gave birth to a child; she gave birth to twins in 1941. She entered and left the hostel on many occasions; she was last admitted in 1952, 21 years after her first stay in Regina Coeli. Another woman arrived in 1940 with a two-week-old baby. She remained there for 28 years, leaving occasionally and returning.

21.52 Another distinct feature of the Regina Coeli hostel was the fact that many residents maintained contact following their departure. A woman who came to the hostel in 1943 with her child, who was almost three years old, left to go to a room in the south inner city but returned occasionally, as she 'finds the room lonely'. When former volunteer workers were asked about women who returned to the hostel, they replied that 'that has always been a feature and still is a feature'.[22]

21.53 A woman entered the hostel for the second time in 1941 with her twelve-month-old baby who was born in Pelletstown. She had been a 'nurse child' and had been in the Dublin Union for six weeks. The records indicate that she left the hostel and returned with four children in November 1950, leaving and returning again with another child in 1952; another child joined her from hospital the following year.

[22] Graham, 'Unmarried mothers',

21.54 A woman entered the hostel in 1948 with a one-year-old child; she gave birth to a baby over a year later. In 1951 she suffered a serious stroke and was described as unsuitable to undertake the care of the children. Her son remained in the hostel until approximately 1963; her daughter remained until she married in the late 1960s.

Regina Coeli and Protestant institutions

21.55 The records of mothers who were in Regina Coeli often express a fear that she would bring her child to the Bethany Home[23], or that she would give her child to a Protestant social worker or a Protestant foster mother. They describe attempts by members of the Legion of Mary to 'rescue' mothers and/or their children from the Bethany Home. If a mother had been resident in the Bethany Home before coming to Regina Coeli she would be instructed to attend confession immediately and apparently asked to give a full account of her time in Bethany, including whether she had allowed her child to be baptised while there, or had denied her own faith. The records relating to a woman, admitted in 1932, state that the baby went to Bethany Home and then to Pelletstown.

21.56 In 1936, the mother of a young baby who was living in Regina Coeli assisted another mother to travel by train to Belfast with her infant. This second mother placed her baby in a Barnardo's Home. When this became known, the mother who helped was reprimanded by two voluntary workers.

> The terrible responsibility of the baby's soul was pointed out to her and after a severe talking to she was told that she must leave the hostel on 20th inst. As an act such as she had done made her subject to such drastic action. She admitted doing it. Left the next day. Went to […] who had already arranged to settle baby in Athlone School[24] on 24/7/1936. [the mother] went to friends in Fairview.'

21.57 A woman returned to Regina Coeli in 1937. Her entry card states 'a previous child (one and a half years old) was rescued from Bethany Home last week and placed by CPRS'. The son of a woman, admitted in 1937, was 'rescued' from the Bethany Home and baptised in Arran Quay Church. The mother explained that 'Priest would not allow her to tell her long-term boyfriend she was pregnant as he was a Protestant. Baby was later taken from Bethany Home … and out into Gloucester

[23] See Chapter 22.
[24] Almost certainly the industrial school which was sometimes known as Summerhill.

Street, and was then taken by the CPRSI'. A woman admitted pregnant in 1937 was reported to have two 'other' babies in the Bethany Home; the CPRSI arranged to 'rescue successfully'. Another woman was 'rescued from Bethany Home by CPRSI with baby' in 1939. A woman was brought to Regina Coeli that year by a Catholic priest from Kilcullen 'who rescued her from Bethany Home'.

21.58 A woman came to Regina Coeli in 1937; her baby died shortly after birth. In 1939 she was recorded as pregnant and in the Bethany Home. Her record states that the 'CPS had written to her mother and Canon F to claim her out. Bethany authorities are arranging a marriage'. The woman's mother travelled to Dublin, removed the baby from the Bethany Home and the CPRSI placed the baby with a foster mother. The infant's mother was reported to be working and returning to Bethany every night.

21.59 In 1934 a mother came to Regina Coeli and returned to the hostel having given birth in the Rotunda. In November 1935 it was recorded that mother and baby had been taken to the Bethany Home by members of the Protestant Friendly Society, who had been put in contact with her by the minister (it is not stated which Protestant denomination) in her home town. She had written requesting her baptismal certificate, and 'says now she is a Protestant'.

21.60 A case recorded in the Archbishop Byrne papers in the Dublin Diocesan Archives stated that a man who would appear to have been a Protestant clergyman had written to Bethany in relation to a Catholic girl who had gone to him

> and I took up the case…girl back from England where she had been for previous two years. Very threatening and troublesome brought to her senses at last and was admitted to the Regina Coeli hostel on the 4th. She has an offer of marriage in Ireland and is likely to be married if she can be relieved of the child. Mother took daughter and infant home.'[25]

21.61 In 1944 a woman came to Regina Coeli with her baby from Belfast. Her record states that she had initially gone to the Bethany Home before going to Miss Cruice (St Patrick's Guild). By 1944 Bethany had given a commitment not to admit Catholic women and it would appear that they had referred this woman to St Patrick's Guild. A woman and her baby were admitted to Regina Coeli in 1951

[25] Dublin Diocesan Archives. AB8 Items 22/7/1/15.

from the Bethany Home when it became known that she was a Catholic. Her record states, 'The CPS have the case in hand'. Her child was baptised in Arran Quay Church. A woman came to Regina Coeli in 1948 seven months pregnant. She was referred by Miss Cruice. 'She had called to Bethany Home who had sent her to Miss Cruice. The mother and baby went to Bessborough soon after the birth. A woman who arrived pregnant in 1948 had spent two months in Sean Ross 'representing herself as a Protestant. She later went to Bethany Home where they got very suspicious as she did not know the hymns or prayers. On being questioned she went away.'

21.62 The records relating to a woman in 1955 state that her child was in The Children's Fold, Boley, Monkstown (a Protestant children's home). 'She said Catholics would do nothing for them. Wrote to Fr H Parish Priest Blanchardstown telling him about the child in the Protestant home and asking him to take action with the girl in the matter'. A woman who was admitted to Regina Coeli in 1944 and subsequently left the hostel with her child was reported to have given her baby to a Protestant woman in Wicklow. The Legion of Mary contacted the Gardaí who notified her parish priest and the Rathdown Board of Assistance. The CPRSI suggested that Regina Coeli should bring the mother back to the hostel and encourage her to retrieve her baby. A member of the Legion of Mary collected the mother, secured a letter from a solicitor and went to the Irish Church Missions. They collected the baby the next day and brought the child to the county home in Rathdrum, where Miss Litster had arranged admission.

21.63 In 1944, a woman is reported to have gone to the Irish Church Missions (ICM), Townsend Street (a Protestant charity) to try and get the child 'fixed' and was told she would have to pay 40s a month until the baby was two years old. In 1945, a resident in Regina Coeli asked the ICM to take her child, but the ICM officer told her that 'he could not help her as he had eleven children to fix before he would touch Catholic children. [the woman] was warned that her action meant expulsion from the hostel but she went that evening to the Rotunda'. Mother and baby were immediately sent to Pelletstown from the Rotunda. A woman who was admitted to Regina Coeli in 1952, six months pregnant, was described as a Protestant. While she was in the Coombe, having given birth, the almoner of the hospital informed Regina Coeli that Protestants, who were interested in her, had asked to be notified when she arrived into the hospital. They visited the new mother and arranged for her baby to be placed in the Children's Fold. A woman came to the hostel in 1959

with a six month old baby, having been referred by the CPRS. It is recorded that the woman had

> given the child to the Protestant Adoption Society but when her mother found out she wrote to [the woman] telling her to get the child back from the Protestants. She had to go the courts to get it back. Rev Fr. Harvey of the Crusade of Rescue helped her in the case.[26]

Race and Ethnicity

21.64 A small number of children in Regina Coeli were the offspring of Irish mothers and African, Asian or West Indian fathers. An entry card in 1955 states: 'Child's father was Indian. Child is slightly coloured'. The child of a resident in 1966 was described as 'coloured. Father is West Indian'; another child in 1979 was 'coloured'. A woman is recorded as having two children, a son and a daughter. The entry card states that her son, 'is quite African. Unclear whether L is the daughter of same father'. A woman was admitted in 1963 with five children: 'Putative father is a Pakistani. The children are coloured'. Another woman 'came with coloured baby'. The entry for a woman in 1980 states, that her son,' is slightly coloured-[the woman] reported to have contact with coloured man.' One mother who was in the hostel in 1973, who had been born in an Irish provincial town, was described as 'coloured'. A woman, who was resident in 1958: 'Married a Nigerian Muslim. Joined him in Nigeria last year and found he had 4 native wives. Says he was very cruel to her'. A resident in 1953, 'Has not seen the man responsible - an African'. Her child was described as 'very clearly half-negro'. A woman who came to Regina Coeli in 1964 'was living with a coloured man…has a girl - this child is also coloured'. 'Evidently her parents had a shock when they saw the child was coloured and refused to keep her there'.

21.65 A number of women were noted as being members of the Traveller community, but there is no further comment concerning this. One woman is described as 'a travelling person'; and 'Is a strange type'. Two other files state: 'They are travelling people'. A woman: 'Travels around. Parents were caravan people'. In 1975, a woman was described as 'an itinerant'. A 1974 resident 'Lived with her parents; travelling people'.

[26] This obviously happened in England; Fr Harvey was based in the archdiocese of Westminster.

Mental Illness and intellectual disability

21.66 A number of women were reported as experiencing mental illness. In 1952, a woman was described as speaking and acting peculiarly.

> Guard and doctor summoned and on a later date [the woman] was committed to Grangegorman mental hospital. Later released back to RC and again re-admitted various times, including under Garda escort to Grangegorman…on Christmas Day 1959 after having attempted again to strangle [her son].

21.67 There are repeated references to this mother attacking her son and being admitted and re-admitted to Grangegorman. In 1960 a woman was described as 'a mental case and has cancer of the throat'. A woman who arrived in 1940 was 'very strange and had to be isolated in the Cedar room. Is mentally affected. Dr W saw her but would not commit her to Grangegorman, says she has a wild fever.' She was sent to Cork Street fever hospital but was transferred to Grangegorman. Another woman was described as 'very strange'. She was admitted to Grangegorman as a voluntary patient in 1950. The entry card concerning a woman who arrived with three children in 1964 stated that she was raised in a county home and later adopted. She married but separated from her husband and was described as having had a nervous breakdown. Her records noted many suicide attempts. One report described her as a 'pleasure seeking psychopath with an addiction for alcohol' but no sign of mental illness. She was committed to Grangegorman and spent time in other hospitals. The last line stated that she 'had been found, dead in England, murdered?' The records on one widow who entered Regina Coeli in 1964 with three children, following the death of her husband in an accident, recorded that the priest who had assessed her 'could not make up his mind whether she was mental or sheer devilment. We have his permission to have her treated in St. Brendan's [Grangegorman] if we decide she needs it' She was admitted by ambulance and under escort shortly afterwards. In 1974 a woman who had arrived the previous year was committed to St. Loman's, a mental hospital in Mullingar, by her family doctor.

Criminal behaviour and prostitution

21.68 Regina Coeli was unusual in that it admitted women who had been, or were currently, involved in crime. There are references in the records to residents who had some contact with the Gardaí in relation to theft or violence. There are also some references to women stealing from each other or having violent altercations. A woman came to Regina Coeli in 1933 from Mountjoy prison 'where she had been

on remand for months'. A woman came with her four-week-old baby in 1944, who was born in Mountjoy. She 'appeared at Bray court and was discharged on probation.' Another woman had just finished a sentence of six months in Mountjoy in 1941 when she came to Regina Coeli. Another woman, also resident in 1941, 'was in trouble for taking a blanket - the property of the woman who was looking after the baby - and was in prison for two weeks.' One woman 'charged' a fellow resident who had struck her with a hatchet during a row in 1938. She withdrew the charge the same day. In 1947 a resident got one month's imprisonment for having struck another resident with a hatchet. A woman was arrested in the hostel in 1939 for striking another resident. A woman who had been resident since 1931 was arrested for begging in 1938. A woman was charged in 1942 with stealing clothes from other women in Regina Coeli.

21.69 Women who were engaged in prostitution were generally sent to the Legion's Sancta Maria Hostel. The two hostels were in close communication, and regularly cross-referred. However some 'street cases' were admitted to Regina Coeli, particularly those who were seeking to give up soliciting. A separated woman who worked as a prostitute on the quays came to Regina Coeli in 1965. Her estranged husband had been committed to prison for 21 months for living on her criminal earnings and she had been in prison for two periods of two months for soliciting. The record states 'Is anxious to give up the street life and get her children back.'

The Children

21.70 A total of 5,434 children were admitted to Regina Coeli and there is information about the date of admission for over 99% of the children. Children came to Regina Coeli with their mother, and remained with their mother; in a small number of cases a child might remain in Regina Coeli, while their mother was in hospital, prison or otherwise temporarily absent. Admissions peaked in the 1940s when over 30 per cent of the children were admitted; 225 children were admitted in 1942 and 233 in 1943 – statistics that mirror the peaks experienced by other mother and baby homes during these years. The numbers admitted in the 1950s were just over half the figure for the 1940s; in the 1960s less than one-fifth of the 1940s number were admitted. (The small number may reflect the need to rebuild the hostel). The number admitted rose sharply in the 1980s, reflecting the increase in the number of mothers who were keeping their child

Mothers who kept their children

21.71 Before the 1970s, Regina Coeli was the only institution that assisted unmarried mothers to keep their infant. The following are the percentages of mothers who are known to have kept their babies within Regina Coeli. It is possible that other mothers left with their babies and raised them outside the hostel. Although the mothers who kept their babies were a minority until the 1970s, the proportion was undoubtedly much higher than for any other institution catering for unmarried mothers.

1930s:	29.71%
1940s:	30.60%
1950s:	43.10%
1960s:	39.20%
1970s:	72.50%
1980s:	87.30%
1990s:	79.40%

21.72 In the early years it appears that the outcomes for children from Regina Coeli were not very different to other mother and baby homes. In the period from October 1930 to August 1932, eight children were placed by the CPRSI; seven by St Patrick's Guild; 26 by the Legion of Mary; 13 had died; eight were with their mothers in their own homes; 13 were in Regina Coeli and 26 had not yet been born. The increasing proportion of mothers who kept their child is evident in the data for length of stay. By the 1950s the average length of stay for children was significantly longer than in previous decades.

21.73 In a lengthy memorandum written in 1950 and submitted to the Department of Health, Frank Duff stated that

> From a very early moment it became a principal idea of the Hostel that mothers should be encouraged to keep their children permanently. Such a course was not hitherto possible to girls in their circumstances. The best that could be aimed at was that they would retain them for a period of a year, so as to give the child its chance of life. After that everything operated to bring about separation. A job was found for the mother and the child went off to fosterage or into an industrial school. But in the case of the Regina Coeli there was no date at which the mother had to make up her mind. Each new day brought growth of affection for the child and the natural mother to keep it and be responsible for it. From first to last the hostel has urged this latter

consideration on the girls. The cry too commonly heard is that these girls should be 'given their chance' as if no responsibility whatever lay on the mother in respect of the child.

21.74 Duff believed that as the fathers had failed in their duty to the children, there was a greater responsibility on the mother. He claimed that 'As a result of the interaction of proper natural affection and the encouragement and facilities provided….a great proportion of the girls are not only prepared but determined to keep their child'. The hostel grew rapidly and soon expanded into adjacent buildings - all of the buildings were part of the former workhouse. The expansion in numbers was concentrated 'on the unmarried mother's side'. The arrival of babies 'rendered necessary a complete reordering of the system of the Hostel'. The original plan, as in the Morning Star Hostel, was that the residents would leave the hostel in search of work every morning, and have their dinner in one of the various charitable institutions around the city or at their place of work. The presence of mothers and babies made it necessary to provide food and care throughout the day. The Legion of Mary took over additional premises and instituted a day system that involved feeding babies and older children. He claimed that the babies' diet was 'as directed by the Child Welfare Department of Dublin Corporation', whose nurses and doctors gave 'constant and invaluable aid to the Hostel'. At a later date, probably in the 1940s, the Catholic Social Welfare Conference[27] began to subsidise the dinners, which enabled the hostel to improve the quality. The older children attended neighbouring schools.

21.75 One of the core principles behind all Legion of Mary hostels was that no services should be provided free of charge. The basic charge in Regina Coeli was 6d a day, including supper. Dinner, which was served in the middle of the day, cost an additional 1s 3d depending on a person's means. There was no charge for babies under 6 months of age; older babies were charged 1s a week. Mothers were expected to find outside work, or undertake work in the hostel to earn this money. However most work in the hostel was carried out by members of the Legion of Mary.

21.76 The dormitories and other provision for unmarried mothers and their children were separate from the other residents. In the early years the mothers and children

[27] Duff probably means the Catholic Social Service Conference, which was established in 1941 to co-ordinate social services provided by the Catholic church in Dublin. Lindsey Earner-Byrne, *Mother and Child*, pp 90-3.

were accommodated together in dormitories, but when it was realised that the residents included 'six rather big boys of ages 8 to 10', Frank Duff states that a decision was taken to renovate 'old accommodation at the back of the premises' and six mothers and their sons moved there. Duff conceded that the accommodation was 'rather defective from many points of view, notably in regard to the congestion caused. Observers remarked that we now had our own little slum'. He claimed that these family units resulted in 'the establishment of the happiest sort of home-life and the growth of the domestic virtues'.

21.77 Frank Duff was opposed to children being committed to industrial schools. In his 1950 memorandum he stated that

> One of the very grievous aspects of our work has been the fact that by reason of some legal technicality it is possible for any woman to apply to the district courts and automatically to have herself relieved of the care of her child, the latter being sent to one of the orphanages. A certain society has constituted itself a port of easy call for any woman who has this idea in regard to her child. The girl has but to present herself to them and the remainder of the thing works out almost as a mechanical transaction. It is not necessary to point out that this state of affairs constitutes a standing incitement to women, and a certain proportion of them prove too weak to stand that incitement. The result of this breaking up the little family unit is not for the good either of mother or child. A formidable proportion of the women thus relieved of their children get into trouble again… Based upon Regina Coeli experience of such cases, it can be confidently asserted that over sixty per cent of such girls thus come to disaster, and it is at least likely that the proportion is very much higher. Then what happened to the children who are thus taken away? The number of children who emerge from industrial schools at the age of sixteen and then come to grief is so considerable that a number of years ago the government set up a commission of enquiry to investigate the question.

21.78 He claimed that one-third of the 'street girls' in Sancta Maria Hostel had been in industrial schools, likewise 'a formidable proportion of the men resident in the Morning Star'. In a short hand-written letter which accompanied this report, which was addressed to a senior official in the Department of Health, he highlighted the 'operations of the Society for the Prevention of Cruelty to Children, which are obviously countering our work'.

21.79 There is evidence that Regina Coeli encouraged mothers to reclaim their children from industrial schools. A woman first entered the hostel in 1953 with her seven-month-old baby. She gave birth to twins the following year and the record states that the twins were committed from St Ultan's Children's Hospital to Goldenbridge Convent,[28] placed through the courts for one year in-the newly opened section for children of sick mothers. When the mother returned to Regina Coeli without the twins, she was told she could not be re-admitted without them. She telephoned Goldenbridge Convent and arranged to take them that evening which she did. She was then transferred with twins to St Eithne's, Rosary House, within Regina Coeli.

21.80 In 1942, Helen Murtagh, a Catholic social worker in Birmingham, travelled to Dublin to examine facilities for unmarried mothers. She was concerned about the number of pregnant Irish women in Birmingham and sought to understand the reasons why they left Ireland. She met Dr McQuaid and officials from the Department of External Affairs and the DLGPH including Miss Litster. Before she left Ireland she wrote to Dr McQuaid contrasting provisions in Birmingham and in Dublin. In the course of her report she stated that 'It grieved me very much to see the babies needing so much at Regina C. It is merciful work, but I could not help comparing them with our eight nurseries where every mother can stay with her baby, all because the Ministry of Health pays again & again to build future citizens'.[29]

21.81 In 1943 the Joint Committee of Women Societies and Social Workers submitted a report on boarded-out children and children in institutions to the DLGPH. They had visited a number of children's homes and other institutions, but they did not visit Regina Coeli. In her commentary on that report, Miss Litster stated that 'a great change in public opinion will have to take place' before Irish unmarried mothers could keep their children. 'The experiment has been tried in Regina Coeli of helping mothers to go into rooms and maintain their own babies'. She had also assisted a number of mothers who wished to keep their child, but she claimed that 'No permanent success attended these efforts. As soon as the children were at an age to be admitted in an Industrial School steps were taken by their mothers to have them admitted'. (It is unclear whether this comment applies to Regina Coeli mothers or only to those who had been assisted by Miss Litster).

[28] Ryan Report: http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL2-07.PDF
[29] DDA/AB8/b/XIX.

21.82 A report by Miss Litster in 1947 noted that the hostel

> is crowded with unmarried mothers from every part of Ireland. A nominal sum is charged for board and lodging and when the girl is destitute nothing is demanded. Generally the girls go to the Rotunda Hospital for confinement returning to the Hostel, from which after a period they go out to daily work, their babies being looked after in the Hostel during their absence. No solution to the baby's future offers from the Hostel. Despite the poor living conditions, some mothers preferred Regina Coeli to the more conventional mother and baby homes because they could smoke, make tea for themselves, and go out to pictures.

21.83 The reference to making tea is highly suggestive of the institutional regime in mother and baby homes. But the real difficulties that the mothers in Regina Coeli faced in keeping their children should not be discounted. When she reviewed data on younger children committed to industrial schools in the years 1953-55, Miss Litster discovered that a large number of those committed came from Regina Coeli and Sancta Maria hostels, though she noted that the authorities in these hostels tried to dissuade mothers from doing so.

Children left in Regina Coeli without their mother

21.84 It was quite common for women in Regina Coeli to go home and leave their child in the hostel, and on occasion the hostel staff had to contact them and ask that they return. A woman left in October 1934, leaving her baby in the hostel. She 'was written to twice requesting her to return from her home. A nun went to her home place to look for her and found that the woman was getting married (not to the man responsible). Her mother came to RC to look after the baby. Baby died in hostel on December 1'. He was described as 'abnormal and delicate'. A woman went home in 1938 'promising to return to look after baby' but later efforts to find her failed. The district nurse said that the child could not be kept in Regina Coeli, 'but must go to the Union' and the dispensary doctor issued an admission ticket. The Gardaí located the mother in her home, where she had been for some time. The Legion of Mary determined that two of their members should go there and ask her to return to the hostel; if she refused they would hand her the baby. This mother returned reluctantly to Regina Coeli; her child was placed in Newtownforbes Industrial School[30] shortly after her return.

[30] Ryan Commission: http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL2-10.PDF

21.85 In 1936 a mother left the hostel and 'did not say where she was going'. She left her baby, who had curvature of the spine, in Regina Coeli. A voluntary worker took the child to the local dispensary doctor, who supplied a ticket enabling the child to be admitted to the Dublin Union. A woman arrived in 1957 with her child who was almost three-years old and left shortly after without her child. The Gardaí were notified and members of the legion visited a number of places where they thought she might be. They eventually wrote to St Kevin's (the Dublin Union), asking them to take the child, who was sent to Pelletstown. A woman was recorded in 1954 as 'going to London and husband's sister will take the baby', which happened shortly after the mother left. In 1952 an infant 'was minded by other mothers for a period of 5 months while her mother was away/staying out all night/in hospital'.

21.86 Women might leave their babies in the hostel while they went home to visit family or attend funerals. It is not known whether this was done for convenience or because their families were unaware they had had a child. In 1939 a woman went home for ten days; during that time her baby was in Regina Coeli and also spent some time in hospital. A woman returned home in 1952 for her mother's funeral. She wrote to Regina Coeli on a number of occasions asking to extend her time at home, which eventually lasted over three months. Her baby died while she was away. Some mothers left their children to go on a holiday. In 1954 a woman entered Regina Coeli pregnant and returned to the hostel following the birth. She then got married and left her baby in the hostel while she went on honeymoon. In 1942 a woman left her son to be 'minded here for a month as his mother went on holidays with her employer.' Women also left their babies while they went to hospital. In 1976, a two-year-old child was minded in Regina Coeli while the mother was in St. Brendan's. Another mother left her child in Regina Coeli for a period of six weeks while she went to the Rotunda for 'a serious operation' in 1944.

21.87 Women were permitted to leave their children in Regina Coeli when they were in prison. In 1939, a mother 'was arrested for stealing £4 in wallet from lodger in mistress' house. She was put on remand. Baby minded here.' A woman who entered the hostel in 1939 four months pregnant struck another resident in 1945, and was sentenced to a month's hard labour. Her baby stayed in Regina Coeli. In 1953 a woman arrived with her two-week-old son, who was later admitted to hospital. The mother went home eight weeks later - her son was still in hospital - following a letter from her mother that the father had had a stroke. A meeting of the hostel staff decided to withhold permission to leave, 'til girl's mother had

promised to send girl back within specified time'. Her baby was reported as ready for discharge in January 1954, eight months after admission to hospital, and the hostel sent a telegram to her home asking her to return immediately. This was followed by a letter in March threatening to bring the child to her home if she failed to return; they also wrote to the woman's mother warning of the consequences. Her son was brought to her home in June. The legion members did not meet his mother, but the grandmother took charge of the child.

21.88 Some children who were resident in Regina Coeli were admitted to hospital and did not return. The records show that they were placed or settled from the hospital. A woman arrived in 1946 with her three-month-old son, who was born in Castlepollard. He was admitted to St Clare's hospital; his mother left Regina Coeli two weeks later and was suspected of going to England. When her son was ready for discharge from St Clare's there was no trace of the mother. The Gardaí were notified. Miss Litster arranged for his transfer to St Kevin's hospital pending her return. A baby was admitted to St Clare's in 1953. The maternal grandfather signed an undertaking to claim him on discharge, but later records indicate that the Gardaí were contacted because his mother could not be located.

21.89 A woman left in 1954 with her baby. The sister in charge in Pelletstown contacted the hostel to say that the woman, who was known to her, had been seen in Phoenix Park with the baby and later a baby that appeared to resemble her baby was found on the doorstep of Pelletstown. A Garda sergeant called with clothes and wrappers which were easily identified as from Regina Coeli. A member of the hostel staff confirmed the baby's identity. The mother was arrested and remanded in custody. Her cousin bailed her out and she was sent to St. Patricks, Crofton Road, Dun Laoghaire - a Magdalen Laundry - for two years.

Children with special needs

21.90 One baby was described as 'a cripple and simple'. The child's mother was given notice to leave the hostel in December 1946. She returned with a letter from the NSPCC requesting that she be kept in Regina Coeli with her child until the child was admitted to a Sunshine Home. However this mother again went out without the child and was told to leave immediately. She went to a rented room with the baby. The daughter of a resident in 1953 was described as a 'spastic'; she was brought to 'school for spastics in Finglas'. She had had an epileptic fit while being taken by her mother to an orthopaedic hospital.

Fostering and Adoption

21.91 Some children born to mothers who were in Regina Coeli were fostered (or placed at nurse). In the 1930s the names of several women who were described as involved in boarding out children are mentioned. The records relating to a woman in 1938 stated that 'Baby taken from Mrs […] foster home as she was not following Mrs C's rules and Mrs C will have no more to do with her'. One named woman is described as 'settling children'. There are also references to Miss Plater, and Nurse F, who ran a nursing home on the North Circular Road. Women were often sent to Nurse F for a period after they had left Regina Coeli, which would suggest that they were not keeping their baby. A woman in 1933 was 'referred here by Miss Cruice, who then took her baby'. Another baby was taken by Miss Cruice in 1940. In 1947 a mother and her baby went to Nurse H in Upper Leeson Street, who placed many children at nurse in the Dublin area. In 1949 a mother went home and her child remained in Regina Coeli 'pending settlement by Miss Litster', who presumably arranged for him to be boarded out or placed at nurse.

21.92 In order to have a child placed at nurse by a charitable organisation, or by an individual such as Nurse F or Nurse H it was necessary for the mother to pay money to cover the cost of keeping the child.[31] The individual case records give some information about payments to have a child placed, including payment to a priest to have the baby 'settled'. A resident in 1936 arranged for a woman in Liverpool Street to foster her child 'straight from hospital. Fr […] said she had got woman's name from an advertisement and intends to pay £25 down for settlement'. The entry card for a resident in 1941 states 'E called to Miss Cruice about settling the baby but Miss Cruice will not settle it without a written promise of payment. E went home as mother was very ill. She left baby here having signed a guarantee for Miss Cruice to pay 7/6 weekly for the baby's keep here until Miss Cruice settles it in a few weeks' time'. In 1943 it was reported that a mother 'had £30 or so for settlement of baby and had given £15 of it to Miss […]'. An entry about a mother in 1949 reports that a named doctor is interested in the case as is Father Barrett (Director of the Catholic Social Services Council). There was £100 for settlement of the baby.

21.93 There are infrequent references to seeking money from the putative father of the child. One woman appears to have taken a legal case; she 'reported that baby

[31] This is discussed in greater detail in chapter 11.

was to be adopted by order of the court, £80 was awarded her, £15 for herself and £65 for Fr. Kenny[32] for the child'. A resident in 1941 'Took out affiliation order against man and on 19/6/1942 he was ordered to pay her 5/ weekly.' When a woman was admitted in 1944, her entry card recorded that 'The priest in Tipperary saw the man responsible and when he refused to marry her got sufficient money to pay expenses and £50 for adoption of the child.' The record of another woman, admitted in 1943, states that the 'Man responsible promised to pay for fixing of baby'. The father of a child, born in 1943, 'did not answer her letters but promised her sister to pay for baby's adoption.'[33] A woman successfully took the father of her baby to court for maintenance in 1945. A resident in 1948 'Reported . . . that man agreed through solicitor to pay £120 for complete adoption'. A child lived in Regina Coeli for two years after his mother had left the hostel; the boy's father paid for his maintenance until a member of the Legion of Mary took the child 'for adoption'. In other cases contact was made but the putative father refused to take financial responsibility for the child. In the case of a resident in 1947 the 'Man responsible knowns of her condition but refuses to accept any responsibility'. With respect to another woman 'Man responsible knows of her condition but can do nothing for her as he married another woman in a Registry office'. In 1970 the file notes that Garda C 'is getting after the man to support N'.

21.94 Some babies were 'settled' directly from the hospital and the mother went home. A woman who was in Regina Coeli in 1938 'went to Rotunda, baby girl had been settled by Fr Kenny'. The woman went home. A woman in 1935, 'Had baby fixed by Holles St. Matron'; she and her baby were sent to the Dublin Union from the maternity hospital. Another woman's record in 1943 states that 'baby taken direct from hospital by Fr Kenny on 24/4/1943 and [the woman] taken home the same day by her mother.' In a small number of cases the baby was taken by a family member. The record for a woman in 1942 states that 'her married sister is taking the baby to Glasgow with her'. Another woman was taken home by her sister-in-law in 1939, 'who is taking the baby'. In 1933 a child went to the mother's sister.

21.95 In 1935 a resident in Regina Coeli brought her baby to a foster mother who had agreed to take her child for a sum of 30s a month, and Mrs Clancy (an inspector of boarded out children) certified the foster mother as suitable. However in the same year another baby who had been placed with a foster mother was 'taken to the

[32] Of the Rotunda Girls Aid Society.
[33] These were all informal adoptions.

Union by the foster mother as Mrs Clancy would not let her keep it. Baby admitted to South Dublin Union on 27/1/1933 as there was no one paying for it here'.

21.96 In some cases the voluntary staff in Regina Coeli assessed the mother's fitness to care for her children. A mother arrived with a week-old baby in 1963. She was described as a 'case for Sancta Maria' but she could not be admitted there with her child. 'Decided at a meeting of 15/11/1963 that she was unfit to look after the child, arrangements to be made to have the child settled'. This child is recorded as going to Pelletstown for a week but there is no information as to the ultimate destination. There are also instances where a mother left with her baby to go to a foster placement; a woman came to hostel pregnant in 1944; 'Baby taken by foster mother Mrs […]'. In two cases members of religious orders, one a priest, one a nun, took children from Regina Coeli in person; it is not clear where they brought the babies.

21.97 Women in the hostel were told to give 48 hours' notice of a baby being fostered to the Inspector of Boarded Out Children. A woman arrived pregnant in 1935. She gave birth to a baby in the Rotunda and returned to the hostel. The baby was taken by a foster mother when approximately three months old. 'Was warned by sisters that she should give 48 hours' notice to Inspector of Boarded Out Children but did not'.[34] The records show that another mother in 1952 referred to the father of her child arranging a foster home through a newspaper advertisement. In 1934, a baby was 'taken by a foster mother…but taken back the same evening as foster mother feared interference by Mrs Clancy, the local inspector of boarded out children. The baby was then taken to another foster mother, who visited Regina Coeli with the baby some months later. The baby was 'doing well'. The baby's mother also visited the hostel.

21.98 After the commencement of the *Adoption Act 1952* on 1 January 1953, there are references to foster parents formally seeking to adopt the child in their custody. A woman was in Regina Coeli with her child in 1939. 'Mrs […] of NCR is "placing" the baby'. (NCR refers to the North Circular Road in Dublin's inner city.) In 1954 the foster parents applied to Regina Coeli seeking details of the mother's address so that they could adopt this child. In 1958 a mother left Regina Coeli and was located in Gloucester St Convent - a Magdalen laundry. However the sisters 'agreed that she should be with the baby'. Arrangements were made for a member

[34] The Children Act required the foster mother to give notice – see Chapter 1.

of the legion to collect her, but her child 'was taken for adoption…by arrangement of nuns'. A woman entered the hostel in 1964 eight months pregnant and she was admitted to St Kevin's hospital by ambulance. Her record shows that 'she is not coming back here, all arrangements are made for the adoption of the baby'. There is evidence that Regina Coeli continued to place some children in foster care after the introduction of legal adoption. A report on a boarded-out child, born in 1959, stated that she had been placed by Regina Coeli hostel.

21.99 **Industrial schools**

In some cases where mother and child were separated, it is clear that a mother wished to remain with her child(ren) but was unable to do so. The file relating to a child in 1938 recorded that he was being taken to a foster mother for the night and that an NSPCC inspector was sending him to Pelletstown. However the medical officer at the Dublin Union refused to admit this child to Pelletstown and he was returned to his foster mother. This mother, who had given birth to more than one child was 'indoor to Mrs […]' - presumably working as a domestic servant, and her employer 'insisted on getting a note from us to the effect that the babies had been settled up. We sent it'. Some days later this mother returned to Regina Coeli; 'she could not bear to be separated from her children'. However mother and children were refused entry 'because she would barely make payments and elder child too old.' Two of her sons were sent to the industrial school in Drogheda, a third son went to Carriglea - an industrial school in Dun Laoghaire,[35] and a daughter went to Sligo (presumably to the industrial school).

21.100 There are frequent references to children being placed in industrial schools by court orders. Some mothers sought a court order because they were unable, too poor, or unwilling to care for their child. In a number of cases it would appear that Regina Coeli petitioned the courts to make an order in respect of the child. In some cases, Regina Coeli would not allow a woman to remain with her children if she could not afford to pay. It would appear from the records that many mothers were unable to pay for their upkeep, but while some remained there long-term, others were not permitted to do so. A woman came to the hostel in 1937 with three children (one is described as having been 'rescued' from Bethany Home). '[the child] was committed to Drogheda School. Srs. M and R and Bro. Duff (presumably Frank Duff) were present in court'. A woman who came to the hostel

[35] Ryan Report: http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL1-10.PDF

in 1955 had her son 'placed through the courts on 19/10/1961 in St Patrick's pending a vacancy in Stillorgan'.[36] Another child was committed to Artane Industrial School[37] in 1964. The record relating to a woman in 1937 states: 'child was to be placed in an industrial school and Mrs C [NSPCC inspector] asked that mother and child be admitted until then. They stayed for 10 days when child went to an Industrial School, Kilkenny and the mother went to indoor work'. In 1958 a two-month old baby was placed in an industrial school in Kilkenny through the courts. A woman admitted in 1942 applied to the NSPCC inspector in 1944 'to put child in school. . . We consented as [mother] is away all day at work from it'. The baby was admitted to St Kevin's without the mother and was subsequently sent to an industrial school in Sligo. The file notes that the mother 'had not informed us of this'. A woman arrived in 1953 with her baby. She applied to the NSPCC the following year 'to have baby settled…but officer would not help without letter of consent from the Hostel'. This child was placed in Goldenbridge industrial school through the courts. The NSPCC was involved in placing many Regina Coeli children in industrial schools. The record for a woman in 1941 states that '[…] is staying indoor with Mrs O'C, NSPCC and that society is getting baby into school, we will have no further responsibility of baby'.

Health Care: Disease and Mortality

21.101 Regina Coeli was located in the centre of Dublin in a disused former workhouse which was a nineteenth century building with primitive sanitary and washing facilities. The hostel admitted unmarried mothers and children, and destitute women, some who would have been sleeping on the street or staying in other homeless shelters, so it is not surprising that there were numerous outbreaks of infectious disease. The hostel was staffed by volunteers, who were members of the Legion of Mary. It did not employ a nurse(s), midwives or a visiting medical officer. Frank Duff was committed to the principle that care should be provided by volunteers, not paid professionals.

21.102 There is no evidence that Regina Coeli applied for funding under the Maternity and Child Scheme in its early years. In December 1934 the hostel applied for exemption from the provisions of the *Registration of Maternity Homes Act 1934* which applied not just to an institution where women gave birth but to an institution,

[36] It seems that this child was being placed in Pelletstown pending a vacancy, presumably in St Anne's Industrial School, Kilmacud; there was no industrial school in Stillorgan.
[37] Ryan Report: http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL1-07.PDF

'wholly or partly used or intended to be used for the reception of pregnant women or of women immediately after child birth' (see Chapter 1). The request for exemption was approved and signed by Gerald Boland (Minister for Posts and Telegraphs), who was acting on behalf of the Minister for Local Government and Public Health. It stated that the 'Institution is not carried on for private profit'. However a handwritten note dated 30 January 1947 stated that the exemption order did not issue - it appears that this was confirmed by the Secretary of the Department of Health.

21.103 It was never envisaged that women would give birth in Regina Coeli and the hostel never had a designated resident or visiting midwife on its staff or a visiting obstetrician. The admission record for one woman in 1941 states that 'I explained to her that this was not a maternity home.' By December 1930, shortly after the hostel opened, women were being sent to give birth in the Coombe Hospital. At some later date the Rotunda Hospital - which was closer - became the hospital where women in Regina Coeli gave birth and attended ante-natal clinics. At this time most Dublin mothers gave birth at home and the city's maternity hospitals sent medical teams into the community to perform deliveries. There is no indication that Regina Coeli considered using this service. Regina Coeli also admitted women with their new-born infants, who had been discharged from all the Dublin maternity hospitals - women who had not been in the hostel before giving birth.

21.104 The annual clinical report of the Rotunda hospital for 1945 includes information on unmarried mothers who gave birth in the Rotunda in the years 1940-44, which shows that the largest cohort were discharged to Regina Coeli. The report stated, in reference to unmarried mothers, that 'approximately half of the mothers were anxious to have their babies adopted or boarded out or looked after by relatives and only about 2% were planning to marry the putative father or to look after the baby permanently themselves'. It noted that the hospital almoners were unable to remain in contact with these mothers and children.

21.105 This study suggested that both mothers and children often required 'a prolonged period of convalescent treatment under skilled nursing and medical supervision' following their discharge from the maternity hospital but 'Unfortunately the existing homes have not all got medical and nurses facilities'; and they were also

overcrowded - 'conditions which are detrimental to the health of both mother and child'.[38]

Unmarried Mothers giving birth in the Rotunda

		Regina Coeli	
Total unmarried mothers		Mothers	Babies
1940	229	58	57
1941	241	75	69
1942	295	146	139
1943	319	144	131
1944	275	100	92

21.106 A DLGPH file in 1943 that examined provisions for ante-natal care for unmarried mothers in various institutions noted that expectant mothers in Regina Coeli were sent to the Rotunda for a medical examination on the first suitable day following their admission. It claimed that women attended ante-natal clinics regularly until the birth of their child. Expectant mothers received a special diet in the hostel, which consisted of an additional pint of milk daily in addition to 'a good midday meal of meat, vegetables and milk pudding'.

21.107 Infant mortality in Dublin was substantially worse than in comparable cities in Britain and it proved difficult to reduce it. Mortality in the city's tenements and city-centre cottages was extremely high, yet the mortality among illegitimate children was a multiple of that figure. Overcrowding, which facilitated the spread of infectious diseases, was a major factor; likewise the relatively low rate of breastfeeding (which was a reflection of poverty and poor nourishment of mothers). The poor quality of milk used to feed infants, which was often watered down, from tubercular cows, or riddled with infection was another contributory cause. The city of Dublin implemented a variety of schemes to reduce infant mortality, including the feeding of malnourished mothers, and providing depots to supply clean milk.[39]

21.108 Regina Coeli experienced outbreaks of infectious diseases almost from the beginning. In 1931 there is a record of a child being admitted to hospital with diphtheria: 'Corporation sent the following day and took away the bed clothes for

[38] Text and the table that follows: *Irish Journal of Medical Science*, no. 236 (August 1945), pp 235-7.
[39] Annual reports of the Dublin medical officer of health, 1929-54

disinfecting'. In April 1933 the Dublin city manager informed the DLGPH that the medical officer of health had notified him about a measles outbreak in Regina Coeli; he described the hostel as 'an institution founded for giving lodging to women of very poor class and their babies'. He reported that 'as many cases as possible' were sent to Cork Street Hospital, but as there was insufficient space to remove all the sick children, the public health section of Dublin Corporation had appointed a temporary nurse to look after these children in the hostel.

21.109 Appointments of temporary nurses for periods lasting weeks, and sometimes one to two months to tackle epidemics in Regina Coeli, were a regular feature throughout the 1930s and 1940s. The nurse who was appointed during the 1933 epidemic returned in 1935 to deal with another measles epidemic. There were further measles epidemics again requiring temporary nurses in August and December 1936; epidemics of gastro-enteritis, also requiring temporary nurses, were reported in the autumn of 1936, February - March 1937, April 1937 and May 1938. The records of individual mothers record details of deaths during these outbreaks. In 1935 a baby died in the hostel during an epidemic of measles. The record on another woman who had lived in the hostel since 1932 stated: 'Baby very ill on 7/2/1934 - refused to take it to hospital. Sent it to Clonskeagh Fever Hospital on 19/3/1934 but it was sent back- no room for it anywhere. Baby died in hostel on 22/3/1934'

21.110 The reports of the Dublin City medical officer of health record regular visits by the city's public health officials to the hostel and the Sláinte Welfare clinic in nearby Blackhall Place was available to mothers and babies in the hostel. Nurses weighed infants in the clinics and referred children that needed attention to a doctor. They gave weekly lectures on hygiene and mother craft but it is not known if any Regina Coeli mothers were present. The 1939 report on public health in Dublin city stated that unmarried mothers were visited 'in the ordinary way' by district health visitors; their records were kept in a similar manner to married women and they were addressed as married women in the clinics.[40] A later note on a Department of Health file indicates that the local dispensary doctor was responsible for medical care at Regina Coeli, but he found it difficult to visit the hostel 'except occasionally'.

[40] These reports are an invaluable source of information about maternal and child health in Dublin. Unfortunately many of these annual reports, including reports for most of the war years, are not available.

21.111 There is no indication of any response by the DLGPH to frequent requests by Dublin Corporation to approve the appointment of temporary nurses in Regina Coeli. In 1940 the Dublin city manager applied for approval to appoint both a day and night nurse because of an outbreak of German measles; the file noted that there was no suitable sleeping accommodation for the night nurse in the hostel. On this occasion however an official in the department noted that

> There is an outbreak of some sort (including typhoid) about once a year at this institution. There is no official information re medical attendance. I understand that the M.C.W. M O[41] or the local disp[ensary] doctor may have managed to look after the babies on previous occasions.

21.112 He noted that some of the babies might have been transferred to St. Kevin's hospital. The department's attention was prompted on this occasion because the Dublin city manager applied for approval to appoint a doctor to attend at the hostel. Another official noted that 'The medical arrgts [arrangements] at this home are not satisfactory and it seems that if the Corporation do not bear the cost in this instance, proper medical attention is not likely to be provided otherwise, should the necessity arise in the future'. Dublin Corporation explained that in the past it had not claimed money from the department for these temporary appointments at Regina Coeli but would do so in future. The department was insistent that these claims should not be made under the Maternity and Child Welfare Grant scheme.

21.113 Temporary nurses were appointed on several occasions in the early 1940s to nurse epidemics of flu, enteritis and other infectious diseases. In the autumn of 1940 Regina Coeli suffered an outbreak of typhoid, which obviously affected adult women, because cases were sent to the nearby Hardwick Hospital.[42] In 1942 the department expressed concern that cases of gastro-enteritis were being nursed in Regina Coeli, as opposed to sick patients being transferred to a fever hospital. The department had received complaints from two named doctors who were attached to Dublin hospitals 'that cases are often moribund before transfer to their institutions'. The Dublin medical officer of health, Dr Russell, was asked to investigate why the hostel was not sending children with infectious diseases to hospital. He reported that temporary nurses were appointed in May 1940 following reports that there were eight cases of diarrhoea among children in the hostel. Because there was a qualified nurse in charge of the children, and a doctor had

[41] Maternity and child welfare medical officer.
[42] St Laurence's Hospital incorporated The Richmond, Whitworth and Hardwick Hospitals.

reported that the cases were not severe, it was decided to nurse them in the hostel. It was believed that these cases might be due to 'faulty feeding methods, and would clear up on proper adjustment of diet'. The fact that accommodation in the city's fever hospitals was limited was also a factor. He wished to keep hospital beds for children from the slums, where there was no possibility of them being nursed at home.

21.114 A baby was admitted to the infirmary in Regina Coeli with enteritis and died there in February 1942. A baby was removed to the infirmary with green diarrhoea and died there on New Year's Day 1942. There are frequent allegations that children in Regina Coeli were not transferred to hospital in time. In 1946 a baby was admitted to St Kevin's hospital and then transferred to St Clare's. The Regina Coeli records state that 'St. Clare's phoned here next day to say baby had been admitted the previous evening in a dying condition and asked why it was left so long.' A baby in 1942 , 'died here in infirmary on 14/1/1943. Had not been seen by Dr […] who refused to give a death certificate. Rotunda doctor had not seen it for three days so also refused a cert'. Some babies died in the hostel because they were refused admission to hospital. A mother 'says she took the child to Temple St on 19/6/1941, doctor admitted child, nun refused it when it arrived in ward because it came from Regina Coeli. She took it to St Ultan's Hospital but they had no bed'. Another baby was admitted to Cork St Hospital with measles, however three days later it was reported to have scarlet fever and was returned to the hostel where it died shortly afterwards. Dr Russell claimed that there were advantages in sending nurses into the hostel because 'there was no qualified person available in the home to effect prompt isolation of and so prevent the spread of infection among the healthy children'. The nurses isolated 18 children with enteritis in one 'ward' in the hostel; two more serious cases were transferred to fever hospitals. No children died. The hostel was being visited by the medical officer in charge of maternity and child welfare.

21.115 A report on Dr Russell's handling of the Regina Coeli epidemic was compiled by Dr Lysaght a medical inspector in the DLGPH. At the conclusion he commented: 'My own personal view is that the retention of unmarried mothers and children in this Hostel is altogether wrong. St. Patrick's Home, Pelletstown appears to me the proper place for all such cases where they are under the care of nurses; beter [sic] are available', though he acknowledged that Pelletstown was overcrowded. He also noted that one of the doctors who had referred to 'moribund' cases stated that

this comment applied more widely to 'neglected ones from poor surroundings retained too long at home without medical and nursing attention'.

21.116 In 1942 Regina Coeli applied to a Dublin medical officer for funding to buy an electric water heater and Dublin Corporation duly applied for departmental approval for £19 to cover the cost of the heater, and £14 for installation. In response to that application the DLGPH noted that the hostel 'does not appear to have been approved under the Maternity and Child Welfare Scheme'. There were further epidemics and more temporary nursing appointments. The number of deaths in Regina Coeli peaked in 1943, which coincided with a spike in admissions. In 1944 yet another outbreak of measles resulted in Dublin Corporation appointing a doctor to attend the hostel for six weeks. When departmental approval was sought, an official noted that

> some arrangement should be made whereby the authorities of Regina Coeli would always have the services of a doctor available. I have previously recommended that a resident MO should be appointed. The death rate amongst infants in this Institution is excessive. The arrangement made does not appear to be satisfactory.

21.117 Dublin Corporation had proposed appointing a doctor who was attached to the nearby St Laurence's Hospital, as medical officer to Regina Coeli. The department suggested that this appointment should be permanent; the medical officer should pay daily visits to the hostel. However a colleague cautioned that the hostel was not under the control of the Public Assistance Authority and, while the appointment of a medical officer seemed necessary, the cost could not be charged to the poor rate. Dr Conn Ward, the Parliamentary Secretary at the DLGPH, sanctioned this appointment but reiterated that the cost could not be recouped under the Maternity and Child Welfare Grant.

21.118 1946 appears to have been a crisis year. Deaths were lower than in the years 1942-44 but admissions had fallen. Twenty-two infants died between 2 February and 26 August, three in St Clare's hospital. Regina Coeli recorded several cases of gastro-enteritis among children who had recently been discharged from the Rotunda, Holles Street and St Kevin's hospitals. This particular epidemic prompted Dr Deeny, the chief medical officer of the DLGPH to ask whether the department had 'any relation to the Hostel', and whether it was possible to carry out an inspection. An official expressed the opinion that the Regina Coeli Hostel

came within the definition of maternity home and suggested that an authorised inspector could 'enter and inspect the Hostel at all reasonable times'.

21.119 Ten of the children who died in 1944 died in Regina Coeli, the remainder died in various hospitals. The largest number, 26 died in St Kevin's hospital; two died in St Clare's Hospital, which had opened in October 1944 as an infectious diseases hospital for children (see Chapter 2). In 1945, 13 deaths took place in the hostel, 23 in St Clare's. [A number of children born to Regina Coeli mothers died in Dublin maternity hospitals shortly after birth and were never resident in the hostel.] St Clare's accounted for 17 of the 33 deaths that took place in Regina Coeli between January and 12 August 1946; two children died in the hostel.

21.120 In August 1946 a department medical inspector and another doctor visited Regina Coeli 'with a view to suggesting measures to reduce infant mortality'. They recommended the appointment of a visiting medical officer and a day and night nurse, who should ideally have training and experience in children's diseases. They also recommended establishing an isolation ward where new arrivals and suspected cases could be isolated until cleared by the medical officer. Although the arrangements for preparing infant feeds were 'fairly satisfactory', they suggested that it would be desirable to provide a separate kitchen with adequate sterilising equipment. There were only seven permanent members of staff, no qualified nurse or doctor to care for the babies and mothers in the hostel. The permanent staff consisted of members of the Legion of Mary. The Legion of Mary has told the Commission that up to 120 volunteers would have contributed two hours work every week. At the time there were 220 residents. The medical inspector noted that the policy of the Legion of Mary was to encourage mothers to go out to work, leaving their baby in the hostel in the hope that this would enable the mothers to keep their children. He reported that 'a considerable amount of money would need to be spent in repair, decoration, furnishing and suitable equipment before it could be considered suitable. The voluntary effort, beyond doubt laudable, in my opinion is unable to cope with the situation in a satisfactory manner'. He described the state of hygiene in the hostel as 'fairly satisfactory'; each baby had its own bottle. However it was not possible to encourage breast feeding if mothers went out to work.

21.121 Following this inspection, the department wrote to Regina Coeli asking it to arrange for 'a small deputation of the authorities' of the hostel to meet the department's

medical advisors to discuss measures to prevent infant deaths. In November, Dr Deeny reported that he had met representatives of the hostel and efforts were continuing to ensure that there was adequate medical and nursing care. In December a representative of the Legion of Mary informed him that the hostel had recently refused to admit three babies from the Rotunda because they believed that they were suffering from enteritis. These babies had died in St Clare's hospital; a fourth child admitted with her mother at the request of the almoner in the Rotunda, had been removed to St Clare's the day following her arrival and had died. At this time it would appear that discussions were underway about 'the Medical Missionaries' - presumably a reference to the Medical Missionaries of Mary[43] - taking on nursing duties in the hostel. However Frank Duff claimed to 'have a prospect of a team from the Richmond Hospital' - he suggested that this arrangement 'would be preferable as obviating two controls working in the same place, and also the question of accommodation'. In January 1947 Dr Deeny instructed a colleague to 'Pl[ease] keep after this place'; he wanted a report within ten days. His colleague reported that Mr Duff claimed to have secured the services of a medical officer, who was a member of the Legion of Mary and a full-time voluntary worker. From the summer of 1946 the legion was sending reports to the department about babies admitted to St Clare's from the hostel; they highlighted the number of these children who had recently arrived in Regina Coeli from Dublin maternity hospitals; these reports continued during 1947.

21.122 The department arranged to meet Frank Duff in July 1947 and again later that year; the primary concern was to confirm the appointment of a medical officer. Notes on children who were suffering from gastroenteritis indicate that the named doctor, who was a member of the Legion of Mary, was working at the hostel in the spring of 1947; however it is unclear how long he remained. In December it is recorded that Frank Duff had promised to appoint him as medical officer to the hostel. However there is a short note from Dr Deeny headed, 'Regina Coeli Medical Appointment', stating that he had discussed 'this matter' with the Archbishop of Dublin. 'He himself felt that little could be done to improve this place'.

21.123 The department carried out an inspection on 30 July 1948. The inspector, who was shown over the building by Frank Duff, reiterated that there should be proper

[43] A religious order founded in Drogheda in 1937.

medical and nursing supervision; there was none at that time. The doctor who had been expected to take up the position had left and was not expected to return. One of the 'lady supervisors' was being trained at Fairy Hill, which was described as an 'open-air hospital';[44] following her time there she was planning to attend a course at the Rotunda; this had apparently been arranged by Dublin paediatrician Dr Robert Collis. The department's medical inspector recommended that an architect should inspect the buildings and determine what repairs and reconstruction was needed. He indicated that the interior needed cleaning and painting and adequate heating, bathrooms and lavatories and a properly-equipped nursery needed to be installed. He also recommended the appointment of a visiting paediatrician; adequately trained nursing staff to supervise infants and infant feeding; proper beds, bedding and bed linen; adequate laundry arrangements and arrangements for the care of sick adults.

21.124 In his memoirs, Dr Deeny records that 'At some medical meeting or other, possibly in the Royal Academy of Medicine', Bob Collis said that the Regina Coeli Hostel was in a terrible state, that babies were dying there and that conditions were abominable'. Dr Deeny stated that he went to visit Regina Coeli to see whether these allegations were correct and he determined that enteritis was prevalent in the hostel. He commented that

> 'Frank Duff resented any interference from anybody, was bound by the rules and regulations of the Legion which he had written himself, was a living saint, having devoted his life to this extraordinary mission. He turned off his hearing aid at meetings if he did not wish to agree to something…It was very difficult to come to any conclusion on what he was doing, but he did have babies with enteritis there. After my shouting at him, he agreed to allow me to help.

21.125 Dr Deeny's secretary in the department organised 'a whip-around' and collected £25, which he used to persuade Frank Duff to set aside 'a little room, which we furnished as a kind of quarantine station'. He arranged that every woman arriving with her baby would be placed in that room for five days. If the baby was healthy, mother and infant would be admitted into the hostel. He claimed that this isolation process 'gradually cleaned up the place'. He also claimed that many of the infants

[44] It was established by the paediatrician Dr Collis to provide care for refugees arriving in Ireland.

who were arriving into Regina Coeli with enteritis had been discharged from the Rotunda.[45]

21.126 When Dr Deeny informed the Minister of Health, Dr James Ryan, about Regina Coeli, the minister decided to pay a visit. Deeny described the hostel as

> pretty grim…Here and there, through those great empty workhouse wards, the women had made little private areas. An old bed, a cradle made from an orange box, a couple of other such boxes for a bedside table or a stool, a rag of a floor rug, pin-ups and holy pictures and a clothes line and this was their home.

21.127 He claimed that Dr Ryan promised Frank Duff £30,000 'Sweep money' asking that each woman should be given 'a decent cubicle, fix up the sanitation and the heating and so on'.[46]

21.128 A report of the consultative health council [47] dated 3 August 1948 included details about infant mortality and facilities in Regina Coeli.

For the year ending 31 March 1948	
Admissions (presumably of children) totalled	74
Requiring hospitalisation	21
Admitted to St Clare's	10
Deaths in hospital	16 (21.6% of total admissions)

21.129 Nine children died in St Clare's, three in fever hospitals, three in St Kevin's hospital and one in Regina Coeli. The cause of death listed for those who died in St Kevin's was marasmus in two cases and malnutrition in one case. The report stated that they had failed to 'trace' the cause of death of the infant who died in the hostel. It noted that 'A "Nursery" is available into which illegitimate infants are received, their mothers being accommodated in a special department. All babies under six months are isolated before admission'.

[45] Deeny *To Cure and to care* (Dublin: Glendale Press, 1989) pp 96-7. The Commission cannot determine whether this is true.

[46] Deeny pp160-161 If Dr Ryan visited Regina Coeli, he would have visited before February 1948 when the Fianna Fáil government was defeated in a general election. Deeny's memoir was written many years later; he may be confusing some events; the promise of funding from the Hospitals Trust is recorded at a meeting in December 1948.

[47] The consultative child health council was established in May 1948 by Minister of Health, Dr Noel Browne, to advise him on measures that would improve children's health, and particularly measures that would bring about a reduction in infant mortality. These figures cannot be compared with the data in the statistical appendix which has been presented by calendar year.

21.130 A sub-committee of the consultative health council that focused on infant and child health in Dublin was chaired by the paediatrician, Dr Robert Collis. Most of their recommendations related to the general population. They emphasised the importance of breastfeeding, regular weighing of infants, artificial feeding when necessary and isolating infected infants. They noted that the death rate of children born to single mothers was more than three times the rate for 'legitimate' babies; this was a problem 'to be faced resolutely if the general infant mortality rate is to be reduced'. The report examined conditions in institutions that accommodated unmarried mothers and their children. They described Regina Coeli as unsatisfactory; infant mortality was three times the rate in Pelletstown. The hostel was 'lack(ing) almost every proper facility in regard to both nursing and structure'; it was utterly unsuitable for new-born infants. They claimed that infants in Regina Coeli were 'not being properly cared for or adequately nourished at present. For instance from reports received we understand that babies have no suitable nursery; and that often tiny newborn babies are kept with their mothers in improvised cots and in crowded cold dormitories and are only fed 4 times in 24 hours'.

21.131 In 1947 Regina Coeli applied again for exemption from the requirements of the *Registration of Maternity Homes Act 1934*. The hostel had been sent a registration form but a woman, described by the department as 'the nominal head of the Institution (I think)' said that they were unable to comply with the requirements of this Act. The department referred her to the Dublin Corporation health department. Dr Deeny described the requirement that Regina Coeli should register as a maternity home, as 'an excellent opportunity to enable us to achieve some of the improvements - very necessary - specified by Dr OS'.

21.132 Shortly after this Miss Litster noted that Frank Duff had agreed to apply to Dublin Corporation to register the hostel under the 1934 Act. She indicated that, if the hostel was to comply with the legislation, the essential requirements were the appointment of a visiting children's doctor and trained nursing staff and the provision of equipment in the institution. She reported that Frank Duff hoped to secure the services of a second nurse who was a member of the Legion of Mary. Miss Litster suggested that it was important 'that the proper conduct of the hostel should be secured within the constitution of the Legion of Mary, that is, by voluntary workers attached to the Legion'. She acknowledged that the hostel was 'not an ideal home for mothers & babies. It has however since its inception,

``filled a want, and it does something which no other home in Eire succeeds in doing. It ```keeps mother & child together'. The children in the hostel appeared to be healthy and contented. Their mothers clothe & care for them as best they can and were it not for the existence of the hostel these children would be for the most part in industrial schools. Separation of mother and child would be in most cases complete. The hostel has kept mother & child together and has saved the State the cost of maintenance of the children in Industrial Schools …The spirit of self-sacrifice and devotion which activate the Legionaries who work in the Hostel is to my mind the fine flowering of a selfless humanity.

21.133 Miss Litster was adamant that this was 'not something which may readily be replaced by paid labour'. She advocated finding a compromise between the government's requirements for professional staff and the Legion's culture of voluntary service.

21.134 In December 1948 officials in the Department of Health discussed the registration of the hostel as a maternity home with representatives of the Legion of Mary. The department assured Frank Duff and his colleagues that the Minister (Dr Noel Browne) 'appreciated the very important work' and wished to 'do everything possible' to assist. However they reiterated that the hostel must have adequate medical and nursing staff. Frank Duff replied that all the work was done by voluntary staff and employing nurses or a doctor 'would give rise to very considerable difficulties'. He would welcome an arrangement where nurses on the staff of Dublin Corporation would visit the hostel daily and 'on request'. He gave a commitment that he and his fellow-workers would co-operate 'in every possible way' with nurses and doctors. Dr Harbison, Dublin Corporation superintendent medical officer of health promised that if that was done, he would recommend that the Dublin city manager would make an annual grant to the hostel, and the department gave a commitment that the Legion of Mary could apply to the Hospitals Trust for a grant to meet capital expenditure. They also suggested that Mr Duff apply to the Public Assistance Authority for a grant towards the running costs of the section of the hostel that accommodated destitute women. Frank Duff claimed that he had made many unsuccessful applications to the PAA but 'it appears to him that the Board of Assistance was very much opposed to his efforts to help these women and children'.

21.135 Frank Duff wrote to the Archbishop of Dublin immediately after this meeting. Dr McQuaid appears to have been much more supportive of the Legion of Mary than his predecessor Archbishop Byrne. In 1942 he donated linen (no further details available) to Regina Coeli and the president of Regina Coeli thanked him: 'it would have been beyond our power to secure such superb material, of which we stood in greatest need'. She also thanked him for his interest in the hostel. In December 1948 Frank Duff thanked him for the cheque that he had sent as a contribution to the cost of 're-conditioning' Regina Coeli.[48] On 16 December, shortly before the meeting with the department, the Archbishop had reported that 'Dr Collis again insisted that Dr Spain[49] and he were the only medical upholders of the Regina Coeli at that Council meeting[50] and that he only drew attention to the defects of the place in order to get help for the hostel'. He suggested that Frank Duff should meet Dr Spain.[51]

21.136 Frank Duff informed the Archbishop that 'astonishing things took place at the meeting with the governmental deputation'. The officials all professed 'their intensive favour for Regina Coeli and the work it does'. They suggested that it was the only institution of its kind in the world, making 'an invaluable contribution towards the particular problem', and it should be given financial aid. However they highlighted the hostel's weak spot, the absence of staff with professional qualifications, and suggested that this adversely affected the attitude of the medical profession towards the hostel. The department recommended that the nurse who visited weekly should make a daily visit, and this would satisfy the medical professionals. Mr Duff told the Archbishop that these visits would not constitute an assumption of authority over the work carried out in the hostel, adding, 'They (presumably the department officials) would also seek to provide adequate medical assistance'. He reported that the department had suggested that he apply for £10,000 towards the cost of improvements, and promised him that it would be granted. He also reported that 'they would recognise us as qualifying for a grant under the welfare code of 50% of our annual expenditure'. This is not minuted in the department's records; it would appear to be a reference to the proposal by the Dublin Corporation medical officer that he would recommend that the city manager should pay an annual grant to the hostel, but no amount or

[48] DDA/AB8/b/XXI/79/12/8: Regina Coeli.
[49] Holles Street.
[50] The consultative health council meeting.
[51] DDA/AB8/b/XXI/79/12/13.

percentage as mentioned.[52] Mr Duff told the archbishop that 'the attitude of the four of them was delightful. It was not like a conference of officials but of very earnest Catholics'. He claimed that the officials insisted that Dr Collis did not represent them and he reassured the archbishop that 'we are not abandoning our idea of getting regular nurses on the Regina Coeli staff, and we will take energetic measures in that direction'. He thanked the archbishop for permission to use his name 'in the event of the going being bad', though the need did not arise.[53]

21.137 When the department approved capital expenditure for Regina Coeli some months later (see below starting paragraph 164), an official suggested that they should insist on Frank Duff agreeing to the appointment of a resident doctor and nurse, but that did not happen. In December 1949 Dr Deeny noted that a public health nurse visited Regina Coeli at least one a week 'and oftener if she thinks necessary, so that there is some more care being given'.

21.138 In February 1949 the department contacted Dublin Corporation to inquire 'on what grounds it was decided by the City Medical Officer' that Regina Coeli was not to be regarded as a maternity home for the purposes of the 1934 Act. The Commission has not seen any record of a reply to this letter. A file headed 'Hospital Statistics: List of Voluntary and Local Authority Institutions and Private Maternity Homes', complied by the Department of Health in approximately 1960 (it is not dated) lists Regina Coeli under the heading of 'Voluntary Institutions'; it is listed together with voluntary homes for the elderly and on another list in the same file with the heading 'Private Voluntary Institutions for the Elderly'. It is not listed among the maternity homes. There is no evidence that Regina Coeli was ever registered or inspected under the 1934 Act.

21.139 There is no indication that Regina Coeli appointed trained nurses from the ranks of its members. The Legion of Mary member who was being trained in nursing abandoned the effort, and Miss Litster reported that Frank Duff had decided 'not to follow up this idea'; he hoped to identify one or more trained nurses who were members of the Legion of Mary. She reported that some attempts had been made towards re-organisation in the hostel; the dining and recreation rooms were being combined and the current dining room was being equipped as a nursery.

[52] Institutions approved under the Maternity and Child Welfare Scheme could recoup 50% of approved costs, but they had to submit records of expenditure.
[53] DDA/AB8/b/XXI/79/12/14.

21.140 The battle over medical appointments continued. In 1951 the department considered a report given to the Dublin medical officer, which has not been seen by the Commission. In reply, an official told the Dublin city manager that 'in my opinion it was wrong that Mr Duff should dictate to the local authority as to the person who would provide their much needed service to the people under his charge'. It emphasised that the secretary of the Department of Health had agreed that the service should be provided by the Corporation's Maternity and Child Welfare Section, by staff of that section 'and not under any special arrangement as regards the appointment of a special doctor to meet Mr Duff's convenience'. A subsequent minute indicated that the city manager 'does not wish to pursue the matter any further in view of the difficulties raised by Mr Duff'.

21.141 By 1952 the Dublin public health department was arranging to hold a clinic in Regina Coeli under the maternity and child welfare scheme. An additional medical officer was appointed later that year; the duties included a weekly clinic at Regina Coeli. By March 1953, a total of 25 clinics had been held in Regina Coeli; they were attended by 2,091 women, infants and children. Women and children underwent medical examinations; and baby formula (for example, Cow and Gate, Farex, Bengers Food) and various vitamins and dietary supplements were distributed. The Dublin chief medical officer for maternity and child services told the department that 'a very high degree of delicacy has to be observed in questioning mothers in this clinic, more particularly at the onset of our operations there, as any incautious handling would only negative our efforts at Child Welfare'. All staff were instructed 'to tread very warily'. As some mothers were at work their children were brought to the clinic by other mothers. By this time, the children were being immunised against diphtheria and whooping cough. Some women in the hostel contracted TB and there are also references to women receiving a TB allowance.[54]

21.142 When two members of the Legion of Mary who had worked in Regina Coeli were asked whether doctors and nurse 'came in' to the hostel, one replied that they didn't; the second said that a doctor and nurse came on Wednesday; that was the practice when this woman began working in the hostel in 1962 or 1963. One woman noted that there were many children 'with problems' such as measles, anything contagious'. One suggested that the children of unmarried mothers had

[54] This was almost certainly the Infectious Diseases Maintenance Allowance which was introduced by the *Health Act 1947*.

more medical problems than other women; she blamed this on poor nutrition during pregnancy, before they came to the hostel.[55]

Deaths

21.143 There is no separate death register for Regina Coeli. Most deaths of mothers or children who were resident in the hostel took place in hospitals. The Commission has compiled a list of deaths, based on the paper records of a woman's entry to the hostel. It records a total of 734 child deaths and 13 deaths of mothers. These records note the date of death, often the place of death, and the cause of death, although the latter is only available in approximately 40% of child deaths and a lower proportion of maternal deaths.

21.144 The records show the majority of deaths of women occurred before 1950. The cause of death is not recorded in most of these cases however most do not seem to be related to the pregnancy or birth. Three mothers died in the Rialto Hospital, a TB hospital, and one mother died in the Pigeon House – another TB hospital. One mother gave birth to stillborn twins in the Rotunda in 1942; she died there a few weeks later. In 1944, a mother who had been a resident of Regina Coeli since 1932 'got ill suddenly in dormitory and was anointed'. She was removed to St Kevin's hospital and died there. A woman who was five months pregnant when she arrived in 1935 went to the Dublin Union some time later and died there. A woman was admitted in 1944, her child was placed with a foster mother by the CPRSI later that year. She went home but returned to Regina Coeli as she could not stay at home because the neighbours were suspicious. She left the hostel in December 1944 to take up indoor work. A later note recorded that the hostel was informed that she committed suicide by drinking a bottle of Lysol; her mother and father were told she died from natural causes and were not told about the baby. A woman entered the hostel pregnant in 1987 but there is no reference to the birth of the baby. She was found dead in a nearby street in 1992; her remains were buried in the 'Alone' plot in Glasnevin following her funeral mass in Church Street.

Deaths of children

21.145 734 children who were associated with Regina Coeli died. 68% of the deaths occurred in the 1940s; 335 children died in the years 1941-45. The number of deaths fell sharply in the late 1940s, in line with national trends and trends in other

[55] Graham 'Unmarried Mothers'

mother and baby homes. 1949 was the last year when the number of child deaths was greater than ten. The last child death was recorded in 1983.

21.146 Most children died in Dublin hospitals; 19% died in Regina Coeli. St Ultan's children's hospital and St Clare's a children's hospital for infectious diseases that opened in October 1944 accounted for 30% of the total deaths. Almost one-quarter of the children – 23% died in either St Kevin's hospital or in Pelletstown; 8% died in Cork St. or Clonskeagh fever hospitals. The high proportion of deaths in hospitals that treated infectious diseases shows that they were a major cause of child deaths in Regina Coeli

21.147 There are a number of instances of stillbirths and infants dying suddenly in the hostel. In 1953, an infant was 'found dead in cot…No inquest necessary as it had heart trouble. Remains removed to the morgue'. In 1934 a woman 'stayed in bed ill. When another resident brought her dinner in bed she said that her baby had been born. It was dead in the bed with her. Baby removed to Union. Mother attended by two doctors from Rotunda hospital. No inquest necessary as baby had been still born'. An infant whose mother came from England in 1945 having 'got into trouble with an American soldier', died in the hostel; the infant was reported to have had a bad heart. A child died in the dormitory in March 1945; the record stated that the infant 'had been delicate from birth'. Gardaí were called when a baby was found dead in a cot but 'after examination were satisfied baby died from natural causes, was delicate and wasted'. A baby was found dead in bed beside her mother in 1942: 'though she had a cot, she did not use it, no inquest'. A three-month old baby was found dead in 1945 as the mother was carrying it to hospital. 'Baby taken by Guards to morgue on 4/12/1945 for post-mortem. No inquest.' When a child was found dead in his cot in Cedar Room in 1951 the Gardaí were notified and his body was removed to the morgue. However no inquest was needed. Another child of this mother was taken to Clonskeagh fever hospital in 1956 suffering from whooping cough and died of bronchial pneumonia. A three-month old baby died, in 1942, in a 'weaning fit'. The mother gave her infant an elaborate funeral with white plumes and a mourning coach. One of the last children's deaths in 1964 was the eleven-year old grandson of a widow, who had come to Regina Coeli two years earlier from England, with him. He died in the hostel, and his remains were taken to St Kevin's hospital; no cause of death is recorded on the hostel records.

Accidents and Abuse of Children

21.148 The cases cited above indicate that the hostel called the Gardaí in cases of possible infanticide. The record relating to a mother in 1939 state:

> Baby was found dead in bed beside [mother] next morning…though [mother] said it was alright at 7.30pm, there was to be an inquest, coroner satisfied with his report. Doctor advised that mothers should not keep babies in bed with them. Guards did not attach importance to tightness of baby's clothing. [mother] was quite unperturbed and sisters were not satisfied that she was entirely innocent.

21.149 The fact that children lived in this hostel for long periods, in a large building that was never designed to reduce the risks of accidents, and the large numbers of active children in the hostel undoubtedly led to an increased risk of accidental injury. There are references to burns and scalding by boiling water. In 1936 one girl 'Got a very bad fall in the yard behind the big house'; a boy 'crushed his finger under a heavy rock in the garden. Had to get his top finger amputated'. In 1940, a small boy 'had head stitched about…after blow of stone thrown deliberately' in 1945. In 1955 a two-year-old boy was admitted to St Kevin's hospital with severe burns on his back. Another fell off the 'Big House staircase' in 1955 and was removed to the Richmond hospital. A child with a head injury was admitted to Richmond hospital after a fall in 1958. A boy who had been in the hostel since he was four years old injured himself when he was eleven; he 'fell over bannisters in Rosary House and fell from top to ground'. He was detained in the Richmond hospital. A boy who arrived in 1942 suffered from scarlet fever and measles; he received stiches to his head when another boy threw stones at him, and he broke his arm.

21.150 In 1943, a baby boy 'fell into a pot of boiling water and died from his injuries'. Another baby was 'scalded by hot water on legs while mother was working in kitchen' in 1949. Yet another baby 'burnt his hands on fire'. A baby who was 22 months old in 1945, 'fell into a pot of boiling water left on floor in cottage'. He was removed to the Richmond Hospital and died as a result of his burns. In 1953 a one-year old girl 'was scalded by falling tea pot'. She was admitted to the Richmond Hospital and died four days later; an inquest was held into her death. In 1960 a press fell on a girl; she was admitted to the Richmond hospital with a broken leg and required stitches to her head. This child was readmitted to the Richmond the following year with burnt hands.

21.151 There are also reports of children having been abused or neglected. Some reports refer to the mental health of the mother when the incident occurred. A mother was reported in 1957 to be ill-treating her child: 'was beating it and not giving it the bottle properly'. A mother came to Regina Coeli in 1943 with her child. Her record states '[…] and baby to hospital. […] called without baby on 8/12/1943. Said she had been to indoor work. Women suspect she had abandoned the child'. A mother arrived with her baby girl in 1939; her baby became ill and was admitted to Temple St hospital. A nurse later phoned for details of the case as the child was very neglected. It was decided to contact the NSPCC about the case. The mother was suspected of not feeding the baby properly:

> Returned to hospital and then returned to hostel. Has bronchial trouble and developed whooping cough. Sisters noticed [mother] acting rather peculiar. [Mother] refused to take baby to St Ultans. Dr [the dispensary doctor] saw it three times but [mother] would not do what he ordered. [Mother] created a scene in GPO. Guards got in touch with Catholic Girls Society who had her sent back here. Baby taken from her that night lest she should harm it. Both went to the Union. Dr […] of the Union said she was very troublesome and he was thinking of committing her to Grangegorman'

21.152 A woman who first entered Regina Coeli in 1939 and later married was summoned in December 1956 for neglecting her children. A woman came to Regina Coeli in 1933 with her eight-day old baby. 'Attempted to strangle her baby on 13/6/1933 so the sister sent for her mother who took her home. Mrs C took charge of the case. Did not get imprisonment through her influence.' A woman came to Regina Coeli, seven months pregnant in 1939. Her baby was reported as seriously ill in the infirmary with measles the following year and died. She returned pregnant and was re-admitted in 1947. She left with her baby a week after giving birth. A detective contacted the hostel because a baby had been abandoned in Temple Bar that evening, and the baby's blanket had the initials RCH (Regina Coeli Hostel). A woman came to the hostel in 1943 eight months pregnant. She returned following the birth with her baby. Her record stated 'Is neglectful of him. Baby sent back to Rotunda and then transferred to Clonskeagh Hospital'; he died there. A woman who had arrived in 1942, four months pregnant, was reported to be 'neglecting baby. She is a bit mental'. Mother and baby were admitted to the Dublin Union; the baby died the following day.

21.153 The records relating to a woman in 1947 state that a baby who was taken out of the hostel in 1947 to return to Kilkenny. 'Notified by Garda had been abandoned by mother in Temple Bar previous evening at 6.20pm. Identified by laundry mark on our blanket. [Mother] Taken to St Kevin's by Garda.' A baby daughter of a mother who came to Regina Coeli in 1936 was reported to have died in the Adelaide hospital later that year.

> An inquest was held as it had just been brought to Hospital. Mother and father are street singers. Baby died of pneumonia. Coroner remarked on loss of weight as checked with feeding list here and its sudden development of pneumonia. Sr. O appeared for the Hostel. Verdict: death due to malnutrition through no fault of mother.

21.154 In 1946 a woman came to Regina Coeli with a seven-week old baby who had been born prematurely in Pelletstown. She was brought by an official from St Kevin's.

> Dr Coffey[56] phoned - admits baby is in very bad condition and has notified NSPCC and Bridewell that […] insisted on taking child out, and she has undertaken to relieve us of all responsibility in event of baby dying. Baby admitted to St Clare's on 5/4/1946. It died on 9/4/1946. Inquest held in St Clare's 18/4/1946. [member of Legion of Mary] attended. Coroner gave verdict that baby died from natural causes but police later informed […] there might be proceedings taken against the girl. She was interviewed at Bridewell the next day and told not to leave Dublin pending decision of Attorney General.

21.155 Another case records that:

> Guard called 3/2/1941 as baby found at […]. From the description given it is surmised it is [woman who had been in Regina Coeli's]. Child was in a pram with a brown blanket and quilt on it. There was a hot water bottle and feeding bottle in pram. Reported next day child had been placed in Union…Was charged on 21/2/1941 and committed to Pelletstown on a year's probation.[57]

21.156 In December 1944 it was reported that a woman who arrived in Regina Coeli some months earlier with her baby, 'had beaten the child very severely on previous days - possibly due to her own ill health. Baby admitted to St Ultans on 25/10/1945 -

[56] A paediatrician attached to the Dublin Union.
[57] The Commission is not aware of any legal basis for a committal to Pelletstown. It is possible that the woman agreed to go there.

both lungs affected. [baby] died 6/12/1945 - both lungs had been collapsed.' There is no reference to a Garda investigation or an inquest. The mother was described as being in 'better frame of mind now. More reconciled about baby's death.'

21.157 There are also allegations that Regina Coeli neglected children who were in the hostel's care, particularly with respect to infant feeding. A baby was admitted from Regina Coeli to St Kevin's and then sent to St Clare's in 1946: 'St. Clare's phoned here next day to say baby had been admitted the previous evening in a dying condition and asked why it was left so long.' In 1937 it was, 'Reported by Mrs Clarke, NSPCC that […] had complained at the office that the baby was neglected here. Mrs Clarke was shown the weight chart for the feeding kitchen which showed it gained weight until the week before it went to hospital. Mrs Clarke settled the baby in High Park on 11/6/1938.'

21.158 There are further references to foster mothers being neglectful of babies in their care. A woman came to the hostel with an eight-day-old baby in 1946: 'Reported as giving child to […] around June, 1946. Child described as being 'badly neglected…as baby was very ill decided to take it to hospital before admitting her here…baby looks very neglected and very poorly clad'. The mother was readmitted to Regina Coeli, her baby was admitted to St Clare's.

21.159 The records on a woman who came to Regina Coeli five months pregnant reported that in January 1942 'she had got baby settled with foster mother in Wicklow…Reported 23/4/1943 baby was very bad in Union…Reported 23/7/1943 baby was blind from neglect by foster mother. Baby had died on 7/4/1944'. A mother came to the hostel in 1945 with an eleven-month-old baby. 'Had been living with her uncle. Says the aunt ill-treated the baby…The child's body is bruised from the uncle beating it'.

Feeding/Nutrition

21.160 The institutional records mention a 'feeding kitchen' in Regina Coeli. A mother in 1934 'was spoken to for having a bottle of cold milk which she proposed to heat under the tap and give the baby during the night. Left as a result with baby'. There are some references to breastfeeding: in 1932: 'As it was found out that she was breastfeeding [a child aged almost three years] at night it was arranged to leave the child in […] at night. [Mother] objected at first but gave in'. [This was

presumably in order to wean the child off breastfeeding]. The various health reports and inspections during the 1940s contain references to inappropriate feeding, and this also features on some of the individual records. A woman entered the hostel in 1935 eight months pregnant. She returned with her baby having given birth in the Rotunda. The baby, described as 'very delicate', was admitted to St Ultan's children's hospital at four months, and returned to the hostel shortly afterwards. The file noted 'Baby very ill due to faulty feeding at night. Found on 17/7/1935 that she had equipment in a case to feed the baby at night. […] was notified as Dr […] had forbidden such feeding. [Mother] was offered choice of Union or courts. Refused to go to either. Taken to Union'. A later report noted that the mother was in the Dublin Union; her child was in Pelletstown and died there. A woman came to the hostel in 1941 with her 11-day old baby, who died. The record noted that '[…] had been feeding the child in hospital but denied that here and had him on a bottle. Was only 4 lbs weight'. A woman was admitted when pregnant, and returned having given birth in Holles Street in June 1942. A report five days later noted that 'she was very troublesome in hospital, refused to nurse the baby and it had to be put on a bottle.'

Restructuring the hostel - creating family units

21.161 In 1949, the Department of Health forwarded an application to the Hospitals Commission for funding to carry out improvements at Regina Coeli Hostel. The application proposed to segregate mothers and children by the age of the children, providing accommodation that was 'appropriate to each age group'. It proposed to convert a ground-floor refectory to accommodate mothers and babies from birth to six months. When the Hospitals Commission inspected Regina Coeli there were 19 mothers and babies in this category. They noted that 'the mothers and infants using it will both sleep and spend most of their day' in that room. A first floor dormitory would be converted to provide sleeping accommodation for mothers and babies aged from six months to two years, and the second floor would provide similar accommodation for mothers and children aged from two to four years. At this time there were 30 mothers with children aged from six months to two years, and 26 mothers with children aged from two to four years. The work in these dormitories involved painting and decorating and the installation of a central pot-stove in each dormitory. Work had already been completed on the ground-floor dormitory, but the other dormitories were described as 'very dilapidated looking and depressing in contrast'.

21.162 The most ambitious improvements planned were in the accommodation provided for mothers with children who were over four years of age, who were described as 'a growing problem owing to the age of the children and the fact that some of the mothers go out to daily work'. The legion had settled some of these 'small family units' in cottages at the rear of the hostel. Frank Duff's 1950 memorandum indicated that these early units were 'defective from many points of view, notably in regard to the congestion caused'. The application to the Hospitals Commission proposed to reconstruct the dormitories in a vacant building, dividing each dormitory into 'six cubicles and a common room…with an open fireplace for cooking proposed and an adjoining sanitary annexe', with a washroom, toilets and bath. The plan was to reconstruct nine dormitories to provide 54 units for mothers and children. These units were to be organised on the basis that most women went out to work, but at least one woman in a unit of six acted as housekeeper and looked after the children.

21.163 The Hospitals Commission reported in favour of these proposals. They noted that the family united would be 'comparatively inexpensive and…very necessary'. Much of the work was being carried out by members of the legion; the remainder was being carried out by direct labour, 'on a day-to-day basis', so the main cost related to materials. However they highlighted the need for repairs to the roof, gutter, stone stairs and the main fabric of the building, and absence of a fire escape. Given these costs they recommended that the work should be limited to five dormitories, creating thirty family units, which would meet current needs. There were 26 mothers in Regina Coeli with children aged four years and older.

21.164 When the Hospitals Commission submitted their report to the Department of Health the department carried out its own inspection. The medical inspector endorsed the recommendations of the Hospitals Commission. He described the proposed improvements as a very serious approach to the "unmarried mother and child problem' However he described the overall condition of the building as 'far from satisfactory' because of lack of funds. The bed clothing was 'dirty'; the hostel had sufficient blankets but sheets and bedspreads were in short supply; beds were in need of replacement and there was also a need for new cots. The department inspector was informed that the laundry was carried out in St Kevin's - the Dublin Union - but he claimed that 'the bed clothes appeared not to been washed for quite a long time', and some of the sheets and pillow cases were made from disused

cotton flour bags.[58] He suggested that the laundry facilities should be improved, perhaps there should be an electric washing machine for babies' nappies. The 'Grey Building' which was being converted into family units had been vacant for some time; the floors were in need of repair and 'appeared to me to be dangerous'. He noticed water coming through the roof. A later departmental memorandum commented that 'There does not appear to be much point in giving a Grant for the rehabilitation of a building if the leaking roof of the building is not also repaired'.

21.165 By the end of 1949 the department reported that the chimney and roof were being repaired, and work was advancing on the family units. The inspector commented that 'it looks very neat and clean and comfortable. The residents have a common sitting room which is also very comfortable'. He inspected the beds and he reported that the beds and bed linen were 'not very clean or in good condition, mattresses are also short'. Some of the Legion of Mary volunteers informed him that they needed '½ ton coir and 1000 yards of ticking,[59] 500 sheets and 500 blankets'. This purpose of the department's visit appears to have been to determine the final cost of the work.

21.166 A report by the Hospitals Trust records a grant to Regina Coeli for capital expenditure, amounting to £10,830; the only description given is 'improvements'.[60] The amount was greater than the £10,000 that was originally approved; the additional money was provided to complete the work on the western block. However the legal advisor in the Department of Health had queried whether Regina Coeli was eligible for this funding, because, under the *Public Hospitals Act 1933*, eligibility of mother and baby homes for funding was confined to institutions for mothers and children who were under five years of age. The department decided that a request for additional funding, to reconstruct another disused wing which would cost approximately £12,000, should be rejected. The officials recommended that any further work of this nature should be supported by the local authority, not by the Hospitals Trust. The Regina Coeli records suggest that each of these 'blocks' (Frank Duff's word) had a name: St Fidelma's Unit; St Ita's Unit; Cedar Room; St Leila's; St. Mellas; St. Aideen's; St. Dympna's; St. Brona's; St. Nessa's, St Eithne's. It is not clear from the description of these units whether the

[58] This was a common practice in Ireland at the time.
[59] Coconut fibre which was commonly used in mattresses; strong fabric used to cover mattresses.
[60] Hospitals Trust, *Irish Hospitals 1930-1955* (Dublin 1956)

mothers and children ate in these units or whether they ate in a larger communal dining-room.

21.167 In 1950 the county manager of Tipperary South Riding contacted the Department of Health to inquire about Regina Coeli because he was considering sending some mothers there. A senior official in the department informed him that the Committee on County Homes recently visited Regina Coeli and they were 'very much impressed by it'. He stated that

> The Department is not officially sponsoring Regina Coeli. We are however watching the experiment very very carefully and it may transpire that the Regina Coeli are on the right lines in their handling of this very difficult problem. We do not openly send girls to Regina Coeli but if one or two are sent from different counties we could watch the position and see whether it should be encouraged.

21.168 There is no indication that South Tipperary or any other local authorities sent women to Regina Coeli and it appears that the department's enthusiasm for the Regina Coeli approach did not persist. A memorandum in December 1951 noted that the members of the inter-departmental committee on the reconstruction of county homes who visited Regina Coeli

> were favourably impressed by the excellent spirit of the members of the Legion of Mary and by the pleasant relationship which exists between the voluntary workers and the residents. The atmosphere of the Hostel was considered to be in many ways superior to that of the usual institution, from the point of view of the happiness of the residents, but the members of the Committee were unanimously apprehensive of the changes that must take place as the children grow older. This aspect of the scheme was mentioned by the Committee members to Mr. Duff, but, while expressing himself as having no fears for the future, he did not explain how the difficulties referred to would be overcome.

21.169 The hostel had a close, if informal, relationship with Dublin Corporation, and it was routinely supplied with equipment that was being discarded by St Kevin's hospital and replaced with new items, including used sheets, towels, kitchen equipment and furniture. This suggests very minimum standards for such items applied in the hostel. The Department of Health paid the ESB bill.

21.170 In 1955 the Dublin Board of Assistance contacted the Department of Health in relation to a proposal by Regina Coeli to rebuild large sections of the former North Dublin Union workhouse, at an estimated cost of £200,000; £70,000 would be spent rebuilding the Morning Star Hostel (for men), the balance would be spent on Regina Coeli. It was anticipated that the money would be provided from the funds for improving county homes. In November 1956 a staircase collapsed in the hostel (it is unclear whether this was in the section that accommodated unmarried mothers and their children), and some of the voluntary workers, members of the Legion of Mary, were injured. The following year an architect's report concluded that although measures might be taken to make the building less dangerous for some time, ultimately it would be necessary to demolish most of the building.

21.171 By 1963 the survival of Regina Coeli was in jeopardy. The Minister for Health (Seán MacEntee) stated that it would be 'a grave misfortune' if the hostel could not survive, noting, correctly, that it was 'a feature of the Social Services of Dublin which would be irreplaceable by other methods'. During the summer of 1963 two city-centre tenements collapsed with the loss of a number of lives. Dublin Corporation carried out emergency inspections of city tenements, and other vulnerable buildings, including Regina Coeli. The Dublin Health Authority condemned the building as unsafe, and ordered the evacuation of the 250 residents. They offered the Legion of Mary the former Crooksling sanatorium in north Dublin as an alternative hostel. Frank Duff resisted the proposal to close the hostel,[61] and a compromise was reached. This involved demolishing part of the building, the east block, and the erection of chalets to provide temporary housing. At the time there were 54 single mothers and 90 children in the hostel.

21.172 This was only an interim solution. In May 1965 the secretary of the Department of Health contacted the Dublin Health Authority about the need to rehouse the families in Rosary House (West Block). 'It is understood that your authority had been in touch in recent months with the Legion of Mary concerning the number of such "families" for which the health authority should make provision in the proposed new accommodation'. The letter emphasised that 'in view of the structural condition of Rosary House, the Minister is most anxious that this building should be evacuated at the very earliest opportunity'. It suggested that the residents should also be rehoused in temporary chalet accommodation because the department was uncertain as to the future requirements for the facilities

[61] Cork Examiner, 5 August 1963

provided in Regina Coeli. It indicated that plans for the building of new units at Regina Coeli should be drawn up having taken account of the demolition of Rosary House.

21.173 In 1966, the Dublin Health Authority outlined proposals for the accommodation to be provided in the renovated Regina Coeli for 'elderly ladies and unmarried mothers'. It would comprise 79 bed rooms and ancillaries for elderly ladies and units for unmarried mothers comprising of 44 beds in total. The proposed 'family units', designed for the mothers and children, would consist of 11 double units, with 11 bedrooms, a toilet, kitchen and living quarters and one washroom per unit. The estimated cost was £71,000, including fees for architects and surveyors. A note to the Dublin Health Authority from the Department of Health stated that built-in wardrobes 'though considered desirable, may have to be reconsidered on the grounds of economy' and 'wash-hand basins may not be deemed necessary in bathrooms as they are being provided in each bedroom.'

21.174 The 1960s was a time of high price inflation. In February 1967 a Department of Health file noted that the plans submitted for the family units, old ladies units, kitchen and dining hall had been examined:

> In the Family Units a mother and child have been allocated a bedroom of 120 square feet. A cubicle of 60 square feet has been allocated for each of the Old Ladies. A new Dining Room to serve 120 people (children will be catered for at a separate setting) is based on 12 square feet per person. This is a reasonable figure. The new Units provide accommodation for 167 people and the estimated cost of £156,000 gives a cost per person of £939 which is not unreasonable in present day figures.

21.175 The plans submitted had suggested that the grounds should be landscaped by patients and staff of Grangegorman hospital (St Brendan's mental hospital), presumably as a means of reducing the cost. However the author of this report wanted to include an estimate for lawns etc:

> At present the site is in an appalling condition and it would be a mistake to erect new buildings without allowing sufficient site work to show the buildings off in a proper setting. I think this is very important at Regina Coeli which has visitors from all over the world due to the widespread work of the Legion of Mary.

21.176 The rebuilding took two years longer than the time stipulated in the contract. Part of the delay was attributed to a prolonged cement strike. In 1973 the total costs were estimated at £362,000; all but £10,000 was covered by a loan taken out by the Eastern Health Board. In 1977 the final cost was estimated to be £365,000. It would appear that work started in 1979; half the cost was borne by the Hospital Trust Fund; the other half was borne by the Eastern Health Board, but financed through the state's Local Loans Fund.

Alternative housing

21.177 One recurring issue for Regina Coeli was the difficulty of finding alternative housing for mothers and children who had been in the hostel for some time and should leave. In 1950 Frank Duff noted an imperative need for this, especially in cases where the mother had married. He noted that, 'thanks to the good offices of Mr […]of Dublin Corporation', they had secured housing for one of the two women who had recently married and was setting up home with her child and her husband (not the father of this child). He also wanted some form of hostel that would accommodate the boys raised in Regina Coeli when they became older. He returned to this request in the 1960s, when the hostel was threatened with closure, asking that the mothers and children should be housed by Dublin Corporation but there was an acute housing crisis. Homeless families were living in squalid accommodation in the former Richmond Barracks and Dublin Corporation was giving priority to families with four or more children, so that request was unlikely to be met.

Marriages

21.178 In 1950 Frank Duff highlighted the fact that many women who were in Regina Coeli with their child later married. He claimed that marriage had eased 'the accumulation of babies' in the hostel. Some mothers married the father of their child, which he claimed had 'a surprising angle' as the marriage was not in prospect when the woman had entered the hostel. He claimed that 'normally the father would have evaded responsibility' but in a considerable number of cases the man is subject to second thoughts. He claimed that a very large number of marriages had taken place from the hostel and that many women had married men who were not the father of their child.

> The men in question have shown an almost universal readiness to accept the child which was not their own - some took on more than 1 child - not in a

single case known to the Hostel has the child been under disparity as compared with children subsequently occurring in that family.

He claimed that in several cases the adopted child was 'the man's favourite'. Other women had returned to their family home with the child.

21.179 The case records confirm that marriages did take place. A woman was admitted to Regina Coeli with a baby who died. She returned in December 1952 and her daughter was born two months later. In 1956 she married 'a legionary with his own home to whom she had been introduced by the Hostel'. She collected her daughter and they moved to her new home in Drumcondra. A woman arrived to the hostel, pregnant in 1950. She went on to have three children while resident there. 'Arrangements were set on foot to bring about a marriage between […] and a Limerick man,...who applied for a wife in August, 1954. There was some correspondence and interchange of photograph.' A woman became resident in the hostel with her son in 1932. 'About September 1940 a man called - was anxious to re-marry as his wife was dead. Had good home in […].' He was introduced to a woman in the hostel. They married and she and her child went to live in his house. Another record noted that 'Efforts are being made to bring about a marriage between […] and [an ex Morning Star resident].' They married in 1956. A woman married a man who was deaf and non-verbal (described in the records as a deaf mute) who was resident in the Morning Star hostel in 1948. In 1939 a resident married a widower who had called looking for a suitable wife. He had three children the eldest of whom wrote to the hostel to say thanks 'for sending them their new mammy'. The records show two marriages between residents of Regina Coeli and Morning Star Hostel in the 1950s and one in the 1960s.

Work

21.180 Much of the work in Regina Coeli was done by volunteers. The Legion of Mary informed the Commission that up to 120 workers would have carried out two hours a week of voluntary work in Regina Coeli. There are references to women leaving Regina Coeli (sometimes for a number of months) to work while other women in RC minded children. The records examined by the Commission show that the staff and other residents facilitated women going out to work and this was aided by other women often minding the women's children while they worked. However, if the mother was seen not to be playing her part in looking after her own child this would be noted and the arrangements permitting the woman to go out to work and leave her child would be reviewed and perhaps changed. Some mothers worked

in the hostel, though much of the work was carried out by voluntary workers who were members of the Legion of Mary. There are references in the files to women going 'on sticks' - if she had not secured outside employment. Finola Kennedy, Frank Duff's biographer, in her evidence to the Commission stated that he (Frank Duff)…could see women… paying their way, you know. None of you probably remember, but you could get these little bundles of sticks. The men might chop them if it was a big piece of wood and the women might bundle them'. These bundles of sticks were sold by neighbourhood shops; they were used as kindling for fires.

21.181 Most of the women who worked outside the hostel were employed in service jobs, in hospitals and other welfare or commercial institutions, though some women worked as servants in private homes. In 1951 Frank Duff mentioned that a number of women were working in the Chest Hospital (St Mary's) in the Phoenix Park. He also noted that the employers of women who worked as domestic servants in private homes did not always know that they resided in Regina Coeli.[62] In 1932 a woman was hired as a domestic servant, 'was there for a short time, her baby was minded by one of our women'. A woman in 1952 'went by permission to work for two weeks to former mistress'. In 1934 a woman 'went back to indoor work, baby minded here'.

21.182 Two former volunteers said that women worked in 'the Richmond hospital across the road, Jervis Hospital, there were several restaurants…And they could get like domestic work or like waitressing work, a lot of them were maids in the hospitals and stuff like that and some of them would be servants in big houses and stuff like that. One of the mothers would, they would arrange between them you know between the five or six mothers, that one of the mothers would stay at home and look after the children of all the mothers and all those mothers would pay that mother and that's how they all made their contributions, they were equal'.[63]

21.183 These child-minding arrangements did not always work smoothly. One woman who got a job as a live-in domestic servant left her child in Regina Coeli. The record shows that 'it became difficult to get girls here to mind the baby as […] does not visit the child, get clothes for it or pay for its minding.' In 1937 a woman was recorded as bringing her baby with her to work. 'She said that she did not intend to

[62] DDA/AB8/b/XXI/79/12/19 (1951).
[63] Graham, 'Unmarried Mothers'.

do anything with baby but could not get it minded here while she works'. In 1935 a woman who got a job as a caretaker left and took her son with her.

Finances

21.184 Regina Coeli was heavily reliant on voluntary contributions and the voluntary work of Legion of Mary members. Finola Kennedy refers to 'bazaars, flag days, Rosetta Days, when paper flowers were sold, Beetle Drives, and even a special night of greyhound racing at Shelbourne Park stadium', plus financial contributions from W. T. Cosgrave, his sister and Dr McQuaid.[64] The hostel also benefited, as has been described, from various forms of support given by Dublin Corporation. Frank Duff expected all men and women who lived in Legion of Mary hostels to make some financial contribution. In 1950 he stated that

> None of the services of the Hostel were supposed to be provided free. In fact it has always been a cardinal point…that as far as possible our residents should be given the impression that they are more or less paying their way. This is a point of importance when there is question of morale. But at the same time the charges which are made are very small, bearing no relation whatever to the things that they receive. Nevertheless they work in the desired way. The basic charge in the Regina Coeli is sixpence a day, which includes breakfast and supper and all the general amenities. The charge for the mid-day meal I have already specified. For a baby up to six months of age there is no extra charge. After that age the sum of one shilling per week is levied in respect of each child.
>
> As to the manner of meeting the foregoing charges: some of the girls have petty resources which are sufficient to cover what they have to pay. Then it is more than easy to secure outdoor work for any girl capable of performing it. In fact our problem is that we are not able to meet the demand for it. In general this sort of work is highly paid. In third place for those who are for one reason or another incapable of providing for themselves in the manner aforesaid, we have a work system in the Hostel which meets the gap between what they have and what they have to pay.
>
> It is hardly necessary to mention that the receipts from all the foregoing avenues fall far short of the expense of maintaining the Hostels, in spite of the fact that all our labour is voluntary. There is not in the entire system even one paid worker. The balance of the expenditure is provided by all sorts of

[64] Kennedy *Frank Duff,* p. 93

expedients - an annual Flag Day, a system of penny a week collections, whist drives, etc. And nowadays an occasional legacy is beginning to trickle in to us.

21.185 Although Regina Coeli was designed to care for destitute women, some of the women paid for their upkeep. There are references to 'has money', 'can pay, 'mother will be responsible for payments'. In some instances the exact amount that a woman paid on entry is recorded, though it is not stated how long she would be staying. It is noted that a woman who arrived in 1939 recorded 'will pay £5 now'. In 1942 a woman 'has £30 which she is to hand in'. In 1942 a woman came to Regina Coeli and gave £2. In 1943 the entry notes that the Red Cross would pay for a woman and her daughter. In the same year the CPRS took responsibility for paying for a mother. In 1944 a woman was admitted to the hostel seven months pregnant. The record of entry stated that the manager of a bank would guarantee payments. In 1945 a woman who had employed a resident in Belfast as a domestic servant said that she would send payment for her in Regina Coeli. In 1953, a resident was warned about irregular payments. She tendered 7s 6d, which was not accepted, and she was told to leave two days later. She 'went on that date with baby to St Kevin's as casuals'. In 1953, a woman who had previously been in Sancta Maria hostel came with a baby girl; the records state that Sancta Maria would pay for her. In 1957, the entry card for a woman says that the 'County Council will be responsible for her payments'. One entry also states that, if a resident has sufficient funds to stay elsewhere, she must leave. A woman entered the hostel in 1990. She paid £6 for a one week stay and was given provisions. As has been described above, in some cases the father of the child paid towards the cost of maintaining mother and child in the hostel.

The Later Years

21.186 In the early decades of the hostel (1930s-1960s) the majority of entrants were unmarried mothers who were coming to the hostel either pregnant or with their small babies, often because they had no-where else to go. From the 1960s onwards the circumstances of the women entering the hostel changed and some women sought entry because of domestic violence, homelessness or drug addiction. In 1978 the Federation of Services for Unmarried Parents and their Children sent a questionnaire on housing to member agencies. The eighteen agencies that replied recorded that 184 clients sought assistance with housing over a four-week period. The majority were pregnant women; 63% were leaving

home; 24% were leaving privately-rented accommodation. The Federation commented on the low instance of forward planning by mothers. Most agencies helping with housing were in Dublin, but more than half of their clients came from outside Dublin - so the pattern of pregnant single women coming to Dublin, which was identified in the 1920s, continued. The Federation concluded that there was 'a high incidence of housing breakdown' when a single woman became pregnant.

21.187 Regina Coeli continued to house significant numbers of mothers and children although the quality of accommodation was poor. There was a second spike in the numbers of children in the hostel in the early 1980s. By this time many single mothers and their children went to Regina Coeli in the belief that this would help them to secure local authority housing. In 1980 the Federation of Services for Unmarried Parents and their Children reported that housing was the primary concern of 53% of first-time callers to the Federation; 7% of these callers were then living in Regina Coeli. In 1983 a woman was referred by Brú Chaoimhín (Cork Street Night Shelter) where she had been staying for seven weeks; she was waiting for council housing. A woman who arrived in 1980 with two daughters, aged 13 and 11, had been living in England for 18 years. She returned to live with her sister in Dublin in 1979 while her brother-in-law was in prison. When he was released, 'He threw […] and the girls out'. She and her daughters were in Regina Coeli for nine months; she then moved to a Dublin Corporation flat in Ballymun.

21.188 Although public attitudes towards unmarried mothers had changed, some single mothers continued to encounter opposition from their families, and family tensions inevitably escalated in cases when a mother and her child(ren) were living with family members, often in small and potentially overcrowded homes. One mother of three who arrived with her children in 1982 had been staying in the homes of her mother and her sister. A mother of one had been living with her parents but they had had a row and she could no longer live in the family home. Another woman was asked to leave the family home at short notice in 1987; she moved into a Corporation flat some days later. These family tensions persisted until the end of the century. In 1993 a women who had planned to place her child for adoption, but had changed her mind, came to Regina Coeli, while waiting for local authority housing. 'Parents put her out and do not want to know anything about the baby. Nuns who were looking after her are trying to get her a flat in Dublin where she is doing a FÁS course'. The parents of one woman who arrived with her child in

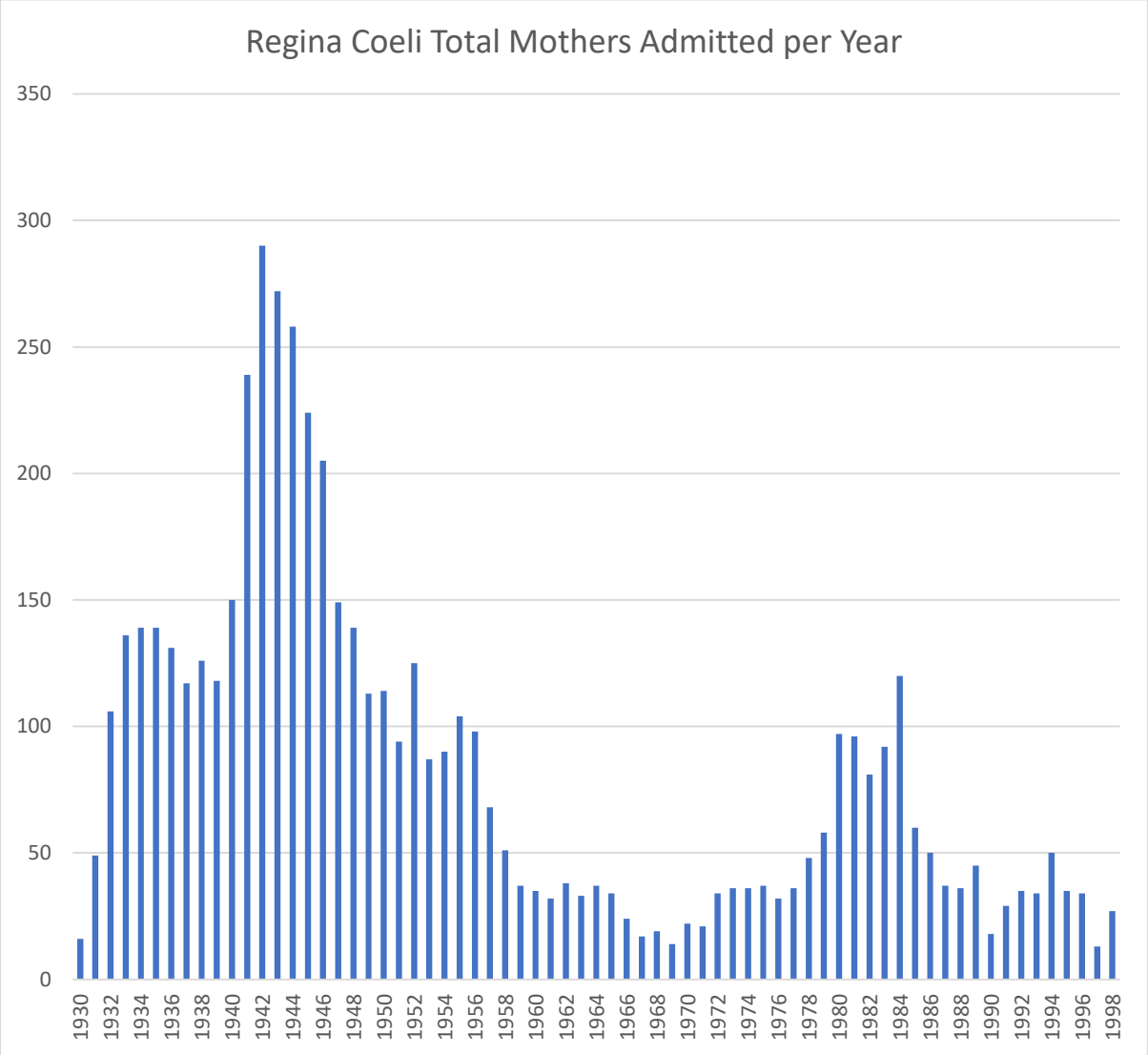
1998 were separated. She had tried to live with her mother but they did not get along. She moved into her father's flat when he was away but 'no room now'.

21.189 Regina Coeli also provided emergency housing for women who were separated or had been deserted by a husband or partner. One woman arrived from England with her son because her partner was in prison. A pregnant woman arrived in 1981 with two children, having apparently been deserted by her partner, a professionally-qualified man of African birth. Her older children were born while she was in Pelletstown. An eighteen year old who had eloped to England at the age of sixteen was brought to the hostel with her child by a Dublin priest. It was reported that her husband had been beating her since their marriage.

21.190 The profiles of the mothers and children who were in Regina Coeli from 1930 to 1998 reflect the elements of continuity and change in the history of single mothers and their children, in twentieth-century Ireland.

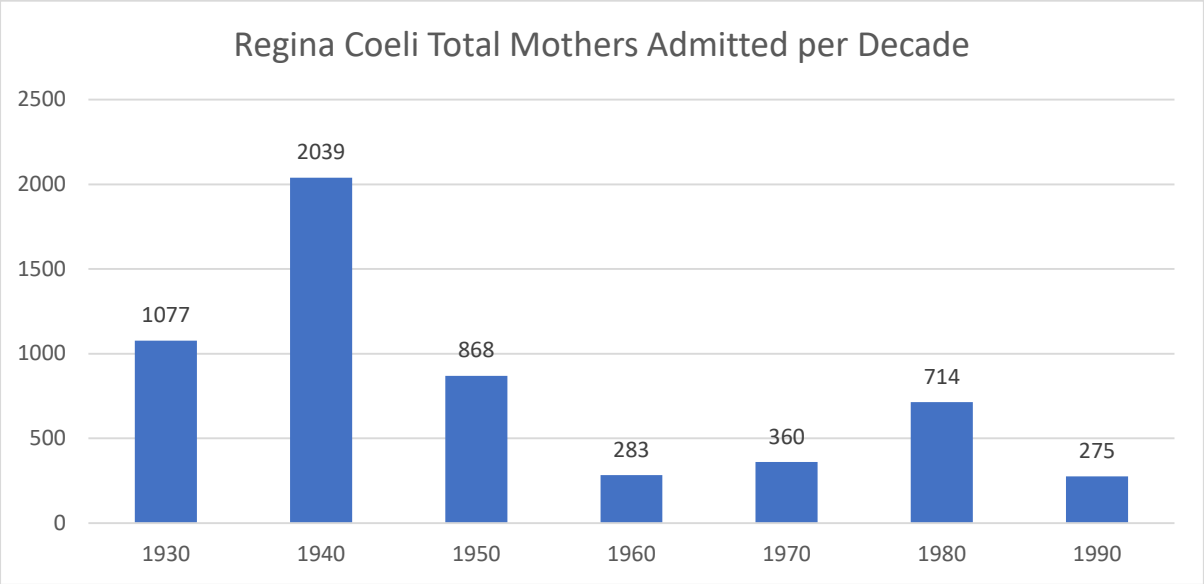
Chapter 21 A: Regina Coeli: Statistical analysis

Admissions



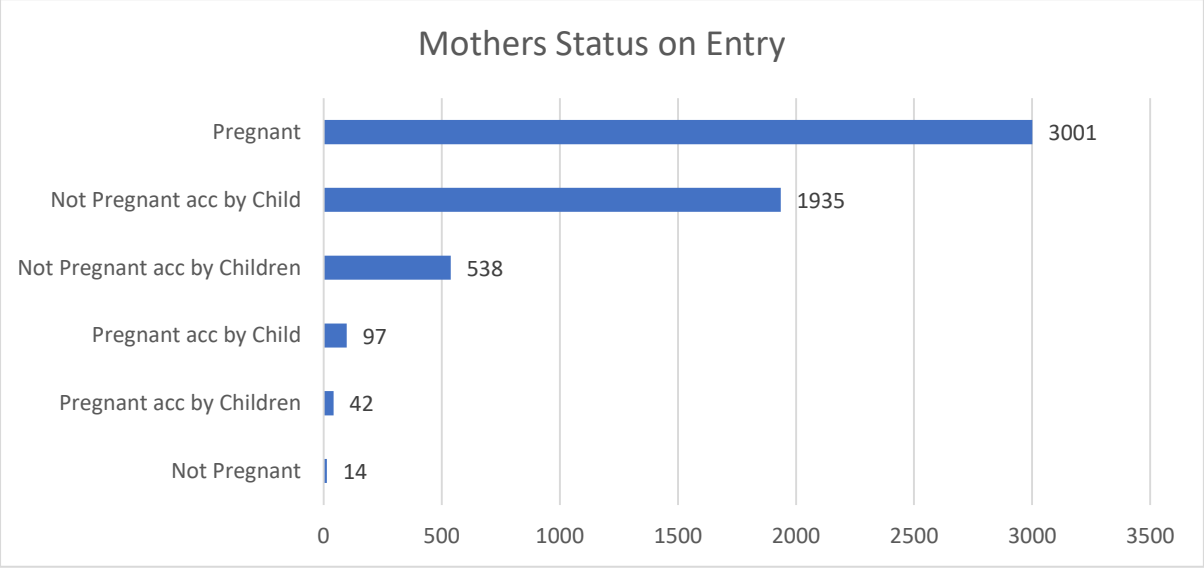
From the institutional records, the Commission identified 5,631 women who were admitted to Regina Coeli in the years 1930 to 1998 and are within the Commission's Terms of Reference. Information relating to date of admission was available for 5,616 women (99.7% of admissions). The majority of women (71%) were admitted prior to 1960. Admissions increased from 16 women in 1930 to 136 in 1933; from 1933 to 1939, 129 women on average were admitted annually. Admissions began to increase again in 1940 and peaked in 1942 when 290 women entered the hostel. The years 1940 to 1948 were the busiest period; 1,926 women, over one in three of all admissions, were admitted in those nine years. Numbers began a staggered decline from 1948; by 1969 just 14 women were admitted. Numbers began to increase again from 1970. In the 1970s, 36 women on average were admitted annually; admissions almost doubled in the 1980s when an average of 71 annual

admissions was recorded but decreased to an average of 31 admission per year in the 1990s.



Analysis by decade shows that more women (36.3%) were admitted to Regina Coeli in the 1940s than any other decade followed by the 1930s (19.2%); 1950s (15.5%); 1980s (12.7%); 1970s (6.4%); 1960s (5%) and the 1990s (4.9%).

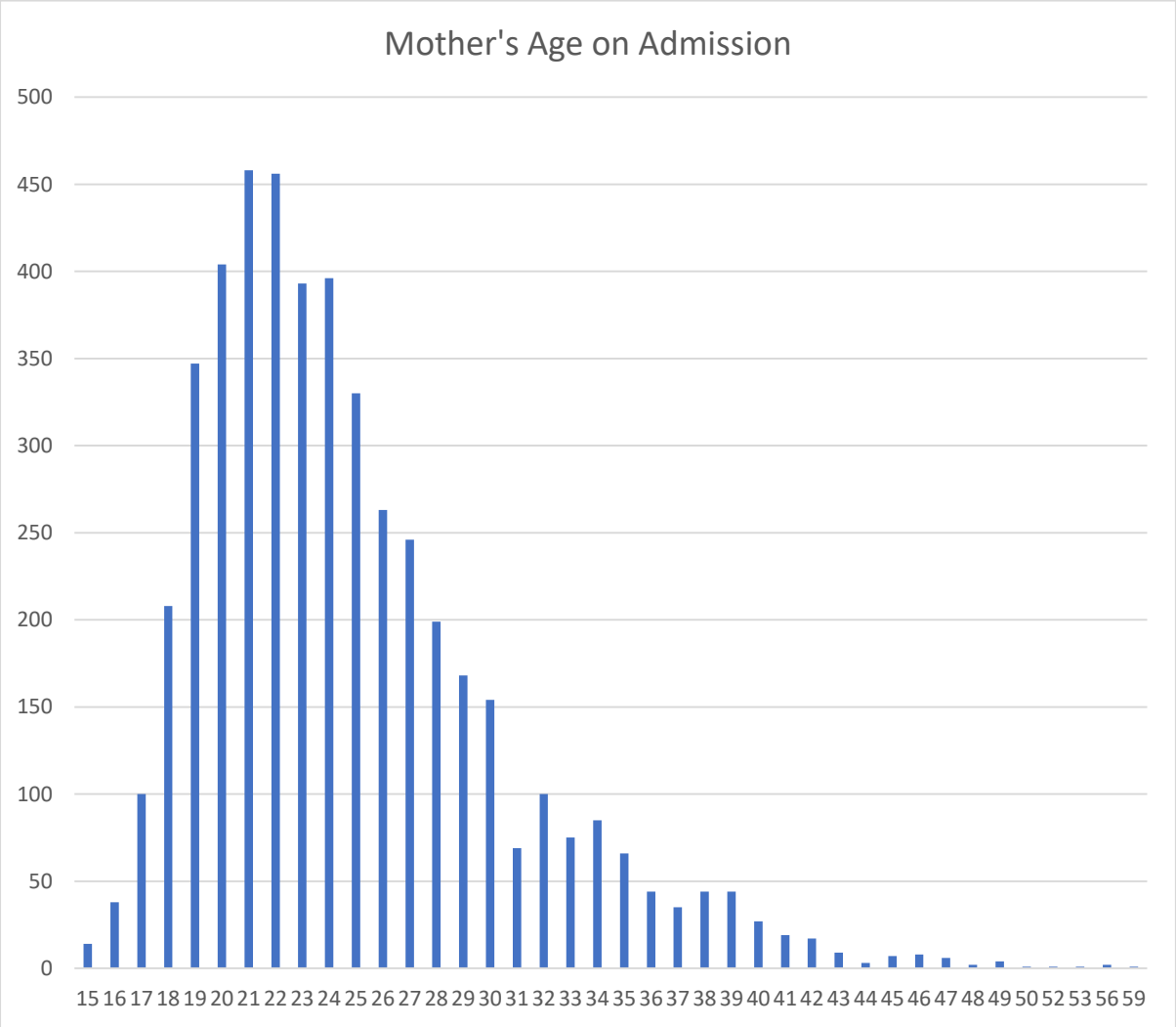
Status on entry



Information relating to status on entry was available for 5,627 women (99.9% of admissions). The institutional records show that most women (53.3%) were admitted pregnant and unaccompanied; 34.4% were not pregnant but accompanied by one child; 9.6% were not pregnant but accompanied by a number of children; 1.7% were pregnant and accompanied

by one child; 0.7% were pregnant and accompanied by a number of children;14 women were not pregnant and were unaccompanied on admission.

Age on admission

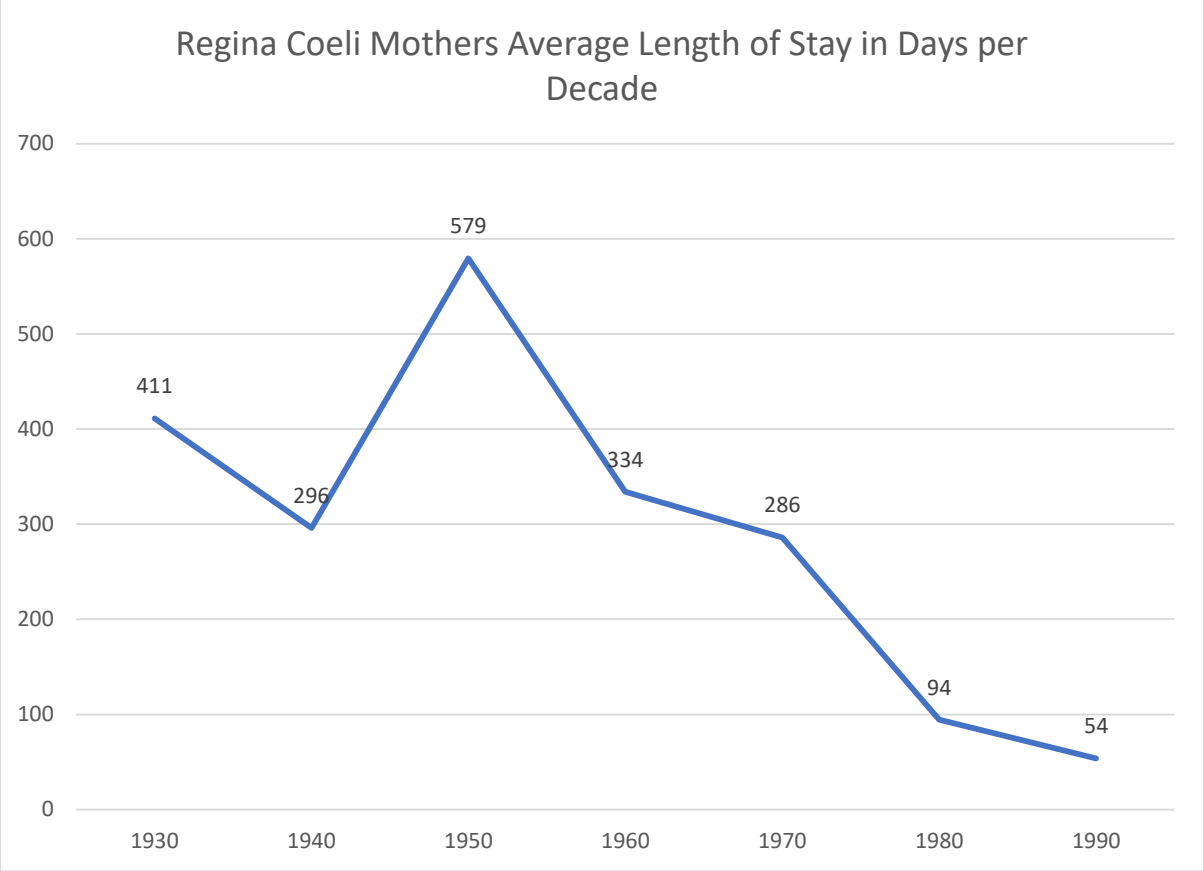


Information relating to age on admission was available for 4,844 women (86.5% of admissions). Age on admission ranged from 15 to 59 years. The mode of age on admission was 21 years. Most women (79.8%) were aged between 18 and 29 years on admission; 17% were aged between 30 and 59 years and 3.1% were aged between 15 and 17 years.

Marital status

Information relating to marital status was available for all women. The institutional records show that the majority (87.32%) were single women; 10.94% were separated; 1.58% were widowed and nine were recorded as married women.

Length of stay

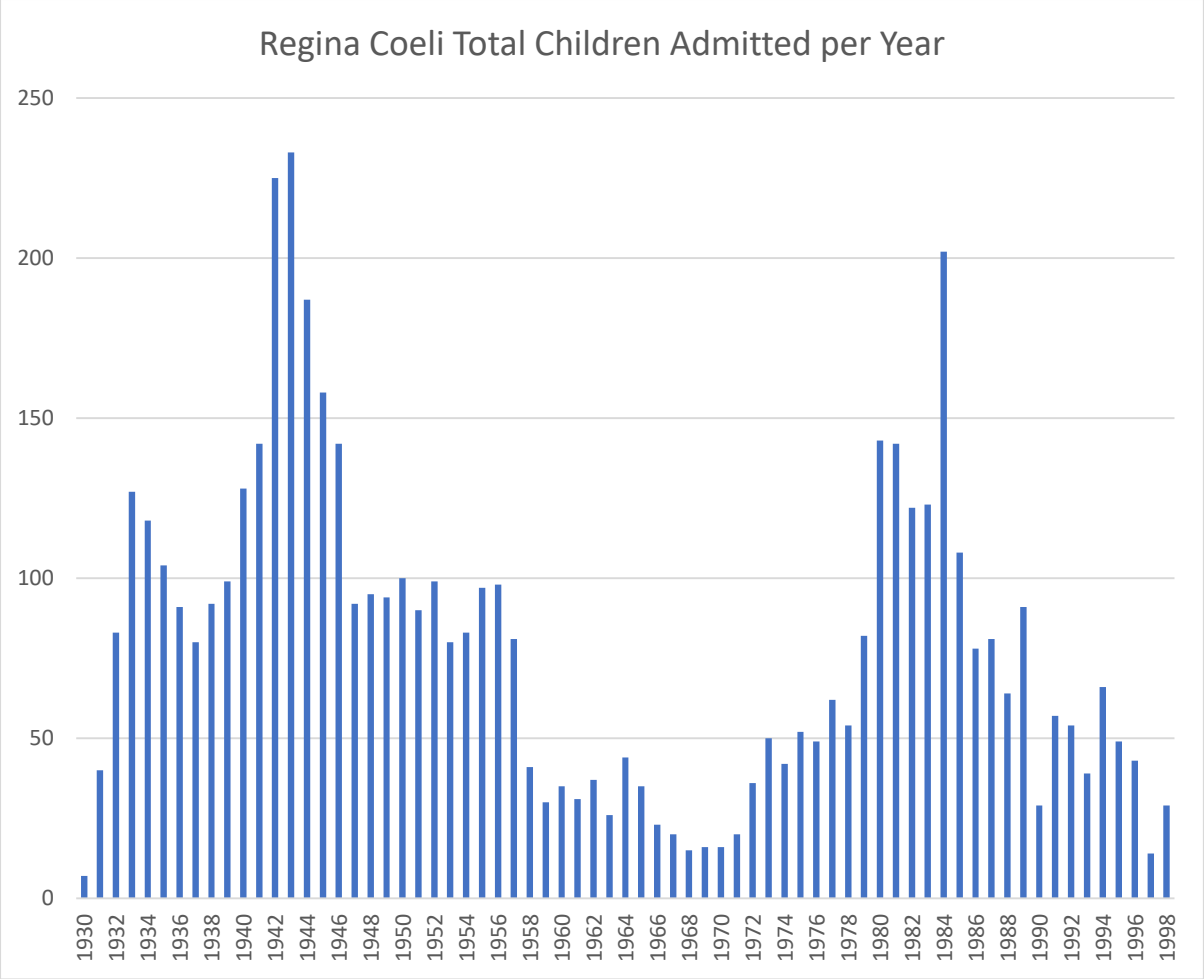


Information relating to length of stay was available for 5,144 women (91.4% of admissions). The institutional records show that average length of stay decreased from 411 days in the 1930s to 296 days in the 1940s. However, in line with many mother and baby homes, length of stay increased substantially in the 1950s when a stay of 579 days was the norm. This had more than halved by the 1970s (286 days) and by the 1990s women spent just 54 days on average in the hostel.

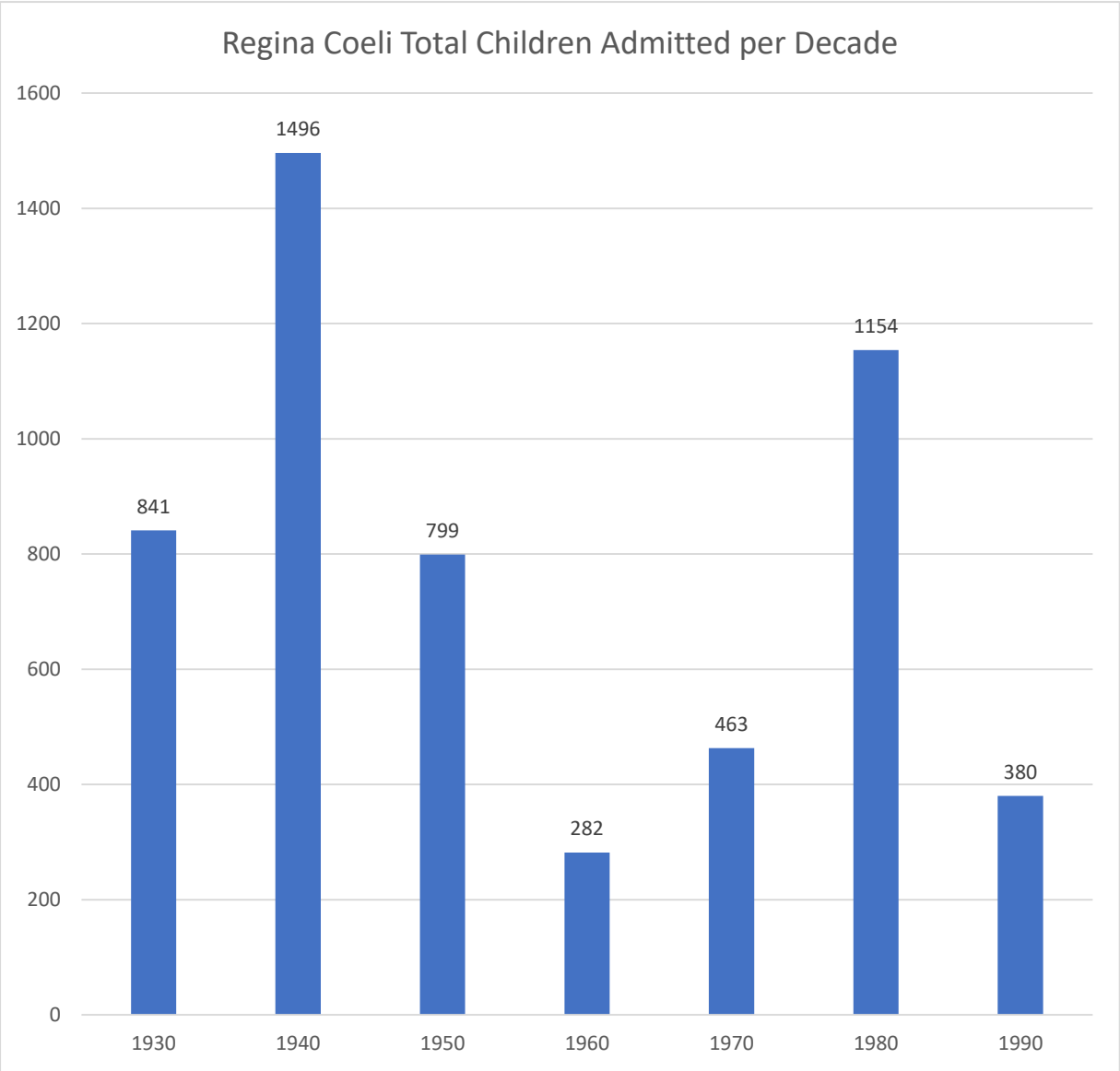
Maternal deaths

Through the institutional records, the Commission identified 13 deaths among women associated with Regina Coeli. All 13 women died in external hospitals following transfer from Regina Coeli; the majority occurred before 1950. Three deaths were associated either directly or indirectly with pregnancy and childbirth. Most deaths, however, were due to infectious disease such as tuberculosis (eight deaths) and bronchitis.

Children: Admissions

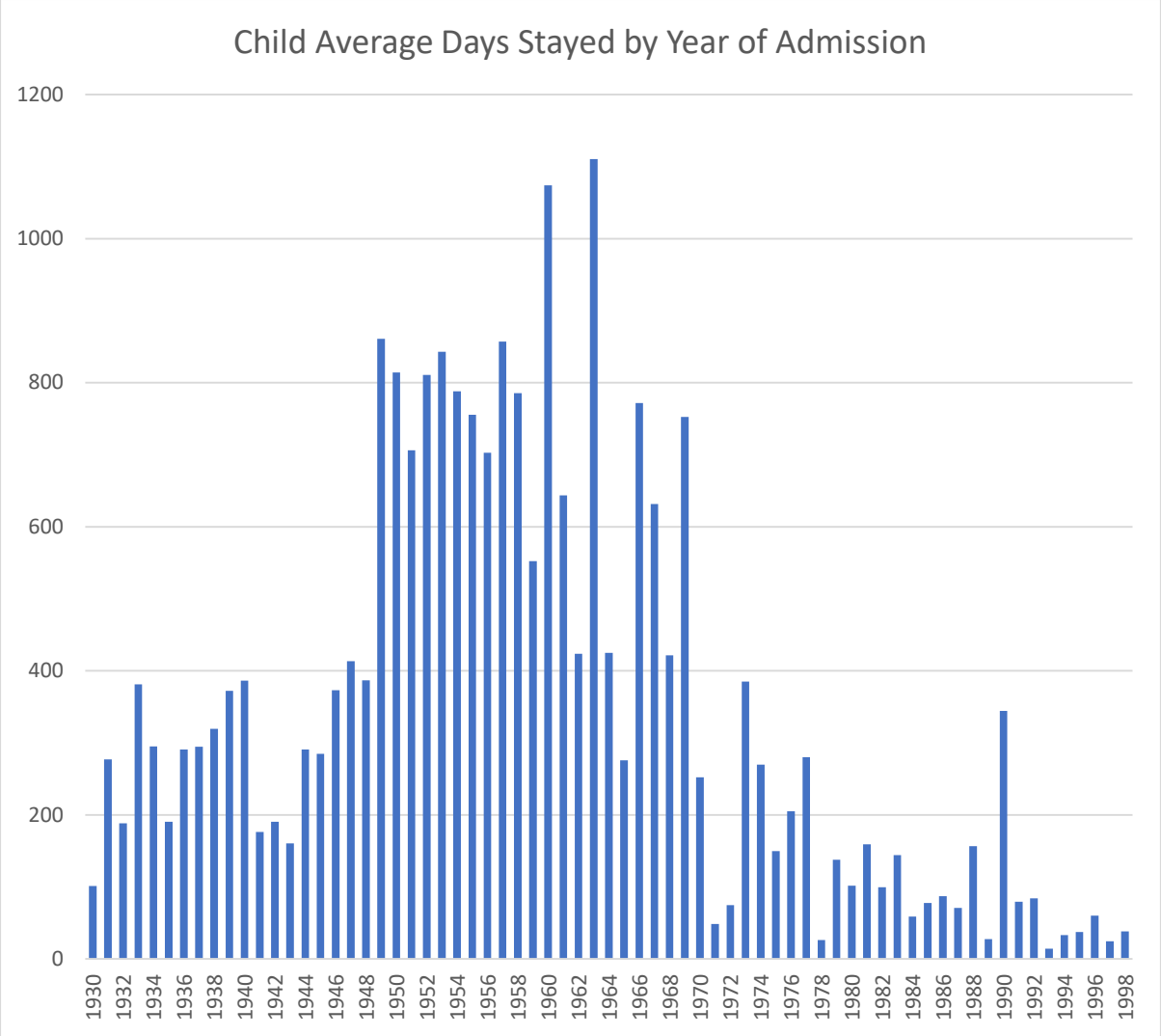


Through the institutional records, the Commission identified 5,434 children who were admitted to Regina Coeli in the years 1930 to 1998. Information relating to date of admission was available for 5,415 children (99.7% of admissions). The institutional records show that child admissions increased from seven in 1930 to 127 in 1933. Child admissions were highest in the years 1933 to 1957; 54.2% of children were admitted to Regina Coeli in that period. Admission peaked in 1943 when 233 children were admitted. Admissions began a staggered decrease from 1957; by 1968 just 15 children were admitted to the hostel. Child admissions began to increase from 1971 rising from 20 admissions that year to 142 in 1981 and 202 in 1984. Admissions began a staggered decrease thereafter; 42 children on average were admitted annually in the 1990s.



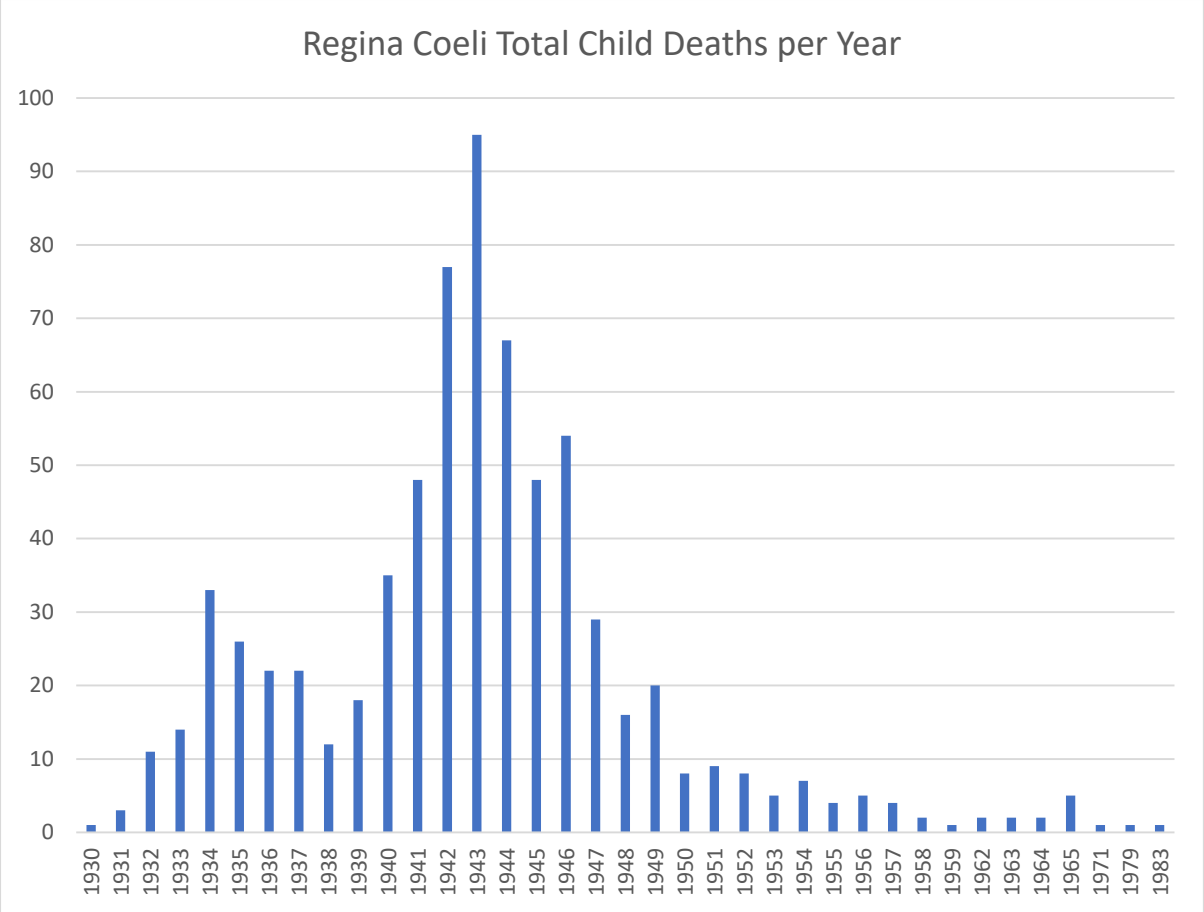
Analysis by decade shows that more children (27.6%) were admitted to Regina Coeli in the 1940s than any other decade followed by the 1980s (21.3%); 1930s (15.5%); 1950s (14.8%); 1970s (8.6%); 1990s (7%) and the 1960s (5.2%).

Length of stay



Information relating to length of stay was available for 4,952 children (91.1% of admissions). In the years 1930 to 1948 length of stay varied from 101 days on average for children admitted in 1930 to 413 days for those admitted in 1947; the average stay for children admitted in this period was 283 days. However, length of stay increased dramatically from 387 days on average for children admitted in 1948 to 861 days for those admitted in 1949. Length of stay remained relatively high in the years 1949 to 1969 and peaked in 1963; children admitted that year spent 1,111 days on average in the hostel. Length of stay decreased sharply from 752 days on average for children admitted in 1969 to just 49 days for those admitted in 1971. Children admitted in the 1970s spent 183 days on average in the home - this decreased to 98 days on average in the 1980s and to 80 days in the 1990s.

Child deaths



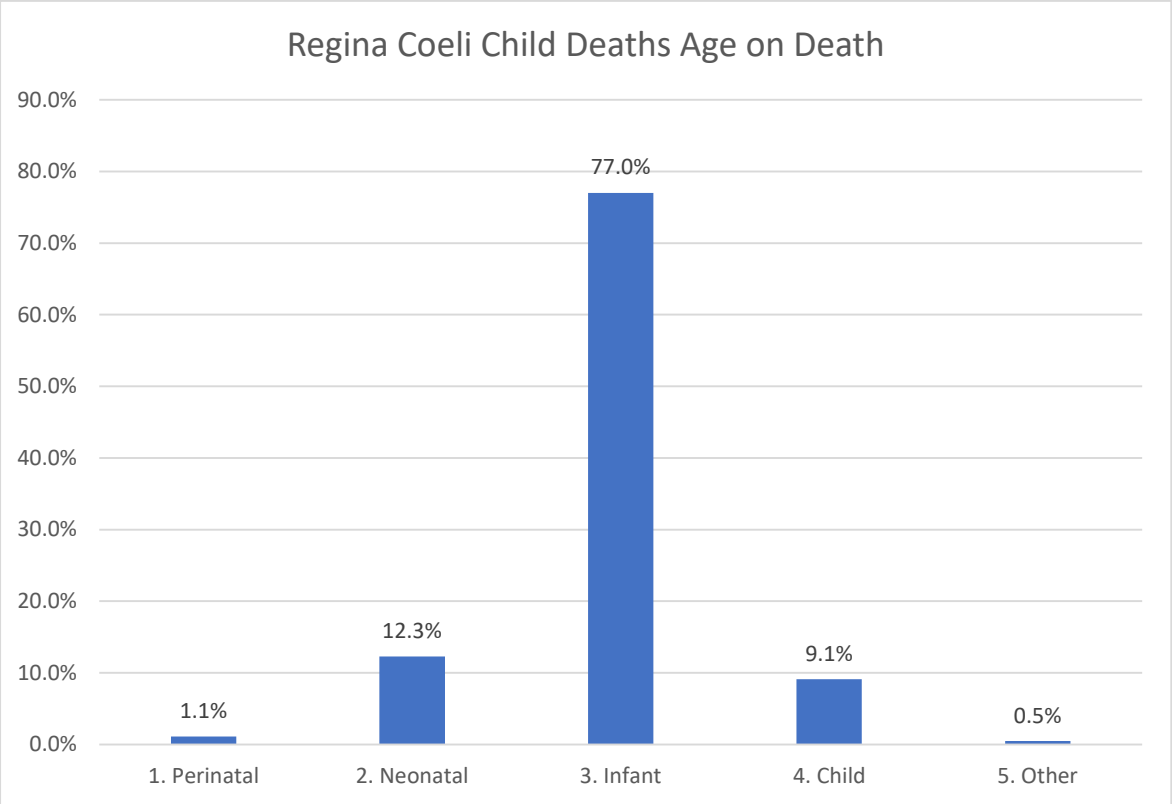
From the institutional records, the Commission identified 734 child deaths associated with Regina Coeli. Information relating to date of death was available for 718 children (97.8% of child deaths). Six hundred and fifty one child deaths (90.7%) occurred prior to 1950. The worst period for child deaths was in the years 1941 to 1946; 54.2% of child deaths associated with Regina Coeli were recorded in those six years. As was the case with other homes, 1943 was the worst year for child deaths; 95 child deaths occurred that year.

Place of death

There was no place of death recorded for 176 children and a further 75 died in unnamed external hospitals. Where a place of death was recorded 133 occurred in Dublin Union/Pelletstown/St Kevin's Hospital; 107 occurred in Regina Coeli; 77 in St Ultan's Hospital; 73 in St Clare's Hospital; 36 in Temple St Hospital; 24 in Cork St, Hospital and 22 in Clonskeagh Hospital. A small number of deaths occurred in the Richmond, Rotunda, Locke and Holles St Hospitals. Child deaths associated with Regina Coeli occurred in at least 13 different hospitals and institutions and information relating to place of death was not available for over one in three children. An attempt to locate GRO death records for children

recorded as having died in the Regina Coeli Hostel itself proved difficult; the Commission considered that efforts to establish cause of death through engagement with GRO death records was not feasible.

Age on death



Information relating to age at death was available for 626 children (85.3% of child deaths). Most children (90.4%) died in infancy as follows: perinatal (0-7 days) 1.1%; neonatal (8-28 days) 12.3% and infant (29-365 days) 77%. 9.6% of deaths occurred in children aged one year and older - three of whom were over 5 years old.

Chapter 22: Bethany Home

Origins

22.1 Bethany Home opened on 4 May 1922 and continued in operation until 1971.[1] It was an amalgamation of two previous charities: the Dublin Midnight Mission and Female Refuge, founded in 1862, based at 31 Marlborough St Dublin, and the Dublin Prison Gate Mission, established in 1876, with an address at 40 Blackhall Place. Both charities aimed to provide a safe shelter for women, predominately from the poorest classes, who had nowhere else to turn and who had entered, or may have been tempted to enter, a life of prostitution. In addition, the Prison Gate Mission sought to rehabilitate former female prisoners and, by training them in domestic service, to integrate the women back into mainstream society.[2] Their mission of rescue and rehabilitation was broadly similar to the Magdalen Asylums that were established in Ireland and elsewhere.[3] Both charities were associated with the Church of Ireland, but their services were open to any women without distinction of religion.

22.2 A lack of funds forced the closure of both charities in 1921 with the trustees deciding to transfer their rights and properties to a new board that consolidated the charities into the Bethany Home, an institution that would focus on providing shelter and support for unmarried mothers and their children. The property in Marlborough St was sold to clear off debts. The new home was located in the premises of the former Dublin Prison Gate Mission.[4] The address was 23 Blackhall Place, while the address of the Dublin Prison Gate Mission was 40 Blackhall Place. This suggests that the street numbers were revised. By the early twentieth century many rescue homes in Britain had become homes for unmarried mothers, as had some rescue homes in Belfast (both Catholic and Protestant), and the Magdalen Asylum in Leeson Street.[5] The decision by these two Protestant charities to re-focus their philanthropic efforts on unmarried mothers and their children suggests

[1] *Irish Times*, 8 May 1922.
[2] John Falconer, *Dublin Charities, Being a Handbook of Dublin Philanthropic Organisations and Charities; Including Benevolent and Educational Organisations; Shelters, Refuges, Orphanages, Hospitals, Reformatories, Industrial Schools, etc., etc., in or Applicable to Ireland* (Dublin, John Falconer, 1902), pp. 153-4/158.
[3] Maria Luddy, *Prostitution and Irish society 1800-1940* (Cambridge: Cambridge University Press, 2007), pp 76-123.
[4] *Irish Times*, 8 May 1922.
[5] Leanne McCormick, *Regulating sexuality. Women in twentieth-century Northern Ireland* (Manchester: Manchester University Press, 2009), pp 37-78.

that the concern about 'illegitimacy' in post-World War I Ireland was not confined to the Catholic community.

Sources

Institutional records

22.3 The institutional records of the Bethany Home are held by PACT, which was formerly known as the Protestant Adoption Society. These were digitally copied by the Commission. There are four registers:

- The Admission/Discharge Register from 29 March 1922 to 3 May 1946: This register is the continuation of the admissions register of the Dublin Midnight Mission (which is not relevant to this inquiry). It lists the woman's name; age, religion, birth-place; her most recent address; how long she had been in Dublin - though this is generally blank; her occupation; dates of admission and discharge, and her destination when discharged. A column headed 'description' gives some details about her appearance or some judgements about character or personality - as for example '[maternity] case fair complexion, blue eyes curly hair', or 'drink'; 'fair complexion wearing glasses'. The early entries reflect an institution in transition; only five of the first twelve entries in the register were identified as maternity cases. One woman was sent from the courts where she had been charged with concealment of birth - she left eight weeks later to a 'situation'. A farm worker whose file states 'railway station' under the heading 'where from' was brought to Bethany by 'patrol' and sent home to Cavan. She was described as 'dark, good colour vacant looking'. The patrol was almost certainly carried out by the Midnight Mission. A twenty-four year old woman from Dublin, who was admitted in March 1927, was described as 'untidy, fair, fat, quick temper'. This column was rarely filled in after the early 1930s. An 'observations' column was usually used to record details of the woman in relation to her child, i.e. whether she was pregnant, or accompanied by a child; the child's date and place of birth, and whether it was her first or second child.
- The Bethany Baby Records covering the period 7 May 1922 to 25 August 1970; This lists babies' names; date of birth; whether they were born in the home or admitted after the birth; date of christening, vaccination details; date of leaving the home; where they went and if they were readmitted to Bethany. After the move to Rathgar all children, born in Bethany or

admitted to Bethany, whose mothers were members of the Church of Ireland, were baptised in the nearby Zion Parish Church. These ceremonies usually involved multiple infants; 13 children born in Bethany between June and November 1935 were baptised in a ceremony held in the church on 13 December 1935.[6] The children of mothers who belonged to the Presbyterian Church were baptised in Rathgar Presbyterian Church.

- Records and Particulars Book of Maternity Home (or Hospital) known as Bethany Home 1936-1956 and Records and Particulars Book of Maternity Home (or Hospital) known as Bethany Home 1956-1971: This was the standard official register that all maternity homes and hospitals were required to keep under the *Registration of Maternity Homes Act 1934*. It gives the woman's name, age, date of admission, condition (not always completed), date of discharge, state of health, removal of child, particulars of the person removing a child and particulars of person to whose care a child was removed, plus a general column for observations. It appears that Bethany completed this official record and also continued to maintain its individual admission book until 1946, when it began to rely solely on the official register and the Bethany Baby Book.

Representative Church Body Library

22.4 The minutes of monthly meetings of the management committee of the Bethany Home from 8 January 1924 to 8 January 1937, and from 12 May 1944 to 14 January 1966, are held in the Representative Church Body (RCB) Library in Braemor Park. The library also holds copies of some annual reports of the Bethany Home; these give some details about the mothers and babies, records of donations, subscriptions and an annual financial statement. The RCB Library also holds a register from Zion Church of Ireland Parish, which includes separate pages with entries for the baptisms of babies born in Bethany Home, c.1935-1949. These give the dates of baptism, the child's Christian name, parent's (mother's) name; they give no entry under 'abode', or 'quality, trade or profession'.

Irish Church Missions

22.5 The Commission has also consulted the records of the Irish Church Missions (ICM) to the Roman Catholics held by the ICM in Bachelor's Walk.

[6] Zion Church of Ireland Parish Baptismal Register, Bethany Home, December 1935.

Department of Health files

22.6 This report also draws on Department of Health files. Some are available in the National Archives; others were supplied under a discovery order to the Department of Health. The main files used in this chapter are:

NATARCH/ARC/0/402710
NATARCH/ARC/0/413869
NATARCH/ARC/0/493747
CCP/INA/0/483137
INACT/INA/0/474129
NAI M34/58 Volumes 1 and 2

22.7 These contain, among other things, the various inspection reports and the correspondence in relation to finances which are outlined below.

Published material

22.8 Miss Lily Pilgrim, a matron of Bethany Home, published a short booklet, *Far Above Rubies - A memoir of Miss Hettie Walker of Bethany Home*. This is undated but was obviously written after Miss Walker's death in 1955. Other material is referenced in the footnotes.

Governance and Management

22.9 The Bethany Home was a charity with a board of trustees that was formed in 1922 following the merger of the Dublin Midnight Mission and Female Refuge and the Dublin Prison Gate Mission charities. In practice, the governance of the institution was overseen by a voluntary management committee that generally met monthly. The minute books of those meetings, covering the period from January 1924 to January 1937 and from May 1944 to January 1966, have survived. The minutes of the first meeting recorded in the surviving Bethany Home minute book, on 8 January 1924, show that the management committee consisted of three men and seven women; one appears to have been the wife of a trustee. The most important member of the management committee was Miss Hester Ann 'Hettie' Walker, who served as Bethany's Residential Secretary from November 1924 until her death in May 1955. She was succeeded by George Godden who continued in that role until his unexpected death in May 1961. He was succeeded by William M. Taylor.

22.10 The management committee included members from several Protestant churches: Church of Ireland, Presbyterians, Methodists and Plymouth Brethren, (a conservative, nonconformist, evangelical Christian movement, originating in Dublin, which split from the Church of Ireland in the late 1820s).[7] The committee generally included a number of Protestant clergymen, their wives and lay evangelists. Miss Pilgrim, Bethany's long serving Matron, described Miss Walker as 'born again'. She had been an itinerant evangelical preacher before taking up her role in Bethany and in this capacity she had been acquainted with evangelical clergy,[8] and it would appear that she continued the rescue work of the Dublin Midnight Mission. In 1932, the minutes contain a report by Miss Walker on preventative work among girls frequenting public houses late at night; she was given approval to accept one or two urgent Midnight Mission cases.

22.11 Bethany operated as a predominantly Protestant mother and baby home. At the official opening, the Church of Ireland Archbishop of Dublin, John Gregg, expressed the hope that the people of Dublin 'would support this vitally good work, which was a very real door of hope to those who had fallen, and for whom that home was specially intended'. Like its predecessors, Bethany was open 'for all classes and creeds' and 'down-trodden woman' from 'all parts of Ireland'.[9] During its first 17 years of operation, it regularly admitted Catholic unmarried mothers and illegitimate children. The board and staff of Bethany saw their mission as helping the young women admitted to Bethany 'to lead good Christian lives' on their departure. It noted that 'the appreciation shown by the girls…testified to the spirit in which the work was carried out that girls went out determined to live better lives.'[10] In 1933, Bethany stated that, in the past year, five girls who were former inmates had married and 'many heartbroken parents had found relief through the open door in Bethany for their daughters'.[11] Meetings of the management committee opened with a 'season of prayer', and closed with a prayer. A dominant influence on the management committee and, consequently, on the ethos of Bethany (particularly in its first decades of existence), were those members who were associated with the Church of Ireland's Society of Irish Church Missions to the Roman Catholics (ICM). Founded in 1846, the ICM's aim was to convert the

[7] http://www.plymouthbrethrenchristianchurch.org/about/who-we-are/
[8] Niall Meehan, 'Church and State and the Bethany Home', *History Ireland*, xviii. 5 (Sept-Oct 2010), p. 2.
[9] *Irish Times*, 8 May 1922/2 February 1928.
[10] *Irish Times*, 6 February 1925;13 February 1930.
[11] *Irish Times*, 16 February 1933.

Roman Catholics of Ireland to the Protestant Faith.[12] From 1922 until his departure to Australia in 1935, Rev Thomas Chatterton Hammond, the ICM's Superintendent, was a prominent member of the Bethany management committee. In a pamphlet produced in 1936 on the dangers of Protestant inter-faith marriages to Catholics, Rev Hammond described those who chose to marry Catholics as 'betrayer[s] of an age-old heritage [who] must forever feel ashamed'.[13] A significant number of Bethany babies were placed by the ICM, either in a children's home or with 'adoptive' parents.

22.12 The influence of Plymouth Brethren doctrine was evident in the management of Bethany. One of their main beliefs was *sola scriptura*, the view that the Bible was the supreme authority for church doctrine and central to their way of life, morality and code of conduct. In February 1935 the Bethany Committee unanimously resolved that 'the following doctrinal basis should be subscribed by each and every new member of the Managing Committee, namely belief in:

> The supreme and sole authority and sufficiency of the Scriptures of the old and new Testaments as the rule of faith and practice: the unity of the Father, the Son and the Holy Spirit in the Godhead, the utter depravity of human nature in consequence of the fall: the forgiveness of sins only through faith in Christ's obedience unto death even the death of the cross; the necessity of the direct influence of the Holy Spirit to impart and sustain spiritual life; the immorality of the soul; the eternal blessedness of the righteous and the eternal punishment of the wicked.

22.13 The report of the annual meeting published in the *Irish Times* in February 1933 quoted a statement by the chairman that 'the work of the home was very much misunderstood in many circles. There were many who looked upon it as proselytising work – that their aim was to entice people from one church to another - whereas the fact was that its great aim, and the only aim, of the home was to bring sinners back to Jesus'.[14]

22.14 It seems clear that despite frequent protests to the contrary, those in charge of Bethany sought to indoctrinate residents in their own religious beliefs. In August

[12] A.E. Hughes, *Lift up a Standard: The Centenary Story of the Society for Irish Church Missions* (London, The Society for Irish Church Missions to Roman Catholics, 1948), pp 18-20.
[13] Rev. T.C. Hammond, *Marriage: My Choice: What Shall it Be?* (Dublin, Church of Ireland Printing Company, 1936), p. 10.
[14] *Irish Times*, 18 February 1933.

1924 a decision was taken to form a special sub-committee of ladies connected with Bethany to discuss with the Matron how best its 'spiritual work' could be continued. Vacancies for staff were generally advertised in British religious periodicals. In 1928 Miss Pilgrim, then a nurse in Bethany, resigned to take up a position with the Dublin Medical Mission; she returned to Bethany as Matron four years later. In 1928 a nurse gave notice that she intended returning to China (presumably to undertake missionary work). In 1926 the management committee minutes record that a nurse employed in the home was 'firm' in her engagement to a Roman Catholic. It was subsequently recorded that she had acknowledged the wishes of the committee that she should seek another position and would give them ample time to find a successor. In 1957, an advertisement seeking the services of a qualified nurse to work in Bethany asked that applicants be 'evangelical missionary-minded'.

The Registration of Maternity Homes Act 1934

22.15 In the early years the only contact between Bethany and the State or local authorities was in relation to women who were sent to Bethany by the courts. Bethany was a charity, funded by private sources, and as such it was not subject to oversight by either the local authority or the Department of Local Government and Public Health (DLGPH). The only aspect of Bethany's work that involved local or national government related to the children that Bethany placed at nurse. The children and nurse mothers should have been registered and subject to inspection by the local authority; however the obligation rested with the foster mothers, not with Bethany - see Chapter 1. The *Registration of Maternity Homes Act 1934* transformed this picture because all maternity homes were required to register and became subject to inspection. Bethany registered as a maternity home under the 1934 Act in November 1935.

The Premises

22.16 From 1922 until 1934 the Bethany home was located at 40 Blackhall Place in the north inner city. Census returns from 1911 state that the property at 40 Blackhall Place was officially designated as a 'laundry'; this suggests that the Prison Gate Mission was similar to a Magdalen laundry. There were eight outbuildings, consisting of two stables, two coach houses, a harness room, a boiling room, a shed and a laundry. The premises had stone/brick/concrete walls, a slate/iron/tiled roof and consisted of twenty rooms. The front of the building had fifteen windows

and was classed as a 'first class of house'. On census night there were 32 resident women: 20 Catholics, nine Church of Ireland, one Methodist and two described as 'others'.[15] The report by the *Irish Times* on the opening of the new Bethany home in May 1922, stated that the main building, facing Blackhall Place, would accommodate 25 girls. The centre building had been set apart for such cases as were formerly dealt with by the Dublin Midnight Mission and would hold from 20-25 girls, while the building known as the Crawford Memorial would be specially used for maternity cases.[16]

22.17 Within three years of the Bethany home opening, it appears that the management committee wanted to move. Minutes of the meeting on 18 March noted the 'desirability of selling and buying a place in some healthy neighbourhood'. The meeting in May that year referred to the possible sale of the home. In 1928 the management committee discussed an approach from the Female Orphan House in Harold's Cross Road, a Protestant charity, who asked whether Bethany would accept the premises and assets if offered to them. A barrister, who was asked for advice on this proposal, determined that the orphanage could not be legally transferred to Bethany. In 1929 the management committee decided to write to the Trustees of King's Hospital, which at the time was located nearby in Blackhall Place, inquiring whether they would buy the Bethany premises for £3,000 or a reasonable offer. The next meeting reported that the Bethany Trustees had agreed to sell the property and buy more suitable premises. By January 1930 the prospect of selling the property to King's Hospital had disappeared. Bethany then tried to sell it to the Institution for the Blind. The May 1930 meeting reported that the premises could not be disposed of by public auction and it was suggested that it be converted into rented flats. The next attempt was to sell off vacant parts of the premises. There were several further abortive attempts to dispose of the premises to various organisations until it was finally sold to Dublin Corporation under a compulsory purchase order in March 1934.[17]

22.18 Bethany had not yet identified an alternative premises but Miss Walker informed the management committee that Rathgar House 'could be obtained on terms'. This was a former private boarding school located on Orwell Road, Rathgar, which

[15] See 1911 Census Returns for 40 Blackhall Place, West Side (Arran Quay, Dublin) http://www.census.nationalarchives.ie/pages/1911/Dublin/Arran_Quay/Blackhall_Place__West_Side/55032/
[16] *Irish Times*, 8 May 1922.
[17] *Irish Times*, 28 February 1934.

was owned by a member of the Bethany Board of Management. The three-storey detached building with a floor area of circa 6,000 square feet stood on grounds of about one acre. At the time of the Bethany home's closure in early 1972, the premise was described as having twenty rooms. The hall floor and return consisted of eight rooms and a toilet annexe; the first floor had seven rooms, two bathrooms and water-closets while the lower floor had a large kitchen, a gas-fired water-heating boiler suitable for central heating, a laundry, drying-room and two additional rooms.[18] After Bethany acquired the property, £284 was spent adapting it; in later years various improvements were carried out but it underwent no major extension.

22.19 An independent valuation commissioned by the management committee valued the property at £2,000; however the owner sought £3,000. The committee discussed the price in his absence; they asked him to reduce the price, but the minutes state that he was 'perfectly satisfied' that it was worth £3,000. They also noted that no other premises were available – however it was also probable that he had no alternative purchaser. They eventually compromised on a price of £2,750 - which was 37.5% higher than the independent valuation. They assigned £180 for alterations.

22.20 The wish to leave Blackhall Place appears to have been prompted by several considerations - the unhealthy air in the inner city may have been one factor (there is a reference to getting sick children away to the countryside). There may also have been concerns about the women living in premises that appear to have been on the side of the street. Miss Pilgrim recounts how 'one inmate in Blackhall Place was found receiving a match-box full of cigarette butts, tied with a piece of string and drawn up through a window from the street'. However the determining factors were probably problems with the premises and financial pressures. In 1929 the minutes noted that accommodation in the Crawford would be inadequate for the number of children who would be in the home over the winter months and it was agreed that the adjoining Gospel Hall would be used to house the children if one or two anthracite stoves were purchased and some renovations were carried out. However Dr Mackay, who was for many years Bethany's unpaid medical officer, reported that the Gospel Hall would not be suitable as a nursery unless fireplaces

[18] *Irish Times*, 23 March 1972.

were provided so that plan was dropped. Finances were probably the major motivation.

22.21 The former stables at Orwell Road were converted and used temporarily by Emmanuel Home, a children's home (see below). When the Emmanuel Home moved out in 1938 this space became an annexe to the main house and a dormitory for mothers. The move to Rathgar eased Bethany's financial difficulties. The overdraft was reduced; it would have been obliterated if the new property had been bought for £2,000, the price set by a professional valuation. By December 1939, however, the overdraft had risen to almost £1,000 and securities were sold to clear it.[19]

22.22 Orwell Road was more suitable as a mother and baby home than Blackhall Place. When it was inspected in November 1937 under the *Registration of Maternity Homes Act*, it had two baths and three toilets; this was significantly better than any other mother and baby home at that time. There were 4 wards and a total of 25 beds. It is evident that these statistics include all the accommodation for mothers in Bethany, because the next inspection report in November 1938 stated that there was accommodation for 4 patients, in one four-bed ward; this was obviously where mothers gave birth and women requiring ante-or post-natal care were accommodated. This report stated that there were 5 baths and 6 toilets. However an inspection in December 1945 records that there was '1 bath in main house'. In 1950 the Department of Health noted that the mothers' dormitory was 'in a building apart from the Home proper'; the infants slept in a nursery in the main home. In 1951 it was proposed to install washing facilities in this annexe which would appear to have been devoid of any, however it was then decided to supply a basin, jug and stand instead of washbasins. Following an inspection by a Dublin Corporation official in May 1949, Bethany was advised to erect a proper fire-escape; construction commenced in May 1950.

22.23 Economy prevailed throughout Bethany. There is evidence of insufficient household items, and a shortage of heat and hot water. In 1924 the matron reported that there was a shortage of sheets for inmates; she was instructed to buy some. In 1928 the ladies committee expressed concern that several babies were

[19] *Irish Times*, 18 April 1940.

being bathed in the same water - an economy that risked transmitting infections. In 1934 however the same committee remarked on 'huge fires' in the kitchen and the management committee decided that the coal should be locked up.

22.24 Lack of facilities for drying clothes for mothers, babies and staff remained a constant complaint, both in Blackhall Place and Orwell Road. Consideration was given to installing 'laundry dryers' in 1936 on the recommendation of the DLGPH inspectors, but that does not appear to have happened. In 1948 it was noted that staff had nowhere to air their personal clothing - it was suggested that a fire might be kept burning in the living room at night for that purpose. In 1946 a meeting of the management committee noted the 'great inconvenience of inadequate water heating owing to the insufficiency of supply of suitable fuel'. This problem was common to all mother and baby homes during the war and the immediate post-war years. In May 1946 they reported that a water heater had been installed - paid for by a 'friend'. But the new heater supplied only half the quantity of hot water required. The committee dismissed the proposal that they should buy a second heater, and decided to fully use the existing heater. A legacy of £1,500 in 1946 was used to rewire the house, install a children's toilet and replace linoleum. This money also funded the purchase of new blankets. When blankets or other household goods were purchased the committee used their connections with the major Dublin stores to secure 'seconds' at special prices. In a letter to the *Irish Times* in February 1938, the rector of the Zion Church, Rathgar appealed to the public for 'beds, bedding, furniture, delph, clothing or anything that may prove of use in the works of Bethany Home'.[20] In 1954 it was estimated that 24 mattresses needed repair, but the Matron, Miss Walker, and the secretary reduced this number to 12 and decided that this could be done using cheaper materials than originally specified.

22.25 Bethany frequently relied on voluntary labour. An inspection report under the *Registration of Maternity Homes Act 1934*, carried out in 1938, listed the staff, in addition to the Matron as '4 & voluntary worker'. There was an active ladies' committee. A shelter for infants was erected on the lawn at Orwell Road in 1935 by a 'Christian' friend of the home. However, it does not appear to have been long-lasting because another shelter was erected in 1946 - this was funded by

[20] *Irish Times*, 16 February 1938.

charitable donations. In 1960 three men decorated the bedrooms and toilets without charge and some months later they were asked to tackle the 'squalid condition' of the kitchen and girls' sitting room. In 1965, two '3 K.W.' storage heaters were installed in the nursery.

22.26 The fall in the number of women admitted during the 1950s meant that everybody could be accommodated in the main house. With this in mind it was decided to rearrange the rooms. The front nursery was turned into a prayer room. A room next to the kitchen was converted into a sitting room for the women - apparently the first provision made for any form of leisure or relaxation. The Matron was asked to seek public donations of chairs, cushions and other suitable articles. It was decided to sell the annexe in 1956; however later that year there were proposals that it should be used to house Protestant refugees fleeing the Hungarian uprising. The Irish Red Cross assumed responsibility for the heating and furniture. In 1957 Bethany agreed to a request to house a Catholic Hungarian family in the annexe. When the refugees had moved to alternative accommodation the Red Cross agreed to buy the annexe at a price of £1,200. The sale was completed in September 1958. Bethany continued to function as a mother and baby home until 1972 when a decision was taken to close the home because of falling admissions.

Staffing and Inspections

22.27 When Bethany opened it was staffed by one qualified nurse and the Matron. However, given the high level of sickness among children, in March 1926 the management committee determined that 'the children needed more care than they could get with the present staff'. They recommended appointing an assistant to the matron. This assistant (qualifications unstated) was dismissed within months because her work was deemed 'unsatisfactory'. The number of children had increased from 14 in the previous year to 23 and staff found it difficult to provide adequate care. In 1928 the visiting committee noted that the 'girls' in the nursery - presumably these were either expectant mothers or mothers of children who were in Bethany - were 'not doing what they could for the comfort of the babies'. It was decided to hire a fourth member of staff to work in the kitchen to enable the new matron's assistant to help in the nursery as required. In 1929 a nurse who was

due to take up appointment failed her CMB[21] examination. Having failed to secure a qualified nurse (Bethany tended to advertise in British religious periodicals), the committee agreed to appoint a woman who was known to the Matron, but was presumably unqualified, as a 'suitable assistant to the staff'. An 'inmate…who had proved to be of great assistance in the Nursery' was taken on as a servant.

22.28 Despite a significant increase in the numbers of infants, particularly following the move to Orwell Road, there was no corresponding increase in staff numbers. In June 1936 the management committee determined that additional staff would be required and approval was given to hire an 'honorary helper'. When Bethany was inspected by Mrs Crofts, apparently in September 1936 under the *Registration of Maternity Homes Act*, she determined that the bedrooms were overcrowded: there appear to have been three bedrooms in addition to a room that was used as the delivery unit. At this time there were 25 women in the home. Mrs Crofts also described the medical staff as inadequate. One member of the board of management suggested that they apply for exemption from the Act and the committee decided to consult their solicitor. At the next meeting of the management committee in October, Miss Walker reported on visits by Dr Sterling Berry, a medical inspector in the DLGPH, and Mrs Crofts and their recommendations 're Staff, number of girls, worker for night duty and laundry'. The management committee decided to recruit a nurse who had the CMB, and to give one month's notice to another staff member, who presumably lacked this qualification. They also unanimously agreed that the number of 'girls' in the home should not exceed 20 except in urgent cases. Another member of staff was hired as a night worker. The Commission has not seen any reports on these inspections in the records of the Department of Health.

22.29 An inspection carried out in November 1937 by Dr Dillon under the *Registration of Maternity Homes Act* listed the staff as a Matron, who was SRN and CMB; one qualified nurse who was not a qualified midwife; a housekeeper; and a night worker. This was deemed sufficient. When Dr Berry visited Bethany on 25 January 1939, a little over a month after the home had been inspected by his colleague, Dr Dillon (the Commission has not seen any record of this inspection), he reported that conditions were much improved since the last inspection. He described it as

[21] The Central Midwives Board was responsible for registering and regulating midwives.

'kept very well…clean & comfortable. The mothers and infants are well looked after & appear happy & contented'. There were 22 expectant or nursing mothers in the home - two more than the permitted number - and 42 children. The Matron was SRN and CMB. Under the heading 'staff employed', in the standard inspection returns, there was one midwife and one qualified nurse, plus four other staff and voluntary workers. The staffing was deemed adequate for the home. When Miss Pilgrim retired as Matron in 1944 and was succeeded by Mrs Glover, she served on the management committee. By September 1944, Bethany was employing three additional staff to support the matron, a nurse on a £75 per year salary, the housekeeper, on a salary of £52 and a third worker whose duties and salary were not stated. (All would have lived in the home.) Another maternity home inspection in December 1945 recorded the staff as the Matron, Mrs Glover, who was SRN and CMB and a nurse with similar qualifications plus a housekeeper and 'girl in charge of older children'. The staff was deemed adequate and the inspector wrote that they 'appeared' to be efficient and capable.

22.30 Bethany often found it difficult to recruit nurses when a nurse resigned. In 1945 the Matron and the two other staff had to care for 19 women and 31 babies. Bethany was again without a qualified nurse from December 1947 to April 1949, and the nurse who was appointed left within three months. It was also without a housekeeper for much of this time. In December 1949 the staff consisted of the Matron, a housekeeper and an 'honorary worker'. Staff shortages persisted throughout the 1950s. Between December 1947 and September 1953 Bethany had a qualified nurse on the staff for only a total of three/four months. In January 1957 when the home was yet again without a qualified nurse, the Matron told the committee that it was 'not yet absolutely necessary' to find a replacement. Some months later she reported that a qualified Scottish nurse had agreed to fill the vacancy and 'was anxious to engage in their Christian service', the 'smallness of the salary (£150 p.a.) being no deterrent'. This nurse left within a year. Bethany's difficulties in attracting and retaining staff suggest that the salaries were too low, and the fact that recruitment was limited to Protestant women, preferably with strong missionary impulses, was a further handicap. Staff shortages probably meant that mothers had to carry out more work and the quality of care for mothers and infants may have suffered at times.

22.31 Medical care was provided free of charge by a visiting doctor, who was voted an annual honorarium of £10; it is unclear how often he visited Bethany. The maternity homes inspection carried out in 1945 stated that 'most of the girls appear to be sent to city hospitals for confinement'. In 1957, the committee expressed its thanks to him for carrying out inoculations of the children and mothers, along with other services, free of charge. In 1950 it was reported that free dental treatment had been provided to several women in the home.

Finances

22.32 The Bethany home was a charity and in 1922 its funding came from a variety of sources: legacies and donations, the proceedings of sales of work and church collections and payments made by the mothers or on their behalf. When the Bethany home opened, a debt of £1,000 had been incurred in modifying and preparing the premises in Blackhall Place for its new purpose.[22] In March 1924, the Management Committee held a lengthy discussion about the serious financial situation. Since 1922 the debts had risen from £1,500 to over £2,078. Subscriptions had fallen from £129 in 1921, to £35 in 1923. The chairman decided to write a letter appealing for funds to all would-be subscribers. At the annual meeting the following February the financial difficulties were attributed to the growing number of women, mostly from the country, who were seeking admission.[23]

22.33 The 1920s was a difficult period for charities. In 1930, the Irish Hospitals Sweepstake was established to provide an alternative source of income for the Dublin voluntary hospitals that could no longer rely on charitable donations or legacies. Irish Protestant charities lost donors because of Protestant emigration after independence. War-time inflation, punitive income tax and death-duties had eroded traditional sources of income for charities such as legacies, and dividends from stocks and shares in railways and other safe investments. In 1928, the chairman of the management committee agreed to write to all clergymen who referred women to Bethany, asking them to make a contribution towards its costs. There were annual sales of work and pound days when the home was open to the public, the premises were decorated with 'flowers and foliage' and stalls were

[22] *Irish Times*, 8 May 1922.
[23] *Irish Times,* 6 February 1925.

erected selling 'a great variety of needlework and fancy goods, cakes and home-made bread, jam and vegetables'. Church of Ireland clergy connected to the home oversaw the proceedings, explained its purpose and promoted its work.[24] From the late 1930s, these events were replaced by an annual Gift Day, where 'friends and sympathisers' and members of the public could visit, attend an opening prayer meeting and bring donations or money or gifts such as 'articles of food, household utensils, soap, mats, ink, medicines, etc.'[25] Bethany also benefited from numerous public collections organised by religiously affiliated groups such as the Young Men's Christian Association (YMCA),[26] but the revenue from these activities was modest and uncertain.

22.34 In 1927 Miss Walker (who was described as assistant to the matron) noted that 'some Friends of the Home had much sympathy for the children, which was not extended to the mothers'. The management committee determined to create a special fund for the children - which they presumably hoped would attract more donations. A special public appeal was made to support this new fund 'to enable suitable homes to be got for the children when they leave the Home - surroundings in which they could be visited by the workers and where Christian influences prevailed'. The notice for the Bethany Home Gift Day in 1950 - which would have been widely circulated - stated that 'Babies may be seen from 3 to 5 pm. Tea will be provided in the afternoon'.

22.35 The minutes of the Bethany board of management convey a picture of chronic financial insecurity, which might be temporarily relieved by a windfall donation or a legacy, followed by another financial crisis within months. In December 1925 the board received a letter from their bank drawing attention to the large overdraft. It appears that the permitted figure was £2,000. The committee minuted that 'care should be taken in relation to admitting girls so as not to add to expenses unnecessarily'. Yet by the following August the overdraft had climbed to £2,210 and the home appears to have made efforts to discharge mothers and babies. It sold an unspecified quantity of War Loans to reduce the overdraft. The organ was out of order but repairs were deferred. The minutes for February 1927 noted that income in the previous month was £18 and expenditure was £110. The committee

[24] *Irish Times*, 24 October 1928.
[25] *Irish Times*, 18 September 1937/11 November 1938.
[26] *Irish Times*, 17 March 1934/27 September 1941.

determined that only emergency cases would be admitted and efforts made to reduce the numbers in the home. The ladies committee was asked to review the diet and articles in the nursery and beds 'with a view to curtailing expenditure as far as possible'. Five 'girls' were admitted in April; when asked to explain this, Miss Walker produced a letter from an anonymous donor who had given £200 to prevent admissions being refused. Despite these efforts to reduce expenditure, the overdraft remained close to the maximum permitted, so the committee determined to hold a special meeting in September to discuss 'how best to make the work done by the Mission known to the churches'. They ordered 150 copies of a circular letter and 1,000 copies of a pamphlet outlining Bethany's work, for distribution among the 'ministerial brethren' of the members of the management committee. Friends of Bethany organised 'drawing room meetings'. These efforts made a minimal dent in the overdraft.

22.36 In September 1930, with the overdraft within £20 of the limit, the meeting discussed stopping admissions, selling stock, discharging 'inmates' and deferring the payment of most bills. They placed the premises on the books of an estate agent for sale if they could identify alternative premises costing £500 less than the sale price. This was a time of international recession. In September 1931 Bethany was informed that owing to the depreciation of the securities lodged in the bank as security for the overdraft, the overdraft was not covered; the bank demanded that further securities should be lodged immediately. The committee contacted Lord Iveagh and Lord Plunkett (bishop of Meath 1919-25), who was also a member of the Guinness family, seeking assistance, but there is no indication of a response. A special meeting of the management committee about the finances was preceded by a one-hour prayer meeting. The committee determined that no women should be admitted until the overdraft was below £2000, other than exceptional cases. They decided to cap admissions at 20 and redoubled efforts to sell the Blackhall Place premises. The financial statement presented at the 1933 annual meeting reported that over the previous twelve months, Bethany had received £408 10s from legacies and wills, £306 in public subscriptions, £152 from the Sale of Work and Pound Day, £75 in donations and £63 from public collections.[27] However running costs consistently outstripped income. In 1938 it was reported that Bethany operated at a loss of £625; £711 was spent on 'dietary costs', £259 on

[27] *Irish Times*, 16 February 1933.

salaries and wages of staff, £140 on coal and gas and £58 on drapery and household expenses.[28]

Financial support from the state:

22.37 There is no evidence in the minutes of the management committee for the years 1924-37 that Bethany sought public funding. In 1922 when Bethany was founded the only funding for mother and baby homes provided by central government was the Maternity and Child Welfare grants that were introduced in 1916. The Magdalen Asylum in Leeson St (later Denny House - see Chapter 23) and St Patrick's Guild (which had a small home in Mountjoy Square - see Chapter 27) benefited from these grants, as did organisations that placed children in foster homes, such as the Society for the Protection of Destitute Catholic Children and the Nursery Rescue and Protestant Children Aid Society. Bessborough, which opened in 1922, was funded through capitation payments for mothers and children who were sent to the institution by South Cork Board of Assistance and over time by a growing number of other local authorities, see Chapter 18. Each local authority had to secure ministerial approval permitting them to pay for unmarried mothers and their children in the designated mother and baby home: see Chapter 1.

22.38 It is not clear when Bethany first tried to secure state funding. In 1925 an official from the DLGPH gave evidence to the Commission on the Sick and Destitute Poor about the funding provided to the Magdalen Asylum (later Denny House) under the Maternity and Child Welfare scheme. When he was asked whether the Bethany Home had claimed funding under this scheme, he replied 'We don't touch it'.[29]

22.39 The minutes of the board of management from 27 January 1937 to 12 May 1944 do not survive. On 28 January 1944 the DLGPH approved an application by Monaghan County Council to send a pregnant woman to Bethany. Monaghan appears to have been the only local authority to seek approval to admit women to Bethany at this time, and rather than concentrate on securing funding under the *Public Assistance Act 1939* for the women and children in the home, it would appear that Bethany preferred to emulate the Magdalen Asylum by securing funding under the Maternity and Child Welfare Scheme. The first letter on file from

[28] *Irish Times*, 20 April 1939.
[29] Oireachtas Library, Minutes, Commission on the Relief of the Sick and Destitute Poor, 10 June 1925.

Bethany to the DLGPH requesting a grant from the National Maternity and Child Welfare scheme is dated December 1942. The department replied seeking information about the women and children who were in the home during 1942. It is unclear what happened next - the file does not contain a response by Bethany. However, in March 1943, the department noted that 'the financial position of the Home as disclosed in the accounts does not appear to warrant State Subvention'. In subsequent correspondence Bethany pointed out that, in 1940, it had cashed in investments amounting to almost £1,000 to clear its overdraft.

22.40 When the Bethany representatives met an official in the DLGPH in 1944 to pursue their claim for assistance under the Maternity and Child Welfare scheme, they were informed that it was 'now a matter for the Dublin Corporation'. Bethany replied that they had been trying for two years without success to secure financial assistance from the Corporation; (the Commission has seen no information about this). Bethany appears to have pinned its hopes for public funding on Dr Sterling Berry, a medical inspector of the DLGPH, who was undoubtedly sympathetic towards its campaign, probably for religious reasons. In 1945 he promised to contact the Dublin city manager on their behalf. However, the Dublin city manager refused Bethany's application for a grant, noting that Bethany had not been approved under the Maternity and Child Welfare scheme. Dr Berry suggested that they apply for approval. Later that year however, Dr Berry, having consulted the Dublin city manager and Dr Russell, the Dublin medical officer of health, advised that Bethany should apply 'for a grant' under the public assistance scheme. The board decided to do this 'while expressing fears that few of the girls referred to it would be willing to make applications through the City Manager'. When the Bethany representatives met members of the commission that was running Dublin City,[30] they told the Bethany delegation that they had no authority to award a grant to the home. Bethany again wrote to the Secretary of the DLGPH seeking financial support in the summer of 1946. The letter mentioned that Bethany was running an overdraft of £800; they did not understand 'why financial assistance cannot also be given to an institution which performs such useful public service'. The department reiterated that the 'appropriate procedure' was to approach the public assistance authorities asking that Bethany be recognised under the 1939 Act. They suggested that Bethany should contact 'those from whose districts inmates are admitted to the Home in circumstances which would appear to suggest that they could be

[30] Dublin Corporation was dissolved 1942 and replaced by three appointed commissioners – see Chapter 1.

deemed eligible for public assistance'. Dr Berry, who had now retired from the department, advised Bethany 'that this would involve considerable correspondence'; they tried to short-circuit this by writing to the department for approval. Dr Berry promised to intervene on Bethany's behalf but the department informed Bethany that 'The Minister does not give his consent in this connection without application for consent having first been received from local authorities'. Dr Berry then confirmed that the procedures outlined by the department were correct.

22.41 The minutes of the Bethany management committee for 1944 and 1945 do not mention that Monaghan county council had secured departmental approval in 1943 to maintain mothers and babies in Bethany. However, in June 1946, Bethany notified Monaghan county council that it had increased the weekly charge 'for each girl' to 15s 'in view of the increased cost of living in Dublin'. It was claimed that this would cover approximately half of the maintenance cost of each mother. Some months later Cavan county council applied to the department for approval to maintain mothers and children, who were members of the Church of Ireland, in Bethany. The county council pointed out that 'the girl in question', who was a member of the Church of Ireland, could not be sent to Sean Ross or Castlepollard, the two homes approved for Cavan public assistance cases. It then emerged that this 'girl' had left the Bethany Home, but Cavan asked the department to advise as to 'what arrangements should be made for such cases in future'. The department replied that 'the home, if necessary' could be approved under Section 35 of the *Public Assistance Act 1939*. The department approved the maintenance of unmarried mothers who were members of the Church of Ireland in Bethany under the Act. In 1948 Longford public assistance authority agreed to pay for the maintenance of a mother and her child in Bethany with effect from August 1947. In 1950 the Department of Health noted that Bethany had been approved for admissions from Cavan, Monaghan and Longford; Donegal sought approval to maintain a woman in Bethany in 1956; Kilkenny did likewise the following year; Tipperary North Riding and Wicklow were approved in 1959, but the number of public assistance authority admissions from the various counties appear to have been so infrequent that the counties tended to seek approval on a case by case basis.

22.42 The Commission does not have any details about the number of women and infants maintained by the public assistance authorities. In the mid-late 1950,

Bethany was receiving £2 a week for each mother in the home from the public assistance authorities. This was the same as the amount paid for women in the Sacred Heart homes. On several occasions the minutes of the management committee note that payments by local authorities were in arrears. Nevertheless, at the 1965 annual meeting the Matron expressed thanks for the 'great help' Bethany had received from 'County Councils of the areas from which the girls came'.

22.43 In October 1948 Bethany wrote to the Department of Health, on the advice of Miss Litster, requesting reimbursement under the Maternity and Child Welfare scheme. At this time the Department of Health was expanding services for mothers and children. Total payments from the National Maternity and Child Welfare Grant increased from £34,149 in 1945/6 to £58,752 in 1947/8. In the years 1945-1948, just over £50,000 of the £134,000 expended under this scheme went to voluntary agencies; the balance went to local health authorities. In March 1948 this grant was merged into the Health Services Grant. These changes and the Department's evident willingness to increase spending under this heading would have made it easier to include Bethany. In January 1949 the Department of Health informed Bethany that it would be eligible for maternity and child welfare grants from the beginning of the year. This meant that Bethany would be reimbursed for 50% of approved expenditure on mothers and infants - excluding mothers and babies maintained by the public assistance authorities. The financial benefits were significant. In April 1949 the treasurer reported that income since the previous meeting had amounted to £801, of which £697 came in a grant from the Department of Health. Bethany recorded a credit balance in its accounts, apparently for the first time.

22.44 This comfortable position was short-lived; by 1953 Bethany was again running an overdraft. By the 1950s, it was heavily dependent on support from local authorities and the Department of Health. There were few references to bequests, although in January 1955 with the overdraft standing at £599, an American gentleman who had adopted two children some years previously arranged to transfer shares worth $3,000 to Bethany which could be sold for the benefit of the home. Bethany suffered the same experience as other mother and baby homes. Falling numbers and shorter stays reduced revenue; the twice-yearly payments under the maternity and child welfare grants reported in the management committee minutes become

smaller. By early 1958 the overdraft had risen to £1,192; it was £250 at the end of 1956. The management committee decided to have a 'form of request' included in the Home's Annual Report Booklet, and members of the committee were asked to identify potential donors. Bethany determined to apply to the national radio station, Radio Éireann for inclusion in the station's weekly charity appeal.[31]

22.45 Economies were necessary. The high cost of heating and fuel was highlighted; there was a view that the cooker and water heater were too large and inefficient for their needs. It was decided to repair and use the stove instead of the cooker. A second hand gas cooker, financed by a private subscription, was installed some time later. The completion of the sale of the former Emmanuel Home 'annexe' on the site of the Bethany Home reduced the debt to £205. The management committee continued to seek charitable donations, distributing 1,000 handbills advertising its annual Gift Day along with copies of the annual report to subscribers. Bethany asked clergymen to make an announcement to their congregations about the annual Bethany Gift Day and the need for increased financial support. Such efforts were evidently successful. The accounts for 1962 showed a surplus of income over expenditure of £194; total income was £2,111, expenses amounted to £1,917 10s 3d. When the 1964 accounts showed a surplus of income over expenditure of £175, the management committee 'voiced thanks to God'. In 1964 Bethany received a gift of £1,000 that they invested in shares. The favourable financial circumstances meant that in 1968 the committee reported that many improvements had been made in the past year and 'much more' were envisaged. When Bethany closed in 1972 the property was sold for £38,000. In 1974 a High Court judgement determined that the net proceeds of the sale - £37,232 and an additional £4,000-£4,500 in other securities should be allocated to the Magdalen Home, Eglington Road (later Denny House) and Miss Carr's Children's Home on Northbrook Road, with the Magdalen Home receiving 85% and the balance going to Miss Carr's Home.[32]

The women

22.46 The institutional records which have been entered into a database and analysed by the Commission show that a total of 1,584 women entered the Bethany Home between 1922 and 1971. This number includes 113 who were neither pregnant,

[31] An appeal for a charity was broadcast on Sundays before the main evening news.
[32] *Irish Times*, 13 November 1972.

nor recent mothers. (These women are discussed in a separate section). The records give very little detail about admission pathways. Some women and children were referred by local clergymen. In 1928 the management committee determined that the secretary should be advised as soon as possible of every case admitted temporarily by the Matron. They also determined that women should be inspected by the Bethany nurse before the secretary formally approved their admission and at the time of their admission every adult had to sign a formal document agreeing to the rules governing the Bethany Home.

Numbers Admitted by Decade:

1920s	352
1930s	509
1940s	359
1950s	157
1960s	188
1970s	17
Total	1582
Date unknown	2

22.47 There is some evidence that the number of women admitted was determined by the financial state of the home. For example, in November 1931 when the overdraft had reached its limit of £2,000, the management committee passed a resolution that the number of women in the home should not exceed 20. When finances improved in 1932, because of a legacy and an anonymous donation, the number of mothers increased from 26 to 50. Admissions peaked in the late 1930s. Between 1935 and 1939 the numbers admitted were 60, 62, 64, 51 and 57 respectively. In 1940 admissions fell to 32, and although they increased during the 1940s, the peak figure of 43 in 1946 was substantially below the numbers admitted in the late 1930s. The sharp fall in admissions in 1940 was undoubtedly due to the exclusion of Catholic women (see below). This meant that Bethany did not experience the same capacity pressures during the war as Catholic mother and baby homes.

22.48 When Bethany was first inspected in 1936 under the *Registration of Maternity Homes Act 1934*, the departmental inspector, Mrs Crofts, reported that the home was overcrowded and the management committee determined that the number of

mothers should be capped at 20 except in an emergency. This average figure had been breached in every year from 1933 to 1939, with the exception of 1937, but it was never again exceeded; in 1942 there was an average of 20 women in the home. From the early 1950s, the number of women and babies fell steadily. Average monthly occupancy was only in double figures twice after 1950, in 1953 and 1956. In May 1962, there were seven women and four resident babies; only 15 women were admitted in 1970 and two in 1971. The last child was admitted to Bethany on 25 August 1970 and the last child was discharged on 18 December that year. The last recorded admission for a woman was on 23 January 1971; the last woman was discharged on 27 March that year.

Age of mothers

22.49 The mean age of mothers fell from 25 in the 1920s to 23 in the 1950s and 1960s. Sixty-four women were under the age of 17, 41 of these were aged 16. In total 89% of mothers were 18 years and older. Information about the women's occupations is not available in 76.5% of cases; the best data is for the 1920s, when it is no surprise that the overwhelming majority were either domestic servants or engaged in home duties. In her memoir, Miss Pilgrim stated that the women who entered Bethany were not simply 'rough or low class…We have had some of the most refined and cultured girls - typists, teachers, nurses, and even a Minister's wife and a missionary'.

22.50 The largest number of Bethany women gave a Dublin address (though many would have been born elsewhere). The next most common addresses were counties Cavan, Wicklow, Donegal and Monaghan, all with substantial Protestant populations; 139 women gave addresses in Northern Ireland.

Length of stay

22.51 Women stayed in Bethany for a shorter period than in the Sacred Hearts Homes. The longest average stay was in the 1950s. The increased duration of stay was the result of women entering Bethany earlier in their pregnancy; the duration of post-natal stay was falling - as happened in other homes. By 1961, the amount of time allowed for a mother to remain in Bethany after the birth of her child was four months. This was subsequently reduced to three months by a decision of the

management committee in December of that year. By this stage the average stay in all mother and baby homes was falling because children were being adopted.

Decade of Admission	Average length of stay (days)
1920	137
1930	155
1940	164
1950	212
1960	120
1970	82
Average all decades	154

22.52 Three-quarters of the women were admitted when pregnant and remained until after they had given birth; 17% arrived with their child having given birth. A small number (8%) left the home before the birth and others gave birth in hospital and did not return. Just over half, 54%, of the births took place in the Bethany home. Between November 1937 and December 1938 a total of 47 babies were born in the home. An inspection in December 1945 stated that 'most of the girls appear to be sent to city hospitals for confinement'. Under the heading 'Number of confinements in Home since date of last inspection' it recorded 35 (22 in Rotunda). A report by the Department of Health in 1950 noted that Bethany mothers attended ante-natal clinics in the Rotunda hospital 'the Home had a visiting physician and a qualified maternity trained nurse. The Home was described as clean and well kept; comfortable beds and the mothers appeared to be well-fed'. A Department of Health survey of accommodation for unmarried mothers provided under the *Health Act 1953* stated that 'Confinements do not as a rule take place in the Home except in an emergency or at the request of a patient'. The department regarded the move to hospital births as very desirable given the few staff in the home.

22.53 The three homes run by the Congregation of the Sacred Hearts of Jesus and Mary and the Magdalen Asylum would admit only first-time mothers. Bethany's rule was somewhat different. Miss Pilgrim explained that 'no girl was admitted the second time, having been in the Home and having had a chance to hear the Gospel previously but we often had girls admitted to have a second or third, or even fourth babies: but having been once in the Home they were not allowed back'. In 1956 the Department of Health noted that women who were 'not eligible' to be admitted

to the Magdalen Asylum or Bethany were sent to a home in Cork - Braemar House. Records of Braemar House, which was not included in the Commission's remit, record women being transferred between Braemar and Bethany.

22.54 The institutional records show that almost 28% of Bethany mothers had one or more previous pregnancies, over 5% had multiple previous pregnancies; this information is not available for 28% of the women, so the actual percentage may have been higher. The highest proportion of women with previous pregnancies were admitted in the 1930s. During that decade many of the Catholic women admitted had already given birth to one or more children. In 1953 the Magdalen Asylum in Lesson Street contacted Bethany Home regarding its admission policy. Under the terms of its trust, the Asylum could only admit 'first fail' cases. Very few such women were now seeking admission; the number of 'illegitimate' births had fallen sharply and given that Bethany admitted women on their second or subsequent pregnancy, the Magdalen Asylum suggested that those 'first fall' cases coming to Bethany should be 'diverted' to the Asylum. Bethany's management committee declined this request, noting that the 'vast majority' of women they admitted were 'first falls'. If they excluded 'first fall' mothers the numbers admitted to Bethany 'would be negligible'. In 1961 in a break with policy, the Matron was given permission to admit a woman who had been resident two years previously after she 'had again got into trouble'. In 1956 a Westmeath clergyman asked that a woman be admitted to Bethany 'to get a fresh start in life'. She had been resident there 18 years previously and was currently working in a mental hospital. But given that she was now in her fifties the committee decided that that she was ineligible for admission.

22.55 There is evidence that Bethany sought financial support from the parents of Bethany mothers, and from the clergy that referred them. The women were expected to perform domestic work and chores in exchange for their care, and the Bethany authorities regarded such work as training for jobs in domestic service. However, it was frequently acknowledged that women admitted into the Home 'could not usually pay anything towards their maintenance' and securing financial assistance from parents and clergy proved difficult. By the 1950s a growing number of unmarried mothers were in insured employment and they qualified for maternity benefit (from 1953). The Matron reported that women were handing over their social insurance payments to support their residency. On occasion, women

who were viewed as being particularly useful while resident in the home were paid for their work. For example, in 1957, the Matron received approval from the management committee to pay one 'girl who had been in the Home for the past year 10s a week due to her 'helpfulness'. In 1964, the decision was made to increase the charge on women paying for their maintenance privately to £3 a week.

Mothers' exit pathways

22.56 There is limited information available about the immediate destination of women who left Bethany. No details are recorded for 38% of the women. Where information is available, 56% were recorded as going home (i.e. their family home) or to a private address; 29% were recorded as going to a situation/employment, which may have been arranged by Bethany. The remainder scattered among a range of institutions. Bethany's 1938 annual report stated that of the 87 women who had been resident over the previous year, 37 were sent to situations, seven went to friends, 13 returned home, six went on to other institutions, one left on her own accord, while 23 were still in the home at the end of that period. In 1956, the Matron reported that two girls were leaving the home to take up nursing overseas. Some former residents kept in touch with Bethany following their departure. In 1956, the matron reported that she had received a letter from a former 'inmate', who was now resident in California and happily married; this woman and her husband were 'actively engaged in Christian service'.

22.57 A number of women were asked to leave Bethany. In 1945 Miss Walker reported to the management committee about the behaviour of a recently admitted woman. They issued an order requiring her to leave within six days. If she failed to comply they would be willing to 'take such steps as they deem necessary in the circumstances'. In 1958 the Matron reported that one woman was causing considerable trouble and the management committee again ordered that she be told to leave within a week. This mother complied with the order; however she left her child, who was mixed-race, in the home. In 1963 a resident stole two coats from the Matron's flat before leaving. The management committee awarded Matron £10 in compensation.

22.58 In 1944 the management committee discussed the problem of 'feeble-minded girls' in the home 'some of whom were at present causing anxiety'. They acknowledged that they did not have the staff or facilities to cater for such cases and decided to approach the Salvation Army to explore the possibility of opening an institution to cater for such cases. A representative from the Salvation Army informed the committee that there was no prospect of anything being done just then, because of war-time pressures. Records indicate that a number of women with intellectual disabilities were admitted in later years. In 1959 a woman who had been in an institution in Co Meath (Drewstown House) was sent to Bethany 'for a trial there'. She was described as having 'limited mental facilities'; if Bethany did not prove suitable, it was proposed to transfer her to the Stewarts Institution. At almost the same time a twenty-year old woman, who was described as of 'very low mental capacity' was found wandering in Dublin. She was detained in St Joseph's Convent, Drumcondra[33] but was then transferred to Bethany with a view to her rehabilitation and finding her suitable employment. The Department of Health queried the decision to send this woman to Bethany; they did not believe that it had the facilities to rehabilitate her. Sligo County Council was planning to transfer a 'girl' from Stewarts to Bethany to determine whether she could be placed in employment. In 1963, the Matron told the committee that a recently admitted 17 year old 'girl' appeared to be 'only 12 years old in intelligence'.

Roman Catholic Mothers

22.59 In the early years Bethany admitted women, irrespective of their religion; 419 of the 1,584 Bethany mothers were Catholics. In the 1920s and 1930s Catholics constituted over 45% of mothers admitted; in 1927, 1929, 1933, 1934 and 1937 over 50% of mothers admitted to Bethany were Catholic.

22.60 The ethos of Bethany was strongly evangelical. The staff and the management committee were determined to 'save' all the women who entered the home. In December 1957, the committee 'heard with satisfaction' how eight mothers 'had professed conversion' having attended a recent 'crusade' meeting held by the British evangelist preacher Eric Hutchings. One 'backslider had been restored' (presumably to religious practice); in 1959, the Matron noted that two women had 'come to Christ' at the tent meeting held on Dublin's South Circular Road.

[33] Most likely in the Magdalen laundry on this site (High Park).

Mourning the death of their long serving Secretary, Miss Walker, in May 1955, the members of the management committee put on record, her

> selfless devotion to the spiritual and material welfare of the women and girls who in their time of need came under the influence and loving care of the Bethany Home. She continued to take a prayerful and practical interest in them after their discharge and this interest was greatly blessed by the Lord and rewarded by her seeing his transforming grace manifested in many lives. In caring for them she served her Saviour and has now entered into the fuller joy of his presence.

22.61 Bethany offered some attractions for Catholic women. Given the sectarian divisions in Irish society, it was unlikely that their presence in Bethany (and their pregnancy) would become known to family or neighbours. Women remained in Bethany for a shorter time than in the Sacred Heart homes, or a county home, and Bethany facilitated the placement/'adoption' of children, provided that the mothers consented to their being raised as Protestants. It may be significant that in the 1930s, the decade of peak Catholic admissions, 35% of the Catholic mothers admitted had given birth to one or more children. These women would not have been admitted to the Sacred Heart homes, though they would have been accepted in Regina Coeli or Pelletstown. Chapter 21 which deals with Regina Coeli, contains some details about Catholic mothers in Bethany and the efforts of the Legion of Mary to remove them.

22.62 In 1926 Miss Walker received a letter from Miss Cruice of St Patrick's Guild requesting that all Roman Catholics applying for admission to Bethany should be referred to her. In return, she promised that Protestants applying to her organisation would be referred to the Bethany Home. The management committee informed Miss Cruice that they 'could not comply with her request'. In 1934, during a sermon given to raise funds for the Catholic Sacred Heart Home in Drumcondra (an orphanage which was not connected to the Sacred Heart mother and baby homes), the preacher attacked the Irish Church Mission's stated objective 'to bring the gospel message of religious liberty to our Roman Catholic fellow-countrymen'. He referred to its 'ally' the Bethany home, and declared that the ICM's aim was 'to rob' the Irish people of their Catholic faith.[34] In April 1939, the annual report of the CPRSI described Bethany as 'another active source of proselytising' among

[34] *Irish Independent*, 24 January 1934.

unmarried Catholic mothers in Dublin. It accused the Bethany authorities of trying to entice these women and their children to the Protestant faith. While Protestant women in Bethany had to pay a fee, the CPRSI alleged that Catholic women were accommodated free of charge on condition that they actively participated in Protestant religious services and their infants were reared in the home free of charge 'on condition that they handed them over to be brought up as Protestants'.[35] Bethany was unapologetic about its missionary zeal. A.H. Gibson, who presided at Bethany's 1933 annual meeting, stated that the work of the home 'was very much misunderstood' with many claiming 'that their aim was to entice people from one Church to another – whereas...the only aim…was to bring sinners back to Jesus'.[36] Miss Pilgrim noted that some Roman Catholics admitted to Bethany 'became new creatures in Christ Jesus'.

22.63 In January 1940 a barrister, representing the Bethany Home in a legal case, quoted a solicitor representing the Attorney General, who had opposed a draft scheme to give the funds of the Dublin Women's Shelter (which had closed because the premises were subject to compulsory purchase) to Bethany

> because the manner that the trust deeds of the Bethany Home required it to adopt towards those who applied to it for shelter, would, if applied under the draft scheme to Catholic applicants, constitute an infringement of religious liberty under the Constitution; be a constant source of irritation to the Catholic community and thereby impair the good relations that ought to exist among all the citizens of the State.

22.64 In an affidavit Miss Walker denied that the religious liberty of any Roman Catholic applicant or inmate had been infringed. She alleged that the work of the home 'had been seriously interfered with for a considerable time past by persistent, unfriendly, innumerable and unnecessary requirements of public officials' and consequently with 'great reluctance' it was deemed advisable by the management committee to pass a resolution prohibiting the admission of Roman Catholics 'notwithstanding that the home would be seriously prejudiced in this matter by adopting such a resolution'. She intimated that the passing of this resolution 'was accelerated as the result of information which reached her Committee that, if it was not adopted, the recognition of this home as an approved institution was intended to be

[35] *Irish Independent*, 17 April 1939.
[36] *Irish Times*, 16 February 1933.

cancelled'.[37] The absence of management committee minutes for these years is a major handicap in trying to interpret this statement . At this time Bethany was not in receipt of any public funding; the only official recognition was as a place of detention for women and its registration under the *Registration of Maternity Homes Act 1934*, which makes no mention of religion.

22.65 In October 1940 the secretary of the Bethany management committee wrote to Dr Berry, a medical inspector in the DLGPH stating that the committee had unanimously adopted a resolution 'That as suitable accommodation is available elsewhere in Dublin for Roman Catholic girls, such girls shall not in future be admitted to the Home'. The institutional records suggest that Bethany broadly complied with this resolution; only 23 of the 419 Catholic women were admitted after 1939; the last in 1964. In 1955 the Bethany management committee expressed concern that Catholic organisations in Dublin were 'getting hold of babies born to Protestant mothers in hospitals'. They decided to ask the Church of Ireland Archbishop of Dublin to raise the matter when contacting the clergy members in the archdiocese. The Commission has not seen any evidence relating to this.

Non mother and baby home admissions

22.66 A total of 113 women who were admitted to Bethany were not pregnant and had not recently given birth. While mainly functioning as a mother and baby home, Bethany was also a place of detention for women accused of infanticide, 'concealment of birth' and petty crimes.[38] Catholic women in such circumstances would have commonly been sent to a Magdalen Laundry. If they were under the age of 16 (this was raised to 17 in 1941), they would have been sent to a reformatory school, under the provisions of the 1908 and 1941 *Children Acts* (see Chapter 1). In 1945 the minutes of the management committee reported that Bethany had been registered as a place of detention for the purpose of part 5 of the *Children Act 1908* on the recommendation of Dr Barton, the Archbishop of Dublin.

[37] *Irish Times,* 23 January 1940.
[38] James M. Smith, *Ireland's Magdalen Laundries and the Nation's Architecture of Containment* (Notre Dame: University of Notre Dame Press, 2007), p. 195.

22.67 The *Report of the Inter-Departmental Committee to establish the facts of State involvement with the Magdalen Laundries*[39] showed that 8% of admissions to Magdalen Laundries were categorised under 'criminal justice system', which included cases 'on remand, on probation, by the Courts from prison or by An Garda Síochana'. In 1940 the barrister who was appearing on behalf of the trustees of the Bethany Home told the High Court that the Gardaí 'were in the habit of sending any homeless Protestant girl to Bethany'.[40] For example in September 1924, two sisters from England, aged 17 and 18 respectively, were charged with stealing a woman's overcoat from a shop in Dublin and obtaining goods by 'false pretence' from two other establishments. They pleaded guilty and stated that they had been 'left in Bray by their parents with £1, and had to do something to live'. The court ordered that they be sent to Bethany until such time as the probation officer 'decided that they might leave, the period not to exceed 12 months'.[41] In 1931, a young domestic servant from Wexford was ordered 'to enter Bethany for six months' having been arrested for leaving a hotel in Bray without paying a bill for a week's worth of food and lodgings.[42]

22.68 In 1926 a woman from Donegal pleaded guilty in the Central Criminal Court to the 'concealment of birth' of her child. In the majority of such cases, the initial charge of murder was reduced to one of 'concealment of birth' of an infant, in accordance with Section 60 of the *Offences Against the Person Act 1861*.[43] Her solicitor urged the court to consider the extenuating circumstances, namely that she was underage and her parents 'took no interest in her'. The court ordered her to be bound to the peace for a period of two years provided she remain in a suitable institution; she was 'given to the care' of the Bethany Home.[44] Rattigan reports on an infanticide trial in the Central Criminal Court in 1930 where Miss Walker told the judge that if he took 'a lenient course' the defendant would be admitted to the Bethany Home and kept for at least twelve months.[45]

[39] Generally known as the McAleese report: http://www.justice.ie/en/JELR/Pages/MagdalenRpt2013
[40] *Irish Times*, 23 Jan 1940.
[41] *Irish Independent*, 20 September 1924.
[42] *Irish Times*, 21 February 1931.
[43] James M. Smith, *Ireland's Magdalen Laundries and the Nation's Architecture of Containment* (Notre Dame: University of Notre Dame Press, 2007), p. 56.
[44] *Irish Independent*, 6 November 1926.
[45] Rattigan, *What else could I do*? p. 213.

Month /Year	County	Name	Charge	Guilty	Sentence
6/29	Monaghan	EM	Murder/concealment of a birth	Concealment of a birth	1 year Bethany
11/30	Sligo	ES	Murder	Concealment of a birth	1 year Bethany
10/37	Donegal	EA	Murder	Concealment of a birth	3 years Bethany
11/45	Sligo	JM	Murder	Murder	2 years Bethany

22.69 From his examination of the Criminal Court Trial Record Books, covering the period 1926-64, Smith has uncovered four further cases of women being sent to Bethany on charges of concealment of birth or murder of an infant.[46] One was a grandmother, who was sentenced to death for killing her daughter's baby in 1938. The sentence was commuted to penal servitude for life; she was released on licence to Bethany two years after the date scheduled for her execution; she spent less than two months in Bethany, moving to live with a son in Northern Ireland.[47] There is no evidence that Bethany received government funding for admitting these women. In 1947 Bethany asked Sligo county council to contribute to the cost of maintaining a woman, who was a native of the county and had been sent by the court, but they declined to do so. Bethany then contacted the Department of Justice. They replied that they had no funds available for this purpose. A request for funding to the Discharged Protestant Prisoners' Aid Society was also rejected. The Magdalen Laundries received no financial support for similar cases. Bethany continued to accept women committed by the courts or released from prison. In October 1962 a woman was admitted from Mountjoy Prison, as was a woman who had suffered a mental breakdown. In 1965 one woman was admitted on 'prison remand'. This was the last such case before the home closed.

[46] Table reproduced from James M. Smith, *Ireland's Magdalen Laundries and the Nation's Architecture of Containment* (Notre Dame: University of Notre Dame Press, 2007), p. 195. These records are held in the NAI.
[47] Ian O'Donnell, *Justice, mercy, and caprice, Clemency and the death penalty in Ireland* (Oxford University Press, 2017), p. 187.

22.70 Many of the women admitted to Bethany who were not pregnant or recent mothers were 'Midnight Mission cases'. They were brought to Bethany by Miss Walker or her friends who patrolled public houses and the streets at night. Others were sent by charity workers and Gardaí. While Bethany refused to admit an unmarried mother for a second time 'having had a chance to hear the Gospel previously', this restriction did not apply to Midnight Mission cases. Miss Pilgrim claimed that many made repeat visits 'and sometimes they stayed with us for months on end; and then the craving for drink and company would get so acute that they succumbed again'. In 1925 the management committee discussed the difficulties that arose in keeping the women as long-term residents in the Bethany Home. They decided to get in contact with a similar institution in either England or Belgium to which such cases could be referred, though there is no evidence that this happened. However, statistics suggest that some policy of reducing the number of these women was implemented, because 75 of the 113 women who were not maternity cases were admitted between 1922 and 1929.

Health and mortality in the home

22.71 Five mothers died while in the care of the Bethany Home; three in the 1920s and two in the 1930s. Three mothers died in Bethany itself and one each in the Rotunda and the Adelaide Hospital.

22.72 In November 1933 the Matron reported on the death of one woman, stating that the visiting doctor 'was fully satisfied that everything possible was done for the girl who died'. In September 1957 a mother died in the Adelaide Hospital following an operation. The Matron subsequently outlined the particulars of her death and funeral to the management committee along with her attempts to get financial aid, from either her father or through church contributions, to help cover the £17 cost of the funeral arrangements.

The Children

Infant mortality

22.73 A very high rate of infant mortality was a common feature of all mother and baby homes until the late 1940s and Bethany was no exception. A total of 262 children who were born in Bethany, who were admitted to Bethany, or whose mother was in Bethany and left to give birth, and the child was not admitted to the home, died

between September 1922 and October 1964. In the case of 142 children, their mothers were in Bethany when they died.

Total Deaths by Decade

1920	65
1930	105
1940	81
1950	6
1960	5

22.74 The highest number of deaths was in the 1930s, when the numbers in the home were at their peak, but the highest mortality rate was in the early 1940s.

22.75 The death of any infant born in, or admitted into, Bethany was recorded in the Bethany Baby Book Register, which was kept and updated between the years 1922 and 1970. Two columns in the register, headed 'where gone' and 'later news', were used to record the death of a child, plus the date and place of death. Almost three-quarters of the total,195 children, died in the Bethany home; 17.4% died in various hospitals, including 10 children who died in maternity hospitals; only three children are recorded as dying in a maternity hospital (the figures for deaths exclude stillbirths); seven children died in Emmanuel House. Nearly three-quarters, 73%, of the children who died were aged between one month and one year. This proportion was greatest in the 1920s, when 80% of deaths were in that category; it fell to 73% in the 1930s, 69% in the 1940s and 17% in the 1950 - by which time the overall death rate had fallen significantly.

22.76 There was a high incidence of infectious disease among children in Bethany until the 1950s. In February 1924 the secretary reported on a severe outbreak of influenza, resulting in the death of one of the 11 resident children. In December, the Matron reported that nine of the 27 children were suffering from bronchial pneumonia; she requested that they be transferred to hospital as soon as possible and that their mothers be notified - which would appear to suggest that these mothers had left Bethany. Following an outbreak of German measles in May 1925, the medical officer told a special meeting of the management committee that several babies were 'suffering from septic infections'; he 'strongly recommend that some building be set temporally in the country and if possible near the sea so that the children and others can go there for a stay'. As it was not financially possible

to arrange this, the committee agreed that the mothers should be allowed 'take babies out in prams with some dependable person in charge.' It was decided at the next meeting to close the institution with a view to disinfecting the entire premises before reopening.

22.77 The Matron at this time subscribed to the not-uncommon belief that the children of unmarried mothers tended to be weak and prone to illness; in 1929 she attributed the deaths of six infants during the previous month as 'mainly to the inherent illness of the infants in question'. However, she also reported that the visiting doctor had highlighted the risk of infection in the home. In May 1929 an amendment was made to Bethany's standing orders requiring that 'any child admitted must be put and kept in the isolation room until medically examined, and must be dealt with thereafter in strict accordance with doctor's orders'. Following the death of a four-and-a-half month old baby in 1930, who had been admitted from the Waterford county home when six weeks old, the management committee decided that in future 'no child shall be received unless accompanied by a medical certificate of health. If this is not forthcoming no child admitted shall be allowed out of the isolation ward, or to remain there longer than seven days without such a certificate'. The following month the medical advisor reported that there was inadequate space for infants in the nursery; more space was required. It is unclear whether the home had an isolation unit; the Commission has not seen any independent evidence that there was one.

22.78 The Matron reported to the monthly meetings of the management committee on the numbers of women and children in the home; the number that were admitted, or left since the last meeting, and, in the case of children, she gave the numbers who were born or had died. The minutes also contain brief comments on the health of the 'inmates', which was generally described as 'good' or 'very good'. In the years when infant mortality was high it is doubtful that such observations were justified. In December 1935 the Matron reported that the 'health of the girls' was 'good'; the deaths of six infants in the past month was due to 'gastro-enteritis'. In April 1936 the visiting medical officer recommended that Bethany should purchase a sunlight lamp 'owing to the larger number of babies now passing through the Home who needed ultra-violet ray treatment' - presumably to prevent rickets. The medical officer contributed £5 towards the cost of £25.

22.79 In October 1936 the Matron reported that five infants had died in the previous month; four from heart failure. She went on to observe that the health 'of all was good, except for one delicate baby'. Despite the recurring high infant mortality, the minutes of the management committee do not record any discussion of the causes of infant deaths, or what might be done (other than isolation) to reduce the number of deaths.

22.80 Because of the absence of minutes from 1937 to 1944 there are no contemporaneous comments on illness and deaths during this critical period. In January 1946, the Matron reported on an outbreak of measles; another measles epidemic was reported in October 1947, when 14 infants contracted the disease. When the Department of Health inspected the home in March 1948 (the Commission has not seen a copy of the inspection report), they highlighted the need to provide 'a very comprehensive diet for the babies'. The committee claimed that it would be difficult to do this, because of the ever increasing cost of food. In September 1949, the Matron reported that 15 of the 33 children were suffering from whooping cough. By the date of the next monthly meeting all the children had been infected. Two children died. An outbreak of polio in September 1958 forced Bethany to cancel a planned 'Bring and Buy' sale. One mother was hospitalised. By the 1950s the number of infant deaths in Bethany and the other mother and baby homes had declined significantly due to immunisation programmes, the use of antibiotics and the reduction in infectious diseases in the community.

22.81 Overcrowding, which was particularly acute during the 1930s, inadequate facilities for the treatment of illnesses, the employment of under-qualified staff and the, frequently dire, financial pressures under which the Bethany Home operated were all contributory factors in the high incidence of infant mortality from the 1920s until the late 1940s. A further factor may have been the number of children who were in Bethany without their mother. It is also evident that heating and sanitary conditions were inadequate when the home was in Blackhall Place. They were much improved when Bethany moved to Rathgar, but there is sufficient evidence to suggest a lack of heating and facilities for drying clothes, and although the home was well-provided with bathrooms and washbasins, none of these was in the annexe where the mothers slept until the 1950s. There is no information available about the proportion of Bethany infants who were breastfed, but the fact that the mothers' dormitory appears to have been in the annexe, whereas the nursery was

in the main house would have made it difficult for mothers to breast-feed their babies.

Children's exit pathways

22.82 The institutional records have information about exit pathways for 1,072 children; this excludes 195 children who died in Bethany and 109 children where there is no information. The records show substantial changes in the children's destinations over the decades. In the 1920s and the 1930s, for example, 31% of the children were recorded as nursed out; this fell to 24% in the 1940s and to less than 1% in the 1950s. In the 1930s, over 38% of children went to other institutions, compared to under 22% in the 1920s, 1940s and 1950s. This appears to suggest that families were more willing to take children in the early years: 42% of children who left in the 1920s were recorded as going with a parent or to family members, compared with 25% in the 1930s, 18% in the 1940s, 12% in the 1950s and 10% in the 1960s. The annual report for 1943 noted with satisfaction that, of the 84 children who passed through Bethany in the previous year, 'an exceptionally large number of children had been taken home by their mothers, grandmothers or other relatives'.[48] However it is possible that a mother or her family subsequently placed the child with a foster family or in an institution. However, it is possible that a mother or her family subsequently placed the child with a foster family or in an institution. A total of 216 Bethany children were placed for adoption (from 1953) and an additional 112 are recorded as 'informal adoptions'.

22.83 Children left Bethany at an earlier age that the majority of children who were in the Sacred Heart mother and baby homes; the average stay was under a year and it fell following the introduction of legal adoption. The length of stay was greatest in the 1940s when it proved difficult to secure foster homes, because of the rising cost of food and clothing - a difficulty that was common to all charities and local authorities that placed children in foster care.

22.84 A significant number of children (49%) remained in Bethany after their mother had left. The Bethany authorities made arrangements to place these children either in foster homes, or Protestant charitable institutions; from the 1950s children might remain in the home pending the completion of adoption arrangements. Some

[48] *Irish Times*, 15 April 1943.

children of Catholic mothers were transferred to the Catholic Protection and Rescue Society - a charity whose mission was to prevent Catholic children being lost to Protestantism. Most Bethany children who were adopted were adopted within the State and the adoptions were arranged through the Protestant Adoption Society. Unaccompanied children were also admitted to Bethany. Children who had been placed at nurse by Bethany were occasionally returned to the home, if the foster parent was either unwilling or incapable of keeping them, or the child became ill.

22.85 If a mother did not take her child when she left the home she was expected to contribute to the child's maintenance in the home, or the cost of placing the child at nurse. Some mothers were able to provide this financial support though employment - usually as a domestic servant - which was arranged by Bethany. At the annual meeting in 1925, it was reported that £271 had been subscribed by the 'girls' or their relatives as 'thank-offerings'.[49] Yet a year later, it was noted that 'most of the girls who are received into the Home cannot pay anything towards [their children's] support … the mothers contribute as much as they can afford and visit them regularly'. Despite this the secretary, Miss Walker, stated that out of the 85 maternity cases dealt with in the past year, there had only been one case of a mother leaving the home and 'disappearing'. The others 'do not shirk their responsibility and contribute faithfully what they can to the upkeep of their children'.

22.86 The issue of mothers, who were unable to provide a pre-payment to cover the cost of the first monthly fee to the nurse-mother who was taking care of their children, was discussed by the management committee in 1927. The committee agreed in principle to provide financial help 'in suitable cases'. In 1930, a concentrated effort appears to have been made to place as many children as possible with nurse mothers. By May, it was reported that 21 children were now so placed under the auspices of the home. In August, it was noted that all the children whose mothers had left were due to be nursed out over the coming days. As a result, the committee determined that they could dispense with an additional member of staff who had been hired in 1929. The 1933 annual report stated that 20 children from the home were at nurse; their mothers were contributing £137 18s towards the cost. Dr Barnardo's charity made a donation to Bethany - amounting to £93 that

[49] *Irish Times*, 6 February 1925.

year, towards the cost of foster care.[50] In April 1939, it was reported that 29 children from Bethany had been nursed-out in the past year, with the mothers contributing over £229. The 1943 annual report highlighted with gratitude the grants from Barnardo's towards the cost of boarding-out children.

22.87 Mothers were also expected to contribute to the cost of their children if they were placed in a children's home. On occasion children were transferred from Bethany to homes run by Dr Barnardo's, as happened with three children in June 1928. Barnardo's also contributed to the cost of maintaining at least one Bethany child in a home run by the Irish Church Missions.

Children at Nurse

22.88 Local health authorities did not commonly place children in foster homes until they were at least two years old. None of the children who left Bethany were placed in foster homes by the local authorities when they left, although a number may have been placed in later years. The institutional records show that 207 children were placed 'at nurse', and this was the destination of 31% of Bethany children in the 1920s and 1930s. The proportion fell in the 1940s, when the number of 'informal adoptions' increased, and the practice of placing children 'at nurse' effectively ended following the introduction of legal adoption. In December 1955 only one child was being boarded-out from the home; his mother paid the entire cost.

22.89 Bethany was directly involved in identifying foster homes and placing children, and Bethany was responsible for ensuring that mothers contributed towards the cost of foster care, and for paying the foster mothers. Miss Pilgrim's memoir of Miss Walker recalled the 'great day' when she acquired 'her little Baby Austin. It was much used to hunt up Nurse mothers and visit adopted babies in many parts of the country'. Bethany used a network of Protestant nurse-mothers, some of whom were based as far away as Co Monaghan. In May 1930, it was reported that 21 children had been placed in foster homes. However, the quality of care in some foster homes gave cause for concern. The secretary attended a court case that month to give evidence on the condition of a Bethany child who was in the care of a nurse mother. Following this case Miss Walker stated that she was not 'fully qualified' to visit and inspect children at nurse in future. Following a discussion, it

[50] A charity established by the Dublin-born Dr Thomas Barnardo in London in 1870 to care for destitute and homeless children. In addition to a network of children's homes they supported some children in foster homes.

was decided that the lady members of the management committee should arrange for a suitable person to visit all nurse children from Bethany on a regular basis. The first of these visits occurred a month later, and the lady members remarked on the absence of proper clothes on children who were under the care of two nurse mothers. In October 1930, it was reported that children who had been at nurse with one identified nurse mother were to be removed from her 'owing to unsatisfactory attention'. In 1933, Miss Walker noted that a number of 'Christian girls' had arranged to form a society to look after the interests of babies as they left Bethany Home; the Commission has no further details of this initiative. It is also unclear whether a ladies committee carried out regular inspections of foster homes; if they did, it is not reported in minutes of the management committee or the annual reports.

22.90 A report on boarded out children in Co Monaghan in December 1938 by the DLGPH inspector Miss Kennedy O'Byrne described details of a number of children placed at nurse by Bethany; she noted that one child was being returned to Bethany and would be 'adopted'. The inspector reported that a nine-month old boy, who had been placed at nurse from Bethany two weeks previously, 'appeared to me to be in a dying condition…It was dirty and neglected and sore and inflamed from a filthy napkin which cannot have been changed for a very long time'. The Gardaí had informed her that they had already 'received unfavourable reports' about this particular foster mother, who had fostered another infant from Bethany 'some time ago [who]…wasted away and died within a month of being sent to her'. Miss Kennedy O'Byrne contacted the dispensary doctor and asked him to see the neglected child and order his removal to the county home. This foster mother had failed to register the child as required under the Children Acts. The inspector recommended that the local authority should 'deal drastically with this woman and to prosecute'. She described the Bethany authorities as 'very culpable to send a child in the condition of health of […] out to nurse. He should have been sent to a hospital'.

22.91 Her report prompted Dr Sterling Berry, a medical inspector in the DLGPH, to visit Bethany to investigate this case. Bethany informed him that the homes of all nurse mothers were either inspected by the Bethany authorities or a reference was sought from a reliable source. Nurse mothers were paid £1 10s a month and given an 'outfit consisting of six napkins (nappies) & three of all other clothes'. At this

time Bethany had 19 children boarded out. Dr Berry claimed that the Monaghan woman had acted as a nurse mother for Bethany for some years and was 'always regarded as satisfactory' until this case. (Miss Kennedy O'Byrne suggests otherwise). Having checked the records of six children who had been placed with this nurse mother, he claimed that four 'show very good results'. He described the child seen by Miss Kennedy O'Byrne as 'delicate from birth and was put out to nurse on the recommendation of the Bethany Medical Officer who thought that country air might improve the child's condition'. This child had been returned to Bethany. Dr Sterling Berry described him as 'a delicate child but shows no signs of neglect or ill-usage'. He indicated that this foster mother would not be used by Bethany in future. Dr Berry ended his report by stating that 'the Institution is kept very well is very clean and comfortable, no evidence of over-crowding. The mothers and infants are well looked after and appear happy and contented'. The Commission's records show that this child died in Bethany two months later. The file suggests that the Monaghan county solicitor was examining whether to prosecute the foster mother.

22.92 Allegations that Bethany children were neglected became embroiled in a campaign, by the CPRSI, against Bethany's proselytising activities. In July 1939 the assistant secretary of the CPRSI informed the clerk of Rathdown Board of Assistance that the CPRSI had removed seven Bethany infants to hospital since January; they were found to be sick or suffering from a range of medical conditions. In August, the *Irish Independent* carried a report of a meeting of the Rathdown Board of Assistance which discussed the case of one of these children, a four-month-old boy, who was suffering from whooping cough and purulent conjunctivitis of both eyes. He was admitted to Loughlinstown hospital. It is unclear where the CPRSI found this child; the file stated that 'the child was in such bad condition that no foster mother would take him'. The infant 'was rescued from the Bethany Home' and admitted to Loughlinstown hospital. One of the children, an eighteen-month old girl, was taken by the CPRSI at the request of her mother who was in London; she was placed with a foster mother. The Bethany Matron informed the CPRSI that this child was 'backward in walking' - she was getting cod liver oil and exercises. This child was subsequently removed from the foster mother and placed in a Sunshine Home; the matron claimed that she had received sun-ray treatment at Bethany until she was a year old. The Rathdown Board's chairman described these incidents as 'becoming an epidemic' and recommend that the

whole matter be reported to the department so as to 'have an inquiry into the matter'.[51]

22.93 Dr Berry again visited Bethany in October 1939, on foot of these reports. He stated that the children taken by the CPRSI 'were delicate from birth…they were under constant medical care and received appropriate treatment. I am satisfied from my investigations that the children were not neglected while in Bethany'. He then went on to give his medical opinion that 'it is well recognised that a large number of illegitimate children are delicate and marasmic from their birth, and if removed from constant medical supervision and nursing attention often quickly deteriorate'. He ended his report by again emphasising that the home was 'clean and comfortable and not over-crowded. The children were well cared for and appeared to be happy and well fed. Several of the children were suffering from a mild form of impetigo; they were isolated and receiving adequate treatment'.

22.94 The final paragraph of this handwritten report is headed 'Confidential: For Department use only'. Dr Berry outlined his belief that the complaints being made against Bethany 'are largely due to the fact that they take in Roman Catholic girls for their confinements and keep them and their children subsequently. This practice is most undesirable as the Home and its environment are definitely Protestant. This being so the effects must be detrimental to these girls deprived as they are of the ministrations of their Church'. Dr Berry placed pressure on Bethany's management committee to change its policy of admitting Catholic women and children into the institution. In an addendum to the above report, Berry stated that he again visited Bethany on 27 October to conduct an interview with the management committee on the matter and 'to get them to consent to put an end to this most objectionable feature of their work' and, as already noted, he was successful.

22.95 The CPRSI continued their policy of removing Catholic infants from Bethany. Their annual report from April 1940 stated that they had removed a total of 14 children from the institution in the previous year.[52] A meeting of the Rathdown Board of Assistance in March reported on another case of an infant being taken out of

[51] *Irish Independent*, 24 August 1939.
[52] *Irish Independent*, 4 April 1940.

Bethany and sent to a foster home, who was suffering from 'rickets and debility.' They forwarded this information to the DLGPH medical inspector with a request the matter be investigated 'as several children have been sent to nurse in the District, from time to time, from this Home, suffering from rickets'. In June 1940 the Rathdown Board of Assistance informed the department that four children from the Bethany Home had been sent to the Sunshine Home, suffering from rickets, (including the child taken by the CPRSI and mentioned above). The incidence of rickets rose sharply in Dublin during the war years,[53] but the rise was concentrated in years after 1940. There appear to have been more references to rickets in relation to Bethany children, which may indicate a problem either with their diet (perhaps the milk formula used), or a lack of sunshine.

22.96 The proportion of Bethany children placed at nurse fell during the 1940s; the rise in 'informal adoptions' appears to parallel this decline, and as noted earlier few children were placed in foster care following the introduction of legal adoption.

Children's Homes

22.97 A total of 303 Bethany children (the largest single cohort) were sent to various children's homes and orphanages. Five institutions, Emmanuel Home, the Children's Fold, which was originally located in the Coombe; the Cottage Home for Little Children in Dun Laoghaire, the Westbank Orphanage Greystones (previously the Protestant Home for Orphan and Destitute Girls/Harold's Cross Orphanage) and Miss Carr's Home[54] in Ranelagh accounted for 190 children, just under two-thirds of the total. Bethany's 1943 annual report specifically acknowledged 'with gratitude' the help of Miss Carr's Home, and the Children's Fold Home in taking children from Bethany over the past year. At least five children were recorded as being transferred to institutions outside the State, two were sent to the Ever Open Door (Barnardo Home) in Co Down, two went to the Manor House in Lisburn and one child was sent to a children's home in Newcastle, England. Other Bethany children may have subsequently been transferred to institutions in Britain or Northern Ireland from children's homes within the State.

[53] For details of this, see Chapter 5.
[54] Miss Carr's Children's Home; Miss Carr's Flatlets was a different institution - see Chapter 25

22.98 Emmanuel Home admitted the largest number of Bethany Children, 68 in total. When the Bethany Home moved to Orwell Road in October 1934, the decision appears to have been taken to open an orphanage/children's home, in an adjacent premises on the site. This became the Emmanuel Home. When a £1,000 anonymous donation was received with instructions that it should be used to offset the running costs of Bethany and the Emmanuel Home, the management committee agreed to apportion £250 to Bethany and the remaining £750 towards the Emmanuel Home. It noted that Bethany 'would be dependent upon Emmanuel Home for the acceptance of babies whose mothers had left Bethany' and thus the Emmanuel Home 'would have heavy financial responsibilities'.

22.99 On 12 January 1935, the Emmanuel Home was brought into use; a formal opening ceremony took place at the end of that month. For ease of access, the Bethany committee decided to grant a right of way alongside the boundary wall of their property to Emmanuel Home. At the first management committee meeting following its opening, it was reported that 21 babies had been transferred from Bethany to the Emmanuel Home. Between June and August 1935, 5 further infants were transferred to Emmanuel. In 1938 it was reported that 20 of the 87 children who passed through Bethany in the past year had been transferred to the Emmanuel Home; 29 other children had been taken by 'the boarding-out auxiliary'.

In 1938 a decision was taken to move the Emmanuel Home to Portland Park House, Lorrha, Birr, Co. Offaly. It was reported that 37 children were taken back to Bethany when this happened.[55] The move to Offaly was facilitated by Major Butler Stoney who had offered the use of the house as a home for Protestant children. However, at the Bethany AGM in May 1938 a member of management committee, who had been staying in Portland Park House described how a group of armed raiders broke through the front door. He and his wife were instructed to take their personal belongings and leave the house, as the raiders were about to set it on fire. The house was gutted by fire.[56] Emmanuel House subsequently moved to Avoca, Co Wicklow. In 1939 the annual Bethany Home meeting reported that 13 children had since been transferred from Bethany to this premises.[57] Emmanuel's move to Avoca was possibly facilitated by a member of the Bethany management committee, who owned the Avoca Manor. In 1940 the Wicklow Board of Health noted that

[55] *Irish Times*, 20 April 1939.
[56] *Irish Times*, 19 May 1938.
[57] *Irish Times*, 20 April 1939.

there appeared to be 25 children in Emmanuel Home; all were maintained by private subscriptions. Emmanuel Home claimed exemption under the Children's Acts, because it was not run for private gain. When the local authority rejected this claim, Emmanuel Home took a successful court case. The judge accepted that the home was not operating for the purpose of private gain; he noted that all the children were illegitimate.[58]

22.100 At least 45 children were sent to homes that were run by the Irish Church Missions (ICM) - the Children's Fold/Boley Nursery Home. The Children's Fold, originally known as The Irish Door of Hope, opened in the Coombe in 1918. In 1922 it was described as 'a new branch of the ICM work, in which a patient and loving effort is made to care for the homeless babies and to reclaim the erring girls who have taken a false step for whom the Church of Rome does little or nothing'. At this time it accommodated over fifty small children, 37 had been 'rescued' from Roman Catholicism.[59] The Children's Fold moved to Marlfield House, Co Wexford following the outbreak of World War II - allegedly following government orders to evacuate to the country. In 1943 the Gardaí in Gorey investigated a complaint of ill-treatment made against the matron by two girls who had recently left the Fold. She was convicted; her appeal was unsuccessful, but as a first offender she was given the Probation Act. A member of the ICM's general committee in London visited Ireland as a result of this case. He reported that the home was too far from Dublin to make it possible to exercise 'proper supervision'; 'no official form [was] used' when children were being admitted and 'the law relating to adoptions needed careful decision'. The children were moved back to the Coombe. In 1945 the Fold proposed to relocate to Killiney Castle, however it was reported in the press that 'Catholic members of the [Dun Laoghaire] Corporation would resent in the strongest possible manner the handing over of the premises to such a body'. Rev Coates of the ICM acknowledged 'that it was obvious the real ground for refusing us the premises was that we were proselytisers'. The home then moved to Boley in Monkstown, where it remained for several decades, later moving to Shankill.

22.101 The ICM records show that some mothers contributed towards their child's maintenance; others appear not to have done so. Mothers whose child was accepted into the Children's Fold signed a declaration requesting the Children's

[58] Wicklow Board of Health Minutes 1 January 1940; 1 February 194024 June 1940; 6 July 1940
[59] The Banner of Truth and Irish Missionary News, published by ICM, No 117 July 1922 and no 122 October 1923

Fold to 'consent to her/him being brought up in the principles of the Church of Ireland'. Some children went directly from Bethany to the Children's Fold - Miss Walker generally features as an intermediary and in a number of cases this was arranged before the birth of the child. A number of the declarations placing a child with the Children's Fold were signed by Miss Walker, who described herself as the 'lawful guardian of the child'.[60] A number of Bethany children were admitted to the Fold, having previously been with a nurse mother. The medical report on one five-year old child, who had previously been with a nurse mother, noted that he had 'sores on head, back of neck and feet Impetigo?' He was placed in isolation, and given a medical examination two days later; this recorded that he had 'signs of rickets, apparently healthy now'.

Adoptions

22.102 There were small numbers of informal 'adoptions' in the 1920s and 1930s directly from Bethany, they accounted for 4.5% of the children. This rose significantly in the 1940s when 'informal adoption' was the destination given for 29.5% of the children, and for 12% of children in the 1950s. In October 1925, a letter was received from a man offering to adopt one of the girls in the home. The management committee asked him to supply a character reference from a clergyman. This was duly provided, and the 'adoption' was arranged. In 1933, the Bethany annual report stated that though the home had not been able to arrange as many adoptions in the previous twelve months as they had in 1931, they still recorded their success in placing 'some children in good names'.[61] In 1940 Miss Litster, of the DLGPH, alerted the secretary of the department to cases where children were 'taken out of this country in a haphazard manner without due regard for their safely and moral and physical welfare'. She had been contacted by the NSPCC. They reported that Miss Walker 'constantly advertises in English Protestant religious papers, such as the Christian Herald and Church Times, for people to adopt children from Bethany Home'. A woman in St Alban's had replied, forwarding a recommendation from a clergyman 'which alone was required by Bethany Home'. An eight-month-old baby 'was sent to her without further enquiry'. The police in St Alban's alerted the local branch of the NSPCC to conditions in that home, and Miss Walker had to remove the baby, who was being adopted through an adoption society into 'a suitable home'. Miss Litster claimed that in her letter to

[60] This child was the son of a Catholic mother; he was born in an unnamed 'Private Mother& Baby Home', was placed at nurse before somehow coming to Miss Walker and Bethany.
[61] *Irish Times*, 16 February 1933.

the woman who originally took this child, Miss Walker said 'If you know of anyone else wanting to adopt a child, we would be so glad to get in touch with them. We have a good many needing homes'. Miss Litster also mentioned three other women who were also sending children in England (and one in America); these women had no connection with Bethany.

22.103 A number of Bethany children who were placed in the Children's Fold were later adopted in Britain or in Northern Ireland, where legal adoption was possible from 1926. The 'adopting' parent(s) signed an undertaking to 'accept responsibility for the control of […] under the direction of the Children's Fold to provide for his Board and lodging and general maintenance and see that he is brought up in the Protestant faith and attends a protestant school and sent regularly to church on Sundays. In the event of it bring proved that I have not observed this undertaking I agree to return him to the Fold'. In 1937 A Church of Ireland clergyman in Co Armagh contacted the ICM concerning a childless widow in his parish, who had already adopted two boys; she was keen to adopt another boy. Miss Walker signed the papers permitting this adoption as the 'legal guardian' of a seven-year old boy who was in the Children's Fold. There is some evidence that the ICM retained an interest in these children long after their adoption. One girl, born in Bethany, who was the daughter of a Catholic mother, went first to Emmanuel Home and then to the Children's Fold. She was adopted by a couple in Northern Ireland at the age of seven. When she was seventeen years old a local clergyman wrote to the ICM informing them that 'it is terrible the tramp she is turning out to be'. This file contains an anonymous letter from a 'friend' reporting that she was 'running around with navy men and other bad men and girls that had children before' and she had 'never, done any work yet for her mother'.

22.104 Informal 'adoptions' from Bethany became much more common in the 1940s. The 1941 Bethany annual meeting reported that the past year 'had been a record one from the adoption standpoint', with 12 children being 'adopted' from the Home.[62] Two years later, the annual report stressed that 'the placing of children in good homes was the greatest problem with which the Bethany Home had to cope'. Nine children had been 'adopted' 'into good homes'; Bethany made an appeal for

[62] *Irish Times*, 13 March 1941.

'further adoptions and continued support.'[63] Eight 'adoptions' were recorded in the twelve months prior to March 1944.[64] In May 1946, when there were 39 infants in the home, the management committee decided to send circulars to Dublin clergy in Dublin asking them 'to be on the lookout for homes into which the children might be adopted'. This initiative met with little success and by the following January the Committee was told that the home was having a lot of difficulty finding adopters for male infants in particular. Miss Walker declared that 'nobody seems to want the little boys'.[65] From the late 1940s, the Bethany management committee became involved in campaigns to legalise adoption in Ireland. They also assisted the adoption of Bethany children in the USA. Meanwhile Bethany continued to facilitate informal 'adoptions'. In September 1950, the Matron informed the management committee that she expected six more children to be adopted in the next month. In the 1950s, 54.4% of Bethany children were placed for adoption, as were 56.6% of children in the 1960s. When legal adoption was introduced, representatives of Bethany attended meetings of the Protestant Adoption Society; however they indicated that the management committee was in favour of Bethany being registered as a separate adoption society This did not happen; the Bethany Matron was elected as a member of the Protestant Adoption Society's case committee and, while initially many of the babies were adopted from Bethany, in time a majority of Bethany babies who were legally adopted were placed by the Protestant Adoption Society.

22.105 The institutional records indicate that 50 children were adopted outside the State from the Bethany Home; the largest number, 29, went to Britain or Northern Ireland; 12 to the United States, four to Saudi Arabia; two to Italy, two to Canada and one to Norway (see Chapter 32). Other Bethany children may have been adopted overseas from children's homes.

22.106 As adoptions became more common, Bethany's main concern was to find suitable long-term care for children with intellectual or serious physical disabilities. In 1948 a child who was described as 'mentally deficient' was sent to Bethany from Miss Carr's Home. The Bethany committee noted that the only institution which cared

[63] *Irish Times*, 15 April 1943.
[64] *Irish Times*, 30 March 1944.
[65] *Irish Times*, 20 May 1948.

for such children was Cabra[66] which was run by the Dublin Union under Roman Catholic management. It was decided to make enquiries 'as to the possibility of making available provision for imbecilic children'. The Bethany authorities returned to this matter in early 1949. The child was by that stage boarded out to a foster mother. It was decided to consult the Rector of the Church of Ireland parish in which the Cabra institution was situated to arrange for her to be given the proper 'instruction in Christian doctrine' if she had to be transferred to Cabra. However, the Department of Health inspector of boarded out children reported 'an improvement' in the child, and indicated that the foster mother would be willing to care for her if she was given an increased maintenance grant. The Bethany authorities contacted Dr Barnardo's who agreed to pay an additional sum to maintain this girl. In 1953 one of the children in Bethany was a 10-month-old baby who was described as 'apparently a hopeless Mongol'. Bethany had advertised for a foster mother but there had been no response. The child's mother, who was in service earning £5-6 a week, was said to be contributing 'liberally towards its keep'. The committee determined that it would not be appropriate to send this child to the Catholic institution in Cabra, and it was reported that the mother did not approve of such an action. A 'satisfactory nurse mother' was eventually found. In 1956, the Matron was invited to join a committee being set up to establish a suitable home for Protestant children with mental deficiencies. She was said to be especially interested in this matter given that a couple of children with such issues were currently resident in Bethany. One a boy was being cared for by his mother in the home, however his condition was deteriorating. The management committee agreed to contact the clergyman who had sent the mother to Bethany, asking that the child be admitted instead to the Donegal County Home. In 1958 the committee discussed the case of another 'mental defective', a four-year-old boy. It was decided to transfer him to Stewarts Institution, and his local authority agreed to meet the cost of maintaining him.

Witness statements

22.107 The Commission heard witness statements from six women and men who were in Bethany when they were infants. All the witnesses left Bethany before their second birthday and the majority when they were less than a year old, though one man was readmitted from a foster home at the age of two years and three months. The institutional records do not give the date of his discharge on this occasion; he is not

[66] St Vincent's, Cabra – see Chapter 13

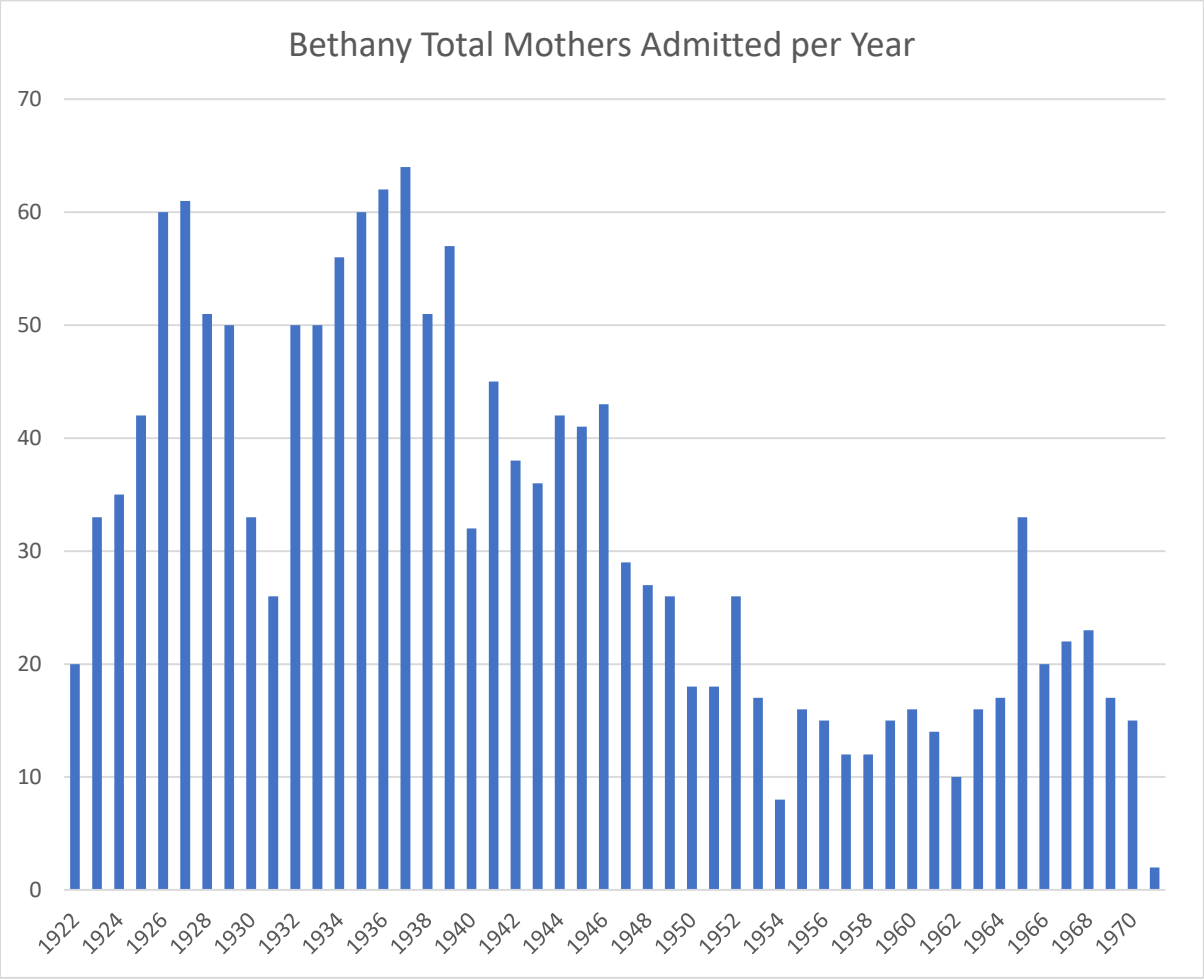
the only Bethany infant with no discharge date. Two witnesses, both born in the early 1940s, stated that they had rickets, and there is independent evidence presented earlier in this chapter, that other Bethany infants suffered from rickets at around this time. It is not possible to determine whether these two witnesses suffered from rickets as a consequence of conditions in Bethany or conditions in the foster home that they both shared. Most of the evidence given by former Bethany babies related to their experiences in foster homes, in children's homes, or their adoption in Northern Ireland, which is beyond the Commission's remit. The largest concentration of such evidence related to Mayil/Westbank, an orphanage in Greystones, which was a successor to the Protestant Home for Orphan and Destitute Girls; this home admitted boys following the move to Greystones in the late 1940s. There is no evidence of a direct link between Mayil/Westbank and Bethany though witnesses believed that there was a link; a total of 33 Bethany children were admitted to this institution - both in Harold's Cross and Greystones. Witnesses gave evidence of children being moved from Westbank to Northern Ireland, for short periods or for adoption. One witness who gave evidence about this children's home was born in Braemar, which is not among the scheduled institutions. Another witness, who was in Bethany with her mother in the early 1950s, immediately after her birth, gave evidence that she had two adoption documents; one drawn up by a firm of solicitors, the other from the Adoption Board. She claimed that there are serious questions about the legality of both. The Commission has determined that she was adopted informally at a time when legal adoption had not yet been introduced, and this adoption was later approved by the Adoption Board. Many of the early approvals by the Adoption Board related to similar cases. Several witnesses also complained about a lack of documentation, relating to their birth, date of discharge from Bethany - which is missing in some cases and adoption.

22.108 The Commission also heard evidence from a nephew of Miss Pilgrim, who was the Matron at Bethany from 1932-44 and was a member of the Bethany committee until 1955. This witness recalled visits to Bethany from the early 1940s. He said that the babies were reasonably well dressed; he never witnesses any unusual or unkind behaviour. He recalls playing with some of the children; the mothers 'were less present in his memories'.

Chapter 22: A Bethany Statistical Analysis

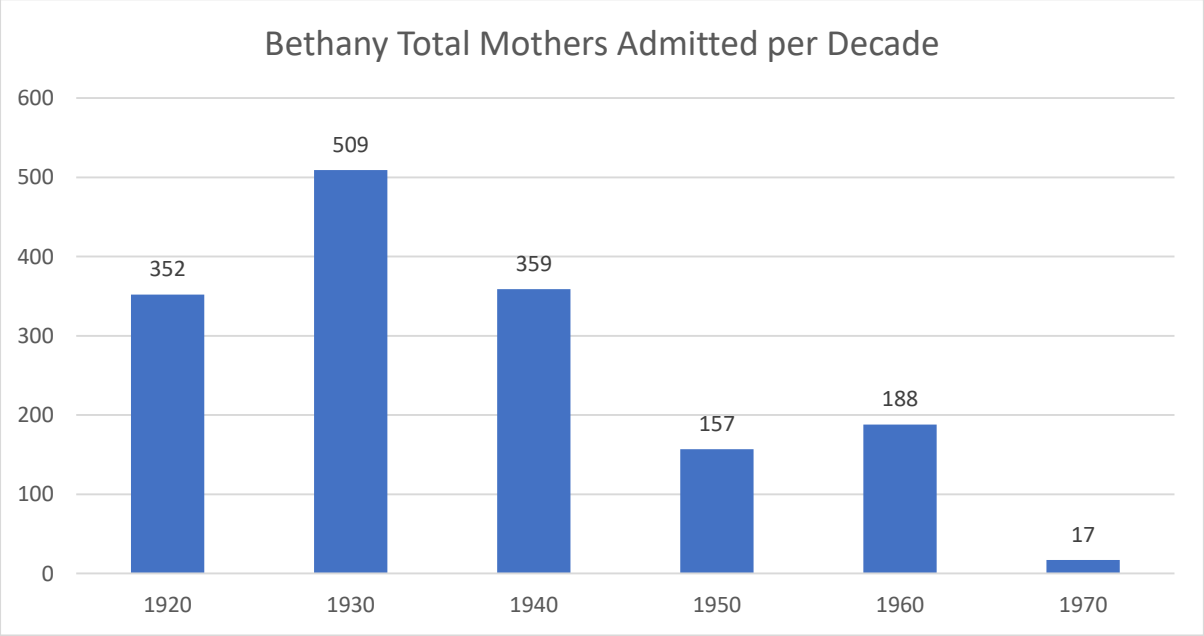
The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions



From the institutional records, the Commission identified 1,584 women who were admitted to the Bethany home in the years 1922-71.

Information relating to date of admission was available for 1,582 women (99.9% of admissions). Most admissions (77%) were recorded prior to 1950. Admissions were greatest in the periods 1925-29 (264) and 1932-39 (450) and peaked in 1937 - 64 women were admitted that year. There is some evidence that the number of admissions was determined by the financial state of the home (see main chapter). Admissions fell sharply in 1940 - most probably due to the exclusion of Catholic women from the home. In the period 1940-46, 40 women on average were admitted annually. Admissions appear to decline further in 1947;[1] 29 women were admitted that year. By 1954 admissions had declined to just eight women. In the years 1955-64, 14 women on average were admitted annually. Although 33 admissions were recorded in 1965, the annual average admission in the years 1966-70 was 20 women. In 1970, Bethany's last full year in operation, 15 women were admitted to the home.



Analysis by decade shows that most women (32.2%) were admitted to Bethany in the 1930s; followed by the 1940s (22.7%); 1920s (22.3%); 1960s (11.9%); 1950s (9.9%) and the 1970s (1%).

[1] This apparent decline may have been due to a change in the method of record keeping mid-1946.

Religion

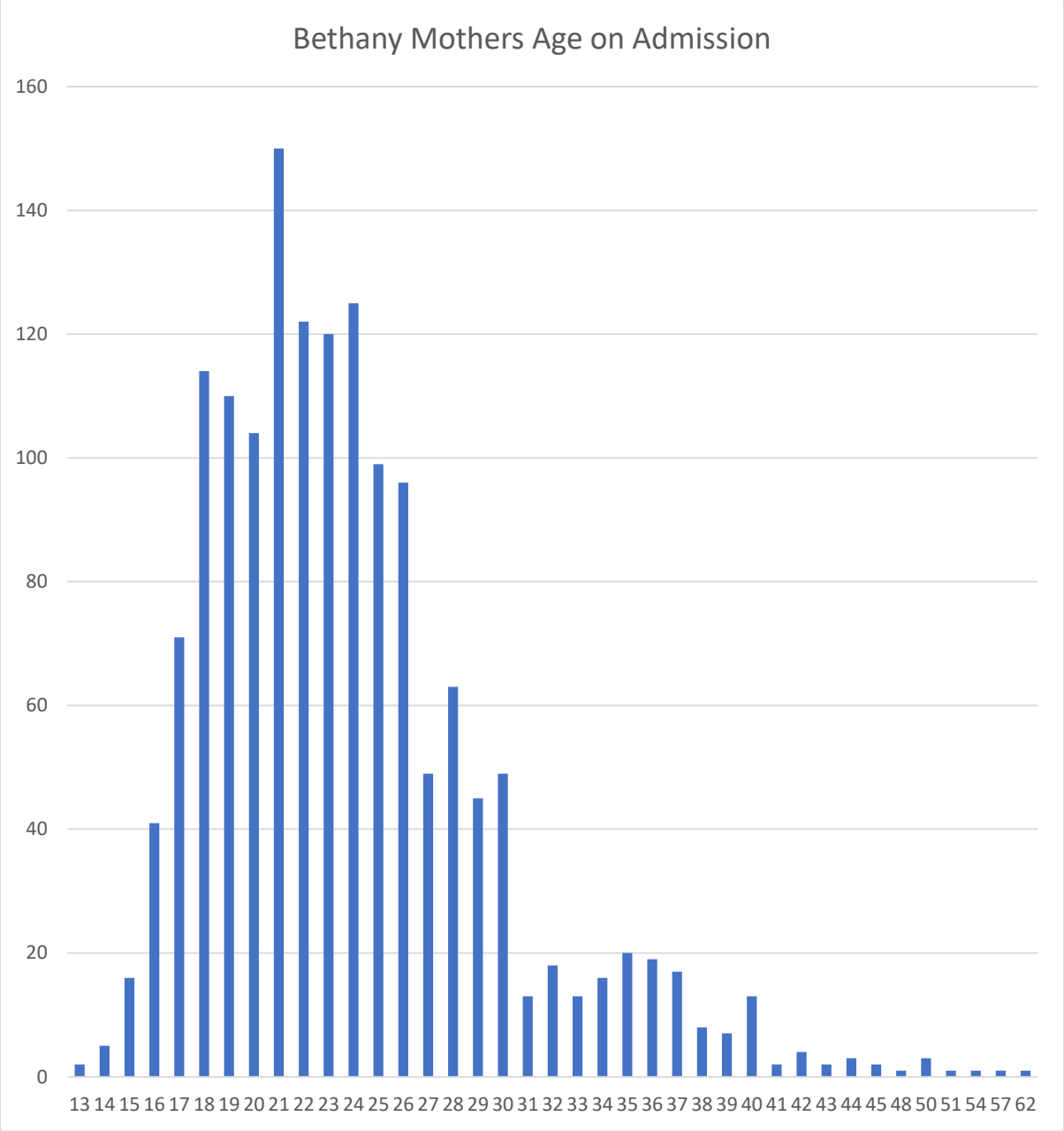
Information relating to religious denomination was available for 1,570 women (99.1% of admissions).

The institutional records show that most women (73.2%) were recorded as Protestant and 26.7% as Roman Catholic. The remaining 0.1% were recorded under 'other religion'.

Referral pathways

Information relating to referral pathways was available for 42 women (2.7% of admissions). The Commission considers that this is an insufficient sample size from which to draw any conclusions.

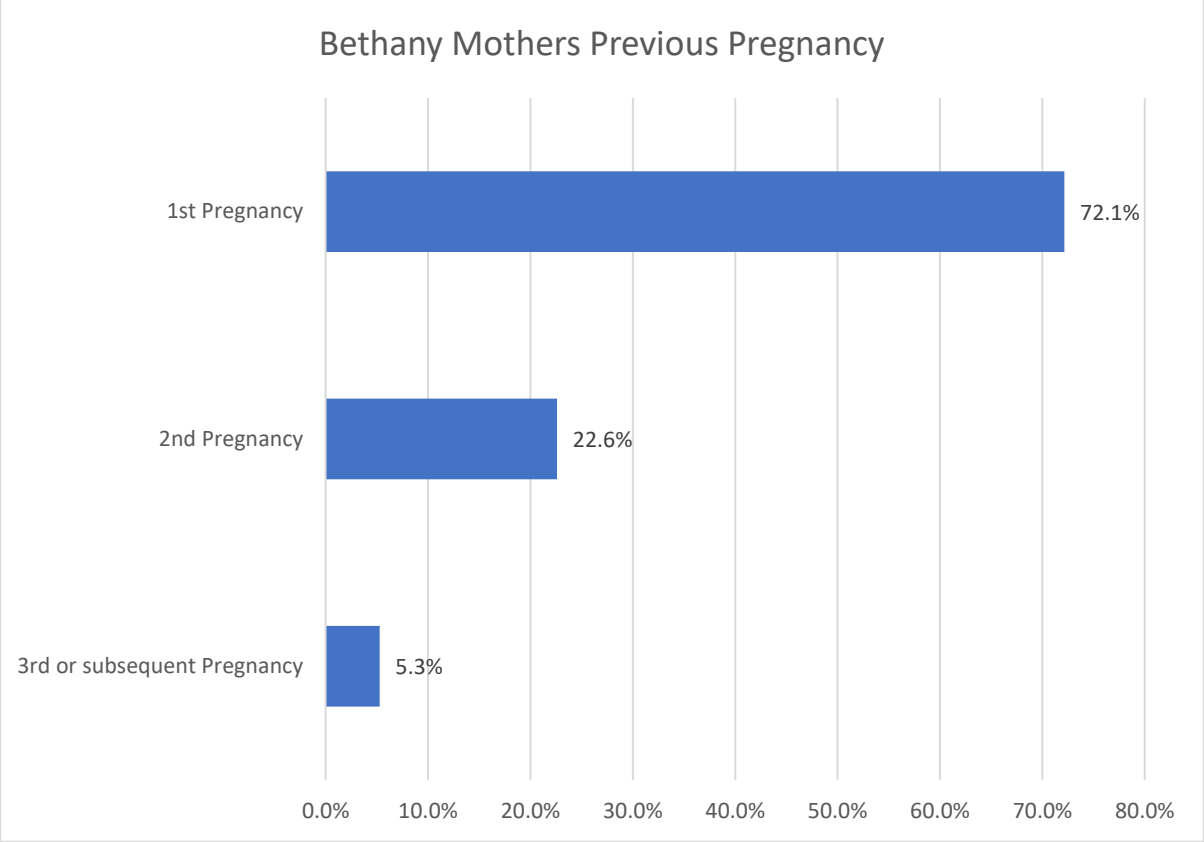
Age on admission



Information relating to age on admission was available for 1,546 women (97.6% of admissions).

Age on admission ranged from 13 to 62 years. Most women (77.4%) were between 18 and 29 years; 13.9% were 30 years and older and 8.7% were 17 years and younger. The available records show that 4% of admissions were aged between 13 and 16 years.
The mode of age on admission was 21 years; this fluctuated between 24 years in the 1920s to 17 years in the 1950s and 18 years in the 1970s.

Previous pregnancy



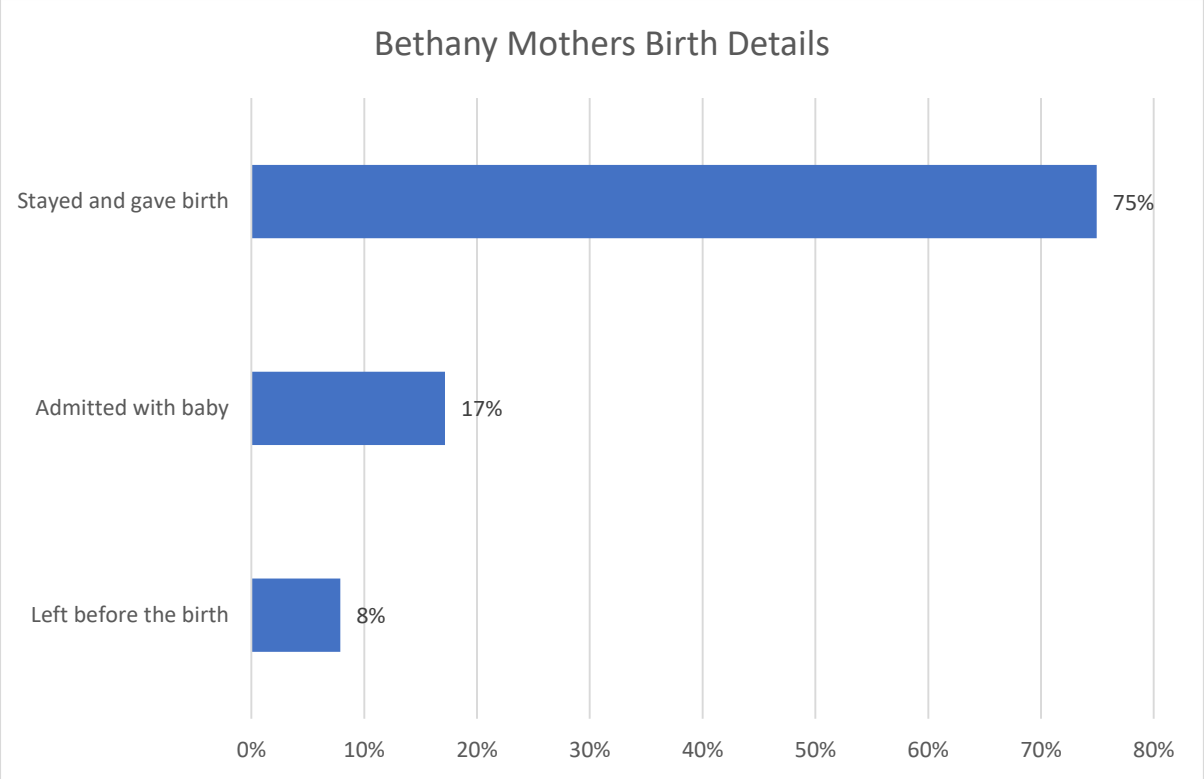
Information relating to previous pregnancy was available for 1,138 women (71.8% of admissions).

The institutional records show that most women (72.1%) were admitted on their first pregnancy; 22.6% on their second pregnancy and 5.3% on their third or subsequent pregnancy.

Marital status

Information relating to marital status was available for all women. The institutional records show that most women (95.7%) were single women; 3.4% were married; 0.8% were widowed and 0.1% were separated from their husbands.

Birth details

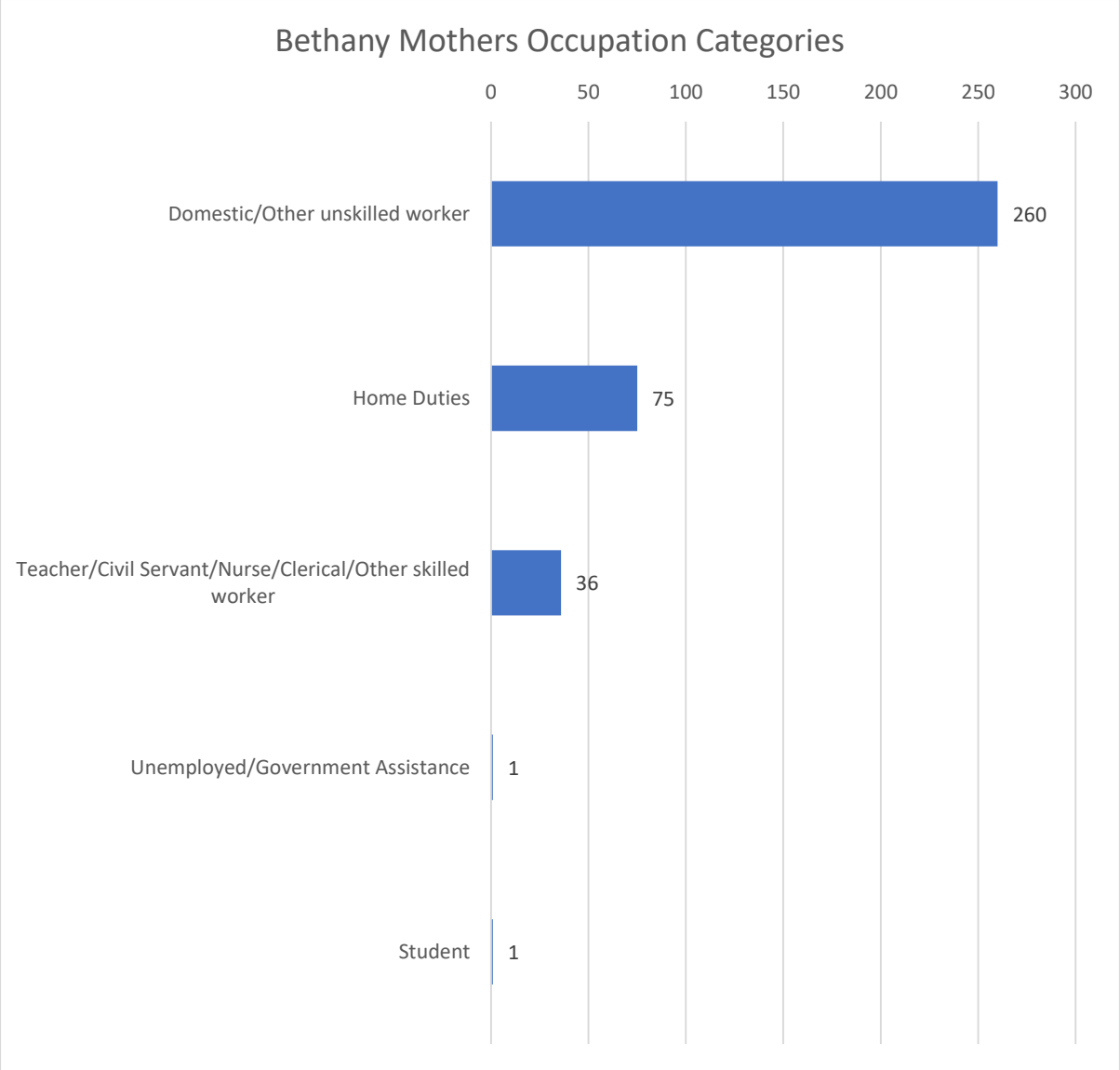


Information relating to birth was available for 1,433 women (90.5% of admissions).

The institutional records show that most women (75%) admitted to Bethany pregnant, stayed and gave birth; 17% were admitted with their child and 8% left before the birth and did not return.

The available records show that 95.7% of women who gave birth after admission to Bethany delivered living infants; 2.9% delivered stillborn infants and 1.4% experienced a miscarriage. The available records relating to place of birth show that 54% of women gave birth in Bethany; 36.6% in the Rotunda Hospital and 9.4% gave birth in other hospitals - mainly the Coombe and Holles Street - or had a home birth.

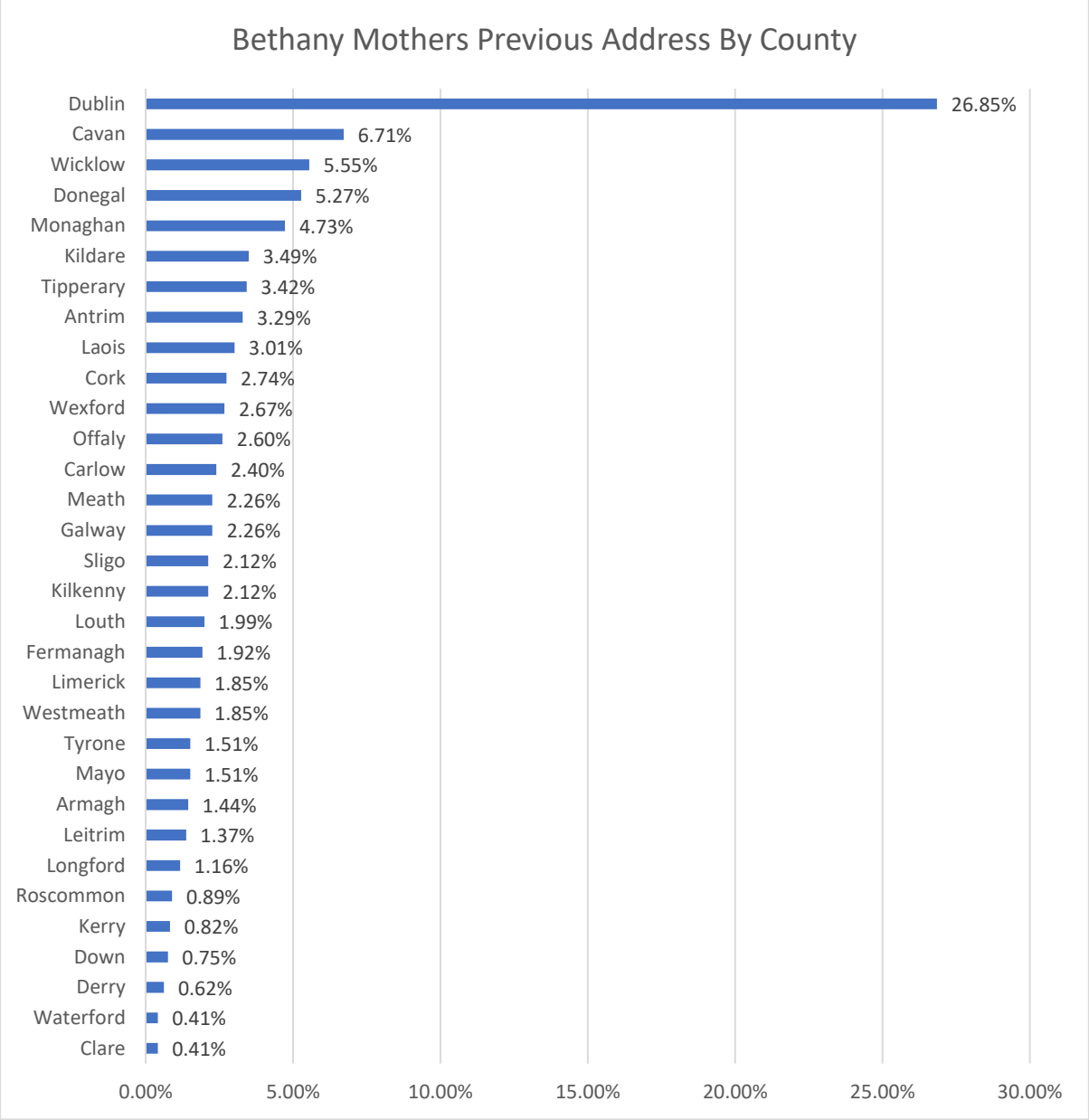
Occupation



Information relating to occupation was available for 373 women (23.5% of admissions).

The available institutional records show that most women (69.7%) were recorded as a domestic servant or other unskilled worker; 20.1% were working in the family home or on the family farm; 9.7% were recorded as teacher/civil servant/clerk or other skilled worker; one woman was unemployed and one was a primary school student.

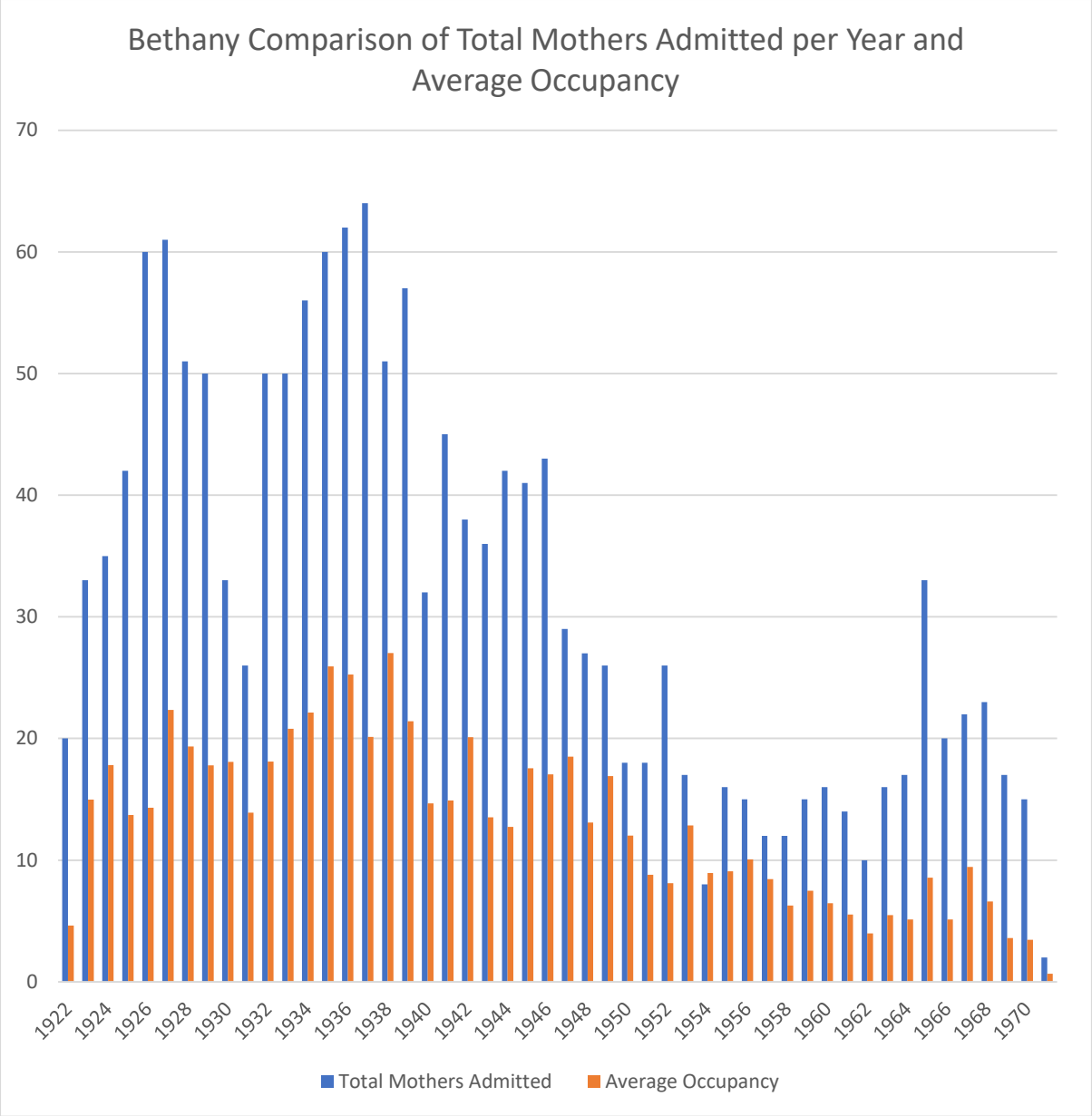
Previous address by county



Information relating to previous address by county was available for 1,460 women (92.2% of admissions).

The institutional records show that most women (26.9%) gave an address in Dublin followed by Cavan (6.7%); Wicklow (5.6%); Donegal (5.3%); Monaghan (4.7%); Kildare (3.5%); Tipperary (3.4%); Antrim (3.3%); Laois (3%); Cork (2.7%); Offaly (2.6%); Carlow (2.4%); Meath (2.3%); Sligo (2.1%); Kilkenny (2.1%); Louth (2%); Fermanagh (1.9%); Limerick (1.9%); Westmeath (1.9%); Tyrone (1.5%); Mayo (1.5%); Armagh (1.4%); Leitrim (1.4%) and Longford (1.2%). A small number of women gave Roscommon, Kerry, Down, Derry, Waterford and Clare as a previous address.

Occupancy

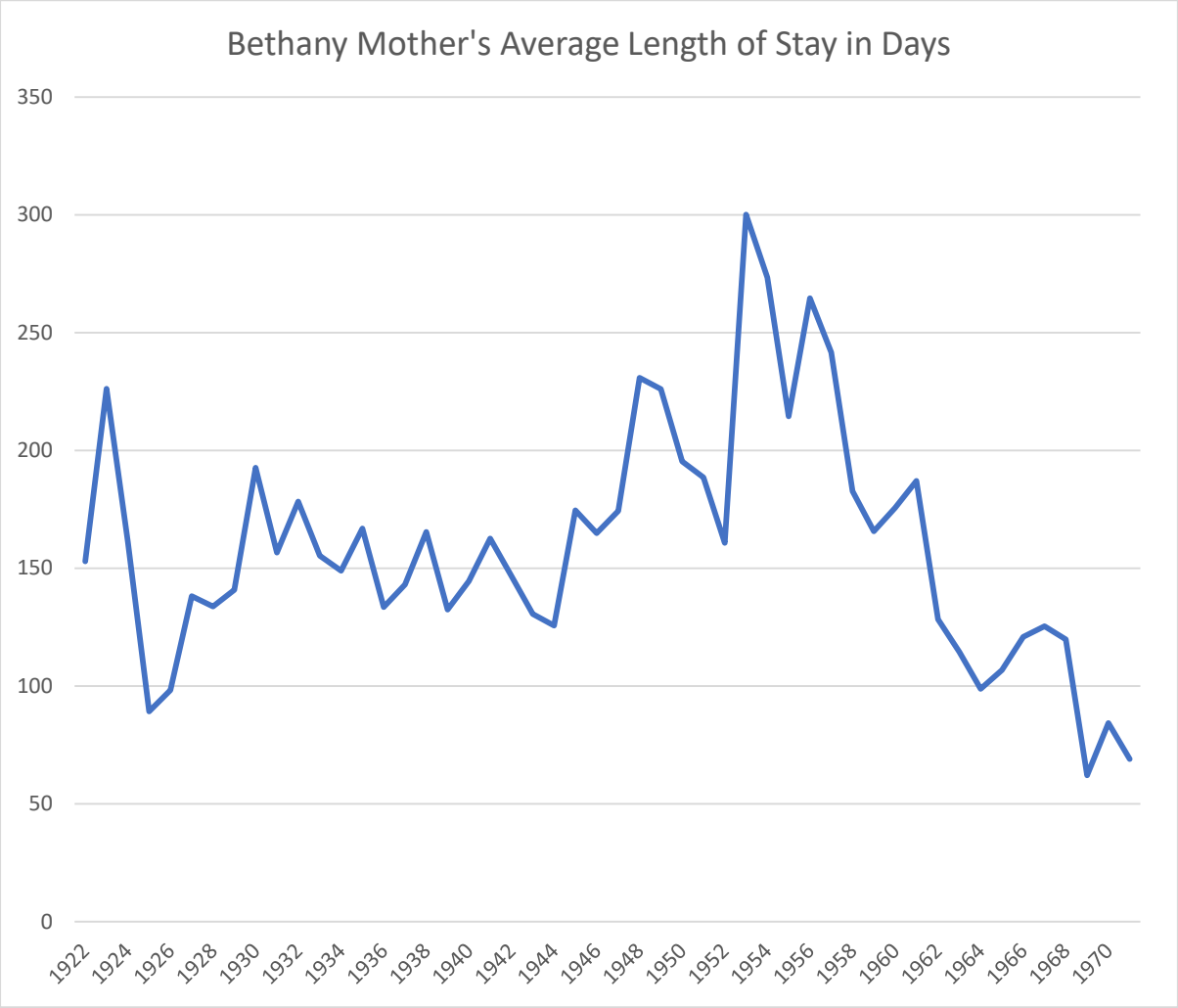


Information relating to occupancy was available for 1,551 women (97.9% of admissions).

The institutional records show that average occupancy in Bethany was largely determined by the number of admissions in any given year; occupancy levels were not inflated by long-stay residents. In 1936 a departmental inspector reported some overcrowding in the institution and recommended that maximum occupancy should be capped at 20 women. Occupancy was highest in the 1930s and mirrored increased admissions to the home in that decade - average occupancy ranged between 14 women in 1931 and 27 women in 1938. From 1940, average occupancy remained well below the 20 person cap and only reached maximum

capacity on one occasion, in 1942. Average occupancy decreased from 21 women in the 1930s to just six women in the 1960s.

Length of stay

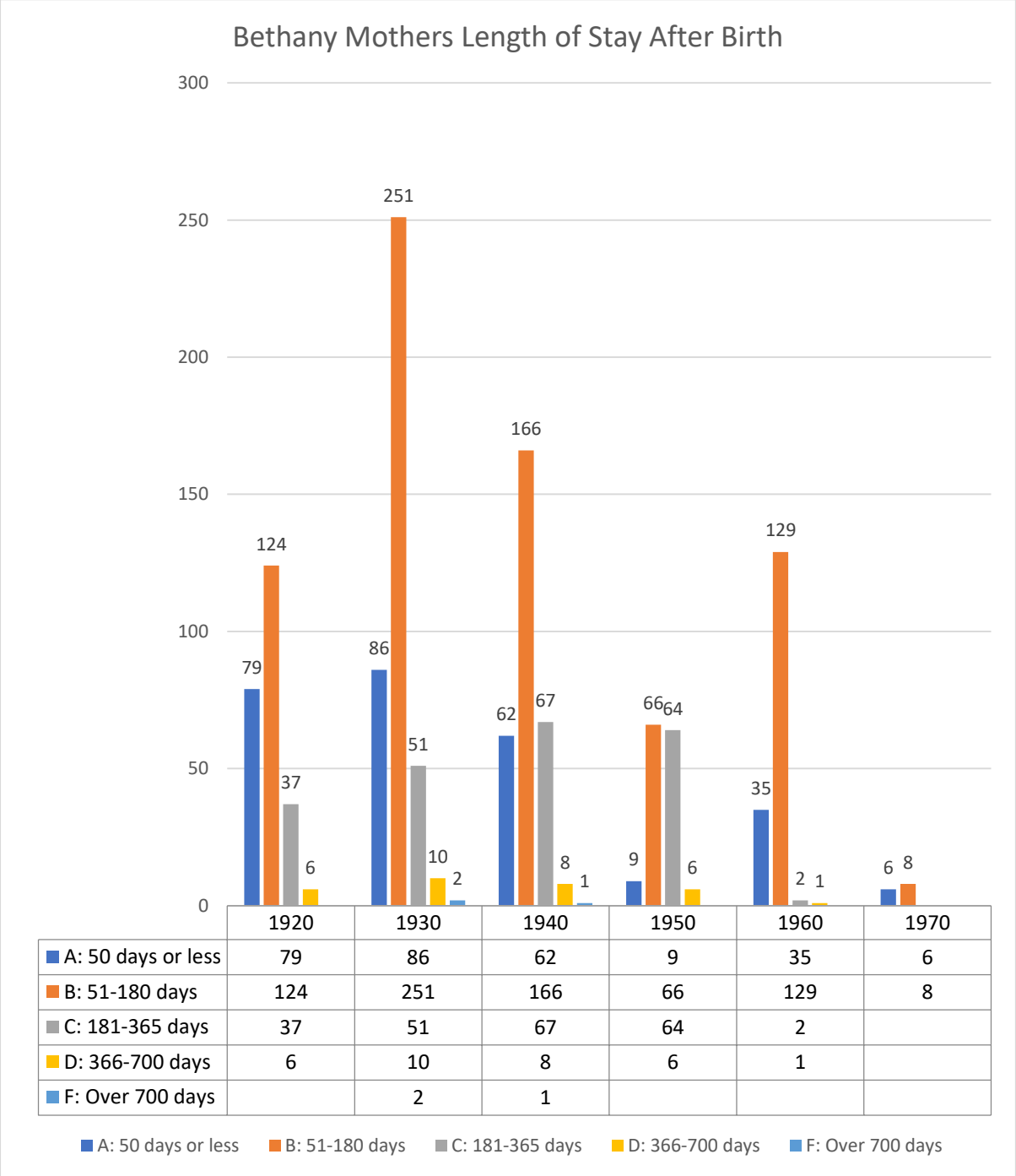


Information relating to length of stay was available for 1.551 women (97.9% of admissions).

The institutional records show that the average length of stay in Bethany over the period of its operation was 154 days - this fluctuated between 300 days on average for women admitted in 1953 to 62 days on average for women admitted in 1969.

Women were typically admitted to Bethany 59 days on average before the birth of their child. This ranged from 66 days on average for women admitted in the 1960s to 51 days on average for women admitted in the 1970s.

Length of stay was longest for women admitted in the 1950s; they spent 212 days on average in the home. By the 1960s average length of stay had declined to 120 days.



	1920	1930	1940	1950	1960	1970
A: 50 days or less	79	86	62	9	35	6
B: 51-180 days	124	251	166	66	129	8
C: 181-365 days	37	51	67	64	2	
D: 366-700 days	6	10	8	6	1	
F: Over 700 days		2	1			

The institutional records show that, in the 1920s, 32.1% of women left Bethany within 50 days of giving birth and a further 50.4% left within six months; 15% left between six and 12 months after the birth and 2.4% remained there for between 13 and 21 months.

In the 1930s, 21.5% left Bethany within 50 days of giving birth and a further 62.8% within six months; 12.8% remained there for between six and 12 months and 2.5% for between 13 and 24 months. Two women remained in the home for 25 and 28 months respectively.

In the 1940s the proportion of women who left within 50 days of giving birth declined to 20.4% and the number who left within six months declined to 54.6%; the number who remained in the home for between six and 12 months increased to 22%. A small number of women remained in the home for between 13 and 24 months and one woman remained there for 31 months.

In the 1950s the percentage of women who left the home within 50 days of giving birth declined substantially. In the 1920s, 32.1% of women had left the home within 50 days; by the 1950s this had declined to just 6.2%. Similarly, 62.8% of women left the home within six months in the 1930s; by the 1950s this had declined to 45.5%. Conversely, 12.8% of women remained in the home for between six and 12 months in the 1930s; this had increased to 44.1% in the 1950s. The proportion of women who spent over 12 months in the home increased in the 1950s, but no woman remained in the home for longer than 18 months after giving birth.

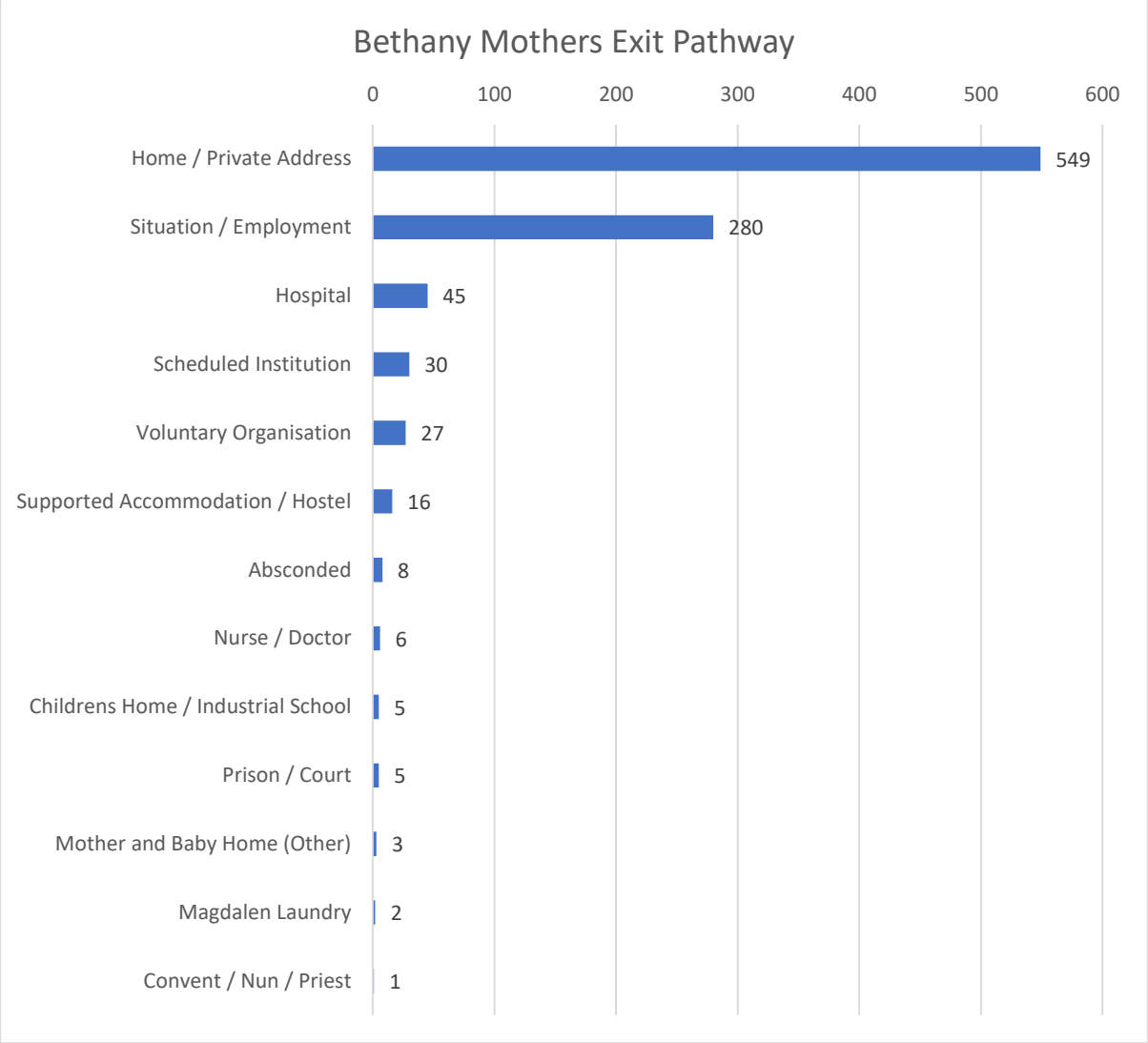
In the 1960s, all but three women left Bethany within six months of giving birth; one in five left within 50 days; two women remained for between six and 11 months and one woman remained there for 14 months.

Maternal deaths

Through the institutional records, the Commission identified five deaths among women admitted to Bethany: representing a mortality rate of 0.32%. Three occurred in Bethany and two in external hospitals. Two deaths were indirect obstetric deaths in the sense that they were conditions that developed during pregnancy, were aggravated by the physiological effects of pregnancy - both cases resulted in cardiac failure. Three deaths were directly associated with pregnancy and childbirth - all three deaths were due to puerperal sepsis. Adhering to WHO guidelines the maternal mortality rate in Bethany was 0.31%.[2]

[2] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

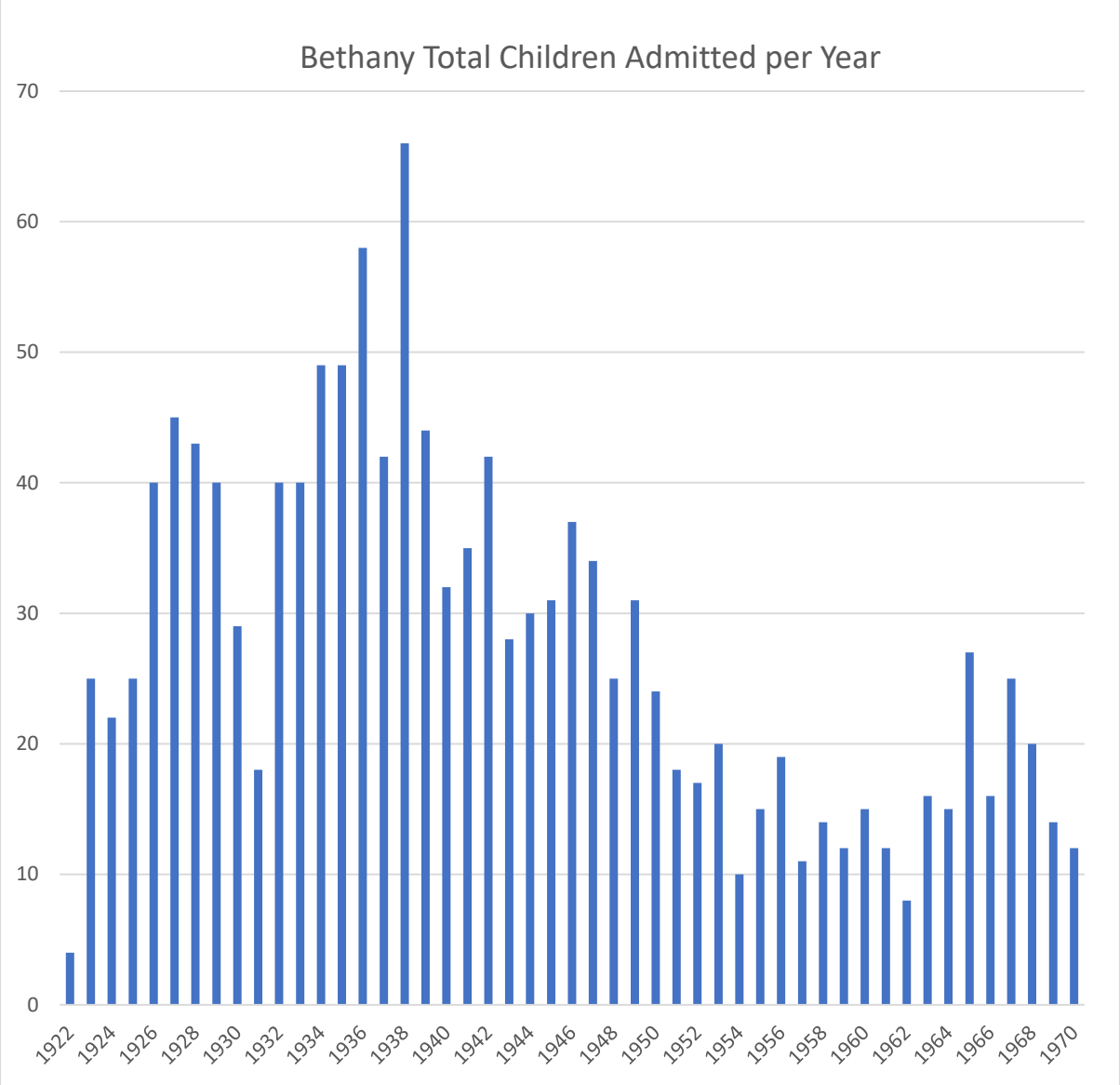
Exit pathways



Information relating to exit pathways was available for 977 women (61.7% of admissions).

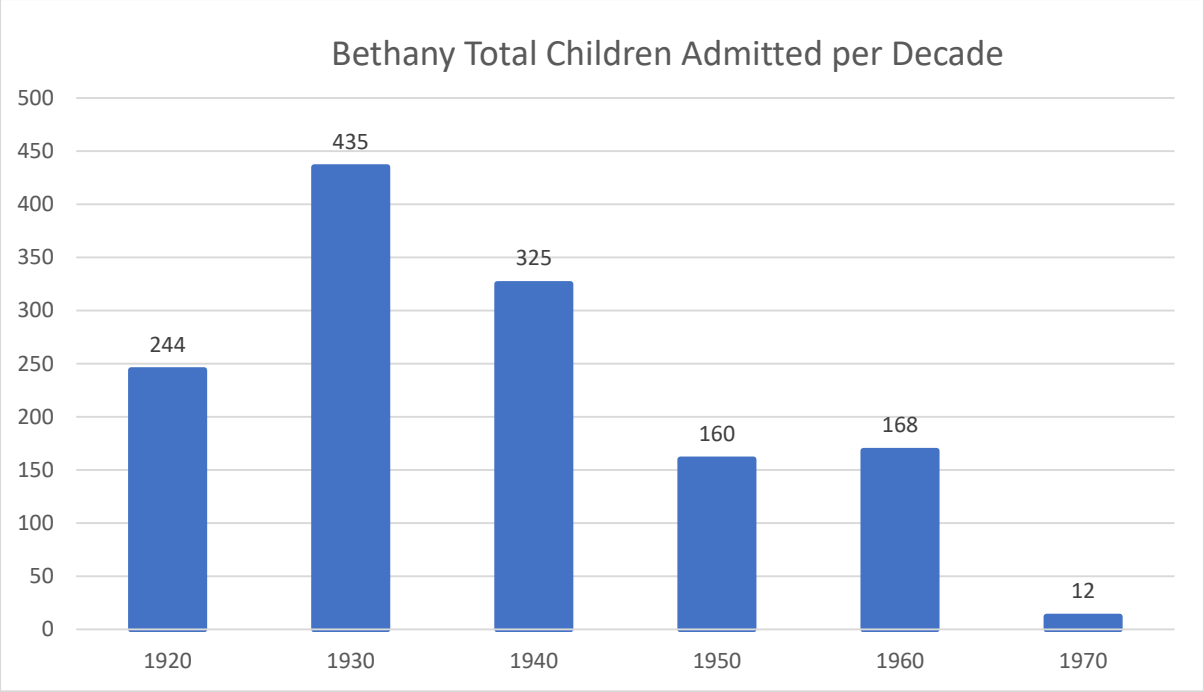
The institutional records show that most women (56.2%) were discharged to the family home or other private address; 28.7% were discharged directly to employment; 4.6% transferred to hospital; 3.1% transferred to one of the other institutions under the Commission's remit; 2.8% were discharged in the care of voluntary organisations; 1.6% were discharged to hostels or other supported accommodation; 0.8% 'absconded' leaving the child in Bethany; 0.6% were discharged to the care of a nurse or doctor; 0.5% transferred to children's homes or industrial schools and 0.5% were discharged to prison. Three women transferred to other mother and baby homes, two transferred to Magdalen laundries (both in the 1920s) and one was discharged in the care of a nun or priest. There were no major deviations in referral pathways over the timeframe of the home's operation.

Children: Admissions

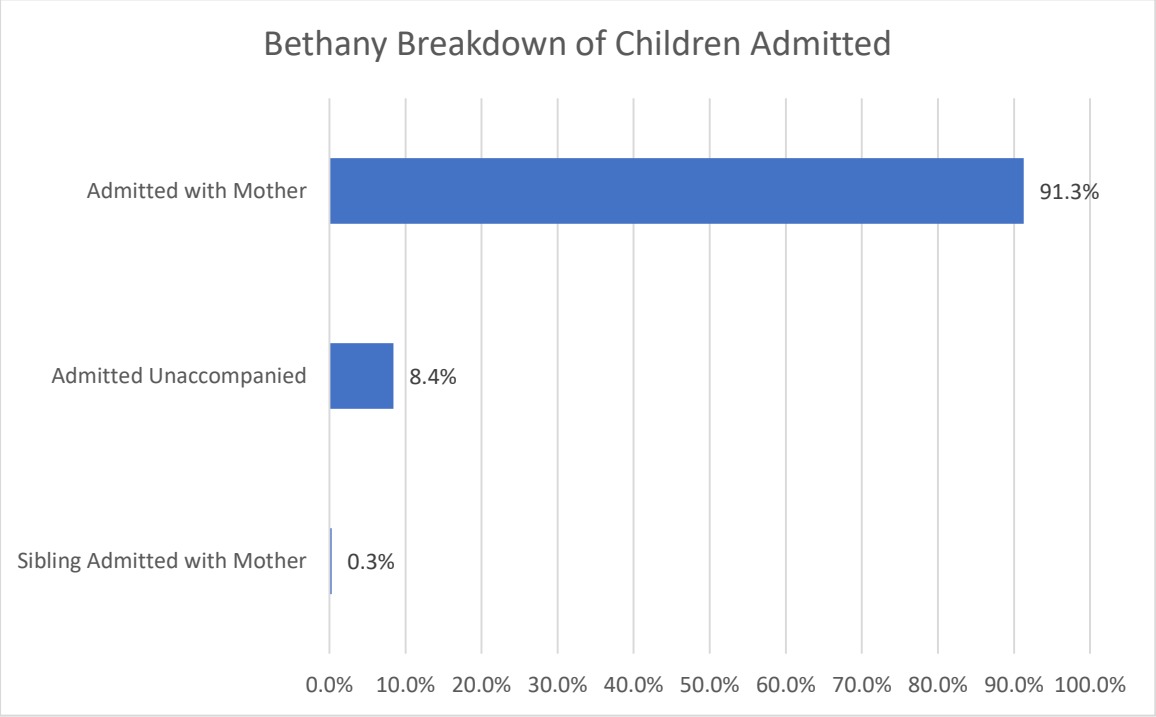


The Commission identified 1,376 children who were admitted to Bethany in the years 1922-70.

Information relating to date of birth/admission was available for 1,344 children (97.7% of births/admissions). Births and child admissions were greatest in the periods 1926-30 (197) and 1932-42 (497) and peaked in 1938 - 66 births/admissions were recorded that year. Births/admissions decreased from 42 in 1942 to 28 in 1943 and declined steadily until 1962 when eight births/admissions were recorded. In the final years of Bethany's operation, 1963-70, 18 births/admissions on average were recorded annually. In 1970, the home's last full year in operation, 12 births/admissions were recorded.

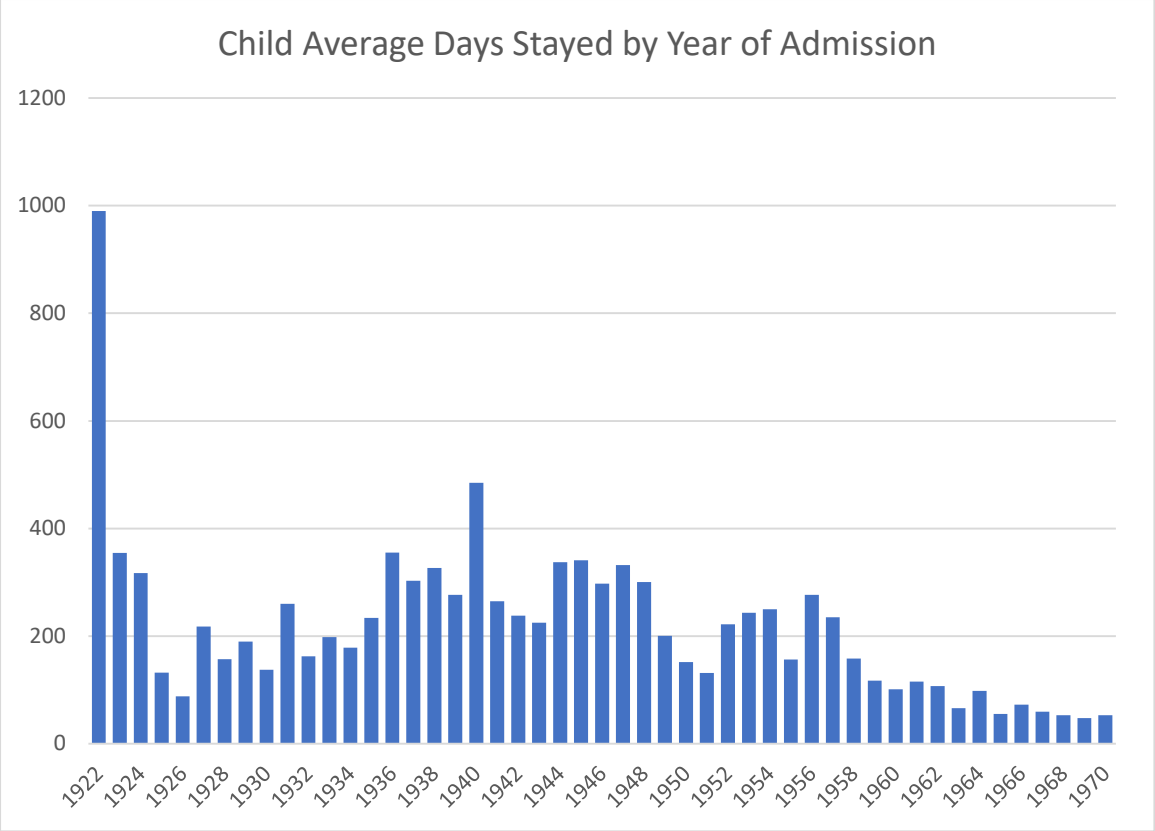


Analysis by decade shows that most children (32.4%) were born in or admitted to Bethany in the 1930s followed by the 1940s (24.2%); 1920s (18.2%); 1960s (12.5%); 1950s (11.9%) and the 1970s (0.9%). The majority of children (75%) born in or admitted to Bethany were there prior to 1950.



The institutional records show that 91.3% of children were either born in Bethany or admitted there with their mothers; 8.4% were admitted unaccompanied and 0.3% were older siblings admitted with their mothers.

Length of stay

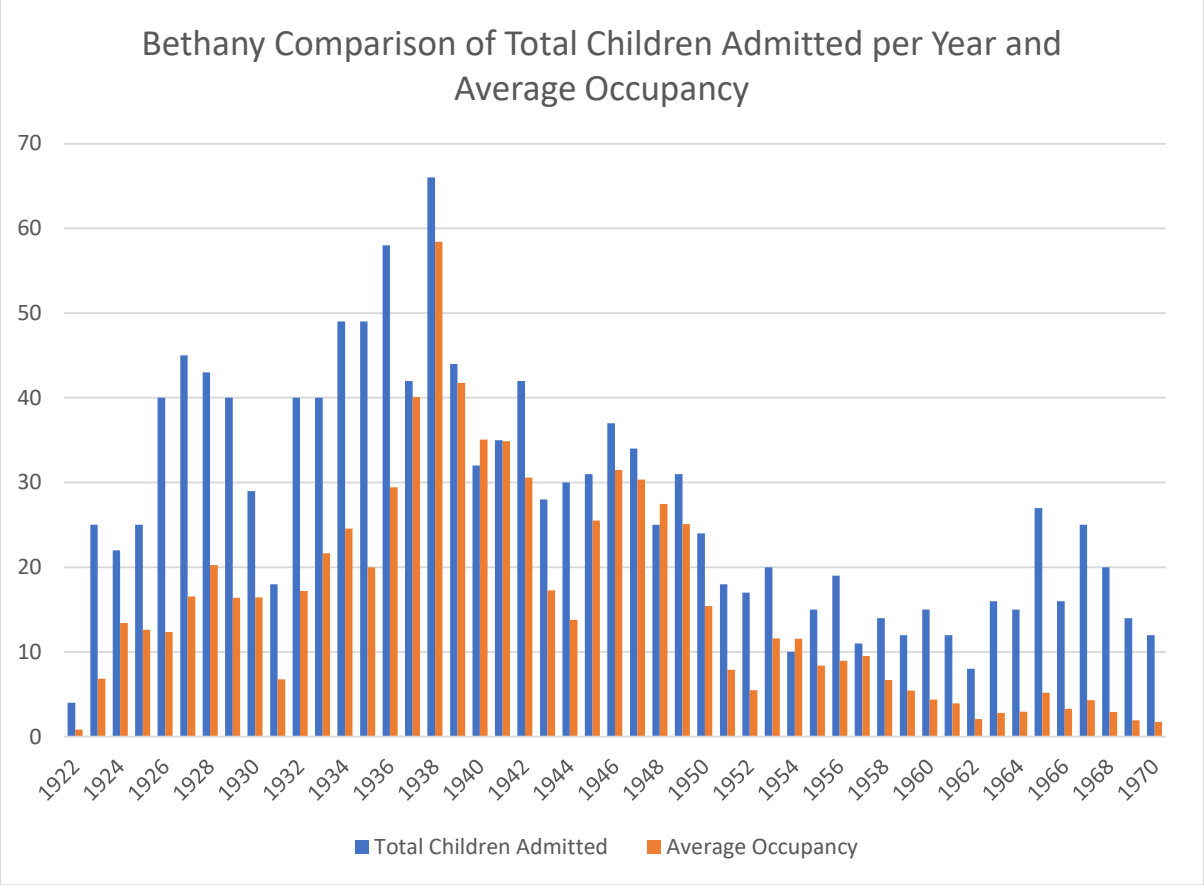


Information relating to length of stay was available for 1,274 children (92.6% of births/admissions).

The institutional records show that the average length of stay for children in Bethany was 222 days. This ranged from 990 days on average for children admitted in 1922[3] to 48 days on average for children admitted in 1969. Child length of stay decreased substantially from 990 days for children admitted in 1922 to 317 days for those admitted in 1924 and 88 days for those admitted in 1926. In the years 1925-35, child length of stay was 178 days on average and exceed 200 days on just three occasions in 1927, 1931 and 1935. Length of stay increased significantly in the period 1936-48; average length of stay in those years was 314 days and ranged between 485 days on average for children admitted in 1940 to 225 days for children admitted in 1943. Although average length of stay for children admitted in 1951 had decreased to 131 days it had more than doubled to 277 days for those admitted in 1956. Length of stay began a steady decline from 235 days for children admitted in 1957 to 48 days for those admitted in 1969. Analysis by decade shows that average length of stay rose from 194 days for children admitted in the 1920s to 303 days for those admitted in the 1940s. By the 1960s, however, average length of stay had decreased to 72 days.

[3] Only four children were admitted in 1922 and the length of stay could only be determined in two cases.

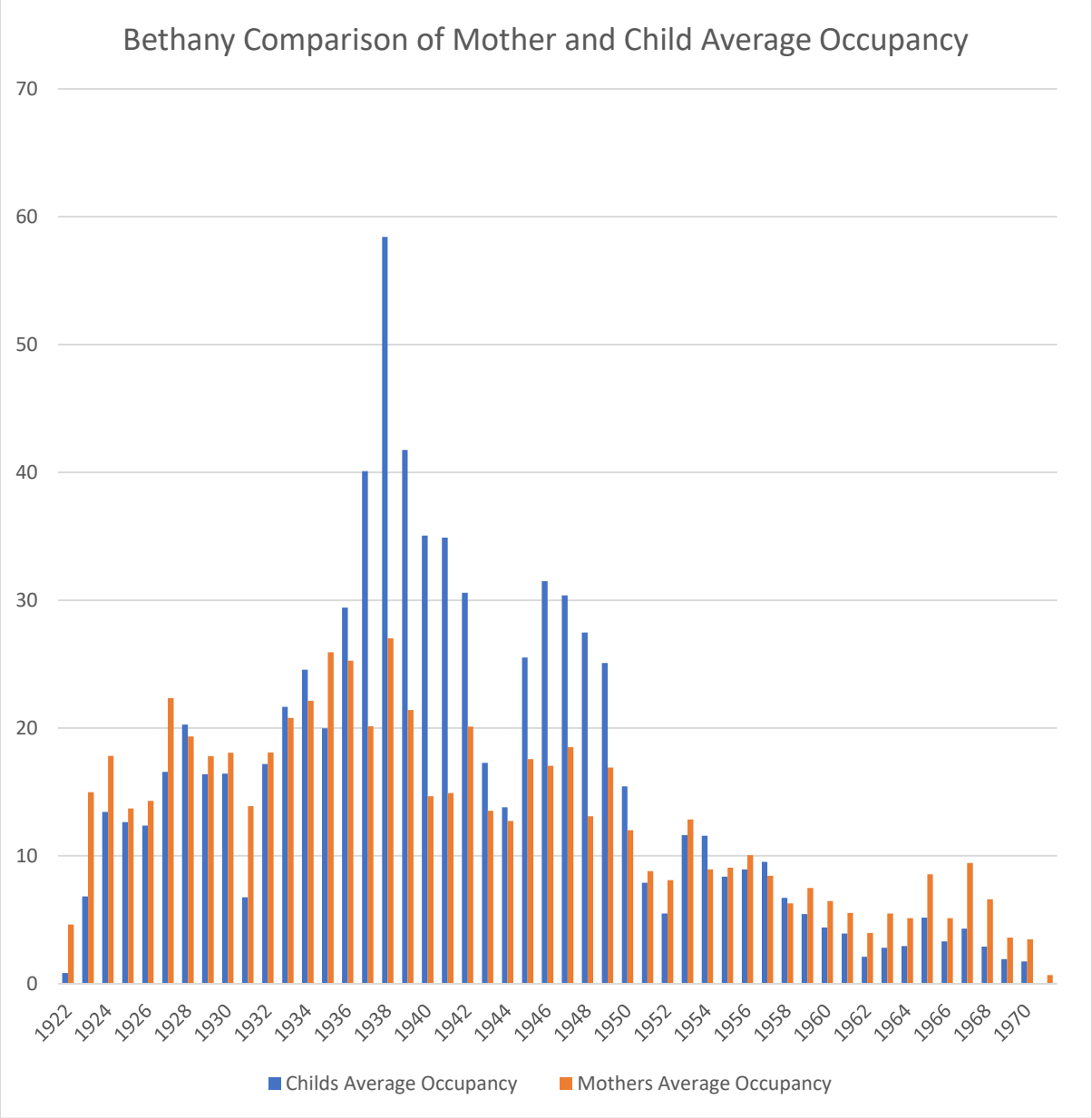
Occupancy



Information relating to occupancy was available for 1,264 children (91.9% of births/admissions).

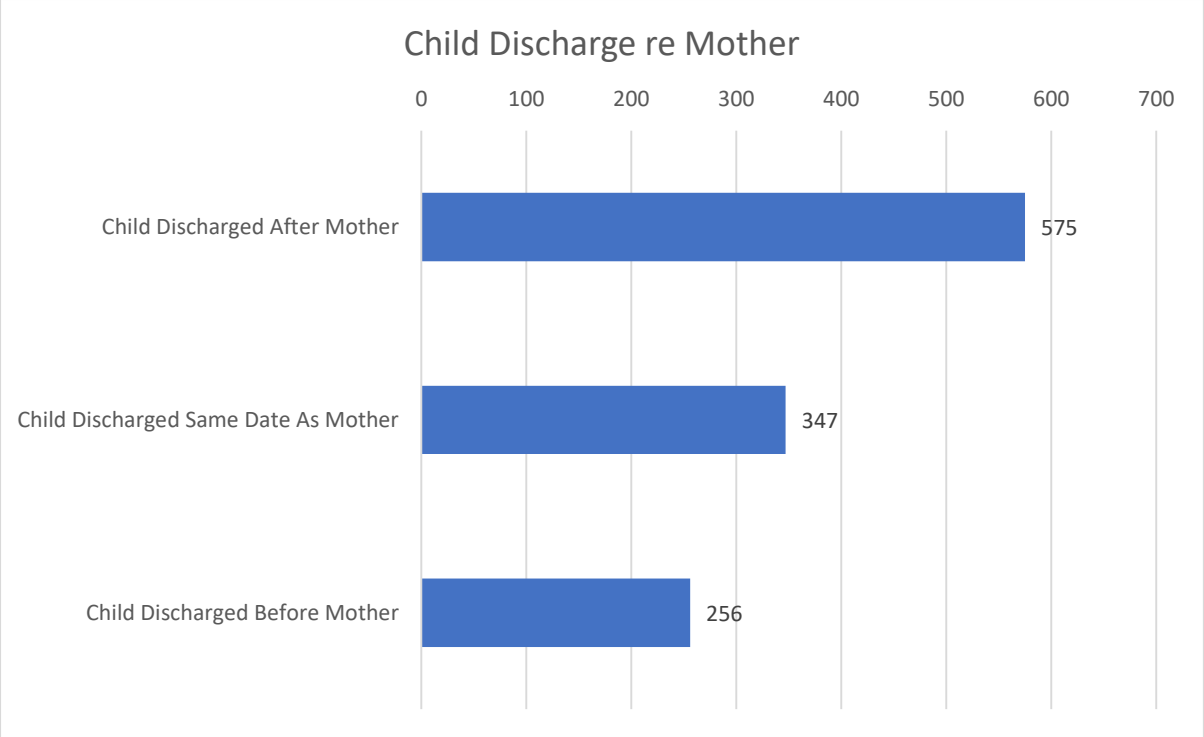
The institutional records show that, in the years 1922-35, average occupancy was broadly in line with the number of admissions in any given year. In 1936, however, average occupancy began to increase proportionally and by 1937 average occupancy was almost on par with the number of admissions. Average occupancy remained relatively high from 1937 to 1949 and reflects the significant increase in the length of stay already identified in this period. Average occupancy exceeded admissions on two occasions, in 1940 and 1948 - this suggests that Bethany experienced the same difficulties in procuring foster homes for children as other mother and baby homes in this period. Average occupancy declined significantly from 1950 and, apart from peaks in 1954 and 1957 (years when length of stay had spiked), decreased steadily in the 1960s and 1970s.

A child born in or admitted to Bethany in 1938 could expect to be living with another 57 children on average; a child born or admitted in 1958 could expect to be living with another six children on average. By 1968, this had decreased to just two other children on average.



Comparative analysis of average occupancy of mothers and children shows that, in the years 1922-35, there were generally more women than children in Bethany. The years 1928, 1933 and 1934 were exceptions - however, the discrepancy between the number of women and children in those years was small. In 1936, however, the average number of children in Bethany began to exceed the average number of mothers to a much greater extent and by 1938 there were over twice as many children as mothers in the home at any one time. From 1937 to 1950 the average number of children living in Bethany remained far higher than the average number of mothers and reflects the fact that almost 50% children born in or admitted to Bethany spent time in the home unaccompanied and that almost 9% of admissions overall were unaccompanied children.

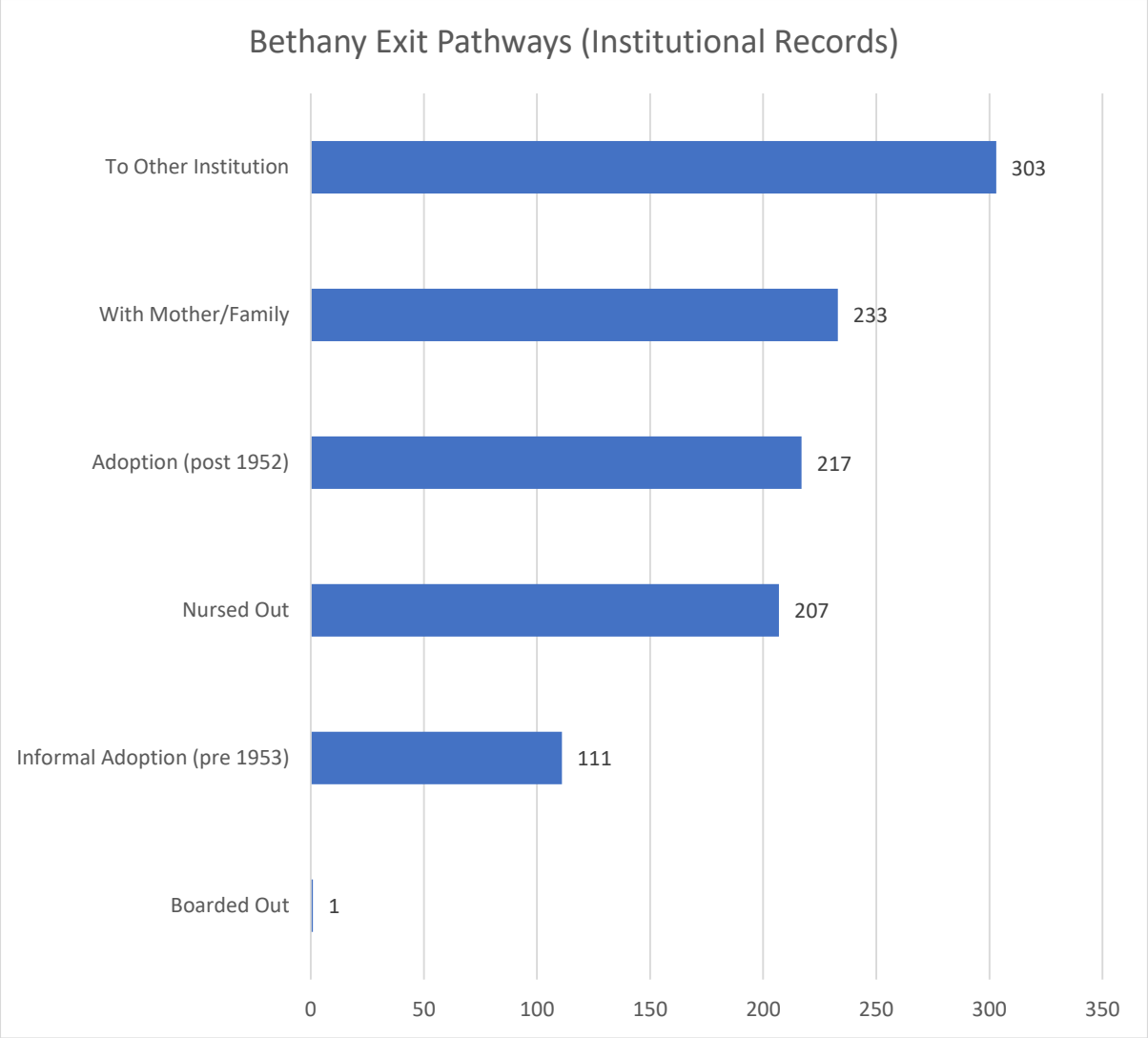
Child discharge in relation to mother



Information relating to children's date of discharge in relation to their mothers was available for 1,178 children (85.6% of births/admissions).

The institutional records show that most children (49%) remained in Bethany unaccompanied for a period after their mother had been discharged; 29% left the home on the same day as their mother and 22% were discharged while their mother remained in Bethany.

Exit pathways

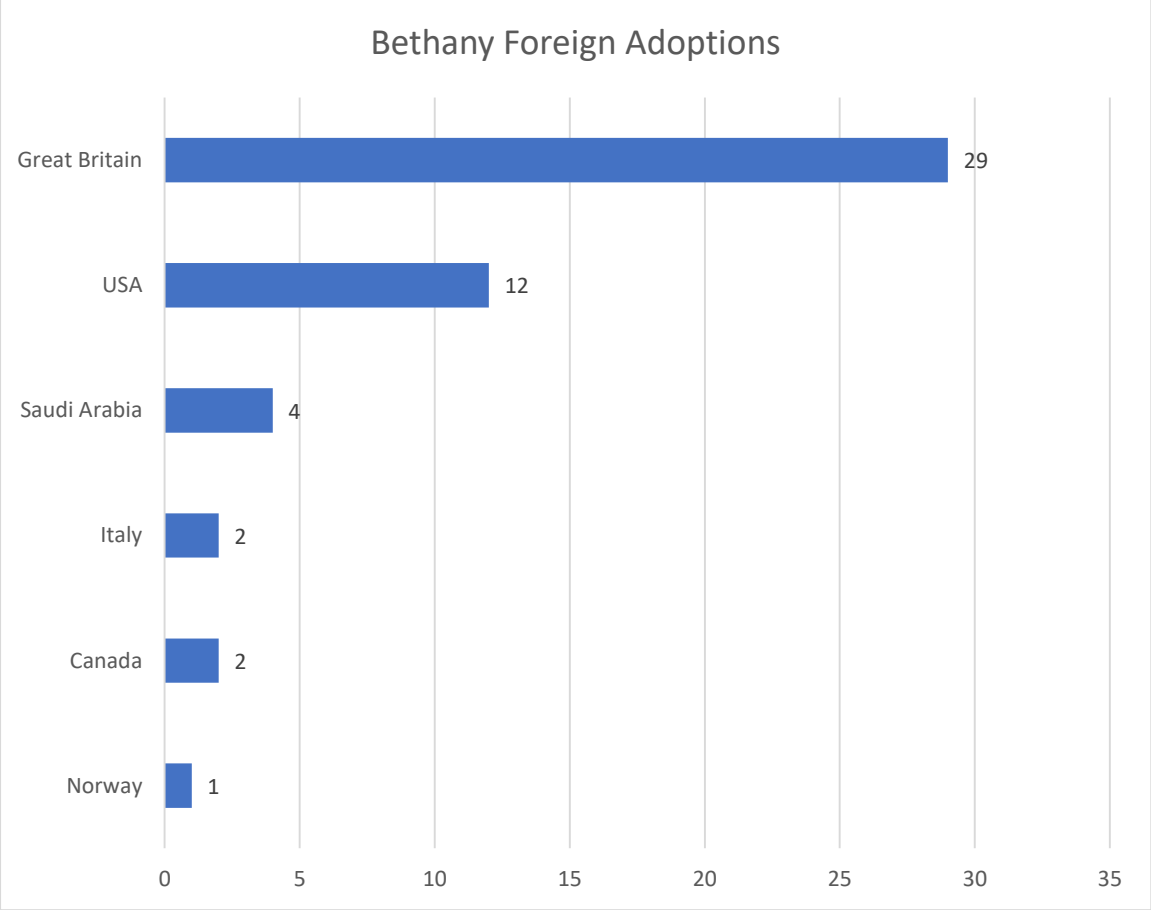


Information relating to exit pathways was available for 1,072 children (77.9% of births/admissions).

The institutional records show that 28.3% of children transferred from Bethany to other institutions - around one in three transferred to either the Emmanuel Home or Harold's Cross Orphanage/Westbank; 21.7% were discharged with their mothers or other family member; 20.2% were legally adopted (from 1953); 19.3% were placed at nurse under private arrangement; 10.4% were informally adopted (pre 1953) and one child was boarded out under a local authority scheme.

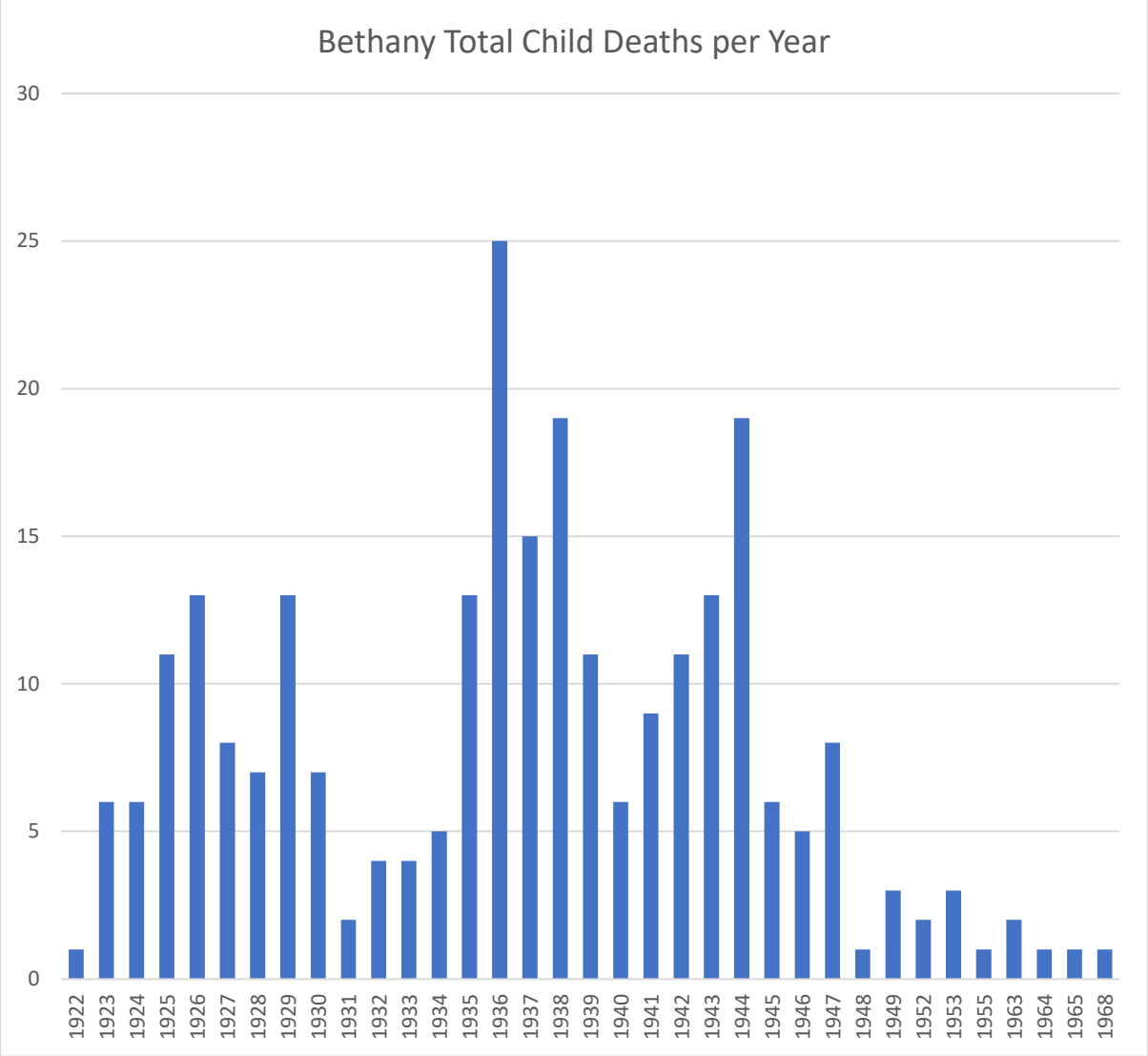
In the case of unaccompanied children, 42.7% transferred to other institutions; 19.8% were placed at nurse; 18.7% were claimed by a parent or other family member; 11.5% were informally adopted (pre 1953) and 7.3% were placed for adoption (from 1953).

The primary exit pathways from Bethany altered over the timeframe of its operation. In the 1920s, 41.9% were recorded as leaving the home with their mothers; by the 1960s this had decreased to 10.1%. Nursed out was a major exit pathway in the 1920s and 1930s - just over 31% of children were discharged in this manner in both decades. By the 1950s, however, nursed out accounted for just 0.6% of exit pathways. Conversely, in the 1920s, informal adoption was an exit pathway for 4.5% of children; in the 1940s it was the most frequent exit pathway at 29.5%. From the 1950s, placed for adoption became the leading exit pathway and accounted for 54.4% of exit pathways in the 1950s; 56.6% in the 1960s and 46.2% in the 1970s.



The Commission identified 50 children who were placed for foreign adoption. Most children (58%) were placed for adoption in the UK; 24% in the USA; 8% in Saudi Arabia; 4% in Italy; 4% in Canada and one child was adopted in Norway.

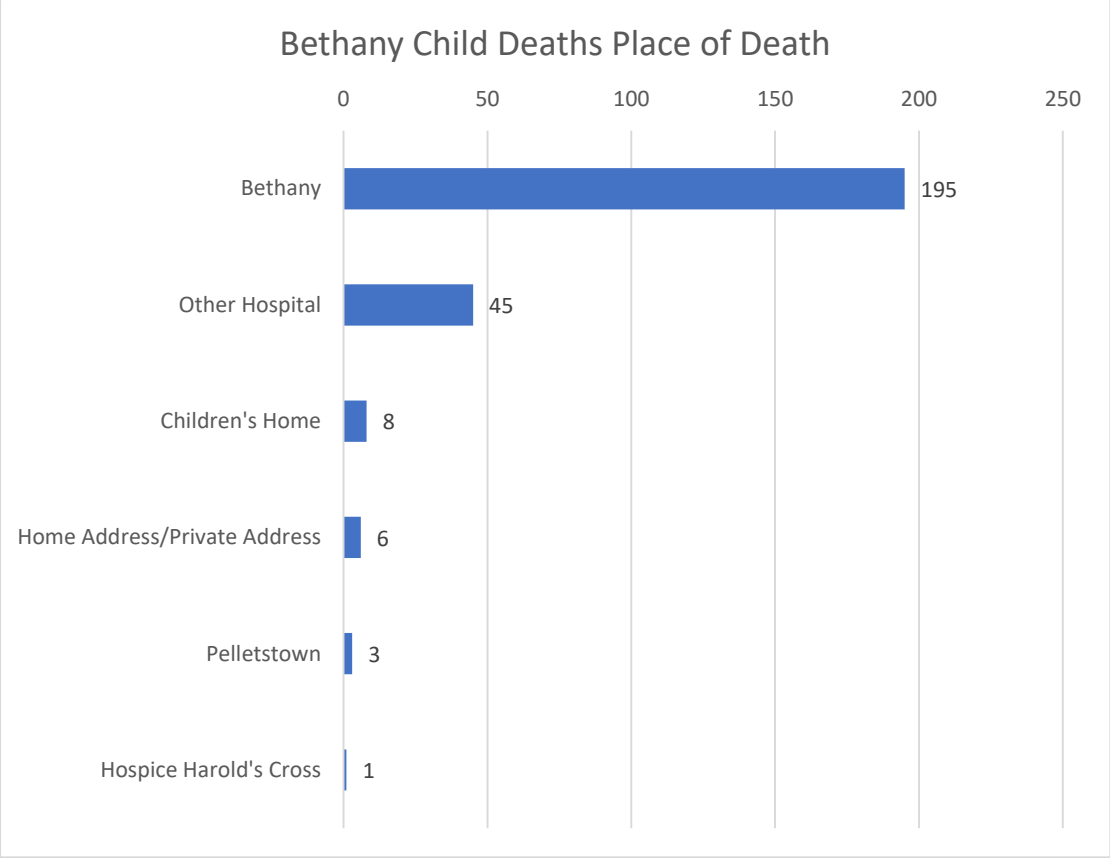
Child deaths



The Commission identified 262 deaths among children associated with the Bethany home. This includes children who died in Bethany, children who were in Bethany and died elsewhere and children who were never admitted to Bethany but whose mothers had been living there prior to their birth. The Commission located GRO death records for 256 children (97.7% of child deaths).

The worst period for child deaths in Bethany was 1935-47; 61% of all child deaths occurred in those years and coincides with the high numbers of unaccompanied children living in the home at that time. Child deaths peaked in 1936; 25 deaths were notified that year. Over 95% of all child deaths occurred before 1950. Analysis by decade shows that most child deaths (40%) were notified in the 1930s followed by the 1940s (31%) and the 1920s (25%). The remaining 4% of deaths were notified between 1950 and 1960.

Place of death



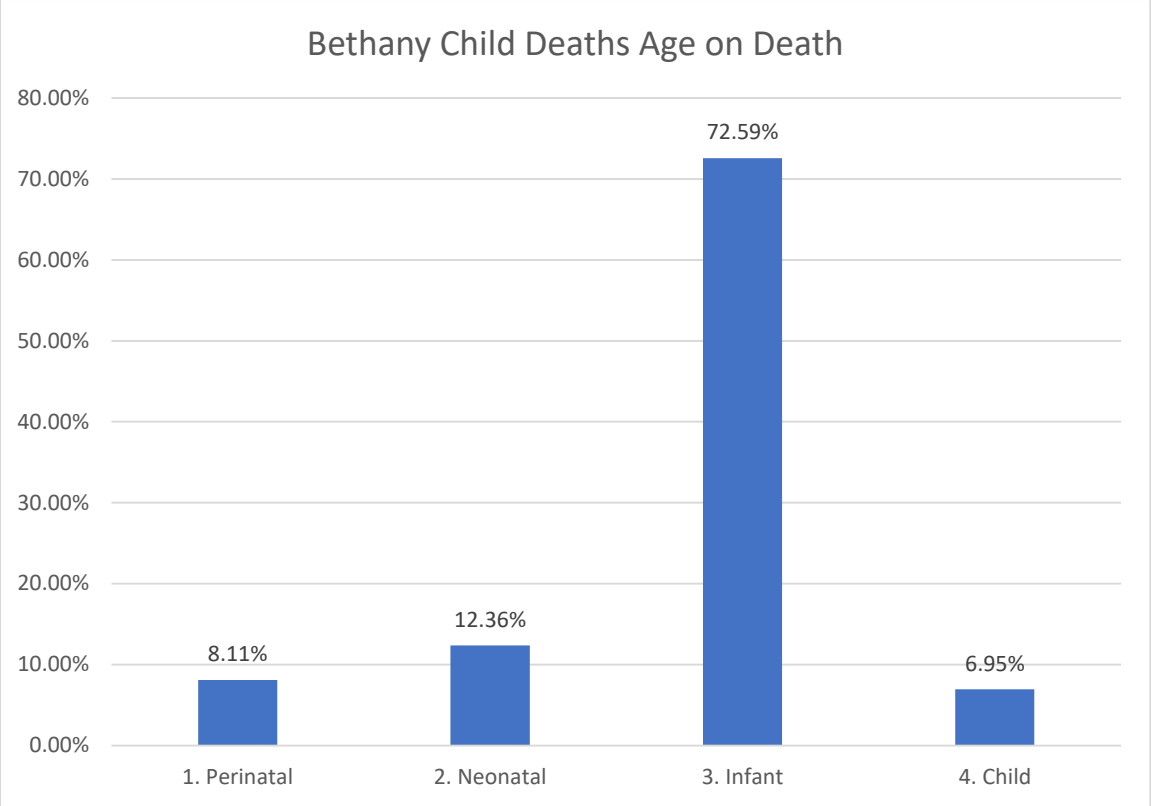
Information relating to place of death was available for 258 children (98.5% of child deaths).

Most child deaths (75.6%) occurred in the Bethany home; 17.4% occurred in other hospitals - mainly St Ultan's Children's Hospital and the Rotunda Hospital; 3.1% occurred in children's homes - mainly Emmanuel Home; 2.3% occurred in private residences; three children died in Pelletstown and one child died in Our Lady's Hospice, Harold's Cross.

Burial records

The Commission located burial records for 235 Bethany children; 231 children were buried in Mount Jerome Cemetery, Harold's Cross, and four children were buried in Glasnevin Cemetery.

Age at death

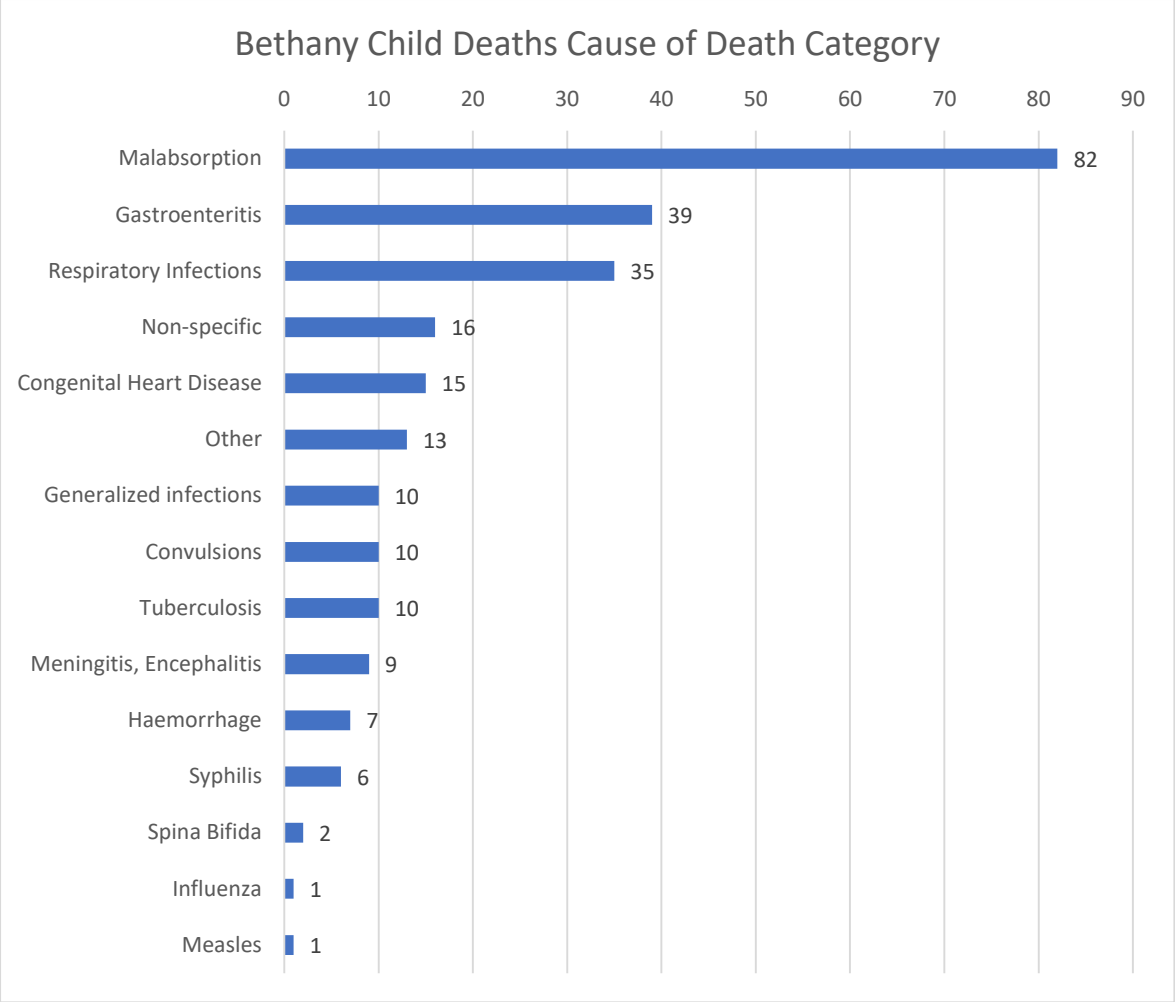


Information relating to age on death was available for 259 children (98.9% of child deaths).

The available records show that most children (93.1%) died in infancy as follows: perinatal 0-7 days (8.1%); neonatal 8-28 days (12.4%) and infant 29-365 days (72.6%). The remaining children were aged between 368 days and four years at the time of death.

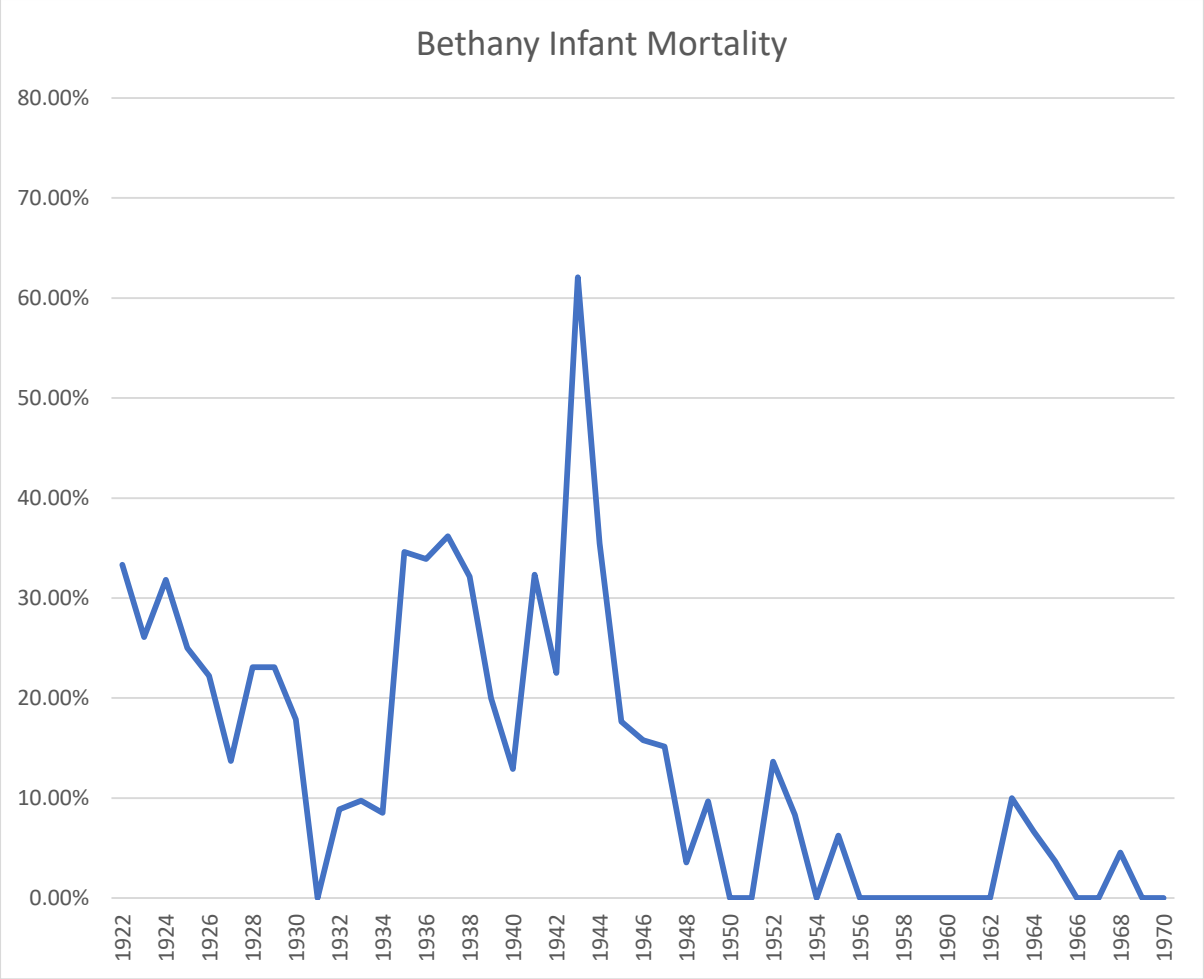
The institutional records show that 59% of children admitted to Bethany who died were accompanied by their mother at the time of death and 41% were unaccompanied.

Cause of death



Information relating to cause of death was available for 256 children (97.7% of child deaths). Most child deaths (32%) were notified as being due to malabsorption - mainly marasmus; 15.2% were notified as gastroenteritis; 13.7% as respiratory infections - mainly bronchopneumonia and bronchitis; 6.3% were notified as being due to non-specific causes - mainly congenital debility and prematurity; 5.9% as congenital heart disease; 5.1% as a range of other mostly one off causes such as asphyxia neonatorum and pertussis (whooping cough); 3.9% as being due to generalised infections - mainly toxaemia and scarlatina; 3.9% as convulsions; 3.9% as tuberculosis; 3.5% as meningitis/encephalitis; 2.7% as being due to haemorrhage - mainly intercranial and cerebral; 2.3% as congenital syphilis; 0.8% as spina bifida. One death was notified as being due to influenza and another as being due to measles.

Infant mortality rate[4]



It seems clear that infant mortality in Bethany was high from the beginning of its operation; a rate of 33.3% was recorded in 1922 which was its first year in operation. By 1931, the administrators of the home appear to have brought infant mortality under control and no child born in or admitted to Bethany that year subsequently died. However, by 1936 the infant mortality rate had increased to 34.6% and by 1943 had reached 62.1% - almost two in every three children born in or admitted to the home subsequently died in infancy. By 1945, the infant mortality rate had reduced substantially to 17.6% and further declined in 1948 when a rate of 3.6% pertained. No deaths occurred among children born in or admitted to the home in 1950 and 1951 and in the years 1956-62 inclusive. Peaks in infant mortality in 1952 (13.6%), 1953 (8.3%), 1955 (6.2%) and 1963 (10%) represented 3, 2, 1 and 2 infant deaths respectively.

[4] Infant mortality rate is calculated as follows: Living infants born in a given year who died before the age of 1 year as a percentage of all infants born in the same year.

Chapter 23: Denny House, formerly the Magdalen Asylum

Introduction

23.1 The Magdalen Asylum/Denny House was Ireland's longest-surviving mother and baby home. It was founded in 1765 in Lower Leeson Street, Dublin (close to the junction with St Stephen's Green), by the philanthropist Lady Arabella Denny. It closed in 1994.

Origins

23.2 Lady Arabella Denny was closely involved with the Dublin Foundling Hospital which admitted deserted and abandoned children. J D Widdess, author of a history of the Magdalen Asylum, stated that, having received many letters from unmarried mothers who had been forced to place their children in the Foundling Hospital, Lady Denny decided to establish an institution to care for the mothers.[1] This became known as the Dublin Magdalen Asylum. A number of similar institutions opened in Britain and Ireland in the late eighteenth century. By the end of the nineteenth century there were over 300 Magdalen Homes in England and at least 41 in Ireland, including 19 in Dublin and Dun Laoghaire (then known as Kingstown), all run by religious denominations. The Magdalen Asylum in Leeson Street admitted former prostitutes and unmarried mothers who were expected to engage in various types of work, such as laundry, needlework, and domestic duties to support their care and provide them with training that would enable them to find employment when they left the institution. The asylum was established specifically to cater for woman of the Protestant faith and, in contrast to other Magdalen institutions in Ireland, it admitted pregnant women, provided they were 'first fall' cases, that is, women experiencing their first pregnancy.[2]

23.3 The *Handbook of Dublin Charities*, published in 1903, stated that 'The home is especially intended for Protestant young women after a *first* fall and for those who are about to become mothers'. The home was 'in connection with the Episcopal Church'. The main income came from pew rents[3] and collections in the adjoining Magdalen Chapel, which was opened in 1768, to provide revenue for the home. In

[1] J.D.H. Widdess, *The Magdalen Asylum, Dublin, 1766-1966* (1966).
[2] Report of the Inter-Departmental Committee to establish the facts of State involvement with the Magdalen Laundries: Chapter 3: History of the Magdalen Laundries and institutions within the scope of the Report, p. 41. This is based on a paper submitted by Maria Luddy.
[3] Pew rents were payment made by prosperous individuals or families to reserve a pew in the Magdalen Chapel for their exclusive use.

1900 the total receipts for the chapel and asylum were £1,510 9s 5d; a laundry associated with the asylum contributed £135.[4] Women in the Magdalen Asylum in Leeson Street were described as 'penitents'. They were forbidden to use their own name or speak about their past; they were given a number when they were admitted, and they were known as 'Mrs One', 'Mrs Two'.[5]

23.4 A total of 14 people were recorded as resident in the home in the 1911 census; 11 'inmates' and three staff members, including a matron and portress (female porter). Twelve of the women were members of the Church of Ireland, one woman was a Baptist and one was Presbyterian. The youngest 'inmate' was 18 years of age; ten of the women were described as in 'domestic training for domestic service'. The census described the institution as a 'Magdalen Home'; the adjoining chapel was also recorded in the census. No babies were recorded in the 1911 Census. However, by 1921, the Magdalen Asylum had been transformed into a mother and baby home, exclusively for Protestant women experiencing a 'first fall'. While the institution continued to be referred to as either the Dublin/Leeson Street Magdalen Asylum/Home, it no longer operated as a Magdalen Home style institution.

23.5 In 1910 the Nursery and Rescue Home and Rotunda Protestant Girls' Aid Society was established at Little Fortfield, Templeogue, Dublin. This home was established as a shelter for Protestant 'first fall' women who had 'fallen into sin', with the intention of 'restoring them to respectable life'.[6] By 1922, it had admitted almost 200 women, many of whom were subsequently taken back by their families or relatives; some married; a majority were placed in domestic service by the home. Around 192 children were born in or admitted to the home. Many were either taken by the mother when she married or taken by relatives or placed with a network of nurse mothers used by the home. A majority were admitted into orphanages and 23 died while under the home's care. By 1922 this home found it financially impossible to continue in operation, so it was decided to close and concentrate on the nursing out of children born to Protestant unmarried mothers. In 1922 the home had 26 children at nurse under its management. The renamed Nursery Rescue and Protestant Children's Aid Society affiliated with the Magdalen

[4] Williams, *Handbook of Dublin charities*, p. 156.
[5] Maria Luddy *Prostitution and Irish society, 1800-1840* (Cambridge, 2007), pp 85-6.
[6] The Nursery and Rescue Home and Rotunda Protestant Girls' Aid Society, Little Fortfield, Templeogue, Dublin, *Eleventh Annual Report, 1919-1920* (Dublin, John Falconer, 1920), p. 4.

Asylum and would in future be responsible for placing children born to the women in that home at nurse.[7]

23.6 The Magdalen Asylum moved to Eglinton Road in Donnybrook in 1959. On 4 June 1980 the High Court approved a proposal to vary the scheme under which the charity would operate in the future. The name was changed to Denny House; the restriction of admissions to Protestant women only was removed. Denny House would give priority to Protestant unmarried mothers and their children, but they could now admit separated, deserted or recently widowed women with their children and Catholics if accommodation was available.

Sources

Institutional records of the Magdalen Asylum/Denny House

23.7 Most of the institutional records relating to the Magdalen Asylum/Denny House are held by PACT - which was formerly known as the Protestant Orphans Society. These records were digitally copied by the Commission. They include:

- Magdalen Home case files, 1927-1994: These contain an admission form, medical certificates, correspondence and detailed notes on a woman's background, medical details, her activities and behaviour in the home, and discharge details for mother and baby. They include the woman's name, age, home address, religion, occupation, various questions regarding the pregnancy, and the amount she could pay per week to the home. These files become more detailed from the 1960s. Correspondence includes letters from local clergymen, mothers of the 'girls', and some of the women who were in the home. There are approximately 1,000 individual files; a small number are missing.
- Mother and Child Case Books, 1920-1961: These contain information about the mother's background; her admission and discharge; details of births; health details for mother and baby; and discharge details for mother and baby (seven volumes)
- Case Committee Books, 1955-1976: These contain background on mothers, admission/discharge, details of birth and discharge of baby (three volumes)
- Case Committee Notes, 1952-1973: These are loose notes with similar information to the Case Committee Books. (1 file)

[7] The Nursery Rescue and Protestant Children's Aid Society, Thirteenth Annual Report, 1921-1922 (Dublin, 1922), p. 5.

- Monthly Meeting Committee Books, 1973-1988: These have similar information to Case Committee Books plus details of the management of the home (2 volumes)
- Monthly House Report Books, 1958-1973: These note discharges/admissions, health of mothers and babies, management of home (3 volumes)
- Matron's Report Books, 1945-1957: These are monthly with the same details as above (2 volumes)
- Daily House Report Books, 1973-1994: These contain morning and evening reports on activities, health and behaviour of mothers and babies (24 volumes)
- Baby Books, 1970-1994: These have details of babies' birth, progress in home, and discharge details (4 volumes)
- Interview Book, 1990-1994: These provide details of mothers seeking admission (1 volume)
- Annual reports: 1958, 1962 and 1963
- Discharge Books, 1980-1994: These note the background of mothers, updated accounts on their activities and behaviour in the home, and discharge details (4 volumes)
- Records and Particulars Book of Maternity Home (or Hospital) known as Magdalen Home, 1961-1982: This contains details of admission/discharge of mother, birth of baby and discharge of baby (1 volume)
- Church of Ireland Register of Baptisms solemnised in Magdalen Asylum Church, 1869-1983 (1 volume)
- Correspondence concerning the transfer of Denny House records to PACT, 1994-2013.

The Nursery Rescue Society Archives

23.8 PACT also holds the records of the Nursery Rescue Society which was affiliated with Denny House. These records relate to fostering arrangements, placements in children's homes and adoptions, and contact with the birth mothers. The records include

- Minute Books, 1909-1989 (18 volumes)
- Annual reports, 1914-1978 (61 items)
- Agenda Book, 1938-1943 (1 volume)

- Little Fortfield Mother and Baby Home records, 1909-1921 - journal and 'girls and babies' register (2 volumes)
- Children's case files, 1927-1965 - details of fostering, adoption (including to Canada, USA, Australia and UK), education and employment arrangements for children under care of society (c.200 files)
- Index cards relating to children's case files (1 file)
- Children's ledger listing all children under care of the society, 1945-1972 (1 volume)
- Surrender and Adoption Forms, c.1930-1965 - separate forms signed by mothers and adoptive parents (1 file)
- Nursery Rescue Society notebook on children giving details of child's health, progress and where they were placed by the society, 1965-1975 (1 volume)
- Documents relating to history of society and regarding transfer of assets to PACT, 1989-1990 (1 file)

Department of Local Government and Public Health/ Department of Health

23.9 There is information about Denny House in the evidence given to the Commission on Relief of the Sick and Indigent Poor and in the files of the Department of Local Government and Public Health/Department of Health: some of these files are in the National Archives, the remainder were supplied under a Discovery Order. There is very little information available about this home during the 1920s, 1930s and early 1940s; later files are rich in personal histories. The main Department of Health files used for this chapter are:

CCP/INA/0/483137
CCP/INA/0/482129
CCP/INA/0/432660
CCP/INA/0/483891
INACT/INA/0/444689
INACT/INA/0/451287

Governance and Administration

23.10 The Magdalen Asylum was overseen by guardians and governesses. Male donors were described as guardians and the management committee was drawn from their members. Women donors, or the wives of prominent men, were known as

governesses, and they were involved in the internal running of the home.[8] When the Nursery Rescue Society affiliated with Denny House, three of the governesses joined the Nursery Rescue Committee.[9] By 1958 the women were being described as associate guardians. The archives do not include the minutes of the management committee or meetings of the trustees. The guardians and associate guardians/governesses included the Church of Ireland Archbishop of Dublin and on occasion his wife, plus prominent Dublin doctors, including leading paediatricians and gynaecologists. Miss B Odlum, the organising secretary of the Church of Ireland Moral Welfare Society served as an associate guardian for many years. In 1952 the Minister for Health, James Ryan, attended the AGM.[10]

23.11 As the list of records indicates there were a number of active committees, though it is unclear when these committees were established, or whether their responsibilities changed over the period covered by this report. It is clear that similar committees existed before 1920. The case committee (first entry in the surviving records is for 1955) met once a month. The meetings discussed the individual cases - mothers and children. The home also appears to have had appointed visitors; the case committee records state:

- That the visitors should be free to walk around the Home on their own and talk to the girls.
- That staff and girls should feel free to discuss any problems with the visitor.
- That any problems arising about the mothers and babies should be dealt with by the case committee.
- That a special book should be kept for the visitors to note any household needs, suggestions or problems.

Premises

23.12 Denny House occupied the original 18th century premises in Lower Lesson Street which was close to the junction with St Stephen's Green until 1958. The 1911 Census describes it as a 'first-class dwelling' with 18 rooms. When the original premises were sold in 1958, the site was described as being approximately 22,800 square feet in area, 9,312 square feet of which was occupied by 'a fine masonry church structure' and two three-storey houses with basements. It had a 123 feet

[8] *Rules and Regulations for the Asylum of Penitent Females: with an account of the receipts and disbursements* (Dublin, Sheppard and Nugent, 1785), p. 1.
[9] The Nursery Rescue and Protestant Children's Aid Society, *Thirteenth Annual Report, 1921-1922*, p. 5.
[10] *Irish Times*, 28 May 1952.

frontage onto Lesson Street and 46-foot frontage onto Earlsfort Terrace.[11] The original buildings were demolished. The home moved to Eglinton Road in Donnybrook in March 1959.

23.13 There is no indication that this home was overcrowded at any time, in contrast to the other mother and baby homes. In 1950 a Department of Health inspector reported that she had visited and inspected this home and the Bethany Home. She described both as 'clean and well kept; comfortable beds and they appear to be well fed'. However surviving records suggest that the heating was probably inadequate; and the home suffered frequent problems with leaks, broken boilers and other shortcomings. Matron's Report book in 1946 reports frequent shortages of fuel, which meant that at times they were unable to use the 'range'/stove in the kitchen. However, the home managed to secure coal from the Gas Company and unidentified fuel from the Church of Ireland labour yard. In 1953 the Matron recorded that 'The continuous burning fire has been put into the [day] nursery', replacing the previous open fire which did not provide adequate heat. In 1954 'due to colder weather and fewer numbers' the 'girls' were eating their meals in the kitchen and the staff were eating in the boardroom 'which is much warmer for everybody'. That boardroom was turned into a nursery with a new 'stove fire' in 1955. At around the same time a governor provided two 'aladdin heaters' - which were fuelled by paraffin; they were still in use when the Lesson Street premises closed. In 1955 the Matron complained that the nurse was running an electric fire in her bedroom 'off the light plug which is expensive and causes fuses frequently'; a gas fire was later installed in her bedroom. The Commission has not seen many details about the sanitary facilities, although in 1949 a new bathroom was installed, plus a water tank in the roof to ensure a 'satisfactory' supply of water to the new toilet. Despite its location in the centre of the city the home had quite a substantial garden. Matron's Report Books give details of bottling applies, and making gooseberry, rhubarb and blackcurrant jam from 'our own fruit'; in 1948 'a large turnip crop seems possible'. There are also frequent references to employing a gardener.

23.14 In 1955 Matron lamented that 'The house is in great need of repairs and I cannot get anyone to do them'. She also reported that Miss Lyster (sic) had spent an hour in the home on 3 May 1954:

[11] *Irish Independent*, 19 July 1958.

and went into great detail. She was sympathetic and helpful and called this building a "housewives' nightmare". On the strength of the expense of running it, she suggested that we should ask the Minister for Health for an additional grant.

23.15 Miss Litster's report stated that the home occupied two houses, 'over 200 years old' that 'have not been designed for labour-saving'. 'The Home is as well-kept as can be expected; charges for upkeep and repairs must be large'. She described the nursery, 'formerly the board room', as 'large and airy, containing 9 cots with wooden frames. Here there are 3 infants, 2 being breast-fed. All 3 appear healthy and thriving and were clean and comfortable'. The remaining two were in prams in an outside shelter; all the infants were described as healthy, well cared for and contented.

23.16 It appears that efforts were underway by 1955 to sell the premises; Matron noted that two valuers had visited recently. A special meeting was called in March 1957 to consider the sale and the purchase of alternative premises. This would require an application to the court for permission to sell and to dispose of the adjoining chapel and its chattels. The guardians determined that it was essential to move, 'having regard to the state of repair of the premises…and to the expense and inconvenience involved in carrying on the work of the Asylum in these premises'. The home plus the adjoining chapel was sold on 25 September 1958 to the state-owned Irish Sugar Company for £23,000. The houses and chapel were demolished and a modern office complex was constructed on the site. The new home at 83 Eglinton Road - a detached nineteenth-century suburban house, cost £5,250 and the trustees proposed to spend approximately £4,000 fitting out it out.[12]

23.17 Mothers, children and staff moved to Eglinton Road between 23 and 25 March 1959. The guardians were concerned that news of the sale of the Leeson Street premises might create the impression that the home had closed, so they issued a Change of Address notice to Church of Ireland clergy, asking that it be brought 'to the notice of Parish Organisations and your Parishioners'. The annual report for 1963 described Eglinton Road as:

> an ordinary house in an ordinary road, and has a friendly and welcoming look even from the outside, while once inside the door, the cheerful brightness of

[12] Irish Independent 15 December 1958.

> the newly decorated hall and the comfort of the rooms and the friendly efficiency of the staff must bring a sense of relief and security to many a frightened girl and her worried parents. The move to Eglinton Road from the old Magdalen premises in Lower Lesson Street is in line with modern trends which do not favour the old "institutionalism" of barrack-like buildings, bare furnishings, dark paint and the usual large notice at the entrance.

23.18 A newspaper advertisement, seeking to recruit a midwife, said that the home had 12 beds.[13] The mothers were accommodated in single or double-bedrooms and there was space for nine cots.

23.19 Conditions undoubtedly improved following the move to Eglinton Road and the surplus money that was available for equipment and improvements. Matron's report books describe new nursery curtains, an 'elegant new gala washing machine' and a Burco boiler; a television and the purchase in 1963 and 1964 of a spin dryer and a tumble drier, which meant that it was no longer necessary to send sheets to a commercial laundry in the winter. The home had a temporary chapel, pending the construction of a new chapel. A new laundry and a new bathroom were also constructed. The most significant expenditure involved the provision of a delivery unit, and associated facilities. (This is discussed below). In 1979 Miss Clandillon described the home as:

> a detached red brick house on three floors. There is a large reception room on the left of the hall and a living room on the right. [Matron's] office is also on this floor. There is a dining room and well laid out kitchen area. The gardens are spacious. To the side of the reception room is the chapel (C.of I).
>
> The first and second floors are well designed with eight bedrooms, one occupied by the Matron and one by the cook/housekeeper who is off duty from 4 pm. There is also a delivery room but the Matron informed me that this is seldom used now.

Staffing

23.20 In the 1911 Census there were three staff and eleven resident women. As noted earlier, the Commission has not seen any detailed records of the running of the home before 1945 when the first of the Matron's report books survives. When Miss Litster carried out an inspection in May 1955 she reported that the staff

[13] *Cork Examiner,* 23 March 1964.

consisted of: 'Matron (not a nurse), nurse, student nurse, night attendant, cook, porter'; they were caring for three expectant and four post-partum mothers and ten babies; six babies were in the home without their mother. She also noted that the housework was 'done mainly by the mothers'. Matron's book suggests that the nurse who was present in May 1955 was a qualified midwife. Staffing fluctuated and there were many changes, but there would appear to have generally been a resident matron and a resident cook/housekeeper; at times there was also a nurse. Matron's book makes occasional references to outside staff. In 1952 a man came for three hours most mornings; he was paid 5s a day, and 'does polishing and cleaning'. She noted that 'a woman cleaner and a napkin (nappy) washer will be urgently required when all girls leave next week'. In 1953 the home employed a Catholic nurse - her religion was noted - who was given notice within two months because there were 'no admissions in view'. She was described as 'an unsatisfactory influence in the Home'. At this time the home was employing a second, part-time cleaner, presumably because there were few resident mothers. In 1955 it advertised for a porter, but Matron reported that 'total wage of £4 with meals does not exceed unemployment benefit enough to make it worthwhile to do it 7 days a week'. They hired a portress who cleaned the house and washed nappies in addition to her other duties. The small size presented some difficulties when it came to retaining qualified staff. In 1958 the medical officer reported that he had spoken with the nurse, and she did not wish to remain because she had 'very little scope for her qualifications and she felt she was getting rusty'. By the early 1960s there is some evidence that the home was recruiting former 'inmates' for domestic duties. One mother was hired as 'cook/general'; she was given a bed sit, a 'late pass at times' and her own key; her child was either being adopted or placed in a foster home. However, this arrangement was not a success because this woman became pregnant (the butcher's assistant was suspected to be the putative father) and she was dismissed.

23.21 Staffing became more critical when babies began to be delivered in the home and it had to meet the requirements of the *Registration of Maternity Homes Act 1934*. In 1963, when women were giving birth in Eglinton Road, it proved impossible to recruit a permanent nurse so they had to rely on temporary appointments or agency nurses. The annual report lists the staff in 1963 as matron, a nurse and a housekeeper. In 1972 Matron noted:

> No answer to any advert, I am finding the constant changing of staff very trying and tiring. We have a night nurse at present but they will only work 5

nights at the most as they are mostly married from the Agency and it is often very difficult to get relief at weekends.

23.22 Staffing difficulties persisted despite the decision in 1973 that all mothers should give birth in hospital. The home continued to be registered under the 1934 Act. In 1979 Miss Clandillon reported that there was a resident cook/housekeeper, who was off duty from 4 pm; a matron, who was a trained midwife; and, if necessary, the home would call on an agency midwife. The local doctor and a public health nurse visited three times a week. At the time of Miss Clandillon's visit there was only one woman in residence; two had left some days earlier. Throughout the 1980s, when Denny House provided short-term accommodation for a larger number of pregnant women and unmarried mothers and their children than in the 1970s, a resident nurse was in charge and agency nurses were hired when the mothers and/or babies required additional care, especially at night. By this time Denny House also had a social worker, who was unpaid, but appears to have played an active role.

Finances

23.23 Some financial reports/accounts survive but the earliest is for the year 1958. In the 18th and 19th centuries the income for this home came from pew rentals (payments by prosperous individual/families to reserve a pew in the Magdalen Chapel for their exclusive use) and from charity sermons and bequests. In the early/mid-twentieth century there was an annual charity sermon in the Magdalen Chapel, preached by a Church of Ireland archbishop or bishop. For example, the 1929 sermon was preached by the Bishop of Ossory.[14] The governesses organised annual gift days and sales of work, and a number of branches of the Mothers' Union raised money on its behalf. The annual report for 1948 reported that an improvement in the balance sheet from £119 to £309 was largely due to the interest taken in the asylum by various branches of the Mothers' Union and to the fact that a special effort was made during the year to cut down expenses as far as possible 'in order to meet the cost of projected repairs'.[15] The annual report for 1963 lists receipts from collections taken in the dioceses of Kilmore and Ferns and in the parishes of Rathfarnham, Donegal, Carlow, Maryboro and Killeshin on behalf of the home. It also received many gifts in kind, baby clothes, women's clothes, fruit, vegetables,

[14] *Irish Times*, 11 February 1929.
[15] *Irish Times*, 1 June 1949.

cots and prams. The annual report for 1963 mentions a 'generous cheque from a friend of the Home', who stipulated that it should be used to purchase 'up-to-date household equipment, including a refrigerator'; the governors proposed to also buy a spin dryer, a heated cot and garden seats. In 1966 a bicentenary appeal was launched with the target of raising £10,000.[16] There is no information available as to its success. Accounts for the year ended December 1971 record a sum of £616 under the heading 'Bi-centenary appeal' that was used to make a final payment for the cost of the extension to the house, containing a laundry and a chapel.

23.24 When the Bethany Home closed in 1972 the property was sold for £38,000. In 1974 a High Court judgement determined that the net proceeds of the sale - £37, 232 and an additional £4,000-£4,500 in other securities should be allocated to the Magdalen Home, Eglington Road (later Denny House) and Miss Carr's Children's Home on Northbrook Road, with the Magdalen Home receiving 85% of the proceeds.[17]

23.25 In contrast to the Bethany home, Denny House was in receipt of state funding from 1920. In 1916 the UK government introduced a programme of grants to local authorities and voluntary agencies in urban districts (including county boroughs), for health-visiting, maternity centres, midwifery facilities and day nurseries. In 1918 the sum of money provided was increased and the items covered were extended to include provision for the young children of widowed, deserted and unmarried mothers and Exchequer payments for health visitors. By 1920 this grant was providing financial support to a number of Dublin voluntary organisations that assisted unmarried mothers and their children, including the Magdalen Asylum (Denny House) and the Nursery Rescue and Protestant Children Aid Society. The grant covered half of the cost of boarding out these children up to the age of five, which would reduce the amount of money that a single mother needed to provide, and half of the estimated costs of keeping mother and baby in the Dublin Magdalen Asylum. In 1925 an official from the public health section of the Department of Local Government and Public Health told the Commission on the Relief of the Sick and Destitute Poor that this was the only residential institution that had applied for funding under this programme. The home submitted accounts of its expenditure, with sub-headings twice a year, together with a table giving dates of a mother's admission, the date of birth of her child and the number of days

[16] *Irish Times*, 21 October 1966
[17] *Irish Times,* 13 November 1972.

spent in the home. The DLGPH reimbursed the home for half of the cost of maintaining mother and child, up to a maximum of six weeks before the birth and one year after the birth. This official claimed that the maintenance cost per person was approximately 32s 6d a week.[18]

Note on Department of Health Annual Returns:

Year	No. of Cases	Days in Magdalen Before Confinement		Days in Magdalen After Confinement	Total Days Eligible for Grant
		Not Eligible for Grant	Eligible for Grant		
1952	23	857	644	2453	3097
1953	9	309	208	974	1182
1954	10	442	273	1201	1474
1955	22 (18 girls)	647	459	2335	2794
1956	22	597	502	2147	2649
1957	15	192	258	1039	1297

23.26 The Magdalen Asylum expected a payment, or at least a partial contribution from every woman who was admitted; these payments might come from her family or a local clergyman and it would appear that women who had not paid an agreed contribution were pursued. The case committee noted that one woman who had been in the home in 1956 had paid all arrears, which had amounted to £9 7s 6d. She told them that 'she is settling down'; however they noted that she continued to smoke. The mother of one woman sent twelve dozen eggs in part-payment for her maintenance. The mother of another woman who left owing £10, sent £7. The case committee noted that this woman had been asked for money by the Rotunda. It was agreed that one member of the committee would discover from the Rotunda whether an application had been made to the woman's county council for financial assistance.

23.27 There is no evidence that any Public Assistance Authority (PAA) paid for the maintenance of a mother or child before the mid-1950s. When Miss Litster visited in May 1955 she suggested that the Matron should approach the local authority

[18] Oireachtas Library, Minutes of evidence to the Commission on the Relief of the Sick and Indigent Poor, 10 June 1925.

from which every mother in the home came, requesting that they should contribute to her maintenance, as happened in Catholic mother and baby homes. The matron replied that 'her Committee would have to give this very careful consideration as a great emphasis is placed on secrecy'. Miss Litster suggested that there appeared to be no reason why this should not be done in cases where the 'girl's' parents were aware of her pregnancy. This file suggests that the Magdalen Asylum began to approach local authorities following Miss Litster's visit. Counties Laois and Donegal sought the Department's approval to pay for mothers in 1956. A handwritten note on this file, dating from 1967, or slightly later, stated that 'accounts are not received from these institutions'. In 1971, two of the women admitted were paying patients, one was maintained by her parents and one by the firm that employed her; the remainder were paid for by the regional health boards.

23.28 The annual report for the year 1958 shows that subscriptions and collections totalled £80 and the home received a special donation of £100 from the Representative Body of the Church of Ireland (this would appear to have been an annual donation); a 'bring and buy' sale raised £18; annuities yielded £92 and dividends a further £474. The two largest sources of income were 'inmates payments' at £523 and a grant from the Department of Health amounting to £755 (presumably from the Maternity and Child Welfare Grant). The total income was £2,825 - wages and salaries amounted to £959; provisions £623; fuel, gas and electricity £205. By 1962 total income had increased to £3,347; 'inmates' contributed £1,006 but the Department of Health grant had fallen to £694 - reflecting smaller numbers in the home; salaries and wages had increased to £1,151. The contributions from 'inmates' included payments by PAAs and social insurance payments (maternity benefit) and maternity grants to which many of the women would have been entitled. This report stated that a member of the ladies' committee had volunteered to collect maintenance contributions for the 'girls' and to handle applications for government and local authority grants; she 'worked indefatigably to help the girls with claims for county grants or insurance benefits where applicable'. In 1963 the weekly cost per admission was approximately £12. During the previous year '10 of the girls were maintained without charge, as a lack of means is not a bar to admission'.

23.29 Accounts for the year ending December 1971 showed subscriptions, donations and collections, included a grant from the RCBI, totalled £1,252. Contributions towards maintenance, including local authority payments, totalled £1,368, grants

from the Department of Health £2,233, and a refund of two years' of income tax amounted to £1,038. Income totalled £7,390. The largest single expenditure item was salaries, wages and superannuation at £3,284.

23.30 Capitation payments by local authorities were not keeping pace with rising costs in any of the mother and baby homes. In 1972 the accountants to the Magdalen Asylum asked the department to approve a doubling in the weekly capitation rate for mothers and children from £4 and £2 respectively to £8 and £4. They enclosed a copy of the latest accounts. A review of the accounts for the years 1970 and 1971 by the department determined that the average weekly cost per patient in 1971 was £12.60; they described the current capitation rate of £4 per week for a mother as 'highly unrealistic'. The department suggested that allowing for other sources of income a minimum payment of £6.50 was necessary. They recommended a capitation rate of £7, but decided to abolish the payment under the Maternity and Child Welfare Grant, which a governor of the home described as 'the sting in the tail'. This compared with £10 a week paid in Bessborough and £8.40 in Dunboyne. The rate paid for women in this home had not increased since 1967. Within a short period the home was again seeking a higher capitation rate and approval was given for £10 beginning in July 1973; this compared with £12 for Bessborough. There was a further increase in 1974 to £12, which remained the figure until the end of the decade.

23.31 Women who were receiving maternity benefit and later (from 1973) unmarried mothers' allowance were expected to contribute towards their maintenance in the home (in addition to the maintenance grant paid by the regional health boards). In 1973 it was agreed that women could keep £15 from their insurance payments. By 1983, weekly maintenance payments had increased to £42 and £21. There is no indication that this home faced acute financial difficulties, but its services were subsidised by donations and bequests.

The Mothers

23.32 The institutional records include the rules for admission as outlined in 1927 (which is the earliest year within the Commission's remit for which they are available). These rules stipulated that admission was confined to women who were members of the Church of Ireland or 'any Protestant denomination', and to 'first fall' women 'if they have hitherto borne a thoroughly respectable character'. Women were only

admitted on the permission of the 'Vice-Patroness or the lady acting as such', and character references were required. The rules stipulated that 'mentally deficient girls are not suitable for admission'. A medical certificate, which should stipulate that they were free from venereal disease and other infectious diseases, was required. Mothers could be admitted before the birth and were expected to remain for at least six months after the birth of their baby. The home would not care for the baby when the mother left but she would be assisted in making arrangements for her child. Every woman 'or her friends' was expected to contribute to her upkeep while in the home. Women had to give an undertaking to conform to the rules of the home, obey the Matron, and do such work as was assigned to her; the rules specified that no outside laundry work was undertaken.

23.33 A total of 1,416 mothers were admitted between 1921 and 1994; the largest number of admissions was in the 1980s. The numbers in this home at any one time were always small; the highest average occupancy was 13 in 1932. Before 1980, virtually all the women were Protestant; any Catholic woman, who had inadvertently been admitted, was sent to another institution. In 1980 the charter was amended to permit the admission of Catholics.

23.34 The character of the home changed in the 1980s - see below. In that decade, most women were now admitted following the birth of their child.

23.35 The modal age of the mothers was in the late teens; very few women were over the age of thirty.

23.36 Most women, 29%, gave Dublin addresses; over 13% came from counties Cavan, Donegal and Monaghan, and almost 10% were from Northern Ireland.

23.37 Pregnant women were generally admitted approximately two months before the birth of their child and that remained constant from the 1920s until the end of the 1970s. The major change was in the length of stay after the birth; this fell steadily over the years.

Referrals

23.38 The institutional records show the referral pathways for 1,008 of the 1,416 mothers. Over one-third - the largest single category - were referred by a clergyman; almost 15% by a PAA; almost 16% by a voluntary organisation and

over 14% by a social worker. Referrals by social workers increase significantly from the 1970s. Many came through the Church of Ireland Social Service. These referral letters often contain background information about the women, their families and the circumstances of their pregnancy. In 1927 one clergyman explained that

> This is a particularly painful case. The girl's father is dead, and her mother is married again. They are very respectable people, but not well enough off to afford much payment. It will be a severe strain on the step-father to pay the promised sum. I have done all in my power to get the young man to marry this girl, but he positively refuses, although he does not deny the fault. As both parties are Protestants the girl's people do not like to have the matter made public in the Courts. In any case the young man has no visible means, and the girl's mother is too poor to prosecute, perhaps a losing case.

23.39 The letters from clergymen tend to describe the women as members of 'respectable' or 'very respectable' families. Religion was important, as was social class: in 1930 one Church of Ireland rector explained that 'The girl - a very nice girl - has unfortunately fallen, and as the other party concerned is not of her religion nor of her class in life, her parents who are parishioners of mine do not on any account wish her to marry him'. In 1944 a clergyman explained that 'I am endeavouring to keep things quiet in the village - at any rate, until the girl gets away … [the woman] will not divulge who the father is. You will, I am afraid, find her very stubborn on the whole matter. I do not mean by this that she will be disobedient or troublesome'. The mother of one pregnant woman, writing in 1944, asked the home to permit her daughter to remain with friends as long as possible, because 'we are not well off people and every 10 shillings counts, especially having to stay so long'. She continued, 'It was a hard blow to see a child's life disgraced and ruined, if ever it becomes known. Everyone doing their part to keep it secret'. In 1945 a Church of Ireland rector who had referred a parishioner, informed the Matron that he had visited her in Holles Street hospital and had discovered that the putative father of her child had tried to visit her but had not been permitted to see her. He expressed concern that: 'As she seems very attached to the baby I would be afraid that she might marry the man as a means of keeping it with her'. The file contains a letter from her boyfriend to the young mother:

> I hope the day is dawning near when we would meet again with hand in hand … and you a free girl once again. I hope and pray to live to see the day that

> you and I shall be sweet hearts again. I shall say no more until I see you in [place] and I hope that day is coming on it can not come too soon. I was saying I would go up on St Patrick's day but if it was a thing that I could not get to see you it would be foolish. So please write and let me know when you are coming home and if you do not be to [sic] long up there … A lot of people does be asking for you so I say you are up in Dublin at a job and of course you like it ok … I hope you will drop me a line before long … your fond sweet heartboy.

23.40 It is not clear whether she received this letter. This woman's former employer arranged for her to take a job as a servant to her sister in Northern Ireland; she promised that the baby could be placed in a foster family nearby. One letter concerning a pregnant woman, who was travelling to Dublin by train, where she would be met at the station by a representative of the Church of Ireland Moral Welfare Society explained that: 'She is to wear a tan coat, green hat, red shoes and a poppy'. The date was November 1957.

23.41 During the 1950s, admissions to all mother and baby homes declined, presumably because of the fall in the number of 'illegitimate' births, and this home was no exception. In September 1952 for example, there were only three resident women; there was only one mother and child in the home for several months in late 1953 and early 1954. In 1953 the Magdalen Asylum contacted Bethany Home regarding its admission policy. Under the terms of the trust, they were not allowed to admit any but 'first fail' cases. Very few such girls were now seeking admission; the number of illegitimate births had fallen sharply and they suggested, given that Bethany admitted women having a second or subsequent 'illegitimate' pregnancy, that 'first fall' cases coming to Bethany should be 'diverted' to the Magdalen Asylum. Bethany's management committee declined this request, noting that the 'vast majority' of women admitted were 'first falls' and that if they excluded 'first fall' mothers the numbers admitted to Bethany 'would be negligible'.[19]

23.42 In January 1959, when there were six 'girls' in the home, the matron commented that she was:

> Glad to have enough girls in to be company for one another; it is always difficult when there are only one or two, and no matter how hard the staff may

[19] Bethany Home Management Committee minutes.

try, we are far too middle aged to be at our most useful with 1 or 2 girls in their teens, as happened at the beginning of December.

23.43 The refusal to admit women who were giving birth to their second or subsequent child was maintained into the 1960s, though on occasion a woman might gain admittance without that being known. In 1964 a clergyman in Cork was contacted because the home had failed to secure any contribution for a woman who had been discharged. They informed him that: 'As you know we never refuse to take girls because they cannot pay. [The woman's] child has proved to be unadoptable (on medical grounds) as was her first child. She should therefore never have come to this Home which is for first cases only'.

23.44 The clergyman suggested that the woman's mother or uncle should 'settle' her debt. He explained that it was 'a great surprise and shock for me to learn from your letter that this was [the woman's] second child'. He claimed that neither the boy she was about to marry or his parents were aware of her previous pregnancy: 'it would be a terrible shock to them to discover this later, as they are bound to do'. He sought permission to inform them. An unidentified man, from the same area (possibly the woman's uncle) then contacted the home; he had apparently heard the story, and suggested that he would have paid the outstanding bill. He had not been aware that this was the woman's second pregnancy; he reported that her fiancé had heard the full story, 'do you realise that this could well breech [sic] their marriage plans which is to take place next month, after all [the fiancé] was willing to marry her even when she had a child, just what must he think now … if anything happened to [the woman] in the past, it should certainly not be broadcast now'. It is evident that the clergyman had informed the young man's parents; he claimed that he would have a very uneasy conscience if 'I left the [family] in the dark about what I know … especially as [the fiancé] had asked me to marry them. There has been a great deal of deception in this case'.

23.45 The proportion of mothers who were giving birth to their second or subsequent child rose steadily from the late 1960s. In April 1972 two of the eight resident women were pregnant for a second time; a 1973 a pregnant woman was admitted, who had given birth to her first child in 1969, while in this home. The proportion of mothers giving birth to a second or subsequent child increased in later years.

Births in Denny House

23.46 A total of 869 women were admitted before giving birth and stayed until after the birth. Twenty per cent of these women gave birth in Denny House; 38% gave birth in the Rotunda; 25% in Holles Street and 15% in the Coombe. Only two babies were born in Leeson Street and it would appear that these were emergency deliveries because the policy at that time was for women to attend ante-natal classes and give birth in a Dublin maternity hospital.

23.47 Following the move to Eglinton Road preparations began for births in the home. In 1959 the case committee requested the general committee 'to expedite deliveries in the Home for the following reasons: Girls have to go to hospital at the time when they need most help; greater privacy; Home would be able to help more people'. At a subsequent meeting the medical officer reported that a consultant obstetrician, who was attached to the Rotunda, 'is very willing to take on Home deliveries if appointed and to do antenatal care'. It was agreed that the doctor would decide whether women should give birth in hospital or in the home.

23.48 There is no indication that the Home had previously been registered under the *Registration of Maternity Homes Act 1934*. It does not appear on the register of private maternity homes in 1957 or 1958, or in the inspection reports for 1937/38 or 1944/46 of homes in the Dublin County Borough that were registered under this Act. A handwritten note on a Department of Health file in 1974 stated that it only registered under the 1934 Act in the 1960s. However the home was visited regularly under the Dublin Maternity and Child Welfare Scheme; for example the annual report of the Dublin city medical officer of health for 1940 stated that the home 'was visited several times during the year by the Medical Officer and found very satisfactory'. The Dublin corporation inspector of midwives visited the home in the autumn of 1956. According to the Matron, the inspector stated that 'as we don't have confinements here, we will no longer be on the list of Homes registered'.[20] Following the decision to permit births in the home, an application was made to Dublin Corporation in December 1960 to register under the 1934 Act. Some weeks later the same Dublin Corporation inspector, who had visited Leeson Street in 1956, confirmed that it would be recognised as a maternity home under the 1934 Act, when the instructions given by the Dublin fire brigade - they required an escape ladder on to the chapel room - had been carried out and approved. In May

[20] This is not a correct interpretation of the Act's requirements – see Chapter 1.

1961, the Matron was informed that the home had been registered and that they had been provided with the forms that should be completed to comply with the Act.

23.49 The first two babies were born in the home in May 1961. The annual report for the year 1962 highlighted that fact that this was

> the first full year in which deliveries have been carried out in the Home. We are proud to have achieved this ambition and are happy that the girls entrusted to our care have expressed their appreciation of this arrangement and the privacy it ensures. There have been 18 deliveries in the Home during the year - the latest being our first twins. No obstetrical abnormalities or emergencies were encountered. Two very small babies were transferred to the Paediatric Unit of the Rotunda Hospital, so that they might have the advantage of the special facilities there for the first few weeks of life.

23.50 The visiting obstetrician reported that 'On the material plane we can be proud of the facilities and equipment of the Home, which need not fear comparison with any other similar institution. I wish to record my own pleasure in being associated with the Home and to thank all the staff for their willing and efficient co-operation during the year'. In October 1966, it was noted that 78 babies had been born in the home since May 1961.

23.51 Occasional comments in the Matron's books suggest that the home was scrupulous about having the appropriate equipment. In 1967 the Matron ordered a second smaller oxygen cylinder to be kept in either the post-natal or delivery room so that they would not have to rely on one cylinder. She noted that one of the maternity cases in the current month was expected to be a breech delivery. An anaesthetist attached to the Rotunda paid a visit and advised the Matron to purchase additional equipment, including 'a baby's oxygen resuscitator' and an infant's laryngoscope. By this time however, the Department of Health was pressing for all women to give birth in maternity hospitals where specialist medical and nursing staff were available at all times. Facilitating births in Eglinton Road placed considerable pressure on the Matron; there were potential risks for mothers and infants and the home was very reliant on temporary agency nurses. In 1972 the Matron commented that 'Having the girls delivered in hospital has lightened the night work burden for me considerably and the girls do not seem to mind going into hospital for a short time', which would appear to suggest that they had suspended deliveries because of staffing difficulties. A report by a Department of Health

medical official in 1978 stated that, until 1973, ante-natal and post-natal examinations were carried out in the home, but since 1973 the women attended regular clinics in the Rotunda and gave birth in the hospital. Eglinton Road had space for 12 women but they preferred to cap the numbers at ten; the maximum occupancy between 1973 and 1978 was six women at any time.

23.52 Of the 21 women admitted during the year 1973, 13 were referred by the Church of Ireland Social Service; one by Dr Barnardo's; seven were referred by their local rector, a doctor or a health officer. Nine of the 21 women kept their baby; 10 infants went to children's homes to await adoption. One premature baby died, and one woman who only remained in the home before the birth made her own (unspecified) arrangements for her child.

From Magdalen Asylum to Denny House

23.53 The numbers admitted began to fall towards the end of the 1960s. In 1970 the Matron noted that the

> Fact that there are still no bookings for the Home has caused concern, [inspector] from Maternity and Child Welfare Dept. visited the Home last Thursday morning. She stated we will probably have to shorten the time of the girls stay in the Home before and after confinement, she said that the age now of the unmarried mother in the last two years is usually under 18 years of age and in many cases the parents do not know of the pregnancy... [she] also said it is time we changed the name of the Home or dropped the title altogether, but this is only a suggestion.

23.54 The Matron contacted the social worker at the Rotunda about the lack of bookings and was informed that the number of Catholic and Protestant unmarried mothers had doubled over the past three to four years. The Rotunda social worker suggested that they should shorten the length of stay. The closure of Bethany to admissions in late 1971 - the home closed the following year - meant that this was the only Protestant mother and baby home. However that does not seem to have resulted in a noticeable increase in admissions. In the autumn of 1972 the Matron expressed concern that they had not received 'any bookings and will only have 1 girl and baby in home from Wednesday'. She continued to check with the Rotunda, in an effort to determine how many Protestant women were giving birth and had not been in the Home. The governors were obviously considering amending the charter because they sought information about Catholic women and deserted

wives. The visiting obstetrician told them that 'deserted wives are usually independent their problems are usually care of their children and paediatric nursing'.

23.55 In 1973 the Department of Health examined the viability of the home. One official estimated that it cost £30 a week for each mother. The average length of stay now ranged from two weeks to two months. When an inspector from the Department of Health visited, she expressed concern at the 'very small numbers and would like to see the Home kept going'. There were no mothers or children resident in November 1973. On a number of occasions during the 1970s the minutes of the monthly committee meeting record that there were no mothers in the home. It closed for three weeks summer holidays in 1974 and again for a week at Christmas. For much of the time between the summer holidays and Christmas there were no resident mothers or children. It also closed for a three-week summer holiday the following year. In April 1976 the minutes of the committee meeting reported that: 'From 10th of last month, the Home began to fulfil its purpose and operate normally again. Two years since so many were in the Home'. There were five women, two babies and one child - all admitted in the past month.

23.56 Conversations about the future of the home continue throughout the 1970s in the Department of Health and among the governors and matron. Mothers were returning home or to work shortly after the birth of their child but children who were being adopted were not generally placed until they were approximately six months old. Consideration was given to providing accommodation for pre-adoption babies (without their mothers). However, both the obstetrician and the Rotunda social worker indicated that this was 'a work outside the present scope and that ongoing expenses for staff would exceed any payments received for the babies care'; they suggested that there were not sufficient Protestant babies 'to keep the project going'. The obstetrician emphasised that it would be essential to have a paediatrician on call, night and day, if babies were being kept without their mothers. The social worker suggested changing the name of the home to something more modern; she also highlighted a need for bed-sitting rooms for ante-natal residents. Department of Health inspectors continued to recommend that it remain a mother and baby home for Protestants. In December 1974 the committee reported that the department inspector had said that 'the Home had a very good report as a Nursery Home and the patients seemed to have excellent care'. She discouraged them from de-registering as a maternity home, suggesting

that there should be a need for one Protestant home for unmarried mothers and their children. But the numbers remained tiny which encouraged a flexible approach to women's demands. One pregnant woman who was admitted in 1975 went out to work as a part-time child minder, three or four days every week, and an unmarried pregnant woman spent her weekends in the home, because otherwise she would be alone when her housemates went home. This woman was described as of a mixed marriage and not practising any religion. The Matron and the home's social worker liaised with the social worker in Holles Street about her care.

23.57 In 1978 the medical officer reported that most of the women admitted were from outside Dublin. The length of stay varied but it was usually from three to five months. Over the previous two years there had been on average 13 'girls' in the home each year. Cherish, an organisation that supported single parents, contacted the Matron and suggested that they should concentrate on providing temporary accommodation for mothers and infants immediately after the birth. Many mothers had to place their infants in residential care when they left hospital, because they had nowhere to go, and this disrupted the bonding between mother and infant. Cherish also wanted the home to provide emergency accommodation for mothers and babies from the country who often arrived at its offices with nowhere to live. Cherish also suggested extending the facilities to woman of all Christian denominations.[21]

23.58 A growing number of women in the home with their child were awaiting accommodation in Miss Carr's Flatlets in Northbrook Road - see Chapter 25. In 1979 the Matron addressed the Protestant Child Care meeting in Miss Carr's Home, describing the changes that had taken place in the work of the home over the previous ten years 'and the possible scheme to broaden the scope of the work'. Miss Clandillon paid a visit to discuss the proposed changes. At the time of her visit there was only one resident woman. Consideration was being given to admitting women who were not Protestant. Miss Clandillon told the Matron that many women no longer went to mother and baby homes. She suggested that the home should take Protestant women 'from any part of the Republic' (there is no indication that they were not already doing this), and they should advertise in parish magazines, newsletters and women's magazines and place small notices in

[21] Information provided to the Commission by Cherish which is now called One Family: https://onefamily.ie/

church porches. This was the practice of the Catholic agency CURA. The Matron stated that abortion was responsible for the drop in admissions, and many women were now staying with friends before giving birth. Miss Clandillon obviously believed that it should continue to operate as a Protestant mother and baby home; however, there appeared to be little demand. In April 1979, when there were only two resident women, the committee recorded that

> Any inquiries re admission have only been of a tentative nature. There are so many organisations and suggestions of alternative care for the girls before and after confinement. Two inquiries last month from Social Workers were for RC girls, neither were refused but were offered short accommodation stay, however both girls made other arrangements apart from the help of the Social Workers, one brought her baby to her Aunt's home and the other girl has found accommodation near her home for herself and her child.

23.59 There were no resident women between June and late August 1979. A senior official in the Department of Health told the guardians that 'this Department would encourage efforts by your Board to develop and expand the work of the Home with unmarried mothers and wives who for one reason or another require assistance and care'. He emphasised that the department was not in a position to advise the board. In June 1980 a resolution passed at the joint meeting, presumably of the trustees and governors of the home, determined to change the charter to enable them to admit unmarried mothers without religious restriction, and, in certain circumstances, married women who were separated from their husbands or deserted and pregnant widows. The name of the charity was changed to Denny House, which honoured the home's 18th century founder Arabella Denny and the restriction to Protestant women no longer applied.

23.60 In 1981 the Matron of the renamed Denny House wrote to the Department of Health explaining that over the past three to four years the home had been underused, so the board 'after much consideration, decided to apply to the Court to vary the Scheme…the primary purpose of the Home is now to provide residential accommodation for and the other needs of unmarried mothers and their infants, irrespective of religion'. The Matron noted that recent applications came from unmarried mothers who had given birth and sought temporary accommodation for up to three months while they made long-term arrangements. Following the changes to the charter, women were being admitted to Denny House in the final weeks of pregnancy. They gave birth in a Dublin maternity hospital, presumably

the hospital of their choice, because the records show no consistent pattern, and they returned with their baby shortly after the birth. During their time in Denny House they were expected to decide whether or not to keep their baby and to make future living and housing arrangements. Mothers had to take responsibility for caring for their baby while in the home to make them aware of the demands of motherhood. When Denny House staff met the department's social work adviser, they cited several instances where young women, who had planned to keep their baby, changed their mind 'when faced with the reality of caring for the small baby', and contrary cases where women who had planned on adoption also changed their minds. The decision to admit Catholic women had an immediate impact. In July 1981 there were six mothers and five babies in Denny; one infant was in hospital; all five of the recent admissions were Catholics.

23.61 In 1982 Denny House told the Department that 'a wind of change' had blown through the home, with the appointment of a new Matron. They planned to offer cookery and budgeting classes, elementary biology (presumably a euphemism for birth control), and marriage counselling. The home, which only accommodated ten women, had a waiting list.

Life in the Magdalen Asylum and Denny House

23.62 In 1925 Emily Buchanan, a former member of the Dublin Board of Guardians, and a long-term member of the Committee of the Home and of the Protestant Children's Aid Society, told the Commission on the Relief of the Sick and Indigent Poor that 'the secret of saving both mother and child is to be found in our system'. The objective should be to save the child 'physically' and the mother 'morally'. She explained that mothers gave birth in either the Coombe or the Rotunda hospitals and returned to the home with their baby. They were

> obliged (if physically possible) to nurse the infant for 8 or 9 months during which time the girl is trained for domestic service and in needle work - making outfits for both children and mothers. There was an average of twelve women in the Home at any time; they arrived 2-3 months before the birth.
>
> When the baby is weaned the girl is sent to a situation and the child is handed over to the Boarding out Committee who place it with a 'nurse' carefully selected and who visit the foster homes at least once a month.

23.63 The 'girls' contributed towards the maintenance of their child 'in proportion to their wages'; she claimed that the death rate among the children was 'almost nil' and few women defaulted on maintenance payments although many mothers went to England. Miss Buchanan suggested that a mother who nursed her child for 8-9 months 'grows to love it devotedly - She will face the world for its sake - and does. Second offences in such cases are rare'. She claimed that the Boarding Out Committee inspected the children every month, and they wrote to the mothers about their children.

23.64 Following this model, she suggested that small mother and baby homes, with 15-20 resident women, under religious management, should be opened in every county. 'You must get to know the girls individually. They must get kindly and sympathetic treatment and to my mind treatment with a distinctly religious bias. To my mind these girls want something like that to fall back upon'.[22]

23.65 It would appear that most mothers in this home breastfed their infants. In 1948 the Matron noted that eight of the nine babies were being breastfed; the exception was a premature baby. In May 1955 she recorded that 'As there is a surplus of [breast] milk here, the Rotunda nurse calls daily for it. The girls are glad to keep other babies, so we do not let the Rotunda pay their usual price -2d per ounce'.

23.66 Occasional comments in the records indicate that some women used an alias. This may have replaced the earlier very impersonal Mrs One, Mrs Two in the nineteenth century register. In 1945 Matron's book noted that four new dresses were needed 'as we will soon have 14 girls in Home'. Some women appear to have arrived with a complete wardrobe, but others had to be kitted out; it is not clear whether uniforms were mandatory or supplied only to women who had inadequate clothing. In 1951 the home was 'very short of girls underclothing and we have a lot of old stockings'; the Matron had ordered 'girls afternoon dresses'.

23.67 Voluntary workers were active in the home; in 1953 the Matron noted that one volunteer was holding singing classes (which must have been difficult as there were only three mothers in residence); another taught embroidery and a third had started a class in handcrafts and painting. There were also dressmaking classes; most of the women made babies' dresses. Following the move to Eglinton Road,

[22] Oireachtas Library, Minutes of Evidence, 23 Sept. 1925.

the Matron wrote that they were spending 'a good deal of time in the garden. Very gratifying to see the amount of embroidery, knitting and sewing which they are completing in addition to the routine household mending and in many cases they have done work which they had never attempted before'. This would appear to refer to household laundry, which was now being done in the home following the purchase of a washing machine and spin dryer.

23.68 When Miss Litster inspected the Leeson St premises in 1955 she remarked that most of the work was done by the mothers although the records note the hiring of temporary staff to carry out nappy washing and cleaning. By the early 1960s, a physiotherapist attached to the Rotunda hospital was running relaxation classes. In the mid-1970s a volunteer arranged for the women to assemble boxes used to package a board game; mothers would be paid for this work.

23.69 Matron's book records excursions to gather blackberries, visits to the Zoo, the cinema, and the Gaiety pantomime during the 1950s. In 1956 a named doctor, who was associated with the charity, drove three mothers to the Children's Fold - a children's home in Monkstown - 'which pleased them a lot'; this may have enabled the mothers to see their children. In a later entry she wrote that she was 'Glad to say that the girls all go out from time to time, church, shopping, visiting another girl in Rotunda and occasionally going to the cinema'; 'on probably the wettest day of the month', she had taken three women to Glendalough 'where we had a picnic tea'. The Matron recorded the Christmas day menus, which followed the traditions of Irish homes at the time, with either turkey or a goose, and other trimmings.

23.70 By the 1950s (there are no comparable records for earlier decades), the home was taking an active interest in the mothers' health. Women were tested for TB and given BCG immunisation; many underwent eye tests and were fitted with prescription glasses, and they were sent to the dental hospital for treatment. Babies received BCG and other infant immunisation; the Matron arranged for the public health nurse to call to do this. The public health nurse also checked the children's health and development. A nurse from the Rotunda reviewed the babies' diet and recommended changes.

Religion

23.71 In the 19th and the early 20th centuries, religion was seen as playing a major role in the rehabilitation of unmarried mothers, and the regime in the Magdalen Asylum

reflected that culture. There was an adjoining chapel that was open to the public; it appears that women in an advanced stage of pregnancy attended services in a gallery, which presumably gave them privacy. There are several references to baptisms in the Matron's book; and in one case there is a note that the Matron had baptised an infant who was ill. In May 1952 the Matron reported that 'all the mothers had been churched'.[23] There are further references to churching in later entries. In 1953 the Matron noted that 'The girls went to Church on 5 days of Holy Week and 3 of them went to Holy Communion on Easter Sunday which was a happy day here'. There are occasional reports of mothers being baptised in St Peter's Church in Aungier St. In 1952 the chaplain visited twice a week, on one day he spoke to each woman individually; on his second visit he met them as a group. In the mid-1950s he was giving classes in church history. Attendance was said to be voluntary, but the Matron noted that 'all the girls go'.

23.72 In 1954 the nurse was holding weekly bible classes and she and another woman (who was probably the housekeeper) led evening prayers; the Matron led the morning prayers. The Matron hoped to recruit someone who could come in 'to play hymns in the evenings between 8.30-9pm'. One of the resident women was visiting the Metropolitan Hall, a Gospel Hall in Abbey St. She informed the Matron that '"I have found the Lord. I have been converted". This has caused much quiet rejoicing in the Home'. In 1955 the Matron reported that some women went to services in St Ann's Church in Dawson Street, others went to Christchurch in Leeson Park. 'Their choice depends on their desire to avoid being seen by acquaintances'. They also attended sessions of the diocesan youth conference 'and liked that very much'. The chaplain issued a series of rules relating to 'religious work' in the home. This stipulated that the women should attend services at either St Ann's or Leeson Park. 'Family prayers', morning and evening should be taken by the Matron or her deputy. Other members of staff should not take classes or prayer meetings in the house. The Matron noted that these rules were not acceptable to the nurse or another staff member, who was probably the housekeeper, 'both of whom have told me that they are here because of their wish to do mission work among girls'. Both women resigned as a consequence. The chaplain also specified that the Bible, the Book of Common Prayer, the New Every Morning and Acts of Devotion should be used for daily prayers, 'and no other'. However, it appears that his efforts to determine religious practice were not wholly

[23] This was a religious service where mothers who had recently given birth were 'purified'. It appears to have been universal in the Catholic church; it is unclear how extensively churching was practiced in the Church of Ireland.

successful because there were reports of women attending 'a healing service' given by a named 'Brother'; others attended ceremonies in the Merrion Hall.

23.73 The home expected a high level of attention from its chaplain. In the late 1950s the Matron met the Archbishop of Dublin and asked that a new chaplain be appointed because the then chaplain, who was attached to a Dublin city parish, did not have sufficient time to give to the home. It was also visited by Methodist and Presbyterian ministers and occasionally by the Archbishop of Dublin. Every woman was given a copy of the Bible when she was leaving the home, if she did not already own one.

23.74 When the home moved to Eglinton Road a temporary chapel was set up almost immediately, pending the construction of a chapel adjoining the house. In 1973 the Matron reported on the baptism of two babies: 'It was a very happy occasion, we had 19 people for tea in the Nursery and 7 babies. One girl brought her baby from the flat, another of our girls and her baby came from the country. We had 2 babies in the Home at the time and [a mother] invited their families and her friends, 2 were African'. The home maintained close contact with the archbishops and bishops of the Church of Ireland. In October 1975 the archbishops of Dublin and Armagh and the bishops of Tuam, Limerick and Clogher had lunch with three governors and were shown around the home.

23.75 During the 1970s the records indicate a gradual blurring of denominational boundaries between the agencies that assisted unmarried mothers. One woman, who was pregnant for the second time, was referred by Ally, a Catholic charity that arranged family placements for pregnant women. A Catholic religious sister, who worked with CURA, the Catholic Hierarchy's agency to assist women in crisis pregnancies, inquired whether they would admit a pregnant woman, but as this woman was Catholic they were unable to do so. The home admitted a number of women who claimed not to practice any religion. The change to the charter reflected the reality. In 1980 the renamed Denny House was visited by two social workers who were attached to Pelletstown and the Matron was invited to visit Pelletstown.

Putative Fathers

23.76 Some of the individual case files in the institutional records refer to the putative father. In 1957 the rules of the home stipulated that there should be strict

supervision of male visitors and generally the only male visitors permitted were a woman's father or brother**.** From the 1960s, however the women's boy-friends begin to feature in the everyday life of the home. In 1961 the Matron noted that one woman's fiancé arrived and asked to see her; her parents did not know that she was in the home and she had no visitors. Matron noted that her fiancé 'seems anxious about her and appears to be a responsible person. He is paying all expenses. I told him it was against the rules of the Home but that I would put it before the Committee. Having driven from [a distant part of the country] I allowed him to see her for a few minutes while I contacted a few members of the case committee by phone'. In 1965 one mother was reported as having disobeyed the house rules; she had gone out on a Sunday afternoon with the father of her child. Her parents were informed. This mother was described as 'very apologetic on her return and she was given a second chance and has settled down again and not given any further trouble'. In 1972 one pregnant woman was discharged 'at her own request' to live at the home of the father of her baby; it was reported that they might marry. In 1974 a woman who was staying in the home until she found accommodation - she had already arranged a job - was permitted to attend a dance with her boy-friend. The Matron hired a night nurse to look after her child until 2 am. The Matron asked the committee whether such an arrangement should be permitted in future. One mother who was admitted, and hoped to marry the father of her child, had several meetings with a clergyman who was advising the family. The marriage took place shortly after she left the home with her baby.

23.77 A growing number of women were marrying the father of their child after the birth. Others were co-habiting with their boy-friends, but there were several instances where the relationship proved difficult. One mother, who gave birth and returned to Denny House with her child, had 'a row with the father of the baby' some days later. She discharged herself 'against the advice of her social worker who was called in'. This woman was given a room in a mother and baby flat. A pregnant woman who was described as 'undernourished, tired and frightened', had bruises and cigarette burns on her body - inflicted by her boyfriend. She had to be protected against further assaults. Denny House changed her ante-natal clinics to a different hospital because he used to wait for her at her original hospital. A mother and her child were admitted to Denny House because her relationship with the father of her child was 'unsatisfactory because he was jealous of the baby' and he occasionally beat the mother. As she was fearful of meeting him it was

arranged to transfer mother and baby to Bessborough. In 1982 Denny House arranged for a marriage counsellor to give a four-week course to the mothers.

Mental Health and Special Needs

23.78 The institutional records from the 1950s contain much greater detail about the women than the records of the larger mother and baby homes and they provide some insights into the mental health of the mothers. Although there is a lack comparable records for other homes, it would be unrealistic to presume that Denny mothers were atypical in this respect. In 1956 one mother, who gave birth in the Rotunda, refused to see her child. The Matron noted that 'there were many discussions with the hospital and our case committee met also. The Rotunda psychiatrist examined her and said that her mental condition was such that she should not see the baby and that it would be suitable for adoption'. The home determined that she should not be readmitted on her discharge from the Rotunda; the woman's mother collected her from the hospital and brought her home. A mother who had 'an attack of hysteria' and 'behaved abnormally for 4 days' was seen by the Rotunda hospital psychiatrist who diagnosed 'a mild attack of post-puerperal mania'. He arranged for her to be admitted to St Patrick's psychiatric hospital. In 1959 the medical officer to the home stated that the mental health of one woman 'presented us with an insoluble problem'. This woman had several violent outbursts and one occasion she broke a window. In 1956 the case committee reported that a mother was troublesome', she slapped her baby, who was described as 'nervous'. They suggested that she should be seen by the doctor 'in company with other girls, so as not to draw attention to her mental state'. Although the doctor did not recommend that she should be seen by a psychiatrist, she was later admitted to a psychiatric hospital. Another woman, who was reported to have experienced, 'several attacks of violent hysterics' was sent to a psychiatric hospital where she was visited by her father. Her case notes stated that there it was possible that she would take up employment when she left the hospital; the home was seeking a 'solution' that would 'safeguard' her son, and give the mother 'a chance'.

23.79 There are many references in the institutional records to women who were depressed. One woman took a drug overdose in 1976. A mother who was described as 'very restless…went on hunger strike and behaved very strangely'. Arrangements were made for her admission to a psychiatric hospital, and the Matron watched her during the night before her admission. 'Next morning docile at

first but when 3 nurses from St Brendan's[24] arrived she refused to go. We telephoned for social workers, she jumped out the window. Finally went'. In 1971 a mother who was described as 'depressed after birth, now better'; was seen by a psychiatrist. This was not the woman's first child. The file noted that she 'Had breakdown after parting with first child. Was looking after children'. Another woman who had been discharged from the maternity hospital was described as 'depressed for 3 days, threatened suicide. Nurse came next evening and took her home'. In 1970 one woman was reported to have been 'emotionally disturbed for over a week before she left, partly due to a delay in the adoption of the baby'; however, she left the home 'quite calm' and her mother had sent 'a good report'. In the late 1970s another mother, who was awaiting a vacancy in a nursery for her child, who was to be adopted, 'became depressed after 3 weeks when no definite arrangements could be made on account of shortage of cots in [a children's home]. She became angry and difficult'. Matron arranged for this mother to be seen by a gynaecologist, and having spoken to her, he arranged for her to be sedated. The home hired a night nurse to care for her baby. It was reported that 'she behaved normally when she knew her baby would probably be moved the following week'. This mother returned to her home. Another mother was re-admitted to hospital for medical care because she made herself ill after discharge from hospital as she decided she wanted her baby after the baby was placed in a children's home to await adoption'. This woman's parents agreed that she could bring the baby home; the baby remained in Denny until the mother was discharged from hospital and collected her baby. She was described as 'happy and well on discharge'.

23.80 The original charter for the Magdalen Asylum precluded the admission of women with special needs, but that policy appears to have eased by the 1950s, perhaps because there were few women in the home. One such woman was described as 'a problem'. Arrangements were made for her to be seen by the Rotunda psychiatrist, accompanied by her mother; the case committee described her baby as 'unadoptable', though no details were given. The Matron emphasised that this woman

> is not to go out alone as she is entirely irresponsible in her conversation. We manage to keep her occupied with small jobs and that is the best we can do. The other members of the staff and I feel that mental defectives are not

[24] Grangegorman Mental Hospital.

suitable companions in a small Home such as this and hope that in future we need not admit such girls or if admitted keep them when their presence endangers the smooth running of the Home.

23.81 In the late 1960s the home accommodated a teenager who was described as a 'mongol'; she was accompanied by her mother who cared for her daughter. Arrangements were made for mother and daughter to eat together, apart from the other residents; her baby was born in the Rotunda. In the same year they admitted a much older woman, who was described as having the 'intelligence of 15 year old'. She 'settled in remarkably well to the life of the Home and is very co-operative with staff and girls, she can work well at times but only at her own pace and time'. The case committee recommended that this woman should be seen by a psychiatrist; 'her people' claimed that 'she is not co-operative at her home'. In 1973 they accepted a woman who was pregnant for the third time; she was referred by the Church of Ireland moral welfare committee. This woman, in her 30s, was brought to the home by her mother, who hoped that she would remain as long as possible. She was described as a low IQ - she could read a letter but not write a letter and she had worked in Bethany for several years. She was reported to have settled into the home. They also admitted a pregnant mother of two who was separated from her husband; the child was not her husband's. She had arrived from a psychiatric hospital and was 'helpful in the Home and has not caused any anxiety up to this'. A woman admitted some years later was 'a retarded girl but not a mongol'. She was described as 'good tempered, well behaved but childish and has very little idea that she is going to have a baby'. This woman had been in institutional care since she was four or five years old. 'She can read and write a little, she cannot carry a conversation but can say short sentences, she enjoys company and does not like to be left on her own at all. She can wash and dress herself and do little household duties. She has settled in well with us and seems quite happy'. There is no indication whether the pregnancies of these women with intellectual disabilities had been reported to the Gardaí.

Post 1980 Admissions

23.82 Many of the women who were admitted in the later years appear to have been experiencing a variety of personal difficulties. In 1981 Denny placed an advertisement seeking a 'responsible person … to assist in the running of a small home for single mothers, with their babies, ability to handle young mothers under

stress and small babies essential'.[25] In 1982 the committee recorded that all the women were in good physical health but 'most of the girls have emotional problems'. Some women left abruptly, and some returned later. One woman had 'seemed contented to be back in the Home but then towards the end of this week became determined to return to […] and we allowed her to go away for the weekend', but she did not return. Her boy-friend contacted Denny and indicated that she would probably return because the people that she was staying with 'will not keep her any longer'. She was described as 'a very trying girl, has no money, is a very heavy smoker, could get some Home Assistance[26] each week but would not get up in the morning to collect it. If she returns to the Home I would certainly like some help with her…will be a very bad influence on any girl coming to the Home'.

23.83 An older single mother was referred with her baby by the social worker in the Rotunda; she asked Denny House staff to determine whether she was capable of looking after her baby. This woman was described as having a 'low IQ…very slow in every way but has improved since admission, she needs constant supervision'. A woman who was referred by Cherish, and was described as a 'special case', was 'rather difficult after admission, defiant in manner if corrected for smoking upstairs, and dissatisfied with the food, particularly the evening meal. She bought extra food and cooked it for herself but she has eased off that now and has improved in manner. She is out most of the day, her baby is due soon'. Another mother was admitted with her six-week old baby because her social worker wanted to determine whether she was capable of looking after the infant. This woman was described as 'very disturbed'. After she had spent four weeks in Denny the staff and the ladies committee decided that they could be of little help. At this point the social worker began to plan to place her child with a foster family with a view to adoption, however the mother, having agreed to this arrangement 'on the surface', made accusations in the public health clinic that Denny was trying to take her baby away. Another mother, who was admitted with her two-week old baby was described as

> of slow mentality and not capable of looking after her baby. She needed constant supervision - which we could cope with during the day owing to so few girls in the house - but at night […] failed to wake up to feed her baby and

[25] *Irish Press*, 15 June 1981

[26] Home assistance had been replaced by Supplementary Welfare Allowance in 1977 but the name continued to be used – see Chapter 1.

continuously took her baby into her own bed although she had been told not to.

Denny told her social worker that they could not be responsible for the baby's safety because they did not have night staff, so this mother was transferred to Pelletstown. A woman was 'found to have hit her baby and she became very sullen and uncooperative'. A psychiatrist determined that her baby should be removed temporarily to a children's home, and it was reported that the mother 'improved for a while, and become more co-operative'. When she was permitted to reclaim her baby, a decision that was thought to be 'best for both' she left and appears to have returned home. Her baby was adopted. One woman, who was described as 'slightly retarded' was initially admitted for two weeks, but it was decided to extend her stay 'as the staff feel she is unable to cope'. The records relating to another mother state that 'it is combined opinion of nursing staff that she is far too immature and not fully aware of the responsibility entailed in looking after her baby. Case is to be discussed with psychologist and Social Worker'.

23.84 A social worker from the west of Ireland requested that a mother and baby should be admitted with a view to assessing the mother's mental state and capacity to cope with her child. This woman was described as 'mildly mentally handicapped'. However, while in Denny House her behaviour became very disturbed; a staff member from Denny House had to collect her from a Dublin hospital, where she had gone with her baby. She was transferred to a psychiatric hospital; the Western Health Board agreed to pay the cost of an agency nurse in Denny to look after her child, pending a placement with foster parents.

23.85 When Gardaí or social workers came into contact with vulnerable women, who were pregnant and were members of a Protestant church, they often sent the women to Denny House. In one case where a pregnant woman had run away from her home in Northern Ireland, the Matron determined that she was 'a very complicated case as she was of very low IQ and needed more care than we could offer'. A woman, who was for a time the only mother resident with her baby was described as 'a girl who needs a lot of help and understanding', disappeared for several days, leaving her baby in the home. She returned and discharged herself and her child, despite being advised not to do so. This woman had planned to place her child in a children's home, presumably prior to adoption, but had changed her mind.

23.86 In 1982 it was noted that of the ten girls admitted only three presented major problems. One mother was admitted with her baby because 'she had encountered problems at home'. Her emotional state was described as 'bizarre' and she failed to settle in Denny; mother and baby returned home within a day. A second mother, who was admitted with her son, 'had a long history of mental disturbances. Her behaviour was quite psychotic and bizarre'. Denny House tried to have this woman admitted for psychiatric treatment but the hospital could not care for her child, who remained for a brief period in Denny House before being sent to temporary foster parents. When the mother was discharged from hospital, the social worker asked Denny House to readmit her and her child but 'from personal observations we declined because of the long-term history of illness and the very poor supportive behaviour of [her] family and baby's father'.

23.87 A number of women remained in Denny House for only a very brief time and some, who were brought there by a social worker, refused to stay. One mother was described as 'very emotionally upset and no amount of care by the staff drew any response'. She was 'adamant about not staying in Denny House'. When her infant had to be readmitted to hospital, she discharged herself and 'went back to PF'. Another mother who appears to have been emotionally disturbed 'became aggressive when the staff spoke to her about the care of the baby and decided to take her own discharge'. She had been away from the home for the day, having not made any arrangements for the care of her baby. Another woman, who was admitted with her child for short-term care because she was unable to cope, stayed in Denny while undergoing some form of therapy. Mother and baby then went to live in the putative father's flat. Another mother, who had been receiving psychiatric treatment since her early teens, was sent to Denny with her child in order to see whether she could cope with the baby. She became 'very disturbed' and was admitted to a psychiatric hospital; her baby went to a children's home.

23.88 In 1984 the Denny social worker, who was an unpaid volunteer, refuted claims by the Department of Health that the home was overstaffed: 'the type of girls we have are largely problem girls be it, homeless, mentally retarded, on drugs, drink and some in trouble with the law - not to mention the social problems of being unmarried. For that reason the Home needed to have experienced staff on hand at all times'. Turnover could be 'very frequent as housing or parents permitted the girls to leave'. She attached a list of recent admissions; the women were referred by maternity hospitals, a probation officer, Ally, the Eastern Health Board, a

psychiatrist, the Protestant Adoption Society, CPRSI and Cherish. The Department of Health recommended that responsibility for Denny House should be transferred to the community care section of the Eastern Health Board, and that happened in 1985. By the mid-1980s there are references to heroin addiction; one mother, who was in Denny House with her child and was being treated at the Jervis St Drug Centre, disappeared and had to be traced by her social worker. Two mothers underwent treatment for alcohol addiction. One woman who had been admitted was discovered to be HIV positive so protective gloves and gowns were ordered.

23.89 A set of house rules drafted in 1981 stated that 'Each mother takes full responsibility for her baby with the help and supervision of the staff. Mothers are expected to play their part in the day to day running of the house'. Visitors were welcome in the afternoon and evening. Mothers would continue to meet their social worker, if possible, while in Denny House; if that was not possible the Denny House social worker would fill that role. They recommended that each mother and her social worker should visit the home before booking a place. Breakfast was at 8.30; lunch at 1 pm and tea at 4.30. Visiting hours were 2-4.30 and 6.30 to 9. Alcohol was forbidden; a mother was required to take her baby if she was going out unless she had made an arrangement with the staff or another mother. Women were required to be back by 8.30 pm unless given permission. Disposable nappies[27] were not permitted and babies were not to be in 'other rooms'. Women had to supply their own washing powder and soap. Smoking was forbidden in the kitchen, dining room and upstairs.

23.90 Many mothers and children who were in Denny House in the 1980s were awaiting long-term accommodation. Housing remained a major difficulty, perhaps the major challenge for mothers who wished to keep their child. Other women were in Denny House because of difficult relationships with their family. In February 1984 three of the four mothers with children who were admitted were homeless; all were referred by social workers. When one mother was discharged from the home and her baby went to foster parents, Denny House 'managed to secure temporary accommodation…at the Magdalen Convent, Donnybrook, as the mother refused to have her home'. In another case the records state that 'there was a lot of family conflict as a result of her intention to keep the baby'. A volunteer with Denny

[27] Cloth nappies were probably used much more widely than disposable nappies at this time.

House 'spent the entire afternoon of that day trying to restore harmony between girl's mother and her boyfriend with good result. The girl and child were discharged home (rented accommodation)'. One mother and child who spent three months in Denny House in the mid-1980s had been discharged from hospital to her parents' house. Because of disagreements with her family she was admitted to Denny House. The staff reported that she needed constant supervision in caring for her baby, and had a poor standard of hygiene. Mother and child moved into a flat in Ballymun. A pregnant teenager was admitted because of family problems particularly with her step-father. Another young pregnant woman was admitted because there was 'great tension in the home, her father does not speak to her. The siblings want her to place baby for adoption. She is very "anti" family at present'. The mother of another young pregnant woman was aware of her pregnancy and was supportive; however this young woman could not remain at home because her father would discover that she was pregnant. Another pregnant woman came to Denny because she was frightened. Her father had threatened, 'to kick the baby out of her' and had refused her permission to eat in the family home. Another mother arrived with her baby following a row with her mother; she was now homeless. She was not in contact with the baby's father, who was an alcoholic.

23.91 Denny introduced family counselling talks and discussions but they claimed that this received 'a mixed reaction - most felt it beneficial but were rather disappointed as regards the fact that they were collectively asked to discuss their own problems to each other, this they resented'.

The Children

23.92 The institutional records analysed by the Commission show that a total of 1,294 living children were associated with Denny House. Of these, 1,134 were born in or admitted to Denny House. An additional 139 children were not associated with Denny House - their mother left the home before giving birth, or did not return after the birth. The discrepancy between the 1,134 who were admitted and the 1,294 living children relates to children whose mothers, having given birth in hospital, returned having arranged for their child to be adopted, or placed in an institution. There is no information available regarding the discharge date or possibly the death in the institution of 101 children.

23.93 A total of 1,134 children were admitted to the Magdalen Asylum/Denny House. There is no date of admission for 25 children.

23.94 The peak in admissions of children was in the 1980s; in earlier decades the number of children admitted in any year never exceeded 20. The length of stay was highest in the 1920s, it fell steadily from the 1940s, and by 1960 it was under 50 days. A total of 55 children, who were associated with Denny House, died. This includes children who died in the home, children who were admitted to the home and died elsewhere and children who were never in the home but whose mothers were resident before the birth;13 children died in the 1920s, 24 in the 1930s, 16 in the 1940s and two in the 1950s. The last death of an infant associated with Denny House was in 1959. Thirty-four of these infants are buried in Mount Jerome cemetery. The burial place of the others is not known; they may have been buried by their family or in a plot owned by the hospital where they died.

23.95 The infant mortality rate was substantially lower than in other mother and baby homes. However, the trends are broadly similar to the other homes. Mortality peaked in the 1940s and fell sharply around the end of that decade. Children who were under 28 days old accounted for 46.3% of the deaths; 48.1% were aged between 29 days and a year, and the remaining children were over one year when they died. Just under one-third died in the home; 35 died in hospital, one died at a private address and one died in Bethany.

23.96 The question arises as to why the infant mortality rate in this home was much lower than in other homes. The small size was undoubtedly a factor; babies had much less exposure to infection than in larger homes and, in contrast to the other homes, there is no evidence that it was ever over-crowded. Mothers were screened before admission for infectious diseases, which would have prevented the entry of women suffering from venereal disease which contributed to infant mortality. The home did not admit older children who might transmit infectious diseases to infants. The apparently high rate of breastfeeding would have been a significant factor in reducing infant mortality in the 1920s-40s. Although the detailed records are available only from the 1940s, these suggest that doctors - a general practitioner, paediatrician, obstetrician and psychiatrist - were regularly called into this home, and several served as governor or in another capacity.

Exit Pathways

23.97 The exit pathways changed very significantly during the years examined by the Commission. In the 1920s, 73% of children whose exit pathway is known were nursed out, as were 30% in the 1930s - a decade for which no information is available about the outcomes of half of the children. In the 1940s, 76% of children were nursed out, and informal adoptions, which were not common in the earlier decades, accounted for 12% of known outcomes. The introduction of legal adoption in 1953 brought a major change in the outcomes for children, most significantly a major decline in the number placed at nurse. In the 1950s (and adoption began only in 1953), 51% of children were placed for adoption. This rose to 62% in the 1960s. The data for the 1970s show that just under a quarter (23.9%) left with a family member, which included their mother; 14% were placed for adoption but almost 62% went to 'other institutions' - it is highly likely that many of these children were subsequently adopted. The 1980s marks another major change - this was the decade when the renamed Denny House opened its doors to Catholic mothers and the number of resident women and children increased significantly. In the 1980s, 58% of children either left with their mother or they were taken by another family member, and the figure for the 1990s was almost similar.

Placed at Nurse

23.98 As was noted in the introduction, from the early 1920s the Magdalen Asylum worked closely with the Protestant Nursery Society. The annual report of the Protestant Nursery Society for 1922/23 stated that this was 'the first year of our new arrangement'. The society placed children born to mothers who were in the Magdalen Asylum in Protestant foster homes. In 1932/33 the society placed 15 children; they placed 17 in 1941/42, the largest number of any year.

23.99 Foster parents recruited by the Protestant Nursery Society received £1 14s 8d a month, a sum that remained unchanged until the 1940s; foster parents recruited by Bethany received £1 10s. The society sought foster mothers in the counties close to Dublin, in order that members of the committee could visit the foster homes as could the mothers, many of whom were in service around the city. Many foster mothers were recruited through the Mothers Union, and chapters of this charity raised money to support this society. However, it proved difficult to secure sufficient Protestant foster homes and by 1938 the society was placing infants with Catholic foster parents. They emphasised that this was a temporary arrangement and no child would be left in a Catholic foster home after his/her third birthday. In

common with local authorities and charities that placed children in foster homes, the Nursery Rescue Society found it increasingly difficult to find foster homes during the war years, because of shortages of food and rising prices. In 1939/40 they reported that the war had reduced the incomes of people who made a regular subscription to the society and several mothers had lost their 'situations' or were forced to accept lower wages which meant that were unable to maintain their contributions to their child's upkeep. The annual report for 1943/44 stated that the increasing number of foster children and the rising cost of food and clothing was causing 'great anxiety'. The peak in the number of children placed in foster homes by the Nursery Rescue Society was in 1942/3 when they had 73 children on their register, compared to 41 in 1922/23. The numbers remained high throughout the 1940s; there were 72 children at nurse in 1948/49; this fell to 46 in 1951/2, and the reduction accelerated following the introduction of legal adoption. In 1957/58 it was reported that, for the first time, no infants were transferred by the Magdalen Society. A number of the older children were sent to Protestant boarding schools. In 1951/2 the society noted that 'Placing children in country foster homes has the additional value of increasing the child population in districts where the Protestant schools have difficulty in keeping up their numbers'. Some boys were sent to the cathedral school in Tuam where they were trained as choristers. The cost of their education was assisted by a grant from the Galway Protestant Orphan Society.

23.100 Mothers were expected to contribute towards the cost of foster care for their child, and the society also received funding from the DLGPH under the Maternity and Child Welfare Grants scheme. The annual report for 1923/4 stated that four of the 38 children under the care of the society were entirely supported by their mother; two by Barnardo's, one partly by the mother and partly by Barnardo's, three were wholly supported by the society, and the remaining 28 children were partly supported by the mother or her relatives. In 1927 two mothers who had married in England, not to the fathers of their children, were sending money every month towards the cost of their foster home. When mothers travelled from England to visit their children, the society exempted them from contributing for that month, although one mother 'refused this option'. Requiring the mother to support her child and continuing to promote maternal love were seen as contributing to the mother's rehabilitation. Mothers were encouraged to visit their children 'when possible…from time to time, so that they are not allowed to lose their mother-love and sense of responsibility, but a dangerously close influence is avoided which might cause difficulty as the child grows older'.

23.101 In 1924-25, total receipts of the Protestant Nursery Society amounted to £649; the largest single item, £262, was 'payments by mothers on behalf of children', followed by £193 from the DLGPH. The report for the year 1922/23 noted that 'Most of the girls are paying their share towards the support of the children honourably and punctually'; however, two had disappeared. These two mothers were described as 'both girls of a low, of what may be called the workhouse class, and had always given us much anxiety'. By 1940 the society had 'a growing number of deserted children on our hands. The time is long gone by when these girls can be expected to have much sentimental feeling towards their children, and it is with increasing difficulty that we are able to get regular payments from the mothers'. In the earlier decades a mother's contribution was determined by her earnings; however, in 1950/51 payments by all mothers were set at 25s a month, on the grounds that 'all girls leaving the Asylum can now command good wages'.

23.102 The society did not approve of unmarried mothers raising their children. The report for 1929/30 emphasised that

> The care of her child is one of the most important levers in the reformation of the mother, the love and regard for it acting as a deterrent should temptation assail her. At the same time, it seems a very doubtful desirable arrangement that she should retain the charge of it personally, especially if a girl. As the child grows up, and learns something of life, it is inevitable that either a very painful situation must arise, or the daughter must think lightly of her mother's lapse, and therefore be herself more open to temptation.

23.103 They were much more enthusiastic about mothers who reclaimed their child at a later date, generally following her marriage. The report for 1952/3 stated that 'over the past eight years 16 mothers have eventually taken the children themselves'.

23.104 Two of Ireland's leading female paediatricians, Drs Ella Webb and Dorothy Stopford-Price were honorary physicians to the Nursery Rescue Society. The annual reports contain references to illness or occasional deaths among the children at nurse. In 1922/23, one child died from pneumonia. This was the only death among the 42 children aged from seven months up 'born under the unfavourable conditions which handicap our poor little ones, even before they enter a world where we try to provide them with the loving care which would otherwise be denied to the unwanted child'. In 1927/28, there were no deaths, although one case of pneumonia 'gave us some days of acute anxiety'. In 1929/30

however two young children died but 'in neither case due to any neglect of the nurse. Both were taken to hospital and everything possible was done for them'. A girl who died of measles in the early 1930s was described as 'a mentally deficient as well as delicate, and her death can hardly be regretted'. Another infant suffered from acute pneumonia that year but survived. There were epidemics of measles and whooping cough in several of the 'cottage homes' in 1934/35 but none of the 57 children died, though a number had been seriously ill. There were further outbreaks of infectious disease in the following year, but no deaths, and the report for 1938/39 expressed the hope that an epidemic of whooping cough is 'nearly over'; one 'delicate baby' was in St Ultan's children's hospital, and a boy was convalescing in the Sunshine Home. Two children died in 1939/40, 'a little girl who was always delicate but who had been nursed through bronchial pneumonia and then measles, got whooping cough and bronchitis and passed away; a little boy died of pneumonia'. A boy died of meningitis in 1947/48. The last death of a child recorded was in the early 1960s when a five-year old boy, who was described as 'always delicate' died in hospital of broncho-pneumonia; the report noted that the last death had occurred seventeen years earlier.

Adoptions

23.105 There are references to 'adoption' in annual reports of the Nursery Rescue Society from the early 1920s; in 1922/23, for example, it reported that two children had been 'happily adopted; and we have received very pleasant accounts of 3 who were so taken in former years; but as a rule the adopting parents prefer to drop all links with the child's past'. In the following year the society had received a number of offers to adopt children, which were being explored. They expressed the hope that 'we may look to this outlet to keep our numbers within bounds and to prevent a cloud of discouraging difficulty settling on our future'. Adopting parents signed an agreement. The adoption form in 1923 was as follows:

> We [adopting couple] of [address] do hereby adopt [name] to be our son, undertaking to feed, clothe and educate him as our own, and to bring him up in the faith of the Church of Ireland.

23.106 The early 'adoption' forms were handwritten, later forms were typed. These were signed, witnessed and dated. The mothers signed a form surrendering the child. One adoption in the 1940s stipulated that the 'adoption' would take place 'on the understanding' that the child's mother, 'while surrendering all claim to her may by arrangement with us visit her from time to time as her Godmother'.

23.107 These early 'adoptions' in the 1930s and 1940s were informal adoptions if they were in Ireland but many of them were legal adoptions in Northern Ireland, and occasionally in Britain. At least one request seeking children to adopt came from the Church of Ireland Moral Welfare Society in Northern Ireland. It would appear that children being adopted in Northern Ireland were escorted there by women members of the Salvation Army. In 1948/9 the society sent a child to the United States by plane for legal adoption. The report for the following year stated that 'During this year the rage for adoptions has reached an unbelievable peak, not only here and in the rest of the British Isles but also in America'. The society was 'inundated with demands for adoptions'; they decided not to engage in any 'distant adoption' without personal recommendations. The report for 1951/52 noted that ten children were adopted during the previous year, three to the United States, one to Australia and six to Ireland.

23.108 Following the passing of the *Adoption Act 1952* the society referred all applications for adoption to the Protestant Adoption Society. The report for 1953/4 stated that a total of 29 'adoptions' which took place before the passing of the Adoption Act had been legalised - including some that took place 15 or 20 years earlier. These involved contacting the mothers to secure a sworn statement of consent. They noted that this required 'a very tactful approach to mothers, who may have married and whose husbands might not have been aware of the child's existence'. They secured the mother's consent in all but two cases.

23.109 The introduction of legal adoption changed the work of the society. The number of children placed in foster homes fell sharply. Children who were awaiting adoption were generally transferred to a children's home. The society expressed its thanks to the Children's Fold 'for kindly keeping several babies for us until an improvement in their health makes them suitable for adoption'. The children who remained in the long-term care of the society tended to be children with special needs, or children whose family histories were deemed to make them unsuitable for adoption. The report for 1957/58 stated that 'Except for the children whose mothers do not wish to part with them, it is all too clear that, in future our work will be more and more with the backward child, as all others with normal intelligence and good backgrounds will surely be adopted'. The society welcomed the opening of Sunbeam House in Bray which provided a school for 'mentally backward children'. In the 1950s, foster children who needed medical care in Dublin, but did not necessarily require hospitalisation, stayed in the Magdalen Asylum. By the late

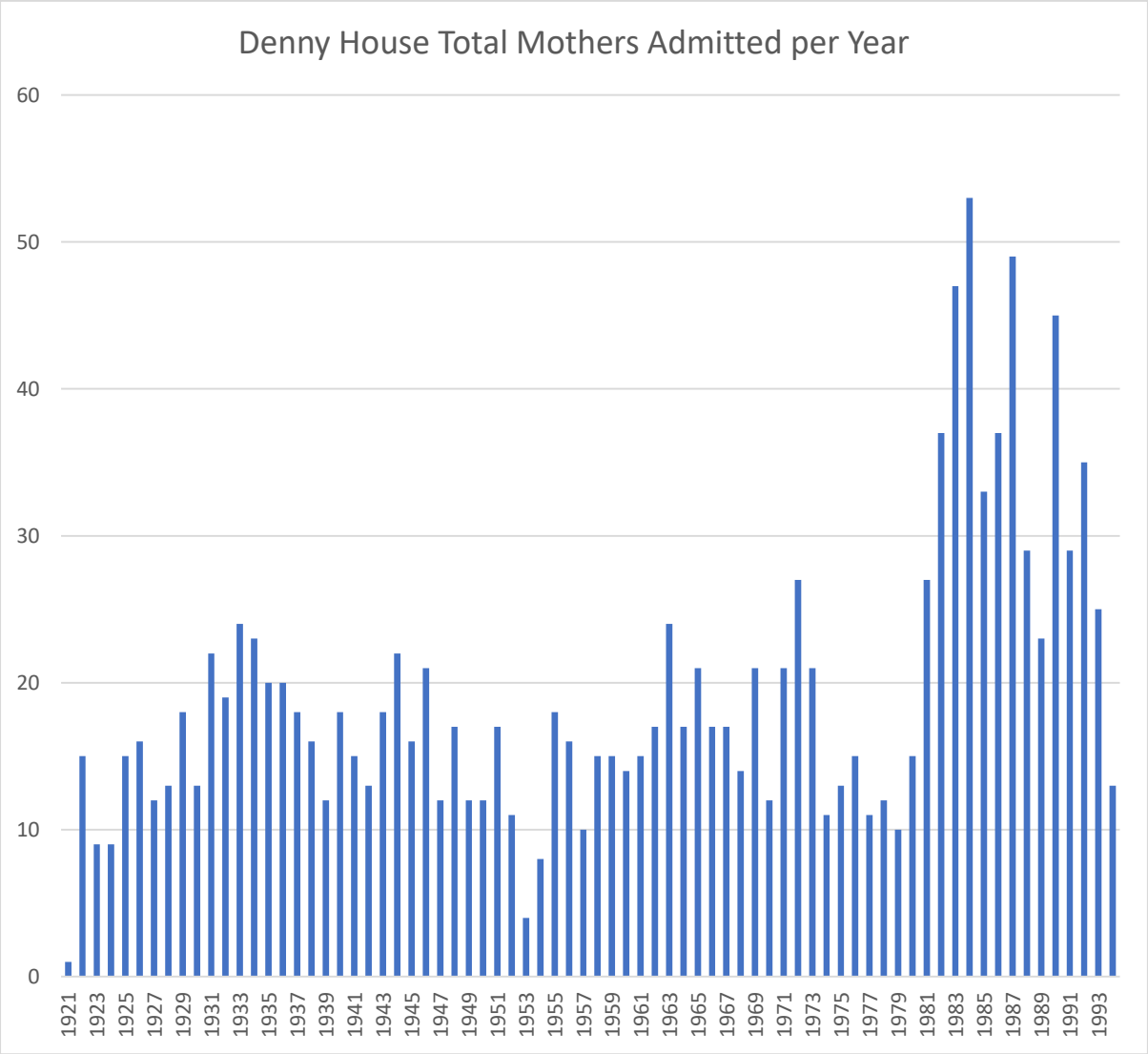
1960s a number of mothers were placing their children in foster care while they decided whether to keep the child or place her/him for adoption and there are a growing number of reports of babies who were being raised by their grandparents.

23.110 The Commission has not seen any evidence about the closure of Denny House or when or why that decision was taken. The last available annual report of the Protestant Nursery Society is for the year 1978.

Chapter 23 A: Denny House: Statistical analysis

The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions

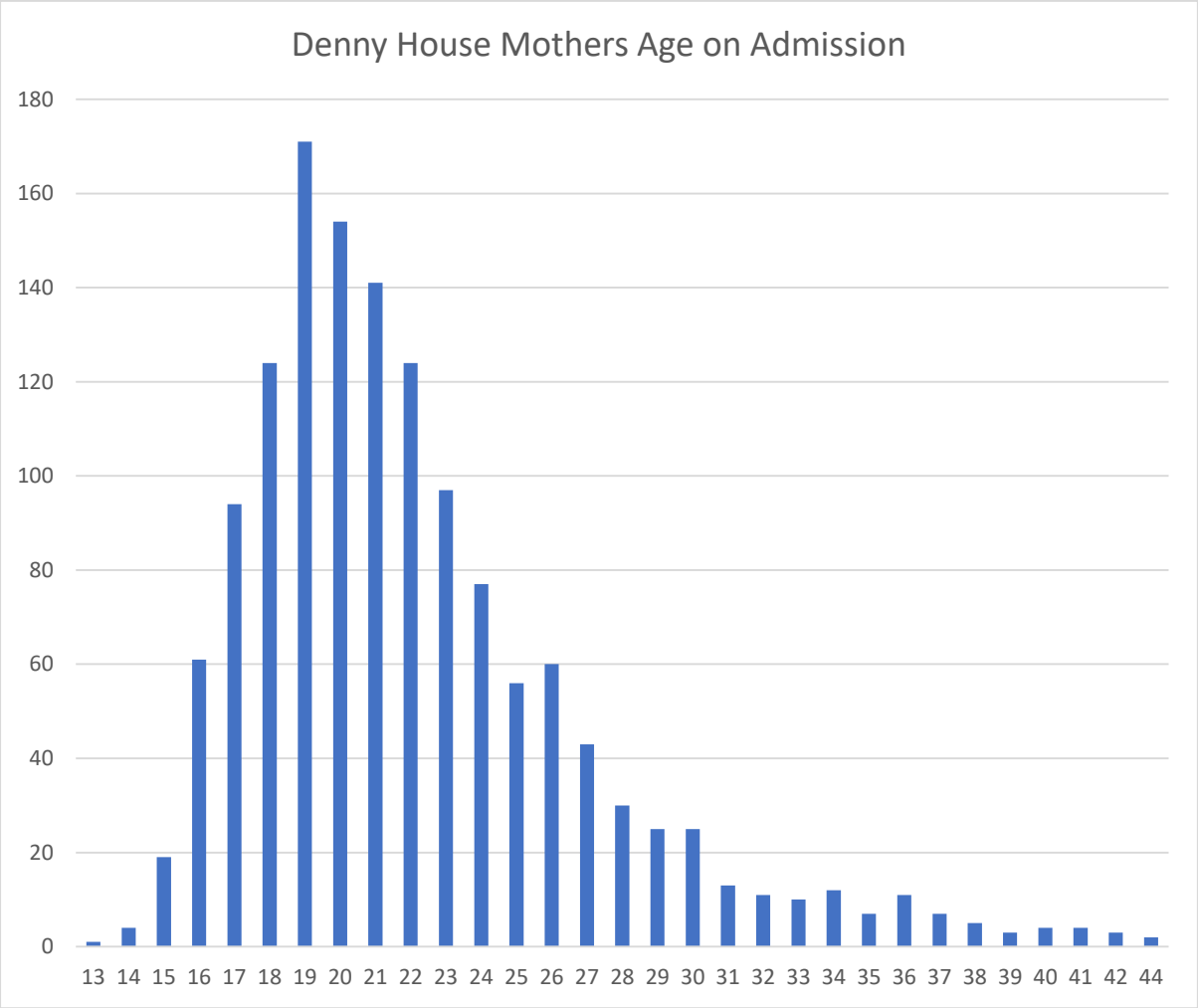


From the institutional records, the Commission identified 1,416 women who were admitted to Denny House in the years 1921 to 1994.

Information relating to date of admission was available for 1,412 women (99.7% of admissions). The busiest period was in the years 1981 to 1993; one in three of all admissions to the home were recorded in that period and peaked in 1984 when 53 women were admitted. Increased admissions in this period resulted from the decision to admit Catholic women. In the 60 years spanning 1921-80, 16 women on average were admitted annually; admissions were above 20 on 11 occasions during this period and peaked in 1972 when 27 women were admitted.

Analysis by decade shows that more women (24.8%) were admitted in the 1980s than any other decade followed by the 1930s (13.2%); 1960s (12.5%); 1940s (11.6%); 1970s (10.9%); 1990s (10.4%); 1950s (8.9%) and the 1920s (7.7%).

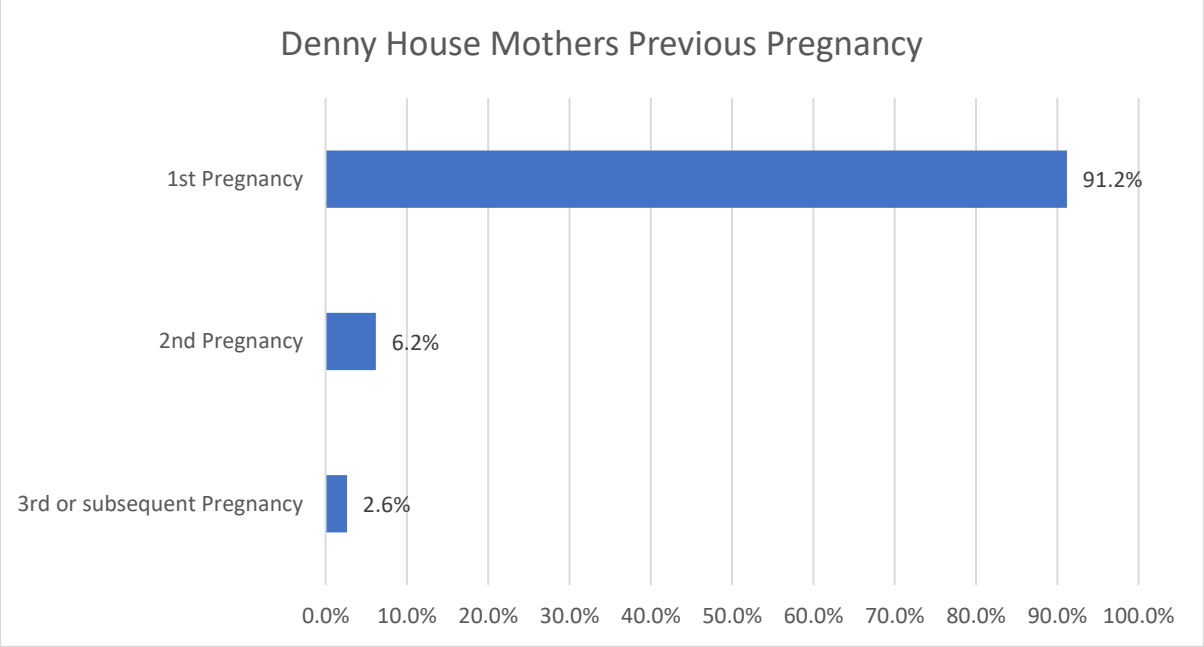
Age on admission



Information relating to age on admission was available for 1,398 women (98.7% of admissions).

The institutional records show that the age on admission ranged from 13 to 44 years. Most women (78.8%) were between 18 and 29 years; 12.8% were 17 years and younger and 8.4% were 30 years and older. Just over 6% were between 13 and 16 years on admission. Mode of age on admission from the 1920s to the 1940s was 20 years, this increased to 21 in the 1950s and reduced to 18 years in the 1960s. The mode of age on admission remained at 19 years in the 1980s and 1990s.

Previous pregnancy



Information relating to previous pregnancy was available for 1,215 women (85.8% of admissions). The institutional records show that most women (91.2%) were admitted on their first pregnancy; 6.2% on their second pregnancy and 2.6% on a third or subsequent pregnancy.

Outcome

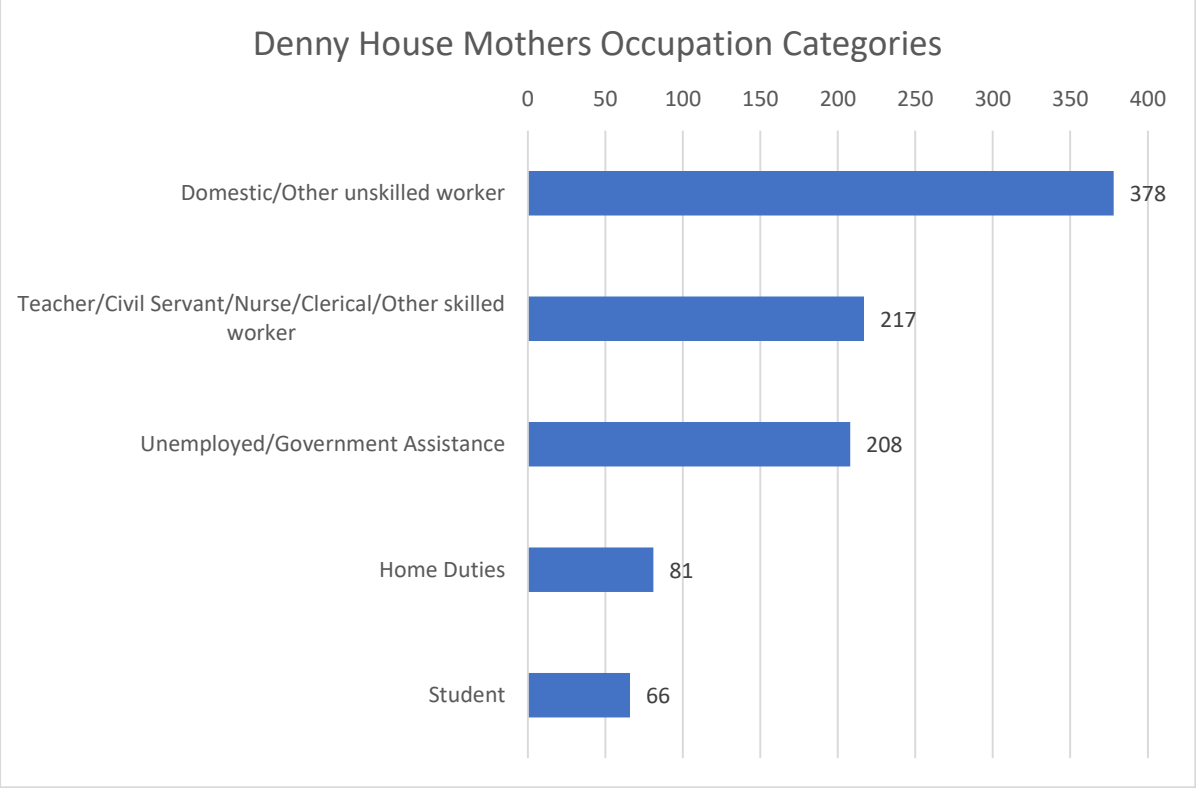
The institutional records show that almost 62% of expectant women admitted to Denny House stayed and gave birth. Of those, 98.4% delivered living infants; 1.5% delivered stillborn infants and 0.1% experienced a miscarriage. 25.7% of women were admitted in the first instance accompanied by their baby and 12.4% left Denny House before the birth and did not return. A total of 869 women were admitted before giving birth and stayed until after the birth. Twenty per cent of these women gave birth in Denny House; 38% gave birth in the Rotunda; 25% in Holles Street and 15% in the Coombe. Only two babies were born in Leeson Street.

Marital status

Information on marital status was available for 1,410 women (99.6% of admissions).

The institutional records show that the vast majority of women (99%) were single and the remaining 1% of women were either married, separated or widowed.

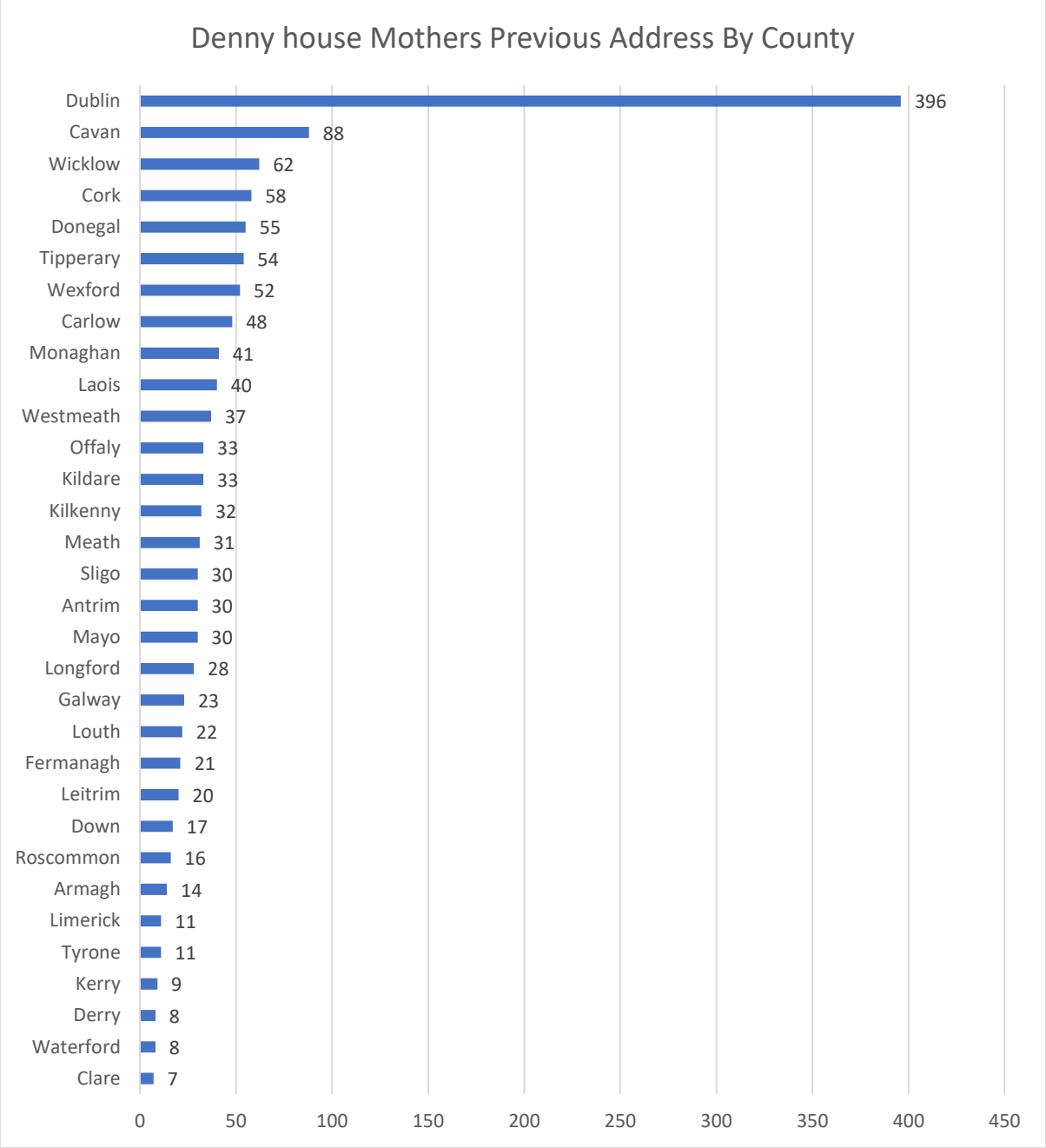
Occupation



Information relating to occupation was available for 950 women (67% of admissions).
The available records show that most women (39.8%) were recorded as domestic servants or other unskilled worker; 22.8% as teacher/civil servant/nurse/clerk or other skilled worker; 21.9% were recorded as being unemployed or in receipt of government assistance; 8.5% were recorded as working in the family home or on the family farm and 7% were recorded as being in full time education. Most full time students were in second and third level; one was recorded as a primary school student.

The proportion of women in each occupation category altered over the timeframe of the home's operation. For instance, women recorded as being unemployed accounted for 3% of admissions in the 1920s and 75% in the 1990s. Women recorded as civil servants/skilled worker accounted for 15.2% of admissions in the 1920s; 46.3% in the 1960s and 6.1% in the 1990s. Women recorded as being in full time education accounted for 6.1% of admissions in the 1920s; 9.7% in the 1970s; 11.4% in the 1980s and 6.1% in the 1990s. Women recorded as a domestic servant/unskilled worker accounted for 72.7% of admissions in the 1920s; 62.1% in the 1950s and 12.9% in the 1990s. Women recorded as working in the family home or on the family farm accounted for 3% of admissions in the 1920s; 34.9% in the 1940s and 0.9% in the 1980s.

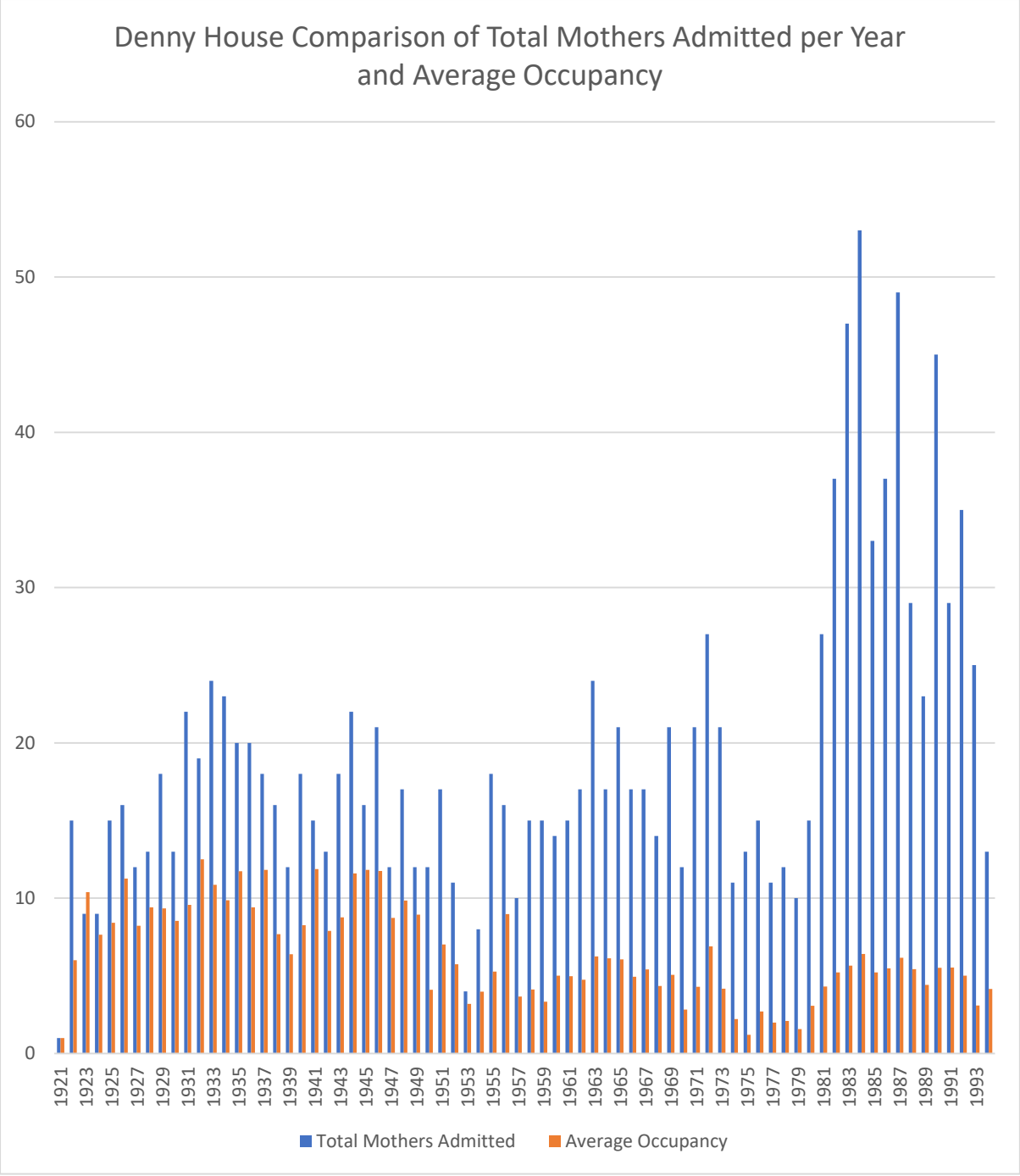
Previous address by county



Information relating to previous address by county was available for 1,365 women (96.4% of admissions).

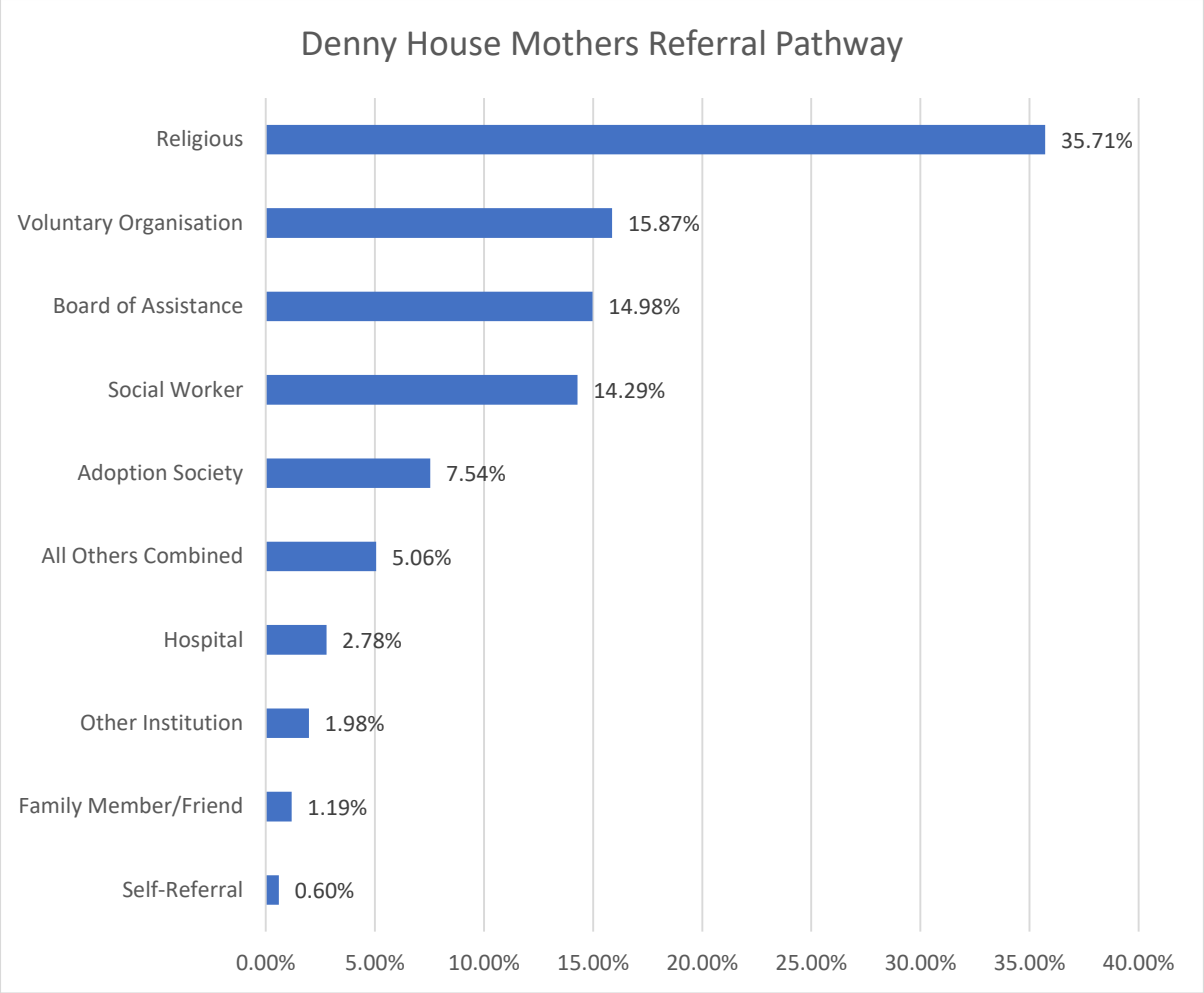
The institutional records show that most women (29%) gave Dublin as a previous address followed by Cavan (6.4%); Wicklow (4.5%); Cork (4.2%); Donegal and Tipperary (4%); Wexford (3.8%); Carlow (3.5%); Monaghan (3%); Laois (2.9%); Westmeath (2.7%); Offaly and Kildare (2.4%); Kilkenny and Meath (2.3%); Sligo and Antrim (2.2%). The remaining 18% of admission combined gave one of the remaining 15 counties as a previous address.

Occupancy



Information relating to occupancy was available for 1,394 women (98.4% of admissions). The institutional records show that average occupancy in Denny House from the 1920s to the 1940s was ten women; from the 1950s to the 1990s around five women were living in the home at any one time.

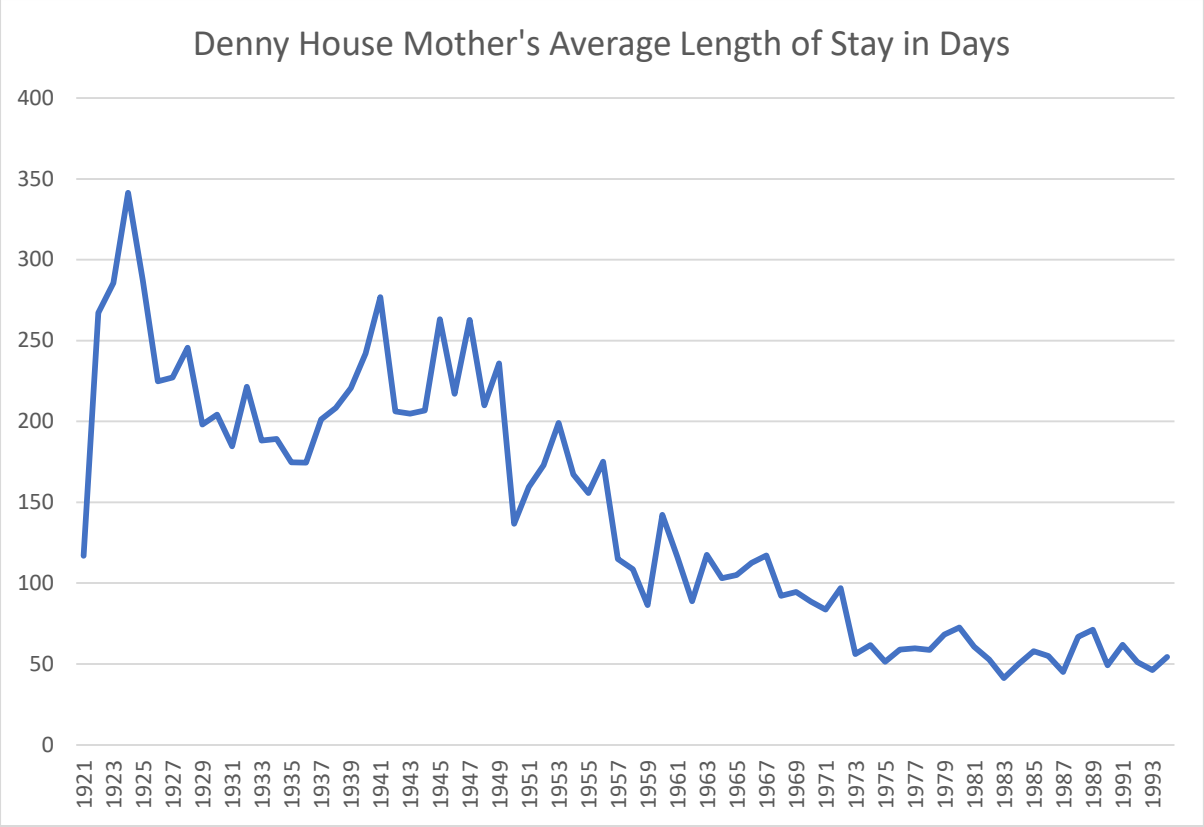
Referral pathways



Information relating to referral pathways to Denny House was available for 1,008 women (71.2% of admissions).

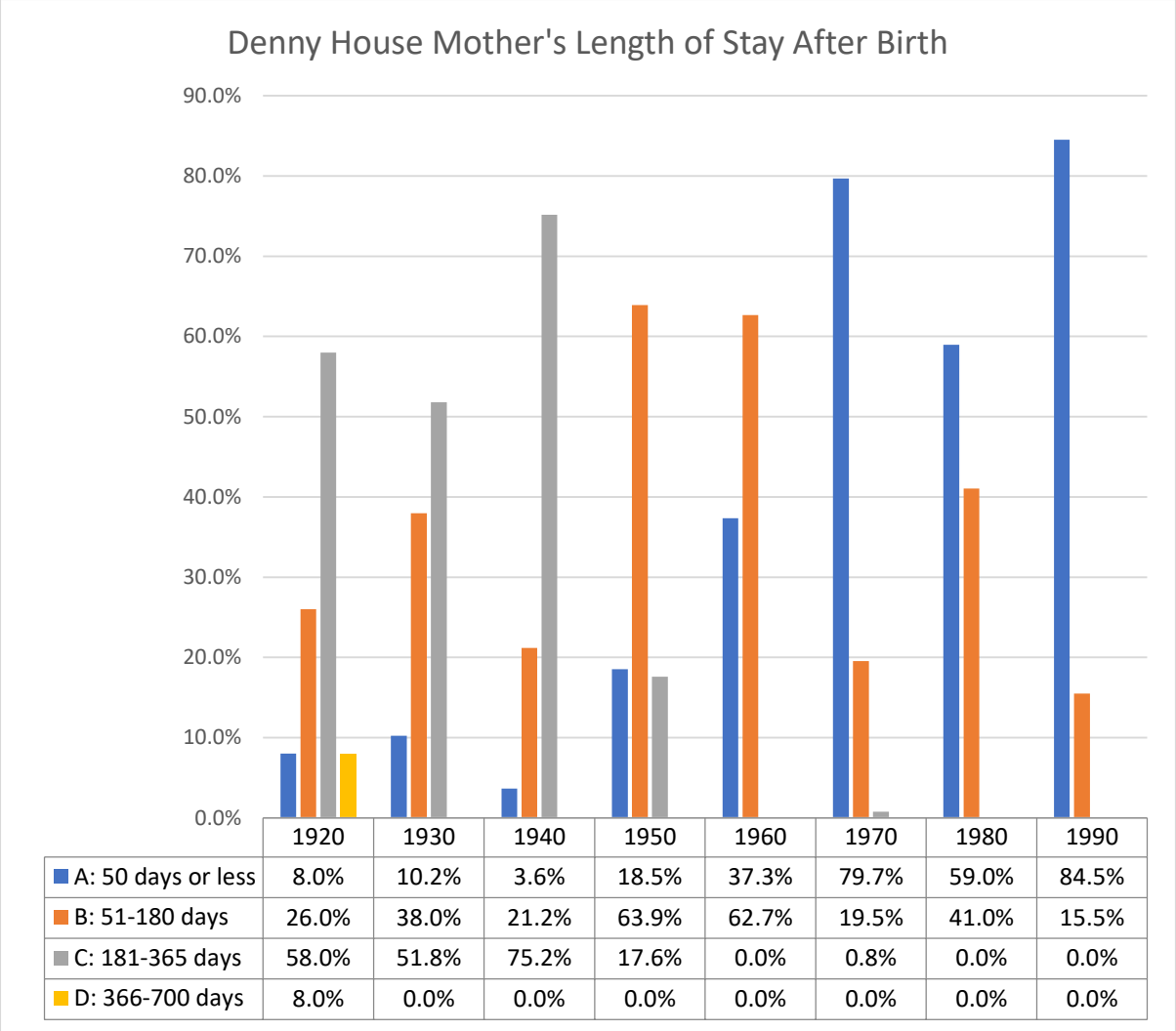
The institutional records show that the most frequent referral pathway (35.7%) was by a reverend, dean or canon; 15.9% were referred by Church of Ireland voluntary organisations as well as Cherish, ALLY and Barnardo's; almost 15% were referred by a local authority board of assistance; 14.3% by a social worker; 7.5% by Church of Ireland adoption societies - most notably the Church of Ireland Moral Welfare Society; 2.8% by hospital personnel; almost 2% were referred by staff in other institutions; 1.2% by family or friends and 0.6% self-referred. The remaining 5% of women were referred by named individuals. From the 1920 to the 1950s referral by a member of the religious was the most frequent referral pathway; from the 1960s, however, voluntary organisations, adoption societies and boards of assistance assumed more significant roles in this regard. The available information shows that most women entered Denny House directly from the family home, a private address or transferred from a maternity hospital.

Length of stay



Information relating to length of stay was available for 1,394 women (98.4% of mothers). The institutional records show that women admitted to Denny House in 1924 stayed there for 341 days on average; this had reduced to just 175 days for women admitted in 1935 and 1936. Although the average length of stay for women admitted in 1941 had increased to 277 days, a staggered decrease in the average length of stay is observable from then. For instance, women admitted in 1959 spent 86 days on average in the home; for women admitted in 1983 this had decreased to just 41 days.

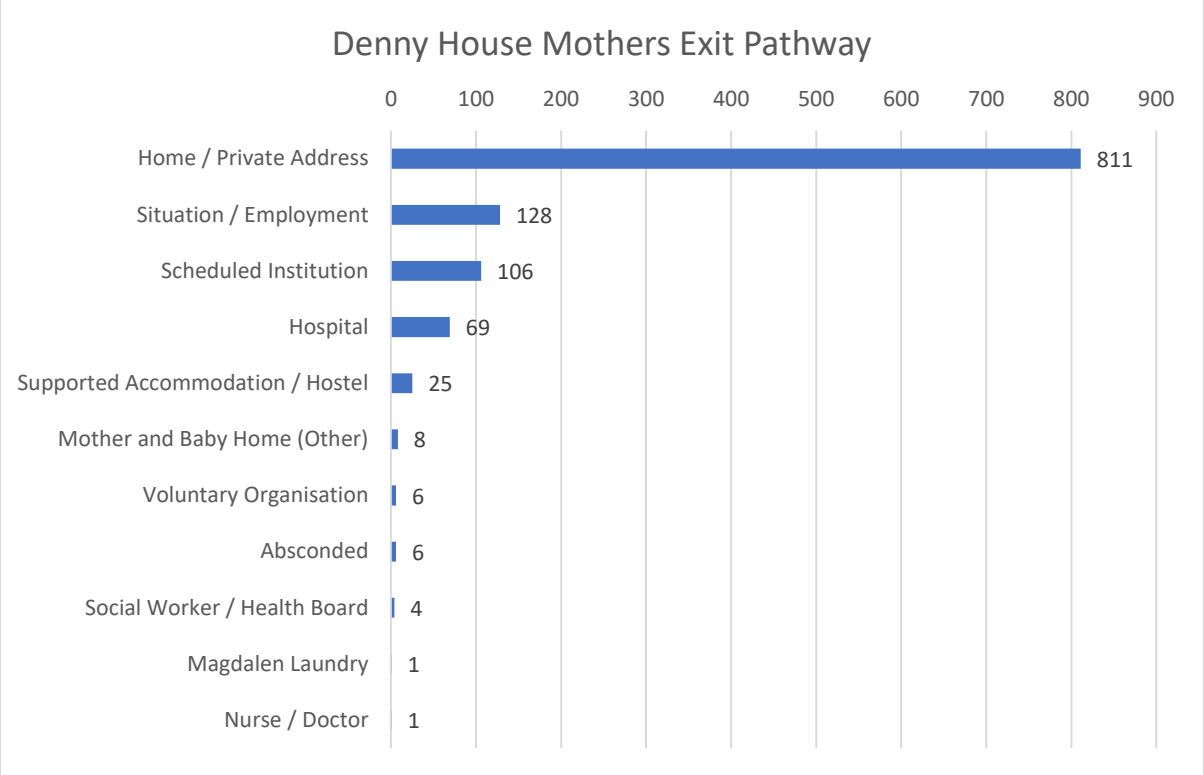
In the 1920s, women were generally admitted approximately 59 days before giving birth. This increased to 76 days on average in the 1940s but decreased to 43 days on average by the 1980s.



	1920	1930	1940	1950	1960	1970	1980	1990
A: 50 days or less	8.0%	10.2%	3.6%	18.5%	37.3%	79.7%	59.0%	84.5%
B: 51-180 days	26.0%	38.0%	21.2%	63.9%	62.7%	19.5%	41.0%	15.5%
C: 181-365 days	58.0%	51.8%	75.2%	17.6%	0.0%	0.8%	0.0%	0.0%
D: 366-700 days	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

In the 1920s, most women spent between six and 12 months in the home after giving birth; 34% had left within six months and 8% remained there for between 13 and 24 months. One woman was in the home for just over two years. In the 1930s, most women (52%) again stayed for between six and 12 months after giving birth. However, the proportion of women who left within six months had increased to 48% and no woman remained in the home for longer than a year. In the 1940s, over 75% of women remained in the home for between six and 12 months; the remaining 25% had left within six months. In the 1950s, the proportion of women who left within six months of giving birth increased to 82.4% - more than one fifth of whom had left within 50 days. The remaining 17.6% remained for between six and 11 months. In the 1960s, every woman left Denny within six months of giving birth; one in three had left within 50 days. In the 1970s, all but one woman left within six months of giving birth; almost 80% had left within 50 days. In the 1980s, almost 60% of women left within 50 days of giving birth and the remaining women left within six months. This pattern continued in the 1990s when 84.5% of women left within 50 days of giving birth and all remaining women had left within six months.

Exit to place

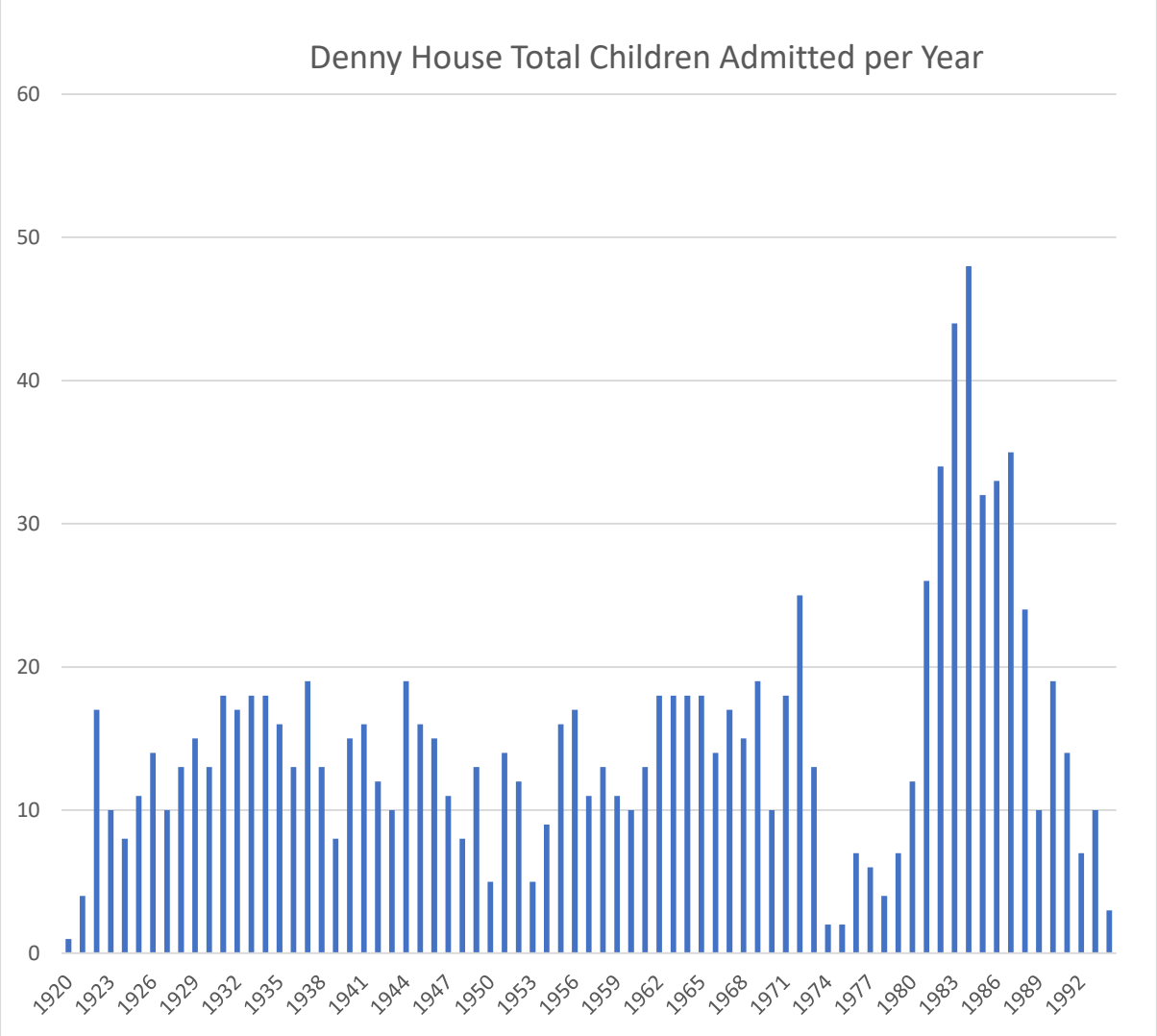


Information relating to exit pathways was available for 1,165 women (82.3% of admissions). The institutional records show that the majority of women (69.6%) were discharged from Denny to the family home or to another private address; almost 11% were discharged directly to employment; 9% transferred to one of the other institutions under the Commission's remit; almost 6% transferred to hospital and 2% transferred to a hostel or other supported accommodation. Small numbers of women were admitted to other mother and baby homes (8); left in the care of a voluntary association (6); 'absconded' leaving their babies in Denny (6); left in the care of a social worker (4) or in the care of a nurse (1). One woman was transferred to a Magdalen laundry. There were no major deviations in exit pathways over the lifetime of the home's operation.

Maternal deaths

The Commission identified four deaths among women associated with Denny House. Two occurred in the 1930s and two in the 1940s; all four deaths occurred in external hospitals. Cause of death was available for two women - their deaths were notified as being due to bronchopneumonia, and puerperal sepsis.

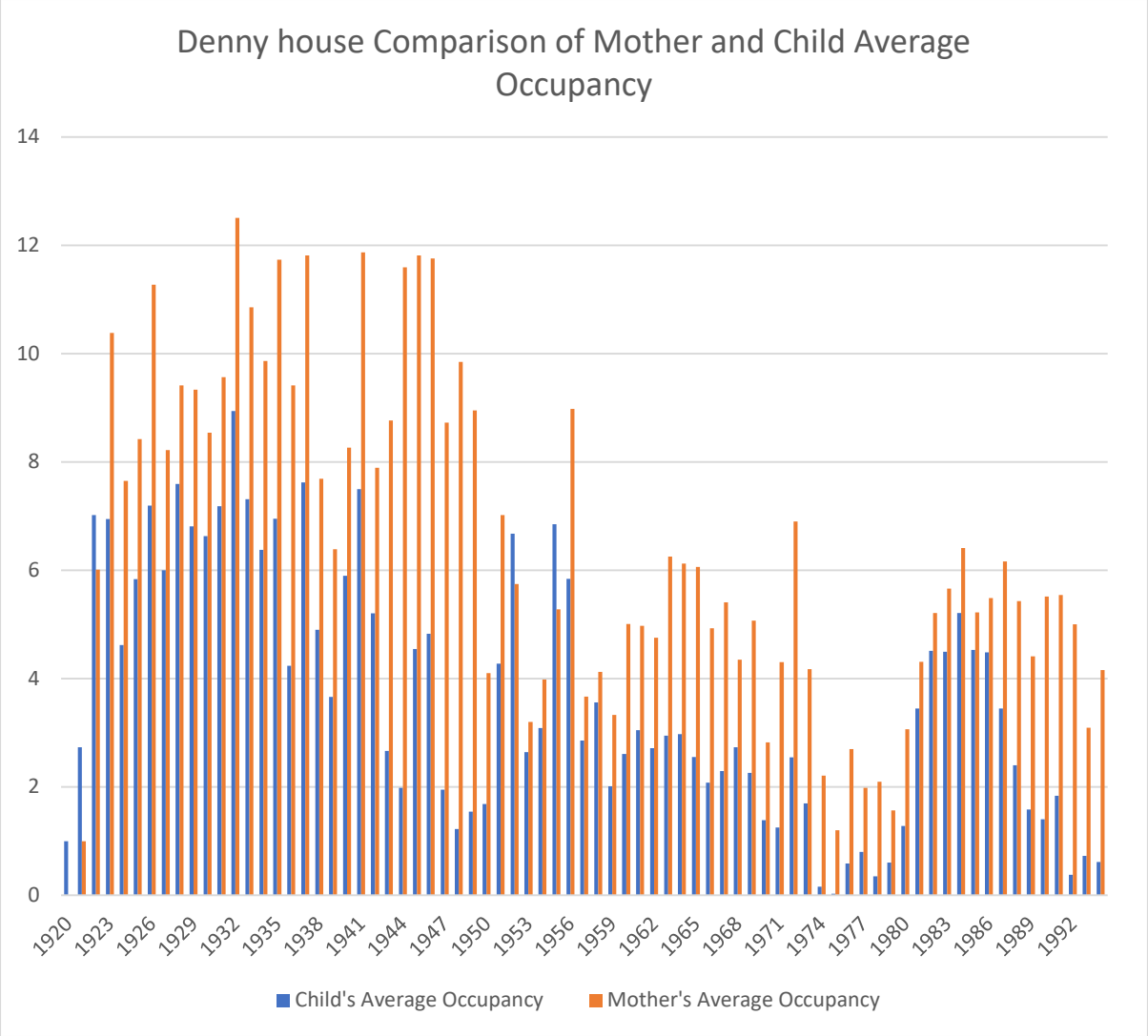
Children: Admissions



From the institutional records, the Commission identified 1,134 children who were born in or admitted to Denny House in the years 1920 and 1994. Information relating to date of admission was available for 1,109 children (97.8% of births/admissions). The busiest period was between 1981 and 1993; 30% of births/admissions were recorded in these years. From 1920 to 1980 an average of 13 births/admissions were recorded annually ranging from one in 1920 to 25 in 1972. More births/admissions (26.87%) were recorded in the 1980s than any other decade followed by the 1960s (14.43%); 1930s (13.8%); 1940s (12.17%); 1950s (10.19%); 1920s (9.29%); 1970s (8.48%) and the 1990s (4.78%).

The available information shows that over 99% of children were admitted to Denny House with their mothers; eight children were admitted unaccompanied and one child was admitted with its mother as an accompanying sibling.

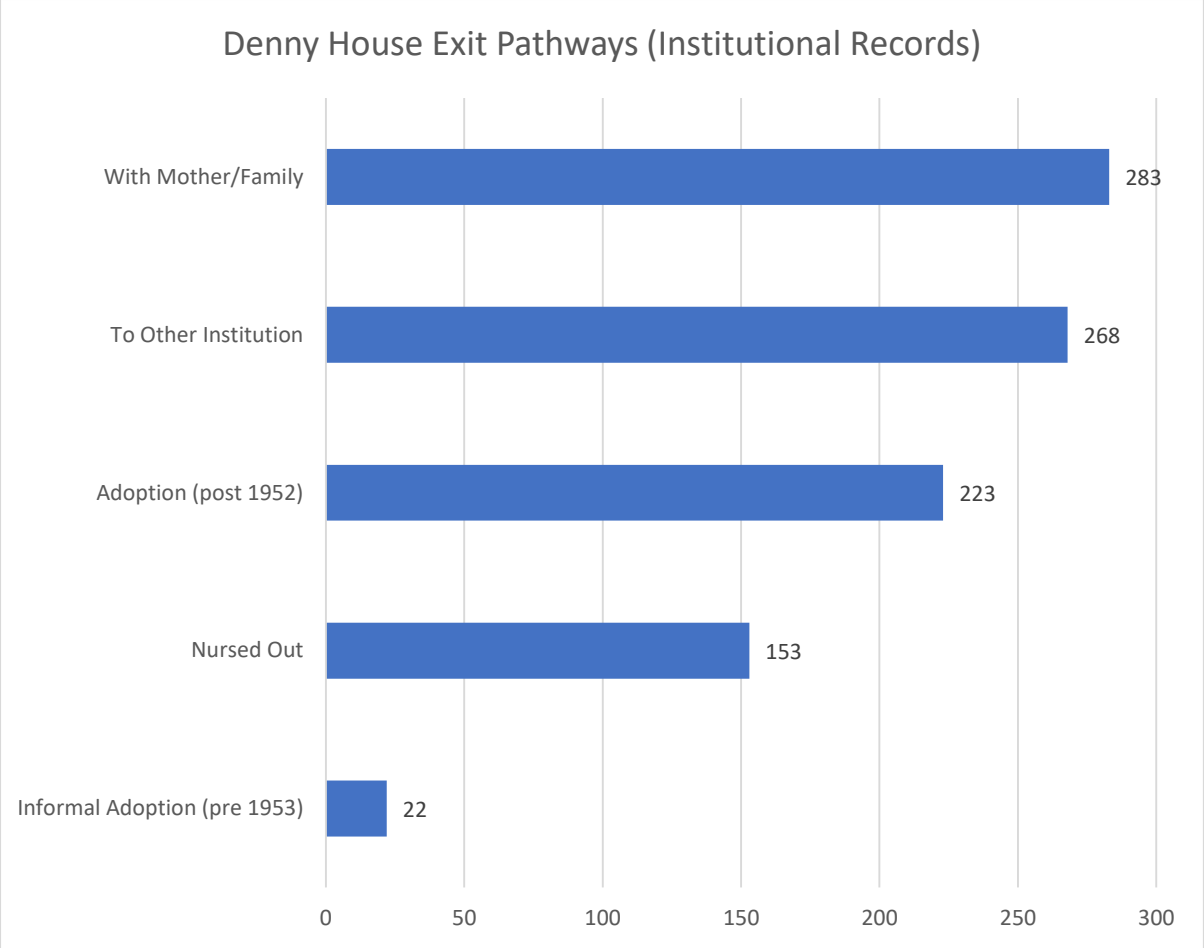
Occupancy



Information relating to occupancy was available for 1,034 children (91.2% of births/admissions). Occupancy rates peaked in 1932; nine children on average were living in the home that year. This was the only occasion in Denny's 74 year history when more than eight children on average were in the home at any one time; average occupancy over this entire period was just four children.

The available information shows that 86.6% of children were discharged either on the same day as their mother or before their mother was discharged; just 13.4% of children spent a period in Denny after their mother had been discharged. A comparison of average occupancy among mothers and children appears to confirm this. On just four occasions the average number of children in Denny exceeded the average number of mothers and it must be pointed out the most pronounced discrepancy related to 1955 when the average number of children exceeded the average number of mothers by two.

Exit pathways

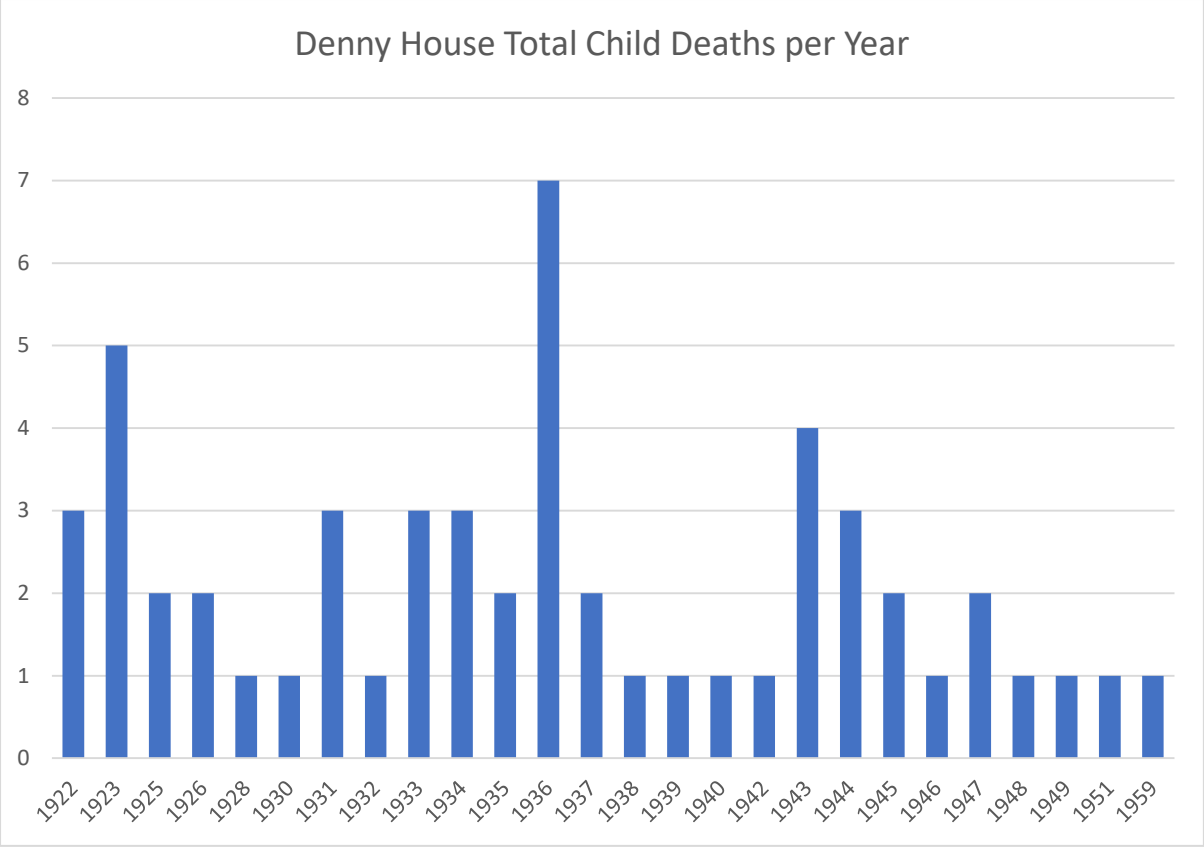


Information relating to exit pathways was available for 949 children (83.7% of births/admissions). The institutional records show that the majority of children (29.8%) were either discharged with their mother or other family member: transferred to another institution (28.2%) or were legally adopted (23.5%). A further 16.1% were placed at nurse and 2.3% were informally adopted (pre 1953).

From the 1920s to the 1940s the most frequent exit pathway was 'nursed out' and accounted for 73% of exit pathways in the 1920s and almost 76% in the 1940s. Legal adoption was the primary exit pathways in the 1950s and 1960s and accounted for 51% and 62% respectively. In the 1980s and 1990s approximately 60% of children left Denny with their mother; around 30% of children transferred to other institutions and less than 10% were placed for adoption in this period.

The available records identified eight children who were placed for foreign adoption from Denny as follows: USA (3); Great Britain (3); Australia (1) and Canada (1).

Child deaths

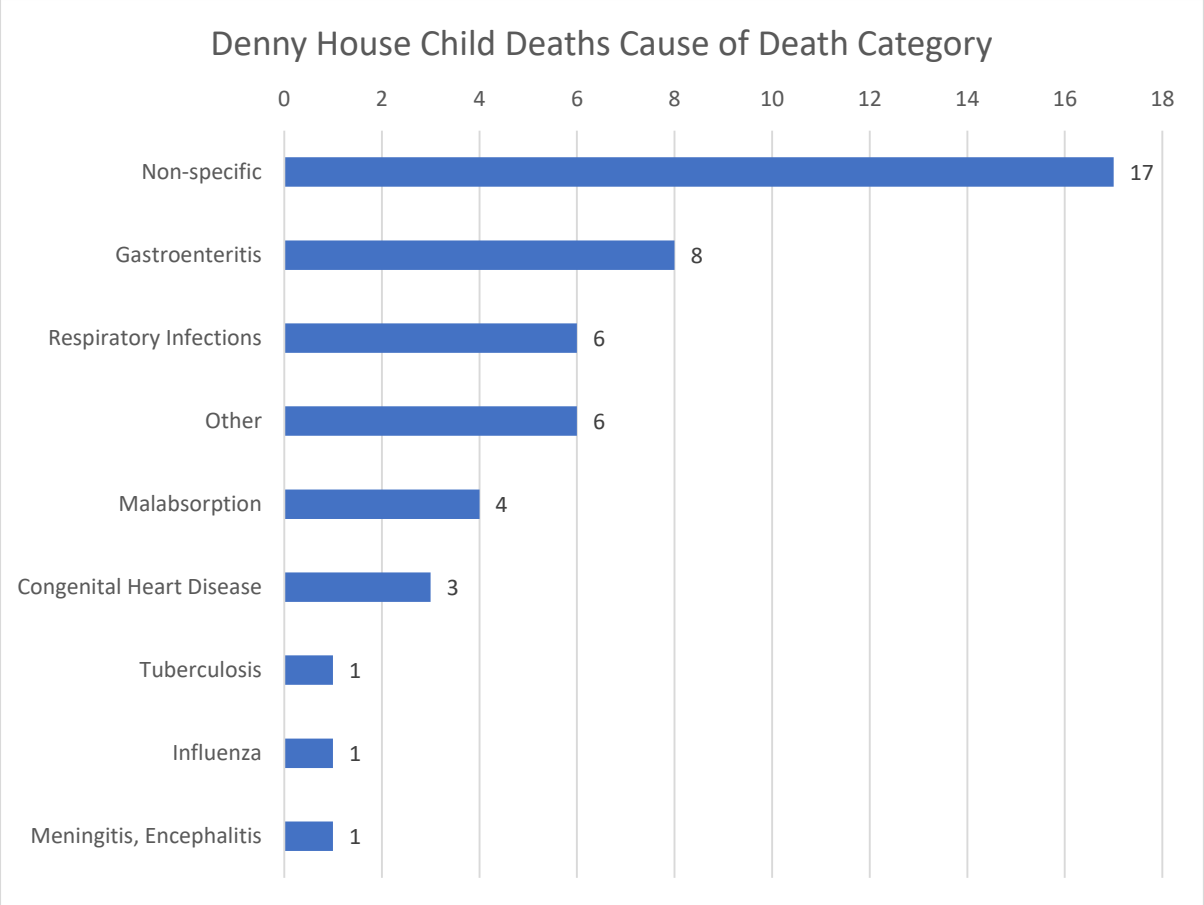


From the institutional records, the Commission identified 55 child deaths associated with Denny House. This includes children who died in Denny House, children who were admitted to Denny but died elsewhere and children who were never admitted to Denny but whose mothers had been resident there prior to their birth. GRO death records were located for 47 children. The 1930s was the worst decade for child deaths in Denny; the peak was in 1936 when seven deaths were recorded. The majority of child deaths (35) occurred in external hospitals - mainly in the National Children's Hospital - and 17 occurred in Denny House. One death occurred in a private address and one occurred in the Bethany home. Burial records were located for 34 children - all are interred in Mount Jerome cemetery.

Age on death

Information relating to age on death was available for all but one child. The available records show that 94.4% of deaths occurred in infants as follows: perinatal (0-7 days) 22.2%; neonatal (8-28 days) 24.1% and infant (29-365 days) 48.1%. The remaining children were aged between 12 and 16 months at the time of death.

Cause of death



Information relating to cause of death was available for 48 children (85.7% of child deaths). The available records show that the most frequently notified cause of death (35.4%) was non-specific - mainly congenital debility and weakness from birth; 16.6% of deaths were notified as gastroenteritis; 12.5% as respiratory infections - mainly pneumonia; 12.5% were notified as being due to a range of other, mainly one off, causes such as pertussis (whooping cough), jaundice and birth injury; 8.3% were notified as malabsorption - mainly marasmus; 6.2% as congenital heart disease and 4.1% as tuberculosis. Influenza and meningitis were notified in two cases.

Chapter 24: Dunboyne (Árd Mhuire)

Introduction

24.1 The Mother and Baby Home in Dunboyne Castle was opened in 1955 and closed in 1991. It was operated by the Good Shepherd Sisters. It was generally known simply as Dunboyne mother and baby home even though the Good Shepherd Sisters gave it the name Árd Mhuire. The first use of this name in the documentation is on 8 March 1956. Earlier (June 1955), it was recorded that an agreement had been reached between the Good Shepherd Sisters and Meath County Council to call it 'Marianville' but there is no further mention of this name.[1] The institutional records analysed by the Commission show that a total of 3,156 mothers were resident there over the period.[2] It was not intended that there would be any births in Dunboyne; in fact, eight are recorded as being born there (they were probably emergency births) but 1,148 of the children born to Dunboyne resident mothers spent some time in Dunboyne.

Origins

24.2 The decision to set up a mother and baby home in the north east seems to have been made around 1953. The impetus to establish it was provided by the 1951 *White Paper on the Reconstruction and Improvement of County Homes*.[3] This restated the policy which had been in existence since the early 1920s (but not fully implemented[4]) of not maintaining unmarried mothers and children in county homes. Among other things, it provided that the Minister for Health would invite local authorities to submit proposals about how they proposed to 'deal with the classes no longer to be provided for in the County Home'.[5] Significantly, it provided that grants would be available to local authorities for the provision of new homes for unmarried mothers and children and to 'voluntary agencies willing to provide a portion of the cost of new homes for unmarried mothers and children'. These grants were to be:

[1] The Good Shepherd Sisters had two mother and baby homes in Northern Ireland; Marianville was the name of one in Belfast; Marianvale was the name of the one in Newry.
[2] As some institutional records were not available, this may be lower than the actual number - See Statistical Analysis.
[3] https://www.lenus.ie/handle/10147/574552
[4] The White Paper shows that there were 450 unmarried mothers and 829 children in County Homes on 31 March 1950.
[5] It was proposed that the county homes would be used only for aged and infirm persons and the chronic sick; unmarried mothers and children, mental defectives, the blind, deaf and dumb would no longer be housed there but in specialist institutions.

by way of contribution to loan charges on moneys borrowed for the purpose of carrying out the works now recommended. The grant will be at the rate of 50 per cent of the loan charges, subject to the provision that the maximum capital outlay per bed in each institution on which such contribution will be paid will be £500.

24.3 In January 1952, the Department of Health issued a circular to each city and county manager and each public assistance authority (see Chapter 1) detailing how the White Paper was to be implemented.[6] This stated: 'The removal of children from the county homes is a fundamental part of the scheme of improvement.' It then outlined suggestions for the improvement of the boarding out system. In relation to unmarried mothers, it noted that there were 450 unmarried mothers in county homes on 31 March 1950 and that a proportion of these were mothers of more than one child. 'As there may be difficulty in securing accommodation for such mothers in existing homes it may be necessary to provide new accommodation for them.' The minister suggested that public assistance authorities whose areas were contiguous should combine to provide such accommodation. It is notable that Dunboyne was the only new institution for unmarried mothers which was established under this provision.

24.4 The department's circular was quite specific about the role of any such institution for unmarried mothers:

> For the proper rehabilitation of the unmarried mothers it is essential that every effort be made to provide training designed to fit them for employment e.g. in private houses or in institutions. The Minister is aware that training is provided in some existing institutions, but he suggests that arrangements might be made with County Vocational Education Authorities to provide instruction for the unmarried mothers in the special homes, in such subjects as cookery, laundry work and domestic duties generally. In this way the unmarried mothers would acquire the knowledge and training which they would need for employment in district institutions or elsewhere.
>
> It is suggested that unmarried mothers trained in domestic duties might be given the option of employment in a district institution, preferably elsewhere than in their home counties. They should receive the appropriate remuneration applicable to the office in which they are appointed. While so

[6] Department of Health Circular 7/52.

employed they should be obliged to contribute towards the support of their children in the special homes.

24.5 It seems that six county councils - Cavan, Longford, Louth, Meath, Monaghan[7] and Westmeath - got together to try to establish a mother and baby home in their area. The Commission has not seen any local authority documentation about how this initiative started but it is clear from documentation provided to the Commission by the Good Shepherd Sisters that Meath County Council took the lead. The relevant county councils were inspecting various properties in the area in 1953. Meath County Council told the Department of Health, in April 1954, that intensive efforts had been made to find a suitable premises but '…it would appear that most houses now available are too remote for this purpose as the Religious Orders generally are of the opinion that such Homes should be near transport facilities and relatively near towns or villages'. Dunboyne Castle was inspected in 1954. In early 1954, the Good Shepherd Sisters were approached by the county managers of the six counties concerned to discuss the possibility of establishing a mother and baby home in their area. (There seems to have been an informal approach at an earlier stage). The negotiations were conducted mainly by the chief officer in the health and assistance sections of Meath County Council who was based in Navan. He together with the Meath county manager and the Longford and Westmeath county manager inspected Dunboyne Castle with two representatives of the Good Shepherd Sisters in April 1954. The asking price was in 'the region of £30,000'.

24.6 The actual asking price was £35,000. Negotiations with the vendors were conducted by the Meath county solicitor, who reported on the matter to the Good Shepherd Sisters; he was the county solicitor for Meath so, while he was acting on behalf of Meath County Council, he seems to have treated the Good Shepherd Sisters as his client.

24.7 In June 1954, the Meath county manager reported to the Good Shepherd Sisters that the councils had generally agreed the proposals in relation to Dunboyne Castle. Westmeath County Council's deliberations on the issue had been reported in the *Irish Times*. This quoted the Westmeath county manager as saying that the cost would be £60,000 which included the cost of the building plus the necessary extension. A £25,000 grant would be available (presumably from the Department

[7] Monaghan ceased to be involved in the project within the first year or so; the Commission has not seen any documents which explain this.

of Health) leaving the six councils to provide £35,000 between them. The Meath county manager, not surprisingly, regarded the publication of this information as unfortunate and pointed out to the Good Shepherd Sisters that departmental approval had not yet been granted and the purchase price had not been agreed.

24.8 Other locations were examined but Dunboyne was considered to be the only suitable option. The chief officer in the health and assistance sections of Meath County Council wrote to the Department of Health in October 1954 outlining the proposals of the six counties in relation to Dunboyne Castle. He pointed out that it was well served by public transport. The Good Shepherd Sisters had wanted a location which could be easily visited by relatives and from which the mothers could get out and about. He also noted that the Bishop of Meath had agreed in principle.

24.9 A draft agreement between Meath County Council and the Good Shepherd Sisters was drawn up. The agreement contains details of the proposed payment arrangements - how the payments would be decided but not the actual amounts. The payments were to be based on the previous year's expenditure. The draft contained a clear right of inspection by the various health authorities and the Department of Health. The agreement was not signed until 1959.

24.10 It would appear that Meath County Council bought Dunboyne Castle and the Good Shepherd Sisters took possession on 1 June 1955. It was blessed by the Bishop of Meath on the day.

24.11 On 11 October 1955, the first women and babies arrived. An internal history of Dunboyne Castle compiled by the Good Shepherd Sisters points out that this was the Feast of the Maternity of Our Lady.[8] Four mothers and five children (all aged under nine months) are listed in the Department of Health inspector's report of August 1955 on the Trim county home as being due to be transferred to Dunboyne.[9] In fact, only two of these children and their mothers transferred.[10]

[8] The Good Shepherd Sisters gave the Commission copies of 'histories' of Dunboyne whose authors are not named but clearly were members of the order. These contain interesting snippets of information but the dates of compilation are unclear and they cannot be regarded as totally reliable.

[9] There were 6 unmarried mothers and 13 children resident in the Trim County Home in August 1955. The other two children resident with their mothers were older and arrangements had been made for adoption and boarding out. There had been 11 unmarried mothers and 33 children resident in the county home in April 1954.

[10] It is not known what happened to the other three children.

Sources

Dunboyne institutional records

24.12 The records of admissions, departures, births and entry and exit pathways which were compiled in Dunboyne were handed over to the North Eastern Health Board when Dunboyne closed in 1991. They are now in the possession of the Child and Family Agency (Tusla). These records provide details of the women admitted to Dunboyne. The details are not exactly the same in all cases but, in general, the information that is available about the mother includes:

- Name, address, date of birth, date of admission, expected date of delivery, date of admission to maternity hospital, date of discharge from maternity hospital and date of discharge form Dunboyne;
- Name of next of kin, by whom recommended or referred;
- Some information on background, for example, level of education, relationship with parents, employment experience;
- In some cases, information about the putative father is included and names are given in 437 cases - 13.85% of the total admissions;
- Address to which discharged.

24.13 There is some very limited health information available about the women. The visiting GP and the maternity hospital held the health records of the pregnancy and birth.

24.14 Information about the baby includes name, date of birth, vaccinations (if any in Dunboyne), date and place of baptism, date of discharge and to whom discharged. In many cases, particularly in the later 1970s and 1980s, the babies did not go to Dunboyne but were discharged from the maternity hospital; in these cases, the destination of the baby is recorded if known.

Discovery from the Good Shepherd Sisters

24.15 The Good Shepherd Sisters provided extensive documentation to the Commission. This included information about:

- The setting up of the home, the involvement of the local authorities concerned;
- The involvement of the local authorities and the Department of Health in the running of the home;

- The arrangements for closing down including material on the assessment of the need for the service in the late 1980s;
- Financial arrangements: there is extensive financial information including audited accounts for nearly all the years of its operation. There are some cashbooks and some lists of cheques issued but these are only available for a small number of years. Much of the correspondence between the Good Shepherd Sisters and the health authorities concerned financial matters;
- Some documentation about referring girls and women to the institution and about individual local authorities taking responsibility for the payments involved;
- The names of the various Sisters and lay staff who were in the institution; the dates involved and who was responsible for what;
- Various internal Good Shepherd Sisters documentation such as Chapter Books, Annals of the Convent, Book of Benefactors and reports of council meetings. The Chapter Books were required to be kept in all of the Good Shepherd Sisters' locations. They contain the Acts of the Chapter, that is, the elections of the Superior General for the Mother House and, in local and provincial houses, the elections of the delegates and deputies to the Provincial and General Chapters. The books also list canonical visitations by the Superior General, the Visitor, the Provincial Superior or the Bishop and an account of such visitations. The Dunboyne Chapter Book provided to the Commission has entries from 1972. The entries are all handwritten but it is not clear if they were made contemporaneously; The 'Book of Benefactors' records donations received from 1969; these are mostly modest amounts, for example, a total of £240 was received in 1969. It is not possible to clearly identify the names of the donors. The reports from council meetings are from 1986 onwards; the discussions were mainly about maintenance issues;
- Various accounts of the history of the institution: the authors are clearly members of the Good Shepherd Order; some accounts are contemporaneous and some were written after the institution was closed.

Department of Health

24.16 The Department of Health provided a range of documentation. The main files used for this chapter were:

NATARCH/ARC/0/408587
MHS/INA/0/490104
INACT/INA/0/450360
FIN2-EST-0-543210
INACT/INA/0/444981
INACT/INA/0/442989
FIN2/EST/0/543212
FIN2/EST/0/543373

Local authorities/North Eastern Health Board/HSE

24.17 In spite of extensive enquiries and searches the Commission has been unable to find any records from these sources relevant to Dunboyne. These records should now be held by the HSE but it was unable to find any.

Governance

24.18 In October 1955, the Meath County Council official wrote to each district medical officer employed by the council telling them that:

- Dunboyne had been acquired as a regional home for unmarried mothers and their children, other than first confinements;
- First confinements were to be accommodated in Castlepollard as heretofore;
- Dunboyne was not a hospital and confinements would take place in maternity hospitals in Mullingar, Trim and Dublin;
- It was established primarily for the purpose of replacing the county home as a place for single mothers; single mothers were not to be sent to county homes in future;
- It was being administered by Meath County Council on behalf of the participating councils and was under the care of the Good Shepherd Sisters.

24.19 The county council was involved in arranging doctor's services but not chaplaincy services. The Good Shepherd Sisters were told that they could order medical and other supplies required by the doctor and charge them under the capitation charge. The doctor's services were to be supplied by the local doctor; his pay was a matter between him and the Good Shepherd Sisters.

24.20 The lease arrangements between the local authorities and the Good Shepherd Sisters gave the local authorities and the Department of Health the right to inspect the premises. This right seems to have been very rarely, if ever, exercised. Meath County Council officials frequently visited, especially in the 1950s, but the visits do not seem to have involved any element of inspection. They seem to have been mainly concerned with maintenance of the premises and possible further development. There was also a social element to the visits, for example, the Meath county manager and the chief officer in the health and assistance sections of Meath County Council visited on Christmas Day 1955. The Commission has not seen any evidence that the other county councils involved took an active part in decisions about Dunboyne - the practical arrangements seem to have all been dealt with by Meath County Council officials.

24.21 Meath County Council was very involved in the practical arrangements - there are letters between the council and the Good Shepherd Sisters about a wide range of practical issues, for example, the felling of trees, buying lawnmowers, rates of pay for the gardener, buying a new tumbler (dryer) and the cost of transport to maternity hospitals.[11]

24.22 The county council also seems to have been involved in adoption arrangements. In 1958, the head of the public assistance section spoke to the authorities in St Clare's, Stamullen (see Chapter 2) about adoptions direct from Dunboyne. The county council as the public assistance authority was entitled to place children for adoption in Ireland but not for adoption abroad - see Chapter 32.

24.23 Dunboyne was not registered under the *Registration of Maternity Homes Act 1934* until 1982. Meath County Council, and subsequently the North Eastern Health Board, should have ensured that it was registered. Initially, it may have been assumed, wrongly, that registration was not needed because there were no births in Dunboyne. However, in 1963, there is evidence that Meath County Council officials thought that the babies were generally born in Dunboyne. This arose when the Department of Health received the annual statistical return from Dunboyne and noted that there were no births there. The department contacted Meath County Council and was told that there was normally 'no break in the period for which they pay for patients in the institution except on an odd occasion when a

[11] The bills for transport were to be sent directly to the local authority involved.

patient might be sent to Holles Street.[12] The Meath official presumed from that that the children were born in the institution. The department official noted that Dunboyne was not registered under the Act but neither the department official nor the Meath official seems to have done anything about this. Inspections under this Act were carried out regularly by the Department of Health. The fact that it was not registered probably contributed to that department's general lack of awareness or knowledge of the institution.

24.24 Apart from the annual consideration of the capitation rate and other financial matters, the Department of Health seems to have had a minimal involvement with Dunboyne. It is clear that the policy makers in the department, as distinct from the financial sections, were largely unaware of what happened there. The annual statistical returns were noted but there were no departmental inspections. The first time it was visited by a department staff member seems to have been in 1981. This visit was undertaken in the context of the review which the department was then conducting into the future of mother and baby homes. While the report of the visit (see below) described the institutional arrangements, it seems to have been conducted for information rather than inspection purposes.

Physical conditions

1954 description

24.25 The representatives of the county councils and the Good Shepherd Sisters inspected Dunboyne in April 1954. The inspection report shows that the premises consisted of a reception room, drawing room, dining room, eight bathrooms, bedrooms with minimum and maximum bedroom accommodation as follows:

- 1st floor: 4 (6); 4 (6), 4 (6), 10 (16)
- 2nd floor: 4 (6); 6 (8), 3 (4), 2 (3), 1 (2) 1 (1) 1 (1)

24.26 There was also a pantry, staff dining room, kitchen, scullery, larder, brushroom, two servant's bedrooms, coal cellars and boiler house. It had independent oil-fueled arrangements for central heating and water heating; a tank to hold 1,020 gallons was installed.

[12] This practice seems to have changed some time later as in was noted in correspondence in 1973 that payments were not made during such absences.

24.27 After Meath County Council bought the premises, there were continuing discussions between the Sisters and the council about the details of how the institution would be run. For example, it was agreed in June 1955 that the Sisters would continue to employ the gardeners who were already working there. Two gardeners were being paid £5 a week each; the county manager thought this was a reasonable rate. Also in June 1955, the county manager and other officials met the Good Shepherd Sisters at Dunboyne. There were detailed discussions about wallpaper, floor coverings, how the rooms would be used and a range of other matters. For example, it was agreed that the library would be used as a reception room and the drawing room would be the oratory. It was agreed that there would be accommodation for 22 'adult patients' with a possible maximum of 25 and the same number of children. There was sleeping accommodation for five or six Sisters. The Sisters agreed to supply lists of required equipment such as beds, bedding, cots, lockers and crockery and this equipment would be bought by the county council. The county council carried out some structural and maintenance work and advanced £1,000 for maintenance.

24.28 In August 1955, Meath County Council sent the Good Shepherd Sisters in Dunboyne a list of the equipment it had ordered from various suppliers following the Sisters' request. This list is extensive and covers everything from beds to forks, eggcups and bedpans; later lists show that items such as a cakemixer, a potato peeler (costing £57), radiogram and records were bought by Meath County Council and delivered to Dunboyne. There can be no doubt that the institution was very well equipped. In one of the Good Shepherd Sisters' histories of Dunboyne, it is stated that the Superiors of the Province 'very generously' provided the new foundation with 'all requirements from Altar, Sacred Vessels, down to the smallest details'. This presumably relates to all the religious requirements as all the practical requirements were provided by Meath County Council.

24.29 In October 1955, Meath County Council arranged for the laundry from Dunboyne to be carried out by the firm that provided the service for the hospital in Navan. The cost of each item was listed and included the 'alter (sic) linen'.

24.30 One of the internal histories of Dunboyne described the property as being in excellent condition when the Good Shepherd Sisters arrived, with four reception rooms, ten bedrooms, all modern conveniences and central heating already installed; the extensive grounds included a hard tennis court and many beautiful

trees. The 'largest and best' of the reception rooms was chosen as the oratory. This history credits St Joseph with 'having a hand' in getting them the premises and in getting them a new car.

1981 description

24.31 An extension to the premises was built in 1963. Planning permission had been granted in October 1960; according to one of the internal histories of Dunboyne, building was delayed by strikes. The extension was a two-storey building of 5,000 square feet with five reception rooms, two domestic offices, six double bedrooms with wash hand basins and two single bedrooms. This cost £28,000 and was paid for by the Good Shepherd Sisters.

24.32 Repairs had to be carried out to the roof of the original building in 1980. In February 1981, the Good Shepherd Sisters applied to the Department of Health for assistance with the cost of roof repairs. They said that the repairs which they had carried out in 1980 had left them heavily in debt.

24.33 In response to this application, the department's architect visited Dunboyne in June 1981. He described the building as being set in about 45 acres of farm land. It consisted of three parts built at different times. The original 18th century Georgian mansion was a three-storey house with some very fine Georgian plasterwork and fireplaces. It had a double roof with a very wide valley gutter. A lot of the roof timbers had been replaced and the remaining ones had been treated with an epoxy resin treatment. The original natural slates and lead had been replaced with asbestos slates and copper flashings. All the chimneys had been demolished and rebuilt in brickwork. Several ceilings and walls of rooms on the top floor had been re-plastered and decorated. The roof was now in excellent condition and had an expected life of 50–60 years. The architect noted a musty odour in one room which he thought may have indicated timber rot. He was unable to confirm this.

24.34 A single-storey extension had been built 50 to 80 years earlier. It was built in the style of the original house with a flat asphalt roof. This roof was leaking in several places. It was planned to renew the flashings to the parapets but if this did not cure the water penetration the whole of the roof might have to be replaced at a cost of between £4,000 and £5,000.

24.35 A modern two-storey extension had been built in 1963. This building was 'institutional' in appearance and contained most of the sleeping accommodation for the unmarried mothers. It had a flat concrete roof with asphalt. There were lines of discoloration and mildew on the 1st floor ceiling at regular intervals which could be caused by condensation due to cold bridging from the electrical conduits buried in the plaster soffit. It was noted that the addition of insulation slabs on top of the existing asphalt (an upside down roof) might have been a feasible solution to the problem.

24.36 The builder's final account for the roof repairs was for just over £58,000 including VAT. The architect considered this to be excessive; the builder's original estimate had been £30,000. The architect concluded that the building was in a very good state of repair but given its age and style, a continuing high level of maintenance costs was to be expected.

24.37 In July 1981, a department memo noted that the activity in Dunboyne is one 'towards which everyone is sympathetic'. The writer suggested a grant of £30,000 to meet some of the cost of the roof works. It was also noted that the roof was likely to need further work and the department ought not be seen as a likely source for these further costs. The memo suggested that the general hospital services division should inform the Good Shepherd Sisters that the grant was being made from the limited funds at the Minister's disposal and as a most exceptional measure as it was not the practice to provide finance for schemes without prior departmental approval.

Financial arrangements

24.38 The Commission has been provided with extensive information about the financial arrangements in Dunboyne. The Good Shepherd Sisters provided the audited accounts for virtually every year of its existence. These accounts were submitted to the Department of Health every year and the capitation rate was decided on the basis of the expenditure in the previous year. This was a reasonably satisfactory arrangement when there was little or no inflation but it gave rise to problems when there was high inflation, particularly in the 1970s and 1980s.

24.39 As already stated, the local authorities and the Department of Health do not seem to have paid a lot of attention to what was happening in Dunboyne. The bulk of the

correspondence between the authorities and Dunboyne was about the financial arrangements.

24.40 Soon after it had bought the premises, it seems that Meath County Council suggested that the Good Shepherd Sisters should buy it from them. However, the Department of Health preferred a leasing arrangement. The issue of leasing versus buying remained a topic for discussion until the lease was finally signed in 1959.

24.41 In October 1955, the lands belonging to the Castle (approximately 55 Irish acres[13]) were let for grazing at £12 10s an acre. In accordance with the terms of the lease arrangement, this income was paid to the Good Shepherd Sisters. The rate increased over the years and the income was paid to the Good Shepherd Sisters for the duration of their stay. This income was taken into account when the capitation rate was set each year.

24.42 In August 1956, Meath County Council wrote to the Department of Health looking for approval for:

- A per capita weekly charge of £4 16s10d for the woman and £2 8s 5d for a child for the period 1 June 1955 to 31 March 1956;
- The same for the period ending 31 March 1957 pending revision when the actual costs were available plus interest costs.

24.43 In September 1956, there were discussions between the Good Shepherd Sisters and their solicitor about the lease. The Good Shepherd Sisters seem to have been concerned about security of tenure; no lease had been signed at this stage but they did seem to have a caretaker's agreement.[14] The issue of the Good Shepherd Sisters buying Dunboyne was discussed.

24.44 In March 1957, the Good Shepherd Sisters wrote to the Meath county manager about buying Dunboyne Castle. They pointed out that additional building was needed and they could not build on a property which was not theirs. They further

[13] Different estimates of the total acreage around Dunboyne Castle are given in different documents and, to add to the confusion, the acreage is sometimes given in Irish acres and sometimes in statute acres. An Irish acre is approximately 1.6 times a statute acre. This means that about 88 statute acres were let and the rest was available for the use of the Good Shepherd Sisters and the residents. The Land Registry deeds relating to the 1959 lease show that the total acreage was 112 statute acres.

[14] The Commission has not seen a copy but other documents refer to such an agreement.

pointed out that it was a rule of their order that members of the community live apart from the 'patients' and it had not been possible for them to conform to this rule.

24.45 In April 1957, Meath County Council told the Good Shepherd Sisters that accounts for the maintenance of patients should be sent directly to each county council concerned and Meath County Council would deal only with residents from Meath.

24.46 In May 1957, Meath County Council wrote to the Good Shepherd Sisters to tell them that the county manager had discussed the ownership issue with the Bishop of Meath and he (the bishop) wanted to talk to them. It seems that they had a satisfactory meeting with the bishop. The councils were planning to put proposals to the Department of Health about ownership. The Good Shepherd Sisters' solicitor was concerned about the exact nature of the proposal.

24.47 In June 1957, the Good Shepherd Sisters appointed auditors. The appointed auditors wrote to them in July 1957 about the Sisters' salaries. It was 'tentatively decided' to charge £500 for the period to 31 March 1956 and £600 for the subsequent year.

24.48 In August 1957, Meath County Council wrote to the Department of Health and stated that:

- The Good Shepherd Sisters were anxious to enlarge the institution and build a convent;
- The counties could not provide for this;
- A loan of £2,372 had been approved by each of the counties in addition to the loan of £40,000 already obtained for the purchase and fit out;
- The councils had agreed, subject to the approval of the Minister for Health, that the interest in the property be transferred to the Good Shepherd Sisters;
- Capital expenditure would be met one third by the councils, one third by the State and one third by the Good Shepherd Sisters;
- The institution would be run on a capitation basis and the five counties would have priority in accessing places.

24.49 In August 1957, the solicitor for the Good Shepherd Sisters wrote a letter summarising the position: they were prepared to pay £14,184 for the property as it

stood and accept responsibility for any future developments or extensions. The solicitor also wrote to the Good Shepherd Sisters recommending they see some 'high official' in the Department of Health. This letter suggests that what the Good Shepherd Sisters were offering was to repay the interest on the loan of £14,124;[15] the capitation charge would take account of this interest charge and the interest on loans for future development.

24.50 In December 1957, there was a meeting between the Department of Health, the managers of the five counties and the Good Shepherd Sisters in relation to arrangements for Dunboyne. The 'most recent' proposal was discussed:

- The charges on the loan - total £42,372[16] would be met half by the State and half by the five participating counties (under the County Home Improvement scheme);
- The existing premises would be leased to the Good Shepherd Sisters for as long a lease as possible - upwards of 35 years;
- The Good Shepherd Sisters would build a convent;
- There would be arrangements to compensate the Good Shepherd Sisters for additional buildings if they vacated the institution.

24.51 The Department had written to the county councils in April 1956 with other conditions; the Commission has not seen this letter but it seems that these other conditions included the term in respect of new buildings and that the lease could be for 99 years at a rent of £1. It was agreed that there would be compensation for new building only if the county council terminated the services of the Good Shepherd Sisters; the loan charges would be dealt with separately to the capitation charges and other local authorities who used the institution would be required to contribute to the loan charges.

24.52 In February 1958, Meath County Council wrote to Offaly County Council (which was not one of the participating councils) agreeing to take a patient at a capitation rate of 69s 8d a week for a woman and 34s 10d for a child plus an amount (unspecified) to cover a proportion of the loan charges.

24.53 On 13 May 1958, the question of buying the property was in issue again; the agreed lease had still not been signed. In May 1958, the draft lease was sent to

[15] This probably should be £14,184.
[16] This seems to be the original £40,000 plus one county's contribution as mentioned above

the Good Shepherd Sisters solicitor by the Meath county solicitor. The accompanying letter suggests that the level of capitation charge was to be agreed between the Good Shepherd Sisters and the Department of Health with the county councils having no say in the matter.

24.54 The arguments about money and ownership continued for some time. Meath County Council gave an advance to the Good Shepherd Sisters as the Minister for Health had not yet decided what the appropriate capitation payment would be even though audited accounts had been submitted.

24.55 In January 1959, Meath County Council sent a bill to the Good Shepherd Sisters for two years rent of £100 a year plus other items supplied. It is not clear what the basis for this was but it may have been the caretaker's agreement. The county council proposed to hold a conference in Dunboyne to deal with the issue of whether repairs were capital or revenue, and how salaries should be dealt with.

24.56 In May 1959, Meath County Council told Waterford County Council that the capitation rate was 96s 10d for adults and 48s 5d for children plus a contribution to interest charges (on the loan to buy and fit out the premises).

24.57 In August 1959, the superior in Dunboyne wrote to the Mother Provincial of the Good Shepherd Sisters about the financial discussions. She said that 'four men' had spent several hours with them (they are likely to have been from the auditors), the Sisters were 'glad to see them depart'. The discussions had been mainly about what constituted capital and what revenue; the calculation worked out that the capitation should be £3 10s for the mother and £1 15s for the child. The councils were comparing charges in the different institutions; Castlepollard's charges were lower and the Congregation of the Sacred Hearts of Jesus and Mary there were looking for salaries. The Dunboyne superior lamented the absence of co-ordination between the institutions and said that the same problem existed in the industrial schools before they formed an association.

24.58 In September 1959, the auditors wrote to the Good Shepherd Sisters giving an account of a meeting between them and representatives of Meath County Council. The accounts for the years ended 31 March 1958 and 31 March 1959 were discussed and it was proposed that the following adjustments be made:

- Miscellaneous receipts, for example, grazing rents should be deducted from the gross expenditure figure to arrive at the figure on which the capitation charges would be based;
- Abnormal repairs should be excluded (£1249 11s 5d in year ending 31 March 1958 and £284 8s 9d in year ending 31 March 1959); however, the cost of these abnormal charges would be recovered over a period of 10 years (in effect they were being treated as capital costs).

24.59 These changes meant that the Good Shepherd Sisters had been paid too much for the years in question. The capitation rate should have been 4s 9d a day for each child for the year ending 1958 and 5s 2½d for the year ending 1959. The actual rate paid was 6s 11d for both years. There was a total overpayment of £3836 18s 2d for the two years; a breakdown between the counties was provided and it was suggested that repayment should be made partly in cash.

24.60 The meeting also discussed salaries. It was agreed that prior consultation with the Meath county manager would be held before any changes were made to establishment and/or salaries. The financing of any future abnormal repairs would be discussed in advance with the Meath county manager.

24.61 In October 1959, the solicitors for the Good Shepherd Sisters replied to the auditors' letter. They were unhappy with the outcome of the meeting. They pointed out that there was no mention of the capitation rate for mothers or what the capitation rate for the subsequent year would be. They also said that there was a conflict with the letter which they had received from the county solicitor which stated that they would not have to repay any overpayment. They objected to the deduction of the abnormal repairs amounts and noted that the abnormal repairs and the grazing income (£1318 19s 11d for the two years) constituted a large sum. They pointed out that the Good Shepherd Sisters had recently signed a lease and should not be involved in making other agreements outside the lease (it seems that the lease had been signed by the Good Shepherd Sisters in July 1959 and the minister was expected to sign on the day this letter was written, that is, 8 October 1959).

24.62 In reply, the auditors said that there was no conflict except that the county solicitor said that no repayment would be required in cash. The suggestion of repaying partly in cash had been made because the Good Shepherd Sisters in Dunboyne

had over £3,000 on hands in March 1959. The auditors explained that the capitation rate for mothers was double that for children so was 9s 6d a day for the year ended 1958; 10s 5d a day for the year ended 1959 and capitation rates for the year ended 1960 would be the same. In all subsequent years, the rate would be settled by reference to the previous year's accounts. The arrangements had been discussed at a meeting with the Good Shepherd Sisters before the meeting with the county council and the auditors understood that the Good Shepherd Sisters were in agreement. The letter noted also that the capitation rate should not be significantly greater than Castlepollard or councils would not send women there.

24.63 In November 1959, a letter from the solicitors noted that the lease had been signed by the minister. In January 1960, the solicitors reported to the Good Shepherd Sisters on a meeting which was held before Christmas between them, the auditors and Meath County Council. The meeting was 'slightly unpleasant' at times. The meeting agreed a reduction in the amount of the repayment (the amount is illegible). The letter also pointed out that staff salaries were a matter for the Good Shepherd Sisters but advised that consultation should take place, otherwise the costs might not be accepted for capitation purposes.

24.64 In February 1960, the superior in Dunboyne wrote to the Mother Provincial. She commented on how cold the weather had been but how good the central heating was so there were no colds among the residents. The letter was mainly about the money situation. The superior had not known that the solicitor had looked for a reduction on the amount owed and did not like his suggestion that repairs be agreed at the start of the year 'as it would tie us down'. With regard to salaries 'it would be better not to question it again, unless they do, as there was nothing definite about it'. She also mentioned the need to discuss plans; 'I would also like to be sure about the private people before we do anything' and 'I recommended the Clare patient to Newry as she would be private'. Dunboyne had a small number of private patients. The institutional records show that there were 21 private patients admitted in the 1960s and 1970s. The lease provided that all the beds had to be available to the county council and no one could be admitted without council approval. It is not clear if this approval was sought or received for the admission of private patients.

24.65 In March 1960, the Meath county solicitor wrote to the Good Shepherd Sisters' solicitors to say that the Minister for Health had approved:

- An arbitrary rate of 6s 11d a day for each child until 31 March 1958;
- An audited rate of 5s 2¼d for periods 1958/59 and 1959/60;
- Rate for subsequent years to be the audited rates for previous year.

24.66 This meant that there were some overpayments by councils and gave rise to arguments about repayment which were eventually resolved.

24.67 The financial situation does not seem to have generated much correspondence in the 1960s even though the annual accounts showed a deficit in 1962. Meath County Council's applications for changes in the capitation rate were generally approved by the Department of Health without much commentary. It did become a significant issue in the 1970s. The North-Eastern Health Board (NEHB) took over from Meath County Council as the relevant health authority when it was established in 1970 (see Chapter 1). The original five counties involved in establishing Dunboyne were not all in the NEHB area so this gave rise to some problems about repaying the original loan.

24.68 The capitation rate for 1967/8 was 6s 5d a day for children and 12s 10d a day for women. This went down to 6s 2d and 12s 4d for 1968/9 and back up again for 1969/70. In 1970/71 the rates were 3s 6½d and 7s 9d. In 1972/3 the rates were £0.60 and £1.20.[17]

24.69 In June 1972, the Good Shepherd Sisters' auditors wrote to the Department of Health and outlined the financial difficulties they faced. Increasing costs of food and transport and the fact that the capitation rate was set retrospectively were the major problems but there were others. For example, the doctor attached to Dunboyne had advised against the use of non-pasteurised milk. Dairies would not deliver to Dunboyne in large quantities so the Sisters were obliged to use patent foods for the children. The auditors argued that the overdraft had arisen because of significant capital costs and then outlined the further costs which had arisen and were likely to arise. They asked about the possibility of a capital grant to meet these costs.

[17] The changeover to decimal currency happened on 15 February 1971.

24.70 The Chief Executive Officer of the North Eastern Heath Board (NEHB) visited Dunboyne to discuss the matter. In a letter to the department, the NEHB outlined the work for which this grant was requested:

- Replacing the boilerhouse: £600;
- New incinerator: £350 (this had already been bought);
- Replacing fire extinguishers: £150;
- Replacing existing bedding 'which is very bad': £600;
- Roof repairs and maintenance; £900;
- Reconstruction and equipping of milk kitchen (no price given).

24.71 In January 1973, an accountant who was a relative of the superior wrote to the Good Shepherd Sisters' accountants about what he regarded as the very bad financial situation in Dunboyne. He said that the 'financial position is going from bad to worse and the Health Board do not realise what is involved'. He outlined the problems:

- Overdraft was now over £5,000;
- The 1959 lease was a very bad deal;
- Accumulated losses in the years ending 31 March 1967 to 31 March 1972 were in excess of £9,000;
- The Sisters' salaries were £1,500 for many years, then £1,750, then £2,800 recently; the staff were the Mother Superior, a Sister who was a qualified social worker, a Sister who was a qualified State Registered Nurse, a qualified nursery sister, a cook, telephonist and a female porter.

24.72 The Mother Superior replied thanking him for his help and outlined options:

- Buy the property;
- Refuse consent to sale of land and leave things as they are (the Good Shepherd Sisters had been in discussions with the Meath County Manager about the sale of land);
- Give consent to sale of lands and make a new deal;
- Leave the institution.

24.73 She noted that the house was in good condition except for the roof. She also referred to the incinerator and a legacy from the USA for the 'old nun'.

24.74 In January 1973, the Meath county manager offered to pay £15,000 for 46 acres of land; this was calculated on the basis that it was the amount which would yield the approximately £1,000 a year which was then being earned from the land. This offer seems to have been rejected as the county manager wrote to the superior in June 1973 asking on what basis she would consider selling the lands.

24.75 The superior was in discussions with the bank manager about the financial situation. He wrote to her in February 1973 about the overdraft which now stood at £5,250; he said that the overdraft used to be temporary and he could not see how it would be addressed. Further correspondence ensued without any resolution. In January 1974, the superior's accountant relative said that he, the Good Shepherd Sisters' auditors and solicitor were in 'full battle array in the front line' on behalf of the Good Shepherd Sisters when dealing with the health authorities. The issue seems to have remained in abeyance until the 1980s.

24.76 The capitation rates were £2.10 for mothers and £1.05 for children in 1973/4 and £1.58 and £3.15 respectively from January 1975.

24.77 In October 1983, the Provincial Superior granted a request from the superior in Dunboyne to spend £13,241 on a new asphalt covering for the flat roof of the convent. It was noted that 'The house is able to meet this expense without contracting a debt'. Similarly, in July 1984, a request from the Dunboyne superior, to spend £10,000 for the installation of fire prevention was granted by the Provincial Superior. Again, in January 1986, a similar permission was granted to spend £10,000 on a minibus.

24.78 The Good Shepherd Sisters applied for an increase in the capitation rate in 1984. The capitation rate from July 1983 was £9.75 a day for women and £5 a day for babies; the auditors proposed an increase to £10.32 and £5.16. They were granted £10.70 and £5.50. The Department of Health said that no additional funds were required to fund the proposed fire system as, having examined the audited accounts, they noted a surplus of over £10,000 on the income and expenditure accounts for 1982 and again in 1983. The Department wanted the NEHB to take over funding and budgeting responsibilities for Dunboyne. The NEHB was concerned about the absence of a basic fire warning system in the building and was looking for about £8,000 to provide for this.

24.79 In 1984, the Department of Health wanted to change the financial arrangements for Dunboyne to a budgeting basis. The department understood that the following staff were in Dunboyne: one each of midwife, social worker, nursery nurse, receptionist (part time), domestic, administrator, gardener and two cooks. The department considered that the teaching staff should be paid by the Department of Education.

24.80 In 1986, the child care division of the Department of Health drew up a proposed rationalisation programme for mother and baby homes and infant nursing homes. This envisaged the continued use of Dunboyne and noted that it had received £70,000 in capitation in 1984.

24.81 The daily capitation rates for mothers and children during the 1980s were:

1 July 1981 - £7.30 and £3.65
1 July 1982 - £8.50 and £4.25
1 July 1984 - £10.70 and £5.50
1 July 1985 - £11.30 and £5.80
1 July 1986 - £11.75 and £6
1 July 1987 - £12.10 and £6.20.

Residents in Dunboyne 1956-1959

24.82 In March 1956, the Meath County Council official wrote to the Good Shepherd Sisters about the proposal to send women to St Kevin's Hospital for confinement. He said that the Dublin Board of Assistance wanted each mother to have at least one visit to an antenatal clinic before confinement and that a medical report should be furnished to the hospital.

24.83 It seems that, from the start, admission to Dunboyne was not confined to women from the five counties involved nor was it confined to women on second or subsequent pregnancies. In March 1956, Meath County Council wrote to the Department of Health inspector, Miss Litster, about the 'repatriation' of a woman from Dublin who could have a place in Dunboyne if the Dublin Board of Assistance would get permission from the Department of Health to pay the capitation fee; this was £3 3s a week at the time. However, in June 1956, Meath County Council told the Good Shepherd Sisters that it had been decided the previous April not to admit mothers from outside the region unless the numbers should drop below 75% occupancy which 'would be about 15 adults and 15 children'. The lease which had

been agreed between the Good Shepherd Sisters and Meath County Council said there was accommodation for 22 adults and 22 children.

24.84 By December 1956, there were concerns that too many women were being referred to Dunboyne. There is evidence that Miss Litster was involved in placing mothers there. It seems that Meath County Council wrote to the Department of Health suggesting that women who could not be accommodated in Dunboyne would be sent to a similar institution in Newry, which was also run by the Good Shepherd Sisters.[18] The department did not agree to this. The department replied in January 1957 stating that unmarried mothers on their second pregnancy could be sent to Castlepollard, Sean Ross or Bessborough provided the first baby had not been born in the particular institution.

24.85 In January 1957, Meath County Council wrote to the Good Shepherd Sisters about overcrowding. The county manager had directed that, when there was pressure on space, arrangements should be made to discharge mothers who were there without children but the discharge should not take place without informing the local authority concerned. The letter went on to say that if arrangements are being made 'whereby the patients would enter one of your houses[19], the patients would in those circumstances take their discharge rather than be discharged'.

24.86 The institutional records show that the maximum number of mothers resident in Dunboyne at any one time in the period 1955–59 was 24. So, while there was concern about overcrowding, its level was never as bad as in other mother and baby homes.

24.87 The institutional records do not always record whether or not the woman had a previous pregnancy. They show that 10 women were admitted in 1955; four of these had a previous pregnancy (one a multiple) but there is no information about the other six. In 1956, 20 were admitted; 15 are recorded as having had had a

[18] The Good Shepherd Sisters had a mother and baby home, a children's home and a Magdalen laundry in Newry. All are mentioned in the report of the Northern Ireland Historical Institutional Abuse Inquiry (the Hart Inquiry) and the children's home was part of that investigation. The report states that the Newry mother and baby home opened in the 1950s and closed in 1984. The Good Shepherd Sisters also had institutions in Derry and Belfast including a mother and baby home in Belfast which operated from 1950 to 1990. There is quite extensive information about all the Good Shepherd Sisters activities in Ireland on the website of the inquiry: https://www.hiainquiry.org/historical-institutional-abuse-inquiry-report-chapters

[19] Presumably an industrial school or a Magdalen laundry; the Good Shepherd Sisters had 4 campuses in Ireland on each of which there was a Magdalen laundry and an industrial school – in Limerick, New Ross, Sunday's Well (Cork) and Waterford.

previous pregnancy (five multiples). In 1957, 14 were admitted; nine are recorded as having a previous pregnancy (two multiples).

24.88 Statistical returns made by the Good Shepherd Sisters to the Department of Health show that there were 20 women and 16 children in residence on 31 March 1957; 14 women and 16 children had been admitted in the year ending 31 March 1958. On 31 March 1958, there were 16 women and 14 children resident.

24.89 According to a Good Shepherd Sisters history of Dunboyne, a projector for showing films was acquired at Easter 1957 and a television set at Christmas 1957. Very few people in Ireland had TV sets at this time; RTE had not yet started its TV station. A Volkswagen car which could carry eight people was bought in May 1959; this was used for transporting the residents to Holles Street.[20]

1960–1979

24.90 There is very little documentation available about the 1960s and 1970s apart from the statistical returns made to the Department of Health and documentation about the financial situation.

24.91 According to the statistical returns to the Department of Health, on 31 March 1960 there were 17 women and 15 children resident. In a note on these returns, the superior in Dunboyne said that 'The average duration of the stay of mothers and children vary according to circumstances, usually until children can be provided for. The maximum is two years.' The institutional records show that the average length of stay was always less than two years; from 1962 onwards, the average length of stay was less than a year.

24.92 The Cavan children's officer wrote to the Good Shepherd Sisters in October 1961. The letter said that when the 'girls' gave birth in Holles Street, they were giving their home address when registering the births. This had caused problems with American adoptions when the birth certificate was issued and the adopters contacted the mothers at their home address.

[20] The projector and the TV were bought by Meath County Council; it is not clear who bought the car.

Complaint about being pressured into adoption

24.93 In 1966 a woman made a complaint to the Department of Justice about the adoption of her child from St Clare's, Stamullen and about the involvement of the Good Shepherd Sisters in Dunboyne in that adoption. The matter was referred to the Gardaí. The Gardaí called to Dunboyne in January 1966 to discuss the matter with the Good Shepherd Sisters. The Garda report states that the woman, who was aged about 16 at the time, had been moved from an industrial school to Dunboyne when she became pregnant in 1961. She was recorded as having no living relatives and the Good Shepherd Sisters told the Gardaí that no one visited her while she was there.

24.94 The following is a passage from the Garda report of the visit to the Good Shepherd Sisters:

> In accordance with normal practice she was due for release[21] in January 1963. The matter of adoption of the child was discussed on a number of occasions and was recommended to her. She was informed of the consequences of adoption in so far as she was concerned and was fully instructed in all aspects of it. She was told that an illegitimate child grew up to hate its parents and in her case it would be the mother. Other than that point no pressure was placed on her to part with the child and she was quite agreeable to hand over the child for adoption.

24.95 The statement goes on to say that she was brought to a solicitor in Dublin and completed the adoption papers before him. (The Good Shepherd Sisters have pointed out to the Commission that they were not directly involved in arrangements for adoption and the Commission accepts that they were not. The arrangements would have been made by the adoption society involved.) The baby was taken to Stamullen where 'the transaction was completed'. The mother left Dunboyne on one of the two days after the baby went to Stamullen. 'She was quite happy leaving and gave no indication of objection to the procedure.' The Good Shepherd Sisters got her a position in a hospital and 'she appeared happy to restart life again'. In December 1965, she called to Dunboyne accompanied by two men and inquired about the whereabouts of her child. The Reverend Mother said she could not supply that information. 'They discussed the matter at length and [the mother] appeared satisfied with the position as it stood.'

[21] The use of the word 'release' suggests that the Garda thought the woman was incarcerated.

24.96 The Garda read out the allegations made by the woman regarding duress and threats applied, for example, that she would never get her freedom. The Good Shepherd Sisters denied that any such threats were ever used towards any unmarried mother. They said that the women were encouraged to part with their babies for the reasons set out earlier and nothing irregular occurred in this instance.

24.97 The baby had been adopted to the USA. The mother had signed the consent to placement for adoption in December 1961. The child was placed with the American adoptive parents in 1963.

24.98 In 1965, a man who described himself as the mother's brother contacted Dunboyne to say that the mother was getting married and she wanted her child back. He was told that this was not possible as the child had been adopted.

24.99 In November 1965, the mother wrote to Stamullen inquiring about the child. She said that she expected that the Sisters in Dunboyne had not told Stamullen that her father and brother had not been aware of the adoption. They had each died recently and she was now all alone in the world and she wanted her child back. (The Dunboyne institutional records state that her parents had been dead when she went into Dunboyne and she had never had any visitors while there.) She said that the Sisters in Dunboyne had persuaded her to give him up for adoption and she had not done so of her own free will.

24.100 In May 1971 the Salvation Army wrote to Stamullen looking for help in finding the child.

Numbers

24.101 During the 1960s and early 1970s, the Good Shepherd Sisters made annual statistical returns to the Department of Health in the same way as other mother and baby homes did. These show that the numbers of mothers in residence increased after the extension was built in 1963. For example, there were 20 mothers and 18 children resident on 31 March 1964; of the 21 children discharged, 15 were adopted. The numbers of mothers admitted increased significantly as they were staying for shorter periods. The numbers of children in residence decreased as the practice developed of not taking the babies to Dunboyne but placing them directly from the maternity hospital into foster care pending decisions

about their future. In the year ending 31 March 1973, there were 31 mothers resident in Dunboyne but a total of 131 had been admitted during the year.

Private patients

24.102 The institutional records show that there were 11 private patients admitted in the period 1965-68. Most stayed for short periods; five stayed for less than three months, two stayed for just over three months, one stayed five and a half months and one stayed for just over a year; no information is available about the length of stay of the other two. The statistical returns do not record that there were private patients there in the years 1965-67 but do record that there were private patients resident in the period 1968-1973. The institutional records show that the private patients who were there in 1965-68 paid between £5 and £6 a week for their stay.

24.103 One of the internal histories of Dunboyne records that, in the 1970s, there was less 'institutional life' there; boyfriends started visiting and the 'girls' went off for weekends. The numbers continued to remain steady: 130-140 annually. (The numbers are largely consistent with the institutional records.)

1980 - 1991

24.104 In May 1981, when the Department of Health was discussing which section should be responsible for the mother and baby homes, Dunboyne was described as follows:

> This home (29 beds) accommodates mainly very young unmarried mothers - many of them school-girls. The occupancy rate is very high. The girls stay on average 3 months, are delivered in one of the Dublin Maternity Hospitals and, in most cases, are discharged directly from the hospital. Seldom do they or their babies return to Ard Mhuire.

24.105 The department suggested that any babies not kept by their mothers and not adopted probably went to St Clare's, Stamullen. The Good Shepherd Sisters have told the Commission that the babies usually went into foster care in the area where the agency dealing with the mother was based.

24.106 The fact that Dunboyne was not registered under the *Registration of Maternity Homes Act 1934* was noted and 'This is to be looked into'. Dunboyne did register in 1982.

24.107 The capitation rates at the time were £6.30 a day for mothers and £3.15 a day for babies. It was noted that an extension had been built at the expense of the Good Shepherd Sisters in 1963. The roof of the original building had to be replaced in 1980 at 'a heavy cost' (amount not stated) and the Good Shepherd Sisters were looking for a grant of 75% of this cost from the Department of Health.

24.108 It was also noted that the department's inspector, Miss Reidy, had inspected Dunboyne and reported that it was comfortable and well run and that she was much impressed with the work carried out there.

1981 visit/inspection

24.109 Miss Reidy visited Dunboyne in 1981. It would appear that the visit was arranged because the Department of Health needed to know more about Dunboyne in the context of its general review of mother and baby homes. In her report, Miss Reidy reported that she visited the institution, looked at and listed the available accommodation and had discussions with the superior, a social worker, a midwife (all three were members of the Good Shepherd Sisters) and the visiting medical officer. She also had discussions with the NEHB's Director of Community Care.

24.110 Her report described the sleeping accommodation available and noted that the nursery was seldom occupied by infants. The other accommodation included a residents' TV room, a smoke room, a record (music) room, a dining room, two parlours for girls' visitors, a surgery which was used once weekly by the dispensary doctor and more often by the public health nurse, an office for the social worker, a kitchen with scullery area, store cupboard and cold room, a milk kitchen (which was seldom used), three staff bedrooms with bathroom facilities, a launderette for the residents' personal clothes, and an occupational therapy room. There were five bathrooms, nine toilets and a toilet for visitors.

24.111 There were two cooks (one for weekdays and one for weekends), one domestic, a full time and a part time (summer only) gardener. These were all secular staff. There were five members of the Good Shepherd Sisters, an administrator, a midwife, a social worker, a nursery nurse and a receptionist. There were six part time paid teachers and a part time voluntary worker who supervised studies.

24.112 She made the following observations: residents were first admitted in 1955 and 'in more recent years the number of school girls is increasing annually'. In 1980, the

Department of Education had agreed to recognise the institution as an examination centre to accommodate 14 entrants for the Intermediate and Leaving Certificate examinations. The Director of Community Care considered that occupational therapy was necessary. 'Card packing for Union greetings, Greenmount estate and Harolds Cross is undertaken, knitting and sewing and a weekly lecture from the Board's consultant dietitian on appropriate subjects is given.'

24.113 Miss Reidy said that most mothers were discharged directly from Holles Street; the few who returned to Dunboyne stayed for only two to three days on average. Infants were seldom brought back. Dunboyne was primarily, therefore an ante-natal centre. Miss Reidy concluded that it was 'comfortable, well run and a relaxed homely atmosphere prevails. All accommodation is clean and well kept and all day living-units are nicely appointed. I am much impressed with the work carried out here.'

Closing

24.114 The 1981 Department of Health review of mother and baby homes and the 1986 proposed rationalisation programme for mother and baby homes and infant nursing homes did not propose any changes in the status or work of Dunboyne. This was mainly because it was a relatively small institution and because it catered for young women who were school going.

24.115 However, the Good Shepherd Sisters were considering its future. This was partly because they were having difficulties with the finances. It was also because their own numbers were declining (which, of course, further affected the finances) and their members were becoming more involved in community work and in the organisation, CURA. They also recognised that several aspects of Dunboyne, for example, its rural setting and the absence of single rooms for all residents, meant that it was not meeting the needs of unmarried mothers at this time.

24.116 In April 1989, a representative of the Department of Health met the Good Shepherd Sisters and their accountant in Dunboyne to consider the financial position. The capitation rate from 1 July 1988 was £12.34 a day. The department's note of the meeting records that 'The income is insufficient to provide any real contribution towards Sisters salaries. There is no funding for minor capital projects.' The description of Dunboyne in the note was presumably provided by

the Sisters who attended. Dunboyne was described as having 30 places and, according to the Sisters, was almost always near capacity. The residents were referred by CURA, adoption societies or Good Shepherd Sisters and not by health board social workers.[22] 'It would seem that Health Boards are often not informed of placements until after arrangements are made, hence some Boards are slow to pay.' The length of stay varied from one to six months; about half the residents were aged between 14 and 18. School going girls tended to arrive early in their pregnancy. The Sisters received grant assistance from Dundalk Vocational Education Committee with which they funded ten part-time teachers. Fourteen sat the Inter or Leaving Certificate in 1988. There were no activities for the older girls - the Sisters said that they often did not arrive until near delivery. They were trying to get a grant from the Department of Social Welfare to buy typewriters for this group.

24.117 About 40% of the babies were placed for adoption. Most of the mothers returned to Dunboyne for about a week after the birth.[23] Babies not being placed for adoption were placed in foster homes 'near to where the girls live until they return home to care for them'.

24.118 The staffing was five Sisters and lay staff. The Good Shepherd Sisters were concerned that there was insufficient cover for Sisters who needed a break; there were insufficient resources to recruit lay staff to replace any of the Sisters and the current level of staffing was inadequate. There was a need for counselling and advice on personal development - this was being provided by volunteers from Maynooth.[24] There were three items needing capital funding: installation of smoke detectors as stipulated by the Fire Officer (£3,000); felling of dangerous trees at front entrance (£3,500) and purchase of typewriters (£3,000). The premises also would also soon need rewiring and this would cost at least £10,000.

The 1989 review and proposals

24.119 In May 1989, the Good Shepherd Sisters started an evaluation and review of Dunboyne's services. This was completed by October 1989. They sent

[22] This was not correct as is clear from the later analysis of the figures for the period 1987–89.
[23] The Good Shepherd Sisters told the Commission that those who did return to Dunboyne stayed only for three or four days. The institutional records show that 116 women entered Dunboyne in 1989; 69 of them returned there after the birth and they stayed an average of 12 days after the birth.
[24] The Good Shepherd Sisters told the Commission that this was not correct. The Sisters did believe that there was a need for counselling but it was not provided by volunteers from Maynooth; they visited socially to provide music and entertainment but not counselling.

questionnaires to social workers, CURA personnel, school principals and counsellors involved with pregnant girls. They tabulated the information they had about the residents from 1987 onwards and they conducted exit interviews with the residents when they were leaving.

24.120 In October 1989, the Good Shepherd Sisters discussed the evaluation process. They were all agreed on the need for smaller units, more activities for the girls, 'a greater insertion into the reality of today's world, a less remote setting and the points made by the girls in their exit interviews'. They defined their philosophy:

> The purpose of our work here is to give loving and compassionate care to girls at a particularly vulnerable time in their lives. We also enable younger girls to continue their studies … Our hope is to help the girls develop and mature personally so that they can make responsible decisions about their own and their babies' futures and cope with the consequences of their decisions.

24.121 The review included an analysis of the numbers who used the service in the period January 1987 to June 1989 (a total of 298). In 1987 there were 114 residents of whom 31 were students; 33 were non-students aged 15-19 and 50 were aged 20 or over. The divide was similar in the later years. Overall, one in four were students; 58% of admissions were under the age of 20.

24.122 Of the 298, four stayed for less than two weeks, 138 stayed for between two and 10 weeks; 118 stayed for 11-19 weeks and 38 stayed for 20 weeks or more.

24.123 On admission, 187 said they planned to place the baby for adoption; 53 planned to keep the baby and 58 were undecided. In fact, 149 placed the baby for adoption, 143 kept the baby.[25] Three babies died and three mothers left before the birth so it is not known what happened to them or their babies. It is notable that 25% of those who initially planned on adoption actually kept the baby and 76% of those who were undecided also kept the baby.

24.124 The major referral agencies were the CPRSI, social workers and CURA; between them, they referred 236 of the mothers.

[25] Research carried out by UCD and Holles Street hospital in the late 1980s shows that mothers who were in Dunboyne were much more likely to place their babies for adoption than other unmarried mothers who gave birth in Holles St: Valerie Richardson and Others *Unmarried Mothers delivered in National Maternity Hospital,* 1986; https://www.lenus.ie/handle/10147/624070 ditto 1987; 1988

24.125 The consultation process which was conducted showed that former residents and the referral agencies expressed a high level of appreciation of the service. They highlighted two aspects in particular:

- The opportunity for girls to continue their education and sit for State examinations;
- The importance of group support experienced in Dunboyne; the former residents saw this as an advantage over what they perceived as the isolation of a family placement.

24.126 There were four issues raised which impinged on the quality of the service and had implications for future policy:

- 48% of the mothers decided to keep their babies: referral agencies and the former residents emphasised the need for a place to go during the pregnancy even if it was intended to keep the baby. This was related to the difficulty of being publicly pregnant in their own neighbourhoods.
- 75% were not involved in an organised educational programme: they had some occupational therapy (packing cards) but the former residents and the staff considered that this was unstimulating; it was difficult to find challenging opportunities for young women and girls in a rural village setting; a better service could be delivered in an urban setting where they could avail of opportunities in the community for developing skills.
- The institutional character of the service: accommodation was provided in rooms with three or four beds in each. There were only five single rooms. Meals were prepared for the residents and eaten in a common dining room. A minibus provided transport to Holles Street every week. 'The girls become more dependent on the institution' and 'a certain laziness' pervades. The service needed to be redesigned to allow the residents to live in a bedsit type setting, budgeting, shopping, cooking and making their own medical appointments.
- An unrealistic and inadequate financing system: the Good Shepherd Sisters had been working in Dunboyne for 34 years. The annual payment being made in respect of their service was a total of £12,000. The capitation rate of £12.70 a day would meet current costs only if the service was at full bed capacity (31) all the time. The total number of residents annually remained fairly constant but they were staying for shorter periods.

The capitation system failed to deal with the cost problems which arose from fluctuating numbers and fixed overheads.

24.127 The review put forward the following vision for a redesigned service for pregnant women and girls who had to leave home during the pregnancy. It proposed that there would be two types of premises in an urban setting:

- One should be self-catering flats grouped together, for example eight to 12 in one building for non-students and those aged 18 and over. This would have some communal space to facilitate group support and counselling and would have a housemother's flat.
- The other should be bed-sits for students and girls under 18. It would have a study room and a communal room. One cooked meal would be provided each day and there would be closer supervision than in the self-catering flats. There would also be a housemother's flat.
- The residents could avail of existing educational opportunities in the community and other social opportunities.
- There would be three full time staff for each house giving 24 hour cover. The directress would have overall responsibility, deal with staff issues, arrange community liaison, social arrangements and contact with funding agencies. There would be two housemothers for each house. They would supervise the residents, provide counselling when required, organise individual plans and programmes with each resident and ensure that these take place, deal with maintenance, and liaise with social workers, referral agencies and families.
- Volunteers would be recruited to share skills such as budgeting and parenting skills and act as a befriending network and aftercare support group.
- The total annual cost of these proposed arrangements was assessed at just under £150,000 a year.

24.128 In July 1989, while this evaluation was going on, the Good Shepherd Sisters met representatives of the North Eastern Health Board (NEHB) including its Chief Executive Officer. The Good Shepherd Sisters explained that it was not financially viable to maintain Dunboyne because of the reduction in the number of residents; they noted that when the CEO saw the bank statements, he agreed. It seems that the decision to close Dunboyne was made around this time. The Bishop of Meath

was told that it would be closed within a year. In August and September 1989, meetings were held between the Good Shepherd Sisters, their auditors, their legal advisors and the NEHB in which the terms of the Good Shepherd Sisters' departure were discussed. In October, according to the Good Shepherd Sisters, the CEO refused to pay them the amount they asked for and the meeting ended 'rather abruptly'.

24.129 The Good Shepherd Sisters were also in contact with the Department of Health. A letter from their accountants to the Department of Health in August 1989 argued that they were entitled to support to maintain the property. It mentioned the £28,000 spent by them in 1962.

24.130 This letter also raised concerns about the social welfare payments which were paid to the residents. It said that 'as a result of individual interviews held in the centre with Social Welfare Personnel some receive the Dole, others £10 weekly pocket money'. 'While all those in receipt of the Dole should sign weekly at the Local Garda Station, in fact one might attend on behalf of 5 or 6 and this appears to be acceptable.' The letter argued that because of the non-requirement to sign individually the opportunity exists for people who have been discharged from the centre to continue to draw the dole. 'The Sisters would like to see proper procedures being implemented by Social Welfare'.

24.131 It is not clear where the accountants got this information or if it was accurate. At the time, the word 'dole' was used in relation to both Unemployment Benefit (UB) and Unemployment Assistance (UA). UB was payable on the basis of social insurance contributions; the earliest age at which it could be paid at the time was 16½. UA was payable on the basis of a means test from age 18. In both cases there was a requirement that the applicant be available for and actively seeking work. It is difficult to see how residents in Dunboyne could have met this criterion. The Good Shepherd Sisters told the Commission that the Community Welfare Officer (see Chapter 1) gave financial assistance to those who were not eligible for UB or UA.

24.132 In August 1989, the NEHB programme manager for community care wrote to the Department of Health to say that he had considered the future of Dunboyne with the CEO and the community care staff in Navan. 'We have no doubt whatever that the service should be continued for the foreseeable future.' The Southern Health

Board (which covered counties Cork and Kerry) told the department that it referred 10 to 12 girls to Dunboyne on average each year. Very few girls from Cork city and county chose to go to Bessborough for reasons of anonymity and privacy; conversely, girls from Kerry did choose Bessborough 'where they can keep in contact with friends and family'. The atmosphere in Dunboyne was described as warm, homely and emotional. 'Psychological and educational needs are taken into consideration by the staff who are approachable, caring and supportive.'

24.133 In November 1989, the Good Shepherd Sisters wrote to the CEO of each of the eight health boards seeking information about the likely future use of Dunboyne. This letter pointed out that the capitation rate was £12.70 a day. This was not enough to meet running costs due to a reduction in the number of referrals and the reduction in the length of stay. The Good Shepherd Sisters were examining the feasibility of setting up two small units, in an urban setting and preferably close to a hospital, with one unit catering for students and girls aged up to 18 and the other catering for non-students. The Good Shepherd Sisters wanted to know what the likely demand for such places would be over the following four or five years. They also asked if the boards would be willing to pay the economic cost which they assessed at £22.75 a day.

24.134 In June 1990, the superior in Dunboyne wrote to Dublin Corporation seeking to be relocated. She said that due to financial difficulties, inadequate fire precautions and the present needs of single pregnant girls, they had decided to leave Dunboyne. They proposed to offer services to two groups: school age girls and homeless older girls; eight to ten in each category; they wanted to move to the city to be closer to maternity hospitals, courses and means of socialising; they had approached a reputable voluntary organisation about this.

24.135 Further meetings were held between the Good Shepherd Sisters, their financial and legal advisors and the NEHB and about the terms of their departure from Dunboyne. The Good Shepherd Sisters wanted money from the NEHB to cover the following:

- Money for a house to live in;
- Compensation for structures (building of home, laundry and two garages) and maintenance (new roof, flat roof, boiler, painting and decorating, plumbing, work in basement, central heating); personnel (salaries unpaid for four Sisters);

- Redundancy money for lay staff;
- Fire installation equipment, smoke detectors, alarm system;
- Teachers' salaries plus nurses;
- Felling of dangerous trees;
- Retraining courses;
- £20,000 owed to Provincial funds;
- Compensation for lodge which Meath County Council promised to build when they took back some land for housing.

24.136 In November 1990, the Good Shepherd Sisters and the NEHB agreed that Dunboyne would close in June 1991. The NEHB agreed to pay the Good Shepherd Sisters £150,000 when they left the premises; the furniture was considered the property of the Good Shepherd Sisters. Shortly afterwards, the Good Shepherd Sisters made arrangements with an archivist to sort out what records should be archived.

24.137 In February 1991, the last two residents left. In June, the people of Dunboyne village arranged a thanksgiving Mass and party. All remaining Good Shepherd Sisters members and staff left on 1 July 1991.

Financial arrangements at the closure

24.138 In November 1990, the CEO of the NEHB wrote to the Good Shepherd Sisters confirming the agreed arrangements:

- The NEHB would pay the Sisters £150,000 in recognition of ceasing occupancy of the convent in Dunboyne around June 1991 (the date was flexible and there was no pressure);
- The furniture belonged to the Good Shepherd Sisters and they could do what they liked with it;
- The CEO would write to his colleagues to have outstanding bills paid; the NEHB would pay the outstanding amounts from Cavan, Louth, Meath and Monaghan at the earliest possible date - probably January;
- The CEO expressed 'extreme gratitude' to the Good Shepherd Sisters.

24.139 The CEO explained to the Department of Health in December 1990 that he had been approached by the Good Shepherd Sisters as they were finding it increasingly difficult to provide a service. They had 45 places available and the

average number of residents was about 20. The service was therefore not viable. The Good Shepherd Sisters had a debt of about £60,000 and no way of repaying it. They wanted out of the agreement with the NEHB. He had agreed a closure date of June 1991 with them. He also agreed to pay the £150,000.

> This figure is in respect of all outgoings which our Board would be responsible for, and in addition, is a sum in settlement of the Sisters relinquishing their lease which ran to the house and lands of 110 acres and for which the Sisters were entitled to the proceeds when this land was let. This is a fair figure in all the circumstances and has been accepted by the Provincial on behalf of the Order.

24.140 The CEO went on to say that institutions such as Dunboyne were no longer required.

> Certain small individual splinter groups will contest this issue, but by and large, we are able to make arrangements for anybody who wishes them on a satisfactory basis. It is no longer feasible to provide accommodation for months on end for anybody without charging an appropriate rate. The appropriate rate in Dunboyne would be a number of pounds per week and this would be obviously impossible.

24.141 The NEHB asked the department to approve an overdraft of £200,000 to allow for the purchase of the lease. Department of Health[26] officials were perplexed about the exact arrangements that had been entered into; they asked what exactly the NEHB was getting. The CEO gave a detailed reply to the department. He said that the potential loss to the Good Shepherd Sisters of future letting of the remaining 67 years of the lease was £505,900. The Sisters were entitled to compensation for any outlay by them on additions and improvements to the property. They had asked for £400,000; he refused this but his offer of £150,000 was accepted.

24.142 There were further enquiries made by the Department of Health about the exact acreage involved. The department established that no consideration had been paid by the Good Shepherd Sisters when the lease was agreed and that they had surrendered about eight acres to Meath County Council in 1975 for house building;

[26] The consent of the Minister for Health was required for the transaction (under Section 89 of *Health Act 1947*)

they received consideration of £1,762 for this. The department approved the arrangements.

24.143 A departmental memorandum in May 1991 explained that the property and about 70-80 acres of land had been bought by Meath County Council in the 1950s. It was leased to the Good Shepherd Sisters for 99 years from 6 July 1959 on condition that they would carry on a home for unmarried mothers. There was a subsequent agreement that, if the sisters were asked to vacate before the termination of the lease, they would be compensated in respect of an extension they built in 1962 from their own funds at a cost of £28,000. A handwritten note commented that compensation of £100,000 would be excessive.

24.144 The memorandum stated that the department had been in touch with the other health boards to determine what impact, if any, the closure of Dunboyne would have. Three boards, the Eastern Health Board. the Southern Health Board and the North Western Health Board, all had other facilities available and were not affected. The other boards indicated that the closure had not created any particular difficulties for them and they intended to provide support for expectant women on a community basis. The department noted that one of the arguments put forward by CURA was that the health boards did not see the full demand for this type of service because many of the women involved preferred to seek support from Church based services.

24.145 The department had met CURA in May 1991 to discuss the closure. CURA was very concerned about the closure of Dunboyne as it had been used by CURA very extensively over the years. There were suggestions at the meeting that the closure was not initiated by the Sisters but had been forced on them by the decision of the NEHB CEO to reclaim the premises. The department noted that it was clear that the closure of Dunboyne had left a gap in the facilities available for young pregnant girls, particularly younger girls who wanted to continue their studies. CURA accepted that Dunboyne was too big for the then current needs but stressed that an alternative facility to cater for up to 20 pregnant girls would have to be provided, preferably in Dublin.

24.146 A social worker in Cork told the SHB director of community care that the closure was a big loss for girls from Cork. It meant that Bessborough was the only facility of its kind left in the country and it could not guarantee anonymity and privacy for

Cork girls who usually opted to go to Dunboyne. She described the services in Dunboyne as 'welcoming, reassuring and professional' and particularly appropriate for girls who wanted to continue their education. She said it was regrettable that the Department of Health did not prevent its closure by providing adequate financing. She further remarked that 'Consultation also would have been more helpful if sought prior to closure and not after'.

24.147 The Board of Holles Street hospital also expressed concern about the closure.

Evidence from former residents

The experiences described by the former residents who gave evidence to the Commission are largely set out in their own words. In some cases, particular information which might identify the witnesses has not been included.

The Commission received a number of affidavits from former residents. These are sworn statements and are reported largely in the words used by the former residents. Unlike those who gave direct evidence, the Commission did not ask any questions of these former residents.

24.148 The Commission has received very few complaints about the conditions in Dunboyne or the physical treatment of the mothers there. All the evidence seen by the Commission and the evidence of the vast majority of former residents who spoke to the Commission suggests that Dunboyne provided comfortable, warm accommodation and the residents were well looked after physically. The younger residents were provided with educational opportunities from the 1980s. There are a number of letters in the Dunboyne institutional files from former residents expressing gratitude for the kindness shown to them. A letter, written in the 1990s by a woman who was in Dunboyne in the 1970s and who kept her baby, stated that she was very grateful for the time spent in Dunboyne; she described it as 'a refuge, a sanctuary, a place of tranquillity, stability, rest and safety'.

24.149 Former residents did make complaints about the adoption process. In general, the adoptions were arranged by adoption societies and not directly by Dunboyne. However, the Sisters in Dunboyne did talk to the residents about adoption and clearly did encourage them to place the babies for adoption. Many of the mothers

clearly felt that they had no choice about adoption but it must be recognised that the pressure for adoption was also coming from their families.

24.150 A small number of former residents did make other complaints. These complaints are all firmly rejected by the Good Shepherd Sisters.

24.151 One former resident said that, from when she arrived in Dunboyne, the nuns in Dunboyne and the health board social worker 'persistently' talked to her about adoption. She said she was called into the nuns' office once a week to sign the papers for adoption but she refused. (As already pointed out, the Good Shepherd Sisters were not directly involved in the adoption process; this was arranged by the relevant adoption agency.) She said that she was given tough jobs to do such as cleaning windows, tidying the nuns' bedrooms and cleaning the bedrooms and the en-suites; the other girls who were 'compliant with the nuns and agreed to adoptions' were not asked to do these jobs. The Good Shepherd sisters have pointed out that the residents were expected to carry out light household chores but not heavy cleaning. This was carried out by paid staff members. The resident did not clean or tidy the Sisters' bedrooms; they were not allowed into these rooms.

24.152 This former resident said that, in general, there were good opportunities for recreation and socialising. However, there was limited opportunity for education.[27] She said there was a strict rule that first names and surnames were not to be mentioned as, according to the nuns, many residents did not want to be identified. She said that the doors of the institution were not locked and that the residents were allowed into the village at weekends and even managed to go to Dublin one day over the weekend.

24.153 She said that she did not want to give her baby up for adoption. After the birth in Holles Street, she and the baby went to Dunboyne. She said he was the only baby she saw in Dunboyne and she actually only saw him in order to feed him as he was kept in the nursery. She was told she would spend two weeks there but he was removed after a few days. She was not told he was being removed or where he was going. She left Dunboyne immediately and eventually found out from the health board social worker that he had been sent to St Clare's, Stamullen. She

[27] It should be noted that she went into Dunboyne almost at the end of the school year and had not been attending school prior to her going in.

said that the health board social worker had sent a letter to the priest who was involved with St Clare's stating that she wanted the baby placed for adoption and that Dunboyne proposed to do a 'direct placement'. The letter asked that the baby be kept for two months in Stamullen. She says that, contrary to what was stated in the letter, she had never agreed to any of these arrangements. She visited Stamullen and was initially not allowed to see her son. She says she created a lot of commotion and was eventually allowed to see him. After three months she managed to take him home.

24.154 Another woman who was in Dunboyne in 1980 said that the arrangements for her to go there were made by family members. She was there for three months which included the Christmas period. She shared a bedroom with three others. It was a large room with four beds and a large bathroom. She was given a different name. She says this was to protect anonymity but she thinks it was psychologically damaging.

24.155 She was 16 at the time but she said that she did not go to school while there. She said that everyone had jobs to do. She had to fill the salt and pepper shakers, make sure there was cutlery and do other domestic duties. Others had to mop floors or do other cleaning or domestic duties. She felt that she had the easier jobs and that the jobs were allocated depending on the social status of the women. She believed that some worked in the laundry but she never saw the laundry. She said they did domestic duties in the morning. In the afternoon they packed greeting cards. She believes the Good Shepherd Sisters had a contract to take boxes of greeting cards and put them in cellophane; she did this job but others did typing or other jobs. 'You could choose what jobs you wanted to do in the afternoon, and in fact a few of the girls did nothing.' There was a cook, a gardener and a minibus driver.

24.156 She said that the regime was very much that the women were 'all sinners' and had brought shame on themselves and most especially on their families. She was visited by her mother and other family members but the visits were not easy as they were trying to persuade her not to see the baby's father and to give the baby up for adoption. Her father did not visit. The baby's father visited but could not come into Dunboyne; they had to meet at the shops. Although the doors were not locked, it felt like incarceration. They were technically free to leave but they had

nowhere to go. She said there was a great sense of camaraderie among the 'girls'.

24.157 The Sister in charge of blood pressure and weight checks was dutiful but always seemed a bit stressed. They got ante-natal care at Holles Street where she alleges they were treated differently by the nurses. She overheard the nurses refer to 'that lot' with a 'bad connotation'. She says that they were not given any education about giving birth. She did not take the baby from Holles Street. She believes that she had no choice about adoption. Her family, the nuns etc all believed that adoption was the only answer.

24.158 Another former resident provided an affidavit. She was in Dunboyne for six months in the early 1980s. She was aged 15. She said they were told to go by first names and that second names were not mentioned. She said that she was pressurised into adoption. (There is a thank you letter from her in the Dunboyne institutional records.)

24.159 She said that there were no formal rules and regulations but they were 'made to go to Mass and confession on a regular basis'. She described packing greeting cards and 'doing cleaning and washing jobs that needed to be done around the house and for ourselves, sometimes a bit of gardening'.

24.160 She said that they were made to watch videos showing abortions which were sickening. She complained that the father of her child, who was considerably older than she, was not prosecuted.

24.161 Another former resident who filed an affidavit was in Dunboyne in the mid 1980s. She was 16 and she travelled there alone. She described doing chores and packing cards. She said that the timetable and the rules were fairly strict but they were never treated badly. 'We were fed and we were warm.' She said that there were no opportunities for education.

Evidence of former staff heard before the Commission of Investigation

24.162 A Sister who was in Dunboyne from 1964 to 1971 told the Commission that it was a very busy place at that time as the new extension had opened two years before

she arrived and there was a high demand for the service. Initially, there was accommodation for 15 mothers but the extension meant they could accommodate 30 residents - or 32 'at a squeeze'. She said the accommodation for the women and girls was on the ground floor. There was a kitchen, a dining room, a recreation room, a 'famous smoke room', and a small laundry for the use of the residents to deal with their personal belongings. Later a small building housing a small launderette was built.

24.163 The nursery was on the second floor 'because, at that time, the mothers came back with their babies to Dunboyne'. There was a childcare nurse. There were two bedrooms with four beds in each room. The bathrooms were at the end of the corridor. She slept in a room off this corridor. There was a backstairs up to the old building. There were three four-bed rooms there and a bathroom.

24.164 This Sister was a midwife but she also did the administration. Later on, social workers took over the administration role. At that time, there were three staff - herself, a nursery nurse and a cook; there were no lay staff.

24.165 In the convent 'which was really the old building', there was the superior, her assistant and another Sister.

24.166 The residents did not go out to the village or generally at this time. Boyfriends did not visit. She remarked on how much things changed in these respects after she left in 1971.

24.167 The women went to Holles Street to give birth. (This Sister said it was exclusively Holles Street; they did not use St Kevin's). A local GP visited on a weekly basis. The women were driven to Holles Street for ante-natal care and then taken back to Dunboyne. The Sisters had a minibus for this purpose. This Sister drove women to Holles Street as required when birth was imminent. The mothers came back to Dunboyne about seven days later and cared for the baby while there. Initially, the mothers stayed for two years but this was no longer the practice by the late 1960s. Mostly they stayed for about six weeks but some stayed longer because they could not come to a decision or maybe hoped that their parents would facilitate their return with their babies to the family home. Some women were visited by their parents but some did not want their parents to know they were there. The Sister said it 'was very tough' on them.

24.168 Babies were generally brought to St Clare's, Stamullen for adoption. Some went to the CPRSI - mainly those who had been referred by this Society in the first place (these were mainly PFIs - see Chapter 7). This Sister had never been in St Clare's. The Good Shepherd Sisters had nothing to do with adoptions.

24.169 Another Sister was in Dunboyne from 1975 to 1985. She was a midwife and had childcare experience. Her main responsibility in Dunboyne was to provide ante-natal care. When the women were admitted she took a medical history and recorded it on their chart. She conducted ante-natal classes twice a week. The local doctor visited once a week. She took blood pressures and did other routine tests before he arrived.

24.170 It was during her time there that educational facilities began to be made available. The girls who were preparing for exams studied in the mornings as the teachers came in the afternoons. Initially, the girls had to go to a centre in Dublin to do exams but then they got a designated centre in Dunboyne.

24.171 She described the atmosphere as lovely and relaxed. The grounds were lovely and facilitated the girls taking walks without being seen.

24.172 While she was there, there were never more than five or six babies; generally they went straight to foster care.

24.173 They grew some of their own vegetables; they were not self-sufficient but they did have potatoes, carrots, strawberries, blackberries and gooseberries.

24.174 Another Sister who gave evidence had worked in Dunboyne from 1982 to 1987. She was a qualified social worker. She considered Dunboyne a very happy place, effectively a refuge for the residents. The residents supported each other; they would come in tense and anxious. Confidentiality was a huge issue for them.

24.175 They had a full time housekeeper/cleaner at this stage. The residents did routine tasks.

24.176 When asked by the Commission, she said that they probably would not have taken mothers with mental health issues because they did not have the capacity to deal with them. She remembered one mother who was a member of the traveller

community. She said that this young woman found it difficult to settle; she left because she could not cope.

24.177 There was Mass every day but the residents were not obliged to go.

24.178 Even though a significant number of their residents were underage, the Sisters did not make any reports to the Gardaí. The Good Shepherd Sisters have pointed out that they regarded their role as providing care and support and that any criminal justice issues would have been a matter for the social workers dealing with the mothers. Mandatory reporting was not required at the time.

24.179 They had a lot of contact with CURA. A number of the Sisters were volunteers with CURA.

24.180 The mothers wanted to do what was best for the babies and the perceived wisdom at the time was that adoption was best. This perceived wisdom was not necessarily correct either then or now.

24.181 In an affidavit for the Commission another Good Shepherd Sister said she had worked in Dunboyne from 1971 to 1975 and again from 1985 until its closure in 1991. She was a qualified nurse and midwife. She had shared responsibility for pre-and post-natal care of the women. She drove them to Holles Street for check-ups and medical care and when they were ready to give birth.

24.182 She said that the Sisters had daily Mass in the convent but there was no obligation on the women to attend and, in general, they did not attend daily Mass. She said that nutritious and healthy food was prepared by the Sister in charge of the kitchen with help from some of the residents. The kitchen garden provided fresh fruit and vegetables.

24.183 Each resident usually had some light cleaning to do each day (provided there were no medical contra-indications); the heavy housework was carried out by a lay staff member. The residents did not do any outside work; this was done by a gardener/general handyman. The large laundry items (bed linen, towels) were sent weekly to a commercial laundry. There was a household launderette for the women's personal washing.

24.184 When she was first in Dunboyne, there was a nursery with a qualified nursery nurse in charge. This closed at some stage - she could not remember the precise date - when the babies went straight to foster care from the maternity hospital.

24.185 She described the atmosphere in Dunboyne as 'very free'. The women were encouraged to go to the village and to meet friends, including boyfriends. Family, friends and boyfriends were welcome to visit on the premises. There were no standard visiting hours: 'people came and went frequently'.

24.186 She said that there was no set getting up time or going to bed time. The residents decided for themselves; bedtime was significantly related to the TV schedule. There was a pay phone and the residents were free to use it. There was no question of anyone opening someone else's post.

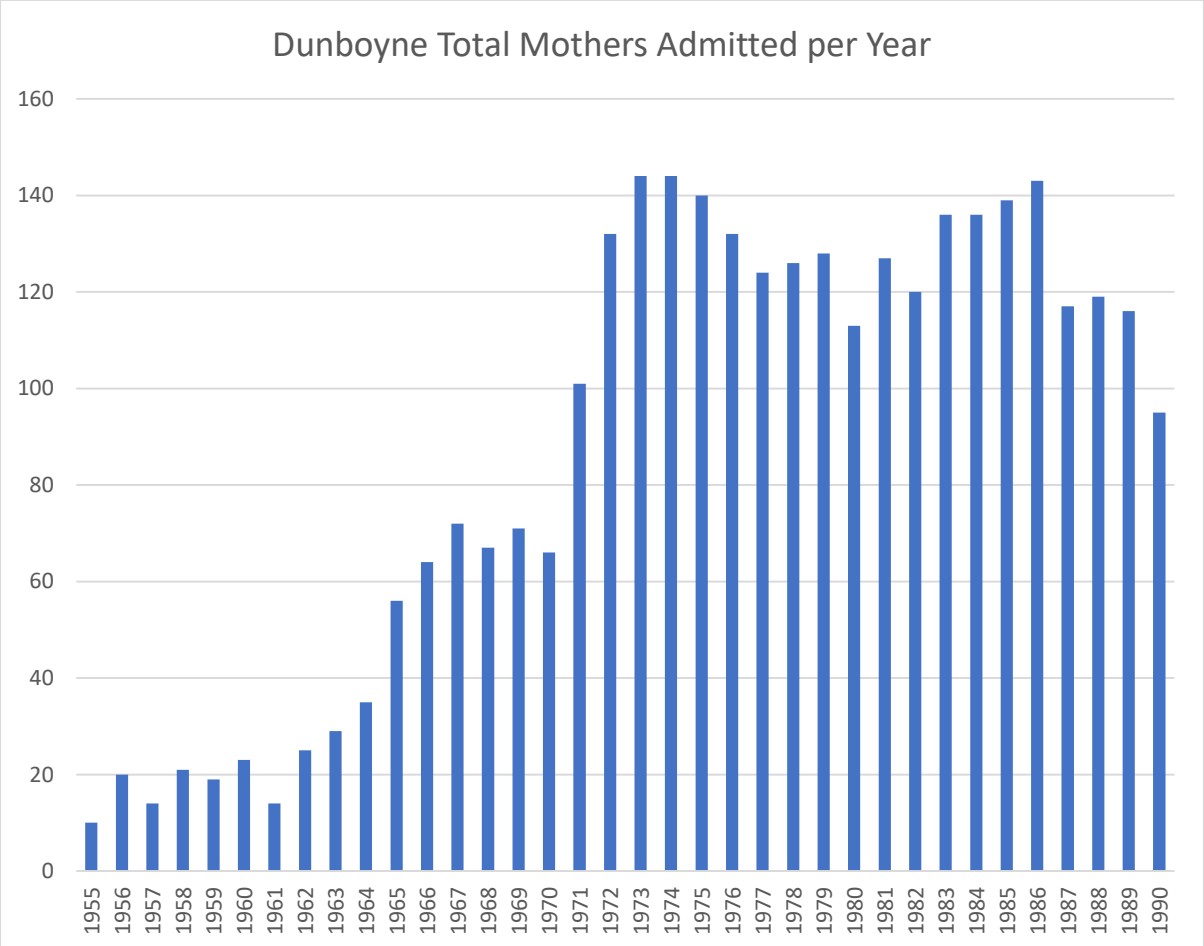
24.187 The residents all wore their own clothes; there was no uniform.

24.188 There was no burial plot in the grounds of Dunboyne. The Good Shepherd Sisters bought a plot in the local authority graveyard in Dunboyne where some infants were buried.

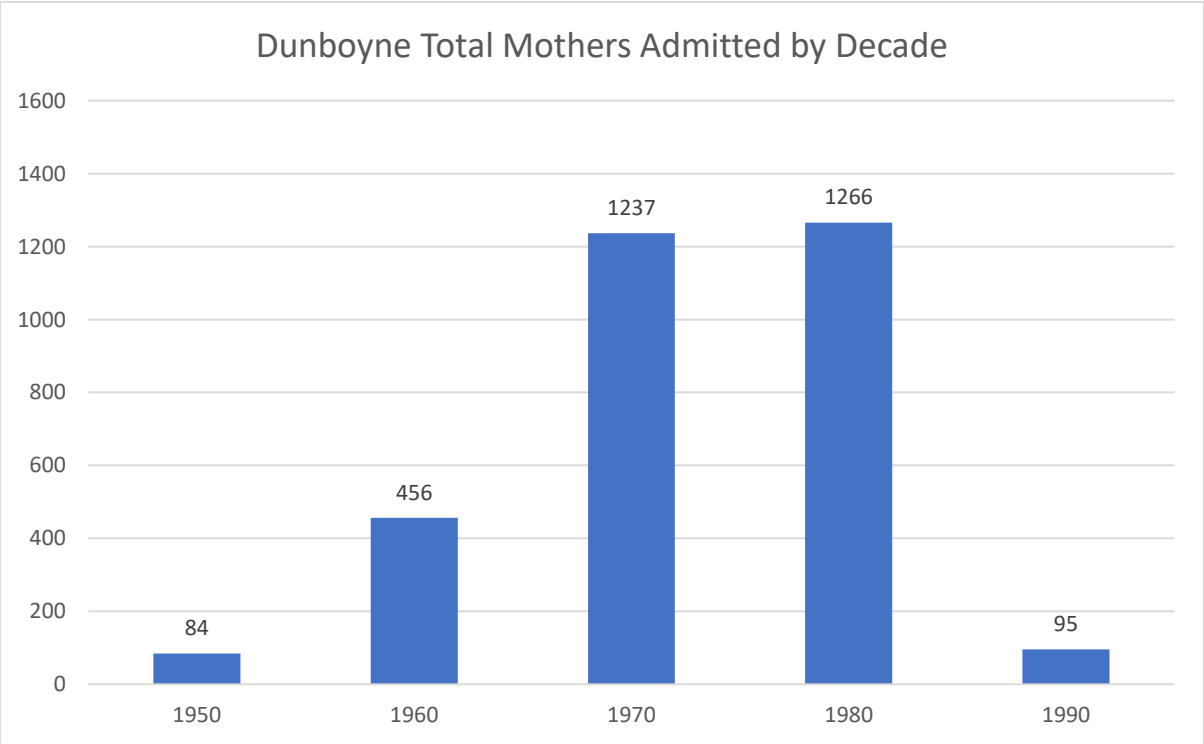
Chapter 24 A: Dunboyne Statistical Analysis

The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. However, as is clear from the analysis below, the statistical returns made to the Department of Health by the institution are broadly in line with the Commission's analysis. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions



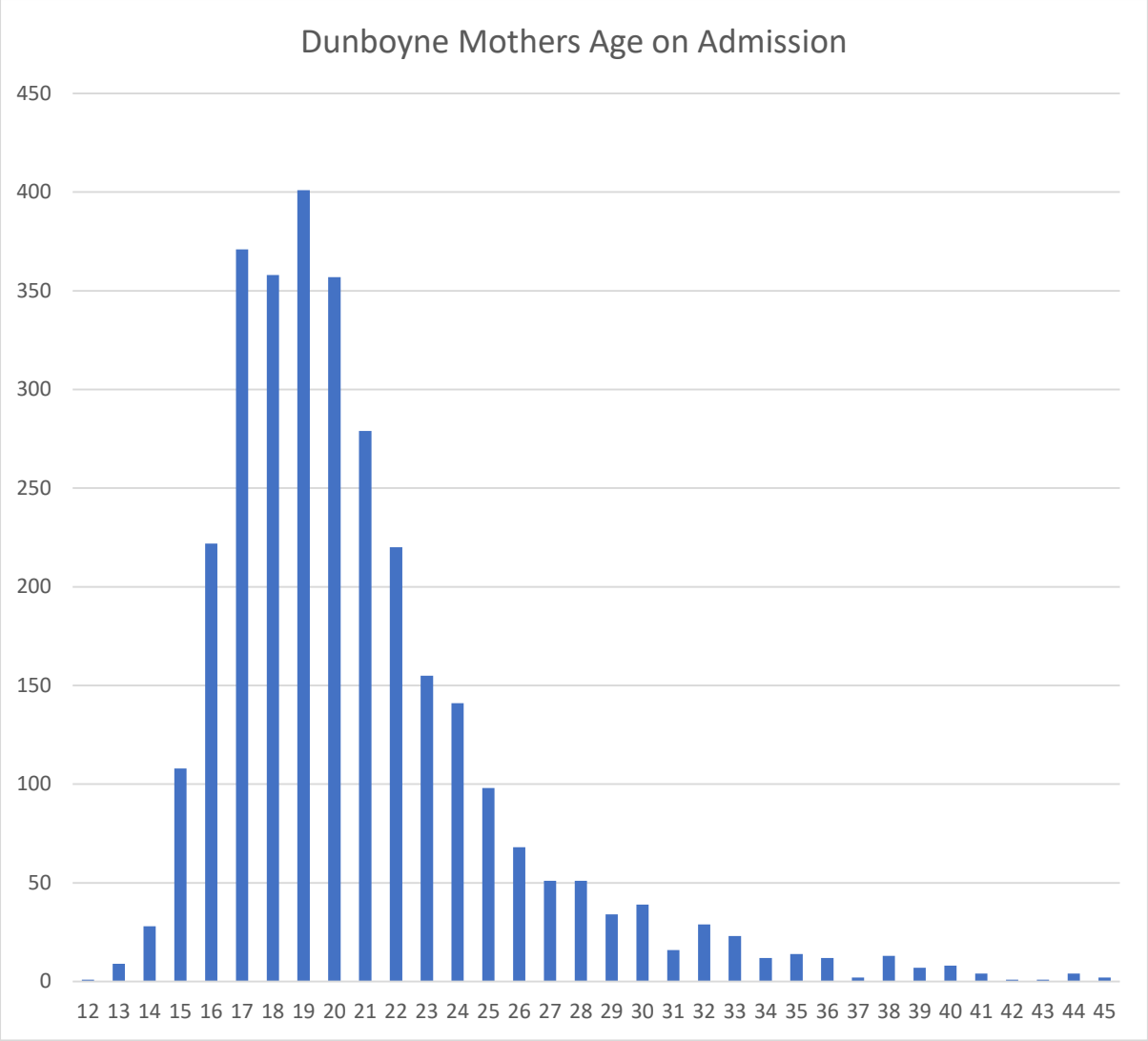
The Commission identified 3,156 women who were admitted to Dunboyne in the years 1955-90 from the institutional records.[1] Information relating to date of admission was available for 3,138 women (99.4% of admissions). In the years 1955-70, 606 women were admitted - representing 19.3% of admissions. In the 1950s, 17 women on average were admitted annually; this increased to 46 average annual admissions in the 1960s. A significant increase in admissions was recorded in the 1970s peaking in 1973 and 1974; 144 women were recorded in each year. Although admissions had decreased by 1980 - 113 women were admitted that year - they increased steadily until 1986 when 143 women were recorded. Average annual admissions in the late 1980s stood at 117 and 95 women were recorded in 1990, its last full year in operation.



Analysis by decade shows that most admissions to Dunboyne were recorded in the 1980s (40.34%) followed closely by the 1970s (39.42%); the 1960s (14.53%); the 1990s (3.03%) and the 1950s (2.68%). Eight in every ten women admitted to Dunboyne entered the home in the 1970s and 1980s.

[1] Some admission registers relating to the late 1960s and early 1970s are not available, presumed missing from the Dunboyne institutional records. As a result, the number of admissions identified by the Commission must be regarded as incomplete. Department of Health returns for this period suggest that the discrepancy may amount to 49 women. However, it was not possible to identify the extent of the discrepancy with any great accuracy.

Age on admission



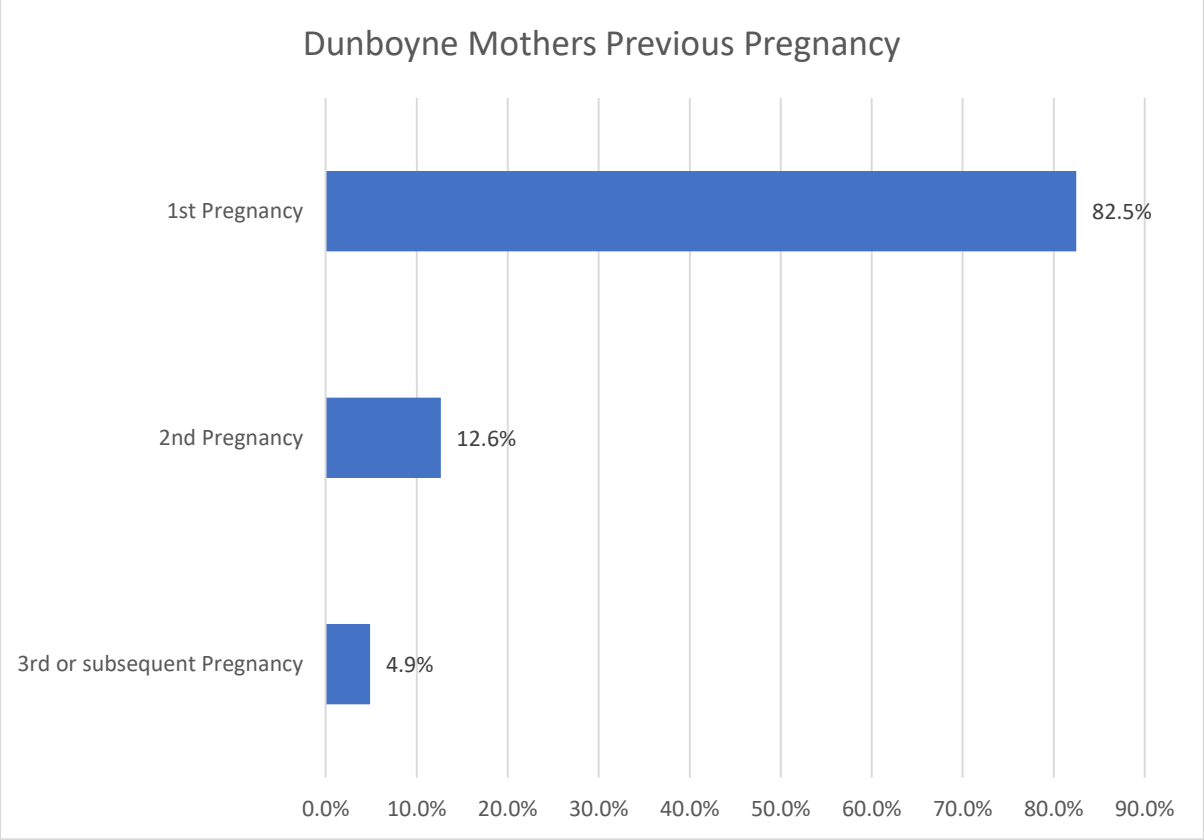
Information relating to age on admission was available for 3,139 women (99.5% of admissions).

The institutional records show that age on admission ranged from 12 to 45 years; the mode of age on admission was 19 years. The average age on admission in the 1950s was 26 years. This declined to 20 years in the 1970s and 1980s and increased slightly to 21 years in the 1990s.

Most women (70.5%) were aged between 18 and 29 years on admission; 23.5% were 17 years or younger and 6% were 30 years and older.

Over one in ten of all admissions to Dunboyne (11.7%) were aged between 12 and 16 years and under the legal age of consent.

Previous pregnancy



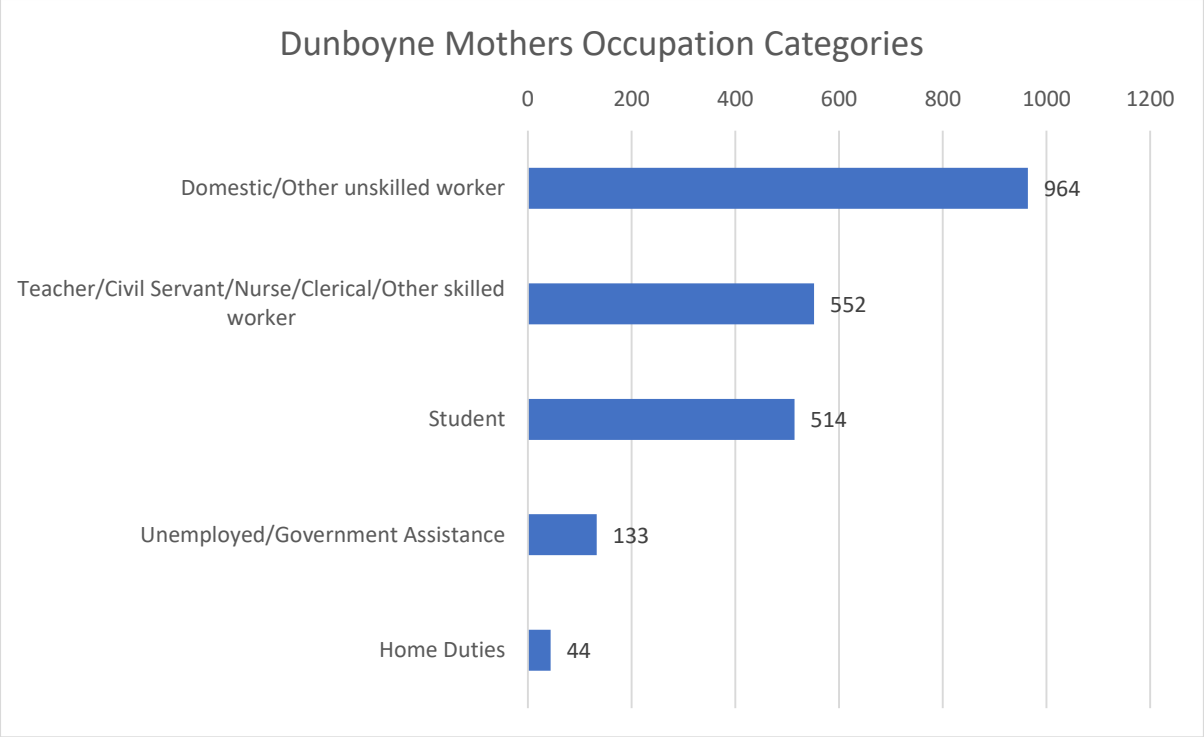
Information relating to previous pregnancy was available for 2,413 women (76.5% of admissions).

The institutional records show that most women (82.5%) were admitted on their first pregnancy; 12.6% were admitted on their second pregnancy and 4.9% on their third or subsequent pregnancy. In the 1950s, over 63% of all admissions were women on their second or subsequent pregnancy; by the 1980s this cohort represented a much reduced 7.3% of admissions. Conversely, women admitted on their first pregnancy represented around 12% of admissions in the 1950s but made up over 81% of admissions in the 1980s.

Marital status

Information relating to marital status was available for 2,925 women (92.7% of admissions). The institutional records show that most women (98.4%) were single. The remaining women were recorded as married, separated or widowed.

Occupations

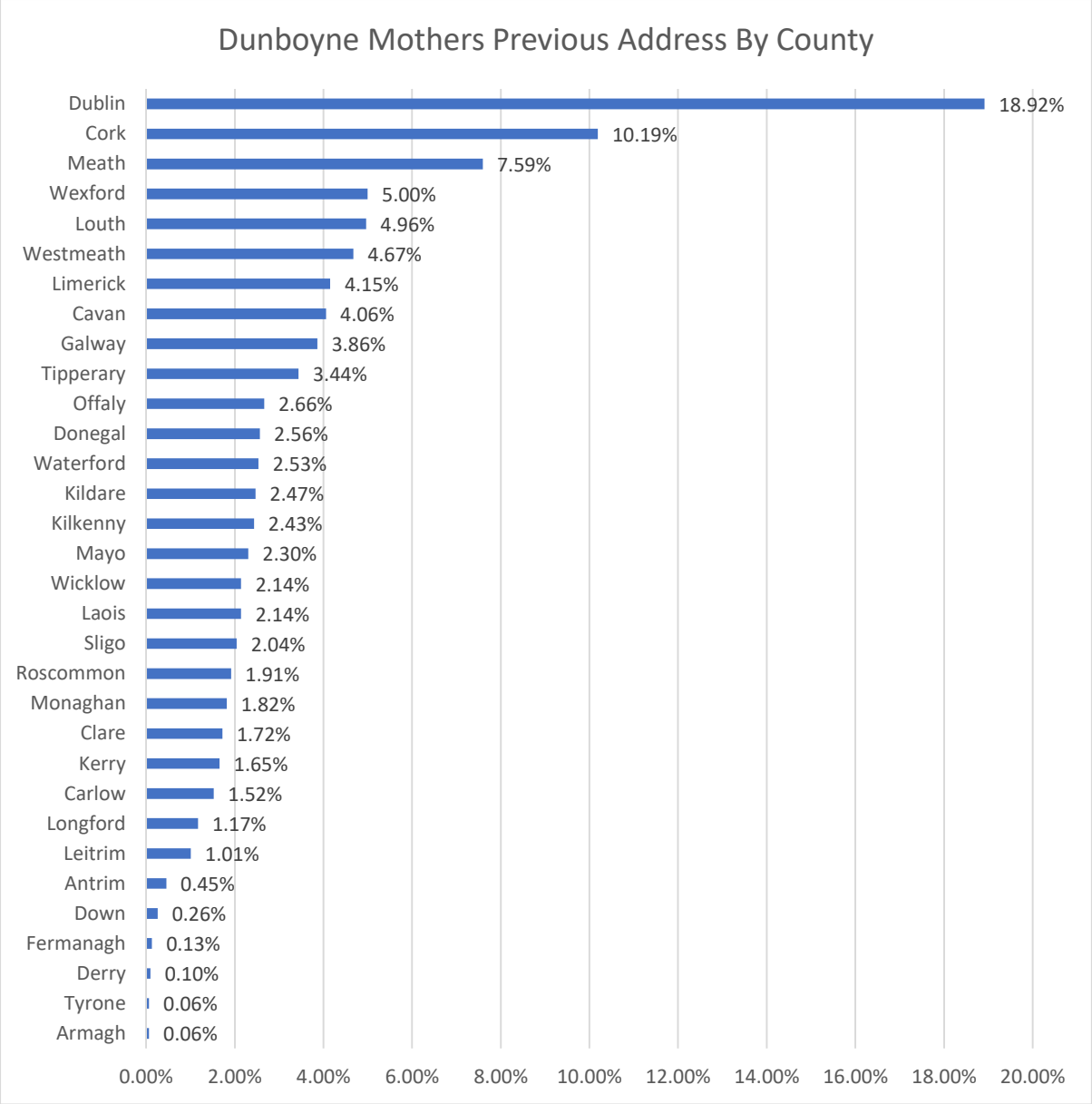


Information relating to occupations was available for 2,207 women (69.7% of admissions).

The institutional records show that most women (43.7%) were recorded as domestic servant or other unskilled worker; 25% were recorded as teacher, civil servant, nurse, clerical or other skilled worker; 23.3% were in full time education; 6% were unemployed or in receipt of state benefit and 2% were engaged in home duties - working in the family home or on the family farm.

Of the 514 admissions recorded as being students 81.1% were second level and 18.5% were third level students. Two were recorded as primary school students.

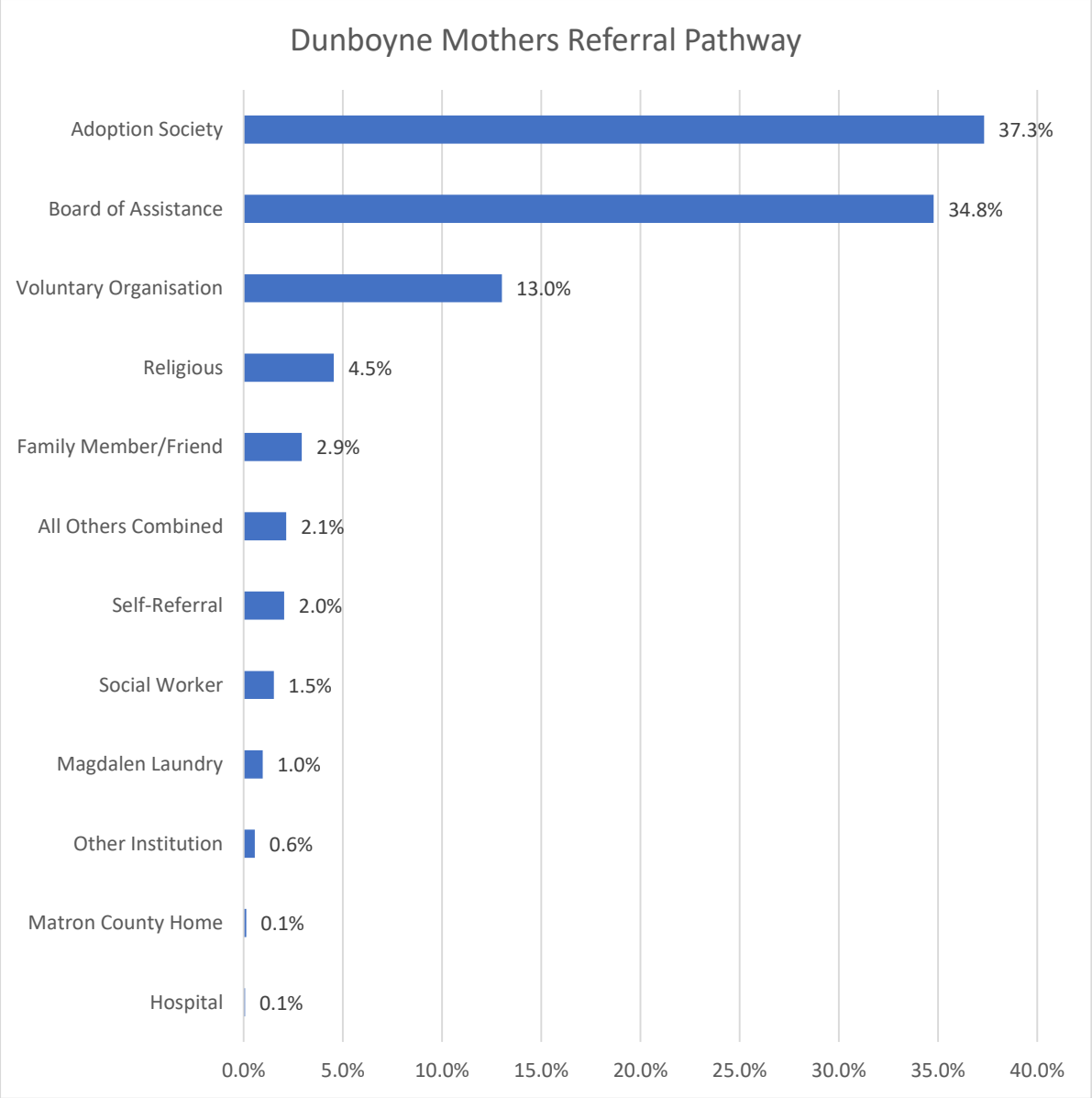
Previous address by county



Information relating to previous address by county was available for 3,082 women (97.7% of admissions).

The institutional records show that most women (18.92%) gave Dublin as their address prior to entry followed by Cork (10.19%); Meath (7.59%); Wexford (5%); Louth (4.96%); Westmeath (4.67%); Limerick (4.15%); Cavan (4.06%); Galway (3.86%); Tipperary (3.44%); Offaly (2.66%); Donegal (2.56%); Waterford (2.53%); Kildare (2.47%); Kilkenny (2.43%); Mayo (2.3%); Wicklow (2.14%); Laois (2.14%) and Sligo (2.04%). The remaining 11.88% of women combined gave addresses in Roscommon, Monaghan, Clare, Kerry, Carlow, Longford, Leitrim, Antrim, Down, Fermanagh, Derry, Tyrone and Armagh.

Referral pathways



Information relating to referral pathways to Dunboyne was available for 3,036 women (96.2% of admissions).

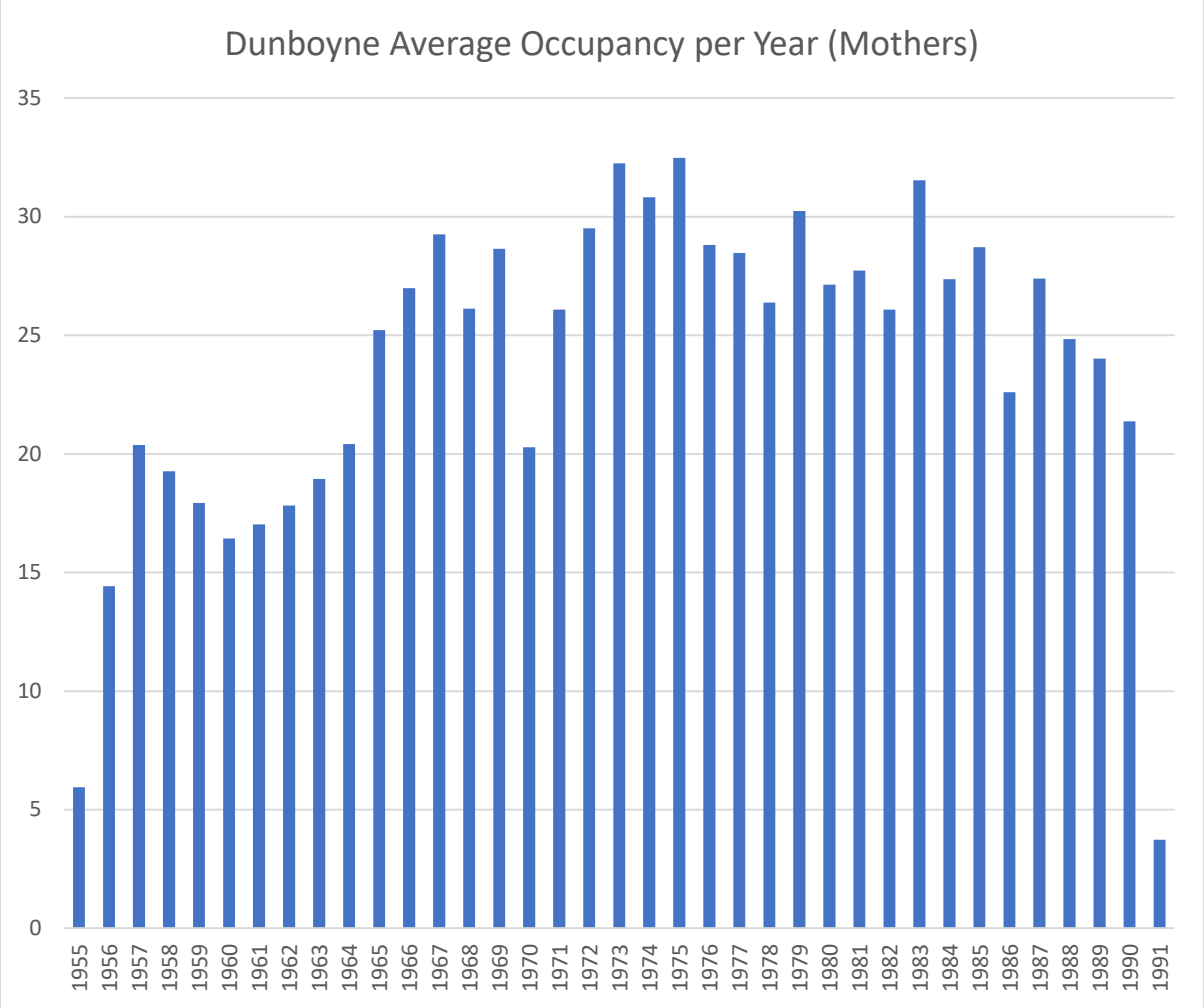
The institutional records show that most women (37.3%) were referred to the institution by an adoption society - the majority by CPRSI.[2] The second most frequent referral pathway was local boards of assistance/health boards - 34.8% of women were referred by these bodies. Voluntary organisations - mainly CURA - referred 13% of women to the home; 4.5% were referred by a priest or nun; 2.9% by a friend of family member; 2% self-referred; 1.5%

[2] The majority of referrals to Dunboyne from adoption societies (67%) were through CPRSI. Women were also referred by St Anne's Adoption Society; St Patrick's Guild; St Clare's Adoption Society; St Bridget's Adoption Society; Ossory Adoption Society; The Rotunda Girls' Aid Society and St Catherine's Adoption Society.

were referred by a social worker; 1% transferred from a Magdalen laundry; 0.8% transferred from another institution, county home or hospital and the remaining 2.1% combined were referred by other named individuals, via a nurse, doctor, guard or solicitor or transferred from an industrial school or supported accommodation.

From the 1950s to the 1970s, referral via a board of assistance/health board was the most frequent referral pathway; by the 1980s most women were referred by adoption societies. In the 1950s, only one woman was referred by a priest or nun. In the 1980s, 40 women were referred in this way. In the 1970s most women referred by a voluntary organisation were referred by ALLY; in the 1980s most referrals from this sector were from CURA.

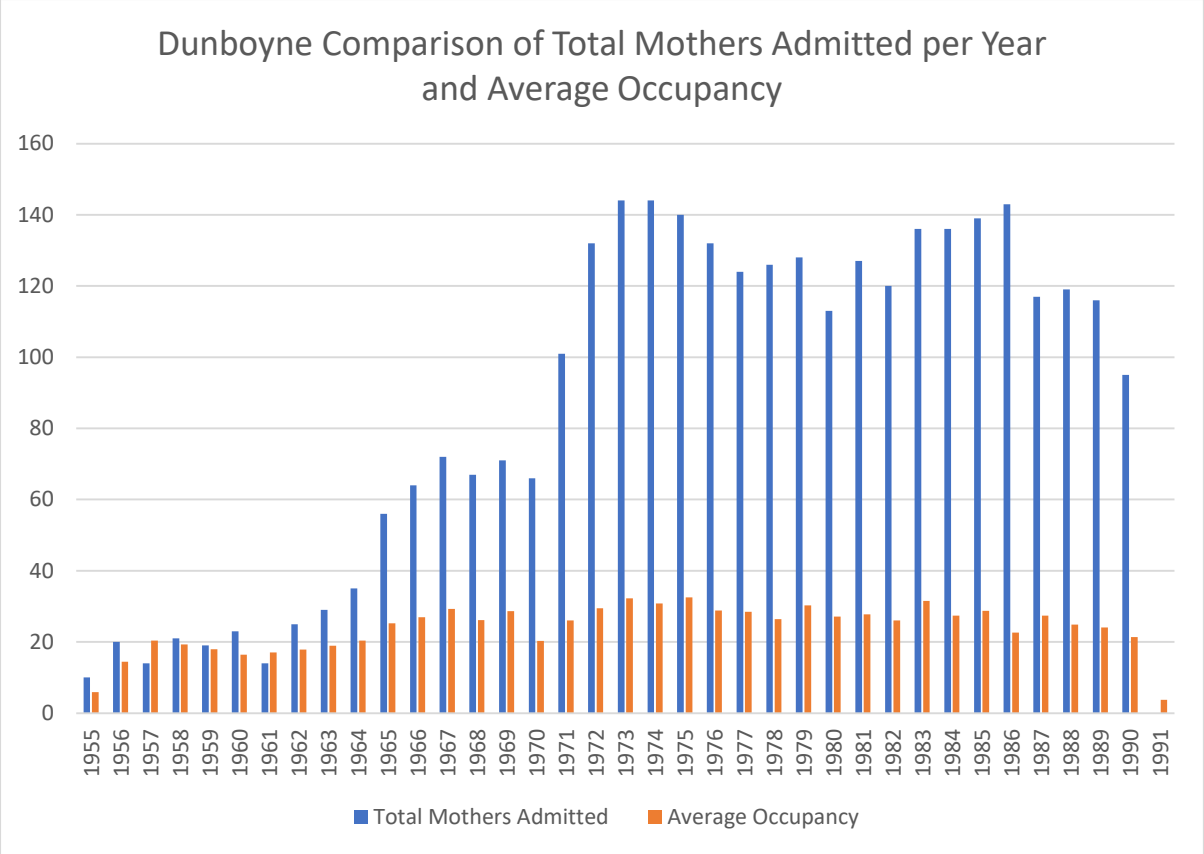
Occupancy



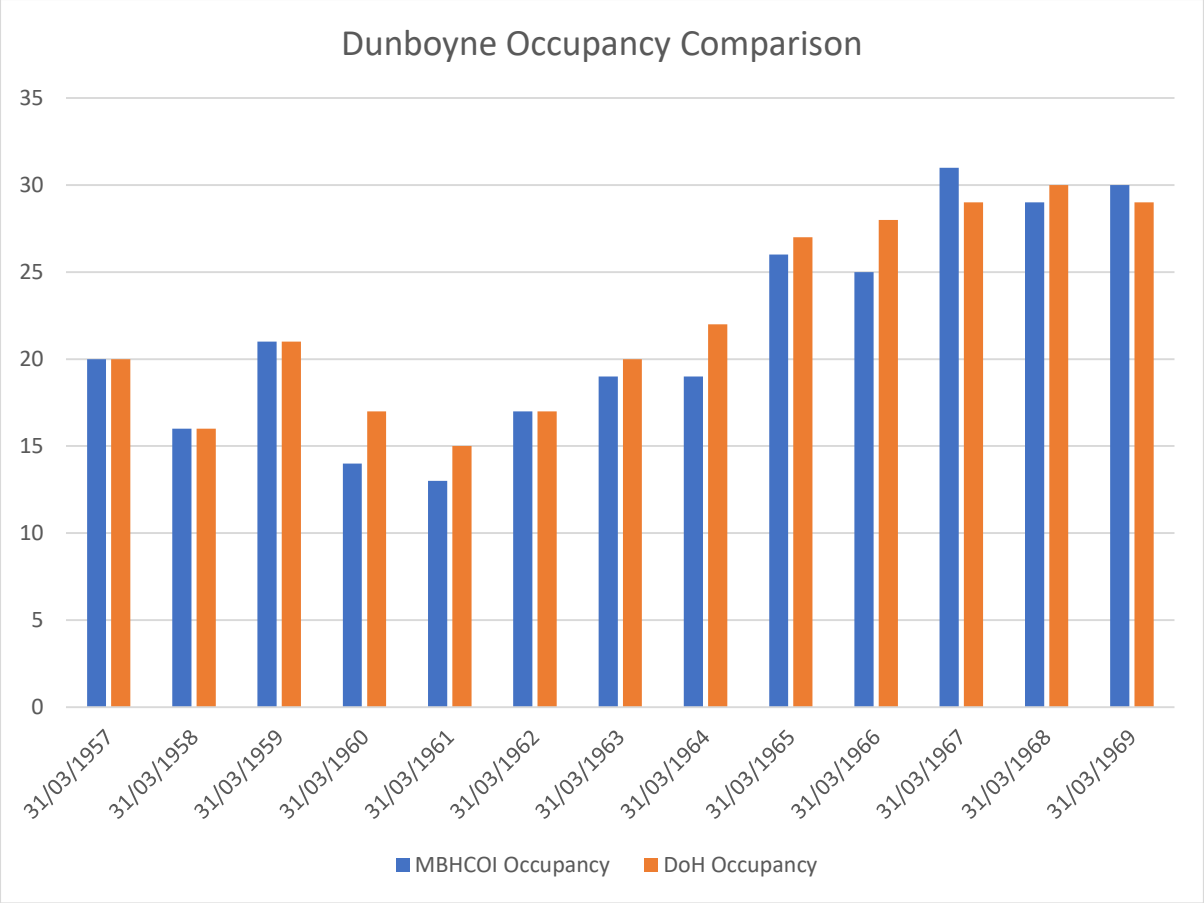
Information relating to average occupancy was available for 3,004 women (95.2% of admissions).[3]

On opening, Dunboyne was deemed suitable to accommodate 22 and a maximum of 25 adults. The institutional records show that average occupancy in the years 1955-63 was generally below maximum accommodation levels. Average occupancy in this period was greatest in 1957; it may have been operating close to its maximum occupancy limit at that time. However, Dunboyne did not experience the acute overcrowding which was a perennial feature of other mother and baby homes. The premises were extended in 1963 and average occupancy increased steadily from that year. The busiest period of its operation was 1973-74 when 144 women were admitted in each of those years - average occupancy for those years was 32 and 31 women respectively.

[3] Records for 1969, 1970 and 1971 are incomplete. Average occupancy presented here is based on the available records.

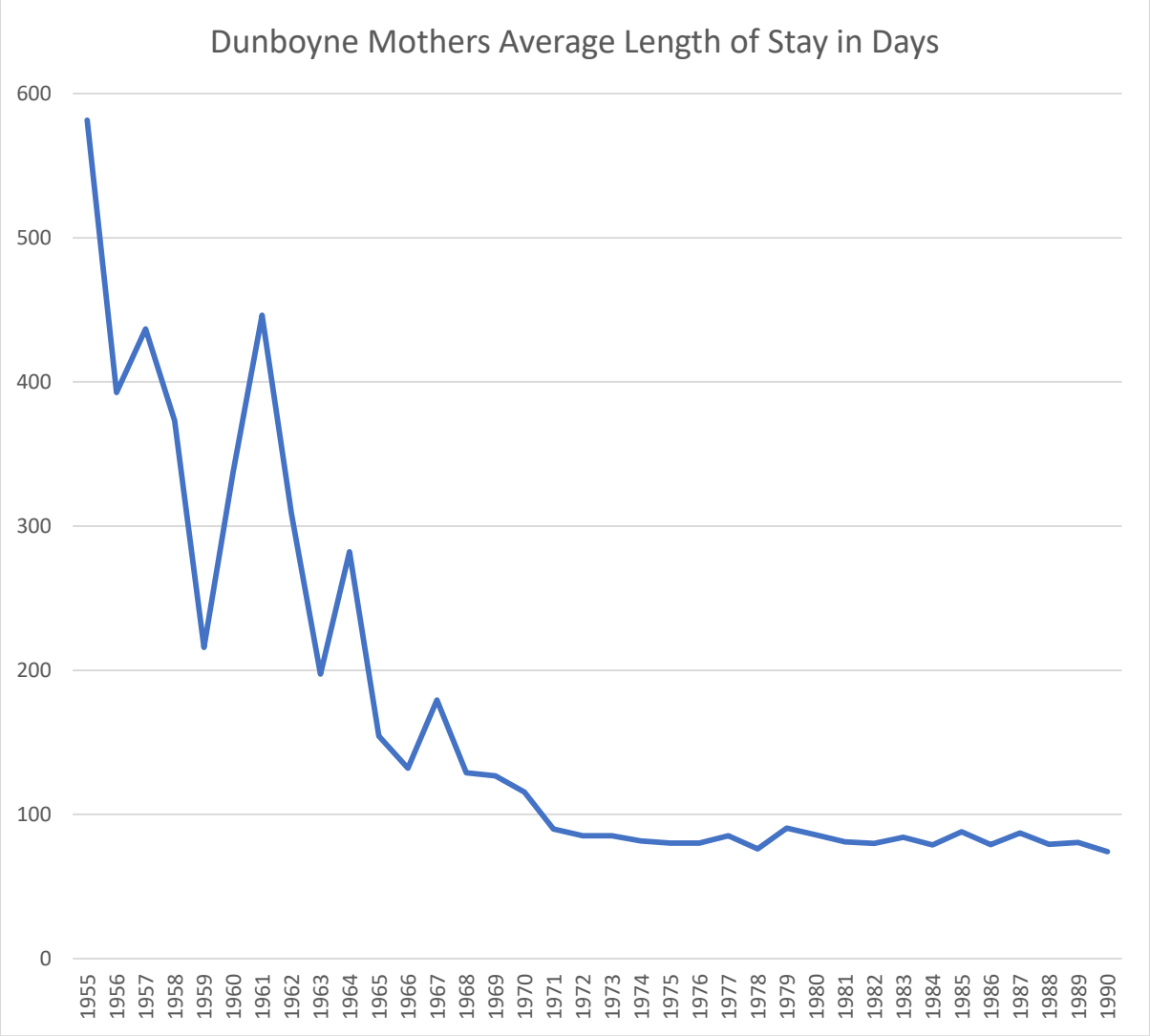


Comparative analysis of admissions per year and average occupancy confirms that, in the main, Dunboyne was not prone to overcrowding. Average occupancy exceeded annual admissions on just two occasions - in 1957 and 1961. It should be stressed that the number of admissions in these years was relatively small and that any overcrowding cited in the historical record most probably meant having one or two extra women on the premises. The addition of extra accommodation in 1963 appears to have solved the matter.



The occupancy comparison chart shows a comparison between the occupancy recorded in the Commission's database (compiled from the institutional records) and returns sent to the Department of Health by Dunboyne for the years 1957-69 inclusive. Temporary absences from Dunboyne, which were frequent, are not recorded in the Commission's database so this may slightly inflate the Commission's calculations regarding occupancy. It seems clear, however, that the numbers forwarded by Dunboyne to the Department of Health are largely in line with those recorded in the institutional records.

Length of stay

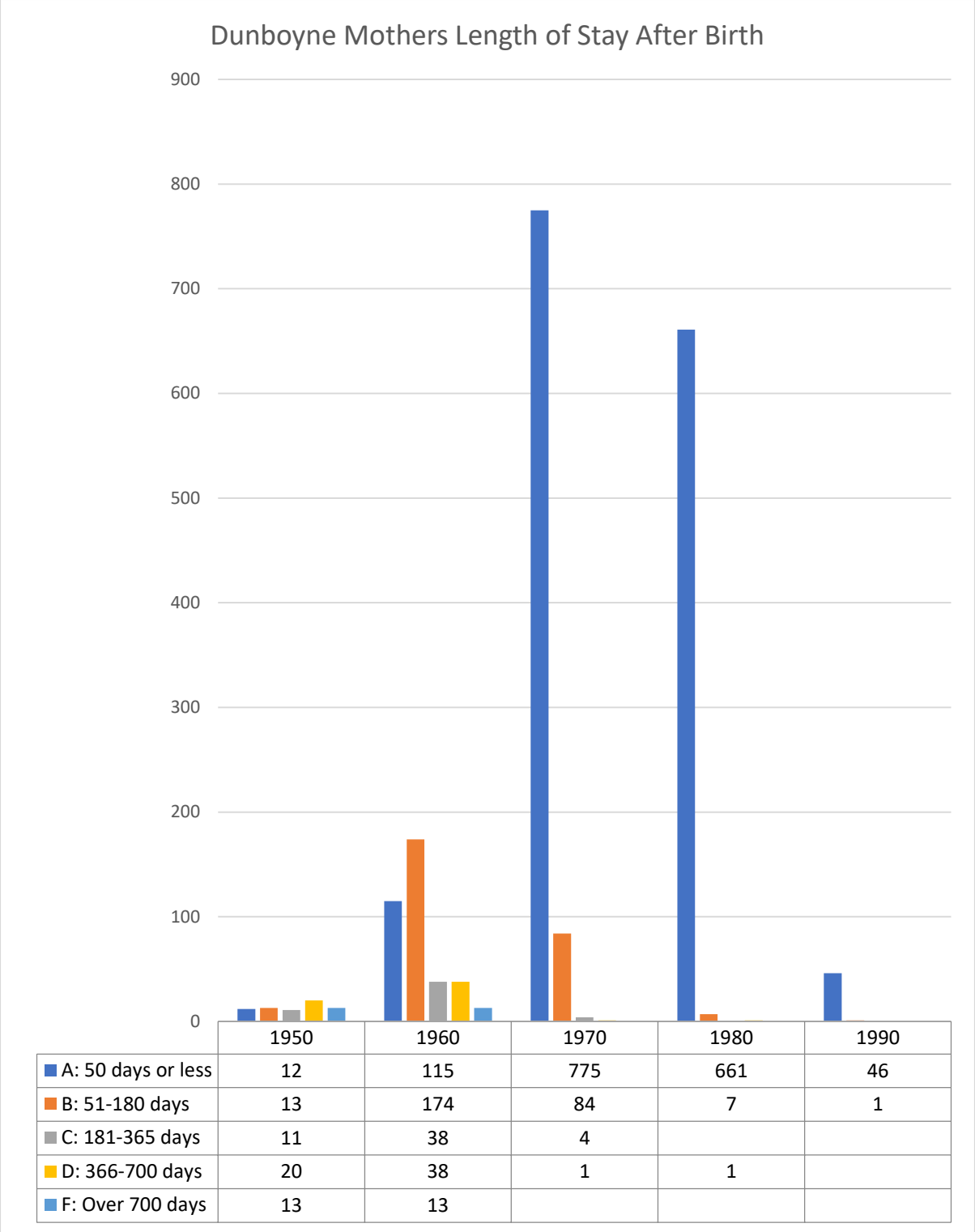


Information relating to length of stay was available for 3,004 women (95.2% of admissions).

The institutional records show that the average length of stay in Dunboyne declined from a high of 582 days on average for women admitted in 1955 to 74 days on average for women admitted in 1990. Some of the longest length of stays were recorded among women admitted in 1957 and 1961 (437 and 446 days respectively) - this most likely contributed to the relative overcrowding previously identified in Dunboyne in those two years.

Women admitted to Dunboyne in the 1950s spent 383 day on average there; women admitted in the 1970s spent a much reduced 85 days on average there.

In the 1950s, women were admitted to Dunboyne 63 days on average before giving birth; by the 1980s this had increased to 81 days on average before the birth.



	1950	1960	1970	1980	1990
A: 50 days or less	12	115	775	661	46
B: 51-180 days	13	174	84	7	1
C: 181-365 days	11	38	4		
D: 366-700 days	20	38	1	1	
F: Over 700 days	13	13			

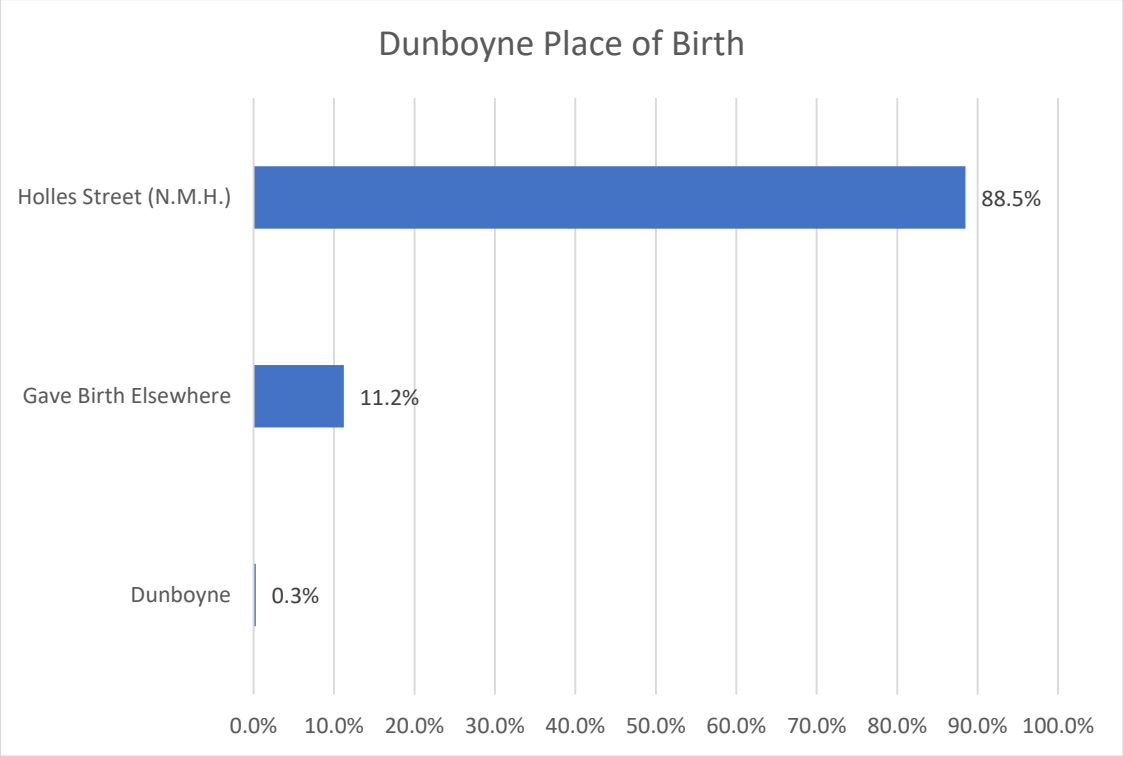
In the 1950s, most women (52%) left Dunboyne within a year of giving birth. Of those, 17.4% left within 50 days; 18.8% within six months and 15.9% within twelve months. Of the remaining women, 29% remained in the home for between one and two years after giving birth and 18.8% remained there for periods of between 25 and 32 months.

This pattern altered somewhat in the 1960s. In that decade 30.4% of women left within 50 days of giving birth and a further 46% left within six months. Just over 10% of women remained in the home for between six months and one year and a further 10% remained there for between 12 and 24 months. The percentage of woman who remained in the home for over two years had reduced from 18.8% in the 1950s to 3.4% in the 1960s. The longest recorded stay after birth in the 1960s was 32 months.

By the 1970s the pattern had altered significantly. By this time 89.7% of women had left Dunboyne within 50 days of giving birth and 9.7% within six months. Just four women remained in the home for between six and twelve months and one woman remained for 403 days.

In the 1980s, 98.8% of women left Dunboyne within 50 days of giving birth and most of the others had left within three months. One woman remained in the home for a little over one year. In the 1990s, all but one woman left the institution within 50 days of giving birth.

Place of birth



Information relating to place of birth was available for 2,773 women (87.9% of admissions).

The institutional records show that most women (88.5%) gave birth in Holles Street (National Maternity Hospital). Just over 11% of women gave birth in other hospitals and institutions including the Coombe, the Rotunda, St Kevin's/St James's Maternity Hospital, Pelletstown and Castlepollard. Eight women gave birth in Dunboyne.

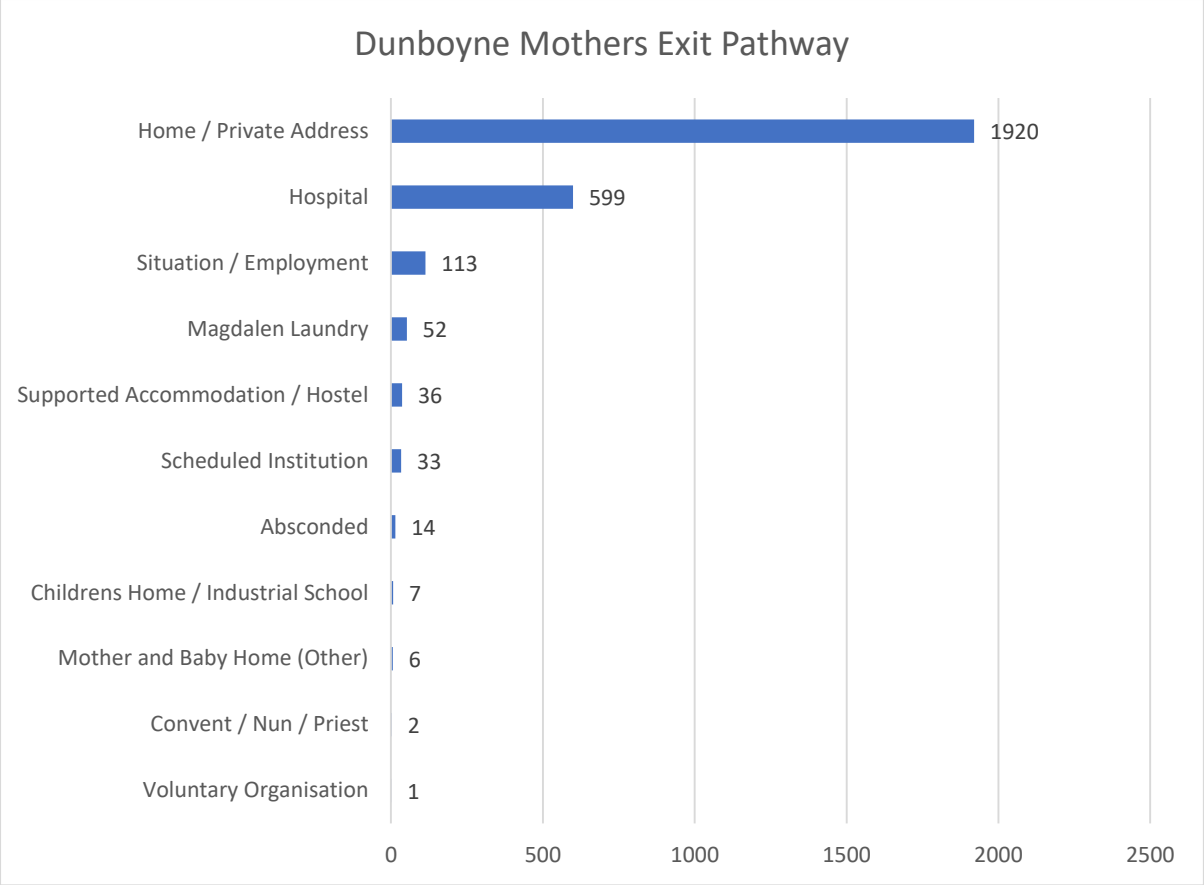
Outcome

Information relating to birth details was available for 3,008 women (95.3% of admissions).
The institutional records show that 66% of women were admitted to Dunboyne, left to give birth and returned to the home; 29% left to give birth but did not return to the home and 5% were admitted in the first instance accompanied by their baby.

Birth details

Information relating to birth details was available for 2,843 women (90.1% of admissions)
The institutional records show that 98.73% of women gave birth to living infants; 1.2% gave birth to still born infants and 0.07% suffered a miscarriage.

Exit pathways

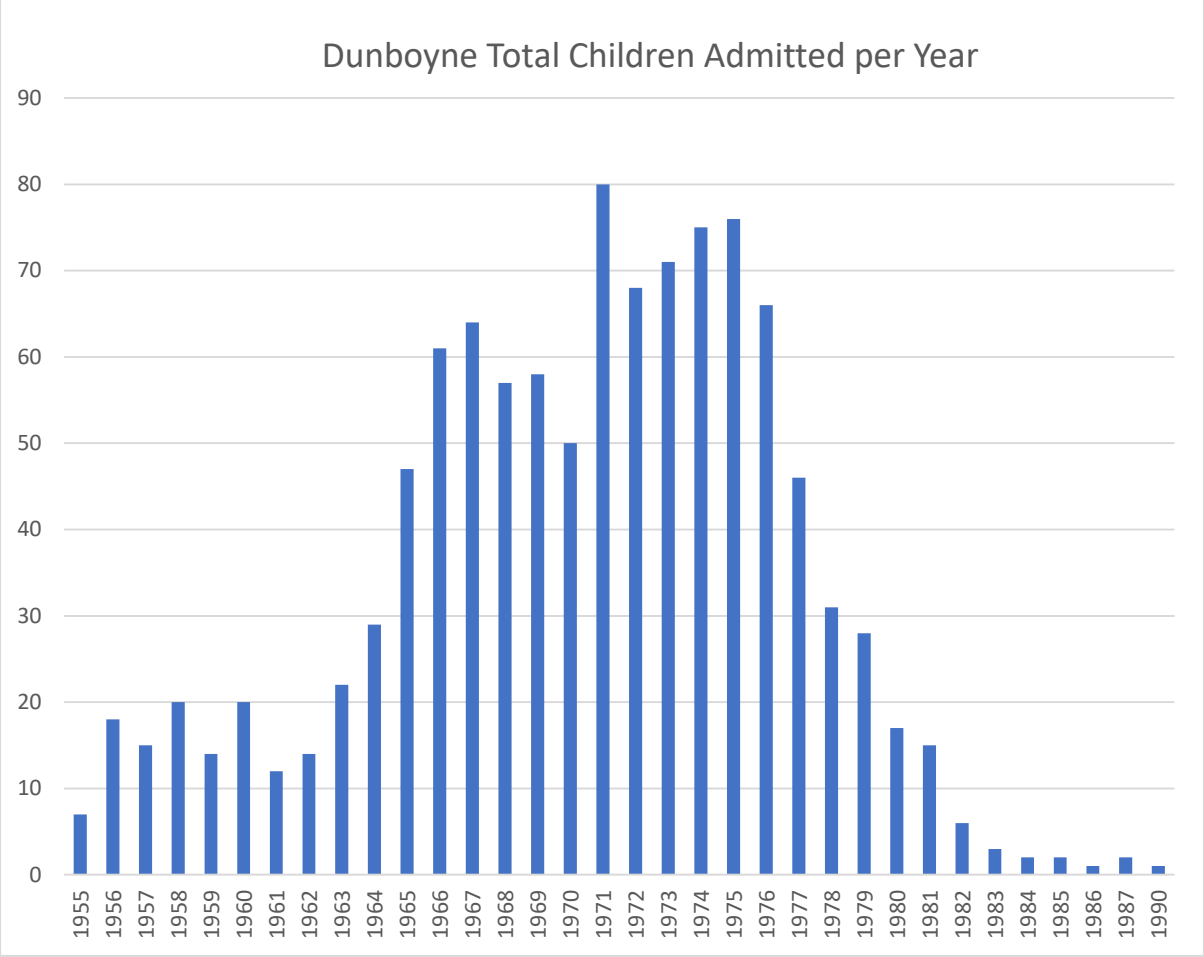


Information relating to exit pathways was available for 2,783 women (88.2% of admissions).

Most women (68.99%) were recorded as leaving Dunboyne and returning to the family home or other private address; 21.52% were discharged to hospital - mostly women who left to give birth and did not return; 4.06% were discharged directly to take up employment; 1.87% transferred to Magdalen laundries; 1.29% were discharged to hostels and other supported accommodation; 1.19% transferred to other institutions under the Commission's remit; 0.5% 'absconded' leaving their baby in the home; 0.25% transferred to industrial schools and children's homes; 0.22% transferred to mother and baby homes outside the Commission's remit; two left accompanied by a nun or priest and one woman left in the care of a voluntary organisation.

Exit pathways from Dunboyne did not alter significantly in its period of operation. The majority of women discharged from the home in each decade either returned to the family home or transferred to hospital. The available records show that in the 1950s, 69% of women left via those routes - in the 1980s they accounted for 80% of discharges.

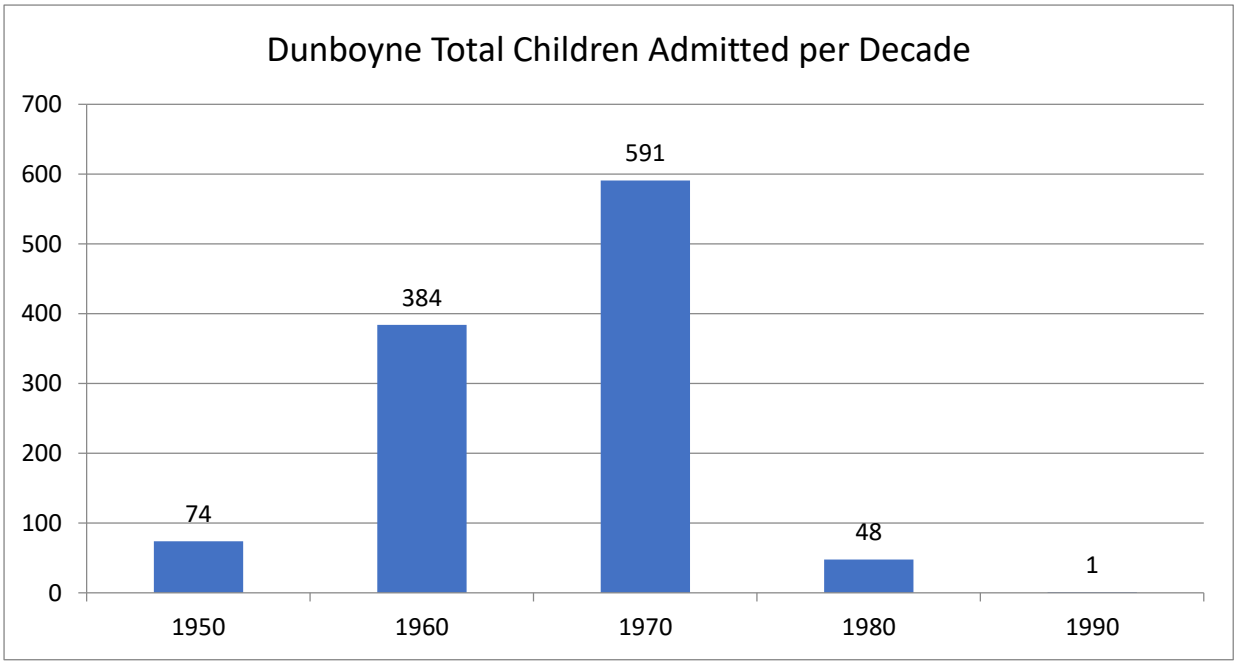
Child admissions



The Commission established that 1,148 children were admitted to Dunboyne in the years 1955-90.[4]

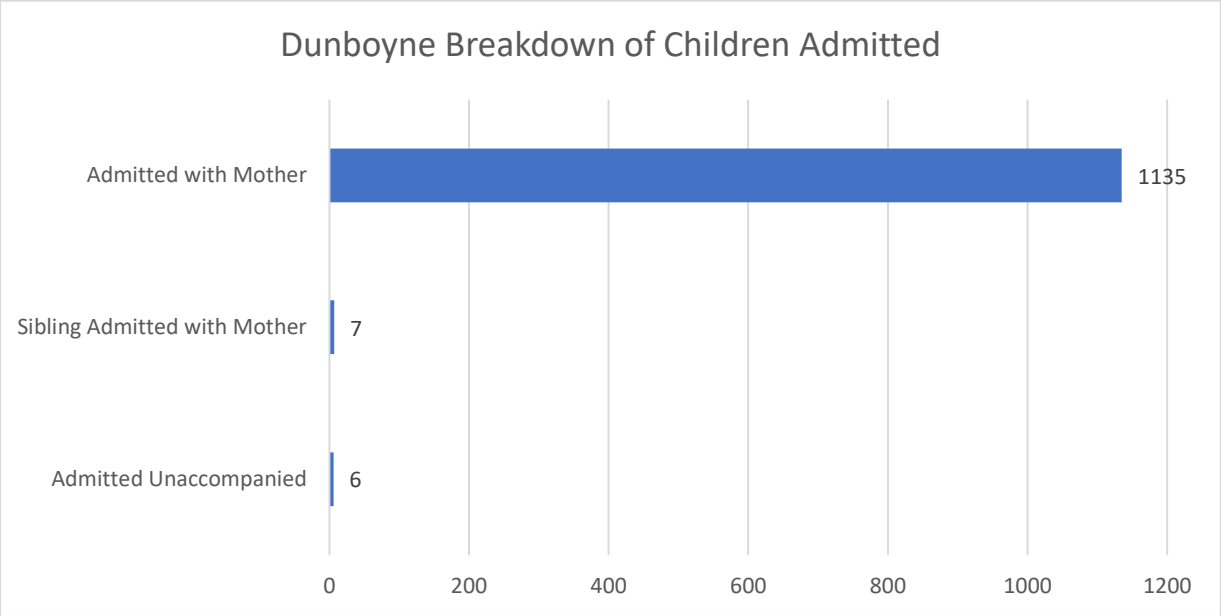
Information relating to date of admission was available for 1,098 children (95.6% of admissions). In the period 1955-62, 15 children on average were admitted annually; 20 children were admitted in the years 1958 and 1960. Child admissions began to increase steadily in 1963; extra accommodation had been added that year. Child admissions peaked in 1971, when 80 admissions were recorded, and remained relatively high until 1976. A steady decline in admissions was recorded thereafter falling from 66 in 1976 to 17 in 1980. Admissions remained relatively low during the 1980s; during 1982-90 just two children on average were admitted annually.

[4] Some admission registers relating to the late 1960s and early 1970s are not available, presumed missing, from the Dunboyne institutional records. As a result, the number of admissions identified by the Commission must be regarded as incomplete. Department of Health returns for this period suggest that the discrepancy may amount to 65 children. However, it was not possible to identify the extent of the discrepancy with any great accuracy.



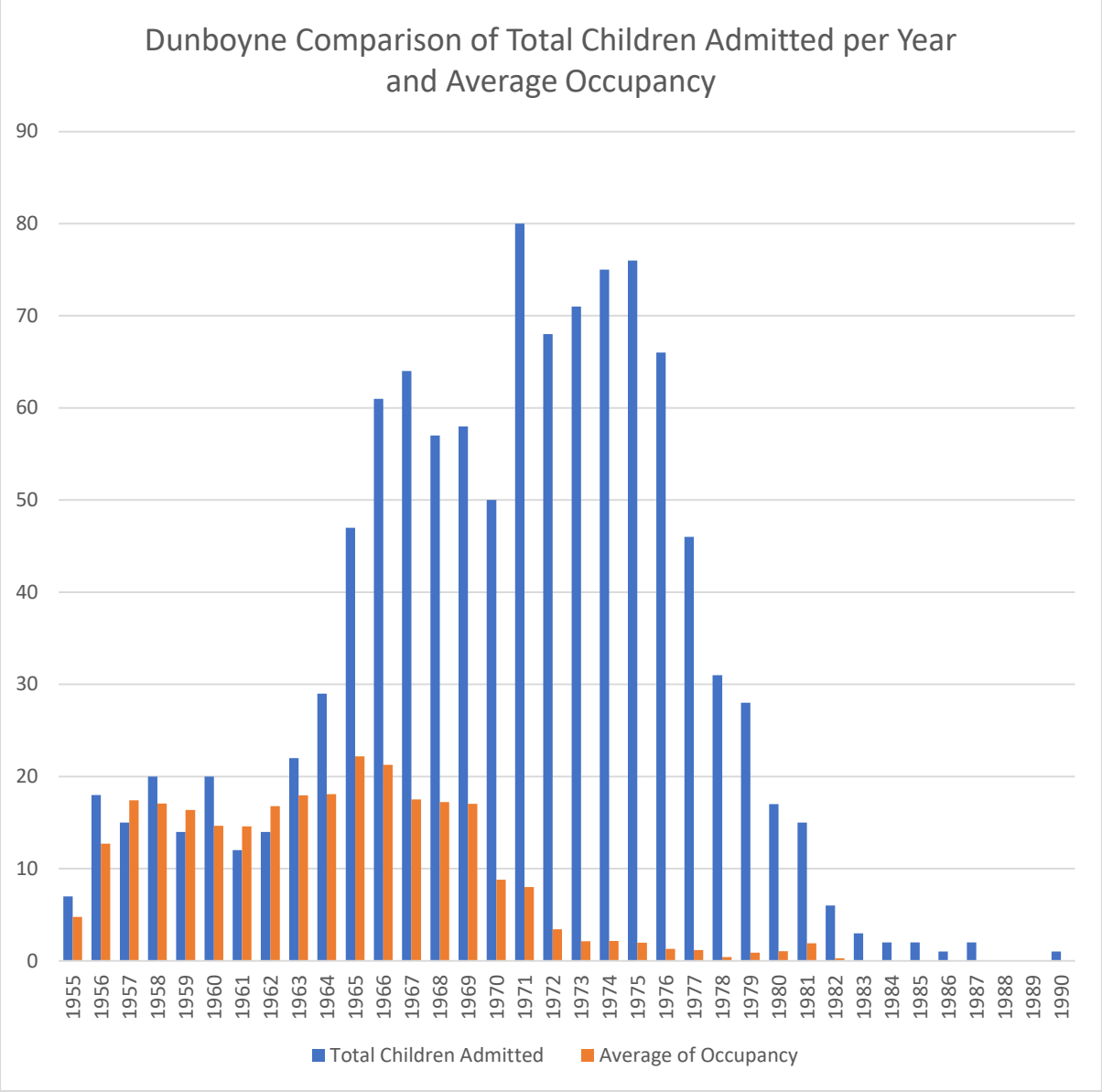
Analysis by decade shows that most children (53.83%) were admitted in the 1970s followed by the 1960s (34.97%); 1950s (6.74%); 1980s (4.37%) and the 1990s (0.09%).

In the 1950s, 88% of children born to women admitted to Dunboyne were subsequently admitted to the home. This decreased to 84% in the 1960s, to 47.77% in the 1970s and to 3.79% in the 1980s. Although 95 women were admitted to Dunboyne in 1990 just one child was admitted to the home that year.



The institutional records show that, of the 1,148 children admitted to Dunboyne, 98.9% were admitted accompanied by their mothers; 0.6% were admitted with expectant women and 0.5% were admitted unaccompanied.

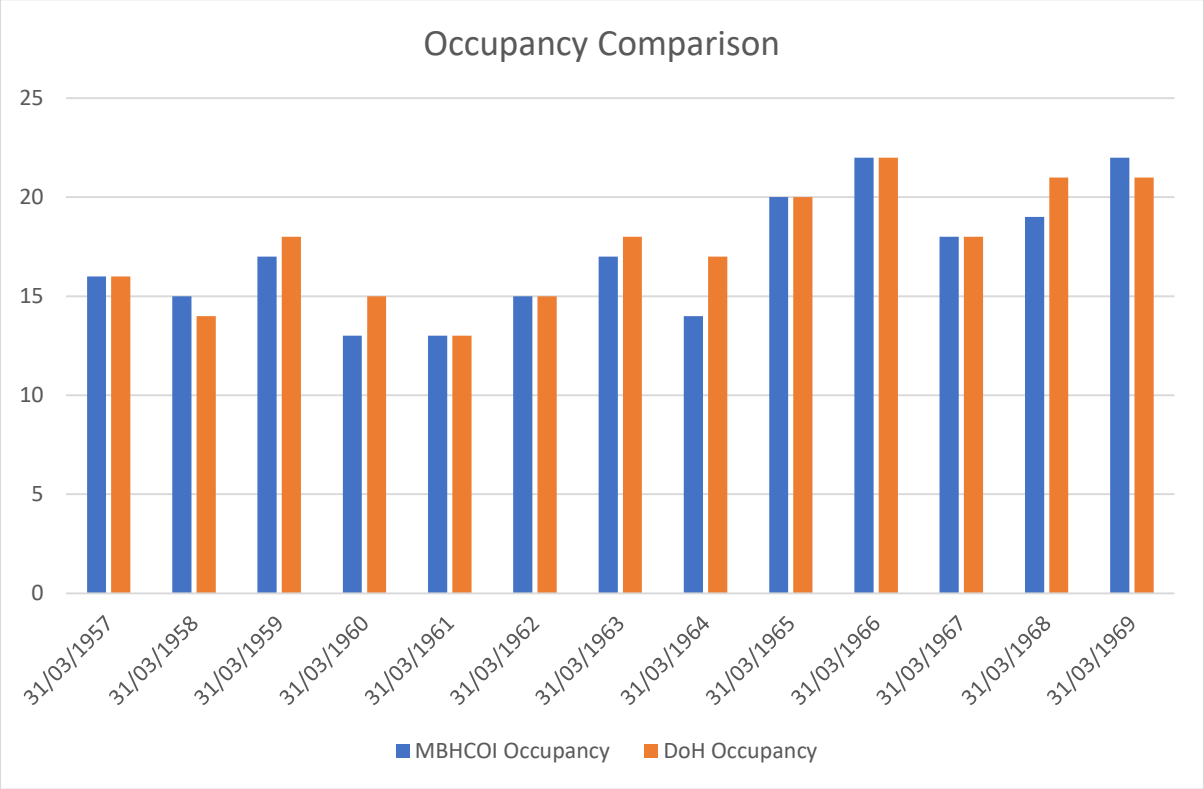
Occupancy



Information relating to average occupancy was available for 882 children (76.8% of admissions).

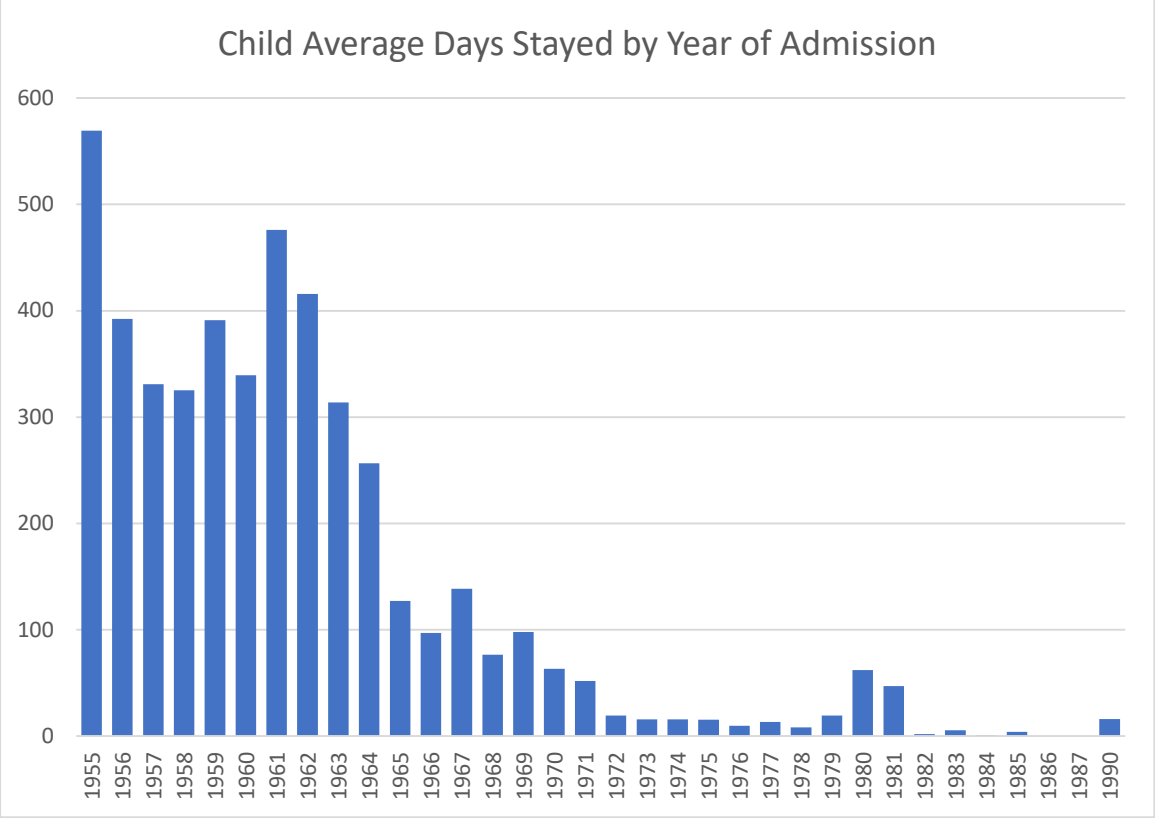
Child occupancy in Dunboyne was highest in the period 1956-69; an average of 17 children were living in the home in this period. Occupancy peaked in 1965 and 1966; an average of 22 and 21 children respectively were living in the home in those years. Average child occupancy exceeded admissions in 1957, 1959, 1961 and 1962. After extra accommodation was added in 1963, average occupancy remained well below admissions from there on in. Although child admissions to Dunboyne increased significantly in the 1970s, average occupancy decreased to single digits. This is most likely attendant on the decrease in the

number of women who returned to Dunboyne after giving birth and the increase in the number of women who left the institution within 50 days of giving birth.



The occupancy comparison chart shows a comparison between child occupancy recorded in the Commission's database (compiled from the institutional records) and returns made to the Department of Health by Dunboyne for the years 1957-69 inclusive. Temporary absences from Dunboyne, such as cases where a child was receiving treatment in hospital, are not included in the Commission's calculations so this may slightly inflate the Commission's calculations regarding occupancy. It seems clear, however, that the numbers forwarded by Dunboyne to the Department of Health are largely in line with those recorded in the institutional records.

Child length of stay



Information relating to length of stay was available for 882 children (76.8% of admissions).

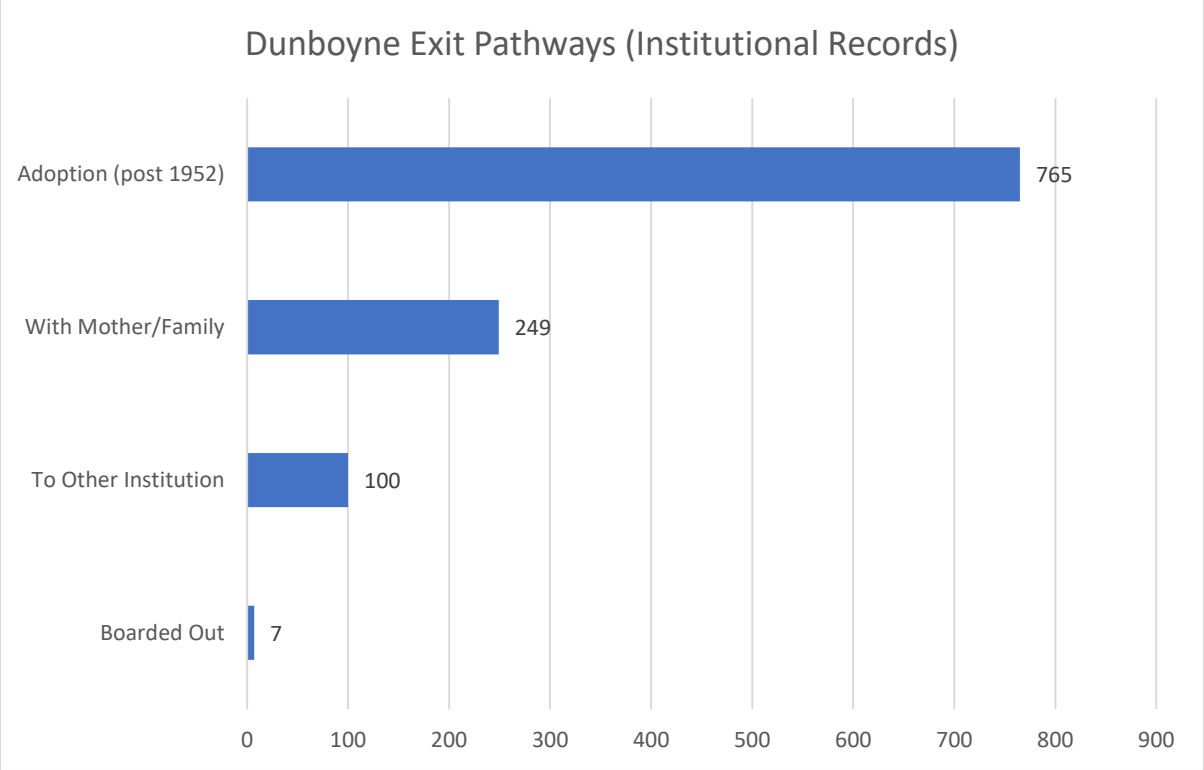
Children admitted to Dunboyne in the 1950s spent the longest periods in the home. The average stay in that decade was 379 days and ranged between 569 days on average in 1955 to 325 days on average in 1958. Although child length of stay in 1961 was relatively high - 476 days was the average stay that year - by 1970 average length of stay had fallen dramatically to 63 days. By 1978 average length of stay had decreased to just eight days. Although average length of stay increased in the years 1979-81 average length of stay for the remainder of the 1980s was between one and six days.

Child discharge relative to Mother

Information relating to child discharge relative to the mother was available for 899 children (78.3% of admissions).

The institutional records show that most children (71%) were discharged from Dunboyne on the same date as their mothers; 21% were discharged while their mothers remained in the home and 8% remained in the home for periods subsequent to their mothers' discharge.

Child exit pathways

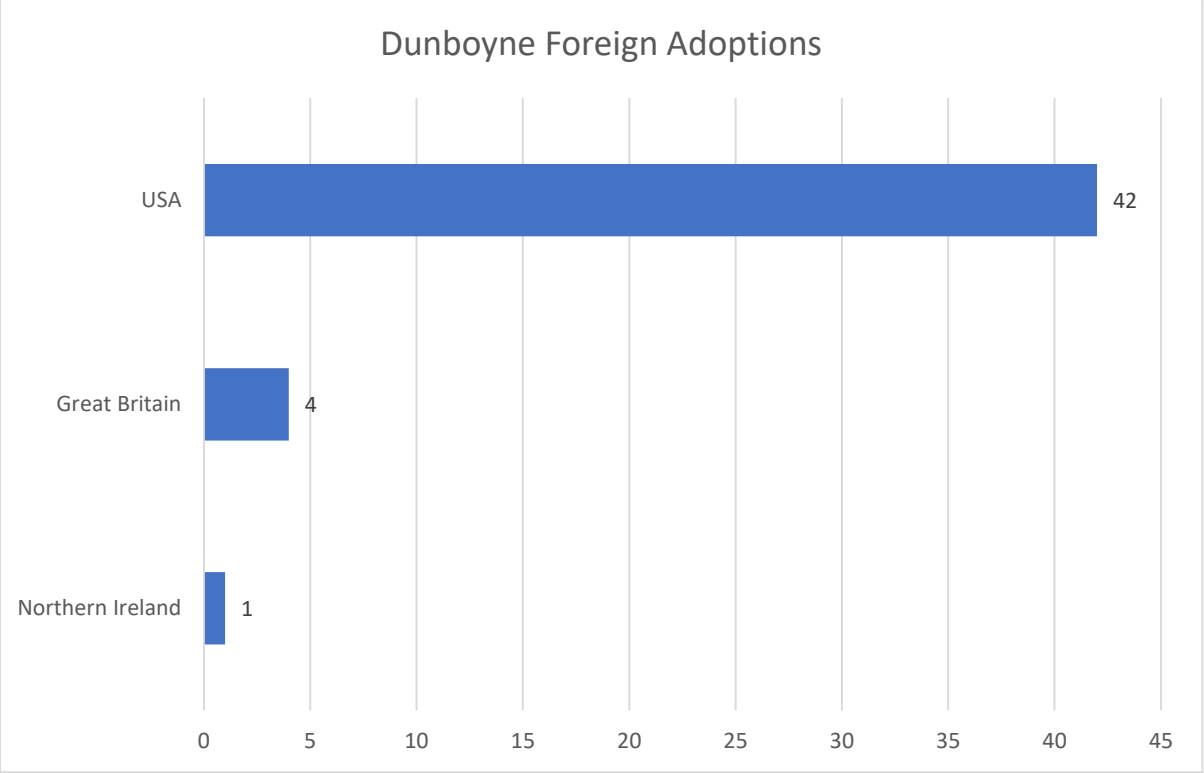


Information relating to child exit pathways was available for 1,121 children (97.7% of admissions).

The institutional records show that most children (68.2%) were placed for adoption - mainly through St Clare's Adoption Society, Stamullen, and the CPRSI; 22.2% were discharged with their mother or another family member; 8.9% transferred to other institutions - mainly children's homes and hospitals - and 0.6% were boarded out.

The available records show that, in the 1950s, 39.66% of children discharged from Dunboyne were placed for adoption. This increased to 71.16% in the 1960s but had decreased to 44.44% by the 1980s. In the 1950s, 32.76% of children left Dunboyne with their mother or other family member. This decreased to 20.9% in the 1960s but had increased to 50% by the 1980s. In the 1950s, 20.69% of children (1 in every 5) transferred to other institutions - by the 1960s, 5.56% of children exited the home via this route.

Foreign adoptions

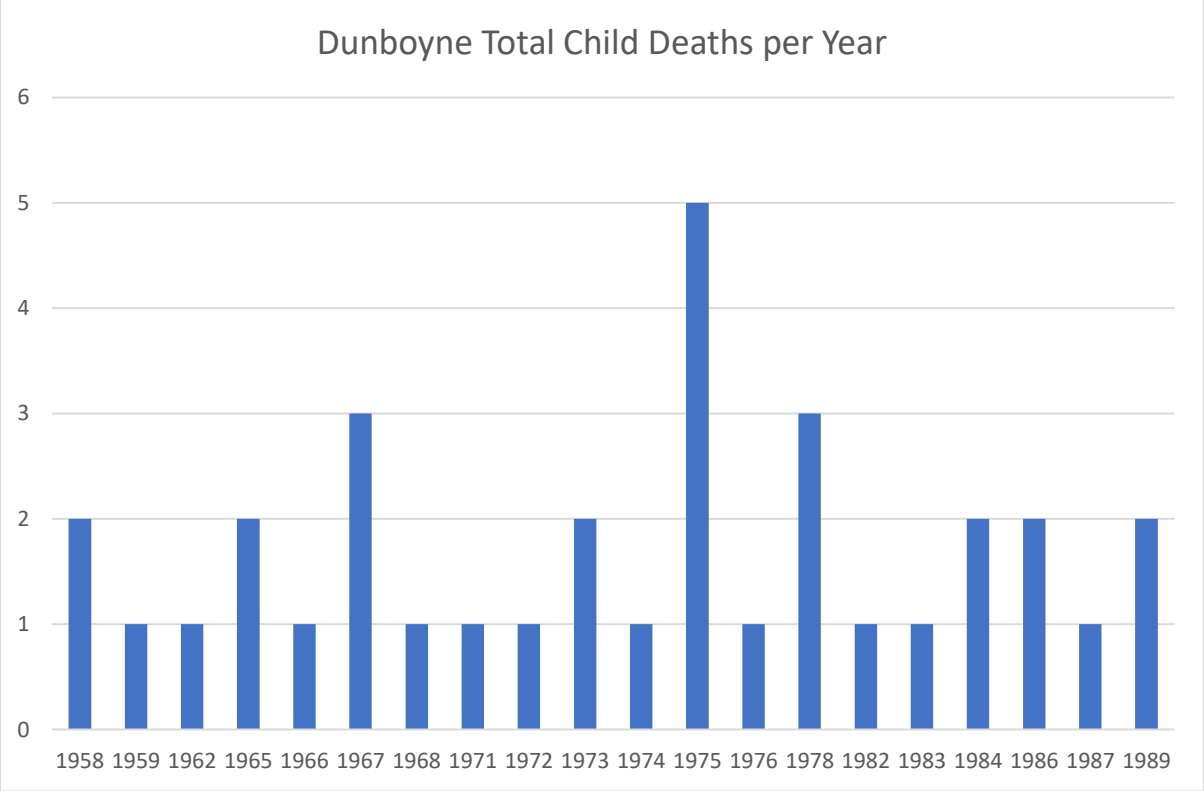


The Commission identified 47 children who were placed for foreign adoption from Dunboyne. Most children (89.4%) were adopted in the USA; 8.5% in Great Britain and 2.1% were adopted in Northern Ireland.

Child deaths

The Commission identified 37 child deaths associated with Dunboyne. These include one child who died in Dunboyne; five who were admitted to Dunboyne and died elsewhere and 31 children who were never admitted to Dunboyne but whose mothers had been living in the home prior to their birth.

The child who died in Dunboyne was born in Holles St and admitted with the mother when five days old. The child died in Dunboyne aged 27 days; the cause of death was notified as pneumonia.

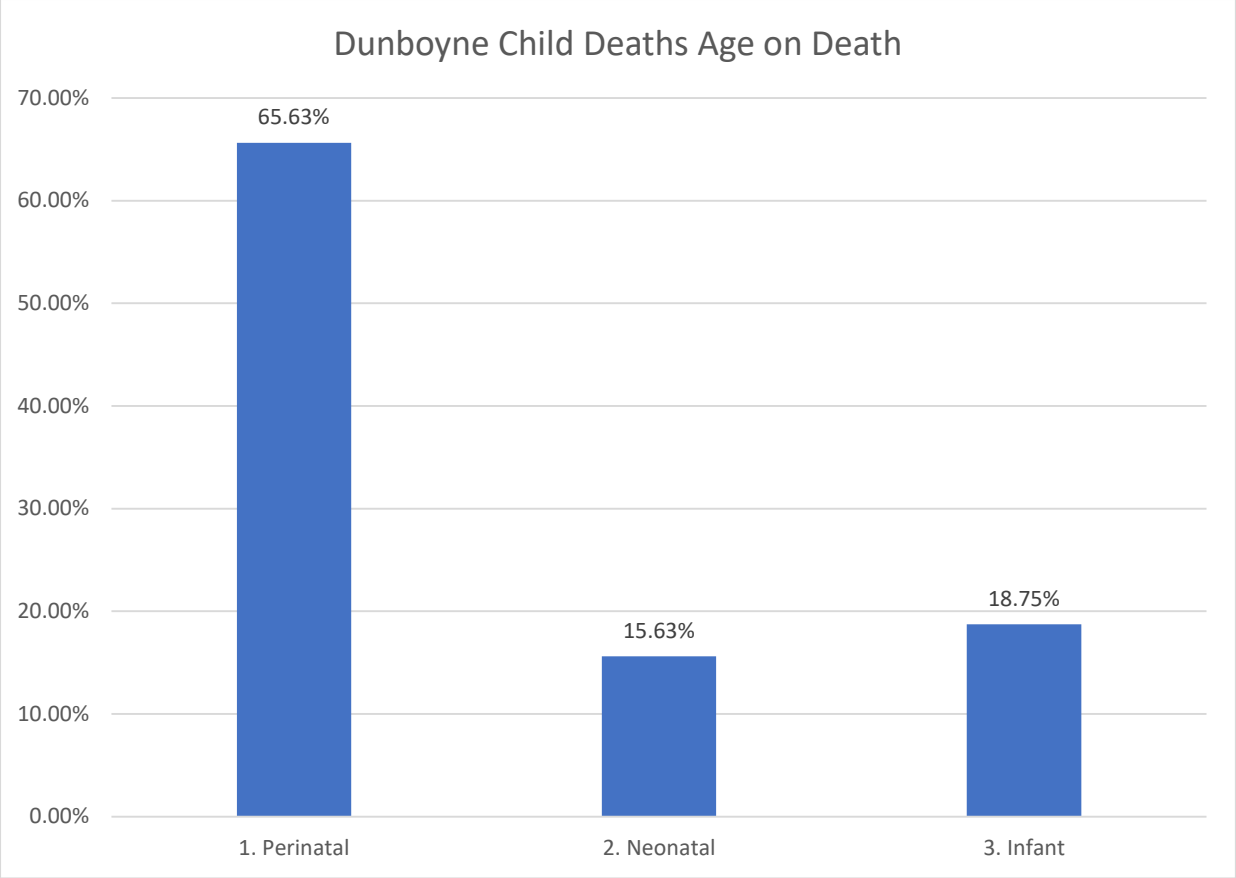


Information relating to date of death was available for 34 of the 37 children. The available records show that 33 were born in Holles St hospital[5] - 20 subsequently died there; five died in Our Lady's Children's Hospital, Crumlin; three in Temple St Children's Hospital; two in the Rotunda Hospital and one in Dunboyne. Place of death was not available for the remaining cases.

The worst year for child deaths was 1975 - five children died that year. All five were born in Holles St hospital to women transferred from Dunboyne - three subsequently died in Holles St and the others died following transfer to Temple Street and Our Lady's Children's Hospital.

[5] The birth place of the remaining child was not identified.

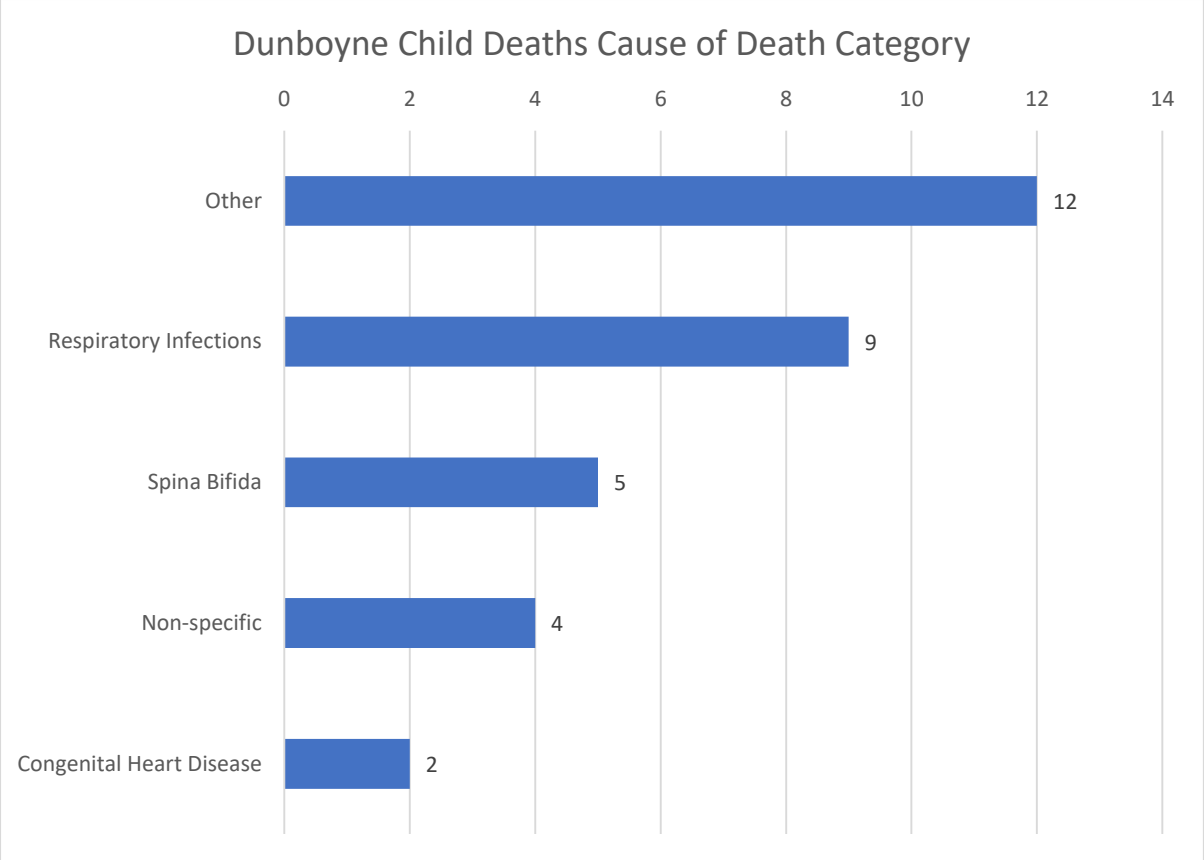
Age at death



Information relating to age on death was available for 32 of 37 child deaths.

All deaths occurred in infancy as follows: Perinatal (0-7 days) 65.6%; Neonatal (8-28 days) 15.6% and Infant (29-365 days) 18.8%.

Cause of death



Information relating to cause of death was available for 32 of the 37 child deaths (86.5%). Most deaths (37.5%) were notified as being due to one off incidents of sudden infant death syndrome; potter syndrome; pyloric stenosis; congenital malformation and perinatal asphyxia. Respiratory infections - mainly bronchopneumonia - accounted for 28.1% of deaths; 15.6% were notified as spina bifida; 12.5% as non-specific causes - generally prematurity and 6.3% were notified as congenital heart disease.

The Commission located a GRO death record for 32 of the 37 children.

Chapter 25: Miss Carr's Flatlets

Introduction

25.1 Miss Carr's was not a traditional mother and baby home. It provided hostel type accommodation for unmarried mothers and their children. It opened in 1972 and is still in operation. Initially it was at 16 Northbrook Road and it moved to 5 Northbrook Road in 1992. No 5 was renamed 'Ecclesville' at this time. This was to honour Miss Leonie Eccles who was the driving force behind the establishment of the service. The 1989 and subsequent Annual Reports describe the Flatlets as 'Miss Carr's Girls Hostel'. The service is now known as Carr's Child and Family Services.

25.2 The total number of women and children who lived in the Flatlets is not known but, based on the evidence as outlined below, it is likely that about 180 women and 200 children lived there in the period 1972 to 1998.

Origins

25.3 Miss Carr's (Flatlets) opened in 1972 to house one parent families in need of temporary accommodation. The service was an extension of Miss Carr's Children's Home[1], a Protestant institution, which was located at 5 Northbrook Road. The Protestant Child Care Association and the Eastern Health Board (EHB) were both supportive of this extension of services to single mothers.

25.4 The idea for establishing the Flatlets seems to have come from Miss Eccles who was the manager of another children's home but was involved with Miss Carr's Children's Home. She reported that, at an AGM of the Protestant Child Care Association in April 1972, an EHB social worker outlined the urgent need in the community for accommodation for one parent families, so that mothers could be given an opportunity to bring up their children independently and to avoid, if possible, separation of mother and child in the early years. At this time, there were one or two single parent families resident in the children's home (No 5). Miss Eccles suggested that Miss Carr's should buy a house close to the children's home

[1] The Commission is not investigating Miss Carr's Children's Home but it is inextricably intertwined with the Flatlets. It was founded by Miss Lizzie Carr in 1887 and for a time had five houses. It moved to 5 Northbrook Road in 1920. Miss Lizzie Carr died in 1932 and the running of the home was taken over by her cousin Miss Eunice Carr. Miss Eunice Carr died in 1970 so there was never a Miss Carr involved in Miss Carr's Flatlets. Miss Carr's Children's Home closed in 2007. It was one of the institutions covered by the Residential Institutions Redress scheme (see Chapter 2).

to accommodate six or seven families in flatlets. It would be funded by government sources and tenant rents. The aim would be to help these families to reorganise their own lives with a minimum of interference so that in a few years or less they could reintegrate into the community. She argued that a mother with a young baby should be encouraged to stay at home with her baby, the Health Board would pay rent and maintenance. When the children reached school age, No 5 could be their second home until the mother returned from work.

> No mother can be expected to understand the full implications of bringing up her own child until she has had the full responsibility of caring for him/her....The mother who cares for her baby entirely unaided will very quickly discover if she is suited to take on full time motherhood…or if the alternative of Adoption would be in the best interests of herself and child.

25.5 A special meeting of Miss Carr's Children's Home committee was held in June 1972 to consider the proposal that Miss Carr's Children's Home should extend its activities by making flats and rooms available to unmarried mothers and deserted wives. A memorandum prepared in advance of this meeting noted that the council of the Protestant Child Care Association (PCCA), a body representative of all Protestant organisations concerned with the welfare of children, was agreed that 'the greatest unfulfilled need at the present time is the provision of accommodation for unmarried mothers and their children'. It also noted that the welfare section of the Eastern Health Board (EHB) attached considerable importance to the proposition. 'They have looked to the Protestant Community to give a lead in this matter by establishing a successful model for others.' The memorandum outlined the probable costs involved. It noted that Miss Carr's owned a house worth (say) £40,000, and had investments and cash of perhaps £4,000, out of which about £1,500 would be applied to the fire precautions. A new house, including alterations, might involve an outlay of £30,000. 'We can probably borrow this sum on the security of the two houses we would then own.' The EHB had indicated, unofficially, that it would 'substantially increase' the grants which it gave for children already in Miss Carr's and those who would occupy the new residence and this would provide an additional sum of perhaps £2,500 a year. The memo proposed a once-off appeal for capital funds for the new house and recognised that some mothers would be in a position to pay for accommodation. It also noted that it was 'conceivable that part of the funds of Bethany home (now closed), could be allocated to us by the committee and by the Charitable Commissioners on the basis that work carried out would be similar in nature'.

25.6 The proposal was agreed and, with remarkable speed - two days later - No 16 Northbrook Road was bought. It was converted into nine flatlets. The first residents arrived in October 1972.

Sources

Carr's Child and Family Services

25.7 Carr's Child and Family Services provided the Commission with photocopies of the relevant records which it holds. These records are the main source of information available to the Commission. The main records involved are:

Admission Records: The Admission Records cover the period from October 1972 to March 1987. There are entries for 111 mothers with a total of 120 children. A range of information is recorded for each mother including date of admission, age group, number of children, referring body, reasons for referral, length of stay, subsequent accommodation, training/job and use of nursery. The person in charge of Miss Carr's from its opening to 1987 was Miss Leonie Eccles. It seems that her thorough record keeping was not continued by her successor. (The Commission recognises that detailed records are not as important in a context where tracing does not arise.)

Minutes of House Committee Meetings: The house committee dealt with Miss Carr's Children's Home, the nursery and the Flatlets. The available minutes of its meetings cover some of the period from 1972 until the sale of No 16 in February 1992. The period from January 1974 to March 1987 is not covered with the exception of a document in 1977 outlining the pros and cons of moving the day nursery to Wesley House. There are a number of additional documents within the minutes relating to the foundation of Miss Carr's (Flatlets) and outlining the aims and organisational structure. The meeting minutes contain short reports from the case committee and the nursery committee (see below). The case committee reported on interviews for admissions, places offered and occasionally on other issues concerning individual residents. The remainder of the minutes are largely concerned with financial, administrative and building maintenance matters.

Annual Reports (1972-1998): The published annual reports of Miss Carr's Children's Home included a section each year on No 16 and, after 1992, on Ecclesville. The tenor of the reports is in general very positive and there is an

emphasis throughout on the importance of keeping mothers and babies together. The annual reports from 1972 to 1983 cover the 12 months from October to October. The 1984 report covers 14 months from October 1983 to December 1984. All subsequent reports cover the calendar year. The reports generally note the number of families living in No 16 in a given year and whether those who left during the year went on to private or public accommodation. Occasional rent increases and house renovations are also documented. There is a continuing, and understandable, lament about the lack of social housing, rising rents in the private sector together with the unwillingness of landlords to accept young children. Donations of gifts and money are recorded as well as fundraising initiatives such as an annual sponsored cycle, Christmas parties, sales and coffee mornings. Holidays to Rush were also organised.[2] Occasionally the reports document specific details in relation to an individual mother or her child.

Evidence

25.8 The Commission heard evidence from the current CEO of Carr's Child and Family Services and from Miss Nan Dwyer who was the manager of the Miss Carr's Children's Home from 1969 to 2000.

Department of Health files

25.9 There are a small number of references to the Flatlets in the Department of Health files. They are mainly concerned with financing. The main files used for this chapter are:

INACT/INA/0/454197

CCP/IMP/0/45687

Funding

25.10 The cost of the house (No 16) and its refurbishment was £30,000 which Miss Carr's Children's Home borrowed. While there clearly had been sympathetic noises, and indeed expressions of enthusiasm, from the EHB, there were no prior commitments to provide additional funding. The EHB applied to the Department of Health in January 1973 for approval to cover half the costs involved - the proposal was to give the Flatlets a Section 65 grant of £15,000.[3]

[2] These were mainly organised for Miss Carr's Children's Home but the finances of the children's home and the Flatlets were intertwined and, effectively, the children's home fundraising subsidised the Flatlets.

[3] Section 65 of the *Health Act 1953* allowed health authorities to provide money to various bodies which provided services similar or ancillary to the services directly provided by the health authority. It was the legal basis for practically all health authority payments to voluntary organisations until 2005.

25.11 Initially, the Department of Health was reluctant to agree to the EHB's proposal to part fund the Flatlets. In March 1973, the argument was made that this was a housing issue rather than a health issue and the department drew the EHB's attention to the existence of various Department of Local Government grants for housing.

25.12 A Department of Health memorandum dealing with the application for funding stated that the Flatlets would be non-denominational. The argument was made that the provision of housing accommodation for unsupported mothers and their children was in line with the Social Recommendations published by the Council of Europe in 1970. It also pointed out that there was a growing feeling that unmarried mothers should, if they wished, be helped to keep their children rather than have them adopted or placed in health board care.

> It is clear that this type of accommodation with some degree of benevolent supervision and protection for the children would be more desirable especially for unmarried mothers, than flats in privately owned homes. Miss Carr's Home is to be commended for embarking upon such a project without any private funds or securities at their back.

25.13 The grant was approved by the Department of Health in October 1973. The Department of Local Government calculated that it could pay £583 a year for five years as a subsidy to the loan charged on the remaining £15,000. It is not clear if this actually happened.

25.14 In 1977, the bank loan for the purchase of the house was paid off: 'Early in the year we realised that our biggest financial burden had been lifted from our shoulders…'

25.15 The children's home was financed mainly from private sources and there were a small number of children resident there who were being paid for on a capitation basis by the health authorities. The evidence available suggests that the Flatlets were subsidised by the children's home through its fundraising activities and access to some trust funds.

25.16 As had been hoped, some of the proceeds of the sale of Bethany home were allocated to Miss Carr's Children's Home. The High Court ordered that the Commissioners for Charitable Donations and Bequests retain the capital and pay 85% of the income from it to Denny House and 15% to Miss Carr's Children's Home.[4]

25.17 The plan was that the residents would support themselves and, if unable to do so, would get Home Assistance (see Chapter 1). The Unmarried Mother's Allowance was introduced in 1973 and many of the residents would have qualified for this. Home Assistance was replaced by the Supplementary Welfare Allowance scheme in 1977. This scheme included provisions for the payment of Rent Supplement in appropriate cases (see Chapter 1).

25.18 The heating and lighting costs were the responsibility of each resident, apart from the general areas (sitting-room, bathroom) and they paid a small rent. Individual electricity meters were installed in each flatlet in 1985 but the Annual Report notes that hot water was still 'on the house' and there was a fire in the sitting room each evening. A charitable trust contributed to the cost of the metering.

25.19 In 1976 a laundry room was installed at the back of the house.

The Nursery

25.20 Initially, the residents of the Flatlets could avail of the nursery free of charge but in 1987 it was decided that new entrants to the Flatlets would pay £3 a week if using the nursery. The Nursery was not used exclusively by residents of the Flatlets. It was used by local residents and when women left the Flatlets they sometimes continued to use the nursery for day care.

25.21 The importance of day care was emphasised in the 1983 Annual Report:

> If we wish to continue our policy of helping families to become self-supporting we have to persuade the authorities that subsidising nursery care for working mothers is money well spent in the long term. Our own experience to date has been that by and large, mothers who do not have the stimulus of even part-time work become very depressed and their children then need nursery care to counteract this unhappy state of affairs.

[4] *Irish Independent*, 13 November 1974; see also Chapter 23.

Charitable donations

25.22 The Annual Reports show that the Flatlets received charitable donations and contributions by way of voluntary work. In 1972, the year of its opening, it is recorded that gifts were received of bedding, furniture, electric cookers, kitchen equipment and furnishings. Other examples reported in the Annual Reports include:

- In 1975, the Mothers' Union of the Diocese included No 16 in their centenary project and raised €900 which was spent on a laundry, curtains and carpet. The North Strand Church provided Christmas hampers for each resident family.
- In 1976, there were gifts of additional furniture and a spin-dryer
- In 1990, a new shed, washing machine, freezer and night light at the back of the house were gifted; the living room was given a 'face lift' with new curtains and paint colour and the roof was insulated.

25.23 In 1984, the Annual Report noted that No 16 and the nursery day centre had to receive a healthy injection of funding from No 5 to survive. The rent was increased in July in an effort to make No 16 self-financing:

> The increased rent this entails poses a problem for some of the people we feel can benefit most from what we have to offer. Mothers not working can avail of Supplementary Benefits to help pay both rent and fuel bills, but full time students, who cannot count on help from parents, are not at present entitled to any benefit other than the unmarried mother's allowance. - a strange anomaly when one realizes that, hopefully, these families would only need State Benefits for a limited period.

25.24 In April 1992, No 16 was sold at auction for £192,000.

Governance

25.25 Miss Carr's Flatlets was a purely private institution which was not subject to any State inspection. Miss Carr's Children's Home had a general committee and it agreed that a specially appointed committee of management would be established to deal with all matters relating specifically to the Flatlets. This was initially appointed by the general committee but later was able to appoint its own members who were then ratified by the general committee. Financial matters and staff appointments were dealt with jointly.

25.26 A case committee was also established with people experienced in this work. Two members of the case committee were also on the Flatlets Committee for liaison purposes. The case committee was completely responsible for the choice of residents, within the principles laid down by the general committee:

- The sole criterion for admission should be 'need'
- Not more than three units of accommodation were to be used for families with older children

25.27 The case committee was also required to review the tenancies[5] regularly, together with the resident and her social worker or other interested body, so that the future could be thought about.

25.28 For administrative purposes the day nursery and the Flatlets were incorporated into a company called Miss Carr's Housing Association Limited in July 1992.

Living conditions

25.29 No 16 was a large Edwardian house in a residential area which, as already stated, was divided into nine flatlets. Each flatlet housed one mother and her child(ren). There was no indication from the outside that the house was used for accommodating mothers and children. Its location was convenient to shops and places of employment.

25.30 In 1973, Miss Eccles visited a number of similar establishments in England; she described the basic structure of No 16 as being in line with the 'more forward thinking English units'.

Nature of the service

25.31 The residents of Miss Carr's had sheltered housing at a reduced rent in what appears to have been a supportive environment. The intention was to enable mothers and their children to move on to independent living. The average stay was around one year with the aim of making the family self-sufficient.

25.32 The aims of Miss Carr's Flatlets were:

[5] The terms 'tenant' and 'tenancies' are used frequently in the various records but it seems that there was not a standard landlord and tenant relationship; it was more akin to a licence arrangement.

- to supply temporary accommodation for one parent families in need (applications to be made through social agencies or voluntary body).
- to allow a family to work through a particularly traumatic experience with the help of a social worker.
- to enable a mother to establish a work pattern suited to herself and her child, actively seeking training if appropriate.
- to give a mother time to assess what mothering is all about and either to accept this role or the fact that adoption may be the most loving thing she can do for her child: 'A terribly difficult choice and one that, in the child's best interest cannot be kept on the long finger'.

25.33 It was accepted that long stay accommodation in No 16 was not in the best interest of a family. Ideally, by the time a family moved on, the mother would know how to manage a home, to budget and to cope with household problems and if necessary have acquired sufficient furniture. It was envisaged that mothers would stay for between six and 18 months and then move into private or public accommodation.

25.34 The 1972 Annual Report outlined the options facing unmarried mothers

> As regard the question of returning to work, in the interest of both the mother and the child this must vary with the individual. It may be that a young mother on finding herself coping single-handed with a baby, and observing the problems facing mothers with older children, may realise that adoption may be the most loving thing she can plan for her child's future. We hope that we can help her to feel that an irrevocable step like this can be as much, if not more of a sacrifice than keeping her child with her.
>
> Conversely, if a mother decides to keep her child we hope to be able to find a family who will give her the supportive help so necessary, especially when she leaves our more sheltered surroundings… we have to work on the proper balance between demanding more of these families than they are ready to cope with, and cushioning them too much so that they may not be able to survive in ordinary society later on. On the one hand we must be realistic, and yet the problem of coping with a minute amount of money could well deter a mother who would in other ways be ideally suited to care for her child. One does not want her to think of marriage just as a meal ticket for the two of them, but we would rather like her to feel able to cope independently and

then, if marriage comes later, there will be a greater chance of happiness for all concerned.

25.35 As already stated, a nursery was operated initially in No 16 and from 1977 onwards in nearby Wesley House. This gave mothers access to child care which enabled them to go back to work or study. Mothers who stayed in the area could continue to avail of the nursery after they had moved out of the Flatlets.

25.36 In April 1980 a part-time social worker was appointed.

25.37 The minutes of the meetings of the house committee show that the committee was mainly concerned with practical aspects of repairs and maintenance and acquiring equipment. In the early years, there are numerous references to painting and decorating, installation of heating, problems with the water supply, general maintenance and repairs and trying to get a telephone connection. As is described above, sometimes voluntary workers were used to carry out works.

25.38 The minutes give an indication of the issues which arose specifically for the Flatlets. For example, in 1972, the case committee had to consider whether or not a child with an infectious disease could be allowed return.

25.39 In 1973, the residents request to run a coffee evening was granted. The house must have had more than one TV as the committee considered whether or not they needed another TV licence. It was noted that Home Assistance was providing the rent for one mother.

25.40 The Annual Report for 1976 notes that the Flatlets were now 'a much more accepted part of the community'. A coffee evening organised by the residents was supported by the local residents association.

25.41 In 1987 the case committee considered the visiting rights of a father with a history of psychiatric illness. It was agreed that he could visit once a week at a mutually agreeable time.

25.42 In 1988, there was a resident who had a drug problem and there was concern that she might have been peddling drugs. This person left soon afterwards. The

washing machine was giving trouble and it was suggested that they get a commercial machine. However, the hire company would accept only a householder as guarantor and not Miss Carr's!

25.43 In 1989, the case committee noted that there had been few suitable applicants recently and a review of the aims might be needed. It was noted that there were problems with one resident who had been followed by a 'criminal element' whom she had known. Items had been stolen from the house.

25.44 The case committee considered how long they should keep a room for a resident who had been in hospital with psychiatric problems for eight weeks. It was felt that, as no applicants were waiting, the room should be held for the time being. Another recently arrived resident was a serious problem because she had a very low IQ and was not coping at all. It was agreed that they could not offer this girl the supervision and training in baby care that she would need if she was ever to cope independently. They decided to look into alternative placement. In 1990, the case committee reported that the resident who had been in the psychiatric hospital had gone home and the resident with the low IQ had gone to Denny House. In June 1990, it is recorded that all the residents were working and there was one vacant room.

25.45 The move to No 5 was being planned in 1991. There were concerns about the co-existence of the two different services and the effect of noise from the children's time out room on the Flatlets. The move took place in June 1992. It was agreed to draw up a new tenancy agreement to be used from the time of the move. This was to cover the eventuality of someone refusing to move out. The 1992 Annual Report noted:

> The house is beautifully decorated, it is bright, cheerful and spacious…we no longer have the headache of broken cookers or fridges. The laundry is also within the house, this is a major improvement on our previous facilities.

25.46 In 1992, there was an information evening on family planning and sexually transmitted diseases held in the house.

25.47 In 1993 and 1994, the Annual Reports note that the residence at No 5 was now well established. The difficulties facing new residents were described:

The first month is usually the hardest, as it involves endless visits to Social Welfare, in order to arrange for payments and rent allowance. In all it takes at least 6 weeks before a young mother will get her full allowance. This can be a trying time, as a shortage of cash, on top of a major move with a baby can be somewhat overwhelming for a young girl.

Holidays

25.48 Miss Dwyer told the Commission that Miss Eccles had a holiday home in the west of Ireland and she sometimes brought mothers and babies there. From 1977 to 1983 Miss Carr's had the use of a holiday home in Rush and there were annual holidays for the mothers and children. The 1978 Report refers to one carload of parents commuting to work each day from Rush. From 1983 onwards there were still annual holidays at mobile homes and caravans.

Mothers

25.49 The admission records have entries for a total of 111 mothers between October 1972 and March 1987. The Annual Reports provide figures for the number of families who were in the Flatlets in the years in question but do not provide information on how many new families entered. Based on the pattern from 1972 to 1987, it is likely that there was an average of six to eight new entrants each year. The following analysis is based on the 111 mothers for whom admission records are available.

25.50 The individual age of the mother is not recorded but their age group is entered as 1, 2, 3 or 4. It has not been possible to establish what exactly the age ranges were but it appears from the evidence of Miss Dwyer that 1 was the youngest age group. There were 46 mothers in age group 1; 45 in age group 2; 19 in age group 3 and one in age group 4.[6]

Entry Pathways

25.51 The admission records include a heading 'Referred by'. Sometimes more than one referral agency is recorded. The main referral agencies for the 111 mothers were as follows: Cherish (17); Denny House (13); EHB (13); Dr Barnardos's (ten); Church of Ireland Social Services (nine) the Coombe (nine); CPRSI (six); Protestant Adoption Society (four) Mid-Western Health Board (three).

[6] It seems likely, but is not established, that No 1 were aged under 20, no 2 aged between 20 and 30 and so on.

25.52 Other referral agencies include organisations for unmarried mothers, social workers and doctors. Sometimes more than one referral agency is named.

Circumstances and Arrangements for Entry

25.53 The 'Reasons for Referral' are recorded for each entry and the majority of entries are some variant on the following reasons:

- supporting the mother to cope alone;
- giving the mother space to make decisions and plan future;
- enabling the mother to establish work patterns, continue education or training;
- use of the nursery to facilitate work, education or training.

25.54 The following are some examples of the entries:

- To enable mother and child to live together while making decision re keeping him or otherwise. Also to have time to stabilise job prospects
- Time to care for baby alone - to develop self-confidence - to establish work pattern, & plan the future.
- To allow mother opportunity to complete course in U.C.D. and to establish relations at home.
- Needing time to care for her baby/develop skills/make decisions for future

25.55 There are four entries classifying the mother as homeless prior to her arrival. Occasionally there are unusual entries, for example,

- Broken marriage. Temporary emergency to allow Social Worker to assess and make future plans.
- Accommodation urgently needed when mother decided against adoption
- Baby considered to be in physical danger at home.
- Mother needed time to recover from shock of [baby's] father's death, before planning future.
- Mother deaf, needing support from other mothers, and opportunity to train through N.R.B.[7]

[7] NRB was the National Rehabilitation Board which provided training for people with disabilities. Its training functions were transferred to FÁS in 2000.

Length of Stay

25.56 The average length of stay for mothers was approximately 428 days or 1.17 years.[8]

Exit Pathways

25.57 The entries record the 'Accommodation Found' for each mother on leaving Miss Carr's Flatlets. About half (55) found private accommodation; 36 got public housing; 12 went home; one emigrated; one went to a hostel; one went to Denny House and the exit pathway is not specified in five cases.

25.58 Many entries contain further details such as the address of subsequent accommodation, whether the mother was sharing and with whom. There are a few notes documenting financial assistance from families and one mother is recorded as having purchased her own home. There are two entries relating to foreign mothers, who returned home; one to an African country and one to a European country.

25.59 The Annual Report for 1974 reports on a happily re-settled family:

> mother in a good steady job, and with more than ample baby minding services. Fears of 'what the neighbours might think' proved unnecessary. Undoubtedly the fact that the mother had proved herself to be loving and unselfish, very well able to cope on her own…has contributed largely to this happy state of affairs.

Difficulties in finding alternative accommodation

25.60 The difficulty of finding alternative accommodation for the mothers and children is a constant theme of the Annual Reports. The 1976 Annual Report noted that there were again difficulties in finding suitable accommodation; only one family was given public housing during the year. 'In private accommodation it would appear that children were welcomed in accordance with the height of the rent charged'.

25.61 The Annual Report for 1975 noted that the No 16 committee was actively involved with the relevant authorities in efforts to find alternative accommodation. A friend 'let' a house to Miss Carr's to sub-let to one-parent families on a temporary basis and two families were housed there.

[8] The 1st of the month was used in those cases where the month only was recorded. The average is based on 109 entries as there were no dates recorded for the other two.

25.62 The 1977 Annual Report noted that housing remained a problem: 'Little by little it is becoming easier in the public housing sector but high rents in the private sector means shared accommodation is the only option.'

25.63 The availability of public housing improved in the 1980s but then declined about 1987/88. The 1990 Annual Report records that it was nearly two years since a resident from No 16 was housed by Dublin Corporation. The problem was intensified for a young mother as the majority of landlords would not accept young children. The demand for places in Miss Carr's was increasing.

25.64 A staff member from the Flatlets visited former residents when they moved into other accommodation. 'On Wednesday morning [a staff member] dispenses 'coffee and comforts' to former tenants who may be feeling lonely in their new surroundings'.

Training/Job

25.65 There is a heading entitled 'Training/Job' for each entry. There is no information under this heading in 24 cases; 61 were recorded as working with the majority in secretarial or domestic work. There was a wide variety of other occupations recorded, for example, laboratory technician, teacher, actress. There were 22 women on training courses including secretarial courses, university courses, teaching qualifications and AnCo courses. There were a few women engaged in very unusual work or training. The Commission has decided not to mention these as it might serve to identify the women.

Use of Nursery

25.66 The records have a field for each entry entitled 'Use of Nursery'. Many mothers working, looking for work or studying availed of the nursery facilities; 53 were regular users and 20 used it on an occasional basis; only ten are recorded as not having used the nursery and there is no entry for the remaining 28 mothers.

Mortality

25.67 There are no records of any maternal deaths.

Possible discrimination

25.68 As already stated, the Flatlets were intended to be non-denominational from the start and the only criterion for entry was need. The records make no reference to the religion of the mothers with the exception of one mother who is recorded as giving up work to study a particular religion. Miss Carr's childrens home had originally been a Protestant institution but by the 1970s it was admitting Catholics and Protestant children were soon in the minority. Twenty two of the 111 women whose records are available were referred by either Church of Ireland Social Services or Denny House. However, mothers were also referred by CPRSI and the Eastern Health Board. It is unclear from the records to what extent, if any, Miss Carr's (Flatlets) discriminated in favour of Church of Ireland applicants.

25.69 Two mothers are recorded as being deaf and one as 'handicapped'. There is no evidence of any discrimination on the grounds of disability.

Children

25.70 There were a total of 120 children in the institution during the period covered by the admissions register; 103 mothers had one child; 7 mothers had 2 children and one mother had 3 children. The age of the children on entry ranged from six days to nine years. The approximate average age of a child on entry was 316 days. If the eight families with multiple children are excluded this average drops to 231 days. All values relating to the children's ages are approximate as the entries for the children's dates of birth are incomplete and 01 has been entered where the day or month field is missing.

25.71 Three of the entries record a child's date of birth as after the commencement of the mother's residence. In two of these cases, the mother had one child on entering and the second child appears to have been born subsequently. The remaining entry records the baby's date of birth as approximately 8½ months after the mother entered and the mother had no other children in Miss Carr's.

Exit Pathways

25.72 The majority of children appear to have remained with their mother on leaving Miss Carr's flatlets. A small number went to grandparents, ten went into care and only one is recorded as being adopted. It is not explicitly stated in the records that the mother and child remained together on leaving. However, the entries under

'Subsequent Accommodation' specifically mention the child only in situations where the child did not remain with the mother. The implication appears to be that in all other cases the mother and child remained together after leaving. This conclusion is also supported by the Annual Reports.

25.73 The 1988 Annual Report notes: 'One mother decided that adoption would be the most loving option for her child, and perhaps you would remember this family especially in your prayers as despite other difficulties this mother had been devoted to her babies.' There is no further detail in the report and no discussion of the practice and procedures regarding consent or placement of children. The 1979 Annual Report states that one child returned home to live with his grandparents. The mother is not mentioned and it is unclear whether he remained in her care or was sent on his own.

Entry of children when their mother was not also resident

25.74 There are no records of any children being resident in Miss Carr's (Flatlets) when their mother was not also resident.

Mortality

25.75 There are three infant deaths recorded; these all occurred within an 18 month period between September 1979 and February 1981. The first infant death recorded is a cot death. There is no entry for the day or month of birth but Miss Carr's Annual Reports state that the baby was 3½ months old at the time of death. There is an entry under the heading 'Social Work Support' indicating that the social work support was very good. The mother appears to have stayed on for three months after her child's death before finding accommodation in the private sector.

25.76 A second cot-death is also recorded. The baby was 62 days old at the date of death. The records note that the social work support was good and the mother availed of the No. 16 social worker. After her baby's death the mother moved to rented accommodation in the private sector.

25.77 A third baby died from viral pneumonia. The mother went to live with friends after the baby's death. The records state that she availed of the No.16 social worker.

Chapter 26: The Castle

Introduction

26.1 The Castle, Newtowncunningham, Co Donegal opened in 1982 and closed in 2006. It was not a traditional mother and baby home. It was a supported hostel for women and their children which aimed to give time to the women to make decisions about their futures and that of their babies. Between 1997 and 2000, the Castle building was not used as a mother and baby hostel but as a children's home and for access visits by fostered children to their mothers (a Young Person's Residential Unit). During this time, the mother and baby hostel was in a house in Letterkenny but moved back to the Castle in 2000.

Sources

Institutional records

26.2 At the time of the establishment of this Commission the records of the Castle were held by St Mura's Adoption Society, Pastoral Centre, Letterkenny. The Commission collected the records from St Mura's in August 2015, photocopied them and returned the originals to St Mura's. In 2018, St Mura's handed over the originals to the Child and Family Agency (TUSLA). The main records are as follows:

- **Admission records**: The admission records contain various details about the residents including when they arrived and when they left but generally do not systematically include the date of birth or age of the mothers. The places and dates of birth of the babies are generally recorded. The exit pathways of the mothers and the babies are recorded in some cases.
- **The Castle Diaries**: From 18 June 1984, detailed diaries were kept recording what happened each day. The entries were handwritten by the staff. They provide a comprehensive account of the day to day activities in the Castle including routine housekeeping issues and problems with maintenance. They reveal a great deal about the personalities and circumstances of the women (including their ages in some cases), the attitudes of the staff and the role of the social workers and other health board staff.

  Between the admission records and the Castle Diaries, it is possible to get a quite detailed picture of the women's lives, whether they were school going or had a job; their family relationships, for example, whether the

woman's parents were aware of the pregnancy, whether they were supportive; and relationships with the fathers of the children. The Commission interviewed one of the longest serving staff members of the Castle. She worked there from 1986 and was regarded as a 'house mother'.

- **Financial records**: There is some limited financial information for the period January 1997 - October 1990 including some information about the payments which the women made towards their stay. The major financial input came from the North Western Health Board whose records are not available.
- **Work records**: These mainly consist of rotas and lists of staff; the records are for the period July 1984 - December 2000.

Other records

26.3 The North Western Health Board (NWHB) was the principal financial backer of the Castle and was very closely involved with its running. It employed the staff who worked there. Other staff including social workers and community welfare officers as well as maintenance staff were frequent visitors. The HSE (the successor to the NWHB) has been unable to provide the Commission with any records of this involvement. A former senior social worker with the NWHB gave evidence to the Commission about her involvement with the Castle during the 1980s.

26.4 The Department of Health does not seem to have had any involvement.

Background

26.5 A document compiled by the management committee of the Castle in 1993 states that, following discussions between the North Western Health Board (NWHB)[1] and the Derry Diocesan Child Welfare Society about the need for a hostel service for unmarried mothers and their babies in the north-west area, the NWHB bought the Castle in 1978 for £48,000. The total cost after fees and repairs was expected to be £65,000. The Catholic dioceses of Raphoe and Derry each contributed £10,000 to the capital cost. A management committee was established to run the hostel. It had representatives from each diocese and three NWHB representatives - the Director of Community Care (who was the chair), the Senior Social Worker and the Superintendent Public Health Nurse.

[1] The North Western Health Board covered the counties of Donegal, Leitrim and Sligo.

26.6 According to this document, the project ran into a number of difficulties. Extensive repairs to the roof and additional changes to the interior cost a further £15,000 and delayed the opening. It had been hoped that there would be a formal agreement between the NWHB and the Western Health and Social Services Board (Northern Ireland) about admissions to the Castle from Northern Ireland but the Northern Ireland board could not formally co-operate with this. There were then difficulties in recruiting a suitable person to run the hostel. The position of hostel supervisor was advertised in July 1979.[2] This stated that the NWHB was shortly going to open a hostel for unmarried mothers to cater for a maximum of ten mothers and their babies. The successful candidate was required to be a qualified nurse and midwife. 'The successful applicant will be a good organiser and administrator with the ability to foster and maintain a homely atmosphere in the Hostel. She would be required to work a 40 hour, five day week but 'will deal with important or urgent matters occurring outside these house as necessary'. The salary range was £3,660 to £4,623 with a self-contained flat provided free of charge. The Commission does not know what the recruitment difficulties were but, in December 1981, it was decided to appoint a housekeeper rather than a midwife. The Castle officially opened on 7 December 1982 and the first resident arrived that day.

26.7 The NWHB *Annual Report 1982* recorded that 'an important additional resource in 1982 was the opening of the Mother and Baby Hostel in the Castle, Newtowncunningham for pregnant women who are unable to stay at home for the duration of their pregnancy'. It went on to say that 'Referral to the Castle involves follow-up support and services by the social work department to a greater degree than has been possible in the past when mothers were referred to homes and places as far away as Dunboyne and Dublin'. This suggests that the NWHB intended it to be mainly for women from its area but, in practice, many of the residents came from other parts of the country.

Governance

26.8 As already stated, the hostel was run by a management committee which had representatives from the NWHB and the dioceses of Raphoe and Derry. The management committee met once a month in the Castle. The Commission has not seen any minutes of these meetings but there are a number of references to them and decisions made at them in the Castle diaries. In practice, it seems that overall

[2] *Sunday Independent*, 22 July 1979.

policy was set by this committee and the day to day management was largely in the hands of the NWHB. The house mother who was interviewed by the Commission said that there was a 'heavy input' from the social work department in the diocese of Derry as well as from the senior social worker in the NWHB. She said that a priest from Derry attended the monthly meetings as did the local curate from Newtowncunningham (which is in the Raphoe diocese).

26.9 The NWHB senior social worker who gave evidence to the Commission, and who was herself on the management committee, said that there were social workers from the dioceses and from CURA on the committee. She said that interviews for Castle staff were conducted by interview panels with representatives from the health board and the dioceses. She said that there were some disagreements between the health board approach and that of the diocesan representatives. She said that 'there was an assumption that whatever the church wanted ruled'. She said that the NWHB had plans to 'arrange courses in health education and nutrition and women's health and things like this, and immediately alarm bells rang'. She was told, in no uncertain terms, that talking about women's health would be cutting across or going against Catholic teaching. The health board made it clear that it intended to provide this for the women it referred.

The women

26.10 Between 1982 and 1998 (the years covered by the Commission's remit), a total of 325 women entered the Castle. Seven of these are recorded as not being pregnant.[3] They were accompanied on entry by 64 children. (In the period 1999-2006, a further 70 women entered the Castle; they were accompanied by 30 children.) The vast majority were referred by either a health board or CURA; small numbers were referred by adoption societies and voluntary agencies.

26.11 There was a general policy of not accepting women until they were at least six months pregnant but exceptions were made for particular circumstances. There was also a general policy that women could remain for six weeks after the birth even if the baby was not with them. Women rarely stayed that long but, again, this policy was not rigidly applied and a few women were allowed stay longer because of their particular circumstances. In one case, the mother stayed for longer because her baby was in Letterkenny hospital.

[3] They were mainly young girls whose foster arrangements had broken down.

26.12 The records of admissions start in December 1982; six women entered in that month. All were referred by CURA. One baby was born in 1982 and the other five births took place in 1983.

26.13 The NWHB *Annual Report 1983* noted that there were 28 women in the home in 1983. The institutional records show that 23 women entered in 1983; the other five were presumably there from 1982. Eight of the 28 were from Co Donegal, 13 from Northern Ireland and seven from other counties. The report noted that 15 mothers kept their child; 11 were placed for adoption and two babies died. The average length of stay was 72 days.

26.14 At any one time, there were only a small number of women resident, for example, in June 1984, there were four women and one child present and two women in hospital. In 1997, a total of six women entered the Castle; this may reflect the move to a smaller premises.

26.15 Because women tended to stay for a while and then leave but return, it is difficult to be accurate about the length of stay. The average length of stay before the birth for those women who stayed until the birth was 62 days. The average length of stay after the birth was 27 days.

26.16 The women who were in the Castle were quite a diverse group. They came from many different parts of Ireland and a number came from Northern Ireland. There were a number of professionally qualified women. There was at least one third level student who travelled to her course in Derry from the Castle. Some of the younger women went to school from the Castle and a teacher came in to one woman. There were a few women from a Traveller background and, in the later years, some immigrant women (a few may have been illegal immigrants). There were women with intellectual disabilities (generally mild) and some with serious mental health, addiction, social deprivation or related issues. Some had seriously deficient parenting skills and this caused the staff a great deal of concern. It appears that, particularly in the late 1990s/2000s, the placement of a woman with her baby in the Castle served as an alternative to social workers seeking a care order through the courts. From the 1990s onwards various supports and services were offered to the women in the Castle such as counselling and parenting courses and behavioural therapy.

26.17 The Castle diaries provide some insight into the personalities of the women. Some were meek, somewhat bewildered by their situation and probably frightened while others were feisty, outspoken and well able to stand up for themselves. Not surprisingly, there is considerable evidence of emotional upset, sometimes following a meeting or phone call with family members, and particularly when leaving the children with foster parents or in the orphanage and when wrestling with the decision on adoption.

The children

Older children

26.18 Pregnant women were allowed bring any older children with them to the Castle. In total, 64 such children were resident there over the period covered by this report. The children of school going age were brought to school by taxi which was paid for by the NWHB. In general, these children did not stay in the Castle while their mothers were in hospital; other arrangements were made such as placing them in St Mura's, Fahan or with a foster family. They returned to the Castle when their mother did.

26.19 Where women had other children who were not staying with them, these children were brought to visit (they are not recorded among the resident children).

Babies

26.20 The babies were born in maternity hospitals - mainly Letterkenny Hospital and Altnagelvin Hospital, Derry. The NWHB social worker who gave evidence to the Commission said that all women who were referred by the health board gave birth in Letterkenny while a number of women referred by CURA gave birth in Altnagelvin. It appears that the question of using Altnagelvin was somewhat contentious. In 1993, the issue of using Altnagelvin was discussed by the management committee; the staff member recorded 'it's still only to be exceptional cases due to the politics (religion) of the high up people on the board'. It is not known what exactly constituted an exceptional case but it is possible that the different rules about adoption in Northern Ireland may have been a factor; in particular, the situation of extra-marital children was easier to deal with in Northern Ireland.

26.21 Five babies died in the period 1984-1998; two died in 1983, one in 1984, one in 1988 and one in 1989. All died soon after birth in the hospitals in which they were born. The diaries record that the staff were upset by the deaths and they helped with funeral arrangements if the mothers were not getting family assistance.

26.22 The newly born infants sometimes came to the Castle with their mothers but some went straight from the hospital to foster parents or to St Mura's Orphanage in Fahan.[4] The NWHB made arrangements for the women whom they had referred while the CURA social workers made the arrangements for the women they referred. If the women had decided to place the baby for adoption, the NWHB arranged for the baby to be placed with foster parents while CURA arranged that the baby went to St Mura's. The women visited the babies in their foster homes; they were encouraged and facilitated by the Castle staff to do this. Sometimes the foster parents brought the child to the Castle to visit the mother.

26.23 The NWHB social worker told the Commission that the health board had no difficulty in finding suitable foster parents. The diaries provide evidence of dedicated, selfless foster parents who took babies for short periods while adoptions were being arranged or while the mothers were still considering their options.

26.24 The length of stay of the babies who went to the Castle was quite short - generally not more than two to four weeks. In some cases, the babies were placed in foster care while the mother stayed in the Castle even if she had not yet made a decision on adoption. The records usually show that decisions were made to keep the baby or to place for adoption but it is not always clear what the final outcome was. There is evidence of a number of women changing their minds more than once on keeping the child or placing the child for adoption - see below.

Day to day life in the Castle

26.25 The Castle records include the work records for the staff during the period 23 July 1984 - 24 December 2000. The staff were local women who, in the Commission's view, showed a great deal of empathy and, possibly more importantly, common sense. In general, a staff member was present during the day but not necessarily

[4] Connections between Fahan and children's homes in Northern Ireland are mentioned in the Report of the Northern Ireland Historical Institutional Abuse Inquiry:
https://www.hiainquiry.org/sites/hiainquiry/files/media-files/Chapter%201%20-%20Introduction.pdf

for the whole day and there were occasional days when there were no staff present. Again, in general, the staff did not stay overnight but a staff member sometimes stayed overnight if she thought her presence might be required or if there was a concern about a particular resident.

26.26 As already stated, the Castle Diaries provide a very good insight into daily life. They record the normal problems of everyday life - delays in getting maintenance done, problems with the heating system or the washing machines; there were persistent problems with leaks and with getting maintenance men to come when they had said they would. These details are interspersed with references to possible child abuse; potential self-harm; psychiatric health issues; drink problems; and manipulative boyfriends and families.

26.27 The diaries describe in some detail what each resident did or felt - for example, got up late, stayed out late, was very quiet, was depressed, got phone calls (sometimes the phone calls caused distress); was visited by boyfriend, by parent(s), friends; went out with boyfriends/friends; had a few drinks.

26.28 The NWHB senior social worker told the Commission that the objective of the Castle was to provide a space for women with unplanned pregnancies who did not want to stay at home and who needed to think about the future. She said that 'It was the automatic assumption in other homes that the baby would be put up for adoption'. The plan was to have communal eating and living areas; the women would work together in cooking meals and planning menus. It would not be institutional; the bedrooms were big enough to accommodate a mother and more than one child.

26.29 While the women were expected to look after themselves and their children, it seems that, in practice, they got a great deal of help from the staff especially if a staff member thought that the mother was not properly caring for the child. The women kept their own rooms clean and took turns to deal with the communal areas, light the fire and carry out normal household activities. Sometimes they had to be reminded by the staff to do these things. Some cooked just for themselves, others cooked for all the residents; the diaries suggest that many bought ready cooked food or made use of a local fast food outlet.

Family attitudes

26.30 It appears that the majority of families were aware of the pregnancy and of the women's presence in the Castle. However, there are examples where the family thought that the woman had gone abroad.

26.31 There are a number of examples of women visiting with their parents to see what the Castle was like before deciding to go there. Some families were supportive and visited frequently. Where relationships were reasonably good, there was considerable contact between the women and their families and with the fathers of their children. All were able to visit freely. The women often went on outings with their families or the fathers of their children. Some women went home for evenings and weekends or went out with their boyfriends (sometimes staying away overnight) and then returned to the Castle. Occasionally a friend stayed the night in the Castle.

26.32 Some of the women did return to their family homes with their babies but these arrangements did not always prove successful. Other families, while supportive to a degree, were very conscious of keeping secrecy; there are examples of parents warning their daughters not to go outside the Castle in case they would be recognised.

26.33 Some women were completely shunned by their families. In 1986, a woman's brother phoned to tell her not to dare to come back with the baby and to give it up for adoption; it seems he had told their mother that she had had a baby but it had died. Other parents made it clear that the woman was not to return home. As late as 2002, a mother is recorded as telling her daughter that 'no man will want her now'. An 18-year-old was put out of her home by her mother when she became pregnant in 2005.

26.34 Some of the fathers of the children were supportive and visited the Castle. In one case, the father of the child wanted the woman to stay in the Castle for longer as he could get to see her more often without his wife being suspicious!

Payments by the residents

26.35 The records show that in the period January 1987 - October 1990 women were expected to pay £24 a week for themselves, £5 a week for a baby and £7 for an older child. It is not clear if these payments were always made; there is some

evidence that lesser amounts were paid and that payments were made on behalf of some women by the organisations that referred them to the Castle. The social worker who gave evidence to the Commission said she understood the women paid about £16 or £17 a week for their stay.

26.36 Almost all of the women would have had an income. A small number were working while staying at the Castle. They travelled by bus to Letterkenny or Derry for work. Some were entitled to Maternity Benefit. A small number were on maternity leave from work where full payment was made by their employer (for example, public servants). Those who already had children were most likely receiving the Unmarried Mother's Allowance (and monthly Child Benefit) and those who had no other source of income were receiving weekly Supplementary Welfare Allowance. In January 1987, the rate of Unmarried Mother's Allowance (UMA) was £44.90 a week with £11.25 for the first child and £12.35 for subsequent children. The rate of weekly Supplementary Welfare Allowance (SWA) was £33.50 (plus extra amounts for children but, once the child was born, the woman would have gone onto UMA). In 1990, the UMA rate was £53 a week with £13.50 for each child. The SWA weekly rate was £45.

26.37 Women from Northern Ireland received social welfare payments from there, sometimes by post. Some travelled to the Northern Ireland Department of Health and Social Services (DHSS) to collect allowances/benefits. There is some evidence of payment being claimed from both jurisdictions - a woman who was receiving SWA was also signing on for the dole in Derry.

26.38 The payments by the women were given to the staff on Friday and the staff bought the food and other requirements for the house. Maintenance costs and utilities were paid directly by the NWHB. The house mother understood that the diocese of Derry reimbursed the health board for some of the costs involved.

Concern about privacy

26.39 Although many of the women moved around freely and did not seem to be concerned about being recognised, others were concerned. One woman stayed in her room all day because she recognised a workman who was carrying out maintenance and was afraid he would see her.

26.40 A staff member was concerned about the Census forms in 1986. She was advised (she phoned a named person, probably in the local authority) that if there were any problem to put the names down as Ms A, B, C etc.

Medical care

26.41 It is clear from the diary entries that standard medical care was provided. The women were taken to doctors or the hospital for regular ante-natal care. Nurses called to the Castle to take blood pressures. Local doctors and doctors in Letterkenny hospital spoke to the women about contraception. Women were brought to doctors and the hospital for post-natal visits. The children were brought for vaccinations. Doctors were called when required.

Interaction between women and staff

26.42 The diaries show that the staff were very sympathetic towards the women and probably did more for them than was envisaged when the hostel was established. They recorded how the women were feeling, noted any pains or sicknesses during the pregnancy and called for a doctor when they considered this necessary. They were very attentive to the needs of the women, particularly as they approached their due date. On one occasion a staff member talked to an upset resident until 3 am. Constant supervision was provided for a mother with an intellectual disability. Staff stayed overnight because of a concern that a mother was abusing her child. A woman who alleged that she had been raped was taken to a Garda station.

26.43 The staff monitored the women and ensured that they got to hospital for the birth. Taxis were used to bring women to the hospital but sometimes a staff member drove the woman. On occasions, a staff member stayed with the woman while she gave birth. They frequently visited the women when they went into hospital and/or spoke to them on the phone during this time.

26.44 They often acted as advocates with the social workers or other officials and frequently made arrangements for the women to visit their families or to get appointments with health services. On a few occasions, they express their exasperation with particular behaviours but these are rare and understandable.

26.45 The staff brought the women and children on outings, for example, to the beach. It would appear that the staff went over and above the call of duty. For example, a

staff member collected a woman and her baby from Letterkenny hospital, called to Fahan to collect her other child and drove them all home.

Interaction with NWHB staff and social workers

26.46 Social workers from the NWHB and the referring agencies visited the women in the Castle and in hospital. The community welfare officer (see Chapter 1) visited the Castle and helped the women claim their social welfare payments and other benefits. He delivered cheques to those who qualified for Supplementary Welfare Allowance (SWA). He helped them to apply for Child Benefit and, when they were leaving, he helped them with claiming Rent Supplement if they were getting rental accommodation. He also processed Exceptional Needs Payments to help the mothers with the costs of clothing for the children and sometimes with furniture for rental accommodation or local authority housing. It seems that the women got a highly personalised service and were not required to go to the health board offices as was the norm for most recipients of SWA (see Chapter 1 for information about SWA).

26.47 The staff and the health board officials helped with finding accommodation when the residents were due to leave.

Decision to keep the baby/place for adoption

26.48 There is a great deal of evidence that the women agonised over the adoption decision and a number of women changed their minds a number of times. The diaries record the upset suffered by the women when they left the baby with foster parents or to St Mura's.

26.49 It is very clear from the diary entries that the attitude of the woman's parents was a very, probably the most, significant factor in the decision about whether to keep the baby or place for adoption. There is evidence of considerable pressure being exercised by families and sometimes by the fathers of the children. The house mother who spoke to the Commission was very conscious of, and concerned about, the pressure from parents for adoption.

26.50 The availability of accommodation was another major factor. The women were helped by the social workers to find accommodation but it was always difficult to find. In a number of cases, the diaries record the woman's initial determination to

keep the baby and then her gradual realisation that she would not be able to manage without family support which was not forthcoming.

26.51 There are some quite heart-breaking examples of the very difficult dilemmas women faced. One woman wanted to keep her child but knew she could not cope with two children. The child's father would beat her up if she proposed adoption. She could not live with him because he was mentally unstable. Another woman realised she would probably not be able to look after the baby because she suffered from a chronic illness.

26.52 The women often talked to the staff about their options. It appears that the staff were very careful not to express their own views but they did sometimes express serious concern about a mother's ability to care for her child. In some cases, the mothers recognised their inability.

26.53 There is evidence of some conflict between women and their social workers when making their decisions. One woman was described as 'seething with anger' at the social worker and the doctor. There was also some conflict between women's families and the social workers.

26.54 It seems that doctors and priests also discussed adoption with the women. For example, the hospital chaplain talked to one woman about keeping her baby; she thought he was 'very one sided in his opinions'; it is not entirely clear but it seems he was encouraging her to keep the baby.

26.55 It seems to the Commission that women were given the time and space to make their decisions.

Life after the Castle

26.56 The Castle diaries provide some information on the lives of the women and children after they left the Castle as a number of the women stayed in touch with the staff. There are some examples of women leaving the Castle after giving birth and living in a flat for some time but then returning to the Castle. There are also examples of former residents coming back for visits and spending a night/weekend. The staff of the Castle continued to be concerned about the women even after they had left.

26.57 The women who moved into rented accommodation with their children and who remained in touch with the Castle staff had some difficulties with keeping their accommodation and with managing their children. Former residents frequently phoned the Castle staff for advice. Sometimes the staff contacted social workers on their behalf, for example, when a woman was evicted.

26.58 The house mother was interviewed by the Commission in 2016. At that stage, she was still getting Christmas cards and occasional phone calls from former residents.

26.59 When asked in 2002 by a child, who was entering the Castle with her mother, what kind of place it was, a staff member replied that 'it was a home for people to come for a wee break'.

Chapter 27: St Gerard's, originally 39 Mountjoy Square

Introduction

27.1 A mother and baby home was opened in 39 Mountjoy Square in Dublin's north inner city in 1920 by Miss Cruice.[1] It seems to have been called St Patrick's - this is the name used on the 1937 report of an inspection under the *Registration of Maternity Homes Act 1934* but the Commission has not found this name used on any other documents. Miss Cruice had already established St Patrick's Guild in the early 1910s. 39 Mountjoy Square was sold in 1938 and the institution transferred to St Gerard's which was a house formerly known as 'Lowville' in Herbert Avenue, Merrion in what is now Dublin 4. St Gerard's closed in 1939. It was taken over by the Irish Sisters of Charity[2] in 1943 (as was all of St Patrick's Guild) but it did not function again as a mother and baby home.

Sources

27.2 The records of St Gerard's are part of the very large records of St Patrick's Guild (SPG). These were handed over to the Child and Family Agency (TUSLA) in 2017 but are not yet fully processed. To date, it has not been possible to extract the St Gerard's files from the overall SPG files; as a result, the Commission has not had access to the St Gerard's files.

27.3 The Commission has very little information about St Gerard's. Some information has been found in Department of Health files and in published material.

27.4 A Department of Local Government and Public Health (DLGPH) note from September 1943 described the background to St Gerard's.[3] This note was drawn up in the context of the examination of the finances of St Patrick's Guild, including St Gerard's, which was being conducted by the DLGPH and the Hospitals Trust. Archbishop McQuaid had insisted on a thorough examination of its finances before allowing the Sisters of Charity to take over.

[1] The surname is frequently misspelled as Cruise.
[2] The Irish Sisters of Charity are sometimes known as the Religious Sisters of Charity. They are completely separate from the Daughters of Charity who ran Pelletstown – see Chapter 13. They were founded by Mary Aikenhead and are now involved in various activities in Ireland including healthcare (for example, St Vincent's Hospital).
[3] Department of Health file: RM/ARC/0/521022.

27.5 When the takeover was complete, an article about St Patrick's Guild was published in *The Irish Monthly*.[4] The following information comes mainly from these two sources. There are minor factual differences between the two but they are not significant. The Commission is not investigating St Patrick's Guild itself or St Patrick's Infant Hospital, Temple Hill (sometimes called Temple Hill Dietetic Hospital) but they are inextricably linked with 39 Mountjoy Square/St Gerard's.

St Patrick's Guild

27.6 St Patrick's Guild was founded in the early 1910s as an organisation for the care of destitute Catholic pregnant women and nursing mothers and their children. It first acquired a premises in 1914. According to the DLGPH, its aims were:

- to provide spiritually and temporally for destitute children by securing their admission into existing institutions, or by boarding them out in the homes of respectable families or by providing and maintaining a home or homes for these purposes or by other methods;
- to provide attendance and necessaries for women who were expectant mothers and whose circumstances called for such assistance and to provide during convalescence for the mother and child;
- to provide training of probationers in infant welfare work and in nursing.

27.7 Initially, its premises were in Middle Abbey Street.

39 Mountjoy Square

27.8 The mother and baby home at 39 Mountjoy Square was established in 1919 by St Patrick's Guild for the care of unmarried expectant women and nursing mothers and their babies. It also acted as a training school for nursery nurses.

27.9 Before this Commission was established, the Department of Children and Youth Affairs examined birth records and established that 45 babies are recorded as having been born in 39 Mountjoy Square in the years 1933-1938. There were no births recorded from 1920 to 1932. On the basis of its capacity and the recorded births in the 1930s, it seems likely that it catered for no more than 200 women and their children.

[4] Rev J J MacSheahan, *St. Patrick's Guild*, The Irish Monthly, September 1943.

27.10 39 Mountjoy Square was registered under the *Registration of Maternity Homes Act 1934* in November 1936. An inspection was carried out by a DLGPH inspector in January 1937. The registration was cancelled in July 1938. (The cancellation stated that the address was 37 Mountjoy Square and it misspelled Miss Cruice's name.)

27.11 According to the 1937 inspection report, there was accommodation for 19 patients in five wards. There were two baths and four WCs. There had been four confinements since May 1936.[5] The person in charge was a qualified nurse and midwife. There were two qualified nurses and two qualified midwives but it is not clear if this meant there were two, three or four staff. There was also a maid and a nursery maid employed. The inspector considered that it was adequately staffed. The report noted that the infants were 'kept till adoption'. This is a reference to informal 'adoption' as legal adoption did not become available until 1953.

Temple Hill

27.12 Temple Hill was opened in 1930. Children boarded out by St Patrick's Guild 'who become delicate' were transferred there, as were babies from 39 Mountjoy Square.

State involvement

27.13 St Patrick's Guild (SPG) and Temple Hill were recouped from the National Maternity and Child Welfare grant on the basis of 50% of approved expenditure in respect of children under the age of five. According to the 1943 departmental note, 'such payments have in some years amounted to £1,700'. SPG's income from parents and guardians was considerably more than its income from this grant.

27.14 39 Mountjoy Square applied to the Department of Local Government and Public Health (DLGPH) for payment from the Maternity and Child Welfare Grant in July 1933 and this payment was made from 1 January 1934.

27.15 The Hospitals Commission made payments of £5,054 in respect of deficits in the three institutions for the years 1933, 1934, 1935 and 1936. Grants of £3,284 were paid in respect of deficits arising from 39 Mountjoy Square/St Gerard's and Temple Hill in the years 1927, 1938, 1939 and 1940. The Hospitals Commission had decided that no further grants could be made to St Patrick's Guild itself as the work

[5] Department of Health file: 34/58 Vol 1

could not be described as a hospital activity. (It would appear that the Hospitals Trust was previously under the impression that the SPG premises in Abbey Street was the out-patient department of Temple Hill.)

Transfer to Merrion

27.16 In January 1937, the DLGPH was told by the Hospitals Commission that St Patrick's Guild had applied for a grant to enable it to buy a house on Merrion Road (in what is now Dublin 4) for use as a 'Children's Dietetic and Convalescent Home and Nurses Training College'. The Hospitals Trust recommended that this house be acquired by SPG for use as a maternity home for unmarried mothers on the understanding that the premises in Mountjoy Square be sold. The Hospitals Commission did not favour giving a grant for its use as a dietetic hospital as it considered that this work should be undertaken by the local authorities.

27.17 In 1938, the institution in Mountjoy Square was transferred to the Merrion Road and became known as St Gerard's. Towards the end of 1939, there was a dispute between members of the committee of St Patrick's Guild about the operation of St Gerard's. Miss Cruice decided to close it down as she considered that 'the type of cases for which this Home was intended were not coming there'.

Sisters of Charity

27.18 St Patrick's Guild (including all its three parts: St Patrick's Infant Hospital, Temple Hill; St Patrick's Guild, Abbey Street; and St Gerard's Home, Herbert Avenue, Merrion Road) was placed under the charge of the Irish Sisters of Charity in 1941 by Archbishop McQuaid. Efforts to legally transfer SPG to the Irish Sisters of Charity were hampered by the tangled state of its finances. Some of the SPG investments were held in the names of individual members and it seems that St Gerard's itself was vested in Miss Cruice. Archbishop McQuaid supported the DLGPH's attempts to have the finances examined and rectified; it is clear that the Archbishop did not have great faith in Miss Cruice: 'I have obtained nothing from Miss Cruice except flamboyant declarations of good-will' (24 July 1942).

27.19 The Hospitals Commission carried out a detailed examination of the finances of St Patrick's Guild before Archbishop McQuaid consented to its being taken over by the Irish Sisters of Charity. This showed that St Patrick's Guild had received £31,274 from the Hospitals Trust Funds; at the end of 1940, £10,302 had been spent and the rest was invested.

27.20 In 1942, options for the continued use of St Gerard's were being considered. One option was the resumption of its role as a mother and baby home. The Minister for Local Government and Public Health wrote to Archbishop McQuaid in January 1942 proposing its use as a convalescent home for children from all the city's children's hospitals. This was in the context of a shortage of beds in the children's hospitals and a very severe outbreak of gastroenteritis in Dublin. In the letter he said that St Gerard's was a 'substantial stone built house with 5½ statute acres, has accommodation for about 33 children, and is in good condition and ready for immediate occupation'. The minister and the secretary of the department called on Archbishop McQuaid in February 1942 to discuss this proposal. The archbishop supported this proposal but wanted to sort out the ownership and finances of the property. (The meeting also involved discussions about the Dublin voluntary hospitals, the training of almoners and the provision of school meals.)

27.21 St Gerard's was transferred temporarily to Dublin Corporation under an emergency powers order made by the minister in October 1942 as an 'urgent measure to provide additional bed accommodation required as a result of the serious outbreaks of Diphtheria and Gastro-enteritis in Dublin'. Archbishop McQuaid consented to this. It was used as an adjunct to Vergemount Fever Hospital.

27.22 St Patrick's Guild was transferred to the Irish Sisters of Charity on 1 May 1943. In September 1943, when the DLGPH note was compiled, St Gerard's was still being used as an adjunct to Vergemount Fever Hospital. It never reopened as a mother and baby home.

Chapter 28: Cork county home

Introduction

28.1 Cork union workhouse was built in 1840-41 on a twelve-acre site at Skahabeg North Townland, now Douglas Road. The workhouse was based on the standard design of the Poor Law Commissioners' architect, George Wilkinson, and had accommodation for 2,600 'inmates'. The main accommodation block had the master's quarters at the centre with male and female wings to each side. At the rear, a bakehouse and washhouse were connected via a central dining hall and chapel to an infirmary and 'idiots wards'. The premises were subsequently extended with the addition of a fever hospital and a school.[1] In 1870, the Cork board of guardians invited the Sisters of Mercy at St Mary's of the Isle, Sharman Crawford Street, to take charge of the workhouse hospital.[2] The Sisters of Mercy had already established a 'House of Mercy' for homeless women and orphans in the city.[3] As well as nursing the sick poor, the Sisters were also tasked with teaching workhouse children and caring for unmarried mothers and their children. The board of guardians administered the Cork union workhouse and oversaw admissions of the eligible groups including unmarried mothers and their children. Maternity services were available, and the 'Union' played a central role in the provision of institutional care of single expectant women, and unmarried mothers and their children, for over a century as the Cork union workhouse, then renamed the Cork County Home and District Hospital and subsequently named St Finbarr's Hospital.

Sources

28.2 The following are the main sources for this chapter. A full description is given in Part 5: Archives.

Combined Indoor Relief Registers, Cork County Home and District Hospital, 1921-60

28.3 The Cork City and County Archive holds a largely intact collection of Combined Indoor Relief Registers relating to the Cork Union Workhouse/Cork County Home and District Hospital/St Finbarr's Hospital for the period January 1921 to March 1960. All admissions to Cork County Home and District Hospital were recorded in

[1] Peter Higginbotham, Cork Union Workhouse. http://www.workhouses.org.uk/Cork/
[2] Sister M. Emmanuel Browne, *A tale of two hospitals: St Finbarr's Hospital-Regional Hospital,* (D&A O'Leary, Cork, 1989).
[3] Congregation of the Sisters of Mercy. http://sistersofmercy.ie/cork-city/

the Combined Indoor Registers. Medical cases, maternity cases, children admitted for boarding out, the elderly and all classes of destitute poor were recorded chronologically in the registers. Each admission was assigned a unique register number. Personal details recorded in the registers included name; date of admission; age; gender; marital status; residence prior to admission; occupation; religion; reason for admission; name of spouse; admitted by; date of discharge and number of days in the institution. The recording of patient details appears to have been strictly observed by the gate porter and administrators at the home. However, discharge dates of women who entered the institution as single expectant women were frequently left blank. This made it difficult to establish how long most single expectant women and single mothers spent in the institution. A separate section on each page recorded discharges and deaths which occurred in the institution. As no register number was recorded against those discharged, or those who died in the institution, it was not always possible to establish if those details related to women and children under the Commission's remit. Children admitted to the institution were classified by age and designated 'legitimate' or 'illegitimate'.

28.4 Registers relating to the years 1921-23 make up part of the collection of Cork Union workhouse indoor relief registers 1840-1925. This collection is on microfilm which proved to be a difficult medium for the purposes of identifying and extracting information relating to the admission of single expectant women and associated children.

28.5 The combined indoor relief registers for Cork county home and district hospital cover the years 1925-57. This collection has survived in its original form and consists of 55 ledgers. The indoor relief register relating to 1959-60 is part of a 2009 accession from St Finbarr's Hospital (formerly Cork county home).

28.6 The combined indoor relief registers are 400-page ledgers. They recorded 30 admissions on each page and approximately 12,000 admissions per ledger. The Commission examined 60 ledgers, covering the period 1921-60. Over 720,000 admissions to Cork county home, recorded in the period under review, were scrutinised. The Commission identified 13,283 admissions as maternity cases: 10,965 married women and 2,318 single women.

28.7 It was reasonably straightforward to link a new-born infant with a married woman in the registers. Other than emergency cases, married women entered the institution two to three days before the birth of a child. As a result, both mother and child appear in the registers at a short interval. As most married women admitted to Cork county home gave birth there, it was easy to make an association between married women and their infants. Married women were always recorded with the prefix 'Mrs'.

28.8 Conversely, because of the negative familial and social mores associated with single motherhood and the abandonment of familial and social support networks, most single expectant women were left with little option but to seek admission to the county home at an early stage of pregnancy. In many cases this resulted in a stay of up to six months in the institution before the birth of a child. Consequently, the admission of a single woman, and the subsequent birth of her child, may not be recorded in the same register and a trawl of two or more separate registers was often necessary to make an association between a single woman and her child.

28.9 In the earlier registers, particularly those relating to the 1920s and early 1930s, particulars of individual admissions were not comprehensively recorded and the column where the 'debility' or reason for admission should have been recorded were usually blank. Furthermore, administrators at Cork county home made no conscious effort to identify women as 'unmarried mothers' in the registers. While all women admitted to the home are recorded as being 'married' or 'single' there is little to indicate that they were maternity cases. However, all married women were recorded with the prefix 'Mrs'. In the case of single women, forename and surname were recorded. In some instances, a handwritten (and sometimes barely legible) note which reads 'Child in 12345' indicated where a woman's child was entered in the register. This facilitated efforts to link single women and their children, although this still required a search of two, or more, registers.

28.10 The registers had a section where admissions of 'illegitimate' children were recorded. A running total of 'illegitimate' children appeared at the bottom of each page. However, as this running total included older 'illegitimate' children admitted as surgical or medical cases, it could not be relied on to identify infants born to single women in the institution. Births which occurred in the institution were recorded systematically and in some detail and entries relating to new-born infants were recorded as being either 'legitimate' or 'illegitimate'. In some instances, a

handwritten entry 'Mother in 12345' may appear next to the name of a new-born infant, which assisted the task of linking a single woman and her child. In cases where the register number of the mother was not noted with a new-born, a trawl of the register index revealed a match.

28.11 This methodology successfully identified most single women who gave birth in Cork county home during the period under review. However, from the early 1930s, many expectant single women were transferred to extern institutions, most notably to Bessborough, and gave birth there. In cases where expectant single women were admitted to the county home and subsequently transferred to Bessborough, the county home registers give no indication that such admissions were in fact 'maternity cases'. However, associated historical records, such as the County Home Matrons' Journals, South Cork Board of Public Assistance Minutes, South Cork Board of Public Assistance files and the South Cork Board of Public Assistance Managers' Orders proved to be invaluable keys in unlocking further information relating to single expectant mothers not readily discernible from the county home registers alone.

Other records

28.12 Apart from the institutional registers, the Cork City and County Archive holds a substantial collection of historical documentation relating to the Cork Union Workhouse/Cork County Home/ St Finbarr's Hospital. The collection comprises over 600 individual bound volumes and relate in the main to the day to day running and staffing of the institution. The surviving records are not concerned solely with the institutional care of single expectant women, or single mothers and their children, but references to them can be identified across the disparate files which make up this collection. Files which were of most relevance to the Commission are as follows:

Cork County Home, Matrons' Journals, Jan 1927 - March 1945

28.13 The available Matrons' Journals recorded correspondence between the matron of Cork county home and the secretary of the South Cork Board of Health and Public Assistance. The journals also recorded details about the discharge of patients from Cork county home to extern institutions and hospitals, including Bessborough, along with their unique county home register number. This allowed for the identification of single women who were transferred to Bessborough before giving birth.

South Cork Board of Public Assistance Minutes, 1924-42 (28 volumes)

28.14 These files recorded details of all patients discharged from Cork county home to extern institutions including Bessborough. It was possible to locate all named women transferred to Bessborough in the years 1924-42 in the county home registers and to identify them as single expectant women. This enabled the confirmation of information relating to single women and their children already gleaned from the county home registers and revealed information relating to hitherto unidentified expectant single women transferred from the county home to Bessborough in the period 1924-42.

Cork Board of Public Assistance, Managers' Orders, 1942-69 (16 volumes)

28.15 The Cork Board of Public Assistance Managers' Orders recorded the Board's activities in minute detail. Boxes six to twelve (files 19-36) relate to the South Cork district. These records facilitated identification of single expectant women transferred between Cork county home and Bessborough in the period 1942-60. Patients transferred to extern institutions, including Bessborough, were recorded with their associated county home register number. The Managers' Orders also enabled the confirmation of information relating to single women and their children already gleaned from the county home registers and revealed information relating to hitherto unidentified expectant single women transferred from the county home to Bessborough in the period 1942-60.

South Cork Board of Public Assistance files, 1922-60 (158 boxes)

28.16 This collection contains the original admission tickets given by the matron of Cork county home to single expectant women on their transfer from Cork county home to Bessborough. The admission tickets recorded the names of the women and their dates of transfer. This facilitated their identification in the indoor registers.

28.17 These auxiliary collections facilitated the identification of 380 expectant single women who would have been difficult, if not impossible, to locate through the county home registers alone.

Records of deaths Cork County Home and Hospital 1931-40

28.18 This is the only surviving death register relating to Cork county home. It facilitated the Commission's efforts to identify infant and child deaths which occurred in the institution in the years 1931-40. This register also recorded if the South Cork Board of Assistance allotted a shroud, coffin or burial plot to deceased patients.

Conditions in the 1920s

28.19 In the period 1920-22 various changes to poor law arrangements were implemented (see Chapter 1). In Cork, Séamus Lankford of the Cork board of guardians advocated separate institutions for the various categories of 'inmates' living in the Cork workhouse. However, in 1921 the general mixed workhouse system remained as the primary form of poor relief.[4] On taking up his role as Senior Vice-Guardian in 1921, Mr Lankford reported:

> The first issue which commissioners had to deal with was the appalling dirt throughout the workhouse. The male and female infirm wards were in an indescribably filthy condition…A meal being served in the female ward was served to inmates squatting on the floor…the bakery was in a filthy condition…blankets were rat and moth-eaten and had to be destroyed…bed linen was difficult to keep clean due to an antiquated laundry system…kitchens, bathrooms and toilets were in a state of disrepair…the mortality rate among young children was very high…and a floating population of undesirables had made the workhouse their home.[5]

28.20 In 1921, the matron of the Cork workhouse made an urgent appeal to Mr Lankford to provide alternative accommodation for unmarried women and their children outside of the workhouse setting. This led to the establishment of Bessborough mother and baby home - see Chapter 18. The indoor registers of the Cork Union workhouse show that, of the 76 single mothers living in the workhouse during 1922, 11 opted to, or were eligible for, transfer to Bessborough.

28.21 In April 1924, the Cork County Scheme for the reorganisation of poor law institutions was given statutory recognition under Section 3 of the *Local Government (Temporary Provisions) Act 1923* by the *County Scheme Order, Cork No. 1, 1924*.[6] Under this scheme, all poor law unions in the city and county were grouped into three districts: North Cork, South Cork and West Cork districts. Each district was administered by a board of health or a board of public assistance. In North Cork, the workhouse at Mallow was designated as the county home and the Fermoy workhouse was designated as a county hospital.[7] In West Cork, the Clonakilty workhouse became the county home and Skibbereen became a county

[4] See, Virginia Crossman, *Poverty and the Poor Law in Ireland, 1850-1914*, (Liverpool University Press, 2013)
[5] Siobhan Lankford, *The hope and the sadness: Personal recollections of troubled times in Ireland*, (Tower Books, Cork, 1980)
[6] http://www.irishstatutebook.ie/eli/1924/sro/927/made/en/print
[7] Fermoy was subsequently sometimes described as a 'county home'.

hospital. The South Cork district had a board of public assistance which was responsible for the Cork union workhouse. This was renamed the Cork county home and district hospital. In later years it was given the name St Finbarr's.

28.22 In 1927, the Commission on the Relief of the Sick and Destitute Poor reported that Cork county home had a good maternity department with separate accommodation for married and unmarried women but stated that the classification of patients living in the institution 'leaves much to be desired'. The commission reported that 23 unmarried mothers and 55 children were living among 'lunatics, imbeciles and idiots' in the home. The commission also noted that, in March 1926, 1,020 single mothers, 1,000 'illegitimate' children and 500 'illegitimate' infants were living under 'workhouse conditions' in county homes throughout the country. The Cork county scheme did not envisage that unmarried women and their children would continue to be accommodated in Cork county home. It was to be for 'aged and infirm persons, chronic invalids, idiots and epileptics'. The attached district hospital would treat medical, surgical and maternity cases and those suffering infectious and contagious diseases. It was envisaged that single expectant women would be admitted to Cork county home to avail of maternity services only and then transfer to what the county scheme described as the 'auxiliary home' at Bessborough[8] with their babies. A report on county homes by the Department of Health in 1951 acknowledged that the county schemes made insufficient provision 'for classes such as unmarried mothers and children' and that county homes had continued to be occupied by 'a miscellaneous population for which no special provision had been made'.[9] In the period 1922-60, many single women refused to transfer to Bessborough following the birth of their baby and many more were ineligible for admission to Bessborough because they were on their second or subsequent pregnancy. In 1950, an inter-departmental committee, set up to examine the use of county homes, established that on 31 March 1950, 450 unmarried mothers and 829 children were living in county homes throughout the country.[10] Cork county home played a significant role in the provision of institutional care for single expectant women, and unmarried women with more than one child, until the early 1960s.

[8] Bessborough was not an auxiliary home in the sense that Pelletstown and Tuam were. It was not directly under the control of the board of public assistance.
[9] Department of Health, *White paper on the reconstruction of county homes and improved care of the aged and other classes at present in county homes*, (Stationery Office, Dublin, 1951), 7.
[10] Dept of Health, *White paper on the reconstruction of county homes*, 9.

The Women 1922-60

28.23 From the available records, the Commission established that, in the years 1922-60, 13,283 women were admitted to Cork county home as maternity cases. Of these, 10,965 were married women and 2,318 were unmarried women. Of the 2,318 single expectant women, 2,241 appear to be first time pregnancies; 64 were recorded as second pregnancies; ten as third pregnancies; two as fourth pregnancies and one woman was recorded as being on her fifth pregnancy.

28.24 In the period 1922-30, the number of single women who entered the home as maternity cases was twice that of married women. The number of married women availing of maternity services in the institution increased from 60 in 1930 to 1,084 in 1960. This mirrored a general trend in Cork city which saw the number of institutional maternity cases/institutional births rise from 40% in 1944 to 66% in 1954.[11] Conversely, the number of single women availing of maternity services in the institution decreased from a high of 98 in 1926 to an average of 14 in the years 1957 to 1960.

28.25 In his report for 1954, Dr J C Saunders, the medical officer of health, stated that available bed accommodation in the city's maternity hospitals 'had not kept pace with the demands made upon it'.[12] A discussion document on a suggested mother and child services scheme in Cork in the 1950s noted that, owing to the shortage of maternity beds in the city, hospital confinements were restricted to 'difficult' pregnancies and where home conditions were unsuitable for confinement.[13] Increased and sustained demand for institutional maternity care, particularly in the post-war period, may have influenced administrators at Cork county home to prioritise the admission of married women over single women. In the 1950s, the Department of Health was trying to 'raise the status' of county homes as institutions catering for the elderly and the chronic sick, so it put greater emphasis on its existing policy of removing unmarried mothers from county homes. The Congregation of the Sacred Hearts of Jesus and Mary had also agreed to admit single women on their second or subsequent pregnancy to Bessborough at this time (see Chapter 18). It appears that in the 1950s there was a concerted effort by local and central health authorities to discontinue the practice of accommodating

[11] J.C. Saunders, *County Borough of Cork: Report of the Medical Officer of Health for the year 1954*, (Cork, 1955).
[12] ibid
[13] NAI, Department of Health file: HLTH/M/33/9

unmarried mothers in county homes for periods longer than that typically associated with the provision of maternity services.

28.26 Admissions of single expectant women to Cork county home were at their highest in the years 1922-33 and peaked in 1926 when 98 women were admitted. An average of 75 single expectant women were admitted annually in this period. There is a notable decrease in admissions in 1934. This followed the opening of the maternity hospital in Bessborough and suggests that more single expectant women sought admission to Bessborough rather than Cork county home at that juncture. Admissions of single expectant women to Cork county home began to increase from 1944 and remained high until 1948. One of the reasons for this was the increase in the number of children born to single women in the war years 1939-45. The General Register Office (GRO) recorded that 1,878 children were born to single women in 1938. By 1945 this figure had increased to 2,626.[14] This increase was accompanied by increased demand for institutional care for single women and their children. The other major factor which may have influenced more single expectant women to seek admission to Cork county home in the mid-1940s was the overcrowding experienced in Bessborough, Sean Ross and Castlepollard. Admissions of single expectant women to the county home began to decrease again from 1949. This downward trend continued throughout the 1950s. In 1958 a new maternity hospital opened on site and the institution was renamed St Finbarr's Hospital. While single expectant women continued to be admitted to the institution in the 1960s and later, they availed of maternity services only and were discharged a few days after giving birth.

Age on admission

28.27 Analysis of available records shows that the age of single expectant women admitted to Cork county home ranged from 14 to 50 years: the average age on admission was 24 years. Single women aged between 18 and 29 years accounted for 81% of admissions while 5% were 17 years or younger. The remaining 14% were women aged between 30 and 50 years.

Occupations

28.28 Of the 2,318 single women admitted to Cork county home, 98% were recorded as a domestic servant, factory hand or other unskilled worker; a small number are

[14] Annual reports of the Registrar General of marriages, births and deaths in Ireland 1938-45.

recorded as a barmaid, shop assistant, nurse, millworker, typist and photographer. Thirty women (4%) stated that they were widowed and four are recoded as orphans.

Address prior to admission

28.29 Of the 2,318 single women admitted to Cork county home, over 92% gave their address prior to admission as Cork city or county. 7.5% of women were admitted from Bessborough, 2.7% from the Braemar Home for Protestant Girls and 1.5% were admitted from a Good Shepherd Convent.[15] 1.5% were of 'no fixed abode'.

Admission Pathways

28.30 Single expectant women, and unmarried women accompanied by a child, who sought admission to Cork county home were required to get an admission ticket from the South Cork Board of Public Assistance or one of its agents. Most women secured an admission ticket from local dispensary medical officers (doctors) who most probably confirmed their pregnancy. The admission ticket ensured that the South Cork board would assume responsibility for the maintenance of a woman and her child in the county home. However, it is clear that the matron frequently admitted single expectant women who presented without an admission ticket as she considered that 'to refuse them shelter in their plight would be a grave responsibility'. The matron told the board that one in four single expectant women admitted to the home were from outside the South Cork district and were asked to make a contribution to the cost of their maintenance.

28.31 Women who sought admission to the home without an admission ticket were usually from outside the South Cork public assistance district and their maintenance was the responsibility of the North and West Cork health boards or local authorities in their home counties. However, boards of health responsible for these women frequently refused to accept responsibility for their maintenance in Cork county home. The secretary of the South Cork board stated:

> That, as it is the experience of the South Cork Board in their dealings with other Boards that liability for maintenance and treatment at the Cork County Home and Hospital is repudiated on the slightest pretext or the merest technicality, the loss in all such cases has to be borne by the ratepayers of South Cork.

[15] Either an industrial school or a Magdalen laundry, most likely the latter.

28.32 The South Cork board decided that if this continued, it would terminate its agreements with other boards of health/public assistance and that the county home would be reserved exclusively for 'bona fide' residents of the South Cork district. In order to get around this, many single expectant women from outside the South Cork district, who most probably travelled to Cork for reasons of anonymity, took up temporary residence in lodging houses and hostels in Cork city and secured admission tickets with a city address. Some Cork city addresses associated with the admission of single expectant women appear in the indoor registers with some regularity.

28.33 In March 1930, the Mother Superior at Bessborough asked the board's permission to admit single expectant women directly to the mother and baby home rather than going through Cork county home. The Congregation of the Sacred Hearts of Jesus and Mary had opened a maternity ward in Bessborough at that time. The board agreed to admit women from the South Cork district directly to Bessborough on production of an admission ticket secured from the board or one of its agents, but insisted that women from other counties and the other Cork districts were to be admitted to the county home in the usual manner. When the matron of the county home queried this decision the board instructed her to transfer all 'first offenders' to Bessborough regardless of which district they were admitted from. However, most single expectant women admitted to Cork county home did not opt to transfer to Bessborough. In the period 1922-60, 340 women (one in seven) transferred from Cork county home to Bessborough. Although the overwhelming majority of women admitted to Cork county home in this period were first pregnancies, and eligible for admission to Bessborough, the majority chose not to transfer there.

28.34 When the new Bessborough maternity hospital opened in 1933, the number of single expectant women seeking admission to Cork county home decreased and the number of women admitted from outside the South Cork district became less of a concern to the board of public assistance. However, from 1939 admissions from outside the South Cork district began to increase. The matron of the county home wrote to the South Cork board with her dilemma:

> I take this opportunity of putting before the Board the difficulties with which I am confronted from time to time, in dealing with the admission of expectant mothers from outside the South Cork area. To admit them, with the probability that they may - mother and child - become a tax on this Board is a serious matter, but to refuse admission to these girls, who are often desperate

> and open to grave temptation, is a responsibility I am unwilling to take. Girls in difficulty such as this will naturally endeavour to get away from home, and unless given shelter in Homes such as this, will be forced to seek help in undesirable quarters. As shielding the girl's reputation and helping to restore her self-respect are of primary importance, these objects will not be achieved if the girl's position is exposed through making application to her own Board for cost of maintenance in Bessboro' Home or here.

28.35 The board stated that it recognised the matron's position. Although it did not direct her to refuse admission to single expectant women from outside the South Cork district, it did not agree to bear the cost of maintaining them. The board resolved to contact the secretaries of boards of health in the districts from which the women came to ask them to take responsibility for their maintenance. The South Cork board stated that it did not object to protecting women and their children for a few months but sought to obviate the prospect of assuming liability for boarding out their children for 15 years.

28.36 In 1942, a single expectant woman from North Cork was admitted to Cork county home as an emergency case. The South Cork board contacted the North Cork board which stated that it would not accept responsibility for the woman as her admission to the county home had not been recommended by the medical officer of the North Cork board. Similarly, the Limerick board of health refused to accept responsibility for the maintenance of a woman from Kilmallock as there was no agreement between the Limerick board and Cork county home under the county scheme. The secretary of the South Cork board told members that a grave responsibility rested on them in connection with these and similar cases. He stated:

> If they discharged the woman and her child, a tragedy might result or the child might fall into the hands of proselytisers, who were always on the lookout for such victims. If the Board refused such cases admission in the first instance, the expectant mother may have recourse to a variety of alternatives that may have evil social consequences.

28.37 It is clear from the surviving records that the matron of the county home regularly contacted families of single women from outside the South Cork district once they had given birth. It appears that women were much more likely to disclose details about their families and home life in the post-natal period. While the matron

successfully convinced some families to take women and their babies back to the family home, in most cases, she reported that 'there is not much likelihood that their family and friends will claim them'.

Single women 'absconding' from Cork County Home 1922-60

28.38 In the years 1922-60 several women 'absconded' from Cork county home. The term 'absconded' was applied to women who left the county home without their babies and without arranging for their future care. These cases appear to have been of more concern to the board of public assistance and the DLGPH than the matron of the home. In May 1930, a woman 'absconded' from the county home leaving her three-week old baby behind. The board asked the matron what steps she was taking to locate the woman. The matron informed them that the Gardaí had established that the woman was living with her sister in England and asked if they wished to proceed further. The board directed that no further action should be taken in the matter. The DLGPH directed the board to identify the putative father in order to try to recoup the cost of their maintenance in the county home. In 1932, two women 'absconded' leaving their children aged 18 and 22 months respectively unaccompanied in the county home. One woman was returned to the home by her father and the other was never heard of again. In May 1938, four women left for mass and did not return. The Gardaí were notified of the 'child desertion'. Although the matron was obliged to notify absconders to the Gardaí it appears that they did not pursue such women with any real vigour. They took the view that abandoned babies were 'kept in safety' in the county home and that they had no power to act in these cases. The matron advised the board that there was 'little difficulty passing out of Cork County Home unnoticed' and that there was nothing she could do if a woman decided to leave the institution without her baby. In 1938, the board's solicitor indicated that legal proceedings could be taken against 'absconded' women under Section 12 of the *Children Act 1908* (see Chapter 1) and advised that he would take a test case. He told the board that he had previously tried to have proceedings instituted against an absconder under the *Vagrancy Act*,[16] but the Gardaí considered vagrancy to be a matter for the board and outside their remit. Reports of 'absconders' appear throughout the Board of Assistance records during the period under review. It is unclear whether there were any successful prosecutions for child abandonment.

[16] http://www.irishstatutebook.ie/eli/1847/act/84/enacted/en/print.html

Violence in the home

28.39 Overcrowding in the Cork mental hospital in the 1920s meant that many people with psychiatric illnesses were living in Cork county home. In the 1930s the board of assistance discussed the transfer of psychiatric patients from the Cork mental hospital to Cork county home because it was cheaper to maintain them in the latter institution. It is not clear if this proposal was ever put into practice. In 1933, the matron complained to the board of assistance that the Gardaí routinely admitted people who were excessively drunk to the county home and that the practice 'had the effect of disturbing the ordinary patients occupying the same wards'.[17] Court cases relating to assaults in Cork county home and other criminal proceedings where the defendant was living in Cork county home were frequently recorded in local newspapers from the 1920s to the 1950s. Reports of drunk and disorderly 'inmates' were common and women living in the home were regular victims of physical assault. On one occasion, a woman smashed 38 windows in the institution and physically assaulted another woman. Another was admitted drunk and assaulted a woman. Many attempted suicides were reported - 'inmates' cut, or attempted to cut, their own throats open in front of other residents. Others threw themselves from open windows. In one incident, a male inmate killed an elderly male resident and a member of staff by repeatedly hitting them both with an iron drawn from a fire.

Living conditions

28.40 In 1931, the board of assistance instructed the local authority veterinary inspector, Dr Cussen, to inspect the meat being supplied to Cork county home. Dr Cussen reported that the contractor was supplying poor quality meat - some of which was so bad he ordered its destruction in a furnace. Dr Cussen reported that the contractor had tendered a price at which he could not supply the quality of meat required and stated that the contractor 'was not a public philanthropist, and never was'.[18]

28.41 In 1934, local authority analysts reported that a sample of milk supplied to Cork county home was 'not of the nature, substance and quality of ordinary milk by reason of its being deficient in milk solids'. The analysts concluded that the milk supplied to the institution had been diluted by the addition of 18% water. The

[17] *Cork Examiner*, 27 July 1933.
[18] *Irish Examiner*, 12 November 1931.

board undertook to publicly name and prosecute the supplier.[19] The board frequently advertised, inviting tenders for the supply of beef, mutton, tripe, drisheen, fowl, chickens, milk, butter, eggs, flour, oatmeal, potatoes, yeast, fish, salt, golden syrup and alkali.

28.42 Members of the board of assistance visited Cork county home in September 1932 and reported that there were no fires lighting in some sections of the home and hospital. The matron explained that not all fires were lit during the summer. The board members then complained about the quality of the tea in the institution which was made and served by a 12 year-old boy. They complained that the boy did not know what quantity of tea and sugar to put in the water and concluded that 'it was not fit for pigs'.[20]

28.43 In 1938, an unmarried mother living in Cork county home was found lying in bed with a new-born baby lying dead at her feet. The woman had previously been admitted to Cork county home pregnant in 1930. She gave birth there, but the child died soon after. She was admitted to the home again in 1933 and gave birth to another child. Both mother and child had been living in Cork county home for five years. One night she complained of abdominal pains to the nurse on duty. The following morning the nurse discovered the body of an infant in the woman's bed. At the inquest, medical staff told a jury that:

> [The woman] was unmarried, was an inmate of the institution for the past five years, and had already given birth to two other babies. Nobody ever suspected that [the woman] was pregnant, for she dressed in such a way that her pregnancy could not be observed. She was mentally deficient.[21]

28.44 A doctor gave evidence that the baby was born alive and fully developed but that there were no marks of violence on the body. He stated that the child had been born around 12 hours before the body was discovered. A pathologist stated that death was due to 'inattention at birth'. The institutional records show that the woman's four-year-old child was boarded out soon after the incident and the woman herself was transferred to a Good Shepherd Convent (a Magdalen laundry).

[19] *Irish Examiner*, 24 October 1934.
[20] *Irish Examiner*, 29 September 1932.
[21] *Evening Echo*, 23 July 1938.

28.45 The board of assistance visiting committee sought to establish how the woman became pregnant while in Cork county home and why she concealed her pregnancy. The DLGPH also dispatched an inspector, Dr Florence Dillon, to investigate the matter. The department concluded that no institutional staff were to blame for the incident and that no corroborative evidence was produced to support the woman's claim that a named individual was responsible for her pregnancy. The board of assistance did not accept the department's findings as 'a satisfactory termination of the case' and that 'responsibility for neglect should be placed on whoever was responsible'. However, it does not appear that any further action was taken. The DLGPH concluded by recommending that:

> Unmarried mothers, especially those with marked mental or moral defect should not in future be put to work in any place alone and should, where possible, be directly under the observation of a member of the staff, or failing that, accompanied by a more reliable type of inmate.

28.46 No descriptive accounts of living conditions in Cork county home were found in the institutional or related records. However, a controversy in 1937 did throw some light on the matter. In this instance a married woman sought admission to the home with her three children. A member of the South Cork board remonstrated that this 'respectable lady' was forced to 'consort with women of ill-fame' in the county home and that her children were housed in a nursery 'not fit for a kennel'. These comments were subsequently published in the local press and drew angry responses from several board members. The matron of the county home told the board that she did not appreciate that 'alleged defects' in the institution were broadcast in such a manner without attempting to have them remedied in a more satisfactory way. She stated that, in terms of 'cleanliness and brightness', the nursery in the home compared favourably with any hospital. The matron stated that single women living in the institution were 'greatly pained by the appellation applied to them' and that the married woman in question had expressed her regret that women living in the home had been degraded by the board member who sought to help her and her family. The matron stated that the married woman 'showed no pharisaical spirit during her time in the nursery, nor have any other married women, who, from time to time, are admitted there'. The Board investigated the allegations and concluded that they were unfounded and a 'gross misrepresentation' of conditions in the county home nursery.

28.47 In 1949 an inter-departmental committee was established to examine conditions in county homes. The committee reported that although buildings were generally 'sound and spacious' they were 'lacking in comfort and amenities'. The committee found that county homes were 'cheerless and badly furnished', that wards were large with un-plastered walls, no ceilings, rough floors, poor beds and bedding, with few chairs, lockers, dressing tables or mirrors and that the general atmosphere in the institutions was 'depressing'. The committee reported:

> Sanitary and bathing facilities are insufficient and generally rather crude…Supplies of running water, especially hot running water, are frequently insufficient…Central heating is a rarity and the standard of heating resulting from the single open fire in a large room or ward is inadequate, the fire smokes, thus adding to the prevailing gloom. There are no single rooms or cubicles for special cases requiring them on medical grounds and small wards are rare.

28.48 Regarding accommodation provided for unmarried mothers and children in county homes the committee reported that conditions were 'equally unsatisfactory'. The committee stated that the county home environment was 'most unsuitable' for children and that 'nurseries were rough, poorly furnished and lacking in elementary playing facilities'. The committee stated that in some county homes it was not possible to properly segregate children from adult patients and recommended that separate institutions should be established to house unmarried mothers with children younger than the normal boarding out age (2 years). The committee also recommended that local authorities should consider employing unmarried mothers in county homes when their children were boarded out 'so as to aid in their rehabilitation'. However, the committee reported that there was some reluctance on the part of county home authorities to 'get rid' of unmarried mothers as matrons of the homes relied 'almost wholly' on these women to undertake the 'burdensome and menial work' necessary for running 'large institutions' such as county homes. Matrons told the committee that the removal of unmarried women from county homes would make it impossible to run the institutions. The committee reported that unmarried women engaged in 'menial duties' incidental to the running of county homes without pay. They further reported that accommodation for unmarried mothers in county homes were 'the worst furnished and most unattractive in the institutions' and that their treatment while living in county homes led them to develop 'a soured and distrustful attitude to society generally'.

Single mothers employed in Cork county home

28.49 An incident in 1938 is illustrative of the attitudes of the matron of Cork county home and members of the South Cork Board of Public Assistance towards single mothers. In this case, a councillor told the board that five single women, who were former residents of the home and whose children were boarded out, were employed as paid wards maids in the county home. The councillor objected to the fact that 'past inmates' were employed in the home and proposed that the women should contribute to the cost of their children's maintenance. The board agreed to the proposal and stated:

> The Board deprecates the practice of recruiting staff of the Cork County Home and Hospital from inmates, particularly the mothers of illegitimate children, as it tends to lower the status and prestige of the Hospital. The Board re-directs that under no circumstances is such practice to be adopted in the future. The Board further directs the Matron to deduct from the salaries payable to such temporary employees the full amount of the boarding out allowance incurred by the Board, i.e. £15.00 per annum from date of boarding out until the age of 9 years, and £16.00 per annum from 9 to 15 years.

28.50 The matron asked the board to reconsider their decision on the basis that the women would see their weekly wage reduce from 15s to 9s, 'for which they would be unwilling to work'. She informed the board that the women would not be expected to contribute to their children's maintenance if they worked outside the institution. In the women's defence, the matron stated:

> They are very good girls and though rated as wards maids they carry out important duties. One is employed as a cook in the fever hospital; a second works in the nurses home; a third gives valuable and skilled assistance to nursing staff in the Female Mental Division and the fourth is employed as a maid in the Fever Hospital where she works in an infected atmosphere. Owing to the delicate nature of their position, these girls are naturally averse to having their names published. The probability of being asked to pay was not put to them when they were engaged here.

28.51 Although some councillors agreed with the matron, a motion to reverse the board's decision was not carried. The board did not consider that the women involved were 'indispensable' to the running of the county home and directed the matron to deduct the cost of maintenance from their wages. The board's solicitor informed them that the women involved in the dispute had not agreed to have the cost of

maintenance deducted from their wages when they were first employed and had threatened legal action to recover any deductions. He advised that such action would succeed. The board resolved to terminate the women's employment unless they were prepared to agree in writing to the reduction in wages. In a bid to keep their jobs, two women agreed to accept the conditions laid down by the board. The other two women did not and issued legal proceedings against the board. The latter two women were dismissed from their posts. The board ordered their solicitors to pursue these two women for the cost of their children's maintenance even though they were no longer in employment. The board's solicitor informed them that the women were not in a financial position to bear the cost of their children's maintenance and advised that it would be a waste of money to pursue the matter. The board instructed the matron to monitor the women and to inform the board if they ever became financially secure enough to pay for their children's maintenance. The board also instructed the matron to engage the Garda authorities to trace their whereabouts.

Discharge pathways

28.52 Most women either returned to their family home with their children or arranged for their future care through the boarding out system or by making private arrangements with a nurse mother – 340 women transferred to Bessborough.

28.53 If a woman was able to return to her family home with her child, her family would write to the secretary of the Board of Assistance stating that they were willing to take their daughter and her child home. The board would then seek a recommendation, generally from a parish priest, to vouch for the family. In addition, the board might also ask one of their assistance officers (see Chapter 1) to inspect the family home to ensure that it was fit for the reception of the mother and child. Once the board was satisfied that the home environment was suitable, it notified the matron of the county home that the mother and her child could be discharged to her family. The Commission is not aware of any legal basis for the board to prevent a mother leaving the institution with her child, but the measures taken may have been due to a concern about the welfare of the child, in particular in the light of some high profile cases of infanticide.

28.54 If a woman sought to make private arrangements with a nurse mother to look after her baby, she could do so herself or use an intermediary such as the Catholic Women's Aid Society (CWAS). The CWAS was set up in 1919 by Sister Laurentia

in the Sisters of Mercy convent attached to the Cork union workhouse (Cork county home). Sister Laurentia set up CWAS in response to a number of high profile court cases where nurse mothers were charged with neglecting and causing the death of 'illegitimate' children they had been paid to care for.[22] It appears that when the lump sum received for a child's care was spent many nurse mothers lost interest in the child and their wellbeing. With CWAS, a woman deposited £60 to the CWAS bank account and handed over her infant and the deposit receipt to Sister Laurentia. Sister Laurentia then sourced a suitable nurse mother for the infant and paid her the £60 over three years in twelve quarterly instalments. If a woman did not have £60 to deposit, she could pay Sister Laurentia in instalments. For women who had difficulty paying instalments CWAS used interest accrued in their bank account to pay nurse mothers on their behalf. Women who accepted a child under a nursed-out arrangement were required to notify the Board of Assistance of the reception of a child, whether they received payment or not - see Chapter 1.

28.55 If a woman could not return to her family home and did not have the means to pay a nurse mother, or to provide for herself and her child, then her only option was to place her child in foster care under the boarding out scheme. The policy was that a child could not be boarded out until the age of two. This option invariably meant that mother and child remained in the institutional setting of a county home for several years. A woman did not give up her parental rights when her child was boarded out and could reclaim the child at any time. The available records do not suggest that this was a frequent occurrence. Prior to the introduction of legal adoption in Ireland, many foster parents informally adopted children boarded out from Cork county home by informing the board of assistance that they no longer wished to receive a boarding out allowance for them.

Braemar Rescue Home for Protestant Girls

28.56 In the period 1922-60, 64 single expectant Protestant women were admitted to Cork county home. All were admitted from the Braemar Rescue Home for Protestant Girls, Old Blackrock Road. Braemar was a lay run maternity home under the auspices of the Cork Women's Aid Association.[23] Women admitted from Braemar were aged between 15 and 42 years old and most stated their occupation as domestic servant. While most women gave addresses in one of the three Cork

[22] *Cork Examiner*, 20 March 1923 and *Cork Examiner*, 27 October 1923.
[23] Although the initials are similar, this was a different organisation from the Catholic Women's Aid Society.

health districts, some had travelled from Armagh and Donegal. Women stayed in Braemar until they went into labour and were then admitted to Cork county home. The South Cork board of public assistance took responsibility for their maintenance. Protestant women and their children were discharged to the Braemar home and their children were fostered out from there.

Maternal mortality

28.57 The Commission has identified 35 deaths among single expectant women and unmarried mothers admitted to the Cork county home between 1923 and 1960. Thirty deaths occurred in the institution; the remainder occurred subsequent to women's transfer to Bessborough and the South Infirmary. The women were aged between 15 and 40 years at the time of death.

28.58 Sixteen maternal deaths were notified as being due to childbirth related causes such as eclampsia and puerperal sepsis representing a maternal mortality rate of 1.12%. Ten deaths were notified as being due to cardiac failure or heart disease and five as tuberculosis. Other deaths were notified as being due to, appendicitis, bronchitis, encephalitis and kidney disease.

Unaccompanied children 1922-60

28.59 In the period 1922-60, 375 'illegitimate' children were admitted unaccompanied to Cork county home. Of these, seven children were found abandoned, 207 were admitted unaccompanied for boarding out or were returned by foster parents and 161 were admitted unaccompanied from Bessborough for boarding out. A further 23 children transferred with their mothers from Bessborough to Cork county home with a view to being boarded out.

28.60 The matrons' journals, which are available for the period April 1937 to July 1940, record frequent admissions of unaccompanied children having been returned to the county home by their foster parents for various reasons. A three-year old boy boarded out from Bessborough was admitted to the county home after one day because the foster mother complained that 'the child cried incessantly'. Two boarded out children aged eight and 11 years were returned to the county home by their foster parents. As no suitable foster parents were available both children were transferred to Kinsale industrial school. Another eight-year-old child returned

by foster parents was transferred to Greenmount industrial school.[24] A two- year-old boy taken by his mother was returned unaccompanied to the county home because she could not support him. A four-year old girl was returned by her foster parents because she had 'a marked cast in both eyes' and they 'found her appearance objectionable'. The girl was transferred to Kinsale Industrial School. A five-year old girl, born with one hand, was returned by several foster parents 'owing to her deformity'. She was transferred to a Good Shepherd Convent.[25] Many other children were returned by foster parents who claimed that the children were 'backward'. Although some 'returned' children were subsequently re-boarded out from the county home with different foster parents, most, and children aged six years and over in particular, were transferred to industrial schools.

28.61 Unaccompanied children transferred from Bessborough to Cork county home were transferred in groups at the behest of the Cork board of assistance. For instance, on 13 September 1941, six children aged two years and older were transferred from Bessborough to Cork county home for boarding out. Group transfers of children from Bessborough to the county home were frequent during the period under review. The transfers were undertaken at the behest of the Cork board of assistance who refused to pay the Bessborough authorities maintenance for children aged two years and over. All unaccompanied children transferred in this manner were two years and over and the transfers occurred during periods of overcrowding in Bessborough or after a departmental inspection of that institution. On 1 October 1948, 11 women and their children, all aged over two years, were also transferred from Bessborough to the county home.

28.62 Throughout the period under review the matron of Cork county home continually notified the board of assistance that the nursery in the institution was overcrowded with children waiting to be boarded out. In October 1927, the board of assistance was informed that 'illegitimate' children of school-going age were living in the county home with their mothers. The board was told that these women were not likely to leave the institution because of poor health or inability to procure employment and resolved to seek ministerial approval to have the children boarded out. The issue was raised again in December. The board was again informed that the county home nursery was overcrowded due to the 'large number of healthy older children' living there. The matron asked the board to expedite the

[24] Ryan Commission: http://www.childabusecommission.ie/rpt/pdfs/CICA-VOL2-04.PDF
[25] Almost certainly an industrial school.

boarding out of older children to alleviate overcrowding. The board said they were taking steps to secure suitable foster homes.

28.63 In October 1938, the matron informed the board that there were several children of both sexes in the nursery suitable for boarding out or otherwise provided for and that the nursery was 'rather crowded'. The board told her that all efforts by assistance officers had failed to secure foster parents and that the secretary was directed to issue a public advertisement. However, by 1944 the situation had worsened and the board undertook to 'advertise intensely' for foster parents at regular intervals.

Infant mortality

28.64 The Commission has not seen institutional death registers for the Cork county home for the years 1922-60. Other institutional records suggest that 545 'illegitimate' infants and children born in or admitted to the institution died in infancy or early childhood. When cross referenced with documentation created by the South Cork board of public assistance and the Cork Health Authority, it was established that some infants, whose deaths seem to have been indicated in the institutional records, were in fact boarded out by the local authority or had been placed at nurse by their mother. Cross reference with records held by the GRO confirmed the deaths of 512 'illegitimate' children.

28.65 Most deaths (55.5%) occurred among children who were accompanied in the institution by their mothers: 44.5% of deaths occurred among unaccompanied children. Most deaths among unaccompanied children related to children admitted unaccompanied from the Bessborough home.

28.66 Most deaths (89%) occurred in the institution. Around 9% of deaths occurred after children's transfer to Bessborough. A small number of deaths occurred following transfer to the Braemar Home for Protestant Girls, the South Infirmary and the Victoria Hospital.

28.67 About 84% of deaths occurred among children who were born in the institution and 16% occurred among children who were admitted after birth. Most children who were admitted after birth and who subsequently died were admitted from Bessborough.

28.68 Women who experienced complications during pregnancy were routinely transferred from maternity hospitals in Cork to the district hospital attached to Cork county home. Many such emergency cases were women transferred from Bessborough. Of the 512 confirmed infant and child deaths in Cork county home, 109 were either transferred from Bessborough or born to women transferred from Bessborough.

Age at death

28.69 Around 93% of deaths occurred in infants less than twelve months old: among these 16% were less than a week old; 10% were between one week and one month old and 67% were aged between one and 12 months old at the time of death. The remaining deaths (7%) occurred among children aged one year and over.

Deaths by Year

28.70 Infant and child deaths in Cork county home were highest in the 1920s and 1930s, peaking in 1925 when 31 deaths were recorded. Infant and child deaths were relatively high during the war years, peaking in 1944 when 23 deaths were recorded. There was a noticeable reduction from 1948 and an even further reduction subsequent to the establishment of a paediatric unit at the institution in 1951.

Death rate

28.71 The average death rate among 'illegitimate' infants and children born in or admitted to Cork county home and district hospital in the years 1921-60 was around 20%. However, a death rate of 39% was recorded in 1935 which suggests that two in every five 'illegitimate' children born in or admitted to the institution in that year died. The relatively high death rate of almost 35% recorded in 1944 was a consequence of the increased admissions of single expectant women due to the closure of Bessborough that year.

28.72 In 1948, and due to the introduction of antibiotics, infant and child mortality in the institution began to decrease. However, a more marked decline in mortality can be observed from 1951 when Dr R G Barry opened the city's first paediatric unit at Cork county home/St Finbarr's Hospital. Chief Medical Officer to Cork City, Dr Jack Saunders wrote:

> One could not fail to be impressed by the striking improvements effected for the treatment of children there in connection with the paediatric unit organised by Dr R. G. Barry. While admittedly not perfect in accordance with modern standards, this unit represents a great forward step in the treatment of infants' diseases so far as this city is concerned…One was, in particular, impressed with the facilities now available for the treatment of Gastro-Enteritis and the prevention of its introduction into children's wards by way of cross-infection.[26]

28.73 Dr Saunders later wrote that, although the prevalence of epidemic diarrhoea and gastroenteritis in the city and in Cork county home increased during the 1950s, deaths from the disease remained low and stated that 'it must be reasonable to suggest that the stand-alone paediatric unit at St Finbarr's Hospital continued to play a positive role in reducing infant mortality in the city.[27]

Cause of death

28.74 The most common cause of death was gastroenteritis, which accounted for over 26% of deaths. About 17% of deaths were attributed to malabsorption which included deaths notified as marasmus and wasting from birth. A further 17% were attributed to non-specific causes such as congenital debility and prematurity. Around 13% were attributed to respiratory infections, mainly bronchopneumonia and 10% were attributed to tuberculosis. Other causes of death such as convulsions, syphilis, congenital heart disease, generalised infections, haemorrhage, meningitis, spina bifida, measles and diphtheria featured to a lesser extent.

Infant Burials

28.75 The Commission established that the Cork District Cemetery at Carr's Hill, Cork, was owned and operated by the South Cork board of public assistance in the period in which Cork county home was in operation. The Commission understands that the unclaimed remains of those who died in Cork county home were buried at Carr's Hill. The Commission and HSE staff made extensive efforts to locate burial registers for Carr's Hill but none was located. A former administrator of St Finbarr's Hospital told the Commission that he had access to mortuary records which recorded details of burials and the removal of remains of those who died in

[26] J.C. Saunders, *Report on the Health of Cork County Borough for the year 1951.*
[27] J.C. Saunders, *Report on the Health of Cork County Borough for the year 1951.*

the institution from the 1940s to the 1970s. The Commission and HSE staff made extensive efforts to locate the mortuary records with limited success. Although some mortuary records relating to the years 1968-85 were located, mortuary records from the 1940s to the late-1960s were not found. Correspondence relating to an infant who died in Cork county home/St Finbarr's Hospital in 1960 stated that the mortuary records for that year had been consulted and that the child's unclaimed remains had been buried at Carr's Hill. Aerial photography obtained by the Commission show that Carr's Hill was in operation in the early 1950s. Anecdotal evidence from a former employee of St Finbarr's Hospital suggests that burials of deceased patients from Cork county home/St Finbarr's Hospital continued at Carr's Hill until 1962.

28.76 The Commission examined all available burial registers relating to cemeteries in Cork city and hinterland. Of the 449 confirmed deaths of 'illegitimate' infants and children in Cork county home in the period 1922-60, burial records for just two were found. Both were found in the burial registers of St Finbarr's Cemetery and related to burials in the 'poor ground' section in 1948 and 1950.

28.77 Archivists at Cork City and County Archives alerted the Commission to a ledger 'Record of Deaths in Cork County Home and Hospital' which covered periods between 1931 and 1984. The volume relating to the period April 1931 to August 1940 recorded whether the board of assistance issued a shroud, coffin or burial plot. Although many adults who died in the institution during this period were allotted burial plots, none was allotted to 'illegitimate' infants and children who died in the institution in this period. This volume recorded that 50 deceased 'illegitimate' infants and children were allotted shrouds: nine of these were also allotted coffins. It appears that those who were allotted coffins were children over one year old.

28.78 The Commission located mortuary records relating to St Finbarr's Hospital for the years 1968-85 at Cork University Maternity Hospital. This set of index cards was compiled by a mortuary porter at the institution and recorded patient details including name, last address, date of death, name of undertaker and place of burial. Index cards relating to 'illegitimate' infants who died in St Finbarr's Hospital in this period stated that all were interred in St Michael's Cemetery. The Commission examined the burial registers at St Michael's Cemetery but found no burial record for the infants identified on the mortuary index cards. Further analysis of the mortuary index cards revealed that in some instances deceased

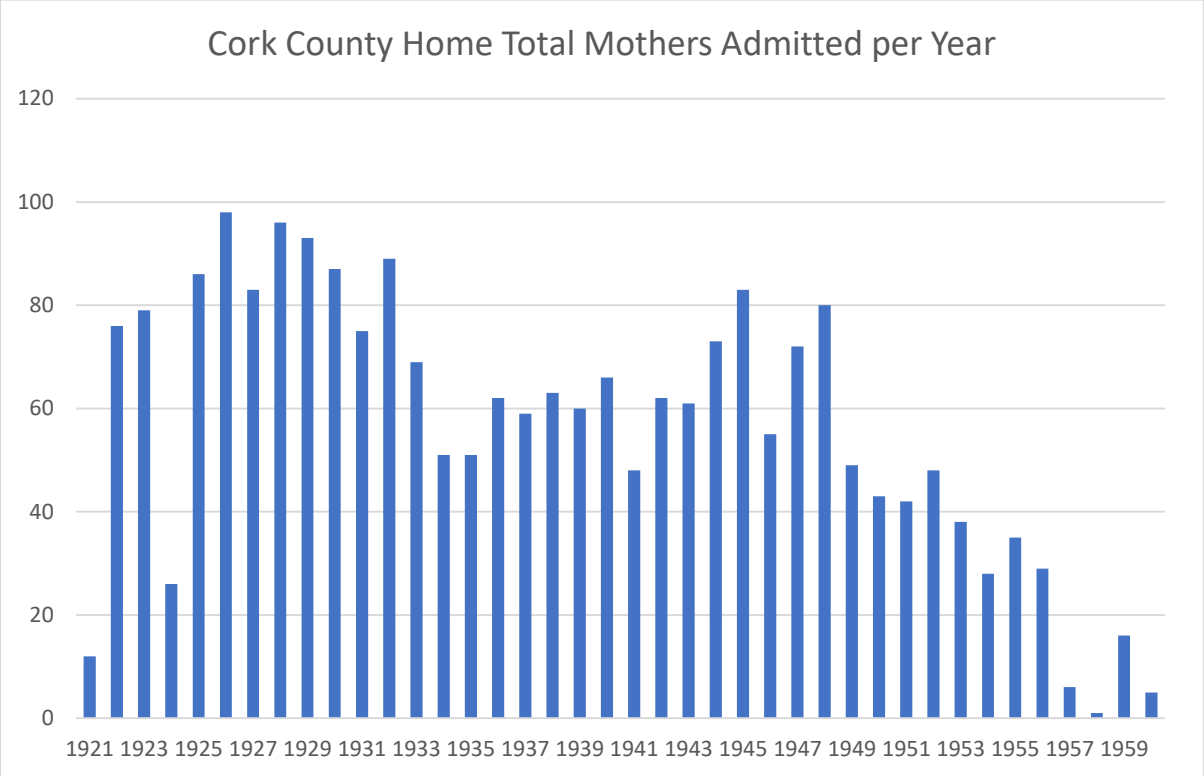
infants were recorded as having been buried in the coffin of a deceased adult patient. In other instances, infants were recorded as being buried in coffins containing amputated limbs.[28] The Commission established that the Cork Health Authority/Southern Health Board were buying burial plots in St Michael's Cemetery since its opening in 1948. These burial plots were used to bury the unclaimed remains of adults who died in Cork county home/St Finbarr's Hospital. The Commission has not been able to establish if the practice of burying the remains of 'illegitimate' infants in the coffins of deceased adults was undertaken as far back as 1948.

[28] HSE, Cork University Maternity Hospital, Burial index card box/folder of burial records 1968-85.

Chapter 28 A: Cork county home Statistical analysis

The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions



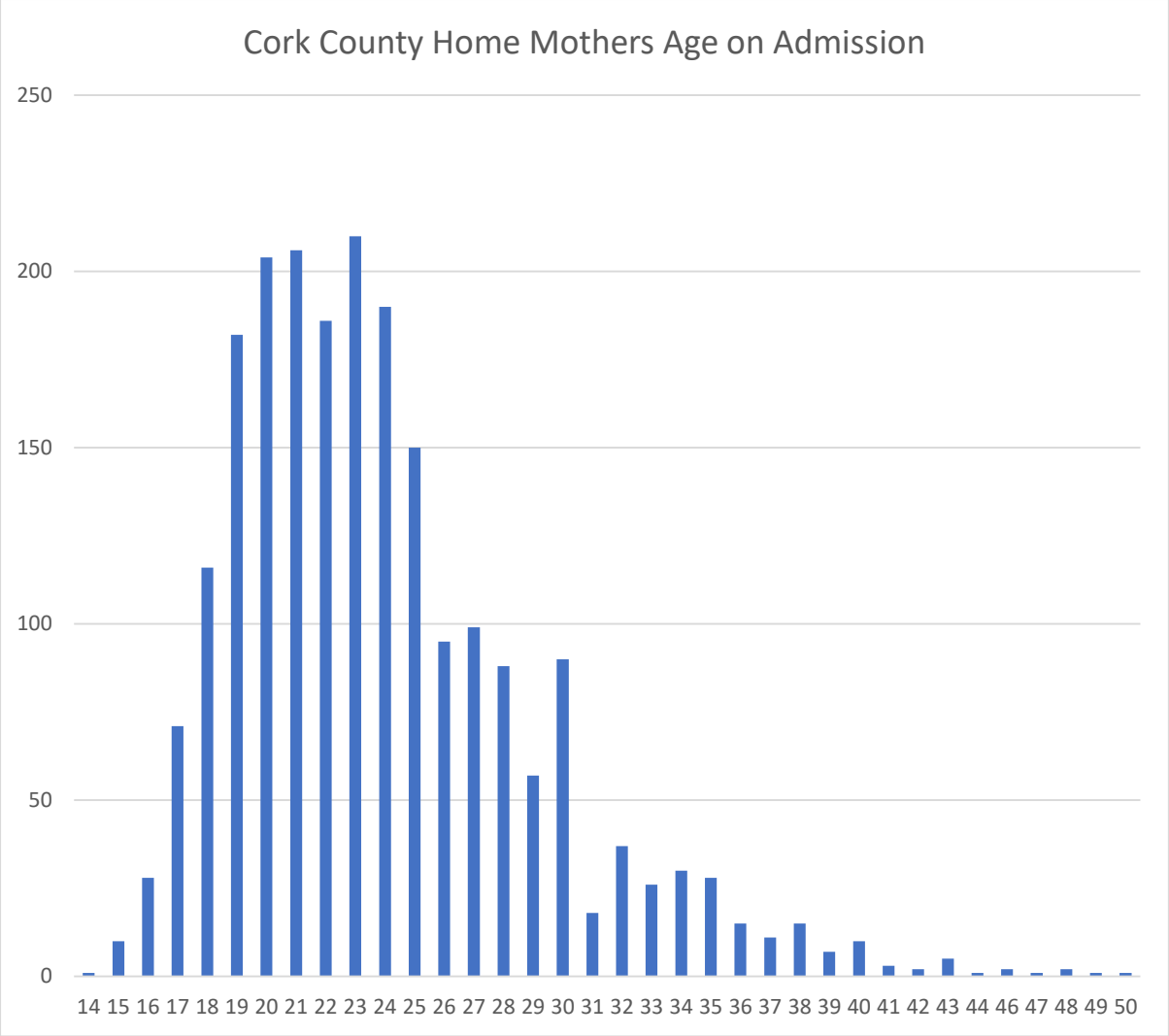
From the institutional records[1], the Commission established that 2,318 single expectant women were admitted to Cork county home in the years 1921 to 1960. Information relating

[1] Indoor registers are missing for Jan-Dec 1924; March 1952; Feb-Mar 1953; Jan-Mar 1954; March 1955 and April 1957-March 1959

to year of admission was available for 2,255 women (97.3% of admissions).[2] The busiest period was in the years 1922 to 1933; over 42% of women were admitted in that period. Admissions peaked in 1926; 98 women were recorded that year. Although Bessborough opened in 1922 it appears that many women either refused to enter, or were ineligible for admission to, Bessborough and continued to seek admission to Cork county home in this period. Admissions declined in 1934. This corresponds with the opening of a maternity hospital for single expectant women in Bessborough. Between 1934 and 1943, 58 women on average were admitted to the county home annually. However, numbers increased to 73 in 1944 and 83 in 1945. This was most likely due to overcrowding in Bessborough and the closing of that institution to public patients for most of 1945. Admissions remained relatively high in 1947 and 1948; 72 and 80 women were admitted respectively in those years. Admissions declined in a staggered fashion from 80 in 1948 to 29 in 1956. The records for 1957 to 1960 are incomplete; the surviving registers show that seven women on average were admitted annually in those years. Approximately 87% of single expectant women admitted to Cork county home were recorded prior to 1950.

[2] It was not possible to identify the date of admission for over 900 women. In those cases the date of birth of the child was used to inform data relating to the year of admission.

Age on admission

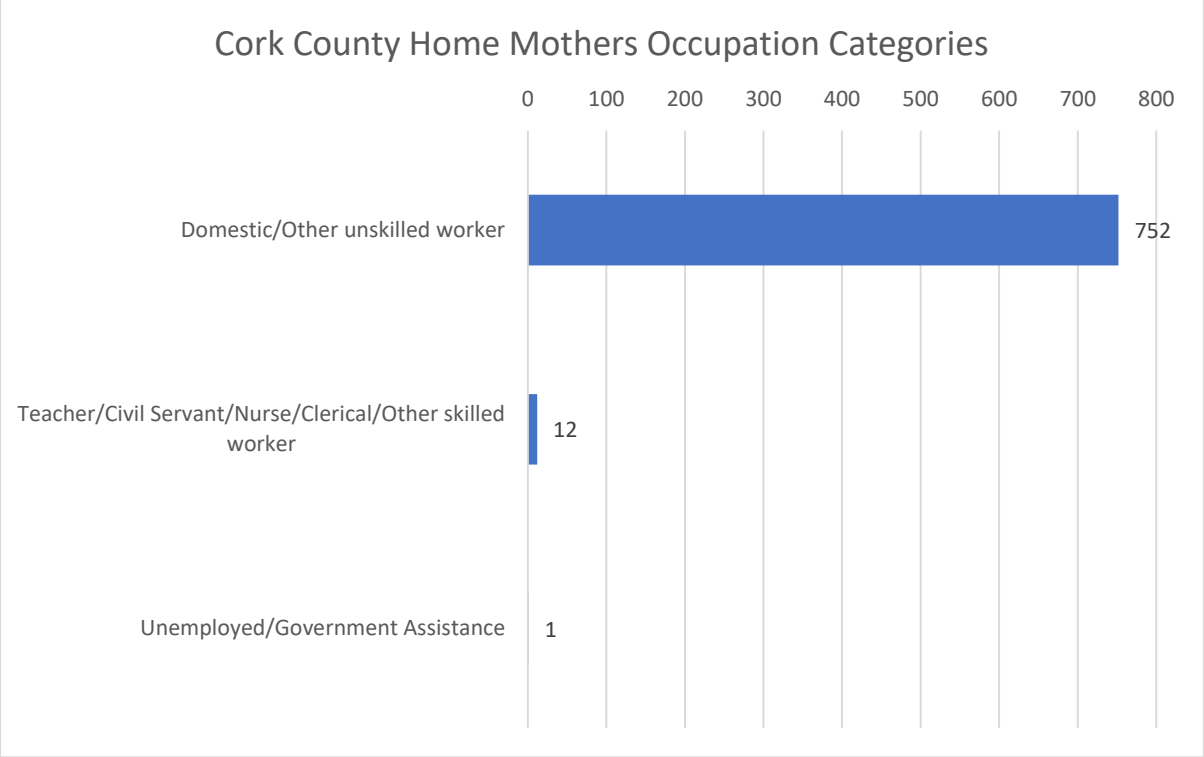


Information relating to age on admission was available for 2,198 women (94.8% of admissions). Age range was between 14 and 50 years. The institutional records show that most women (81%) were aged 18-29 years; 14% were 30 years and older and 5% were aged 17 years and younger; 1.77% of women were aged between 14 and 16 years. The mode of age on admission was 23 years; this varied from 20 years in the 1920s to 21 years in the 1940s and 1950s. Average age on admission increased from 23 years in the 1920s to 25 years in the 1950s.

Previous pregnancy

Information relating to previous pregnancy was available for 77 women; 64 were second pregnancies, ten were third pregnancies and two were fourth pregnancies. One woman was admitted on her fifth pregnancy. In 2,241 cases information relating to previous pregnancy was not recorded.

Occupation

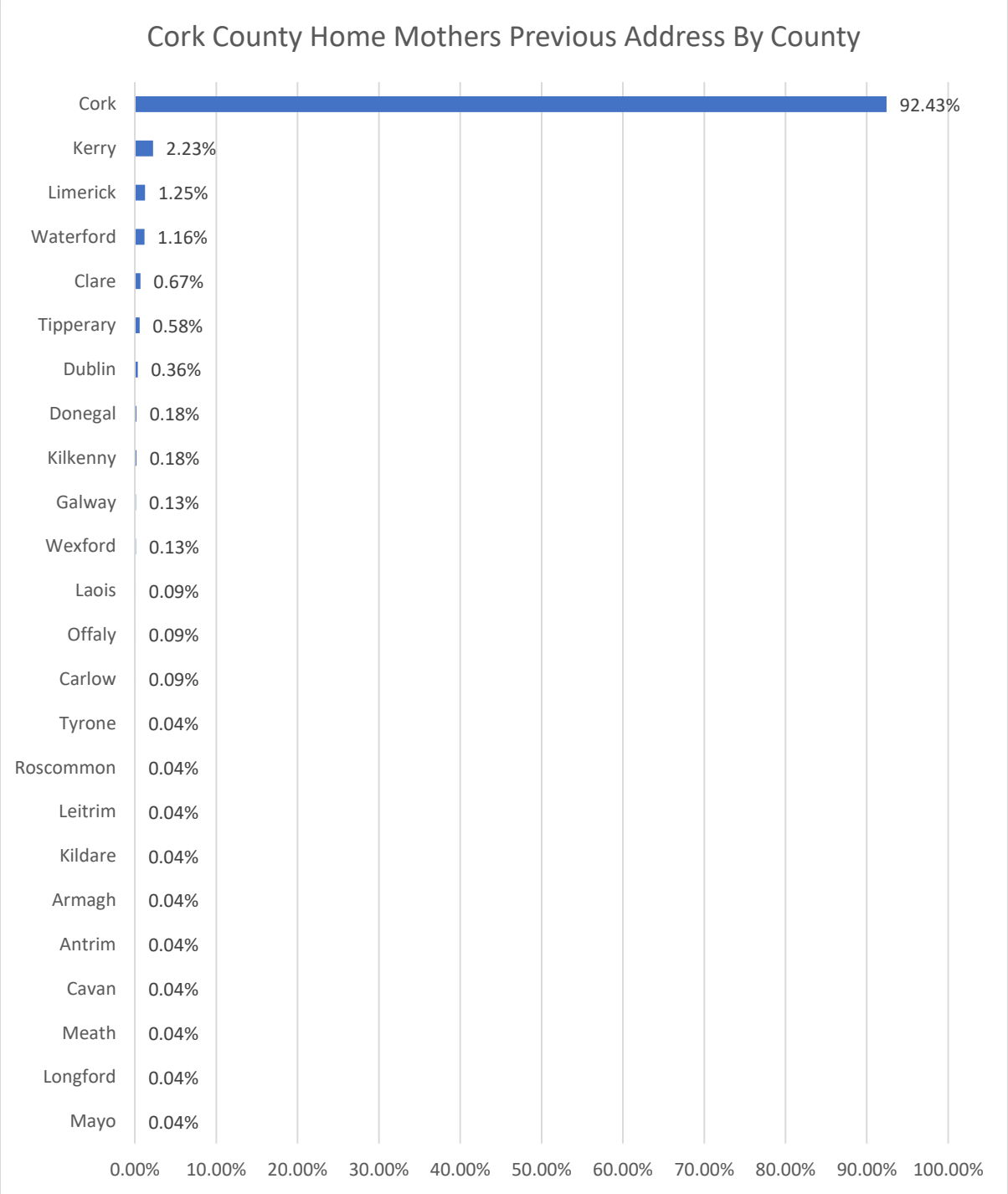


Information relating to occupation was available for 765 women (33% of admissions). The available information shows that the majority (98.3%) were recorded as a domestic servant or unskilled worker; 1.57% as a teacher/civil servant/clerk or other skilled worker and one woman was recorded as being unemployed.

Marital status

Information relating to marital status was available for all 2,318 women. The institutional records show that the majority (97.8%) were single and the remaining women were either widowed or separated.

Previous address by county



Information relating to previous address by county was available for 2,245 women (96.9% of admissions). The institutional records show that the majority of women (92.43%) gave an address in Cork city or county as their residence prior to admission followed by Kerry (2.23%); Limerick (1.25%) and Waterford (1.16%). The remaining 2.93% of women combined gave addresses in 20 other counties.

Outcome

Information relating to outcome was available for 2,239 women (96.6% of admissions). The institutional records show that 83.4% of women admitted to Cork county home stayed and gave birth; 8.8% left before the birth - around one in three of whom gave birth in Bessborough following transfer there. The remaining 7.8% of women were admitted with their child having given birth elsewhere.

Place of birth

Information relating to place of birth was available for 1,965 women (84.4% of admissions). The institutional records show that most women (96.7%) gave birth in Cork county home; 2.1% gave birth in Bessborough following transfer there and the remaining 1.2% of women gave birth elsewhere. Of the women who gave birth in Cork county home, 99.89% delivered living infants; two women delivered stillborn infants.

Length of stay

In the institutional records, fields where dates of admission and discharge of unmarried mothers should have been recorded were frequently left empty. The Commission considered that the available information would not determine the typical length of stay with any accuracy. For the same reason, it was not possible to determine occupancy levels with any degree of accuracy.

Exit pathways

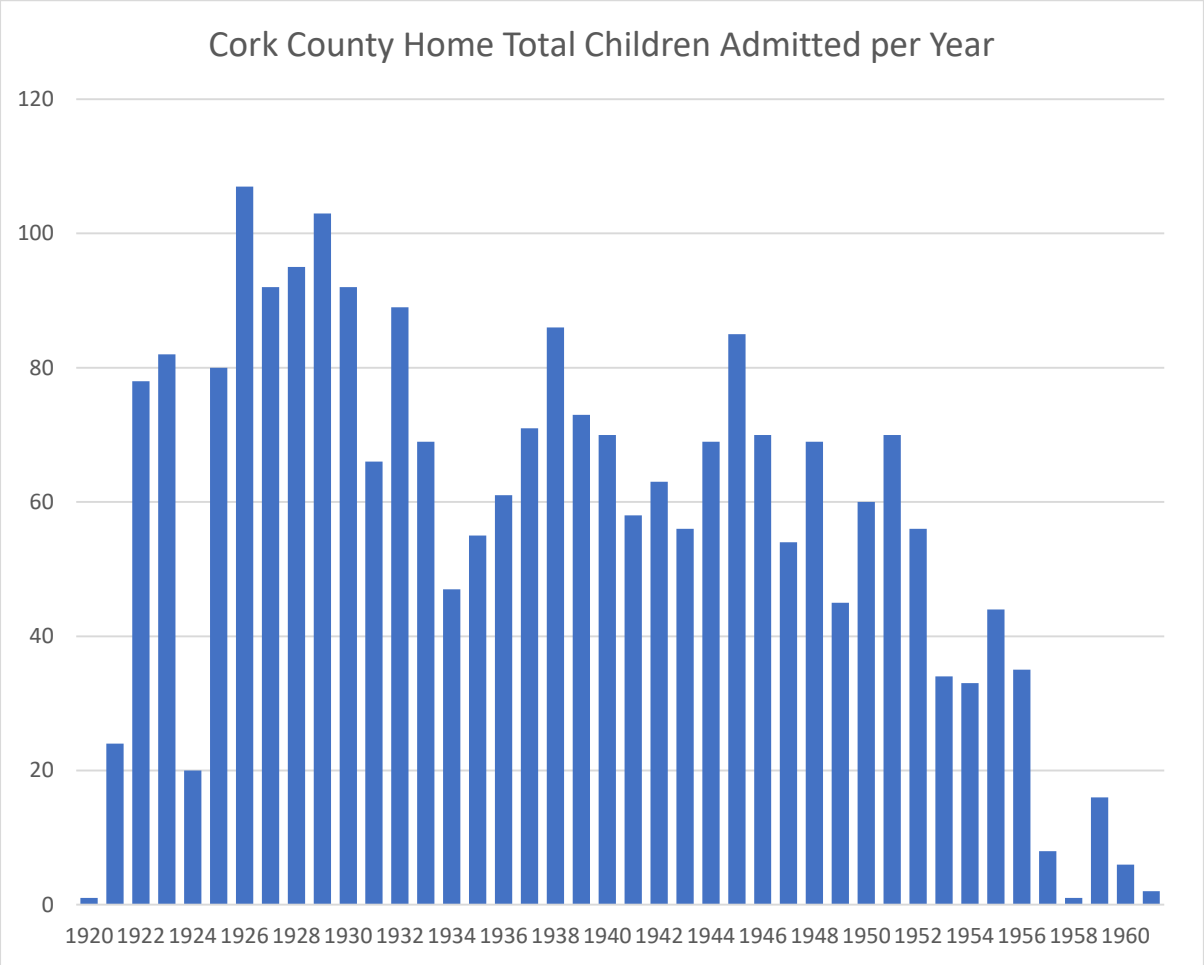
Information relating to exit pathways was available for 372 women (16% of admissions). The available information shows that the majority of the recorded exit pathways relate to women who transferred to Bessborough (340) and women who 'absconded' from the institution without their babies (14).

Maternal deaths

Through the institutional records, the Commission identified 35 deaths among women admitted to Cork county home: representing a mortality rate of 1.5%. The majority of deaths occurred in Cork district hospital - two occurred in Bessborough following transfer there. Eighteen deaths were not associated with pregnancy or childbirth - they were, in the main, due to tuberculosis, kidney disease, cancer, pneumonia and meningitis. Nine deaths were indirect obstetric deaths in the sense that they were conditions that developed during pregnancy, were aggravated by the physiological effects of pregnancy and generally resulted in cardiac failure. Sixteen deaths were directly associated with pregnancy and

childbirth. Direct obstetric deaths were mainly due to puerperal septicaemia/sepsis, toxaemia eclampsia and obstruction of labour. Adhering to WHO guidelines the maternal mortality rate in Cork county home was 1.12%.[3]

Children: admissions



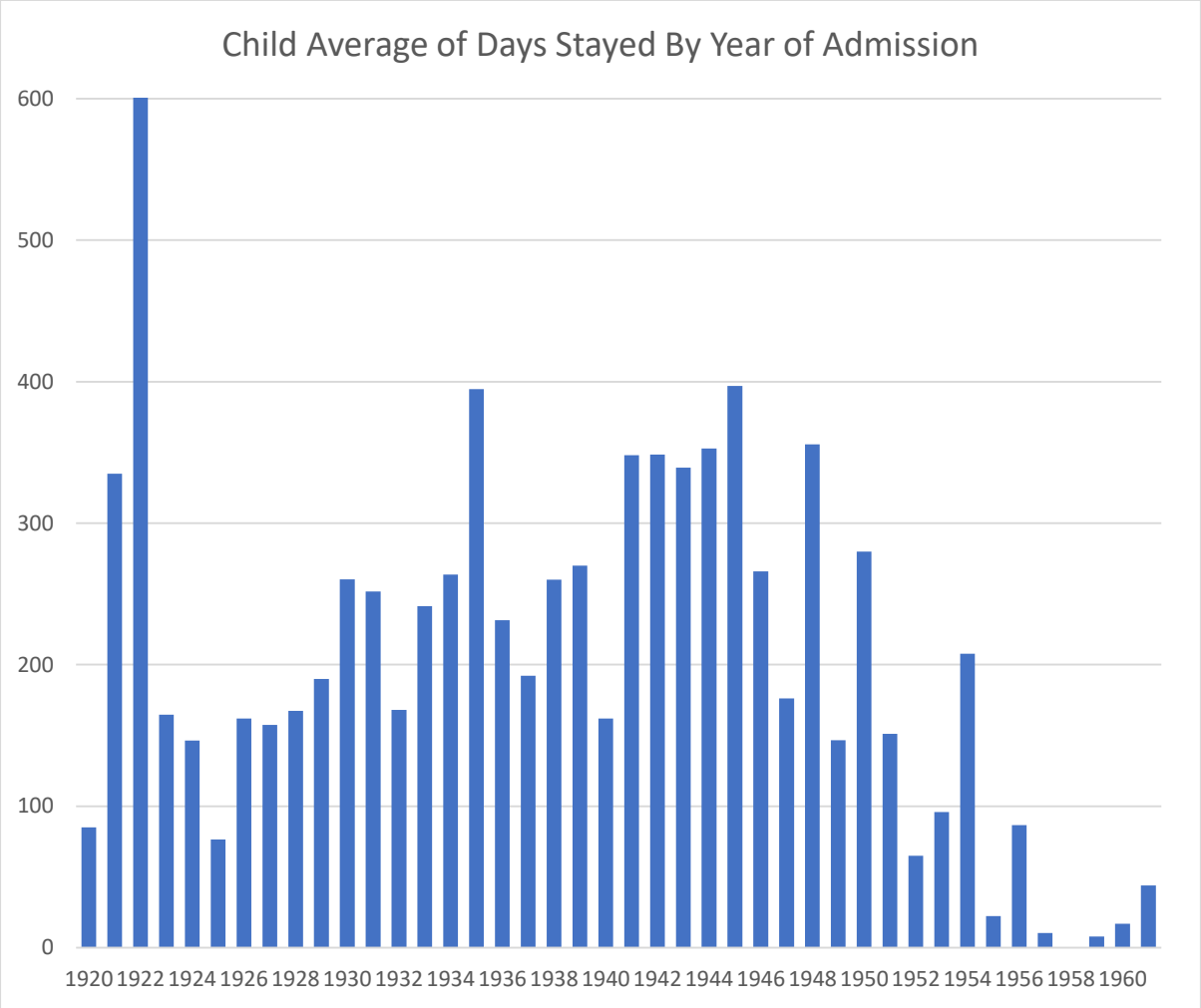
From the institutional records, the Commission identified 2,408 'illegitimate' children who were born in or admitted to Cork county home in the years 1920 to 1960. Information relating to date of birth/admission was available for 2,395 children (99.5% of admissions). Births and admissions were highest in the 1920s and 1930s and peaked in 1926 when 107 children were recorded. Reduced births/admissions were recorded in 1934 - 47 children were recorded that year - but increased to 86 in 1938. In the 1940s, births/admissions peaked in 1945 when 85 children were recorded (Bessborough was closed to public patients for most of that year) but had decreased to 45 by 1949. Despite a slight increase in 1951, for the remainder of the 1950s births/admissions declined - just eight children were recorded

[3] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

in 1957. More children were born in or admitted to Cork county home in the 1930s than any other decade (29.6%) followed by the 1920s (28.5%); 1940s (26.7%) and the 1950s (14.9%).

The institutional records show that the majority of children (83.6%) were born in the home or were admitted there with their mother; 16.2% were admitted unaccompanied and a small number were admitted as accompanying siblings.

Length of stay



Information relating to length of stay was available for 1,518 children (63% of births/admissions). The institutional records show that length of stay was longest for children admitted during 1922 and averaged 653 days. An average stay of over one year appears to have applied to children born/admitted in 1935 and 1945 only. Although average length of stay fluctuated wildly from 653 days in 1922, to 77 days in 1925 and 397 days in 1945, average lengths of stay from 1941 to 1945 were consistently high - children born or

admitted in those years spent 357 days on average in the home. In the 1950s, average length of stay varied from 208 days for children born/admitted in 1954 to 22 days for those born/admitted in 1955 and 87 days for those born/admitted in 1956. Analysis by decade shows that children born/admitted in the 1940s spent an average of 279 days in the home - by the 1950s this had decreased to 125 days.

Discharge re mother

The available information relating to a child's discharge in relation to the mother shows that 65% left Cork county home on the same day as their mothers; 25.5% were discharged on dates before their mothers and 9.5% remained in the home unaccompanied for a period after their mothers had been discharged.

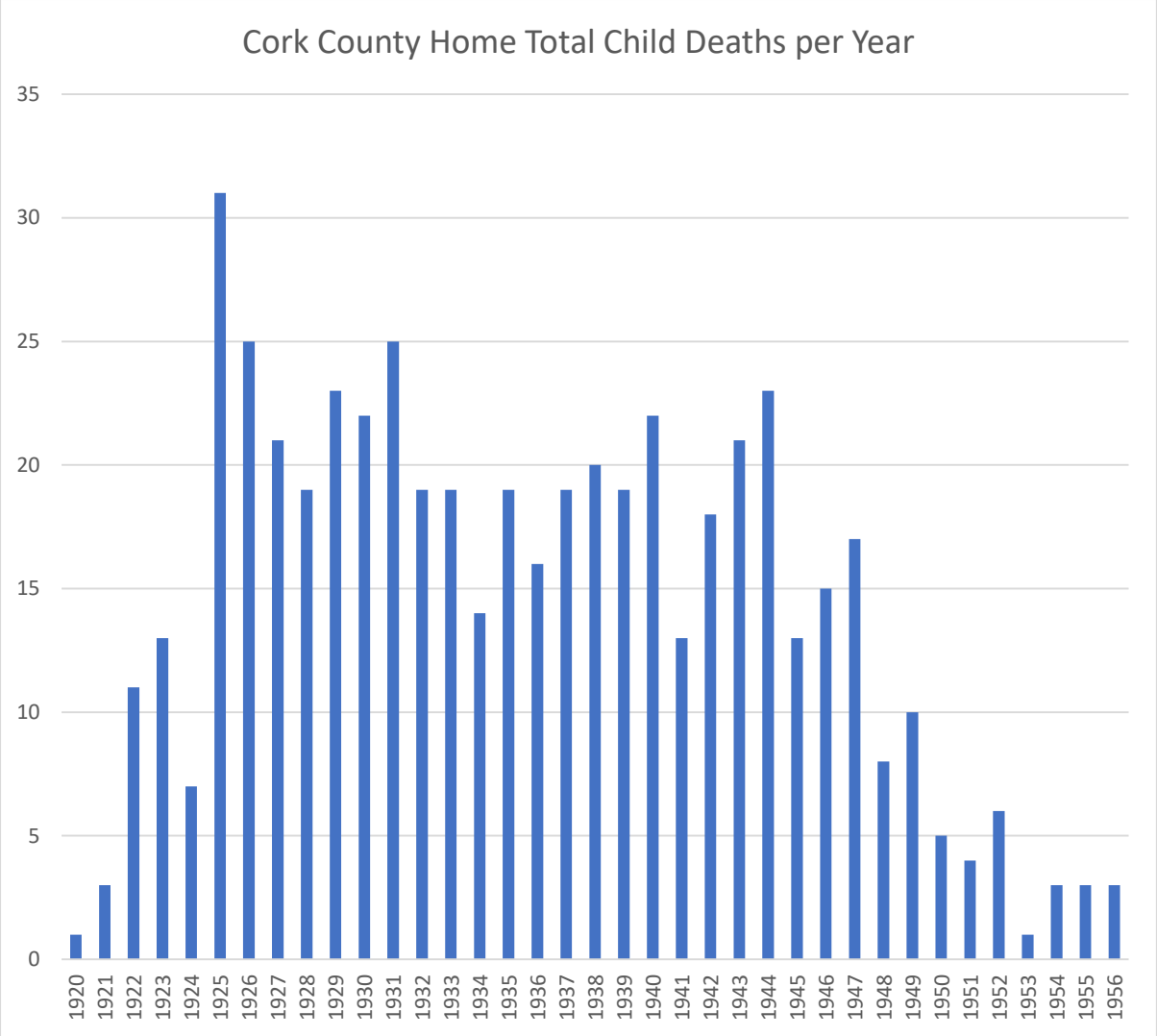
Exit pathways

Information relating to exit pathways was available for 577 children (24% of births/admissions). The available information shows that 38.82% of children transferred to other institutions - the majority to Bessborough and a small number to the Braemar Home for Protestant Girls; 38.47% were boarded out and 16.29% were placed at nurse; 5.2% left the home with the mother or other family member; 1.04% were legally adopted (post 1952) and 0.17% were informally adopted (pre 1953). Analysis of exit pathways for unaccompanied children shows that the majority (66.9%) were boarded out.

Foreign adoption

The available records show that four children born in Cork county home were placed for foreign adoption in the USA. Two were born to protestant women and were placed for adoption after their discharge to the Braemar Home for Protestant Girls. At least one of the other two children were placed for adoption through the Catholic Women's Aid Society (CWAS) - the fourth child was placed for adoption after being placed at nurse, most likely through CWAS also.

Child deaths

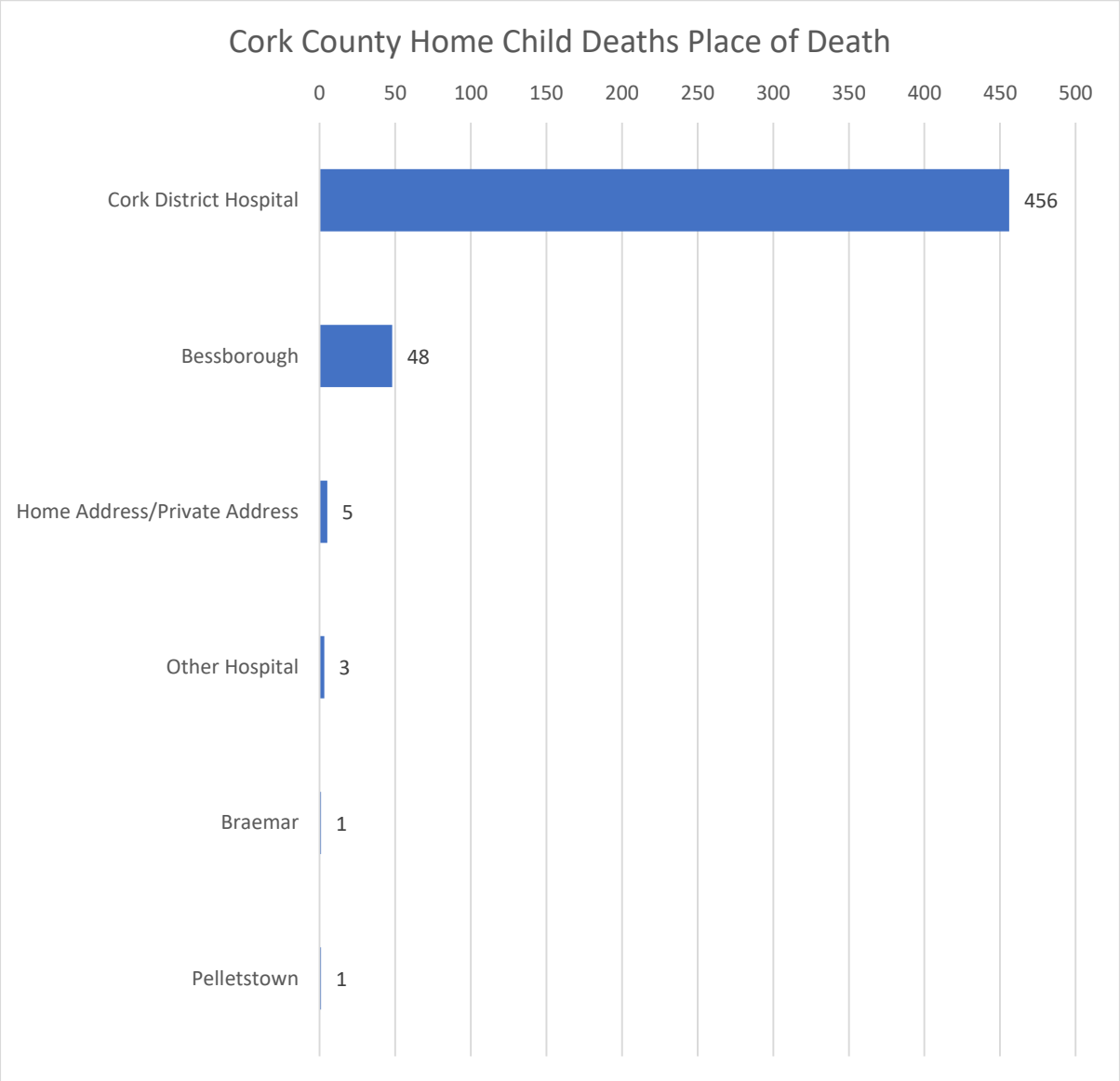


The institutional records show that 545 'illegitimate' children died in Cork county home in the years 1920-60.[4] The Commission located GRO death records for 512 children (93.9% of child deaths). Information relating to date of death was available for 531 children (97.4% of child deaths). In the early 1920s child mortality in Cork county home was relatively low but increased substantially from 13 deaths in 1923 to 31 deaths in 1925 and remained high until 1931; one in three of all child deaths were recorded during those seven years. Between 1932 and 1947, an average of 18 child deaths were reported annually - ranging from 13 deaths in 1941 to 23 deaths in 1944. The introduction of antibiotics in 1945 appears to have influenced a downward trend in child mortality and the opening of a dedicated paediatric unit in the home (then St Finbarr's Hospital) in 1951 saw just four deaths being notified that year.

[4] Many children were associated with both Cork county home and Bessborough and may appear in records relating to both institutions. The Commission identified a combined total of 1,401 individual child deaths in both institutions.

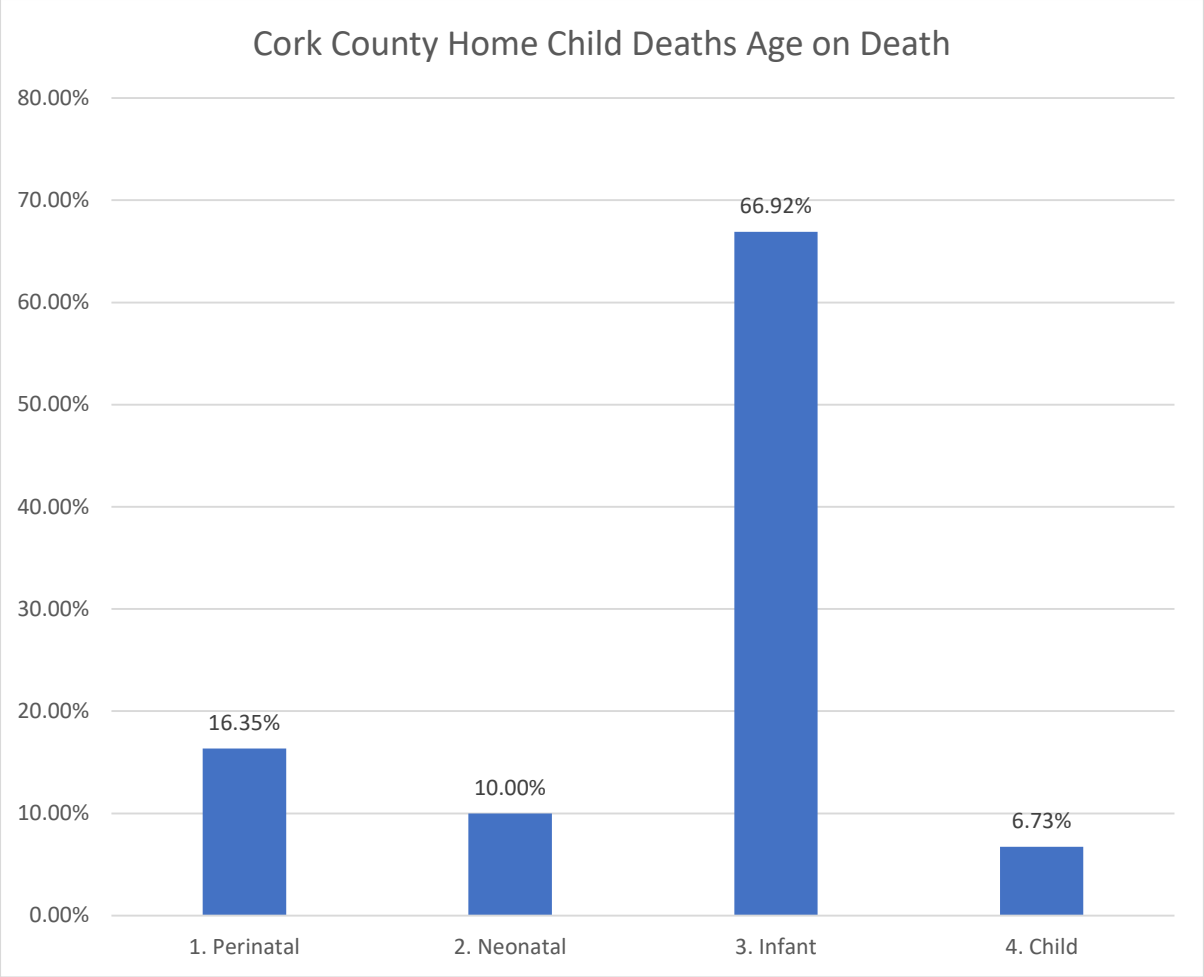
For the remainder of the 1950s, three child deaths on average were notified annually. 95% of child deaths in Cork county home occurred before 1950.

Place of death



Information relating to place of death was available for 514 children (94.3% of suspected child deaths). The majority of child deaths (88.7%) occurred in Cork county home and district hospital; 9.3% occurred in Bessborough following transfer there; five children died in private residences - most after being placed at nurse; two died in the South Infirmary hospital and one in the Victoria hospital; one died in the Braemar Home and one died in Pelletstown having transferred there with mother.

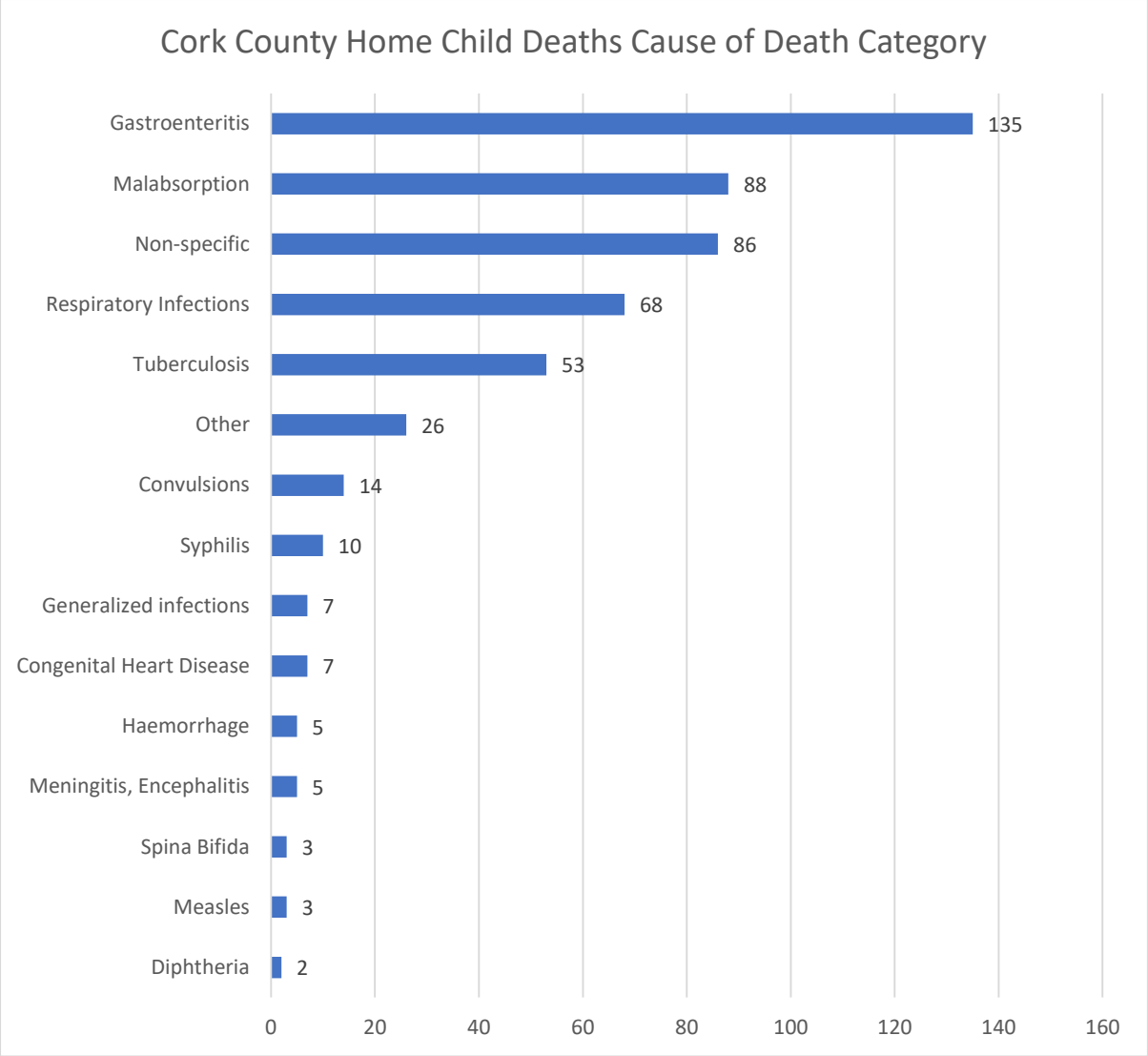
Age on death



Information relating to age at death was available for 526 children (96.5% of child deaths). The available records show that 93.27% of deaths occurred in infants as follows: perinatal (0-7 days) 16.35%; neonatal (8-28 days) 10%; infant (29-365 days) 66.92%. The remaining deaths occurred in children aged between 366 days and just under five years.

The available records show that just under 55.5% of children were accompanied by their mother at the time of death; 44.5% were unaccompanied.

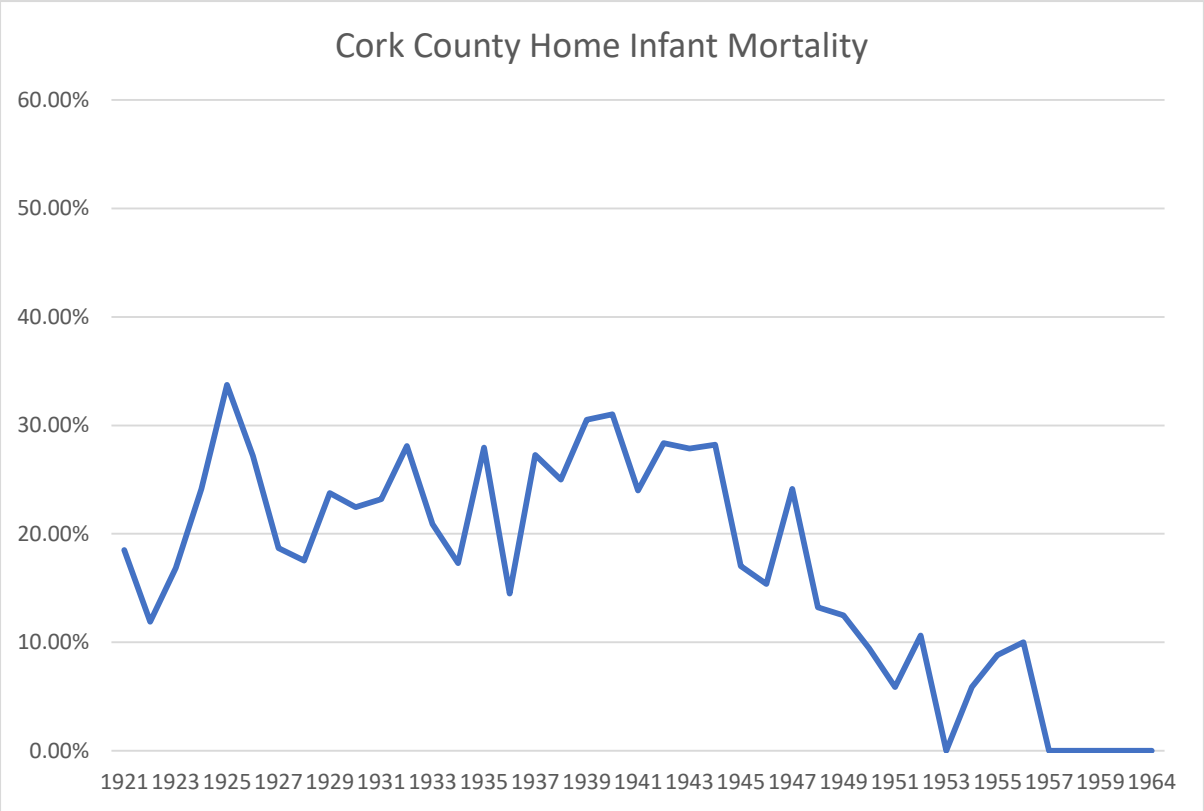
Cause of death



Information relating to cause of death was available for 512 children (93.9% of child deaths). The available records show that the leading cause of death - gastroenteritis - was responsible for 26.37% of child deaths; 17.19% were attributable to malabsorption - mainly marasmus; 16.8% were due to non-specific cause such as prematurity and congenital debility; 13.28% were recorded as due to respiratory infections - mainly bronchopneumonia; 10.35% were notified as tuberculosis - mainly general tuberculosis and tubercular marasmus; 5.08% were notified as being due to a range of other, mostly one off, causes such as asphyxia, pertussis (whooping cough) and icterus neonatorum; 2.73% as infantile convulsions; 1.95% as congenital syphilis; 1.37% as being due to generalised infections - mostly toxaemia; 1.37% were due to congenital heart disease; 0.98% to haemorrhage; 0.98% to meningitis/encephalitis; 0.59% were notified as spina bifida; 0.59% as being due to measles and 0.39% were notified as deaths due to diphtheria. In the 1920s, malabsorption

(marasmus) was the leading cause of death; by the 1940s, however, marasmus hardly featured as a cause of death and by the 1950s no death was notified as such. From the 1930s to the 1950s, gastroenteritis and respiratory infections were the most cited cause of death. Although tuberculosis featured as a leading cause of child mortality in the 1920s and 1930s, in the 1940s, just one child death was notified as being due to tuberculosis.

Infant mortality[5]



The available records show that infant mortality in Cork county home peaked in 1925; a mortality rate of 33.7% was recorded that year. From 1926 to 1947 the average infant mortality rate was 23.7% and ranged between a low of 14.5% (1936) to a high of 31% (1940) in that period. The first real reduction was seen in 1948 - a rate of 13.2% was recorded that year - and by 1953 a rate of 0% was recorded. In the years 1954 to 1956 the infant mortality rate increased from 5.9% to 10%, which represented two infant deaths in 1954 and three each in 1955 and 1956.

[5] Infant mortality was calculated as follows: (Living children born in the year who died before the age of 1)/(All living children born in the year).

Chapter 29: Stranorlar county home

Introduction

29.1 The workhouse in Lifford Road, Stranorlar was built in 1845. It occupied a seven-acre site and could accommodate up to 400 'inmates'. The building followed George Wilkinson's typical design. An entrance and administrative block at the south contained a Porter's Room and waiting room at the centre with the Board of Guardians' board room on the first floor above. The main accommodation block had the master's quarters at the centre with male and female wings to each side. At the rear, a range of single-storey utility rooms, such as bake house and wash house, connected through to the infirmary and 'idiot's ward' via a central spine containing the chapel and dining hall. During the famine in the mid-1840s, a 60-bed fever hospital was erected at the north of the workhouse, beyond which lay the burial ground.[1]

29.2 Like all workhouses, Stranorlar was administered by a Board of Guardians (see Chapter 1). The master and matron were responsible for the day to day running of the workhouse. In 1899, the Sisters of Mercy became involved and provided the matron and nursing staff.

29.3 The Donegal County Scheme for the reorganisation of poor law institutions was given statutory recognition under the *Local Government (Temporary Provisions) Act 1923* (see Chapter 1). The *County Scheme Order, Tirconaill No. 1 1923* provided that the workhouse at Stranorlar would be the county home for 'aged and infirm persons, chronic invalids, pregnant mothers, imbeciles and epileptics'.[2] The Donegal scheme did not make separate arrangements for unmarried mothers and their children.

Sources

Indoor Registers

29.4 The HSE (which is the current owner of what was the Stranorlar county home) gave the Commission access to digital copies of the Indoor Registers (record of

[1] www.workhouses.org.uk/Stranorlar/
[2] http://www.irishstatutebook.ie/eli/1923/sro/919/made/en/print

admissions) of the home. This collection comprised six PDF documents, each a scanned copy of a register, covering the periods:

- 30 January 1921 - 31 March 1932 (179 pages, 4,581 entries)
- 1 April 1932 - 31 Dec 1942 (192 pages, 4,918 entries)
- 1 May 1943 - 30 April 1948 (118 pages, 2,520 entries)
- 1 May 1948 - 31 August 1957 (135 pages, 2960 entries)
- 1 September 1957 - 31 January 1974 (140 pages, 3000 entries)
- 1 February 1974 - 31 March 1994 (132 pages, 2920 entries)

29.5 Each register included an alphabetical index of patients with surname, first name and reference number. The main body of the register included individual entries with the following information given: register number; date admitted; whether born in workhouse; name; residence prior to admission, sex; age; if adult, single, married or widowed; if child, orphaned, deserted, 'legitimate' or 'illegitimate'; employment; religious denomination; if disabled what type of disability; name of wife/husband if not in workhouse; number of children if not in workhouse; observations on condition of 'inmates' when admitted; and date discharged or died. From 1932 there were further columns to record name and address of nearest relative and folio maintenance register. Maternal and infant deaths which occurred in the institution were also noted.

29.6 Where single pregnant women were admitted, some entries included details of the putative father. Where children were boarded out or sent to another institution, this information is also included in the register.

29.7 Single pregnant women and unmarried mothers were not identified as such in the indoor registers.[3] Although marital status was recorded on admission, women were not identified as maternity cases. However, entries relating to newborn infants and children had an associated note such as 'child of No. 1234' attached which allowed the Commission's researchers to identify the mother of a child and to determine if she was married or single.

[3] Women entered workhouses for various reasons, for example, because they were old or poor, and not exclusively because they were pregnant or had children. There is a suggestion in the anecdotal evidence (below) that Traveller women (almost certainly married) may have entered Stranorlar to give birth.

Department of Health

29.8 The Department of Health gave the Commission substantial files with detailed reports about the Stranorlar county home. The files used for this chapter are INACT/INA/0/434275 and INACT/INA/0/434370.

Donegal County Archives

29.9 The Donegal county archives have a range of relevant material including

- BH/1-19, Minutes of the Board of Health and Public Assistance, 1922-42 (19 volumes):
- County Manager's Orders 1942-98 (300 volumes)
- CC/17/3-11 County Medical Officer Annual Reports
- CC/15/4/6 County Council correspondence with Board of Health.
- CC/17/17 County Home Donegal 1946-53 (Paying orders and building plans)
- CC/30/58 Burial ground correspondence
- CC/30/59 Number of burials 1944-45
- BH/2/1/23 Board of Health Reports and Correspondence 1933-35

The women

29.10 The surviving indoor registers relating to Stranorlar county home cover the period January 1921 to March 1994. The last single pregnant woman admitted was recorded in 1964 but admissions of single pregnant women all but stopped in 1960. Between 1921 and 1960, about 22,000 people were admitted to the institution. The Commission identified 1,646 as single pregnant women and/or single women accompanied by children. The Commission also identified 1,777 'illegitimate' children who were born in or admitted to the institution - 181 were admitted to the institution unaccompanied and 122 were admitted with their expectant mothers. The women and children who are the subject of this investigation constituted 15.5% of all admissions to Stranorlar county home during the period under review.

29.11 The Stranorlar indoor registers show that administrators were quite diligent in obtaining the name, address and other information relating to 'supposed fathers' from all single pregnant women entering the institution with a view to pursuing the men for maintenance. In June 1923, the *Donegal News* reported that the storekeeper was responsible for extracting this information from women on

admission. It is worth noting that the storekeeper also had responsibility for retrieving the cost of treatment from patients maintained in the county home by the board of assistance and who were later found to have the means to pay. He received a commission of 5% of all monies recouped.[4] There is little doubt that the trauma experienced by women on their admission to the county home, pregnant and destitute, was exacerbated by the pressure to name the putative father. On those rare occasions when a putative father did appear before a court, there is no evidence to suggest that proceedings were successful.

29.12 The Stranorlar indoor registers were well-maintained and contain a wealth of information on single pregnant women admitted there. Single pregnant women had the same rights of access to hospital maternity services as married pregnant women. However, if a woman could not return to her family home with her child or was unable to support herself and the child, her only option was to remain in Stranorlar county home or to seek admission there after the birth.

Admissions

29.13 Admission rates of single pregnant women/single women accompanied by a child rose steadily from 14 admissions during 1921 to a peak of 71 admissions during 1948. By 1950, admissions had declined by almost 50% with 35 admissions recorded for that year. Admissions fell dramatically between 1950 and 1964. After this period, the county home began to cater almost exclusively for the care of older people. It was renamed St Joseph's Community Hospital and continues to operate as a public nursing home to this day.

Age Range

29.14 The Indoor Registers recorded the age of 1,630 single pregnant women admitted to Stranorlar between 1924 and 1962. The youngest maternity admission was 13 years old and the oldest was 53 years old. The average age on admission was 24 years. Most admissions (75%) were aged between 18 and 29 years; 19% were 30 years and older and 6% were aged between 13 and 17 years.

[4] *Donegal News*, 2 June 1923.

Home Address

29.15 The registers show that 99.8% of single pregnant women admitted to Stranorlar gave a home address in Co Donegal (1,607). The remaining women gave a home address in Sligo (11); Tyrone (5); Derry (3); Cork (3) and Antrim (1).

Occupations

29.16 The registers show that over 99% of single pregnant women admitted to Stranorlar were employed as domestic servants; a small number were factory workers, working in the hospitality industry or shop workers. Two were recorded as secretaries and one as a teacher.

Religion

29.17 The registers show that 98% of the single pregnant women admitted to Stranorlar were Roman Catholics: the remaining women were either Church of Ireland or Presbyterian.

Previous pregnancies

29.18 The registers show that at least 14.7% of single pregnant women were admitted to Stranorlar on their second or subsequent pregnancy.

Exit pathways

29.19 The registers suggest that 52% of single mothers returned to their family home or to the home of a relative on discharge from Stranorlar. It appears that the administrators of the home took measures to ensure that single women and their children were discharged to a named person, preferably a family member. In the few cases where a woman had no friend or relative to receive her, the matron assigned a nurse to accompany mother and child on discharge.

29.20 Other places of discharge recorded include other hospital (86); unspecified Good Shepherd Convent (19)[5]; psychiatric hospital (13); domestic situations (seven); mother and baby home (three); other county home (two); industrial school (one) and unspecified Magdalen laundry (one).

[5] Almost certainly a Magdalen Laundry.

Maternal mortality

29.21 The Commission identified 20 deaths among single pregnant women and unmarried mothers admitted to the home as recorded in the institutional records between 1922 and 1946. All but one death occurred in the institution: one occurred in Letterkenny fever hospital following transfer there. One woman died on the day she was admitted to the institution while others died having spent between three and five years living there. Women were aged between 17 and 45 years at the time of death.

29.22 Six maternal deaths were notified as being due to childbirth related causes such as eclampsia and puerperal sepsis representing a maternal mortality rate of 0.48%. Other causes of death included cardiac failure, pulmonary tuberculosis, influenza, typhoid and tabes mesenterica.

Children

Child admission pathways

29.23 Between 1921 and 1962, 1,777 children were either born in or admitted to Stranorlar county home. Of these, 83% were either born there or admitted with their mother; 10% were born in another institution and transferred to the county home with their mother; 10% were admitted unaccompanied and almost 7% were older siblings admitted with their expectant mother.

Exit pathways

29.24 The 'illegitimate' children spent between one day and six years in Stranorlar. Most spent less than three months in the institution accompanied by their mothers. A small number of children who spent extended periods there were generally children with a physical or mental disability. The board of public assistance often found it impossible to get suitable foster homes for such children who were usually transferred to a specialist hospital or industrial school. Most children (57%) were discharged from Stranorlar with their mothers and are recorded as going to live in the mother's family home or with another relative. These children did not show up in the Donegal Board of Public Assistance boarding out records, and very few were subsequently identified in any other local authority assistance records. However, it is probable that many, if not most, of these children were nursed out in the community under private arrangements between the parent and a nurse mother, where the parent either paid a lump sum or monthly or quarterly payments for the

care of her child. Although nurse mothers were obliged under the *Children Act 1908* to notify the local authority of such arrangements, it would appear that very few did so. In fact, just 25 children recorded in the county home register (1.4%) are subsequently recorded as being 'at nurse' in the Donegal Board of Public Assistance records.

29.25 A woman who could not return to her family home, and who was not in a position to support herself and her child, or to pay for a nurse mother to care for her child, had little option but to place her child for boarding out by the local authority. Over one in four single women (27%) admitted to Stranorlar subsequently did this.

29.26 Almost 10% of 'illegitimate' children transferred from Stranorlar to another institution. The Sisters of Mercy at Stranorlar had an unofficial arrangement with the Sisters of Nazareth who ran the Nazareth Homes in Derry and Belfast and St Mura's orphanage/nursery at Fahan, Donegal. The Commission identified 40 children discharged from Stranorlar who were subsequently admitted to one of the Nazareth Homes. Most of these children were placed in the Nazareth Homes by the mother or another family member; a small number were placed there by clergy. Prior to the 1950s, children from Donegal who were placed in a Nazareth Home were not under the aegis of the Donegal Board of Public Assistance. Parents voluntarily placed their children in the care of the Sisters of Nazareth and the Donegal Board of Public Assistance did not regard these children as their responsibility. In the 1950s, the public assistance authority began to send children to Nazareth Homes and paid for their maintenance there. However, public assistance records created after 1950 anonymised the children concerned and the Commission could not establish how many children were maintained in Nazareth Homes by Donegal County Council.[6]

29.27 During the period under review, one in five children born in or admitted to Stranorlar county home died there. The Commission confirmed 339 infant deaths by cross-checking them against records held in the GRO.

[6] *Historical Institutional Abuse Inquiry in Northern Ireland, 1922-95* (The Hart Report), Volume II; Chapter IV, 'Sisters of Nazareth Derry/Londonderry': https://www.hiainquiry.org/sites/hiainquiry/files/media-files/Chapter%205%20-%20Module%201%20-%20Sisters%20of%20Nazareth%20Derry-Londonderry.pdf

Infant and child mortality

29.28 The institutional records of Stranorlar county home for the years 1921-56 suggest that 343 'illegitimate' children born in or admitted to the institution died in infancy or early childhood. Cross reference with records held by the GRO confirmed 339 child deaths.

29.29 Most deaths (75%) occurred among children who were accompanied in the institution by their mothers; 25% of deaths occurred among unaccompanied children. Most deaths (98%) occurred in the institution; 2% occurred subsequent to the child's transfer to the county hospital, Letterkenny. One child was recorded as having died in a 'mental hospital'. About 82% of deaths occurred among children who were born in the institution and 18% occurred among children who were admitted after birth.

29.30 About 87% of deaths occurred in infants less than twelve months old. Among these 17% were less than a week old; 15% were between one week and one month old and 55% were aged between one and twelve months at the time of death. The remaining deaths occurred among children aged one year and over.

29.31 Infant and child deaths were highest in the years 1925-32, peaking in 1930 when 22 deaths were recorded. Infant and child deaths were also relatively high during the war years, peaking in 1944 when 17 deaths were recorded. There was a noticeable reduction in 1948 when just two deaths were recorded; this was down from 17 in the previous year.

29.32 The death rate among 'illegitimate' children in Stranorlar county home was highest in the 1920s and peaked in 1930 when a rate of 42% was recorded; two in every five 'children born/admitted that year subsequently died. The institutional death rate among 'illegitimate' children averaged 24.5% throughout the 1930s and 18.4% throughout the 1940s. In 1956, the last year in which maternity services were available in the institution, a death rate of around 10% was recorded among 'illegitimate' children.

29.33 As is noted below, the institutional medical officer informed the DLGPH that the death rate among children in Stranorlar county home in 1930 was 68%. Analysis of institutional records and death records held by the GRO suggests that the medical officer's return included all child deaths in the institution, 'legitimate' and

'illegitimate'. Similarly, a return to the Department of Health for the period 1 April 1951 to 31 March 1952 stated that the death rate among children in the institution was 30%. This return most likely included deaths which occurred among all children in the institution also. The institutional records do not accord with these figures: they show that the death rate among 'illegitimate' children in this period was closer to 15%.

29.34 The most common cause of death among 'illegitimate children' in Stranorlar county home was respiratory infection: over 60% of deaths were attributed to bronchitis and pneumonia. About 12% of deaths were attributed to non-specific causes such as prematurity, congenital debility or weakness from birth and a further 10% were attributed to other causes such as birth injury, difficult birth and icterus neonatorum. Around 4% of deaths were attributed to congenital syphilis and 3% to malabsorption or marasmus. Other causes of death such as tuberculosis, convulsions, haemorrhage, congenital heart disease, influenza, measles, spina bifida, gastroenteritis, diphtheria, and meningitis featured to a lesser extent.

Burials

29.35 The first reference to a burial ground at Stranorlar county home appears in February 1927. An entry recorded by the institution's storekeeper proposed an extension to the burial ground and asked permission to purchase stone, lime and sand to undertake the groundwork. In June 1927, another entry by the storekeeper stated that the county architect had inspected the burial ground site 'some time ago' and suggested that the 'healthier inmates' should be employed to do the ground work for the extension and that a contractor would be hired to build a boundary wall. However, it appears that no work was conducted, and the storekeeper complained that the overcrowded nature of the burial ground meant that 'burials have already been made in open ground'.

29.36 The historical Ordnance Survey map below shows that the burial ground in use at Stranorlar county home was the original workhouse burial ground located north of the main building. The burial ground was subsequently doubled in size to take in the plot of land to the east of the site.

29.37 In April 1939, the storekeeper again reported that the burial ground was almost full and required extension. As there was a natural depression in the land between

the burial ground and the fever hospital a main drain to service the new burial ground site could not be carried through the county home fields. The board of assistance requested permission from the owner of an adjacent field to run a drainage pipe through his land. However, the board was already engaged in a legal dispute with the landowner and negotiations did not go well. In May 1945, the storekeeper reported that the county home burial ground was now 'in a wretched state' and had been 'a matter of complaint by clergymen of every denomination'. The storekeeper further complained that the site was not suitable for a burial ground as the ground was 'shallow and full of rocks and springs'. Two years later, in 1947, the matron complained to the board that the burial ground was now 'in a deplorable condition' and that 'it was unattended to and remained a matter of complaint by the clergy'. In April 1948, the curate complained that it was 'overcrowded and graves were over lapping'. As a result, the gravedigger had split another coffin while digging a grave which was reportedly 'very unpleasant for all'. Following an inspection by the county engineer, work to open a new burial ground began in May 1949. The first burial at the new burial ground took place on 27 February 1950.

29.38 The Google Maps image above shows the location of the old workhouse burial ground outlined in red and the site of the new County Home burial ground outlined in blue. Both sites are now part of the fairways of Stranorlar and Ballybofey Golf Club.

29.39 A Burial Register relating to the new burial ground is held at St Conal's Hospital, Letterkenny, and records 131 burials there between 27 February 1950 and 2 January 1973. However, none of the recorded burials relates to infants or children. Around 30 'illegitimate' children died in Stranorlar county home in the period February 1950 and January 1973 but none appears in this Burial Register. It is possible that all were buried in family plots but, considering the circumstances which led to their being born or admitted to Stranorlar county home, this is highly unlikely. It seems reasonable to assume, and the evidence strongly suggests, that most 'illegitimate' children who died in Stranorlar county home were buried with other deceased 'inmates' in the old workhouse cemetery. The institutional records show that a carpenter was employed on a regular basis to make coffins, and notably 'small coffins', which suggests that the deceased were buried in lined red deal caskets and burial ceremonies were conducted by one of the three chaplains attached to the institution. The rocky terrain of the old burial ground could not facilitate deep graves and the institutional records clearly state that graves were shallow and that bodies were buried in an ad-hoc manner.

Living Conditions

29.40 More is known about the living conditions in Stranorlar county home than in the other county homes examined by the Commission. This is mainly because the detailed reports of inspectors from the DLGPH and later the Department of Health have been available to the Commission.

29.41 In May 1924, the matron reported that Stranorlar county home was 'very congested', and that there was 'little available room for children'. In November 1924, a board member raised the question of the overcrowding and proposed that the disused workhouse at Ballyshannon be used as an auxiliary home. The question of which 'class' should be transferred would be left to the Minister for Local Government and Public Health to decide. In March 1925, an inspector from the Department of Local Government and Public Health (DLGPH) visited Stranorlar and recommended the immediate removal of children from the institution because 'the contact with other inmates will have a very bad effect on their health, both bodily and mentally'. The minister suggested, as a temporary expedient, the removal of all infants and mothers to the Ballyshannon workhouse building. However, most board of health members were averse to the proposal and refused to do so.

29.42 In October 1924, the minister wrote to the secretary of Donegal Board of Health and Public Assistance asking to be informed of the steps the board was taking to find suitable homes for children in the county home who were suitable for boarding out. In March 1926, the matron submitted a list of children and sought a ruling on the advisability of having them boarded out. She advised that these children were 'generally of the illegitimate class whose mothers are also in the County Home'. The board agreed that the illegitimate children should be boarded out but only in cases 'where this course is not objectionable to the mothers'. However, the DLGPH also directed that:

> Children boarded out whose mothers are alive and not resident in the County Home should be placed at nurse as far as possible from the district in which the mother resides, except in cases where the mother contributes to the support of the child. If this is not done, the probability is that the mother gives constant trouble to the foster parent.

29.43 The DLGPH maintained a keen interest in the health and wellbeing of every boarded-out child in Donegal. Although it pressured the Donegal board to find suitable foster homes for children in the county home the department closely scrutinised applications from prospective foster parents. The criteria laid down by the department as to what made a foster home 'suitable' to receive a boarded-out child were quite demanding - see Chapter 11. Local authority records for Donegal suggest that most assistance officers did not inspect foster homes and boarded out children with any regularity. Of the 20 assistance officers working in Donegal in the 1920s, just two returned monthly inspection reports on boarded out children.

29.44 In February 1925, discussions about the proposed removal of unmarried women and their children from Stranorlar were recorded in the *Donegal Democrat*. A DLGPH inspector, Dr Brendan McCarthy, initially raised the issue due to concerns over the congested living conditions there. Dr McCarthy received support from some members of the Donegal board of health. However, the board stated that 'drastic measures were being taken to reduce the rates' and this would determine the level of any alterations to be undertaken. A board member warned that the levels of overcrowding at Stranorlar increased the chances of an outbreak of typhoid and if that happened 'no one would clear us of the responsibility'. Another member stated that at least half of the 'inmates' in the county home were mentally afflicted and recommended that the board establish a hospital in the county to provide separate accommodation for unmarried mothers and their children outside

of the county home system. He argued that 'the children would then be free from the influence that would be detrimental to their character'. He complained that the issue had been under consideration for years and that the board had not acted. The chairman of the board agreed that the 'morals and health of these children should be taken into consideration, so that they may be morally and physically fit to fill their position in life capably'.

29.45 It was suggested that the board of health should remove unmarried mothers and their children from the county home and accommodate them in other hospitals in the county as a stop gap measure. However, it was also pointed out that unmarried mothers undertook most of the work in Stranorlar county home and if they were removed 'a large number of staff' would have to be employed to replace them. A member, who appeared to be both surprised and appalled at the revelation that unmarried mothers undertook most of the work in the county home, argued that they should not have been housed there in the first place and that the board should hire people to work in the county home who would run the place efficiently. This suggestion and the expense attached drew the ire of some board members. One member stated that children in the county home were 'much better off that a good many children outside'. Another said that the transfer of women and children would cost up to £1,000 and another argued that the transfer would in effect 'create two County Homes'. The board voted in favour of postponing the matter.[7]

29.46 In May 1925, a board of health member, Mr McGeadie, raised the question of providing employment for unmarried mothers in Stranorlar county home. He cited 'the nuns in Scotland' as a good example as they 'successfully ran laundries providing employment for these people which gave them a better outlook on life'. He stated that 'these unfortunate people' under the present system were 'branded with pauperism' on leaving the county home. The chairman of the board, Mr Gallen, suggested that this was not such a serious matter in Donegal and that 'a large proportion of these people were feeble minded'. Mr McGeadie replied, 'I do not mean to insinuate that Donegal is an immoral county, but something must be done for the unfortunate few who have fallen'.[8]

[7] *Donegal Democrat*, 20 February 1925.
[8] *Donegal Democrat*, 22 May 1925.

29.47 Admissions of single women and their children to Stranorlar county home increased during 1924 and 1925. In January 1925, 29 single mothers and 51 'illegitimate' children were living there. By December, numbers had increased to 36 women and 56 children. Overall occupancy in the home had increased from 275 to 292 over the same period and suggests that the board of health took no action to address the overcrowded conditions in the institution.

29.48 A report on the Tirconaill (Donegal) County Scheme, contained in the *Report of the Commission of the Sick and Destitute Poor,* confirmed that Stranorlar county home was 'fully occupied' and that the home was 'prone to overcrowding'. Furthermore, the commission heard that there was no classification of 'inmates' on the female side of the institution and that single healthy women lived in extremely close quarters with 'old women, lunatics and imbeciles'. The report also highlighted the inadequate and defective sanitary arrangements at the county home. It stated that the water supply was bad, there were two flush closets in the old infirmary part of the home, none in the main body of the home and that 'the contrivances in the yards are very bad and rather revolting'.[9]

29.49 A report on Stranorlar county home by a DLGPH inspector confirmed that an inadequate water supply and the lack of flush closets, bathing and washing facilities 'continues to be a great drawback to the Institution and impedes progress'. It is worth noting that a letter from the medical officer at the county hospital, Lifford complained of the unsanitary state of lavatory and bathing facilities available to women there and the fact that the operating theatre had no supply of hot water. The inspector stated that Donegal County Council had refused to remedy the deficiencies although administrators and medical staff working in the home had lodged complaints on numerous occasions.[10]

29.50 A report on Stranorlar county home made it clear that by 1927 the board of health had taken no remedial action to address the poor sanitary arrangements at the institution. At the time of this inspection, there were 269 residents in Stranorlar county home. The institution had two toilets and two 'bad baths' to cater for them:

> The sanitary arrangements are very defective. Barrow privies. There are 2 w.c.'s in the infirmary and one bad bath on each side. The condition of this

[9] *Report on the Commission of the Relief of the Sick and Destitute Poor, including the Insane Poor, 1927*, 45.
[10] *Donegal Democrat,* 21 August 1925.

> Home is most unsatisfactory owing to the absence of proper sanitary arrangements and drainage.

29.51 Other aspects of the home were also defective:

> The beds and mattresses are mostly broken and dilapidated not fitting the floors where the old central trench still remains. The upper dormitories are unceiled and not heated. A new ward reconstructed out of an old store is the only pleasant-looking spot in the Institution. Lockers are required here. In the Fever Block which now accommodates the old men the ceilings are falling, and the walls are stained and broken. There is no disinfecting apparatus. With regard to the condition of the children some improvement has been made. In my last report, I drew attention to their dismal plight. Since then an Army hut has been erected to serve as a Day Room, and an old school room serves them for sleeping accommodation. Much more, however, needs to be done.

29.52 A report on the quality of water supplied to Stranorlar county home concluded that no sample was safe for drinking. Analysis of samples taken from the four wells supplying the home found that the water was 'grossly polluted with sewage or manurial matter' and 'other animal organic matter'. In 1927, a new well with an electric pump did much to improve the water quality, but the lack of a general water scheme in Stranorlar town ensured that the water supply to the county home remained insufficient. In 1928, the storekeeper reported that milk supplied by a local producer was analysed and found to have been deprived of 27.7% of its original fat. Repeated examination found that the milk supplied was of lesser quality than the general milk supply and often failed to meet minimum legal requirements regarding nutrition. Similarly, analysis of the bread supplied to the home found that it contained 2.2% ash and 1.24% cellulose, indicating that the producer used low grade flour and that the bread had little nutritional value. It seems that some commercial vendors supplying foodstuff to Stranorlar county home knowingly supplied products of inferior quality and of little nutritional value, without any regard for the health and wellbeing of the men, women and children housed in the institution.

29.53 The diet for female patients, unmarried mothers and children living in Stranorlar county home was as follows:

> Breakfast, 8.00 am: 6 oz's. Bread, 1 oz. margarine, 1 pint tea.

Dinner,	1.00 pm:	4 oz's beef or mutton, 2 lbs potatoes, vegetables.
Evening Tea,	3.00 pm:	4 oz. bread, 0.5 pint tea, 0.5 oz. margarine.
Supper;		1 pint porridge, I pint milk.

29.54 Following representations from the minister, the DLGPH advised the authorities at Stranorlar county home that the amount of food given to residents was 'too excessive' and ordered them to reduce the food served to 'bring it in line with other County Homes'. Although no record of the suggested revised diet was located, it can be determined that the DLGPH directed that residents received three, rather than four, meals per day. It is also clear that the county home administrators ignored the minister's order for over two years and quietly continued to serve four meals per day. However, due to sustained pressure from the DLGPH, a reduced diet came into operation in the home in 1926. The storekeeper's reports show that the meat supplied to the home was also of variable quality and, on occasion, found to be rancid. In addition, a DLGPH report in 1926 stated that cooking arrangements in the home were 'bad' and advised that the board of health should provide a suitable kitchen for the institution.

29.55 Every DLGPH report on Stranorlar county home referred specifically to the 'primitive laundry arrangements' in operation there and to the complete absence of disinfecting apparatus. In her monthly reports, the matron listed the number of old rugs, blankets and sheets removed from the infirmary and recommissioned 'for nursery purposes'. It is not clear how these items were used in the nursery. Considering that this repurposing of bedding was common practice in the institution, an overcrowded institution without proper laundry or disinfecting facilities, it seems reasonable to assume this practice created increased opportunities for cross-infection among patients. Infants who came in contact with recommissioned items 'for nursery purposes' must have been most susceptible.

29.56 In 1929, members of Donegal County Council complained that the cost of running Stranorlar county home exceeded the cost of running all pre-amalgamation workhouses. The chairman of the board of health presented figures that showed that the cost of running it during 1929 was in fact £2,474.00 less than the cost in 1922. In light of increased pressure for reductions in the rates, there was little hope of local authority investment in the home and demands for greater economy

relating to the cost of running the institution ensured that calls to improve the living conditions of those housed there would not be realised.[11]

29.57 There were multiple outbreaks of typhoid in Stranorlar county home during 1930. The first outbreak was in May and five people were removed to Letterkenny fever hospital. The county medical officer, Dr O'Deagha, stated that the outbreak was 'undoubtedly caused by the defective sanitary arrangements in the Home' which he observed 'associated one's mind with concentration camps'. In September, two further outbreaks of typhoid occurred; both originated in the female side of the home. Twelve women contracted the disease; three died. It subsequently transpired that blocked drains on the women's side of the home caused a buildup of 'excrement and other effluent'. Donegal also experienced an outbreak of enteric fever in 1930: it occurred in the Stranorlar District and had its origin in the county home. Again, the county medical officer highlighted the 'almost primitive sanitary arrangements prevailing at the Home' and the dangers that this posed to the 'large number of residents sheltered under its roof'.

29.58 The extremely poor living conditions in Stranorlar county home may also explain the excessively high infant mortality rates recorded in the institution during 1930. The institutional medical officer reported that, of the 37 infants born or admitted during 1930, 23 died there.[12] Remarkably, this high infant mortality received no attention in the reports of the Donegal Board of Health and Public Assistance. The board did receive a letter from the Minister for Local Government and Public Health requesting a return showing the cause of death of each child who died in the home during the half year ended 30 September 1930. The Commission did not locate a reply in the Donegal public health records.

29.59 In February 1931, the minister again wrote to the Donegal board instructing them to 'give early attention to' and make 'necessary orders on several matters' highlighted by the departmental inspector, Mr Mc Lysaght, in his report on Stranorlar county home. The board replied stating that they were considering a scheme of general repair at the institution and had invited tenders for same. However, the board had decided that the provision of disinfecting apparatus was not a pressing issue and it formed no part of the proposed refurbishments.

[11] *Donegal Democrat*, 21 December 1929.
[12] The institutional records show that 1930 was the worst year for child deaths in Stranorlar but they do not tally with the medical officer's report that child mortality rates were in the region of 62%.

Similarly, the board chose to ignore a DLGPH recommendation to bring the maternity ward up to 'a state of modern efficiency'. The board advised the DLGPH that they would consider undertaking such work if they could participate in the Hospital Sweepstakes.

29.60 In July 1933, a report on Stranorlar county home by the DLGPH inspector, Dr Dillon, indicated that the board of health had made no effort to provide suitable laundry or disinfecting apparatus for the institution. Dr Dillon also noted that the board had made no improvements to the maternity ward, which she stated was 'very small and had no equipment'. As the institution catered for an average of 40 births annually, Dr Dillon advised the board of health and the DLGPH that 'some improvement should be considered'. In June 1934, another DLGPH inspector, Dr Doherty, reported that the wards in Stranorlar county home were unceiled and without central heating. He expressed concern that the wards were extremely cold during winter and this posed a danger to the elderly and to mothers and children in the nursery.

29.61 In June 1935, a letter from Dr J Gormley, obstetrician to Stranorlar county home, made it clear that the board had undertaken no remedial work to improve the institution's maternity ward and that conditions had deteriorated to the extent that he was refusing to treat maternity cases there. Dr Gormley stated:

> Owing to lack of accommodation and want of modern methods, admission of patients to the Labour Ward has been discontinued for the past two months. The patients are now transferred to the District Hospitals. There is no bathroom and no supply of wash basins with running water, hot or cold. The department is of the most primitive kind and I recommend the formation of a new department with increased accommodation. There would be required: Prenatal Ward of 12 beds; Labour Ward of 2 beds; Puerperium Ward of 10 beds; two modern bathrooms and lavatories; Wash basins and sterilizers. This is an absolute necessity if the care of the pregnant mother in County Donegal is to receive anything like fair attention

29.62 In Dr Gormley's view, pregnant mothers in Stranorlar county home, single pregnant women in the main, were being let down by the distinct lack of investment in maternity services in the institution, a situation which put them at an unfair disadvantage. It is equally clear that Dr Gormley was no longer prepared to treat women under such 'primitive' conditions or subject women to inferior treatment. In

April 1935, he directed all pregnant women to attend one of the district hospitals in Donegal rather than seek admission to Stranorlar county home.

29.63 In February 1937, the county medical officer, Dr O'Deagha, reported that another outbreak of typhoid fever had occurred in Stranorlar county home. He stated that the main lesson to be learned from the outbreak was the importance of ensuring mechanisms for 'the safe disposal of excreta and an adequate supply of unpolluted water'. This suggests that sanitary arrangements at the county home in 1937 remained substandard and continued to pose a serious health hazard to those living in the institution.

29.64 In February 1939, the matron again drew attention to the 'very bad' sanitary condition of the institution and expressed her concerns regarding the safety of the maternity and cancer cases to the board of health. She stated:

> There are 40 or 50 patients there mostly maternity and cancer cases. There are no latrines upstairs and the slops have to be carried down and emptied in a manhole in the yard. This crude method of sanitation is very serious and dangerous to patients and nurses. The matter has been reported time and time again by the Medical Officer but has been held in abeyance awaiting a grant from the Sweepstakes or something of the kind, and the trouble still continues.

29.65 Similarly, the storekeeper reported:

> The ceiling in the hospital hall is falling and in danger of injuring any person passing. This is due to the crude state of a W.C. directly over the hall and immediately outside the maternity ward.

29.66 The matron's and storekeeper's reports were unambiguous in their assertions that Stranorlar county home remained in a shockingly bad state of repair. The lack of a latrine in the hospital ward necessitated the conveyance of faeces through the body of the home to be dumped in a hole in the yard. It has already been established that the home contained just two toilets. The storekeeper's report revealed that one of them was in such a 'crude state' that waste was flowing down into the floor underneath and into the maternity ward.

29.67 Inaction on the part of the Donegal Board of Health and Public Assistance ensured that poor sanitation in Stranorlar county home continued to blight the institution

throughout the 1930s. The brunt of this negligence fell heaviest on infants living in the county home. The institutional medical officer reported that although infant mortality fell from a high of 68% in 1930, a rate of 50% pertained over the decade. This suggests that one in every two infants born or admitted to the county home during this period died.[13] Local authority health records give no indication that either the Donegal Board of Health or the DLGPH gave this matter any consideration.

29.68 In February 1938, the board of health heard that three girls aged 15 or 16 years were admitted to the county home, pregnant. All three were boarded out children and the board referred the matter to the Gardaí.

29.69 In October 1939, Miss Alice Litster reported on boarded out children in Donegal. She noted that 103 children were on the boarded out register at that time. The Donegal board of assistance paid foster parents a maintenance allowance of £1 a month per child and a clothing allowance of £3 a year. Miss Litster observed:

> The destitute children of the County are maintained in the County Home prior to being boarded out. As a general rule, they are boarded out at an early age. It is satisfactory to note that the Board of Health and the authorities of the County Home realise the advantage of placing them in foster homes at an early age before Institutional life has had time to put its mark on them. The atmosphere of a County Home is not an ideal one in which to rear children and they are apt to acquire bad habits, of which it is very difficult to rid them afterwards.

29.70 In September 1945, a DLGPH report on Stranorlar county home stated that 218 people were living in the institution. Although this was 25% lower than occupancy rates recorded during the 1930s, there was no reduction in the number of children housed there. At the time of inspection 39 children, ranging in age from 2 to 8 years, were living in the institution. The report noted that accommodation for children in the home was 'strictly limited' and that the nursery was 'very much overcrowded'.

29.71 In 1946, the matron reported that the county home nursery remained overcrowded and was too small to accommodate the number of children housed there. She

[13] The Commission's engagement with the institutional records failed to confirm the mortality rates cited.

expressed her concern that the approaching winter would bring more admissions and there was insufficient floor space to accommodate any more children. In January 1947, the matron again remonstrated with the public assistance authority regarding the county home nursery. She complained that the nursery had remained overcrowded and that the available floor space, ventilation and lavatory accommodation were 'wholly inadequate' to cater for the number of children living there. Furthermore, the matron complained that there were no proper bathing facilities in the institution to wash the children and no proper facilities for washing and drying their clothes. Matron asked the authority to intervene to make the nursery more comfortable for both children and nurses.

29.72 In February 1949, Alice Litster inspected Stranorlar county home. At the time of inspection, 27 unmarried mothers and 44 children were living there. Eighteen infants aged between one month and two years were housed in the nursery. Miss Litster reported that the nursery was a large room on the ground floor which had 'a stuffy atmosphere on entering'. It contained 18 wooden cots, with wooden slats, straw mattresses and adequate blankets. She noted that babies slept in the nursery at night, but breastfed infants were taken to a dormitory on the second floor occupied by their mothers. Two mothers slept in the babies' dormitory by night. Commenting on the health of the infants, Miss Litster noted that all but four appeared to be in good health. Two infants were described as 'not thriving', one as 'delicate' and the fourth was 'suspected to be mentally deficient'. Six children aged between three weeks and 13 years were housed in the maternity ward.

29.73 Miss Litster encountered the remaining 20 children, aged between 13 months and 13 years, in 'the Hut', a long wooden structure in the yard. She stated that the hut was heated by a centrally placed stove, was 'stuffy and unpleasant' and carried 'a strong odour of humanity'. Among this group, two boys aged 12 and 13 years were classed as 'mental defectives' and just two children were assessed as being suitable for boarding out. With regard to the remaining children Miss Litster noted that some were suffering from scabies; some could not, or made no attempt to, stand or walk; one suffered a prolapsed rectum; two were deemed to be mentally defective; two were returned by foster parents citing their 'dirty habits'; two were admitted by the NSPCC in a 'neglected condition'. The remaining children were reportedly 'not healthy-looking children'. Miss Litster noted that there was no sanitary accommodation attached to the nursery or hut and that enamel chamber pots were kept there for the children's use. The older children were bathed in a

bathroom off the women's day room supplied by hot water from the laundry. Babies were bathed in the nursery. All children took their meals in the nursery and were fed five times a day as follows:

Breakfast	8.30am:	Tea with bread and butter, or milk with bread and butter.
Lunch	11.00am:	Milk (half pint). Cod liver oil is given at this time
Dinner	12.20pm:	Mashed potatoes and mincemeat. Soup (made with vegetables-carrots, turnips, parsnips, as in season and available, and barley).
Tea	3.00pm:	Tea, Bread and butter.
Supper	6.00pm:	Porridge and milk, or bread and milk.

29.74 Miss Litster observed that, on Fridays, children were given eggs, hard boiled and chopped through mashed potatoes, with egg salad and tea. No milk pudding except corn flour was given to infants starting to take solids. No fruit was given as part of the diet.

29.75 A report on 'illegitimate' children in Stranorlar county home, which appears to have been written by Miss Litster and informed by the county medical officer Dr Gormley, stated that in the period 1 April 1945 to 17 February 1949, 45 children were born in the home and a further 11 were admitted after birth; 'making a total of 55'. However, the indoor registers for the home recorded 210 births and 48 infant admissions over the same period. Furthermore, Dr Gormley stated that eight infant fatalities occurred in this period giving an infant mortality rate of about 14%. However, the institutional records recorded 48 infant deaths in the same period: an infant mortality rate of 23%. Details relating to the causes of infant deaths contained in the report are also suspect: in every case Dr Gormley gave the cause of death as 'weakness from birth'. The Department of Health informed Dr Gormley that these could not be accepted as 'certified causes of death'. Dr Gormley expressed his willingness to give 'more exact details' 'if requested to do so officially'.

29.76 On 31 March 1949, the Donegal public assistance authority reported that 216 people were living in Stranorlar county home including 22 unmarried mothers. There were 46 children living in the home; all but three were 'illegitimate'. Most children ranged in age from newborn to five years old. Six children were between five and 15 years old. The public assistance authority reported that, at the time of

inspection, the institution was not overcrowded and was adequately staffed by two nuns, four nurses, two wardsmen, a cook, porter and ambulance driver. The water supply, method of sewage disposal, laundry and kitchen facilities were reportedly 'good'. Sanitary arrangements, heating, and the general structure of the institution was said to be 'poor' and in need of improvement.

29.77 In August 1949, the Department of Health undertook a major programme of remedial and construction work at Stranorlar county home including the conversion of the old fever hospital into a new nursery. Other work undertaken included the replacement of doors and windows; plastering and distempering walls; fitting fireplaces in the mothers' ward; the installation of a bath, WC and hand basin in the children's ward and the installation of a wash hand basin in the labour ward.

29.78 In May 1950, the Department of Health inspected Stranorlar county home. The inspection report stated that accommodation for the unmarried mothers was of the 'usual dormitory' type with unplastered walls, uncovered ceilings and with no furniture other than beds. The children's accommodation was, according to the report, 'extremely crude' with unplastered walls, uncovered ceilings and no furniture other than wooden cots. The women's dining room was 'very bad' and the worst that the inspectors had seen in any institution. It noted that walls were unplastered, ceilings were rough and that there was 'a general atmosphere of gloom' made worse by overcrowding. The inspector also noted that unmarried women had no day room to avail of in the institution and 'seem to occupy themselves throughout the wards and other parts of the institution'. The inspector noted that the old fever hospital located behind the main institution was being renovated to accommodate unmarried mothers and children. This work was not completed until January 1952.

29.79 In July 1952, Miss Litster inspected Stranorlar. At the time of inspection, 26 single mothers (including six pregnant mothers) and 36 'illegitimate' children, aged from newborn to seven years, were living there. Miss Litster noted that the children were now housed in a new nursery on the site of the old fever hospital and that nursing and pregnant mothers had accommodation there also. She described the dormitory for nursing mothers as 'a bright airy room' containing six beds with fibre mattresses. She noted that the room was 'clean, fresh and comfortable' and that separate lockers were provided for all beds. Miss Litster noted that babies did not sleep in this dormitory.

29.80 Miss Litster reported that the dormitory for pregnant mothers was also ‘a bright airy room’ containing six beds with Dunlopillo mattresses and with a locker beside each bed. It had a bathroom attached and a large press for coats. The post-natal ward contained four beds. At the time of inspection there was one occupant, the mother of a day old ‘illegitimate’ infant. By day, children were accommodated in a dining room equipped with an Aga cooker and milk in a pantry covered in enamel pails. Miss Litster noted that the nurse in charge prepared food there for bottle-fed babies. The other side of this room contained a playroom which she described as ‘a somewhat dark room’. Miss Litster inspected nine children in the dining room. She noted that five ‘appear healthy’ and that the others were either ‘delicate’, or ‘mentally defective’. In one case, she noted ‘the child does not speak’.

29.81 The first floor of the new nursery contained 22 wooden and aluminium cots. Behind a screen at one end of the room there were three children with chicken pox. The room was ‘bright and airy’, lit by seven windows and floored with linoleum. It was heated by an open turf fire. A bathroom and WC were adjacent. There were 21 children aged between three months and three years living there at the time of inspection. Miss Litster reported that most children were in good health. She described the dormitory for older children as being ‘a bright and airy room’ with wooden cots with mattresses. The room was lit by seven windows and had a bathroom and a WC adjacent. She noted that there was no fire escape from the first floor of the nursey and that there were no fire extinguishers on the landings or in the rooms. The children received five meals a day as follows:

7.30 a.m.	tea (milky); bread and butter.
10 a.m.	milk; bread and butter.
1 p.m. dinner.	Mashed potatoes with butter mixed through; a little meat; milk to drink. Soup - vegetable soup made with meat and carrots, turnips, etc. as in season. No pudding is given. Fruit does not appear on diet sheet.
3.30 p.m.	Milk or tea, bread, and butter.
6 p.m.	Porridge and milk. Eggs occasionally i.e., about once or twice weekly. These are not on dietary scale and are signed for by the Medical Officer.

The bottle-fed babies get either cows' milk or Cow and Gate food. Routine daily doses of Cod Liver Oil to each child.

29.82 Miss Litster reported that, in the period 1 April 1951 to 31 March 1952, 36 'illegitimate' children were either born or admitted to the institution and 11 'illegitimate' children died there over the same period; this was an infant mortality rate of 30%. These figures correspond with the institutional records. On this occasion, the medical officer supplied more detailed causes of death as follows:

Age at Death	Date of Death	Cause of Death
3 weeks	18/06/1951	Prematurity
2 months	30/07/1951	Marasmus
2 months	11/08/1951	Marasmus
1 day	08/10/1951	Cerebral Haemorrhage
4 months	03/10/1951	Myocadiac degeneration
5 days	16/12/1951	Cerebral Haemorrhage
1 day	07/01/1952	Congenital Heart Disease
1 week	25/01/1952	Sclerema
6 weeks	05/02/1952	Cerebral Convulsions
3 days	18/02/1952	Inter-cranial Haemorrhage
5 weeks	25/02/1952	Purpura Fulminans

29.83 Miss Litster commented:

> Of the eleven infants who died, nine were born in the Institution and two were admitted from outside. The death rate shown is high. It is to be hoped that the better conditions and equipment of the new Children's Home will be reflected in a lower death rate. It is pleasant to see the bright attractive quarters now provided for mothers and children. Sanitary and bathing accommodation are now adequate; cots and beds comfortable; cooking facilities good. A trained nurse is in charge of the maternity unit and children's quarters.

29.84 Miss Litster noted that single pregnant women in their first pregnancy were not routinely sent to an extern approved maternity home as a matter of routine, but that some were sent to Sligo county home.

29.85 Miss Litster reported that only pregnant and nursing mothers slept in the maternity and children's units and that mothers of babies who were not breast-fed and mothers of older children 'sleep in the main body of the County Home and work there'. Miss Litster stated that these women were allowed 'no freedom of access

to their children' and were only allowed to visit them on their day off (Sunday) and were afforded 'special visits' if the child was ill. The county home administrators rationalised this stance by claiming that more frequent visits 'caused disruption to routine' and resulted in 'quarrelling and a general upsetting of the children'.

29.86 Miss Litster commented:

> There is under this system no fostering of affection for and interest in their children. On the other hand, if we have nothing to offer the mother eventually but complete separation from her child, it is perhaps kinder to avoid the growth of affection. Nevertheless, we may have to consider whether or not the loss of maternal care may have some share in the mounting death rate.

29.87 In March 1953, the Donegal general purposes committee and county home visiting committee met to discuss the Department of Health *White Paper on the reconstruction and improvement of County Homes*. The committee members agreed with the department's recommendations to provide improved accommodation for the aged and infirm in Stranorlar county home and agreed that the cost involved was justified. However, committee members did not agree with the department's recommendation that the Donegal public assistance authority should provide new separate accommodation for unmarried mothers and children outside the county home setting. Committee members argued that unmarried mothers and children were housed in a separate building (the old fever hospital) and that accommodation for such classes had been 'recently and substantially improved'.

29.88 In 1954, the Donegal public assistance authority drew up an estimate of future bed accommodation for Stranorlar county home. The report made provision for beds for the chronic sick, ambulant residents and casual patients, but made no provision for unmarried mothers and children. Under the heading 'Classes at present in the Home and who are to be accommodated elsewhere in future', it was noted that unmarried mothers and children were still being admitted to the home but gave no indication as to where they would be accommodated in the future.

29.89 When the Department of Health made inquiries regarding plans for the future provision of accommodation for unmarried mothers in Donegal the matron of Stranorlar county home replied that she could not countenance the removal of unmarried mothers from the institution as she would not be able to procure female

attendants to replace them. The department enquired if unmarried mothers 'mixed with other inmates' or if they were completely segregated. The department was informed that unmarried mothers mixed with all other inmates as they worked in the different departments of the institution. The Department of Health accepted this arrangement on the basis that it would not interfere with the development of the home as a hospital for the chronic sick.

29.90 In June 1958, the Department of Health Inspector, Miss Margaret Reidy, visited Stranorlar. At the time of this inspection there were 20 children, aged between one month and ten years, living in the institution; 17 were listed as 'illegitimate' children. Every 'illegitimate' child was to be 'boarded out at a later date' and Miss Reidy noted that all were in good health. Two children, aged 11 months and one year, were unaccompanied. A family of four 'legitimate' children were living in the institution because their mother was a 'mental defective'. Another was there because her mother was in a mental hospital. One unaccompanied child was described as a 'Mongol', but no arrangements had been made to admit him to a 'special home'. A nine-month old girl, deserted by both parents because she suffered from infantile eczema, was in the home unaccompanied. The remaining 'legitimate' children were accompanied by their mothers who were admitted because they were destitute. The matron told Miss Reidy that adoptions could be arranged for children in America, but proceedings could not be instituted due to 'a Government objection' to foreign adoptions of children from county homes.

29.91 The Department of Health wrote to the health authority:

> I am directed by the Minister for Health to state that it appears from a report furnished by an officer of this Department that at the time of her inspection of children in the County Home, Stranorlar, in June 1958, that there were 20 children in the Home, 7 at least of whom were of a suitable age for boarding out. The Minister cannot too strongly deprecate the retention of children in County Homes beyond the age of 12 months and he would urge that the Health Authority should make every effort to secure foster homes for children over the age of 12 months who are suitable for boarding out. It would be appreciated if you would state what steps are being taken to secure more appropriate accommodation for [named child] who, it is understood, is mentally defective. I am to draw attention to this Department's Circular No.7/52 of 20/01/1952 relating to the scheme for the improvement of County Homes and to point out that it is an integral part of any scheme for

improvement of these Institutions that children should not be accommodated in them.

29.92 The draft of the response also included the following on the subject of American adoptions:

> The Officer reports that the Matron of the Home stated that adoptions could be arranged for some of the children in America, but that because of a Government objection, proceedings could not be instituted. In this connection, I am to point out that the powers and duties of a Health Authority in relation to a child who comes under their care are set out in sections 54, 55, and 56 of the Health Act, 1953. The Minister is, in fact, advised that a Health Authority has no power to send any child abroad or to act as an agency for such purpose because in so acting it would be acting ultra vires. Because, however, of the peculiar relationship of a Health Authority to children under its care, deriving from the general obligation to seek, consistent with the moral welfare of the children, to bring about their material and social advancement, the Minister would see no objection to a Health Authority's co-operating with a responsible person (not being a member of the Health Authority's staff) or appropriate charitable organization to the extent of passing on to such person or organization any requests which might be received from abroad for a child for adoption and later handing over any child to such person or organization or a representative of such person or organization at any appropriate place in the State when it had satisfied itself;
>
> (1) By the production of a formal consent, on the lines of the forms of "consent to adoption" present in the Adoption Act, 1952, Rules, 1953 (S.I. No. 104 of 1953) to the removal of a child out of the State, that it (the Health Authority) was not a party to an infringement of section 40 of 'the Adoption Act, 1952; and
>
> (2) That, where necessary (e.g. in the case of a child going to the U.S.A.), a passport in respect of the child had been obtained from the Department of External Affairs.

29.93 This part of the draft response was not included in the actual response issued. A handwritten note relating to the above letter stated:

> I think that it would be better not to convey officially the information regarding children going to U.S.A. but the Inspector of Boarded out Children might write to the Children's Officer stating that she understood that there was some

misunderstanding about the matter in certain areas, including Donegal, and giving the information in the lines of this draft.

29.94 In February 1959, the secretary, Donegal County Council sent a report to the Department of Health regarding children in Stranorlar county home. He acknowledged that 20 children were living in the institution during Miss Reidy's inspection but stated that all but eight had been transferred elsewhere: five were boarded out and the others were taken by relatives. The secretary stated that eleven other children had been admitted to the home in the intervening period. Most were there for short stays because their mothers were incapacitated or in hospital and the others were either mentally or physically compromised and awaiting placement in specialist institutions.

29.95 In October 1959, Miss Reidy inspected Stranorlar. There was one single mother and six children there at the time. Three of the children were 'illegitimate': an infant girl accompanied by her mother; a three-year-old unaccompanied boy 'suitable for boarding out' and a two-year-old girl with deformed feet waiting admission to Our Lady's Hospital, Crumlin. All three 'legitimate' children were unaccompanied. Miss Reidy concluded by stating that the standard of childcare in the institution 'is not as good as it is in the majority of County Homes'. She noted that 56 children had been discharged since June 1958. Their exit pathways were as follows: Home with parent or relative, 58%; boarded out, 13%; placed for adoption, 12%; transferred to an 'approved school', 10% and transferred to a special hospital/institution, 7%.

29.96 Miss Reidy next inspected Stranorlar in October 1960. There was only one single mother and her ten-month-old infant living there. The woman was on the 'paid staff' of the hospital. A 21-month-old girl recorded in Miss Reidy's previous inspection was still there unaccompanied and awaiting placement in a foster home. Two other children were described as 'congenitally abnormal' four-year-old twins awaiting admission to a 'special institution'. Miss Reidy observed:

> Since my last inspection of the 29th October 1959, five unmarried mothers were delivered in the institution (one stillbirth - a multiple birth). There were no neo natal or infant deaths. Midwifery is discontinued here now. The children had been moved from the maternity block to the main building. They are in what was originally the children's nursery before they transferred to the maternity block. This nursery is a large room with a large window facing

south east. The window, however, is very high and the children would not get much sunshine. At the time of inspection - between 3 and 4 in the afternoon - the unit was very untidy. Matron's excuse was that they had the Stations of the Cross that day and it had disorganized normal routine. I had discussions with the County Secretary, the M.O. to the institution, Dr Mulryan, and the Children's Officer, Miss McElwaine.

29.97 Miss Reidy reported that 25 children were discharged from the home between 1 November 1959 and 31 October 1960, as follows: Taken home by parent or other relative, 52%; placed for adoption, 16%; transferred to an 'approved school', 16%; boarded out, 8%; transferred to a 'special institution', 4% and transferred to 'a new foster home', 4%.

Anecdotal evidence

29.98 The HSE provided the Commission with a draft booklet about Stranorlar county home. The booklet was compiled in the 1990s and contained interviews with former staff members and a woman who had lived in the home as an unmarried mother. In the introduction, a former matron of the institution, when it was known as St Joseph's Hospital, wrote:

> I was acutely aware of the legacy of the County Home, some of which transferred negatively to the newer St Joseph's Hospital when built. When I say negatively, I should explain that this was because of the difficult conditions and hard times, which had been so much a part of the County Home experience, and this could not be shaken off easily. The County Home was envisaged as a 'no hope' or 'last resort' place and did not sit well with anyone who remembered it. Nor should it I suppose…Many who passed through the County Home had no one to care for them in their time of need and sadly some remained there until their dying day only to be buried in the unmarked graveyard behind what is now St Joseph's Hospital.

Extracts from an interview with 'Fran'

29.99 I went into the County Home [Stranorlar] in 1951 or 1952 when I was 16 years old. I was expecting a child. I did not mind going at the time because my own people did not want me. In those days it was a crime for anything like that to be wrong with you, so I was actually glad to get away. To me it was home, it was a roof and a bite of meat and when I was in that situation you were happy to get that. I had a

tough upbringing and it did not hit me hard but if you were from a well to do family and had plenty, it would have been tough.

29.100 You were given chores so you knew what you had to do and you were told you would be going to the laundry and at that time there were big tin baths and all the dirty nappies and all the dirty sheets from the hospital. My job was sluicing them at a quarter to seven in the morning under the cold tap outside before breakfast. Breakfast consisted of porridge, tea in an enamel mug and bread. Then off you went to the laundry and you washed clothes in big baths, and they were put into machines, two old fashioned type machines and one old fashioned spinner. There were dryers in the back where the clothes were dried.

29.101 Any of the girls who had children went up to the nursery, fed the children, changed them and put them to bed. My job in the morning was to help the nurses to put up the babies bottles and make the cots. I might get up at 6.30 am. I went to bed around 10 pm at night. In the morning, before you went to the laundry, you went to get your bucket and scrubber, cloth and Licel and went off to the body of the house where you scrubbed the wards on your knees. The floors were scrubbed three days a week. When the wards were done the bathrooms and toilets had to be scrubbed. On Wednesdays, large wooden commodes were carried downstairs to the yard and washed. It was different batches of girls for different things, you knew your routine and you got on with it.

29.102 We were generally happy I suppose. We used to have a good laugh. There would be great excitement when one of the girls would go off to have her baby and you were dying to know what it was. When a new girl came in you were dying to find out all about her. I used to listen to the wireless and dance to it. I was mad about dancing. Every Saturday night when Céílí House was on the wireless we danced with the nurses. So it was things like that we used to look forward to. The nurses were very nice.

29.103 One day I was scrubbing a dormitory and I was getting pains. I told one of the sisters and she told me 'Oh scrub away, you'll be grand, it will help you'. So, I scrubbed until I could scrub no longer. They took me up to the nursery and put me into a big bath. I was in the nursery all evening. The baby died but I never got to see where it was buried. That was me. I could go free, but I would not go home

because I was treated so badly there, so I was kept on as a staff member in the home. I worked in the hospital and was getting a wee bit of money.

29.104 In my estimation, they were good to the patients in the home but the facilities weren't there for them…It was sad when the wee babies were put on these wee pots and they would have been sitting on them for hours and they were fed with spoons by some of the girls. What used to sicken me the most was that when big gentry would come in to adopt a baby…They would never have picked my child if he had been in there. If he had lived, I would never have let him be taken away. I always said I would have stayed in until he was man big before I would have let him away. But I suppose at the end of the day, what was for girls? And that is the way it was in those days, which did not make it right but that just was the way it was…The mothers at that stage did not have much choice. They had to stay in the home until the child was boarded out. Often their parents did not want them home, to have nothing to do with them. The mothers would work and then be put on the staff and get a wee bit of money to keep their child and there was so much taken off them for their keep. There were some children there until they were nine or ten years old; ones that would never have been adopted. I wouldn't run down the home. It was home to so many people and times were very hard for everybody.

Extract from an interview with 'Kitty' (presumed to be an ex staff member)

29.105 There was a big eight or nine foot gate at the entrance. The ambulance driver's house was on the right next to a vegetable garden tended by an old inmate. Then there was the Stranorlar Registrar's Births, Deaths and Marriages office. Through the front porch the porter's quarters were on the right and across from it was the County engineer's office. The County Medical Officer was housed there also. Up a staircase was the Board of Assistance boardroom, county council offices and the chief clerk's office.

29.106 The women would have scrubbed the floors, worked in the laundry and in the kitchen. The men looked after the potatoes and the donkey and cart. The donkey and cart would have taken coffins up to the graveyard. A carpenter was employed to make coffins. The council men would have dug the grave. A new cemetery was opened in the 1950s. There were plenty of rats around. The only entertainment the patients had was the Strabane Brass Band who came up the Sunday after Christmas and entertained them. That was all the entertainment they had - once a year.

Extract from an interview with 'Josie'; staff member 1938-43

29.107 In 1938, it was quite grim, but there was terrible poverty in the area, and nobody expected a lot. The young unmarried mothers and the wives of travelling people had their babies there. The unmarried mothers came in quite early in their pregnancy, they had to work, to do tasks, scrub floors and other little bits and bobs. They had no very heavy tasks, but it kept them going and gave them something to do and when their children arrived there was a night nursery and a day nursery. The day nursery was a long hut where the kiddies could play when they were old enough to do so. Others went to school if they were not boarded out. They went to school in Stranorlar. It was tough on the mothers when the children were taken away eventually and boarded out. It was always sad because the mother could have been there for five or six years with the child and she grew to love it and it was an awful break to lose a child at that stage.

29.108 There were only two nurses and the nuns. We were paid six pounds, thirteen shillings and four pence, which was the going rate. We were always on the move and at that time we only had electric light until midnight so after that when we were laying out the dead or delivering a new baby, you did it by candlelight. I can't remember anybody being refused entry into the home - it was the place for them or otherwise they would have been on the side of the roads and in those days a lot of people did sleep on the side of the roads. Dr Gormley and the senior nurse kept the register and the books were filled in as each birth or death came in. Dr Gormley would sail in singing. A grand old soul. He had a wonderful way with them.

Extract from an interview with 'Maura'; staff member 1958

29.109 There was no heating, only a log fire. A couple of domestics worked in the home, mainly unmarried mothers…The unmarried mothers did most of the work. At that time, it was the destitute and unmarried mothers that made up the County Home and those creatures they scrubbed floors until they actually went into labour…The men and women were always kept completely separate. When the women went over to scrub the men's side one of us had to go to supervise to make sure there was no hanky panky. A Stranorlar resident bought two televisions for the home and that was just great. We really did appreciate that.

Extract from interview with Sr Stanislaus; staff member, 1940s

29.110 Looking back the conditions were atrocious. Sr Ignatius became Matron in 1944. Now she certainly did a lot to try and improve the conditions there. I remember we would have up to 60 kids and about 26 cots for them. The babies would be in the cots during the day. Their mothers would take them up to the top nursery to sleep with them by night. Now the big kids were put into the cots at night and in the morning had to sit on the floor to make room for the babies. The Army hut was the only place that the kids had to go during the day. There were no proper nappies for the children. When Sr Ignatius took over, she gave me four nappies for each child. I thought that was the most wonderful day. There were no training potties or anything until the nursery was rehoused in the old infirmary. I got the carpenter to make seats with holes in them so that we were able to start training those kids.

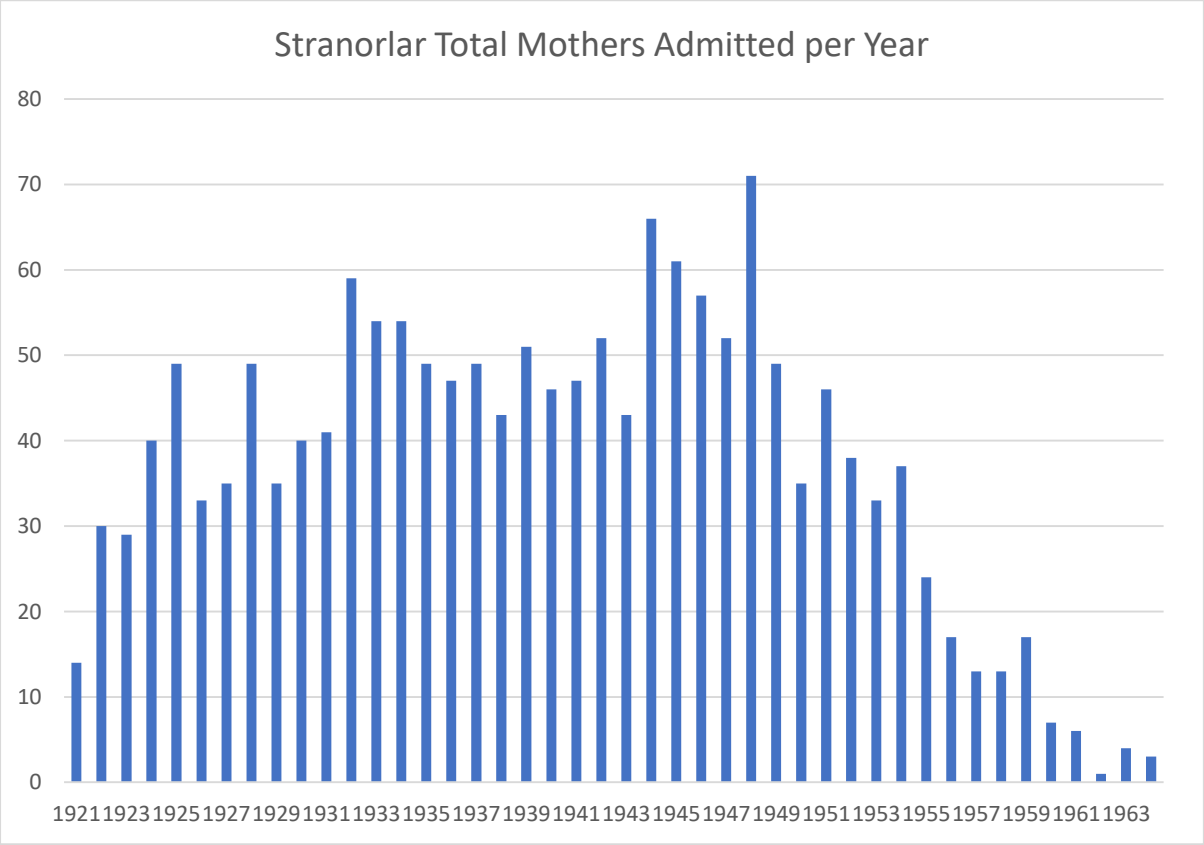
29.111 Some of the unmarried mothers might have been in three or four months before the baby would have been born depending on what had happened at home. If they had been put out [of their home] or if they were working, they would have to leave their employment. Some of them may not have come in until about a week before they were due. If their parents took them home, they had to take the baby with them, but if not, the girls would have to wait until their child was boarded out or placed with foster parents, which would have been two or three years. There was no such thing as adoption. The children had no toys and they craved attention. I begged and made six pounds and we used the money to buy a rocking horse for the children. I begged another six pounds to buy a pedal horse for the older children. But you know those kids, I could have kept them quiet all day by telling them that if they were bold, they would not get a ride on the horse.

29.112 But I also remember one thing about unmarried mothers. When I first went there, until the baby was born, they had to wear a shawl going to mass. I thought that was the hardest thing and people outside used to come into mass and they all knew how many pregnant girls were in the County Home and that used to kill me… There was a stigma about the County Home clothes. They were rough looking and only a certain make…I got the seamstress to make a skirt for each of the girls who were pregnant. They could wear their own clothes after the baby was born.

Chapter 29 A: Stranorlar Statistical analysis

The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions

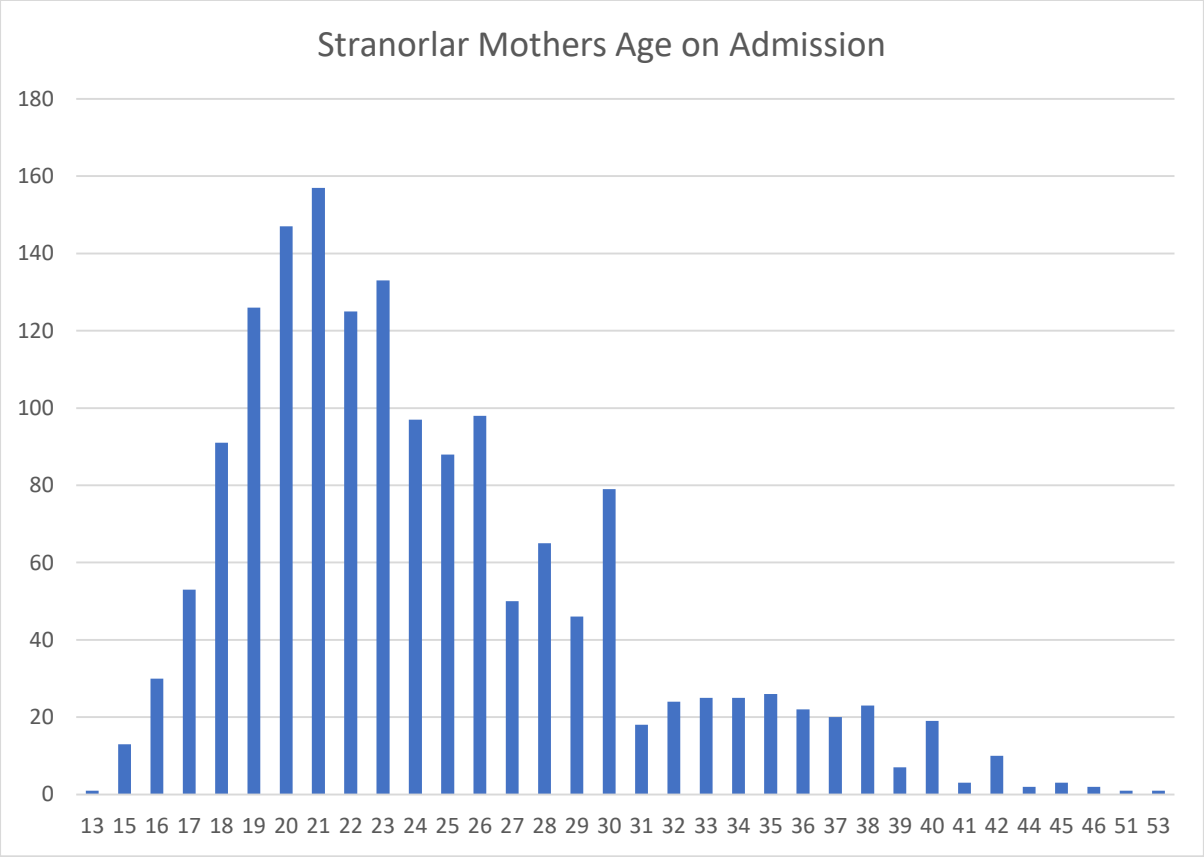


Through the institutional records, the Commission identified 1,646 single expectant women and unmarried mothers who were admitted to Stranorlar County home in the years 1921 to 1964. Information relating to date of admission was available for 1,639 women (99.6% of admissions). In the period 1921 to 1931, 36 women on average were admitted annually.

However, admissions increased from 41 in 1931 to 59 in 1932 and for the intervening decade 50 women on average entered the home annually. The busiest period was between 1942 and 1948; 402 women (one in four of all admissions) entered the home in those seven years. Admissions peaked in 1948 when 71 women entered the home. Admissions began a fairly steady decline thereafter, falling from 49 admissions in 1949 to seven in 1960. In 1950, the Department of Health had directed that unmarried mothers should not be maintained in county homes. In Stranorlar, however, it is clear that relatively large numbers of women continued to be admitted throughout the 1950s and some women were still being admitted there as late as 1964.

Analysis by decade shows that more unmarried mothers (33.19%) were admitted to Stranorlar in the 1940s than any other decade followed by the 1930s (29.71%); 1920s (19.16%); 1950s (16.66%) and the 1960s (1.28%).

Age on admission



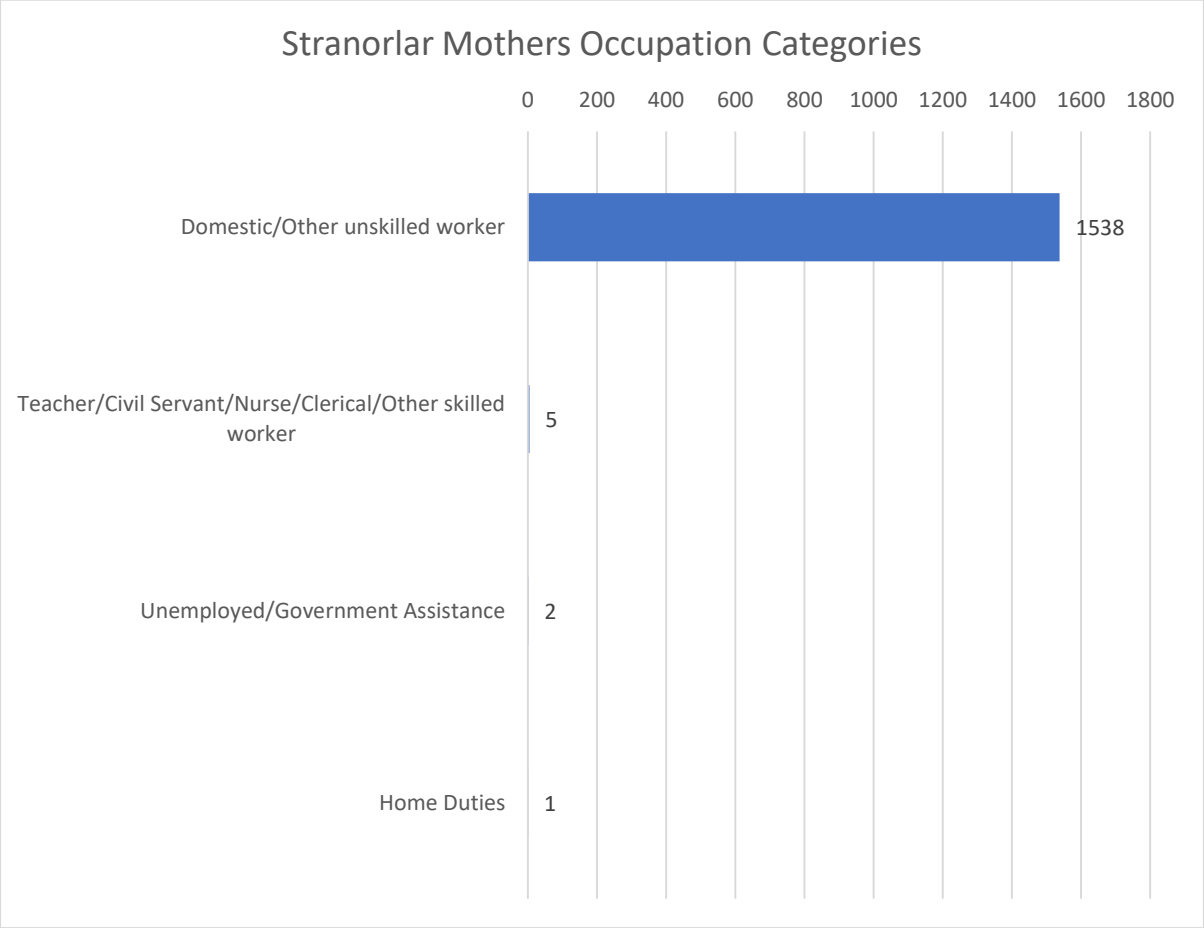
Information relating to age on admission was available for 1,630 women (92% of admissions). Ages ranged from 13 to 53 years. Most women (75%) were between 18 and 29 years old; 19% were 30 years and older and 6% were 17 years and younger; 2.7% of

admissions were between 13 and 16 years old. The mode of age on admission was 21 years although this varied from 20 years in the 1920s to 22 years in the 1960s. Average age on admission was 24 years although this increased to 25 years in the 1940s and 1950s.

Previous pregnancy

Information relating to previous pregnancy was available for 242 (14.7% of admissions). The Commission considered this sample to be too small from which to draw any conclusions.

Occupation

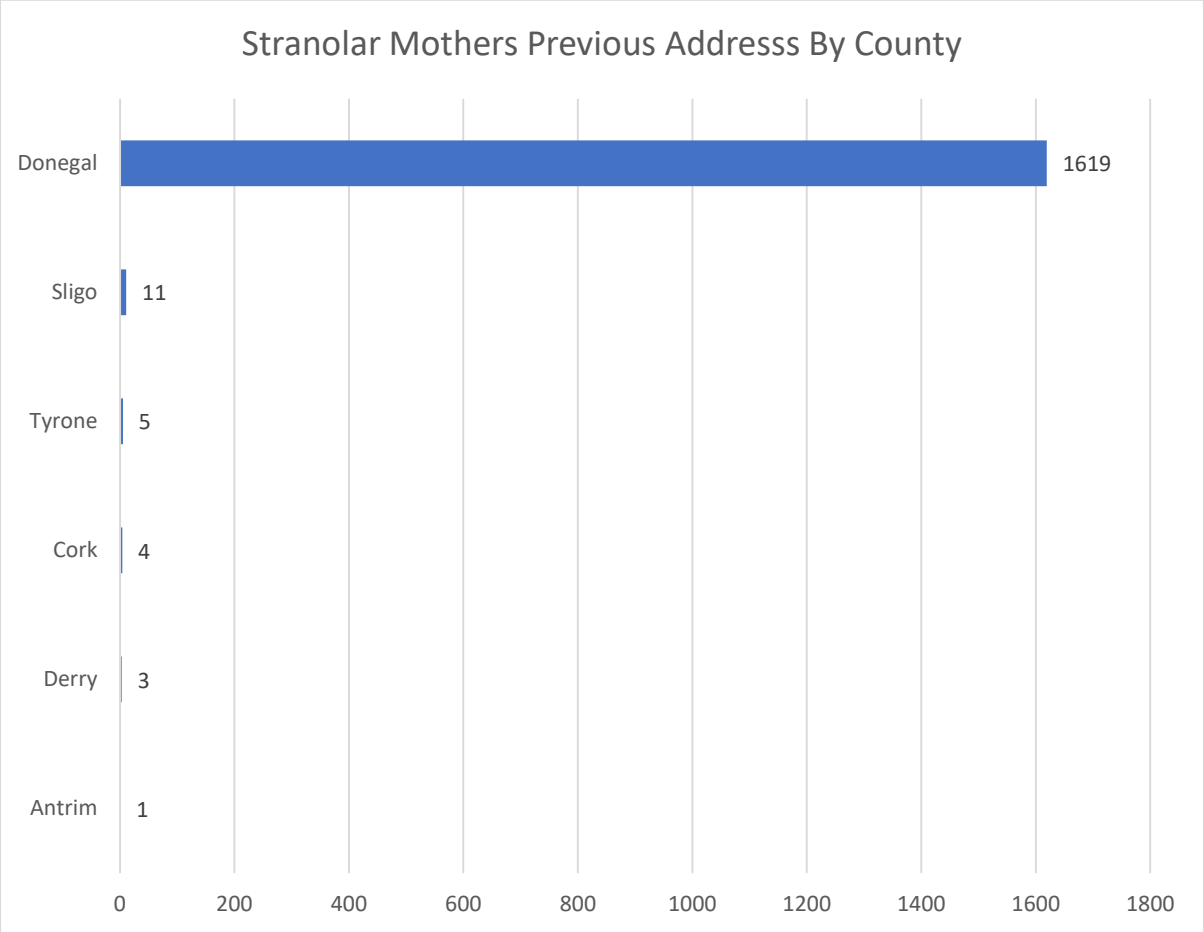


Information relating to occupation was available for 1,546 women (93.9% of admissions). Most women (99.48%) were recorded as a domestic servant or other unskilled worker; five women were recorded as a teacher/nurse/civil servant or other skilled worker; two were unemployed and one was working in the family home.

Marital status

Information relating to marital status was available for 1,642 women (99.8% of admissions). Most women (97.9%) were single women and the remaining women were either separated or widowed.

Previous address by county

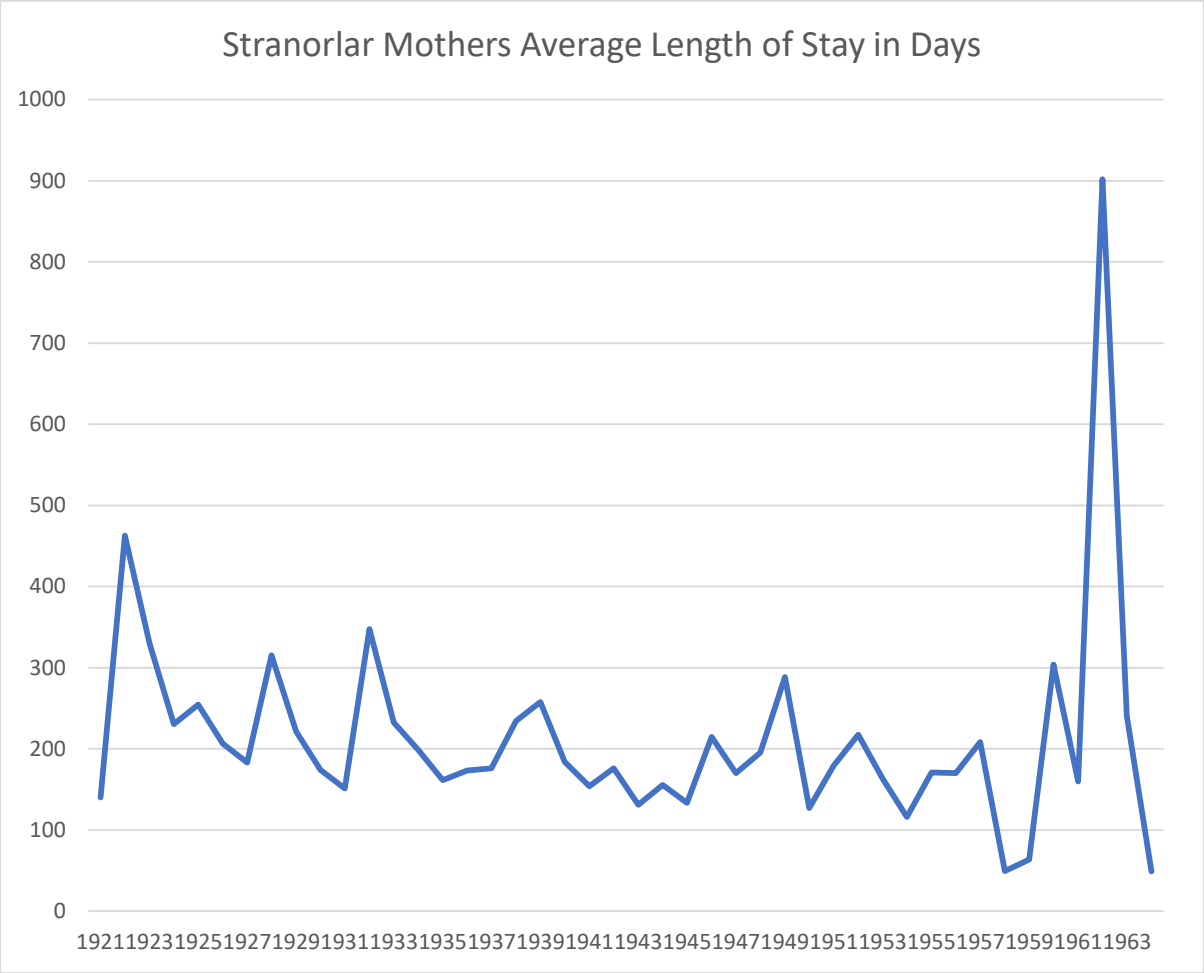


Information relating to previous address by county was available for 1,643 women (99.8% of admissions). The institutional records show that most women (98.5%) gave an address in Donegal as their previous residence. Small numbers of women gave addresses in Sligo (11); Tyrone (5); Cork (4); Derry (3) and Antrim (1).

Religion

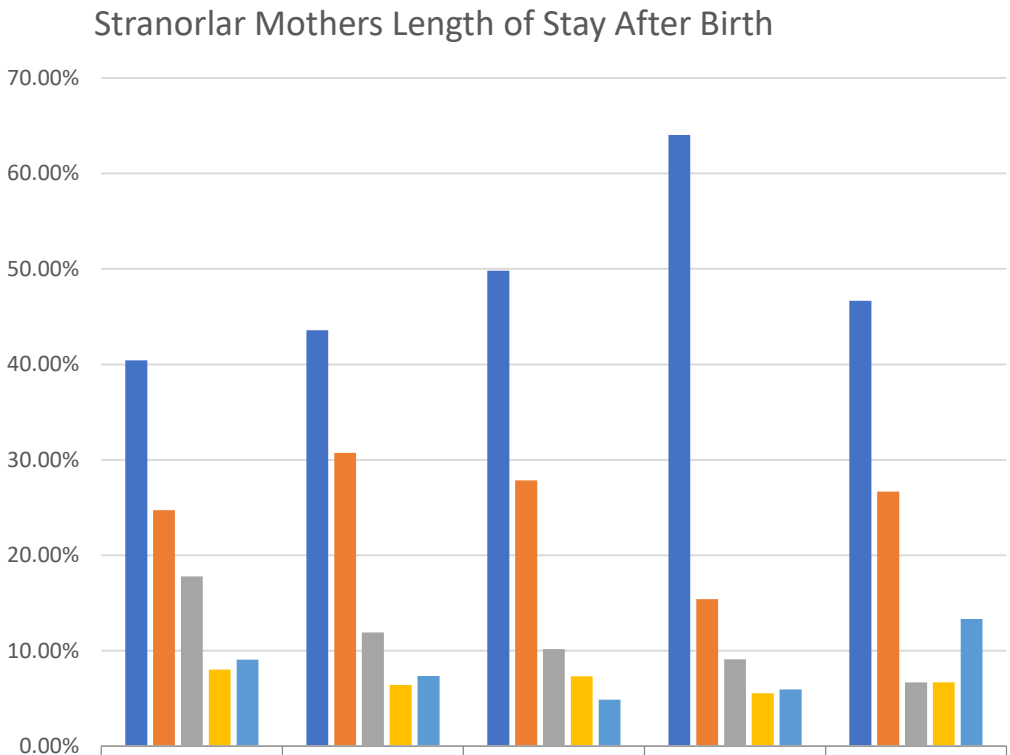
Information relating to religious denomination was available for 1,577 women (95.8% of admissions). Most women (98%) are recorded as Roman Catholic and the remaining 2% as either Church of Ireland or Presbyterian.

Length of stay



Information relating to length of stay was available for 1,627 women (98.8% of admissions). Women admitted to Stranorlar in the years 1922 to 1932 spent the longest periods in the home. This ranged between 463 days on average for women admitted in 1922 to 151 days for those admitted in 1931. Average length of stay decreased steadily from 266 days on average in the 1920s to 215 in the 1930s, 180 in the 1940s and 154 days in the 1950s. The apparent increase in length of stay in the 1960s is skewed by the very small number of admissions - the spike in 1962 relates to one woman admitted with her child that year (the only admission) and who stayed in the institution for 902 days.

The institutional records show that in the 1920s, single expectant women generally entered Stranorlar 47 days before giving birth; by the 1950s women generally entered 33 days before giving birth.



	1920	1930	1940	1950	1960
A: 50 days or less	40.42%	43.58%	49.80%	64.03%	46.67%
B: 51-180 days	24.74%	30.73%	27.85%	15.42%	26.67%
C: 181-365 days	17.77%	11.93%	10.16%	9.09%	6.67%
D: 366-700 days	8.01%	6.42%	7.32%	5.53%	6.67%
F: Over 700 days	9.06%	7.34%	4.88%	5.93%	13.33%

The available information shows that, in the 1920s, the majority of women (65.16%) left Stranorlar within six months of giving birth - over one in four had left within 50 days; 17.77% remained in the home for between six and 12 months and 8.01% for between 13 and 24 months. The remaining 9.06% of women remained in Stranorlar for periods of between two and four years. In the 1930s, the proportion of women who left Stranorlar within six months of giving birth increased to 74.23% - close to one in three had left within 50 days; the proportion who remained for between six and 12 months increased slightly to 11.93% and the proportion who remained between 13 and 24 months declined slightly to 6.42%. The proportion of women who remained in Stranorlar for more than two years after giving birth declined slightly to 7.34% - these women remained in the home for between two and five years. In the 1940s, the proportion of women who left Stranorlar within six months of giving birth increased to 77.65%, the proportion who left within 50 days, however, had decreased to 27.85%; around one in ten women remained for between six and 12 months; 7.32% for between 13 and 24 months and 4.88% remained for between two and three years. In the 1950s, most women (79.46%) left within six months of giving birth although the proportion of women who left within 50 days had further reduced to 15.42%; around one in ten remained

for between 13 and 24 months and 5.93% remained for between two and three years. In the 1960s all women bar four left Stranorlar within six months of giving birth - one in four left within 50 days. One woman left after seven months, one after 22 months and two women remained for more than two years.

Outcome

Information relating to outcome was available for 1,610 women (97.8% of admissions). The majority of single expectant women (79.6%) admitted to Stranorlar stayed and gave birth there; 13.3% were admitted with their babies having given birth elsewhere and 7.1% left before the birth and did not return.

Birth details

Information relating to birth details was available for 1,502 women (91.3% of women). The available records show that 98.07% of single women admitted to Stranorlar delivered living infants; 1.86% delivered stillborn infants and one woman suffered a miscarriage.

Exit pathways

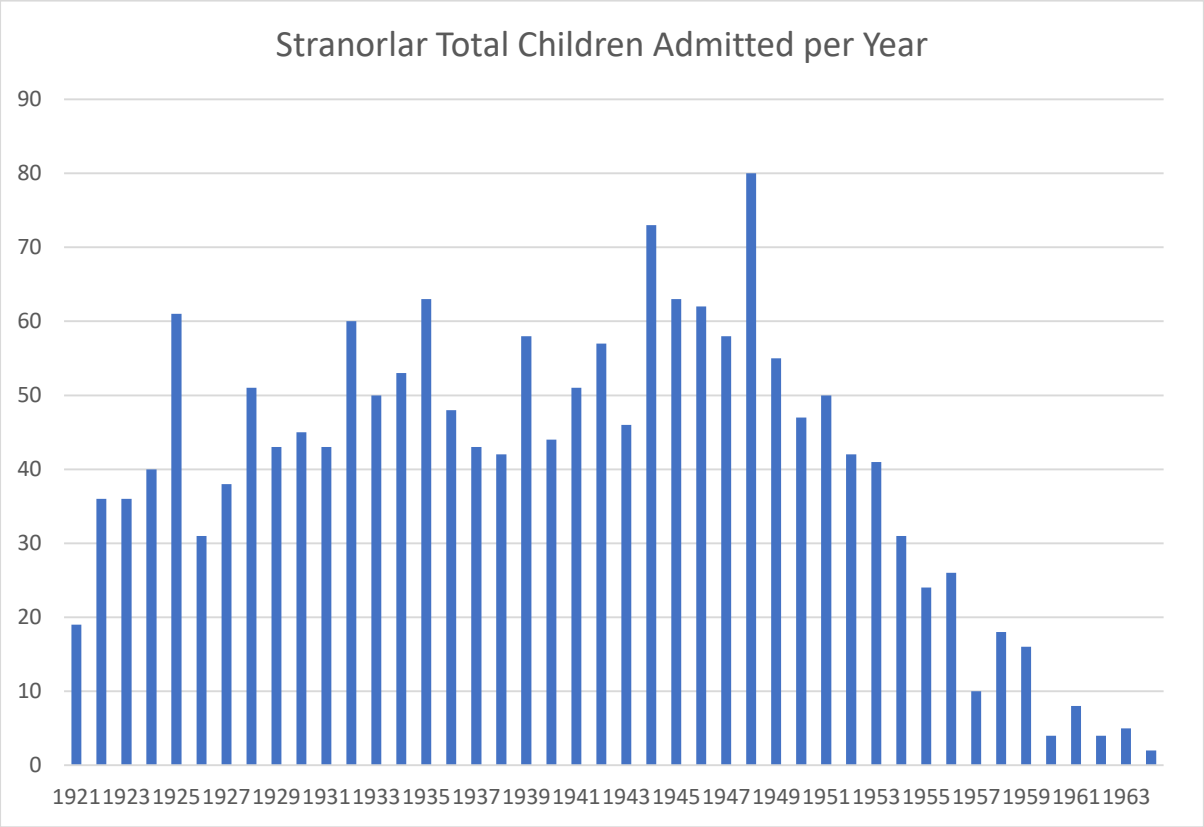
Information relating to exit pathways was available for 259 women (15.7% of admissions). The available information shows that most women were discharged to the family home/other private address (52.12%) or transferred to hospital (36.29%). The institutional registers record 20 instances where women were transferred to a Good Shepherd Convent, mostly Derry - most were recorded as having had multiple pregnancies.

Maternal deaths

Through the institutional records, the Commission identified 20 deaths among women admitted to Stranorlar county home: representing a mortality rate of 1.2%. The majority of deaths occurred in Stranorlar - five occurred in external hospitals. Twelve deaths were not associated with pregnancy or childbirth - they were, in the main, due to tuberculosis and typhoid. Two deaths were indirect obstetric deaths in the sense that they were conditions that developed during pregnancy, were aggravated by the physiological effects of pregnancy - both resulted in cardiac failure. Six deaths were directly associated with pregnancy and childbirth. Direct obstetric deaths were due to puerperal sepsis, eclampsia, phlebitis and

peritonitis. Adhering to WHO guidelines the maternal mortality rate in Stranorlar county home was 0.48%.[1]

Children: Admissions



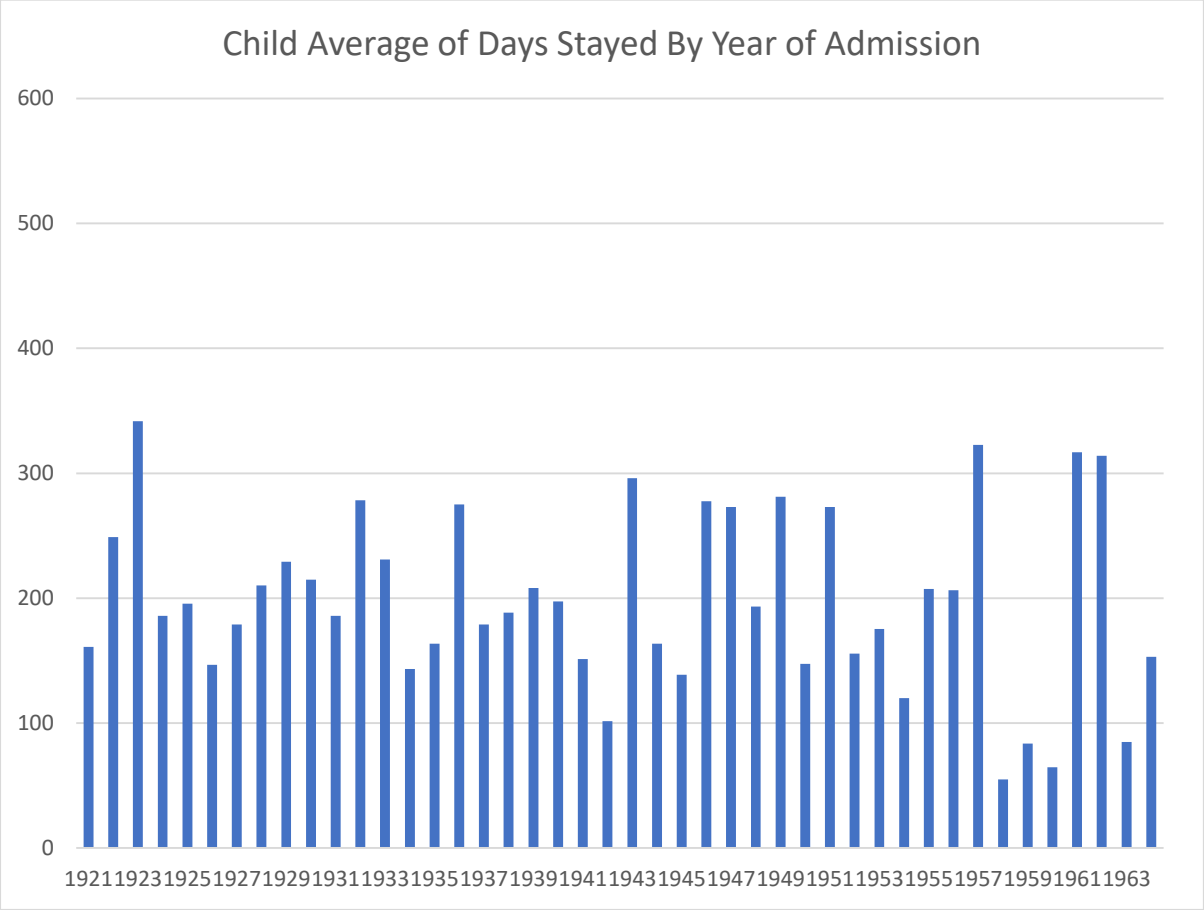
Through the institutional records, the Commission identified 1,777 'illegitimate' children who were either born in or admitted to Stranorlar. Information relating to date of birth/admission was available for all children. Births/admissions increased from 19 in 1921 to 61 in 1925 and generally remained within the 40-60 range from 1925 to 1943; an average of 49 births/admissions were recorded annually in this period. The busiest period for child births/admissions was in the years 1944 to 1948. Almost one in five of all births/admissions were recorded in those five years and peaked in 1948 when 80 births/admissions were recorded. Births/admissions declined steadily from a high of 80 in 1948 to just four in 1960. Although the Department of Health had advised against maintaining 'illegitimate' children in county homes in 1950 they were still being admitted to Stranorlar in 1964. Most 'illegitimate' children admitted after 1960 had physical disabilities and were subsequently transferred to

[1] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

specialist institutions. Analysis by decade shows that more children (33.15%) were admitted to Stranorlar in the 1940s than any other decade followed by the 1930s (28.42%); the 1920s (19.98%) and the 1950s (17.16%) - 23 children were born/admitted in the 1960s.

The institutional records show that the majority of children (82.9%) were either born in the home or admitted accompanied by their mother; 10.2% were admitted unaccompanied and 6.9% were accompanying children admitted with their mother.

Length of stay

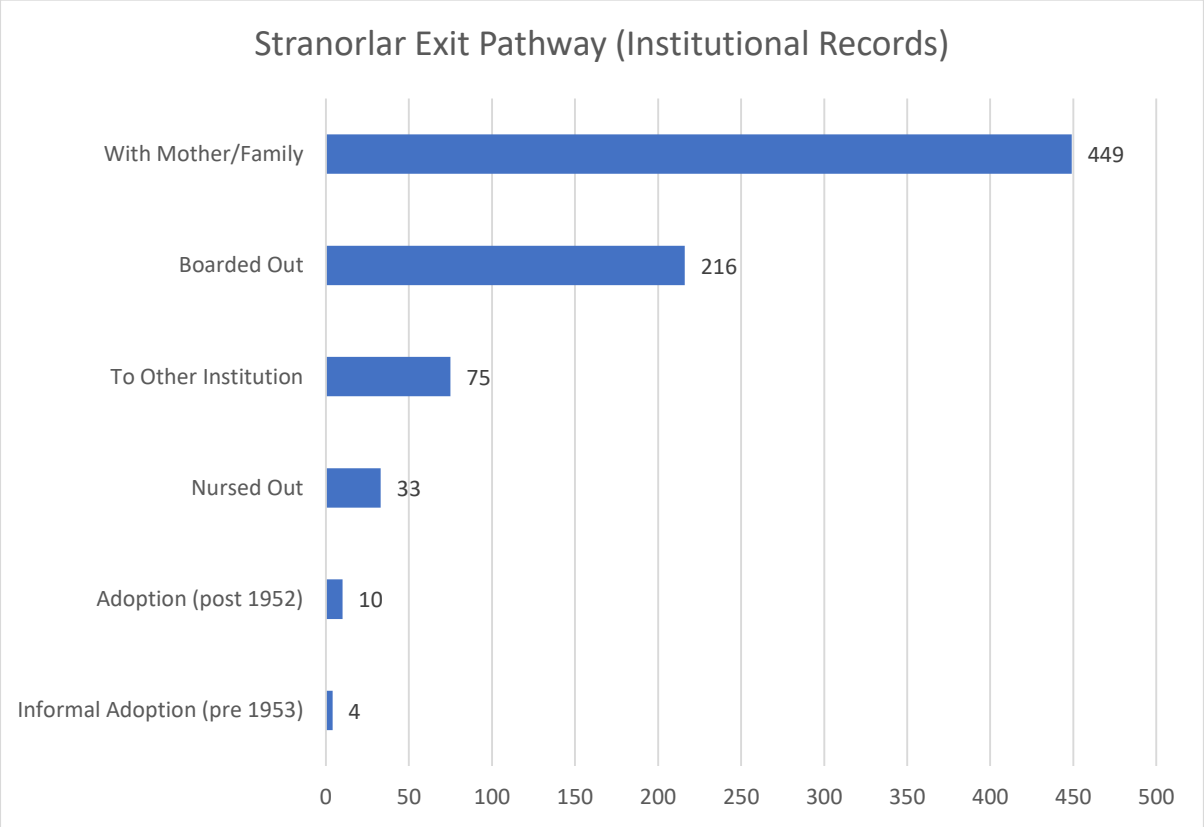


Information relating to length of stay was available for 1,646 children (92.6% of births/admissions). Average length of stay was longest for children born/admitted in 1923 (342 days); 1957 (323 days); 1961 (317 days) and 1962 (314 days). A small number of children were admitted in Stranorlar in the years 1957, 1961 and 1962 and the average length of stay in those years may be distorted by the presence of long-stay children with physical disabilities. Length of stay varied widely from an average of 342 days for children born/admitted in 1923 to 101 days for those born/admitted in 1942. Length of stay for children born/admitted in the years 1943 to 1951 appear to have been particularly long - children born/admitted in those years could expect to spent 227 days on average in the

home, which was longer than the average stay for children born/admitted in the 1920s and 1930s.

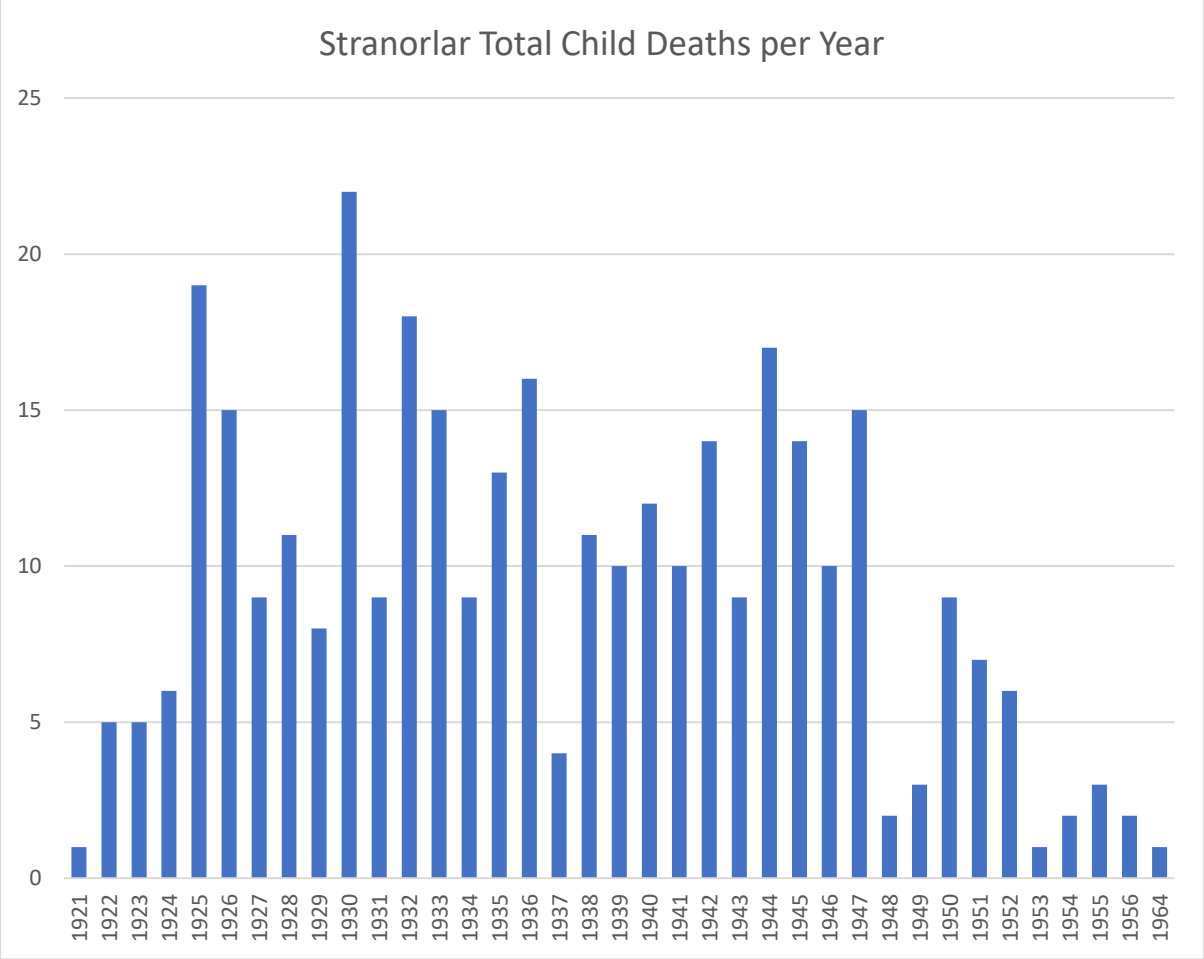
The available records show that the majority of children (62.89%) left Stranorlar on the same day as their mother; 24.4% were discharged before their mother and 12.71% remained in Stranorlar for a period unaccompanied after their mothers had left.

Exit pathways



Information relating to exit pathways was available for 787 children (44.3% of births/admissions). The available information shows that the majority of children (57.05%) left Stranorlar with their mother or another family member; 27.45% were boarded out; 9.53% transferred to other institutions - mostly to a Nazareth House in Derry, Belfast or Donegal; 4.19% were placed at nurse; 1.27% were legally adopted (post 1952) and 0.51% were informally adopted (pre 1953). The most common exit pathway among unaccompanied children was boarding out followed by transfer to a specialist hospital, industrial school or Nazareth House. One child was placed for foreign adoption in the USA.

Child deaths

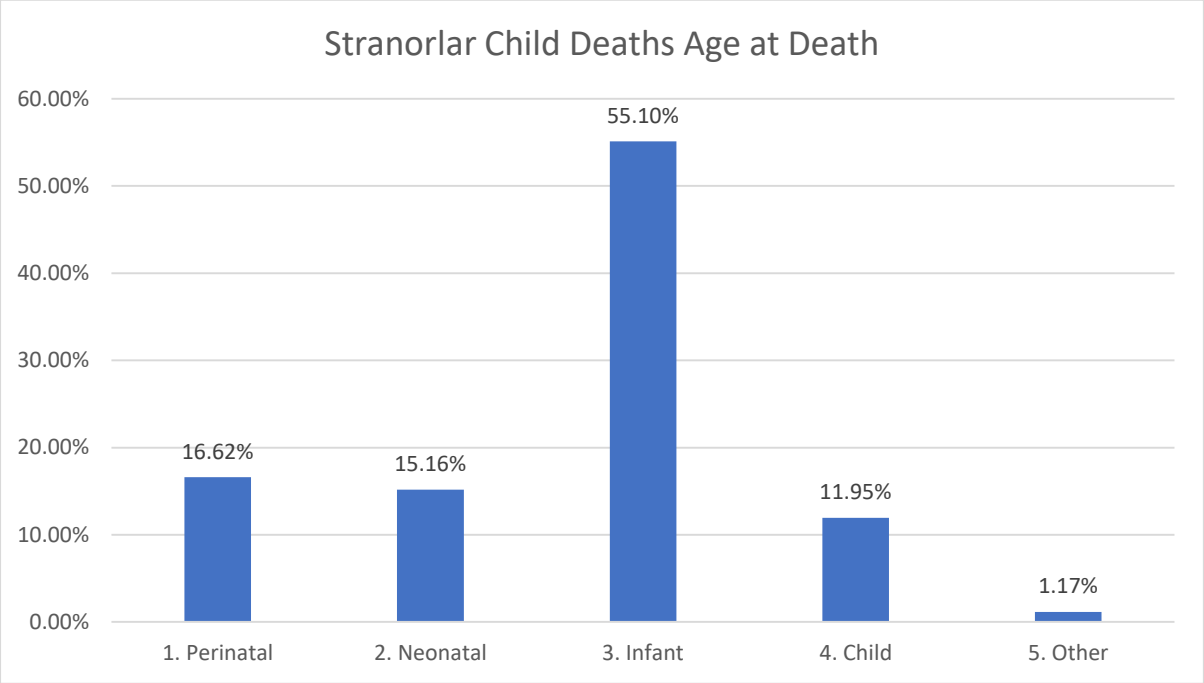


Through the institutional records, the Commission identified 343 child deaths associated with Stranorlar county home. This includes children who died in the institution, children who were born/admitted to the institution but died elsewhere and children who were never admitted to the institution but whose mothers were resident there prior to their birth. The Commission located GRO death records for 339 children (98.8% of child deaths). Although child mortality in Stranorlar was relatively low in the early 1920s, child deaths increased from five in 1922 and 1923 to 19 in 1925. Mortality decreased in the late 1920s but peaked in 1930 when 22 deaths were notified. The 1930s was the worst decade for child deaths in Stranorlar - annual child deaths were highest on two occasions in that decade, in 1930 (22) and 1932 (18) but had decreased to four in 1937. Mortality began a staggered increase from 1938 and peaked in 1944 and 1947 when 17 and 15 deaths were notified respectively; 89.5% of child deaths in Stranorlar occurred before 1948. Mortality decreased significantly from 15 deaths in 1947 to two deaths in 1948. After a small spike in the years 1950-52, mortality fell to an average of two deaths annually and no child deaths were notified in the years 1957-63.

Place of death

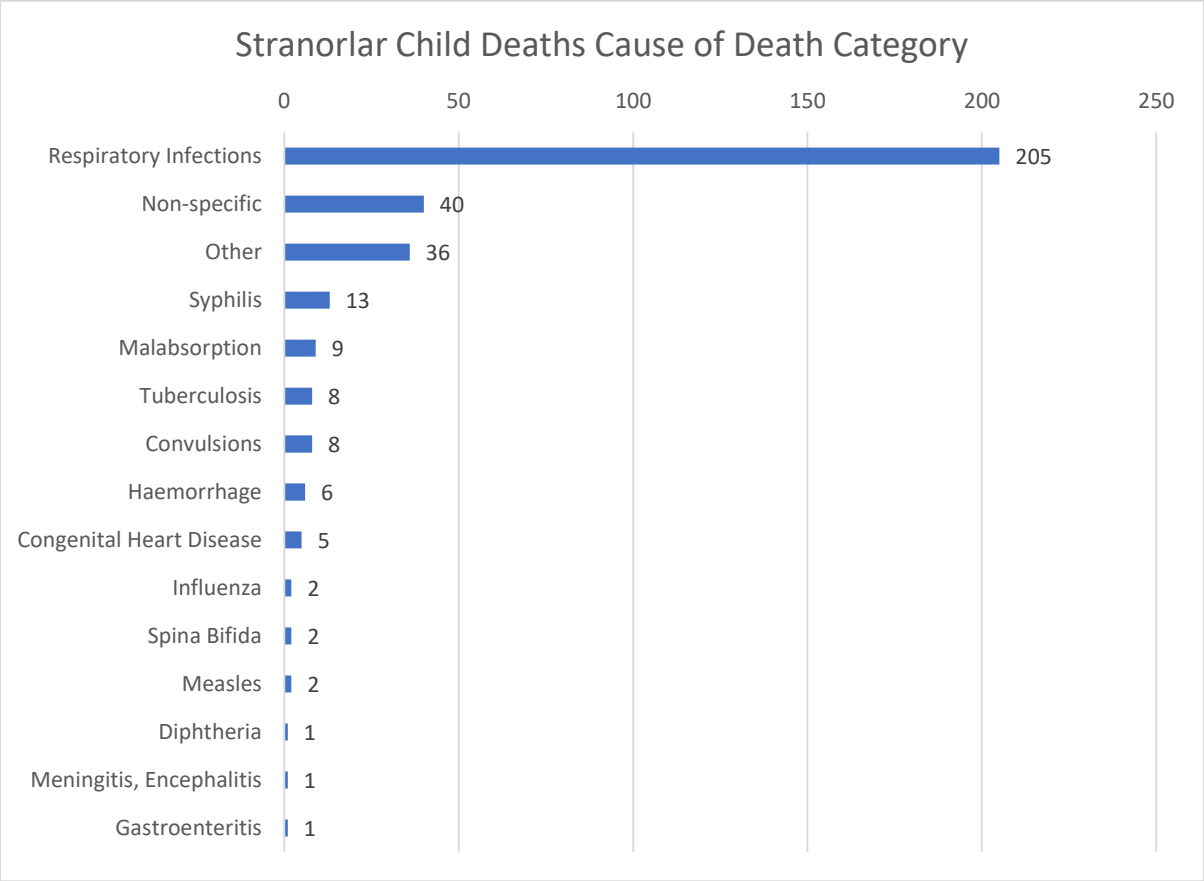
Information relating to place of death was available for 339 children (98.8% of child deaths). The available records show that the majority of child deaths (98.23%) occurred in Stranorlar county home; four children died after transfer to hospital and two died in private residences.

Age at death



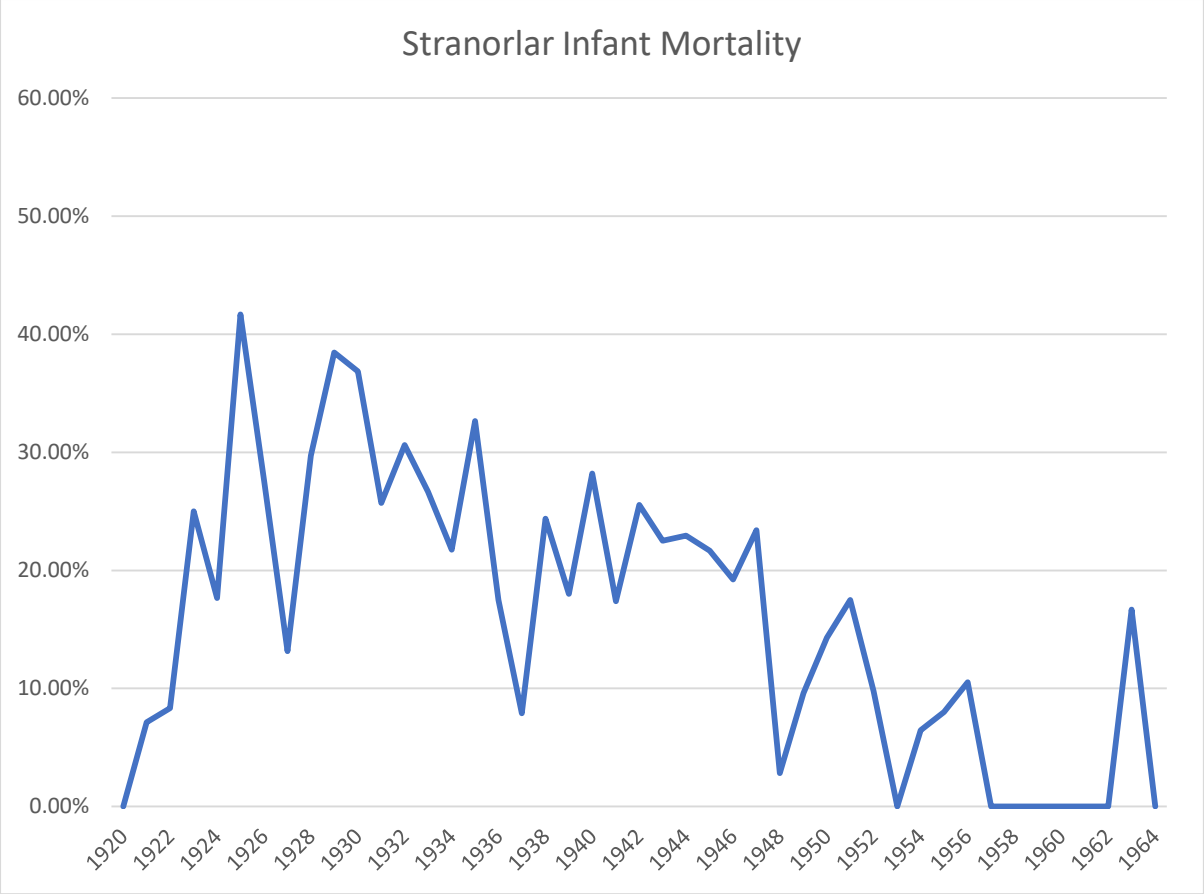
Information relating to age at death was available for all children. The institutional records show that most children (86.8%) died in infancy as follows: perinatal (0-7 days) 16.62%; neonatal (8-28 days) 15.16% and infant (29-365 days) 55.1%; 11.95% of deaths occurred in children aged between one and four years and 1.17% were aged five years and older. The available information shows that 75% of children were accompanied by their mother at the time of death and 25% were unaccompanied.

Cause of death



Information relating to cause of death was available for 339 children (98.8% of child deaths). The leading cause of death (60.47%) was respiratory infections - mainly acute bronchitis, bronchopneumonia and capillary bronchitis; 11.8% were notified as being due to non-specific causes such as congenital debility and prematurity; 10.62% were notified as icterus neonatorum and a range of other, mainly one off, causes including whooping cough and injury at birth; 3.83% were notified as congenital syphilis; 2.65% as malabsorption - mainly marasmus; 2.36% as tuberculosis; 2.36% as convulsions; 1.77% as haemorrhage and 1.47% as congenital heart disease. Small numbers of deaths were notified as influenza (2); spina bifida (2); measles (2); diphtheria (1); meningitis/encephalitis (1) and gastroenteritis (1).

Infant mortality[2]



The infant mortality rate in Stranorlar was highest in the period 1925 to 1935. The peak rate of infant mortality was in 1925 when a rate of 41.67% was recorded. It should be noted that relatively low infant mortality rates were recorded in this period also - the rate was 13.16% in 1927. The infant mortality rate decreased from 32.65% in 1935 to 7.89% in 1937, the rate increased, however, from 1938 (24.39%) and remained relatively high until 1947 (23.4%) - close to one in four infants born in those years died in infancy. The infant mortality rate fell dramatically from 23.4% in 1947 to 2.82% in 1948. From 1948 to 1956, the infant mortality rate fluctuated between 17.5% in 1951 to 0% in 1953. From 1957 to 1964 just one infant death was recorded - that infant died following transfer to another hospital.

[2] Infant mortality was calculated as follows: (Living children born in the year who died before the age of one)/(All living children born that year).

Chapter 30: Thomastown County Home

Introduction

30.1 The Thomastown union workhouse was built in 1854 on an eight acre site north east of Thomastown, Co Kilkenny. The design followed the standard workhouse plan as designed by architect George Wilkinson. The entrance block was a long single storey building with a central arch. The main accommodation block had the master's quarters at the centre, with male and female wards to each side. A utility block containing a bakehouse and washhouse were located at the rear with 'privies' in each yard. A central spine contained the chapel and dining hall that linked to an infirmary at the west of the site.[1] In the 1870s, the Congregation of the Sisters of St John of God took over the running of a number of workhouses in south east Ireland.[2] The Thomastown Board of Guardian records show that the congregation took over nursing duties at the Thomastown workhouse in 1888.

30.2 In 1923, the *County Scheme Order, Kilkenny No. 1*, *1923* made provision for the Thomastown workhouse to be the Kilkenny county home. The scheme provided that Thomastown county home would admit and maintain the following people who were eligible for indoor relief - 'aged and infirm persons, chronic invalids, children, expectant unmarried mothers, harmless lunatics and idiots'.[3]

Sources

Institutional records

30.3 The former Thomastown county home is now St Columba's Hospital and is a public nursing home. It houses a range of material from the period when it was a county home which catered for unmarried mothers. This material includes:

- Combined Indoor Relief Registers 1919-72 (26 volumes). This collection is largely intact apart from two missing volumes covering the periods October 1930-April 1932 and March 1938-December 1939.
- Record of Maternity Hospital 1959-65 (1 volume).
- Record of Births 1919-65 (1 volume).
- Record of Deaths 1919-62 (1 volume).

[1] Thomastown Workhouse, Kilkenny. http://www.workhouses.org.uk/Thomastown/
[2] Congregation of the Sisters of St John of God: www.ssjg.org
[3] http://www.irishstatutebook.ie/eli/1923/sro/923/made/en/print.

- Return of Unmarried Mothers admitted to the County Home 1939-61 (1 volume).
- Half yearly Return of Children in the County Home 1938-61 (1 volume).

Kilkenny local authority records

30.4 The Kilkenny Board of Health Minutes November 1921-July 1925 and July 1925-June 1927 (two volumes) are held in St Luke's Hospital, Kilkenny.

30.5 The following are held in Kilkenny county library:

- Letter Books for the years 1922-38. The first three collections have survived on carbon paper and have faded to an extent that they are largely illegible. These files contain correspondence about boarded out children between the Department of Local Government and Public Health (DLGPH) and the Kilkenny board of health. The Commission checked the names of all children mentioned against the Thomastown records, the majority of whom were recorded there.
- Manager's Orders, public assistance section, 2 April 1942-25 March 1970 (27 volumes).
- Minute Book, Social Service Committee (later Ladies Social Service Committee) 19 April 1926-21 February 1941.
- Kilkenny local authority statistical return in tabulated form of people receiving assistance 4 April 1953-1 March 1958.

Department of Health

30.6 File INACT/INA/0/430483 contains the reports by the departmental inspectors.

The Women

30.7 In the period 1920-1972, the registers record almost 60,000 admissions. The Commission identified the admissions of 75 married maternity cases, 970 single expectant women and unmarried mothers and 1,241 'illegitimate' children. In 1926, the Kilkenny board of health deemed the practice of admitting pregnant married women to Thomastown county home as 'contrary to the working of the Scheme' and married pregnant women remain largely absent from the records thereafter. The board resolved that maternity services at Kilkenny central hospital 'should be at the disposal of every poor married woman in the county'. It is clear that the Kilkenny board actively segregated pregnant married and single women

and limited access to maternity services on the basis of marital status. Married women had exclusive access to maternity services in Kilkenny central hospital; unmarried women from all parts of Kilkenny, and from parts of Waterford that came under Kilkenny boards of assistance, had to travel to Thomastown county home for maternity and institutional care.

30.8 Admissions of single pregnant women to Thomastown county home were highest in the years 1920 to 1923 and fell by around 50% thereafter. This decline is most probably associated with the opening of Bessborough in 1922. Kilkenny was one of the first local authorities to engage with the Congregation of the Sacred Hearts of Jesus and Mary to provide institutional care in Bessborough for single pregnant women from the county. A further fall in admissions to Thomastown county home can be identified after 1930 and this is almost certainly related to the opening of Sean Ross in 1931. Over 750 single pregnant women from Kilkenny sought admission to either Bessborough or Sean Ross during the period under review. Admissions to Thomastown spiked during the war years and were particularly high between 1944 and 1946. This increase corresponded directly with the temporary closure of Bessborough to public patients and the temporary suspension of admissions to Sean Ross due to severe overcrowding. Admissions of single pregnant women to Thomastown declined steadily between 1946 and 1960.

Mothers working in the home

30.9 In July 1923, the matron of the Thomastown county home asked the board of health what action she could take against unmarried mothers who left the institution without permission. The board informed her that she was to 'threaten women with confinement' if they did not comply with the rules of the home. There is no evidence to suggest that the matron took such action against any woman. The matron also complained that some unmarried mothers refused to undertake work in the institution. The board discussed the matter with their solicitor and enquired if legal proceedings could be taken against such women. It is not clear how this matter was resolved but there is no evidence that legal proceedings were taken against any woman for refusing to undertake work in the county home.

30.10 In March 1925, the Kilkenny board of health was involved in discussions with the Wexford, Waterford and Carlow boards about opening an inter-county mother and baby home in Wexford. It was proposed to open an institution 'along the lines of Bessborough' in a disused workhouse in New Ross. The plan was that all women

admitted to the institution would be employed in industries such as mattress covering and shirt making to supply other institutions in the participating counties. The Kilkenny board agreed that unmarried mothers were 'a neglected class of the community' and that a central home specially designed for them would be a better alternative to Thomastown county home.[4] This plan did not come to fruition and the Kilkenny board subsequently made its own arrangements with the authorities in Bessborough.

Maternal mortality

30.11 The institutional records examined by the Commission show that there were three deaths among single pregnant women and unmarried mothers admitted to the home; this represents 0.31% of all such admissions. All three deaths occurred in the institution during 1922. The women were aged 15, 25 and 40 years respectively at the time of death. These deaths do not appear to be childbirth related; the causes of death were given as influenza, heart disease and tuberculosis.

The Children

30.12 A total of 1,241 children covered by the Commission's Terms of Reference entered Thomastown county home. The institutional registers record 764 births there; all related to 'illegitimate' children. 77.8% of children were either born in the home or admitted there with their mother soon after birth; 11.7% were older siblings accompanied by their mother and 10.6% were admitted unaccompanied. Many unaccompanied children were transferred from Bessborough and Sean Ross for boarding out.

Children's exit pathways

30.13 The Unmarried Mothers Register records exit pathways for 176 children born in the county home in the years 1931-61 as follows: 101 (57%) went home to live with their mother and/or grandparent; 55 (31%) were boarded out; 14 (8%) were sent to industrial schools; five (3%) were sent to Sean Ross (with mother) and one child was informally adopted.

30.14 The Unmarried Mothers Register also record details relating to 141 single women with two or more children. These entries show that 54% of unmarried mothers

[4] *Kilkenny people*, 4 April 1925.

admitted to Thomastown experienced the death of at least one child; 28% of infant and child deaths recorded occurred outside the institution. It should be noted that Kilkenny County Council did not employ dedicated infant protection visitors (see Chapter 1) and the superintendent assistance officer for Kilkenny regularly remonstrated with the board of assistance that assistance officers were not qualified to medically assess children in foster homes. Assistance officers were responsible only for boarded out children in the care of Kilkenny County Council. Infant and child fatalities recorded in the Unmarried Mothers Register appear to have occurred, in the main, among unregistered children placed at nurse, or in the family home. In 1935, the Kilkenny Board appointed an NSPCC inspector to follow up on single women and their infants when discharged from Thomastown and to establish the intended destination of mother and child.

30.15 There were numerous institutional and local authority health records available for the period 1942-52. Analysis of the county home Indoor Registers, Unmarried Mother's Register, Death Register and Kilkenny county managers' orders for this period show that 380 children were either born in or admitted to Thomastown county home. Associated exit pathways were noted in 214 cases. It was possible to determine that 32% of children were boarded out; 24% remained in the county home; 23% died; 12% went home with their mother or grandmother; 2% were sent to industrial schools and 2% transferred to Sean Ross with their mother in this period. Although the managers' orders recorded that 61 women were admitted to Sean Ross from Kilkenny during this period, just three had transferred from Thomastown county home. The managers' orders also show that about 4% of children were placed at nurse directly from the institution during this period.

30.16 No discharge pathways were recorded for roughly 44% of children discharged from Thomastown in the period 1942-52. These children did not subsequently appear in public assistance authority records and it must be reasonable to assert that they also left the institution with their mothers and were either living at home or placed at nurse in the community under a private arrangement. This figure is broadly in line with the figure of 45% of children recorded as being 'at home' in the Unmarried Mothers Register.

30.17 The Kilkenny board of health expressed concern at the 'extraordinarily low number of registered children at nurse' in the county. Three women were found to have unregistered nurse children in their care during the period under review. The

women were issued with a warning and instructed to register the children in their care with the board. However, the board did not prosecute the women under the *Children Acts* 1908-34. It is likely that perennial overcrowding in the county home nursery, and the acute shortage of 'suitable' foster homes in Kilkenny, deterred local assistance officers from pursuing these cases with any vigour.

Infant Mortality

30.18 A Register of Deaths for Thomastown county home covers the years 1919-62 - all entries correlated with deaths independently identified by the Commission in the institution's Indoor Registers. Of the 764 live births attributed to single women, 140 infants subsequently died. In most cases, the stated cause of death was 'inanition'.[5] Other recorded causes of death include congenital asthenia, congenital debility, congenital heart disease, convulsion, gastric ulcer, gastro enteritis, meningitis, pneumonia, premature birth, septicaemia, tuberculosis, umbilical haemorrhage, umbilical sepsis, marasmus, and one case of a fractured skull. It is interesting to note that just two infant deaths due to measles were recorded in the institution in the years 1919-62, a period when this particular disease took a heavy toll on child life. Other rampant and frequently fatal childhood diseases such as pertussis (whooping cough) and diphtheria are almost completely absent from the county home death records. Of the 477 children admitted to the home after birth, 37 subsequently died. The institutional records suggest that 177 children born in or admitted to Thomastown subsequently died. The Commission has located GRO death records for 169 children.

30.19 The institutional medical officer reported that in the six months April to September 1922, 28 infants were born at Thomastown county home and 19 subsequently died - resulting in an infant mortality rate of 68%. This does not fully accord with the institutional records analysed by the Commission. The institutional records show that 22 infants were born in this six month period and nine subsequently died (an equally unacceptable mortality rate of 41%). Notwithstanding this, it is the case that 1922 was the worst year for infant mortality in Thomastown - 20 children born/admitted that year subsequently died. The high infant mortality was, according to the institutional medical officer, due to 'careless and indifferent mothering' and because 'mothers are not sufficiently careful in giving the infants nourishment'.

[5] This is defined as 'severe weakness and wasting as occurs from lack of food, defect in assimilation, or neoplastic disease': www.irishhealth.com.

30.20 However, an inspection undertaken by a local government inspector found that the nursery section of the institution was overcrowded (35 women and 35 infants), understaffed, and was 'the worst part of the Institution'. The inspector noted that lavatory accommodation was insufficient and insanitary and that one midwife cared for all women and children as well as attending to maternity cases. The inspector reported that infants were removed from the nursery at night and placed in an unheated dormitory 'passing through an open yard on each occasion'. Bed clothes for unmarried mother were described as 'wretched and scanty'. Regarding infant mortality in the institution the inspector advised the board of health:

> That careless and indifferent mothering by some of the younger women militates against the healthy development of the offspring.
>
> That the passage of the children to and from their dormitories through the open yard in inclement weather subjects them to serious chills.
>
> That as these children were not having sugar in their bottles in the period covered by my report they were possibly being deprived of an important food element (Decided that sugar be given).
>
> That the covering of the beds occupied by unmarried mothers is too wretchedly scanty to afford the necessary winter warmth (Decided that when blankets are light or worn on any of the beds, that some extra single blanket be given in winter time).
>
> That little woollen shirts for the babies instead of the calico ones would be beneficial. (Decided that these be given)
>
> Where it appears to the medical officer and the midwife, after a reasonable period of observation after birth that a child who is not developing on breast feeding, bottle feeding might be resorted to.
>
> A baby scale to weigh up to two years should be provided for the nursery.
>
> The question of heating the sleeping quarters to be considered
>
> The change from 'Hospital;' to 'Hall' diet at the end of confinement should be gradual rather than sudden.

30.21 The inspector also recommended that the board of health employ an additional nurse with midwifery qualifications. The board refused to do so and instructed the matron to ask 'the nuns' to supervise the nursery and to utilise the services of unmarried mothers living in the home to assist them. The DLGPH advised the board that infant mortality in the home was 'alarmingly high' and that it was considered 'absolutely essential' to provide an additional nurse with maternity qualifications as recommended by their inspector. The matron informed the board

that every nun in the home was 'fully and arduously engaged the whole working day' and none had capacity to supervise the nursery. The DLGPH asked the institutional medical officer to report on the matter and instructed the matron to 'report any mother neglecting her child'.

30.22 In March 1922, the Kilkenny board of health discussed staffing arrangements in Thomastown county home. The board stated that four nursing sisters were working in the home, none of whom were trained in midwifery, and 'had more work than they were able to do' looking after infectious and chronic cases. The board heard that the midwife in the institution was not a permanent official and was paid 15s for every maternity case she attended. They decided to employ a permanent qualified midwife who would also act as assistant matron in the home.[6] An advertisement for the position asked that candidates should have 'full midwifery qualifications and possess a knowledge of child welfare'. Salary was £45 per year, with rations and an apartment in the county home.[7]

Living conditions

30.23 In October 1925, a local government inspection of Thomastown county home found that 58 children, aged from new-born to over three years old, were sleeping in 32 cots. Having failed to secure suitable foster homes for the children, DLGPH Inspector Miss Fitzgerald-Kenny advised the Kilkenny board of health to consider the transfer of 'suitable women' from Thomastown county home to Bessborough. Miss Fitzgerald-Kenny told the board that the case of unmarried mothers was 'very pathetic' and that it was up to them to see that they could make a fresh start in life. She told the board that there was a woman in Thomastown county home with four illegitimate children and that the woman's oldest daughter had been admitted to the home 'with a second illegitimate child'. She stated

> It was desirable that first offenders should be removed from such an environment as the county home provided, and placed in a home where their characters would be formed on the right lines and where they would be fitted for the battle of life. Those girls as a rule were mentally defective and required religious upbringing. What advantage was it to anybody to keep those girls and their children in such a place as the county home?...Taking everything into consideration I do not think that the board could do anything

[6] *Kilkenny people*, 18 March 1922.
[7] *Kilkenny people*, 1 April 1922.

better for these girls - the first offenders - than to send them to the home in Cork.[8]

30.24 The Kilkenny board initially sent four 'first time offenders' and their infants to Bessborough. The Mother Superior advised the board that the women were 'doing fine' in Bessborough and that she had space for 20 more. In January 1926, the DLGPH approved Bessborough as an extern institution under the *Kilkenny County Scheme Order 1923*. Following an inspection by Miss Fitzgerald-Kenny, in April 1926 a further ten women and their infants were transferred to Bessborough. They travelled to Waterford and on to Cork by train accompanied by a nurse.

30.25 The mother of one woman contacted Bessborough and indicated that she wished to take her daughter and her child home. The board agreed to pay the cost of transport. In another instance the father of a woman transferred to Bessborough requested to have his daughter returned home. The superintendent assistance officer for Kilkenny reported unfavourably on the man and his home and advised the board that it would be inadvisable to allow the woman to return to her family home. In August 1926, the Mother Superior in Bessborough asked the Kilkenny board what she should do with a woman maintained by the Kilkenny board if her child died in Bessborough. The superior suggested that she would keep such women at Bessborough for two years where they would be trained to secure employment. The Kilkenny board approved of this suggestion once they were not expected to continue to pay for a woman's maintenance after her baby had died.

30.26 In August 1926, the DLGPH instructed the Kilkenny board that all mothers of 'illegitimate' children were required to contribute to the cost of their children's maintenance when boarded out from Thomastown county home. The board advised the DLGPH that they had located some women whose children had been boarded out and assessed their capacity to contribute to their child's maintenance based on their income. The board stated that, although most women were willing to contribute to the cost of their child's maintenance, few were earning enough to do so.

30.27 In 1927, the *Report of the Commission on the Relief of the Sick and Destitute Poor* stated that, when they inspected Thomastown, there were 38 unmarried mothers living there; eight were 'first offenders'. The report said that the water supply to the

[8] *Kilkenny people*, 31 October 1925.

institution was 'bad' and that bathing and sanitary accommodation there was 'very bad'. Furthermore, the standard of comfort in the home was 'poor' and that little effort was made 'to brighten the lives of the aged and infirm' or to 'reform those who through moral weakness', were obliged to seek shelter there. The report noted that a maternity department attached to the home had insufficient accommodation to cater for the number of women seeking admission.

30.28 In June 1928, the Kilkenny board of health advertised for people living in Kilkenny to consider taking children from Thomastown county home under the local authority boarding out scheme. The rates of pay were stated as 6s per week and £3 annual clothing allowance for each child up to 10 years of age and 3s per week and £3 annual clothing allowance for children aged 10-15 years. Applications were to be sent to the Superintendent Assistance Officer.[9]

30.29 The Kilkenny board of health reported that on 31 March 1929, 35 unmarried mothers and their children were living in Thomastown county home. Twenty four of the children were aged under five years and 11 were five years or older. The board reported that 52 children were on the county boarded out register on that date and noted that the 'class of life' from which they generally came was 'Domestic servants'. In the twelve months to 31 March 1929, 15 children were removed from the boarded out register: five were returned to Thomastown county home by foster parents; three were 'adopted' by their foster parents; two were claimed by their mothers; two were placed in the Good Shepherd Convent, Waterford (an industrial school) and nine were admitted to hospital.

30.30 In 1932, a member of the Kilkenny Social Services Committee[10] reported that a 15 year old boarded-out girl had given birth to a premature child. A man lodging in the foster parents' home was named as the putative father of the child. A Garda Superintendent reportedly took the case in hand with a view to prosecution but informed the board of health that there was no point in bringing the case to court as there was 'no corroborative evidence'. The girl was subsequently admitted to Thomastown county home. Her age on admission to the county home was recorded as 13 years and not 15 years as reported by the Social Services

[9] *Kilkenny people*, 9 June 1928.
[10] In 1926, DLGPH Inspector, Miss Fitzgerald-Kenny set up a women's Social Service Committee, with the Duchess of Desart as President, to visit boarded out children in their districts and to inspect the homes of prospective foster parents.

Committee. She was subsequently transferred to Sean Ross where she stayed for one year.

30.31 In 1932 The DLGPH inspector Miss Fitzgerald-Kenny took statements from single pregnant women who sought indoor relief in Thomastown county home.

Statement of Miss S:

Miss S went to service in 1931. She has been keeping company and walking out with Mr H and she did not keep company with other men. She states that Mr H is responsible for her present condition. When made aware of the state of affairs her father interviewed Mr H who admitted responsibility and agreed to marry the girl. Both parents and the girl state that Mr H called to their home and arranged to marry the girl in Dec 1931. Her father subsequently received a letter from Mr H from England saying he cannot make up his mind to marry his daughter.

Statement of Miss L:

I reside in Kilkenny with my mother. I am about 30 years of age. I am expecting to become a mother about May next. A man named Mr D is responsible for my present condition. He used to meet me on the road in the evenings when I was coming from the shop. Mr D used to be watching for me to pass. He induced me to cross over a ditch on the roadside more than once. Some people around knew that Mr D was watching me to pass the road at different times, but I cannot prove it, only what I heard. Mr D worked at the time in the shop, but I do not know where he is at present. I believe Mr D is a widower. He told me his wife had died and he had four children. (Miss L was subsequently admitted to Sean Ross)

Statement of Miss F, aged 22:

In the County Home, Thomastown for 5 weeks. Baby expected end of November. Putative father is Mr M. She worked in Knocktopher for about 9 months. Mr M works for the County Council on roads. The girl met him and kept company with him about one month after entering service at Knocktopher. No promise of marriage, no correspondence. Her employers knew of them keeping company. She never kept company with anybody else. She wrote to Mr M asking him to meet her in Kilkenny in August and he did so. She is not willing to go to Court but will do so if compelled.

Statement of Miss M, aged 24:

> Worked in Kilkenny for 3 years. In the County Home about one month. Baby expected about February 1931. Name of putative father Mr R, a baker; wages unknown. Kept company since December 1929. Never kept company with anyone else. Never corresponded with Mr R. Her employer knew of herself and Mr R keeping company. Nobody else ever saw her in company. No promise of marriage. Will give evidence but is not anxious to go to Court.

Statement of Miss D:

> I wish to report that there is a girl named Miss D an Unmarried Mother and her child at present in the County Home. She states Mr R is the father of her child. I have been making inquiries regarding her case and there are two witnesses willing to give information as to Mr R keeping company with the girl. The Board's solicitor states he believes there is a possibility of the Board being able to procure conviction against the putative father under the Affiliation Orders Act.

30.32 A fatal altercation between 'inmates' of Thomastown county home occurred in June 1932. A 60 year old man took umbrage with a fellow inmate who had taken his job looking after the institution's horse and cart and subsequently killed him during the course of a fight.[11] Later that year a boarded-out boy was charged with stealing a sum of money. The court applied the *Probation of Offenders Act 1907* and ordered his return to Thomastown county home.[12]

30.33 In April 1935, the DLGPH asked the Kilkenny board of health to provide a list of children suitable for boarding out from Thomastown county home. The board responded that they found it difficult to get suitable foster homes and that several foster homes 'obtained after great difficulty' had been rejected by the department. The DLGPH instructed the Kilkenny board to notify the local NSPCC inspector of all 'illegitimate' children who were discharged from Thomastown county home with their mothers so that he could gather information regarding the intended destination of both mother and child. The board of health advertised for foster parents to board out children from Thomastown in February 1936.[13]

[11] *Nationalist and Leinster Times,* 18 June 1932.
[12] *Munster Express*, 11 November 1932.
[13] *Kilkenny people*, 8 February 1936.

30.34 An 18 month old girl fell to her death in April 1942. The child was sitting on a ledge in the home when she fell through an unfastened window. She fell 30 feet and fractured her skull. The institutional records show that the child had been born to a single woman in Thomastown in 1940. At the inquest, the woman told the jury that she was in the habit of sitting her child on the window ledge and did not realise that the window was unfastened.[14] The coroner asked one of the nursing sisters giving evidence if women were allowed to bring their children around Thomastown county home with them. The sister replied

> Inmates were not allowed take children with them around the house. They might sleep with the children but they were supposed to leave them in the nursery in the morning. They might take them around the grounds but they were not supposed to take them around the dormitories. It was usual for mothers to take their children away with them. They had to ask permission to remove them from the nursery.

30.35 The sister explained that if the child had 'died in the ordinary course' the mother could leave the institution immediately - otherwise she would have to stay for three years. She said that arrangements were being made for the woman to leave the home 'her mother had decided to take her out'. The coroner told the jury that they should consider whether the child's death was accidental, or not. He stated

> In an institution of that sort they all knew that there was a certain mental effect which must affect people in the place and for that reason there was a big responsibility on the people in charge to take precautions that such accidents would not happen.

30.36 The foreman of the jury said that there was not very much to consider - the jury returned a verdict of accidental death.

30.37 At a murder trial in June 1944, Dr Edith Lane told the court that she had confirmed a young woman's pregnancy and made arrangements for her admission to Thomastown county home. The woman did not want to be admitted to Thomastown as she had given birth to an 'illegitimate' child there previously. She asked to be admitted to Sean Ross. That home was closed to new admissions due to overcrowding and so agreed to go to Thomastown. Some weeks later the woman's sister told Dr Lane that the woman had given birth in Regina Coeli,

[14] *Kilkenny people*, 4 April 1942.

Dublin, but the child had died soon after. However, a Garda subsequently found the remains of a baby boy wrapped in a bundle of clothes and he was identified as the woman's child. The woman and her sister were charged with the child's murder. They told the court that the woman had gone into labour on the way to Thomastown, that the child was stillborn and they buried the body. The woman subsequently confessed to strangling her baby so that her father and her neighbours would not find out about it.[15]

30.38 A visiting committee's report on Thomastown county home was discussed at a Kilkenny County Council meeting in February 1945. The report stated that 60 or 70 men were in the dining hall at the time of the visit and that the ration was 'meagre' and consisted of 'about three potatoes, a little green cabbage and home cured bacon'. The committee criticised the quality of the meat being served stating that 'it was large lumps of fat that in any home would be diverted to the offal for dogs and pigs'. In the female dining room, they encountered '12 or 14 unmarried mothers with their babies'. They stated:

> The same state of affairs evidently existed there as there was not a pick of food visible, except potato skins and the relics of the pig. Conditions in this section did not at all appear to be ideal. The fire was at its lowest ebb with no apparent fresh supply of fuel…the floor was littered with straw.[16]

30.39 In November 1945, Kilkenny county council asked the county surveyor, Mr J C Coffey, to report on Thomastown county home. Mr Coffey reported that the institution had one vertical boiler which served the kitchen, eight baths, laundry and drying rooms. He noted that the boiler's capacity was inadequate to serve the institution and that when dinner was being cooked there was little heat available for other purposes. He noted that the baths in particular were seldom supplied with hot water. He reported that there was no central heating in the home and that dormitories and wards were heated by small open fires. He recommended that central heating should be installed and that cooking arrangements, which he described as 'also bad', should be overhauled.

30.40 Mr Coffey conducted another survey of Thomastown county home in November 1946. He again drew attention to the primitive nature of the heating and cooking arrangements and highlighted the 'totally insufficient' sanitary arrangements in the

[15] *Nationalist and Leinster Times*, 24 June 1944.
[16] *Kilkenny people*, 10 February 1945.

institution. At the time of this inspection, 250 men, women and children had eight baths, eight W.Cs and 16 wash-hand basins available to them. In addition, he noted that all washing in the institution was done by hand and that the laundry was not equipped with disinfecting or sterilising equipment. He reported that the labour ward in the institution had no electric sockets, no heating and no sanitary equipment.

30.41 In February 1949, the Department of Health sent an engineer to assess the necessity for improvements to the county home recommended by Mr Coffey and to consider the expenditure involved. The departmental inspector advised that the proposal to install a central heating system should be 'deferred, if not abandoned' on the basis that few county homes had central heating and that institutions such as sanatoria and regional hospitals should take priority over county homes. In May 1949, the Department of Health advised Kilkenny County Council that it did not object to the proposed refurbishments at Thomastown county home but stated that the department was not in a position to contribute financially to the proposed works. It is clear from a report on Thomastown county home undertaken by the DLGPH inspector Miss Alice Litster in 1952 that no refurbishments had been undertaken and that the institution remained without central heating and without adequate lavatory and bathing facilities.

30.42 Miss Litster inspected the nurseries at Thomastown county home in February 1952. She interviewed unmarried mothers and examined records relating to births, admissions and deaths of 'illegitimate' infants. At the time of inspection, 14 mothers and 45 children aged from new-born to 15 years were living in the home. Miss Litster reported that one of the nurseries was 'a good room with polished floors' with four cots and two beds for adults. The room was occupied only by one eleven-year-old girl. Miss Litster reported that a second nursery housed 20 'motherless children'. Two adults slept in the room to attend to them at night. She noted that infants who were accompanied by their mothers slept in the same bed with them at night. She described this nursery as a large room heated by an open fire. She observed that women sat in front of the open fire and that clothes were drying on a fire guard. She noted that the room was 'stuffy and squalid' and that the atmosphere was 'charged with odours associated with humanity cramped for space'. Miss Litster noted that there was no lavatory accommodation in the nurseries and that chamber pots were available for the children. She also noted that 17 of the children were 'illegitimate' and the remaining three were extramarital

children born to a woman who lived outside the institution caring for her other children.

30.43 Miss Litster reported that a third nursery was a dark room used at night to house 'motherless children'. She noted that a cupboard containing milk, bread, bottles and other articles was not in a clean condition. Older children were housed in an outside shelter heated by a turf burning stove. Most of the older children had been placed at nurse by their mothers and subsequently sent to the county home as their mothers had stopped paying maintenance for them. Miss Litster described other children as being either physically or mentally disabled.

30.44 The children's diet was recorded as follows:

> Breakfast: Porridge with milk; eggs about three days a week. Smaller children are started with a little yoke and increased until a whole egg can be taken. Bread and butter with milky tea.
>
> Lunch: 'Goody' (bread, milk and sugar)
>
> Dinner: 1 pm. Soup, (made of meat with addition of vegetables, onions, carrots etc., as in season, thickened with barley or lentils, sometimes with addition of Bovril) given either separately or poured over potatoes and vegetables. Mashed potatoes and vegetables, a little minced meat. Pudding is given every day, generally cornflour, sometimes rice. Rhubarb and apples are given when available. Otherwise, except for very occasional orange, no fruit. Amount of milk given is regulated by appetite. Bread and milk is given in the afternoon.
>
> Tea: Eggs may be given at this meal. Bread and butter and milky tea.

30.45 Miss Litster noted that children living in the home 'appeared to be well-nourished, robust and on the whole in good health'. She drew attention to the 'large number' of children aged two years and over who were living there and recommended that they should be boarded out as soon as possible. She also highlighted cases where 'illegitimate' children had been placed at nurse from the home by their mothers only to be readmitted to the institution unaccompanied 'suffering from the effects of neglect'. She noted that some of these children were admitted with broken limbs and others in a condition described as 'dying from neglect'.

30.46 The unmarried mothers were housed in a dormitory at the top of the building. Miss Litster described a long, narrow room with floorboards, clean, fresh and bright with

ten windows. She noted that each bed had a chair beside it and that the room had a large communal wardrobe. The room had an electric light, but no heating. There was no sanitary accommodation attached to the dormitory and women were supplied with 'night pails'. Washing facilities for the women were provided on the ground floor. Miss Litster noted that the dormitory could accommodate 24 women and was 'clean and comfortable'. At the time of her visit there were just two single expectant women in the home. One was 'a crippled girl with T.B.' who had been admitted from Sean Ross. She reported that in the period April 1951 to February 1952, 13 infants were born in the home and a further five were admitted after birth. Two infant deaths were recorded during this period. Causes of death were given as congenital debility and whooping cough.

30.47 Miss Litster reported that work incidental to the running of the home was undertaken by resident unmarried mothers. The Department of Health asked the Kilkenny board why unmarried mothers remained in Thomastown instead of being transferred to Sean Ross. The reply was that the women were required in the county home to carry out work there. In July 1953, the matron notified the Kilkenny public assistance authority that the number of unmarried mothers in the home had reduced to six and that she had no one to put to work in the institution. She advised the authority that she had employed eight women to take up duties formerly undertaken by unmarried mothers.

30.48 The Department of Health next inspected Thomastown in August 1958. The inspector, Miss Reidy, reported that four children aged between four and 16 years were living in the home. All four children were described as 'mental defectives'. Miss Reidy did not refer to unmarried mothers in her 1958 report.

30.49 Miss Reidy again inspected Thomastown in March 1960. At the time of inspection four unmarried mothers and 14 children were living in the home. She noted that eight of the children were 'illegitimate'. She noted that one 'mentally defective' 'illegitimate' boy, who she had examined on her previous visit, had deteriorated considerably and had become 'distressing to look at'. She noted that the boy was on a waiting list for admission to a special institution. Her report concluded by stating that children living in the home were 'adequately cared for'.

30.50 Miss Reidy next inspected Thomastown in February 1962. At the time of inspection seven expectant and unmarried mothers and ten children were living in

the home. Three women and their children had remained in the home since her inspection two years earlier. All other children were in the home unaccompanied. She noted that one child had been admitted from Sean Ross to allow his parents to make arrangements for marriage. However, both parents subsequently disappeared leaving the child abandoned. Miss Reidy reported that three children died in the institution in the period since her last inspection. She noted that the overall standard of care in the home was 'quite satisfactory'. In April 1963, Miss Reidy reported that two unmarried women and three children were living in the home. One woman and her infant had been admitted from Sean Ross. She again noted that the standard of care was 'satisfactory'. When Miss Reidy again inspected Thomastown, in February 1965, she reported that there were no unmarried mothers or children living there.

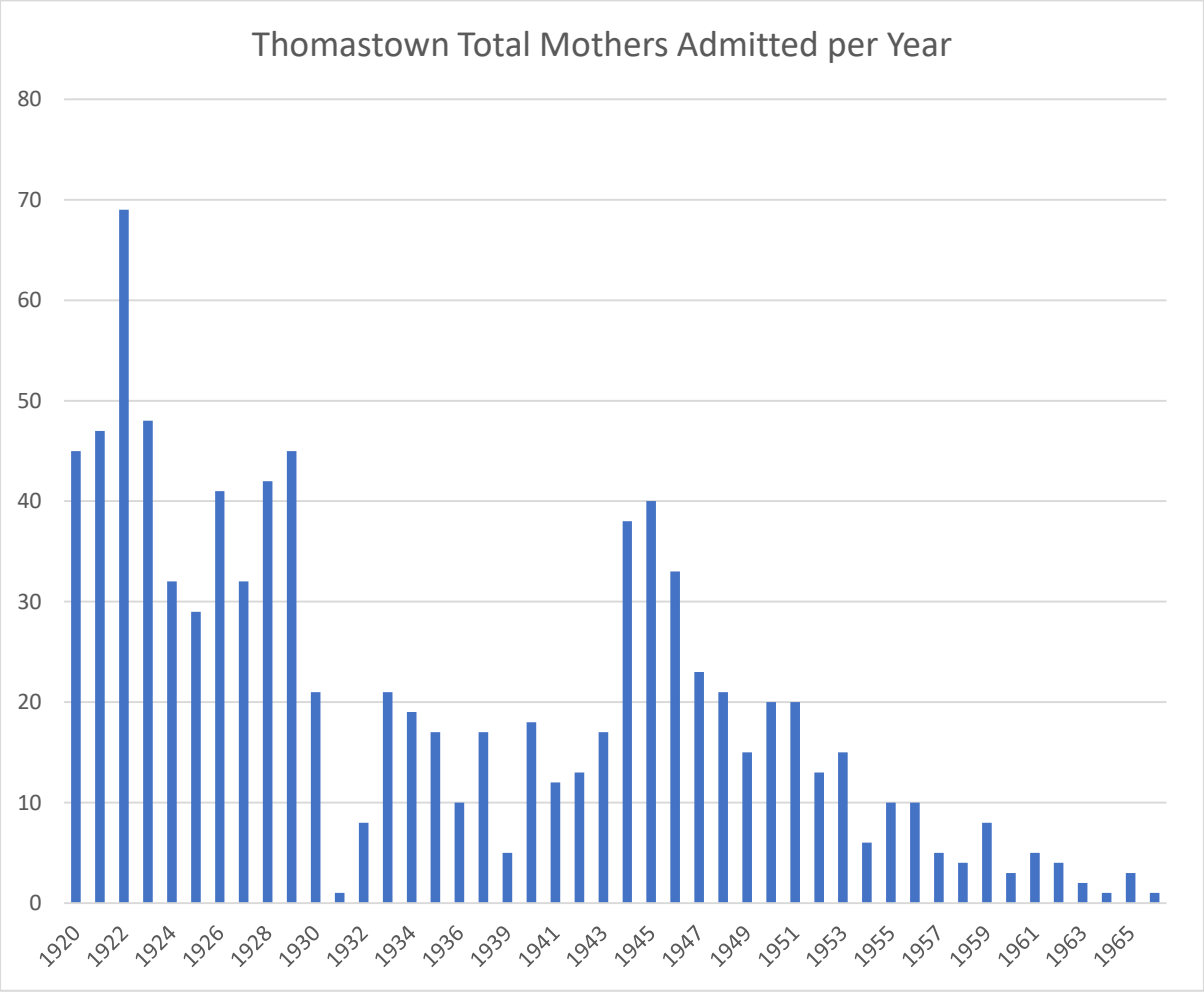
Burials

30.51 A groundsman at St Columba's Hospital, Thomastown (formerly Thomastown county home) told the Commission that he has been employed at the institution since around 1986. He said that, in or around 1990, the matron of the institution, asked him and another employee to incinerate institutional records. He said that these records included burial registers relating to people who died in the institution and were buried onsite. He believed that the burial registers related to the period when the institution operated as Thomastown county home. Shortly after this, groundsmen were put to work renovating the institutional graveyard located in an adjacent field. The groundsman identified the location of the graveyard on a map. The Commission had previously identified this location lying to the east of St Columba's Hospital as a potential institutional graveyard. He said that the graveyard, known locally as the 'Shankyard graveyard' had been neglected for some years and was in a state of disrepair. He stated that 'several loads of topsoil' were put down on the graves and that the site was levelled and grassed. The Commission visited the graveyard in 2019 and found the site to be well-maintained. A single cross with the inscription 'Remembering those who died' marks the site as a former graveyard. The graveyard was in operation from 1854 to 1978. The Commission considers it likely that children who died in Thomastown county home were buried there.

Chapter 30 A: Thomastown county home Statistical analysis

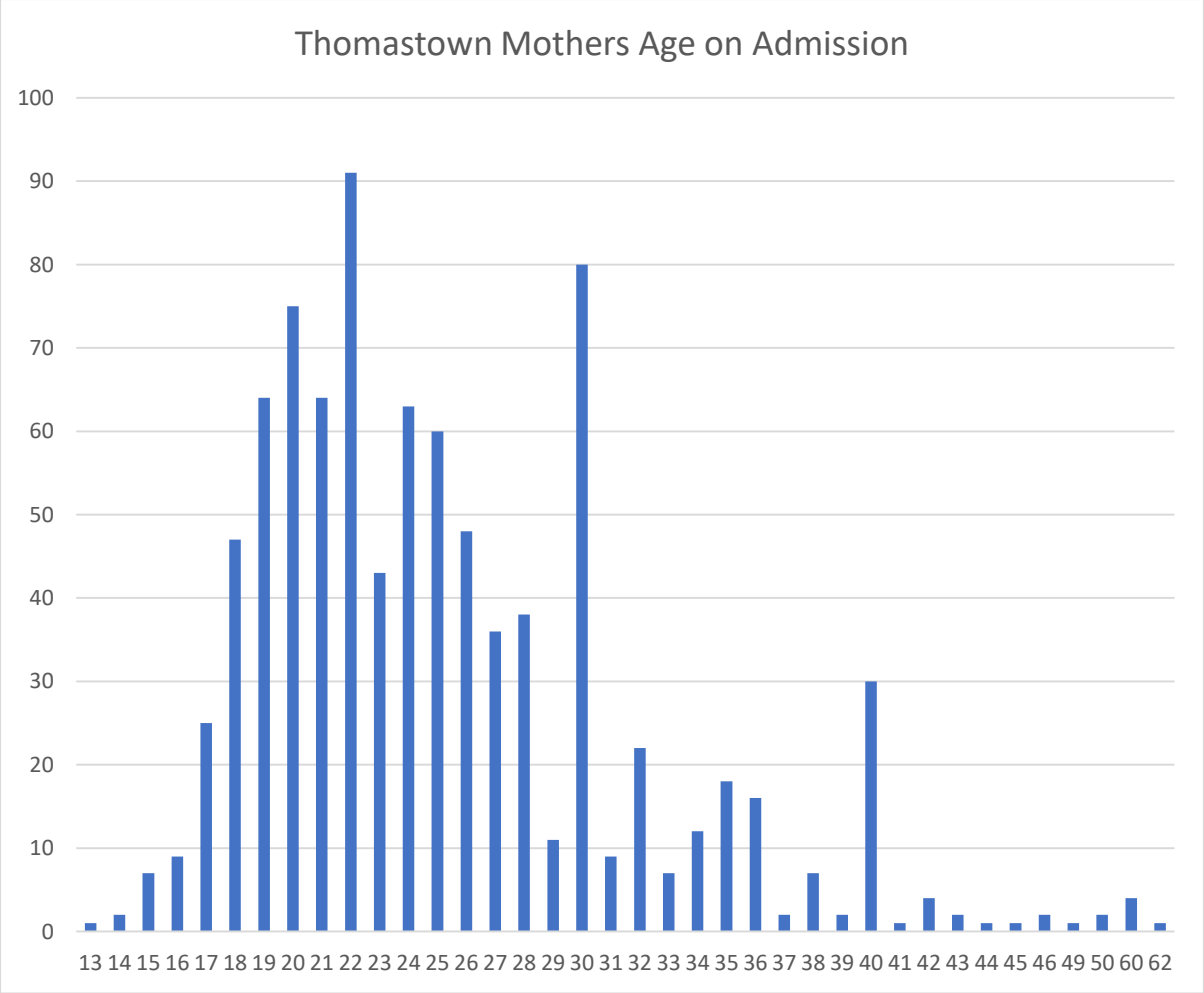
The statistical analysis provided here is based on the institutional records examined by the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions



From the institutional records, the Commission identified 970 single expectant women and unmarried mothers who were admitted to Thomastown county home in the years 1920 to 1966. Information relating to date of admission was available for 909 women (93.7% of admissions). The busiest period was between 1920 and 1930 - almost half of all women admitted to Thomastown were recorded in those 11 years. From 1931 to 1943, 13 women on average were admitted annually. Admissions increased dramatically in 1944 and 1945 - 78 women were admitted during those two years. This increase in admissions coincided with restricted admission practices in Bessborough and Sean Ross. Admissions began a staggered decrease, thereafter, falling from 33 in 1946 to just three women in 1960. Although the Department of Health had advised against maintaining unmarried mothers in county homes in 1950 they were still being admitted to Thomastown as late as 1966.

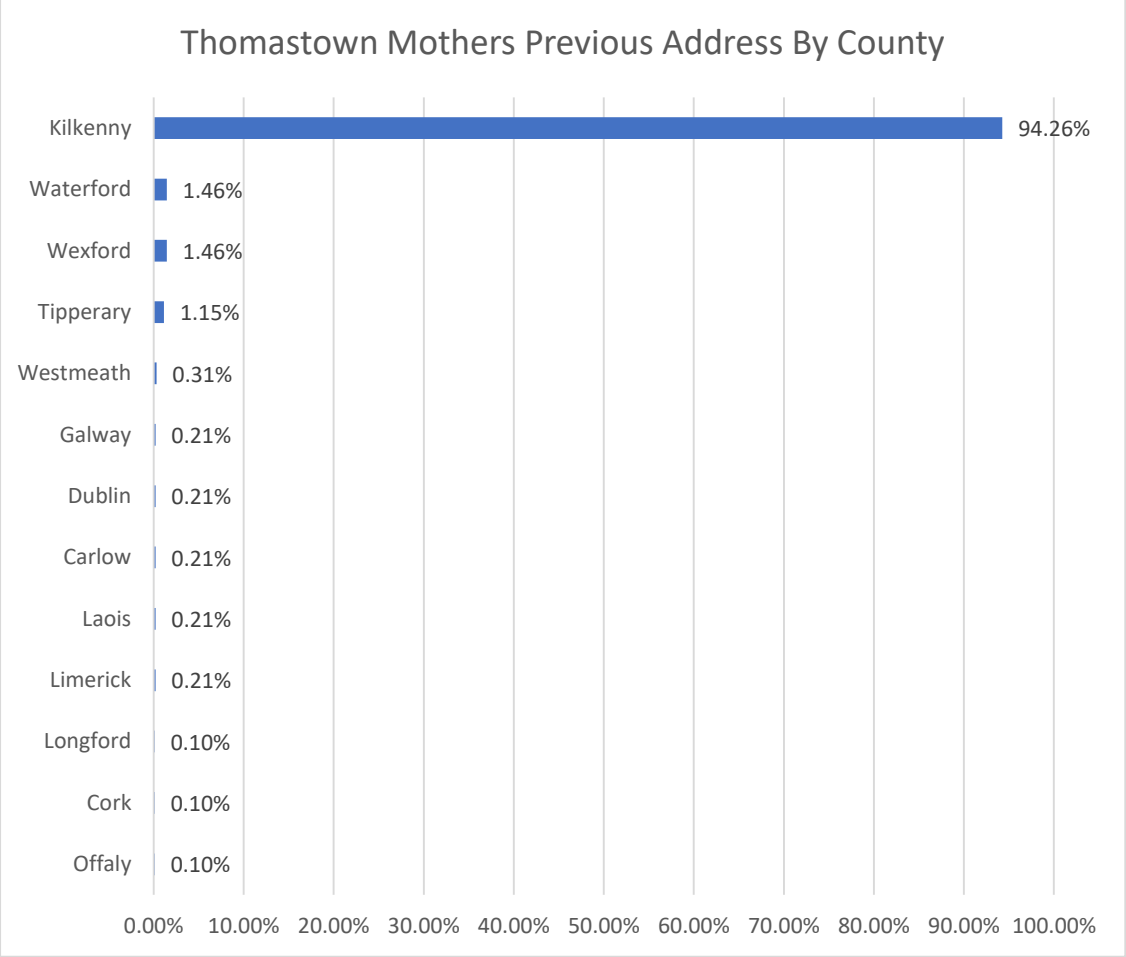
Age on admission



Information relating to age on admission was available for 908 women (93.6% of admissions). Ages ranged from 13 to 62 years. Most women (70.5%) were aged between 18 and 29 years; 24.7% were 30 years and older and 4.8% were 17 years and younger. The

available information shows that 2.09% of admissions were aged between 13 and 16 years. The mode of age on admission was 22 years - this increased to 30 years in the 1940s and 1950s. Average age on admission was 25 years; this increased to 28 years in the 1950s. The increase in average age on admission in the 1940s and 1950s suggests that more women on second or subsequent pregnancies were admitted in those decades.

Previous address by county

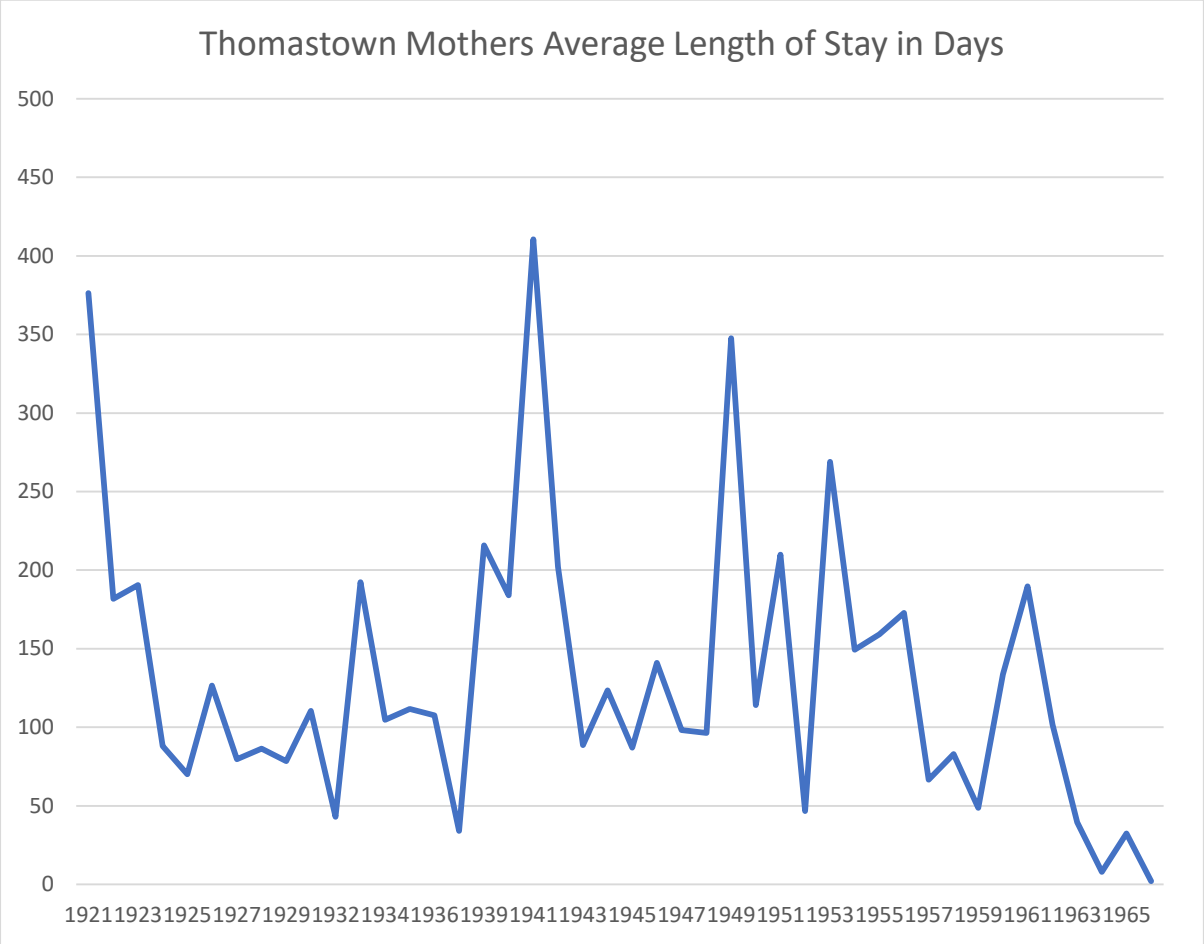


Information relating to previous address by county was available for 958 women (98.76% of admissions). The vast majority of women (94.26%) gave a previous address in Kilkenny; 1.46% gave an address in Waterford; 1.46% in Wexford and 1.15% in Tipperary. The remaining 1.67% gave addresses in Westmeath, Galway, Dublin, Carlow, Laois, Limerick, Longford, Cork and Offaly.

Occupation

Information relating to occupation was available for 235 women (24.2% of admissions). The available information shows all women were either working in the family home or on the family farm or were employed as domestic servants.

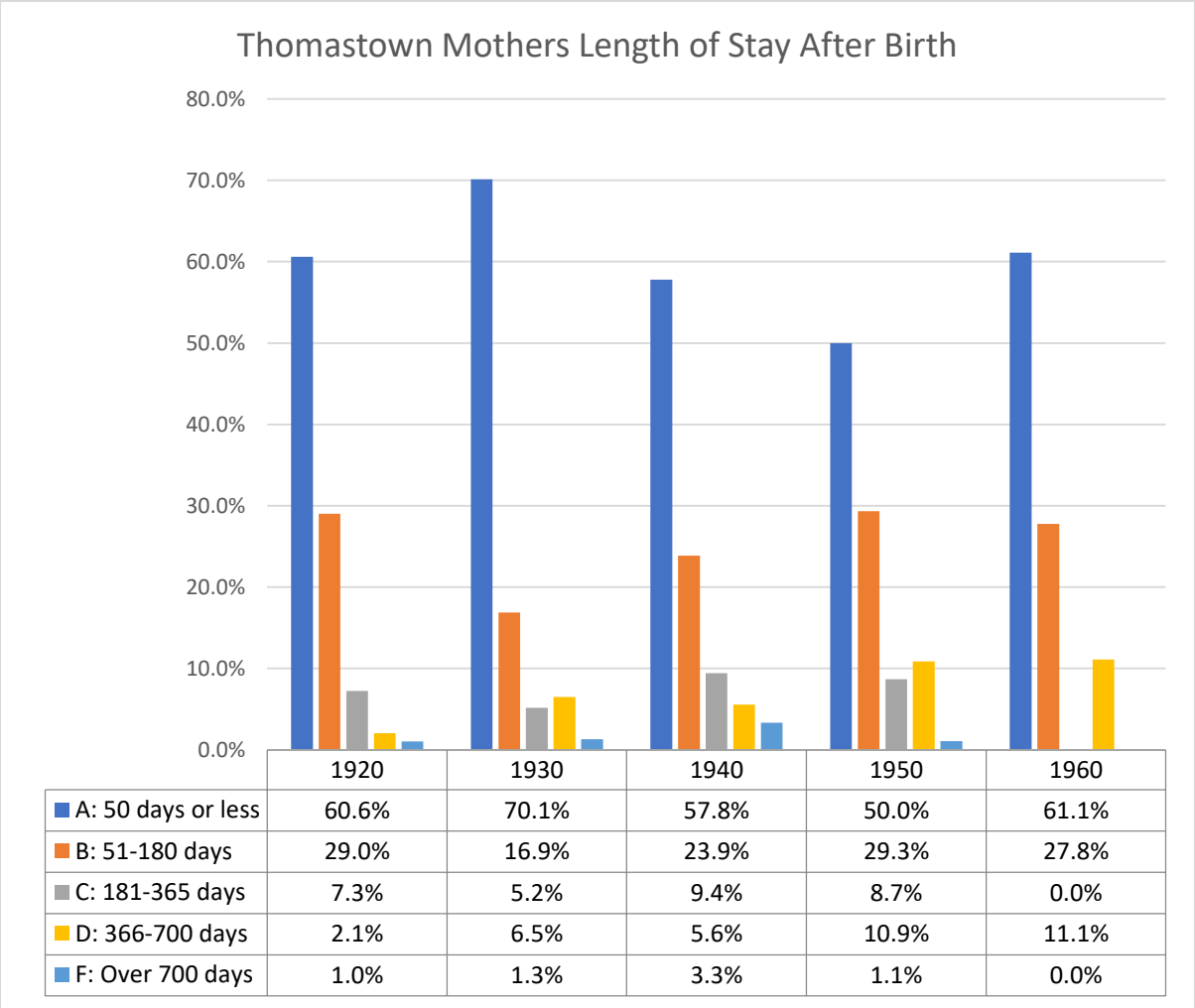
Length of stay



Information relating to length of stay was available for 563 women (58% of admissions). The available information shows women admitted to the home between 1922 and 1940 spent an average of 118 days there. This fluctuated between 192 days on average for women admitted in 1933 to 34 days for those admitted in 1937. Length of stay increased sharply for women admitted in 1941; women admitted that year spent 411 days on average in the home. For women admitted between 1943 and 1948 average length of stay had fallen to 106 days but increased to 348 days for those admitted in 1949. Length of stay began a staggered decrease thereafter falling from 269 days for women admitted in 1953 to 49 days for those admitted in 1959.[1]

[1] The relatively long length of stay shown for 1921 and 1960-65 are distorted by the small number of women admitted to the home in those years.

In the 1920s women typically entered Thomastown 60 days before giving birth - by the 1950s this had reduced to 34 days.



	1920	1930	1940	1950	1960
A: 50 days or less	60.6%	70.1%	57.8%	50.0%	61.1%
B: 51-180 days	29.0%	16.9%	23.9%	29.3%	27.8%
C: 181-365 days	7.3%	5.2%	9.4%	8.7%	0.0%
D: 366-700 days	2.1%	6.5%	5.6%	10.9%	11.1%
F: Over 700 days	1.0%	1.3%	3.3%	1.1%	0.0%

The available information shows that, in the 1920s, the majority of women (60.6%) left Thomastown within 50 days of giving birth and 89.6% had left within six months; 7.3% remained for between six and 12 months and 2.1% remained for between 13 and 24 months; two women remained for a little over two years. In the 1930s, 70.1% of women left within 50 days of giving birth and 87% had left within six months; 5.2% remained for between six and 12 months and 6.5% remained for between 13 and 24 months; one woman remained for just over two years. In the 1940s, 57.8% of women left within 50 days of giving birth and 81.7% left within six months; 9.4% remained for between six and twelve months and 5.6% remained for between 13 and 24 months; six women remained for between two and three years. In the 1950s, half of all women left within 50 days of giving birth and 79.3% had left within six months; 8.7% remained for between six and 12 months and the proportion of women who remained for periods of between 13 and 24 months had increased to 10.9%; one woman remained for almost four years. In the 1960s, 61.1% of women left within 50

days of giving birth and almost 90% had left within six months; two women remained for between 13 and 24 months.

Outcome

Information relating to outcome was available for 968 women (99.8% of admissions). The institutional records show that 75.6% of women admitted stayed and gave birth in the home; 24.2% were admitted with their baby having given birth elsewhere - some were transferred from Bessborough and Sean Ross.

Maternal deaths

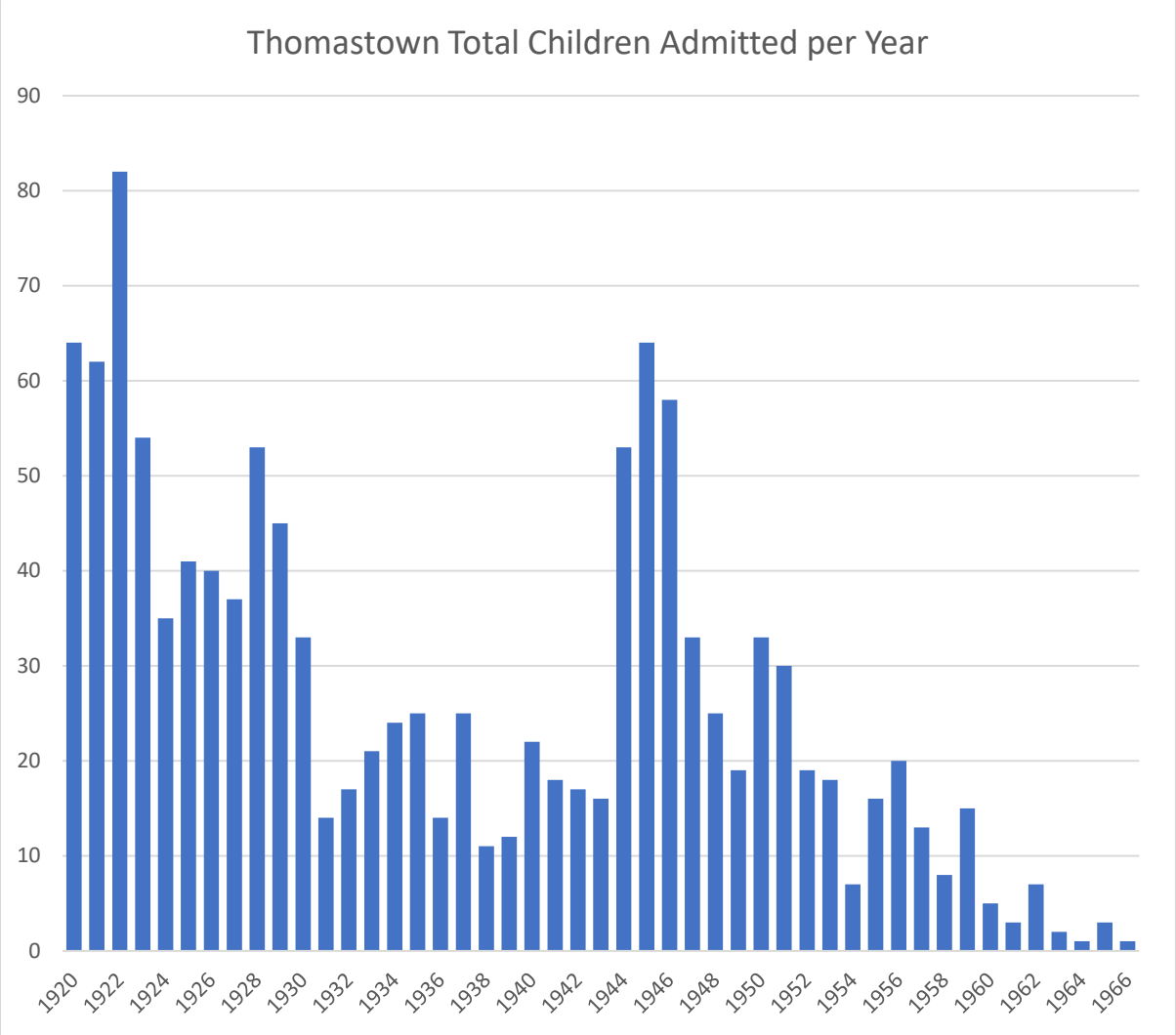
Through the institutional records, the Commission identified three deaths among women admitted to Thomastown county home: representing a mortality rate of 0.31%. All three deaths occurred in Thomastown. One death was due to heart disease and was not associated with pregnancy and childbirth. Two deaths were indirect obstetric deaths in the sense that they were conditions that developed during pregnancy, were aggravated by the physiological effects of pregnancy - they were confinement related influenza and tuberculosis. No deaths were directly associated with pregnancy and childbirth. Adhering to WHO guidelines the maternal mortality rate in Thomastown county home was 0.2%.[2]

Exit pathways

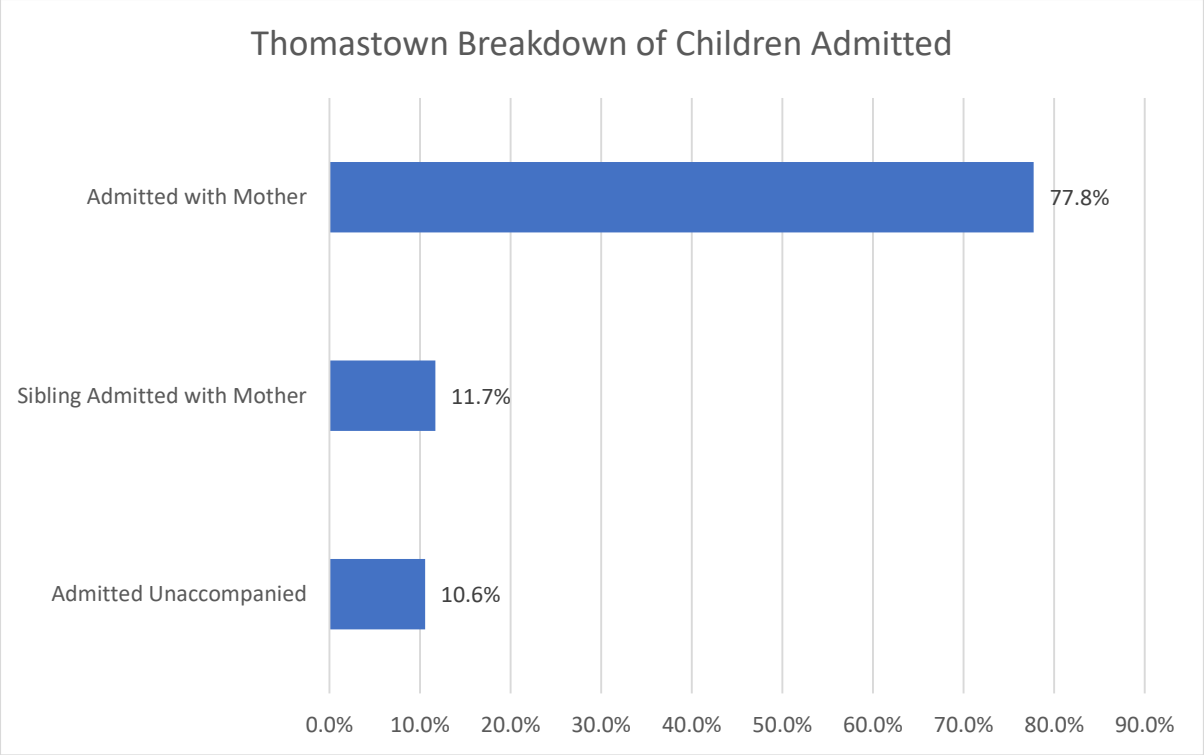
Information relating to exit pathways was available for 115 women (11.9% of admissions). The available information shows that women returned to the family home or transferred to another institution under the Commission's remit.

[2] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

Children: Admissions

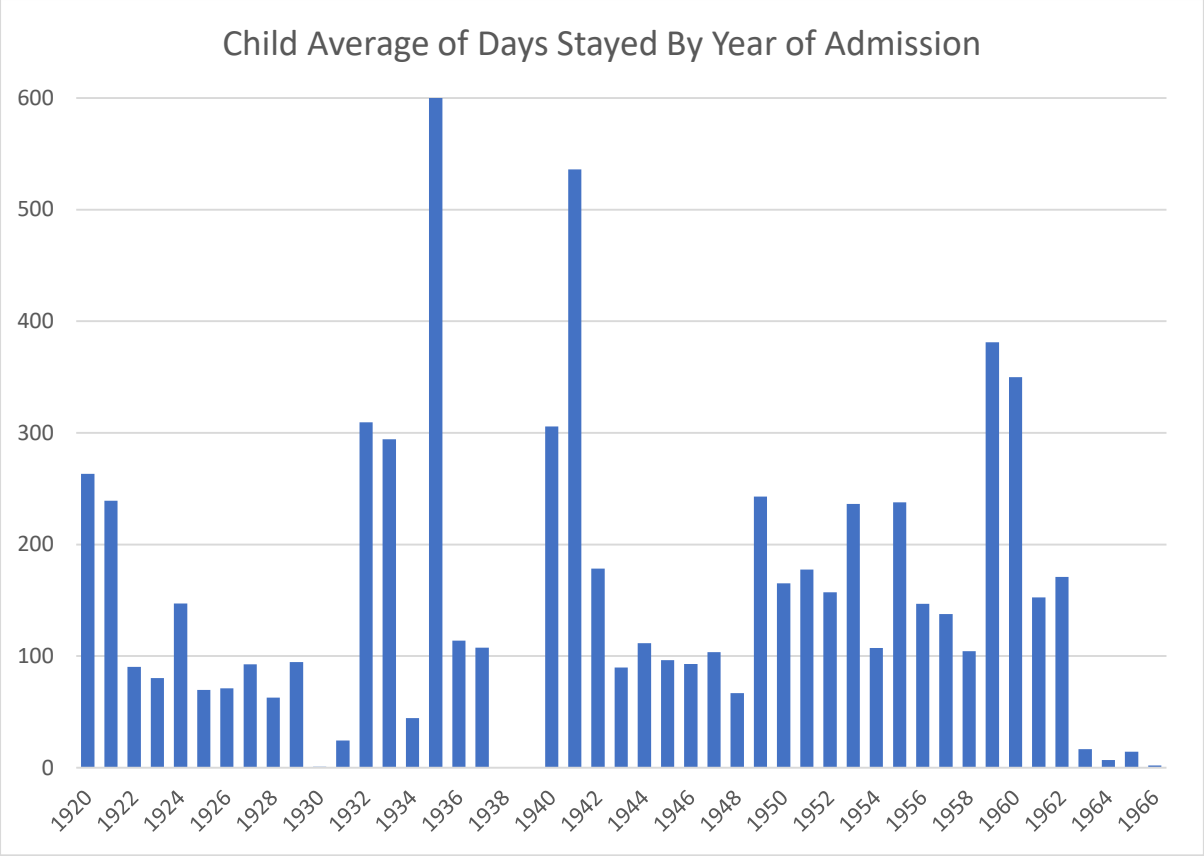


Through the institutional records, the Commission identified 1,241 'illegitimate' children who were admitted to Thomastown county home in the years 1920 to 1966. Information relating to date of admission was available for 1,235 children (99.5% of admissions). The 1920s was the busiest period for child births/admissions; 41.5% of all births/admissions were recorded in that decade and 51 children on average entered the home annually. Births/admissions declined substantially in the years 1930 to 1943; 19 children on average entered the home annually in those years. Births/admissions increased dramatically from 16 in 1943 to 53 in 1944 and 64 in 1945. Births/admissions remained relatively high in 1946 - when 58 children were recorded - but numbers began a staggered decrease thereafter, falling to 19 births/admissions in 1949 and to five in 1960. Although the Department of Health had recommended in 1950 that 'illegitimate' should not be maintained in county homes they were still being admitted to Thomastown up to 1966; from 1960 to 1966, 22 illegitimate children were born in or admitted to Thomastown.



Information relating to status on admission was available for all children. The institutional records show that the majority of children (77.8%) were either born in Thomastown or admitted with their mother; 11.7% were older siblings admitted with their mother and 10.6% of children were admitted to Thomastown unaccompanied - many unaccompanied children were admitted from Bessborough and Sean Ross prior to being boarded out.

Length of stay

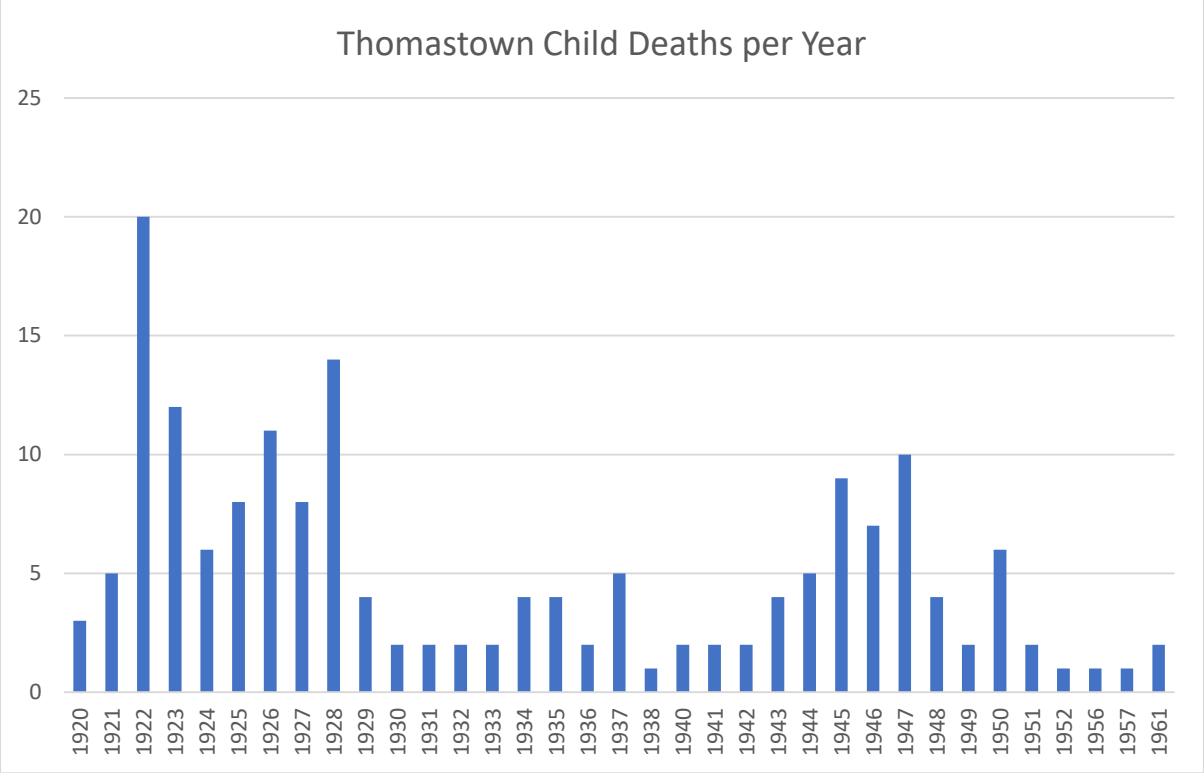


Information relating to length of stay was available for 553 children (44.6% of births/admissions). Although births/admissions were highest in the 1920s, length of stay for children admitted to Thomastown in that decade was shorter than children admitted in subsequent decades. Average length of stay for children born/admitted in the 1920s was 97 days, as compared with 224 days for children born/admitted in the 1930s. Average length of stay appears to have been particularly long for children born/admitted to the home in 1935 (769 days) and 1941 (536 days). The available information shows that most children were discharged on the same day as their mother; 19% left before their mother and 6% of children born in the home or admitted with their mother remained there unaccompanied for a period after their mother had left.

Exit pathways

Information relating to exit pathways was available for 201 children (16.2% of admissions). The available information shows that children either left the home with their mother or another family member, or were boarded out. The available records show that two children were placed for foreign adoption in the USA.

Child deaths

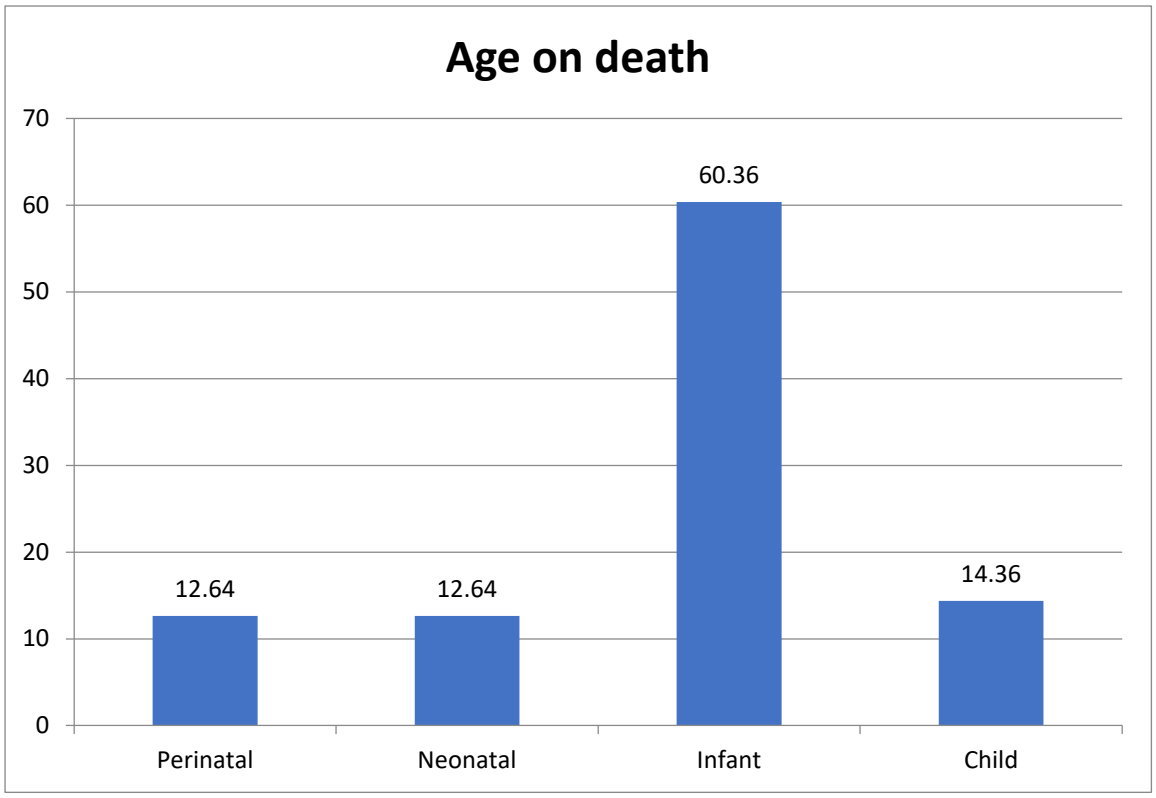


Through the institutional records, the Commission identified 177 child deaths associated with Thomastown county home. The Commission located GRO death records for 169 children (95.5% of child deaths). Information relating to date of death was available for 175 children (98.9% of child deaths). Most child deaths associated with Thomastown (52%) were notified before 1930. From 1930 to 1943, three child deaths on average were notified annually. Child mortality increased in the years 1945 to 1947; 26 deaths were notified in that period. From 1948 to 1961, 19 child deaths were notified; no child deaths were notified in six of those years. 92.6% of all child deaths in Thomastown occurred before 1950.

Place of death

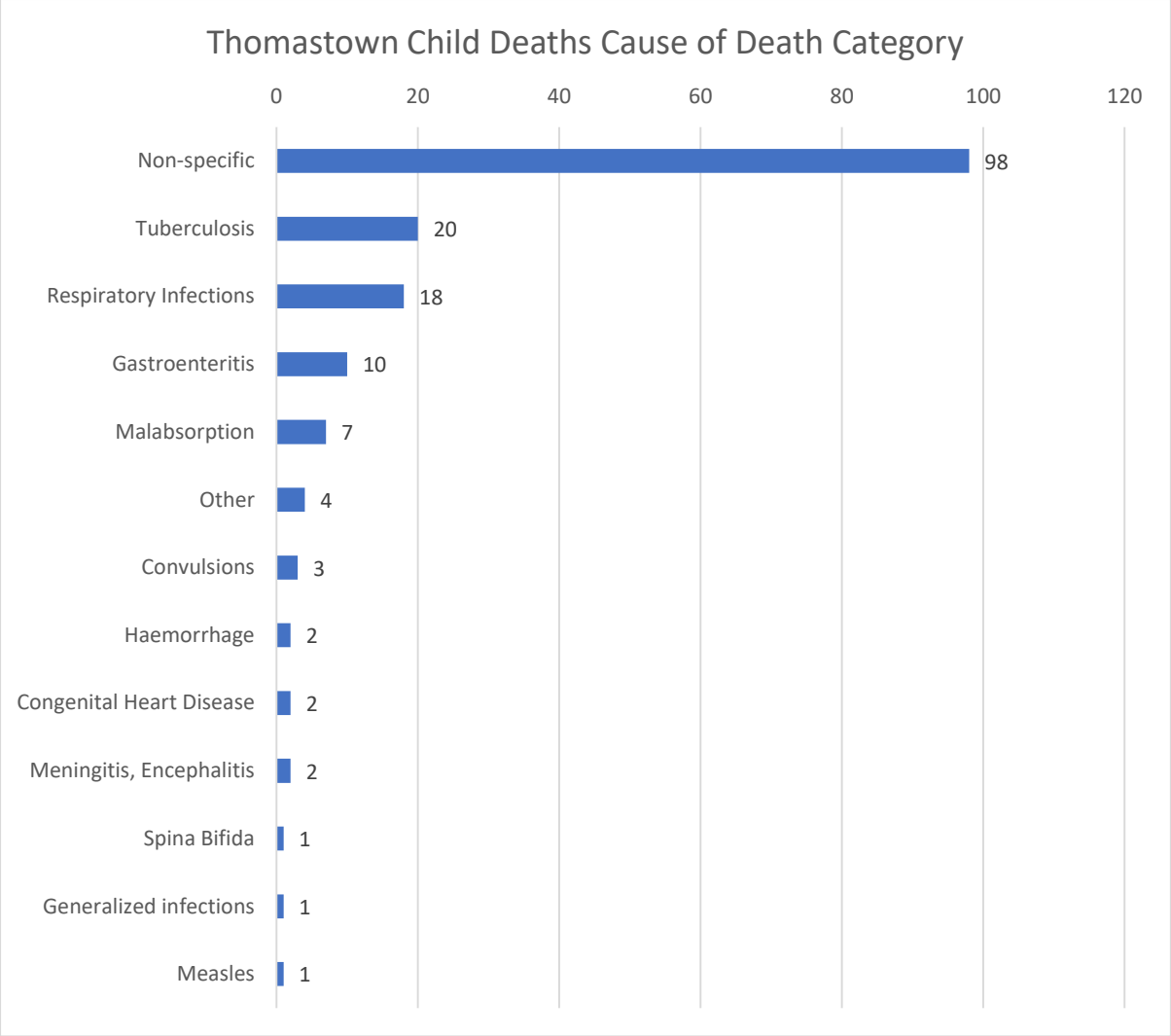
Information relating to place of death was available for 169 children (95.5% of child deaths). The available information shows that the majority of child deaths (90.96%) occurred in Thomastown county home. A small number of deaths occurred in Bessborough (4); Cork District Hospital (1); other hospital (1) and in another county home. One death was recorded in a private residence. The Commission located burial records for the children who died in Bessborough and in Cork District Hospital - all five were buried in St Joseph's Cemetery, Cork.

Age on death



Information relating to age on death was available for 174 children (98.3% of child deaths). The available information shows that the majority of children (85.64%) died in infancy as follows: perinatal (0-7 days) 12.64%; neonatal (8-28 days) 12.64%; infant (29-365 days) 60.36%; 14.36% of children were aged between one and six years at the time of death. The available information shows that 72% of children were accompanied by their mother at the time of death and 28% were unaccompanied.

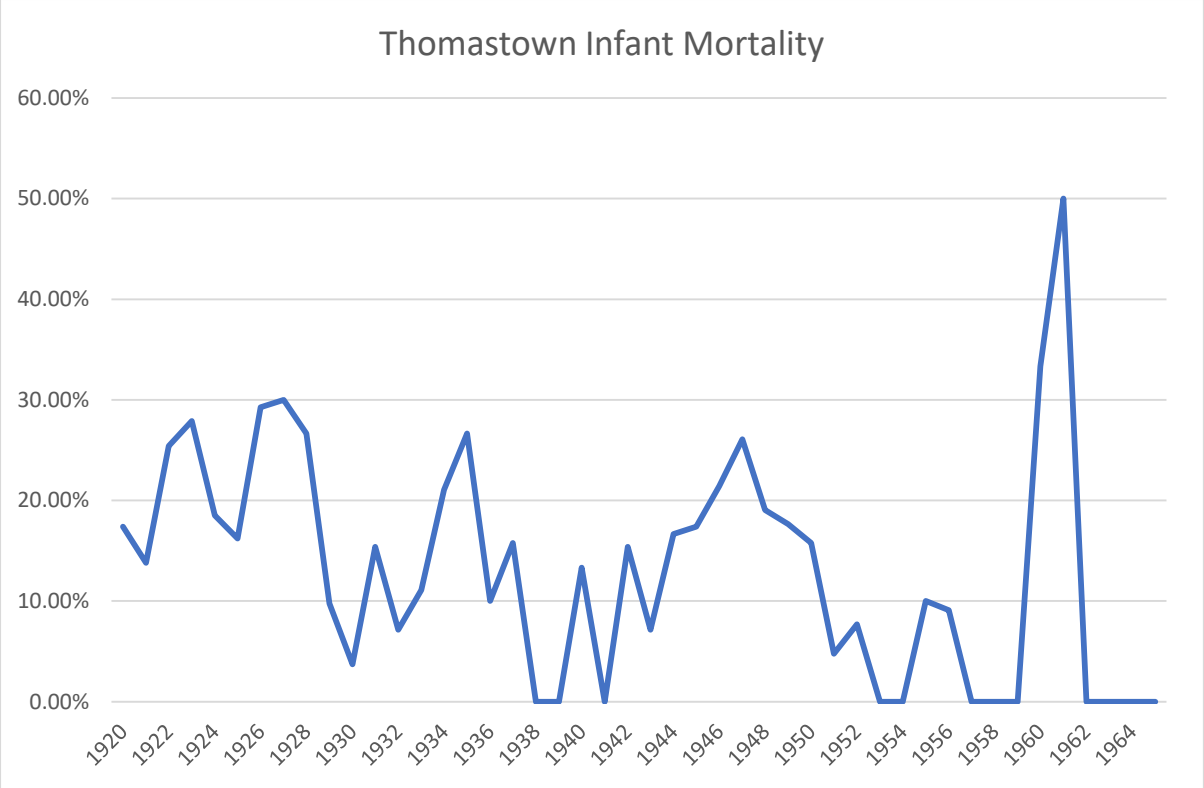
Cause of death



Information relating to cause of death was available for 169 children (95.5% of child deaths). The leading notified cause of death were non-specific - mainly inanition (failure to thrive),[3] congenital debility and one case of a fractured skull - and were responsible for 57.99% of child deaths in Thomastown; 11.83% were notified as being due to tuberculosis; 10.65% were notified as being due to respiratory infections - mainly bronchopneumonia; 5.92% were due to gastroenteritis; 4.14% were notified as malabsorption - mainly marasmus and malnutrition; 2.37% were notified as other, mainly one off, causes such as whooping cough, burn and syncope and 1.78% were notified as being due to convulsions. Small numbers of deaths were notified as being due to haemorrhage (2); congenital heart disease (2): meningitis/encephalitis (2) and spina bifida. One death was notified as a generalized infection (umbilical sepsis) and one as measles.

[3] The term 'inanition' was not cited as a cause of death after 1937.

Infant mortality[4]



The available information shows that the infant mortality rate in Thomastown was highest in the 1920s and peaked in 1927 when a rate of 30% was recorded. Taking the 1920s as a whole, over one in five children born in that decade died in infancy. Although a rate of 26.67% was recorded in 1935, the average infant mortality rate in the 1930s was approximately 11%. In the 1940s the infant mortality rate ranged from between 0% in 1941 to 26.09% in 1947; the average rate in that decade was 15.4%. By 1952, however, the infant mortality rate had fallen to 7.69% and no infant deaths were notified for children born in 1953 and 1954. Infant mortality rates thereafter are distorted by the small number of births/admissions and the small number of infant deaths - the infant mortality rate of 50%, recorded in 1961, relates to two births and one death.

[4] Infant mortality was calculated as follows: (Living children born in the year who died before the ae of 1)/(All living children born in the year).

Chapter 31: Discrimination

Introduction

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

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

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

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

Sources - Institutional records

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

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

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

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

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

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

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

Race

Background

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

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

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

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

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

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

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

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

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

Race - Pelletstown

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Race - Bessborough

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

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

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

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

Witnesses to the Commission

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

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

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

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

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

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

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

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

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

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

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

Mental illness and intellectual disability

Background

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Women with intellectual disability and/or mental health issues

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

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

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

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

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

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

Women in Pelletstown

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

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

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

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

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

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

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

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

31.80 A report from a county medical officer stated:

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

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

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

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

[31] See the McAleese Report p. 509.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The child was adopted.

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

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

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

31.97 In a follow-up letter the psychiatrist wrote:

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

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

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

Other records confirm that the child was adopted.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Women in Bessborough

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

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

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

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

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

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

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

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

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

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

Children with disabilities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Children with physical disabilities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

It seems that the child was discharged there.

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

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

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

Conclusion

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

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

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

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

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

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

Chapter 32: Adoption

Introduction

32.1 The Commission's Terms of Reference require it to examine the exit pathways of children who did not remain in the care of their parents in the institutions under investigation. In particular, the Commission is mandated to identify:

- the extent to which the child's welfare and protection were considered in practices relating to their placement in Ireland or abroad;
- the extent of participation of mothers in relevant decisions, including
  - (i) the procedures that were in place to obtain consent from mothers in respect of adoption, and
  - (ii) whether these procedures were adequate for the purpose of ensuring such consent was full, free and informed; and
- the practices and procedures for placement of children where there was cooperation with another person or persons in arranging this placement, this to include where an intermediary organisation arranged a subsequent placement.

32.2 Adoption, whether informal prior to 1953, or legal from 1953, or foreign, was a very significant exit pathway for children in the institutions being investigated. In this chapter, the Commission examines how these forms of adoption were organised and implemented and assesses these practices from the point of view of the Terms of Reference.

32.3 It should be noted that industrial schools and other orphanages were also significant exit pathways for children in the institutions under investigation. Children as young as two were placed in industrial schools by the public assistance/health authorities. There are also examples of mothers applying to the courts to have their children placed in industrial schools in order that they could leave the mother and baby home - see Chapter 19. The Commission has no doubt that, whatever the shortcomings of the legal adoption system, it was preferable to placing children in industrial schools or to boarding out or placing at nurse.

32.4 In order to try to meet the requirements in the Terms of Reference, the Commission collected such information as is available on the operation of informal 'adoptions'; examined the law on adoption and the issues which have been

litigated; reviewed the literature on adoption practices and procedures in Ireland and, to a lesser extent, in other countries; examined the institutional records of the institutions under investigation, the records of the Department of Health and the Department of Foreign Affairs (in relation to foreign adoptions); interviewed birth mothers; and interviewed representatives of adoption societies, social workers who were or are engaged in adoption and former members of the Adoption Board (An Bord Uchtála).

32.5 The Commission has not conducted a comprehensive review of adoptions. It is concerned only with the placement of children from the institutions under investigation and with the specific issues identified in the Terms of Reference. However, the law on adoption and adoption practices do not distinguish between these children and all others placed for adoption.

A: Pre 1953: informal 'adoption'

32.6 Prior to the introduction of legal adoption in Ireland, the word 'adoption' was often used to describe informal and non-legally binding arrangements whereby families took responsibility for children. These informal 'adoptions' did not confer any rights or responsibilities on the child or the foster parents. When formal legal adoption became available in Ireland (1 January 1953), a number of the first adoption orders were made in respect of children who had been informally adopted.

32.7 The institutions under investigation had very little involvement in informal 'adoption'. While many of the children had been born in these institutions, their placement in foster care was usually organised by the public assistance/health authorities or the mother or her family or a charitable society and not by the institutions. The institutional records contain very little information about the role of the birth mothers in the placement of children for boarding out. In some cases, the mothers had left the institutions and boarding out was organised by the public assistance authorities or charitable organisations; in other cases, the mothers left the institution with their children and then placed them privately or with the public assistance authorities or charitable organisations for boarding out.

32.8 Most informal adoptions were of children who had been boarded out for a number of years and the foster family then agreed to keep them. Sometimes this happened after they were with the family for about three years and sometimes

when the children reached the upper age limit for boarding out (15 or 16). The rules about boarding out are set out in detail in Chapter 11.

32.9 Bethany did directly organise informal adoptions. The Protestant Adoption Society (PACT) provided the Commission with an example of the surrender agreement used when making these arrangements. The birth mother was asked to provide written consent:

> I, […] of […] in the county […] being the mother to the infant […] do hereby surrender the said infant to Mrs […] of […], and do renounce absolutely and forever all rights of whatever kind over the said infant and I understand that I shall make no claim upon the body or effects of the said infant at any time hereafter. Signed this [date] nineteen hundred and forty nine by me […] in the presence of the Reverend […]
> signature:
> witness […], Clerk, The Rectory.

32.10 Such consent was taken shortly before placement. The preselected couple would then come to the home and take the child, while the mother took her leave.[1] A blind was drawn between the parties, with minimum exchange of information. Where background information was supplied to foster parents, it often omitted salient points such as previous pregnancy, incest and relationships.[2]

32.11 A number of other voluntary agencies also organised the placing of children in foster families temporarily and for informal adoptions, for example, the Catholic Protection and Rescue Society of Ireland (CPRSI), St Patrick's Guild, Rotunda Girls' Aid Society and the Catholic Women's Aid Society, Cork. Generally, they had formal written agreements with the birth mother and the foster parents. Cúnamh,[3] (formerly the CPRSI) provided the Commission with examples of the written agreements used by them for the initial placement with the family and for informal adoption.

32.12 The essential elements of a 1926 agreement with a mother headed 'Monthly Agreement - Mother' were:

[1] Information provided by PACT.
[2] Eileen Farrelly-Conway, *Search and Reunion in the Adoption Triangle* (Dublin, 1993).
[3] Cúnamh ceased to operate in 2019 and its records are held by the Adoption Authority of Ireland. The Commission is grateful for the assistance given by its staff in 2018; it was not being investigated.

- The mother, 'being unable to give the time and care necessary for the proper care, maintenance and support' of the child had applied to the society to assist her by making arrangements for the child's care.
- The society 'will entrust' the child to the care of a foster mother approved of by it and 'who shall be in all respects subject to the direction and supervision of the Society'.
- The society undertook to ensure that the foster mother 'shall maintain and bring up the child in a proper manner'.
- The mother undertook not to remove the child from the custody of the foster mother without having obtained consent in writing from the society, unless the child was at least seven years old.
- The mother accepted the rule which precluded her from knowing the name and address of the foster mother.
- The society agreed to arrange to bring the child to its offices from time to time in order that the child could be inspected by the mother.

32.13 The agreement was signed by the mother in the presence of a witness. There is no evidence that this witness had to be a person who was not associated with the society.

The agreement included a clause whereby the mother agreed to pay an amount to the society. In the particular 1926 agreement seen by the Commission, this clause was crossed out. A 1933 agreement was the same as the 1926 agreement but the example seen by the Commission included a clause whereby the mother agreed to pay 10s a month to the society. A 1952 monthly agreement with the birth mother was worded in the same way as the earlier agreements but the payment by her was now 15s a month.

32.14 A 1936 agreement with a mother, headed 'Agreement for Adoption of Child', stated:

> the said [mother's name] having insufficient means to enable her to maintain and bring up in a suitable manner her said child has applied to the Society for assistance, and has agreed to relinquish all her rights as guardian of the said child in favour of the Society, which has agreed to adopt the said [name of child].

32.15 The CPRSI agreed to adopt the child and 'will at its own cost and expense maintain, board, lodge, cloth and educate him or her in a suitable manner, and in particular will have the child educated and brought up in the Catholic Faith'. There was a clause which stated that the mother paid some money but this is deleted in the agreement seen by the Commission.

32.16 The printed form examined by the Commission stated that the mother 'hereby appoints the Society to be the Guardian of the said child 'until he or she attains the age of…years'; however this latter part was crossed out and 'for ever' was added in handwriting.

32.17 The mother agreed that as long as the society continued to maintain the child, she would not 'revoke the appointment as guardian or appoint any other person as guardian nor 'will she take any proceedings for the appointment of any other such person or persons or for the recovery of the custody' of the child. The mother also agreed that, as long as the guardianship continued, she 'will not, nor will any person with her authority, consent or privity in any manner interfere with the training of management of [the child] or as to her moral or intellectual education or institution'.

32.18 A 1952 agreement for the surrender of a child read:

> I […] desire that my child…should be taken care of and brought up a Catholic. I willingly and freely give my child to the care of the Catholic Protection and Rescue Society of Ireland for this purpose, and I agree never to claim […] back from the Society.

In the example seen, the mother agreed to pay the society £15 towards the cost of maintaining the child.

32.19 The 1932 agreement with the foster mother identified the society as the guardian of the child. It agreed to pay the foster mother £1 10s a month until the child reached the age of nine. The foster mother agreed that, as long as the payments were paid punctually, she would 'maintain, clothe and support' the child 'according to the directions and instructions which she may receive from time to time' from the society. The foster mother also agreed to notify the dispensary doctor without delay if the child became ill; she also would notify the society and she would hand over the child to the society if the society so demanded. The society had the right to inspect the child and could end the agreement at any time without notice. A

1933 agreement was in similar terms but was for the period until the child reached the age of five. A 1952 agreement was in similar terms and the payment to the foster mother was £3 a month.

32.20 A 1933 'adoption' agreement with a foster mother identifies the society as the child's guardian. The 'adoptive' mother agreed that she would 'adopt' the child and would 'at her own cost and expense, maintain, board, lodge, clothe and educate him (or her) in a suitable manner, and in particular will have the child educated and brought up in the Catholic Faith'. The 'adoptive' mother also agreed that she would not 'part with the possession or custody' of the child without the written consent of the society and that she would allow the society to inspect the child at all reasonable times. She agreed to hand over the child to the society in the event that the society was dissatisfied with the condition of the child or the manner in which the child was being brought up or educated. A further handwritten condition was added - she had to hand over the child if the society was called on to hand over the child to his birth mother.

32.21 The 'adoption' agreement with the foster parents had changed quite a bit by 1951. This read:

> We […] being practising Catholics, agree to keep and look after […] born on […] and baptised on […] at […] as our own child and to carefully bring her/him up in the knowledge and practice of the Catholic Religion and to educate him/her at a Catholic School. We promise that we shall never part with the child to any other foster parents or place her/him in any orphanage or industrial school or like institution without the consent in writing of the Catholic Protection and Rescue Society of Ireland. We further agree that should the Society be dissatisfied at any time with the manner in which the child is being cared for or brought up and particularly the manner in which the child's religious welfare is being attended to the Society may remove […] from us and we shall cease to be his/her parents.

32.22 There was a footnote which stipulated that the foster-parents must immediately inform the CPRSI if the child should become seriously ill or if their financial position should deteriorate to such an extent that they would be unable to provide properly for the child. They were also obliged to inform the society of any change of address.

32.23 Agreements made by the Nursery Rescue and Protestant Children's Aid Society were similar but the foster parents agreed to raise the child as a Protestant.

32.24 Little is known about the level of vetting of prospective 'adoptive' parents carried out by the voluntary organisations. In 1947, Miss Litster of the Department of Local Government and Public Health (DLGPH) was critical of informal adoptions:

> Some of the societies have been found to be careless in the matter of placing children for adoption. A certificate of character from a clergyman is usually the sole requirement and no investigation need be made into means, environment, motives, or any of the conditions bearing on the suitability or otherwise of the home.
>
> Cases have come to light of children adopted into homes utterly unsuitable. It is probable that an investigation into adoption secured by societies would discover conditions which would not be permitted under a system of legalised adoption.[4]

32.25 There seems little doubt that the mothers who surrendered their children to the public assistance authorities or the voluntary agencies had no real choice because they were unable to look after their children themselves. It is likely that they would have been successful in reclaiming their children if they tried to do so. The Commission has not seen much evidence of attempts to do so. There are a few examples in the Department of Health files but they generally involved reclaiming older children who could be put to work.

B: Legal adoption

32.26 Legal adoption is the process by which a parent/child relationship is established between persons unrelated by birth whereby the child and the adoptive parents assume the same rights and duties as children and parents in 'birth families' and the birth mother relinquishes her rights over the child. Among common law countries, Ireland was relatively late in introducing formal legal adoption. In the USA, the state of Massachusetts was probably the first legal system to introduce a child-centred adoption system in 1851. Other US states, such as New York and California, followed. Other common law states and countries followed: Tasmania and British Columbia each introduced adoption in 1920 and they were followed by England and Wales in 1926, Northern Ireland in 1929 and Scotland in 1930.

[4] Department of Health, RM/INA/0/505478.

32.27 The introduction of legal adoption in Ireland was delayed by the reluctance of the Irish government to introduce legislation on the issue which was not fully backed by the Catholic church. However, once it was introduced by the *Adoption Act 1952* which came into effect on 1 January 1953, it quickly became the most likely outcome for 'illegitimate' children and the most significant exit pathway for children in the institutions being investigated by the Commission. For a time, particularly in the 1960s, virtually all 'illegitimate' children born in Ireland were adopted. While it might be an exaggeration to say that it was 'official policy' to encourage the adoption of 'illegitimate' children, adoption was undoubtedly promoted as the best option by the families of unmarried mothers, by the mother and baby homes and by religious and civil authorities. It was seen as the best option for the children and for their mothers and it was also seen as desirable for married couples who did not have biological children.

Background to the introduction of legal adoption in Ireland

32.28 The discussions within government, within the Catholic church, between government and the church and the public debate are all very informative about the attitudes to adoption and cast light on how issues such as the welfare of the children and the requirement for mothers' consents were seen immediately before the introduction of legal adoption.

32.29 The main sources of information for this section are

- National Archives of Ireland files, JUS/90/93/17; JUS/90/93/18; JUS/90/93/19; JUS/90/93/20.
- Dáil reports
- Colleen Mary Stewart, 'A study of the infrastructure and legislation for adoption in Ireland c.1911-1971' (PhD, National University of Ireland, Maynooth, 2013), http://eprints.maynoothuniversity.ie/4876/1/Colleen%20Stewart%20PhD.pdf
- J H Whyte, *Church and State in Modern Ireland 1923-1970* (Dublin, 1971)
- Anthony Keating, 'The Legalisation of Adoption in Ireland', in *Studies: An Irish Quarterly Review*, xcii, 366 (Summer 2003), pp 172-82.
- Lindsey Earner-Byrne, *Mother and Child Maternity and Child Welfare in Dublin, 1922-60* (Manchester, 2007).

32.30 The issue of providing for legal adoption had been on the agenda for more than 20 years before the *Adoption Bill 1952* was introduced. The English *Adoption of Children Act 1926* was a catalyst for many who thought Ireland should have its own adoption law. The Department of Justice was regarded as the relevant department to take responsibility for any such legislation. There does not seem to have been any discussion about, for example, giving the DLGPH this responsibility. The debates on the issue have been analysed in some detail by a number of historians. While the welfare of the children was considered, the debate was dominated by the issue of their religious upbringing. The rights of the mother were recognised but very often the greater emphasis was on the needs of the adoptive parents.

32.31 The Department of Justice showed considerable reluctance to legislate for adoption. Initially, that reluctance did not seem to be related to what became the most significant issue in the debate, that is, the question of the religion of the child. In April 1933, following an enquiry from a member of the public who had a child he wished to adopt, a Department of Justice official said 'that the proposed legislation would do very little good or harm'. He went on to set out the Department of Justice's attitude to proposed adoption legislation:

> The view we have always taken, departmentally, is that we should not advise the Minister to make himself responsible for legislation unless there is something really urgent and important at stake, and that he should not be too ready, even then, to accept responsibility for matters not clearly within the scope of the Department's functions. By all these tests, the present proposal fails. It is not urgent, it affects a very limited number of parents, and does not affect them very profoundly, there has been no public demand for it, and it has no connection with the statutory duties of the Department of Justice as set out in the Ministers and Secretaries' Act, 1924.

32.32 In 1934, the matter was raised again. This time the enquiry was considered by the Office of the President of the Executive Council, Éamon de Valera. In January 1934, Mr de Valera wrote to the secretary of the Department of Justice stating that he felt that the suggestion regarding a proposal to legalise adoption deserved 'sympathetic consideration'. This enquiry did provoke some response from the Department of Justice in that it generated a query to ascertain statistics in regard to the operation of the English law on adoption. The secretary of the Department of Justice wrote to his counterpart in the Department of External Affairs (DEA),

stating that representations had been made to his minister in favour of introducing legislation on the lines of the British legislation. He went on to say 'that the main result of the Act is to confer full parental powers on the person adopting a child in the prescribed manner to the exclusion of the actual parents; the prima facie objection to promoting such legislation here is that there is no indication of any general demand for it'. He also asked if enquiries could be made as to the extent to which the relevant legislation had been availed of in England. The British Registrar General supplied the relevant statistics.

32.33 However, nothing of significance happened and an enquiry in April 1938 from the American Consul General, on whether or not a child under the laws of Ireland could be adopted was met with the response from the DEA that no such laws existed in Ireland.

32.34 In August 1938 in an unattributed memorandum entitled 'Adoption of Children', the Department of Justice set out its objections to any proposed legislation on adoption as follows:

- No real cases so far being put forward. It may be that people who advocate the passing of such a bill are moved by a vague feeling that in failing to pass such a measure the Oireachtas is in some way falling behind in social matters the British Parliament.
- The bill would confer little advantage on a child who was adopted by desirable people except the slight one that in the matter of death duties the child would be in the same position as lineal issue. Legalised adoption might on the other hand be a serious disadvantage to a child in the event of the circumstances of adoptive parents disimproving. Legalised adoption would, of course confer on the child the right to be maintained by the adoptive parents. It would also impose on him a liability for their support.[5]
- The religious problem would almost inevitably involve the government in difficulties.

The CPRSI view

32.35 Adoption was recognised in canon law and informal 'adoptions' had been organised by, among others, the Catholic Protection and Rescue Society of Ireland

[5] At the time, there was a legal obligation on children to maintain their parents. This remained the case until 1977 – see Chapter 1.

(CPRSI) for many years (see above).[6] The CPRSI had been set up in 1913 in order to combat proselytism and to offer help to those who might go to Protestant agencies for help. In April 1939, it set out its reasons for objecting to the introduction of legal adoption. The main objection was that:

> a great many Catholic girls go into the Protestant Home at Bethany, Orwell Road, Rathgar or give their babies to the Irish Church Missions and the various Homes attached to them. After a year or so many of these girls get remorse of conscience and come to us with their babies. If the Bill is passed these children will be lost to the Catholic religion forever as once they are legally adopted the person who adopts them can do what he likes with them.

32.36 The CPRSI pointed out that their 'adoption' form allowed for a review of the way the child was being brought up (see above). If it was not satisfied, the child could be removed; in effect, it was not a permanent arrangement. The organisation also pointed out that the archbishop would not approve and listed a number of organisations who also would not approve including the Sacred Heart Home,[7] Drumcondra; the Girls' Aid society attached to Holles Street hospital; and 'Father Kenny, who runs the Society for unmarried mothers at the Rotunda, is not in favour of it either'. 'It is the Joint Societies of Women Social Workers…who are keen on this Bill going through'. The CPRSI asserted that the members of this society were almost all non-Catholics.[8]

32.37 Of course, in the absence of any national adoption law, the type of adoption that the CPRSI was promoting was informal and conferred no legal status on a child 'adopted' in this way or on the adoptive parents. Towards the end of 1939, it became obvious to the Department of Justice that quite a number of informal 'adoptions' were taking place and further consideration was given to providing for legal adoption.

[6] The other organisations involved in informal adoptions do not seem to have become involved in the debate on legal adoption.
[7] This was an orphanage. It was not associated with the Sacred Heart mother and baby homes being investigated by the Commission.
[8] This is unlikely to have been true. While the Joint Committee of Women's Societies and Social Workers did include a number of Protestant organisations among its membership, it also included St Patrick's Guild and the Irish Nurses Organisation.

Miss Litster's view

32.38 In December 1939, Miss Litster, who had been the inspector of boarded-out children in the DLGPH and who was now a general inspector in that department, advocated the introduction of adoption legislation:

> the fact is that adoptions so called take place daily in the country. That there is no means of legalising such relationships is, I think, sufficient reason for pressing for legislation since such legislation would make for security for adopter and adopted.
>
> The various guilds and societies which place children with foster parents arrange for adoptions in large numbers each year. The four principal Catholic Boarding out Societies, viz., The Catholic Protection and Rescue Society, Saint Patrick's Guild, The Rotunda Girls Aid Society and The Society for the Protection of Destitute Catholic Children arranged for some 120 adoptions during the year 1938. The Cork Catholic Women's Aid Society boarded out about 130 children during the year 1938.[9] All these children on expiry of a three year period will be adopted by their foster parents…we have therefore in Ireland an increasing number of children nominally adopted. Amongst the persons who have given such children the shelter of their homes are many who are desirous of giving them the further protection of the family name and who are amazed to find there is no legal machinery available. There is naturally no means of ascertaining the number of informal adoptions for which legal sanction would be sought, if an adoption act were in existence I think the number would not be small…in short adoptions do take place in this country and under present conditions they are unregulated and unsupervised and it would be in the interests of the children and their adoptive parents if legislation were set up governing the adoption of children.

32.39 Miss Litster's views were conveyed to the Department of Justice whose assistant secretary, Mr J E Duff, responded stating 'there was very little likelihood of any legislation on this matter being introduced as there was considerable doubt as to whether the legislation would secure a real advantage to children legally adopted under it'. He also added that 'a religious question is involved. It might happen under any scheme of legalised adoption, the essence of which is irrevocability, that an unmarried mother might consent to the adoption of her child by persons or

[9] There were approximately 1800 'illegitimate' births in 1938. The figures given here are not comprehensive so it seems likely that this was not an uncommon outcome for the children.

societies of different religion. If she subsequently wished to resume control of her child she would be unable to do so'.

32.40 Mr McArdle of the DLGPH stated:

> I have heard of the protests made by certain societies they are based on the religious question. In my opinion any such danger as Mr Duff foreshadows can be safeguarded against by adequate provision in the Act. It can scarcely be argued that the religious persuasion of any mother who appears in Court as a party to the adoption of her child cannot be established beyond doubt. If any case arose in which a reasonable doubt were entertained on this point, it should be possible for the Court to refuse to legalise the adoption. Would it not be possible also to insert a clause in the Act rendering the adoption invalid if it should be subsequently proved that replies to queries regarding religious persuasion were false?

32.41 Nothing further happened and in late April 1940 a query from a member of the public met with confirmation that no plans were in place to provide for legal adoption. On 2 December 1943, the Minister for Justice, Gerald Boland, was asked if he would give the results of the consideration which his department had given to the question of a more satisfactory law relating to the adoption of children. He replied:

> As a result of the consideration which was given to this question in 1939 it became clear to my department that any legislation relating to the adoption of children would be highly controversial, and, as there was no evidence that there was any general demand for such legislation, no action was taken in the matter.

The religion issue

32.42 In January 1944 a Department of Justice official, Mr S A Roche, wrote to Archbishop McQuaid of Dublin as follows:

> As you are, no doubt, aware, there is no provision in the law of this country under which a person who adopts a child may acquire parental rights over the child. In England, Scotland and Northern Ireland, there are laws enabling the Courts to make 'adoption orders' transferring to adopters all the rights, duties, obligations and liabilities of parents in regard to adopted children, and representations have been made to this Department for the introduction of similar legislation in this country.

32.43 Mr Roche referred to the fact that the issue had been raised previously and no action had been taken largely because of the views expressed by the CPRSI.

> The question has now been raised again. It has been represented to me, for instance, by the present Attorney-General, Mr Kevin Dixon, that many more people would be willing to adopt destitute children if they could acquire parental rights over the children, and if they could be secured against the fear that the parents of the children might demand their return at any time. It is also urged that the procedure would give illegitimate children a better status: they would be registered as 'adopted' children under the new name.
>
> I wonder whether the danger visualised by the Catholic Protection and Rescue Society would be met if a provision were included in the Bill prohibiting the making of an adoption order in any case where it is not proved to the Court that the religion of the adopter and the religion of the child are the same. I enclose a statement indicating the general form which legislation would probably take.
>
> Personally, I am rather lukewarm about the whole proposal, but there is no doubt that many estimable people, with the highest motives, are in favour of it, and I don't like to keep giving them the answer that there are grave objections from the Catholic point of view without making sure that this is in fact the position.

32.44 A summary of the Archbishop's reply was as follows (parts of the archbishop's reply are illegible)

> I have today received your letter concerning adopting of children, in the full legal sense. This matter has caused much thought and I should be very willing to discuss the question with you. I cannot see how it can be maintained that legal Adoption is contrary to the Tenets of the Faith, from the point of view of Justice or Charity…The question seems to me, at the moment, and without refreshing my memory to be a matter of avoiding the danger of unworthy adopting parents and of what we know in this country as the unworthy traffic of proselytism.

32.45 In January 1945 an internal Department of Justice memorandum considered the 'value' of introducing legal adoption:

> The foundation upon which adoption should be based is that of permanency. It benefits both adopting parents and especially the adopted child to have the relationship established and secure. The adopting parents then feel that they

can give to the child all that they would give to one naturally born to them without any fear that at some stage the child may be taken from them. For the child the sense of security although not understood or appreciated, has a deep formative effect. In other words, the true purpose of adoption is to set up a family in cases where nature has failed.

In many countries this purpose is recognised in law and Adoption Acts not only confer on the adopting parents the full legal custody of the child or children but exact from the adopting parents all the responsibilities towards the child which are implicit in ordinary parenthood. The child is therefore protected from instability in the adopting parents.

The effect of the legal position created by Adoption Acts is that adoption is made the serious step it should be and consequently makes it more probably that those entering upon adoption will make worthy parents.

At present in the Twenty-Six Counties anybody can adopt a child either permanently or for a period. There is no general mechanism to ensure that the right kind of child will go into the right kind of home (i.e., right psychologically). This mechanism is provided in other countries by legally recognised Adoption Societies which operating within a law specifically framed to protect the child are encouraged by the very existence of such a law to carry on their work. Where such societies do not exist, the work of getting children adopted is carried on by bodies formed to help and shelter mothers who have had illegitimate children. As the purpose of these bodies is principally to help the mother and for that reason to “place” the child, it is clear that the child is a very secondary consideration and that to get it placed at all is thought good enough.

This is not to reflect in any way whatever on the work done by those societies which aid unmarried mothers. But it is a matter of central importance to appreciate the difference between this method of disposing of unwanted children and that of adoption. Some of these rescue societies for instance offer a monetary reward to persons who will adopt one of the children it is sought to place. This is regarded as disastrous in the matter of true adoption, where the motive must be wholly unselfish, in a word an act of love. The British Act for instance makes it illegal without the consent of the court to take or offer any payment or other reward in consideration of any adoption. All reputable Adoption Societies are insistent upon this rule and not only require adopting parents to take a child without any reward, but insist upon preliminary expenditure on things necessary for the child in proof of sincerity

and seriousness on the part of the adopting parents. This is because it has been found that if adoption takes place as the result of payments, the adopting parents lose interest in the child when the payments cease and thereafter regard it as a burden.

Indeed it has been found that an Adoption Society was the more successful the more strict it was on the question of the parents' responsibilities to the child and their ability to carry out those responsibilities. By making the gravity of the step about to be taken more apparent to prospective adopters, the Adopting Societies succeed in frightening away those who would enter on this course impulsively without any real consideration of what it would mean. The most important single element in convincing prospective adoptors of the serious step they are taking is the existence of an Adoption Act and the sense of irrevocability (after a trial period of three months which is arranged in some cases) in what is being done. It is thus clear that if the question of the worthiness of the parents and their unselfishness is a vital one, the existence of an Adoption Act is of primary value.

The serous desire of many childless Irish couples to adopt is perhaps best illustrated by their reaction to there being no Adoption Act here. They feel that they cannot - as is their real desire - make the child their own and give it all the benefits of love and education without the fear that some time all may be undone by there being no legal protection for the adoption. I myself know at least four couples who are anxious to adopt but feel that they must wait until an Adoption Act is passed.

One important thing for the child in the passing of an Adoption Act has not been stressed. As is well known in Britain, America and other countries where adoption takes place so regularly, the majority of the children adopted are not born in wedlock. They carry with them through life unless they are adopted with a disability which it is impossible to exaggerate. Without disclosing their illegitimacy they cannot enter for examinations, for university life, for the Civil Service, for marriage, or for many other things for which they might be fitted.

In countries where there are Adoption Acts an Adoption Certificate is given a legal equality with a Birth Certificate for the purposes for which it is required. Thus not only do the Adopting parents in countries where there is such an Act make the child their own and give it what it could never otherwise attain but they also shield it from one of the most terrible social deprivations.

32.46 Mr Roche again wrote to Archbishop McQuaid in February 1945:

> In January of last year I wrote to you regarding representations which were being made to me for the introduction of legislation which would enable the Courts to make 'Adoption Orders' transferring to adopters the rights, duties, obligations and liabilities of parents in regard to adopted children.
>
> I mentioned that we were reluctant to introduce legislation on these lines because we feared that the making of adoption orders would give rise to religious problems, and that the Catholic Protection and Rescue Society of Ireland had indicated that they would be strongly opposed to such legislation.
>
> I pointed out on the other hand that it had occurred to us that the religious difficulty might be met if a provision were included in the Bill prohibiting the making of an adoption order in any cause where it was not proved to the Court that the religion of the adopter and the religion of the child were the same - the religion of a child under seven years to be deemed to be the same as the mother's religion.
>
> From your reply to my letter I understood that you did not see any obvious objection to legislation on these lines, but that you would like to consider the matter.
>
> I should be glad if you could now let me know whether, on consideration, you think that our proposal is satisfactory.

32.47 Archbishop McQuaid responded in March 1945:

> I have not answered your letter at once, because I was anxious to give further consideration to your Adoption proposal. May I first clear up what may be a misunderstanding? You refer to my letter of 14th January, 1944 as not seeing any obvious objection to legislation on the lines suggested, viz, including a provision in reference to the religion of adopter and adopted. I was mainly pointing out that Legal Adoption as such is not contrary to the Tenets of the Catholic Faith. I have hereto seen no provision that, to my mind, would safeguard the faith of children. If your draftsman can put forward such a provision, it would be a matter of great interest to me.
>
> The opposition of a body so experienced as the Catholic Rescue and Protection Society gives me grave reason to pause. I am aware of the activity in certain quarters which would press for legal adoption, but I regret to be obliged to say that I do not find frequently a comprehensive understanding of the complex difficulties involved in any proposal of legal adoption.

If my advice be sought, I would urge that no step be taken in respect of Catholic children and you know what proportion that category entails - without referring the matter to the Catholic Hierarchy.

32.48 Mr Roche's memo to the Minister for Justice said:

Following your recent direction that the Department should reconsider the question of legislation for the adoption of children, I wrote again to Dr. McQuaid asking him whether, in his opinion, the religious difficulty would be met if a provision were included in the Bill prohibiting the making of an Adoption Order in any case where it is not proved to the Court that the religion of the adopter and the religion of the child are the same - the religion of a child under seven years to be deemed to be the same as the mother's religion. Dr. McQuaid has made it clear in his reply (enclosed) that he is not in favour of legislation at all. He says that he does not think that our proposal would provide satisfactory safeguards for the faith of the children, and he ends up by saying that if his advice be sought, he would urge that no legislation on this subject should be introduced without referring the matter to the Catholic Hierarchy.

It is difficult to see why Dr McQuaid should object to an Adoption Bill which would contain a safeguard on the lines suggested by us. Perhaps he fears, however, that mothers of illegitimate children might be induced by Protestant societies to swear in Court that their religion was Protestant so as to enable the Courts to make Orders for the adoption of the children by Protestants.

I do not think anything would be gained by referring this matter to the Catholic Hierarchy. If the Archbishop of Dublin is not in favour of the proposal, it is unlikely that the Catholic Hierarchy as a body would agree to it.

I suggest, therefore, that we should drop, for the present, at any rate, any idea of introducing legislation which would enable the Courts to make Orders transferring to adopters parental rights and duties in regard to adopted children.

The principal argument, put forward in favour of an Adoption Act, is that under the existing law, persons who adopt children, have no guarantee that the natural parents of the children will not demand the return of the children at some future date. This danger is not so serious as might appear at first sight, because the courts adopt the rule that any application by a natural parent to recover the custody of a child will be determined by reference to the child's welfare and by that consideration alone.

Another matter on which advocates of an Adoption Act lay great stress is the fact that, while adopted children are usually known by the surname of their adopters, their births are registered in their original names, and great embarrassment is caused for those children when it becomes necessary for them to produce their birth certificates. In England, Scotland and Northern Ireland, provision is made in the Adoption Acts for the keeping of a special birth register for adopted children, in which the children are registered under the surnames of the adopters. Birth certificates issued in respect of children registered in this register disclose the fact that they are adopted, but do not disclose the names of their natural parents.

The birth certificate problem should be overcome without an Adoption Act, by the introduction of a Bill to authorise the keeping of a special births register for children who are in fact adopted. The Bill could provide that any person who has undertaken the guardianship and maintenance of a child other than his own child, and who has had such child under his care and maintenance for a specified period of, say, 3 years, may apply to the District Court for an order directing the Registrar-General to register the birth of such child in the name of the applicant in the Adopted Children's register. The District Justice could be required, before making an order to satisfy himself, that it is in the interest of the child that he should continue under the guardianship of the applicant.

Legislation dealing only with the registration of adopted children would fall to be dealt with by the Department of Local Government and Public Health and, if you approve, I shall write to that Department informing them that it has been decided not to introduce an Adoption Bill, and suggesting that they should consider the introduction of legislation relating to the registration of the births of adopted children.

32.49 On 18 June 1945 the DLGPH expressed its concerns in a letter to the Taoiseach's office. The Parliamentary Secretary, Dr Ward, broached the subject of legal adoption in a meeting with Archbishop McQuaid, who told him that while the Catholic church may have objections on religious grounds, it was possible for these to be overcome.

32.50 The issue of adoption legislation was again raised in the Dáil in October 1945. In reply to a parliamentary question, the Minister for Justice, Mr Boland said:

The suggestion that legislation should be introduced to confer full parental rights on persons who adopt children to the exclusion of the actual parents,

has been carefully examined. While I believe that in a number of individual cases this proposal would be advantageous, the result of my enquiries has been to convince me that there were serious difficulties in adapting the principle generally by way of legislation. In particular it has not been found possible to devise any scheme which would afford satisfactory safeguards against the danger that the question of the child's religion might become involved in a controversial and undesirable manner. Unless this objection can be met I do not propose to introduce legislation.

32.51 In early 1946 the Taoiseach, Éamon de Valera, sought advice on the issue of adoption legislation from the Catholic hierarchy. Dr William Conway[10] of St Patrick's College, Maynooth was assigned to compile a memo for him on the relevant canon law. No practical progress was made and the Taoiseach wrote to Dr Conway in April 1946, stating that:

> suggestions have been made to the government from time to time to the effect that legislation should be introduced to confer full parental rights on parents who adopt children to the exclusion of the actual parents. As a result of inquiries which we made however we concluded that there were serious difficulties in the way particularly in the regard to providing satisfactory safeguards against the danger that the question of a child's religion might become involved in an undesirable manner. This is an aspect of the matter to which you have no doubt given thought and it would be very helpful to us if you would let us know of any opinions that you may have formed.

Dr Conway assured Mr de Valera of his full cooperation.

32.52 In March the Taoiseach's department wrote to the Secretary of the Department of Justice, Mr Roche, enquiring whether he had any observation to make in regard to the general question of adoption of children other than what had already been stated previously by Department of Justice officials.

32.53 Mr Roche replied the following month stating:

> We went into this question again last year. The Catholic Protection and Rescue Society of Ireland had communicated with us a few years ago indicating that they were opposed to an adoption bill. In order to ascertain whether the religious difficulty might be overcome we wrote to Dr McQuaid

[10] Dr Conway was then a Professor of Canon Law in Maynooth and subsequently the archbishop of Armagh from 1963-1977.

and asked him whether he would see any objection to an adoption bill on the general lines of the British Act but containing a provision prohibiting the making of an adoption order in any case where it was not proved to the Court that the religion of the adopter and the religion of the child were the same. I enclose a copy of the reply which we received from Dr McQuaid and you will observe that he left no doubt in our minds that he would not favour such a bill. I also enclose a copy of a minute which I submitted to the Minister at the time and which sets out our views generally on the whole question. Following the receipt of the letter from Dr McQuaid the Minister decided to drop the idea of introducing an adoption bill, but he directed us to suggest to the Department of Local Government and Public Health that they should consider the question of introducing legislation to authorise the keeping of special birth registers for adopted children. We wrote to Local Government on that question on the 17th April, 1945, but so far Local Government have not taken any action on our suggestion.

32.54 In April 1945 an official from the Department of Justice interviewed two canon lawyers, Dr Cornelius Lucey[11] and Dr John McCarthy of St Patrick's College, Maynooth. They informed him that certain representatives of Catholic societies in Dublin had arranged some time previously for the drafting of a bill on adoption. The bill had now been drafted by a lawyer and they had been asked to examine it and to see whether there were any objections from a religious point of view. Their view was that the Minister for Justice was opposed in principle to the introduction of an Adoption Bill and before proceeding to examine the bill they were anxious to ascertain definitively what was the minister's attitude.

32.55 They were informed that the minister was not opposed in principle to an Adoption Bill and that if the religious difficulties could be overcome he would be willing to introduce a bill himself. However the official told them that he had consulted Dr McQuaid on the religious point and that his reply was not encouraging.

32.56 The two religious leaders were satisfied that the minister was not opposed in principle to adoption but they were reluctant to go into any details on the question of legislation until they had given further consideration to the matter having regard to the views of Archbishop McQuaid.

[11] Dr Lucey was subsequently Auxiliary Bishop of Cork from 1950 and Bishop of Cork from 1952-1980.

32.57 In May 1946, Dr Conway responded to the Taoiseach's request for any opinions he might have had in relation to the question of legal adoption as affecting the religion of the adopted child. He stated:

> I have considered the question carefully since then and I have come to the conclusion that the best way of preventing the question of the child's religion arising in an unsatisfactory manner would be to introduce into the Bill the principle that for valid adoption the adopting parents must be of the same religion as the natural parents of the child (or as the natural mother in the case of illegitimate children). This principle could be effectively incorporated into the proposed legislation. It would have the effect of confining the adoption of children within the different religious groups, so that a child of Catholic parents could only be adopted by Catholics, a child of Protestant parents by Protestants and so on.

32.58 In July of that year an official from the Department of Justice contacted Dr Lucey again and suggested that he and Dr McCarthy might forward a copy of the Adoption Bill that had been drafted.

32.59 The interaction with Maynooth continued and in September 1946 Dr Conway wrote to Mr Roche regarding an interview that he had had with an English priest, Fr Agnells Andrew OFM, an expert in English adoption law. Fr Andrew did not see any difficulty in the way of introducing a bill along the lines of the English Act. He suggested that a commission should be set up which might encourage the Catholic hierarchy to come together and, having considered the problem, might overrule the objections which had been raised by certain Catholic societies.

32.60 Dr Conway was of the view that there was growing demand for legislation on adoption and that some legislation was desirable but the idea of a commission was not acceptable to the department. It is clear from the available documentation that, at this stage, all parties, the Department of the Taoiseach, the Department of Justice, the DLGPH and representatives of the hierarchy from Maynooth University were endeavouring to reach an agreement in relation to the introduction of some form of adoption legislation. However, despite examining such legislation in Canada and England and exchanging lengthy memos on the proposed legislation no agreement could be reached on the religious question. Even Dr Conway, who had invested a great deal of time in compiling memos on the issue, became disillusioned stating in a letter to the Department of Justice that the 'difficulties are

such to render the framing of a satisfactory Adoption Act impractical at the moment'.

The public campaign

32.61 A public campaign to introduce legal adoption into Ireland did not commence in earnest until the second half of the 1940s. The campaign for a legally-based system of adoption was carried on mainly by the Adoption Society (Ireland), also known as the Legal Adoption Society, which was formed in 1948, although many other groups and individuals were also involved.

32.62 Hostility towards legislation appeared to come from politicians and deeply entrenched conservative elements within the rural population who were concerned about succession to land but there appeared to be widespread support among the urban middle classes. A more pronounced discussion demanding change began to emerge during the 1940s and, in November 1947, the *Dublin Evening Post* reported that a number of 'adoptive' parents began expressing concern about their lack of legal safeguards. In 1948, the Adoption Society (Ireland) began to campaign for legislation to give legal recognition to what it described as 'de facto' adoptions. According to Whyte, it was a body of amateurs, albeit well-informed and articulate: 'Yet despite its scratch nature, it proved an uncommonly effective pressure group. Its officers seem to have worked together remarkably well'. Whyte described them as 'ordinary, decent citizens who sincerely felt a grievance'.

32.63 During the 1948 general election campaign, the future Taoiseach, John A Costello, promised to legislate for adoption but pressure from the Catholic hierarchy soon saw him shelve these promises. This provoked a series of indignant letters that demanded that he fulfil his election promise with one letter writer asking 'WHAT ARE THE FEARFUL DIFFICULTIES [emphasis in original]. Are we always in Southern Ireland to lag behind some other civilised countries?'

32.64 The Adoption Society was very active both politically and publicly. Its media campaign was complemented by parliamentary questions to relevant ministers from TDs from all parties.

32.65 The Joint Committee of Women's Societies and Social Workers (JCWSSW) was also very active on the adoption issue. In February 1948 the JCWSSW sent a letter to the Minister for Justice stating that it was composed of representatives

from 17 women's societies, representing over 50,000 women, and that it had been working for some years on the question of legal adoption and certain modifications of the birth certificates (see Chapter 1 in relation to the introduction of the short form birth certificate). Its letter stated:

> The legislator does not appear to realise how great is the public demand for a legal adoption Act and the hardships endured by the lack of such an Act. If you favour us with the privilege of an interview, we can show you strong evidence of the necessity for such an Act. The amendment of the birth certificate would be a comparatively simple matter and would prevent needless pain and injustice to many innocent children. The reform which we press for has been in operation in practically every country for many years.

32.66 The arguments the JCWSSW put forward for legal adoption were:

- To give the unwanted or deprived child a settled home with the advantages of home conditions.
- Proper legal status for the child so that he cannot suffer for the sins or neglect of his parents.
- Protection for foster parents and the vesting in time of corresponding rights and duties.
- Incentive to many childless couples to come forward and adopt deprived children giving them the affection and advantages they would have given their own.

32.67 The JCWSSW met the Minister for Justice. They considered that the main objection to the promotion of adoption legislation was the parental rights of the birth mother. The JCWSSW felt that this objection could be put aside if the welfare of the child, the rights of foster parents and the fact that it was hard to legislate for isolated cases were taken into account. Interestingly, there was no discussion of any religious impediment that might face a possible adoption bill. The overall impression that the JCWSSW formed during this meeting was that the minister was sympathetic to the aims it shared with the Adoption Society.

32.68 The Adoption Society continued its own campaign and ran an advertisement outlining the need for legal adoption:

- To ensure that children may be adopted legally having a right to use their adopters name and to join the family circle of any home with complete security.
- To ensure the future happiness of children may not be marred by the production of a birth certificate when sitting for an examination, commencing employment or getting married.
- To ensure that childless married couples may take their part in the life of the country by bringing up families, fully assured that no interference from outside may occur.
- To ensure that children of unfortunate birth have equal citizenship rights with others as laid down in the Constitution.
- To ensure that our social conscience keeps abreast with all those democratic countries who have secured legal adoption by legislation.

32.69 According to Whyte, the Adoption Society succeeded in winning a considerable amount of sympathy. The annual conference of the Labour Party and the executive of the Irish Trade Union Conference passed resolutions of support. A circular to local authorities appealing for support was particularly successful. By May 1951 the Adoption Society was able to report that favourable resolutions had been passed by 46 out of 48 local authorities.

32.70 Other individuals and organisations also expressed support. The National Society for the Prevention of Cruelty to Children advocated legal adoption in its Reports for 1945-1946 and 1946-1947. The President of the High Court regretted the absence of legislation on adoption delivering a reserved judgement in an application concerning the custody of a child.[12]

32.71 Meanwhile, questions continued to be asked in the Dáil during 1948. In December 1948, the new Minister for Justice, General Mac Eoin, stated: 'I regret that the examination of this problem has taken longer than I expected. I can assure the deputy however that a decision will be taken as soon as possible'. This was followed by a further answer in April 1949 with General Mac Eoin stating: 'this matter is still under consideration and I do not think that anything would be gained at the present stage by my making a statement on the difficulties or discussing them with the Adoption Society (Ireland)'.

[12] *Evening Mail*, 22 June 1946.

32.72 In November 1949 he said that there were certain difficulties with the proposed legislation that were not easily overcome. In November 1950, he informed the Dáil that he had decided not to introduce proposals or any legislation that would provide for the irrevocable transfer of a parent's rights and duties in respect of a child to any other person. In political circles there appeared to be uncertainty regarding the constitutionality of adoption based on Article 42 of the Constitution.[13]

A resolution

32.73 While the Irish State had been trying to harmonise its legislation with Catholic social teaching since its foundations, there was an incorrect view prevailing that the Church was opposed to legal adoption. In the *Irish Ecclesiastical Record* of October 1949, canon lawyer, Dr John McCarthy stated that there was nothing at variance with Catholic teaching in the principles of legal adoption. He remarked that the historic background and general indications was that the Church would favour legislation for legal adoption and adoption was referred to in sacred scripture. The safeguarding of the Catholic religion was a vital consideration; this meant that the Church could approve only if it could be safeguarded in any legislation. While this might be difficult, it would not necessarily be insurmountable. However, this view does not seem to have been publicly expressed by any Church leader.

32.74 The Adoption Society did interact with Church authorities. It should have been alerted to a serious problem when it communicated with Bishop Michael Browne of Galway about establishing a branch of the society there. Dr Browne responded that he had no problem with adoption in principle; his issue with the society's campaign was that an adoption law would place 'illegitimate' children on the same level as 'legitimate' children.

> I cannot give approval to your proposal to put illegitimate children on the same level as legitimate in regard to the birth certification that is a mischievous proposal. I also object strongly to the entirely exaggerated statements in your propaganda for adoption. It gives a misleading picture of orphanages and a distorted picture of the treatment of illegitimates.

His objections meant that a branch of the society was never opened in Galway.

[13] The relevant section of Article 42 states: 'The State acknowledges that the primary and natural educator of the child is the Family and guarantees to respect the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children.'

32.75 Eventually an all-party meeting of TDs and the committee for the Adoption Society took place in November 1949. This led to a meeting with the Minister for Justice and TDs who were advocating legal adoption. At this point the minister indicated the difficulties he had in relation to the legislation particularly acknowledging the difficulty of providing suitable safeguards for the religious sensitivities concerning adoption. The minister defended his deferral to the Catholic church at this meeting saying that, while he could not for a moment admit the right of any Church authority to dictate or veto legislation, he was most anxious to avoid introducing legislation which might be regarded as objectionable by any Church.

32.76 The Attorney General, Charles Casey, in a speech to students in 1951, was even more explicit in his explanation for not favouring a legalisation of adoption when he asked: 'how can any Catholic logically demand or permit any legislation which would endanger the soul of a single child?' Although he did consider the position of the unmarried mother, he did so in terms of the 'inalienable' rights of the family. He stated

> if the word 'inalienable' is to be given any meaning at all, it may mean that no mother of an illegitimate child can alienate her right and duty to provide according to her means for the religious and moral, intellectual, physical and social education of her child. In other words if she cannot allow her child to be irrevocably adopted can the state pass legislation enabling her to do so.

32.77 According to Earner-Byrne, Attorney General Casey considered the issue purely from the perspective of principle and despite referring to the mental anguish of the unmarried mother, in truth that mattered less to him than the rights of 'legitimate' families. The Catholic understanding of the family was more important to many than social reality.

32.78 There was no consideration of other religious groups and their needs. Casey appeared to relish the idea of the counter-attack which his speech would engender telling Archbishop McQuaid that he was sure it would come hot and heavy, 'I shall enjoy that in my bed.' For the Attorney General, legal adoption was an opportunity to defend Catholic principles. According to Whyte, Archbishop McQuaid was consulted about the adoption issue by both ministers Mac Eoin and Boland, and when consulted advised against legislation. Archbishop McQuaid's concern was that those who advocated legal adoption were overlooking the rights of the birth mother and her child in their zeal to safeguard the rights of the adoptive parents

and he felt that the rights of all parties needed to be properly enshrined in legislation. He also expressed the fear of proselytism. Other senior clerics believed that 'Protestants were running a slave trade in Catholic babies'. Bishop Staunton of Ferns was convinced there were children being born in undisclosed locations with records kept at a separate location to ensure that they could not be identified and that then these children would be raised in Protestant homes, known as 'bird's nests', from the age of two. He wrote: 'The children would be spirited off to England by Dr Barnardo's, who would ensure that the boys, suitably indoctrinated, would join the British Army and the girls would be sent to work in restaurants etc'. Bishop Staunton alleged that government agencies were in collusion; he also expressed the view that Protestants were 'always confident with the ascendancy complex, on which they were founded'; alleged that the homes were run by zealous Protestants, meaning that it was easy to keep it all a secret from Catholics. He also accused Miss Litster of being in collusion with this alleged system because she was a Protestant.[14]

32.79 Bishop Staunton recommended that Dr Alfred O'Rahilly, President of University College Cork be contacted as he 'is well up in the matter'. This letter was passed on in the Department of Health and a written reply stressed that, while there were a large number of factual errors, there was some truth that helped fuel Bishop Staunton's conspiracy theory. Protestant organisations had previously offered to help 'illegitimate' children of Catholic mothers but there was no evidence of a Protestant conspiracy involving Protestant civil servants. Despite the false nature of the claims, it was clear that the State was fearful enough of the power of the Catholic church to shelve efforts at legislating for adoption.

32.80 The Minister for Justice, General Mac Eoin, would not give any information as to why he refused to introduce legislation or encourage debate about the issue. In response to a Dáil question, the Minister for Defence - who was deputising for General Mac Eoin in this particular debate - stated that 'there is an obligation on a minister to give his reasons for any legislation which he introduces. There is not an obligation on a Minister to give reasons for the multiplicity of pieces of legislation which he is not prepared to introduce'. The JCWSSW claimed a constituency of 50,000 women in Ireland and they wrote expressing outrage and

[14] The Commission understands that Miss Litster had converted to Catholicism before this time.

frustration with what was going on, in particular with the refusal of ministers to outline the reasons for their inaction.

32.81 Despite General Mac Eoin's hesitance to legislate, the Adoption Society moved to have a private member's bill introduced. Mac Eoin's successor as Minister for Justice, Gerald Boland, was more amendable to the bill, and encouraged its introduction, but he would not introduce a bill himself. By November 1951, the private member's bill was placed on the Dáil's order papers under the names of Pa McGrath of Fianna Fáil and Percy Dockrell of Fine Gael with others willing to back it in the Dáil as well. The *Irish Independent* was concerned with how the bill was brought forward, contending that the 'case was made by a small section, which clamoured loudly and persistently for this so-called legal reform, and the government, putting aside infinitely more urgent business, set its draftsmen and its printers to work and yield to the pressure'.

32.82 Eventually Church leaders did set up a sub-committee on legal adoption. According to Whyte, the sub-committee's membership was reported as consisting of Archbishop McQuaid as Chairman, Archbishop Kinnane of Cashel, Bishop Brown of Galway, Bishop Farren of Derry, and Dr Lucey who was then the coadjutor bishop of Cork, as members.

32.83 A report, authored by canon lawyers Bishop Lucey, and Drs William Conway and John McCarthy of St Patrick's College, Maynooth, was sent to the government in October 1951. This report said that there was no conflict in principle between Church teaching and legal adoption:

> The acceptance of the Roman law system of legal adoption has been an integral part of the Church's tradition from the earliest time to the present century…to the objection that adoption abrogates inalienable parental rights, there is the answer that the child's rights to family life is no less natural and fundamental than the rights of parents; that, in particular circumstances, legal adoption is the only practical way of securing the implementation of the child's natural right to family life and that the Church has always recognised cases where parental rights are overborne.

32.84 Their report also identified benefits of legal adoption as, among others, providing a family life for children who might otherwise not have such; it could provide relief and remove abuses prevalent in the informal adoption system; and

it would tend to lessen the export of babies to Great Britain and America. The dimensions of this traffic cannot be precisely assessed, but it is very considerable for America (estimated at about 500 for last year) and probably much greater, as well as being largely hidden and uncontrolled, for Great Britain.

32.85 The Church had a legitimate interest in the terms of any proposed Adoption Act:

- In so far as its operation might constitute a danger to the faith of Catholics and particularly of Catholic children;
- In so far as its operation might constitute a danger to good morals and
- In so far as its operation might endanger the institution of the family as the natural social unit.

32.86 It proposed that the Church would not oppose the introduction of legal adoption if the following conditions were met:

Religious

i. In all cases the adopting parents must be the same religion as each other being the religion to which the natural parents (or, in the case of illegitimate children, the natural mother) belonged one year prior to the birth of the infant.

ii. If the natural parents of a legitimate infant were not of the same religion as each other one year prior to the birth of the infant, then the adoption parents must be of the religion in which the natural parents on the occasion of their marriage agreed in writing that their children should be brought up.

iii. Where the parents of an infant are unknown such infant shall in all cases for the purposes of this Act be deemed to be a member of the Holy Catholic Apostolic and Roman Church, and the adopting parents must be members of that Church.

iv. In all cases a natural parent or an adopting parent shall be deemed to be at all material times of that religion in which he or she was <u>first</u> baptized unless it shall be manifestly proved that he or she subsequently changed to and professed and practiced a religion other than that in which he or she was first baptized.

Moral and Social

i. An application for an adoption order may be made only by two spouses living together in lawful wedlock or by a widow who has no surviving natural children of her own.

ii. Only children who are (a) illegitimates or (b) full orphans (i.e., whose father and mother are dead or missing, or incurably insane) may be adopted. Provided that an infant only one of whose parents is dead may be adopted by two spouses one of whom is the uncle or aunt of the infant.

iii. In all cases the adopting parents must be at least twenty-five years older than the infant to be adopted.

iv. No infant may be adopted by a person, singly or with his or her spouse, who is related to the adopters or one of them in the first degree of the collateral line.

v. An adoption order shall in all cases be in the first instance for a probationary period of not less than two years in the case of children of five and under and of not less than one year in the case of children over five years of age.

vi. In all cases both the infant to be adopted and the adopting parents must be citizens of Ireland and resident in Ireland.

vii. If more than one infant is adopted by the same spouse or by the same widow there shall be a reasonable disparity of age between the children so adopted.

viii. No Adoption Order shall be made without the consent of every person or organisation, society or incorporated body who is a parent or guardian of the infant in respect of whom the application is made, or who has the actual custody of the infant, or who is in the loco parentis of such infant, or who is liable to contribute to such infant's support.

ix. That parental consent to both the conditional and absolute orders must always be formal and explicit and, in the case of the mother, may be given only after a statutory period has elapsed after the birth of the infant.

x. That all adoptions must be made from or through institutions licensed and registered to hold children for adoption.

xi. That a Register be kept of all children who are admitted to institutions licensed and registered to hold children for adoption.

xii. That no infant may be admitted to an institution licensed and registered for adoption unless the religious instruction given in such institution is

exclusively that to which the parents (or in the case of an illegitimate child, the mother) belonged one year prior to the birth of the infant.

xiii. That no couple, or widow, may adopt more than three (or four) children.

The Adoption Board

i. That an Adoption Board be established to supervise the activities of licensed and registered institutions; to examine and report upon all applications for adoption orders; and generally to supervise the operation of the Adoption Act.

ii. This Board to be a semi-autonomous body representative of the State, the religious denominations, and the institutions licensed and registered to hold children for adoption.

iii. One religious advisor may be appointed by each of the religious denominations recognised officially in Bunreacht na hÉireann. Each religious advisor shall be entitled to sit on the Board and take part in its deliberations only when the infant to be adopted is of the same religious belief as said advisor.

iv. In the case of a doubt as to the religious belief of an infant the said matter shall be submitted to the religious advisors acting as a sub-committee of the Board, who shall submit their recommendations in writing to the Board acting as the Board without the religious advisor. These recommendations shall be entitled to serious consideration, but they shall not be final or binding on the Board. If the Board so acting without a religious advisor should in such circumstances decide by a majority vote that the religion of the infant is that of one of the religious denominations recognised by Bunreacht na hÉireann it shall not proceed further in its deliberations without the attendance of the religious advisor of that denomination.

32.87 In November 1951, Archbishop McQuaid wrote to the Minister for Health stating that the proposed adoption board needed to be judicially-led. He said there was no need to set up another judicial body when the Circuit Court was in existence and its decisions would be fully enforceable by law.

32.88 In January 1952, the archbishop again wrote to the minister:

> It will be noted that I have omitted any mention of proselytism. I was uneasy lest such mention should stir up opposition in the Dáil and set moving a campaign in the press. Further, we achieve our purpose without mentioning

proselytism. To mention the evils of proselytism and to call for supervision of institutions, emphasises supervision of Protestant houses, whereas we hold that all institutions ought to be controlled.

32.89 In January 1952, the Catholic hierarchy issued a statement. The statement was favourable in principle to legal adoption. It made clear that, provided certain safeguards were included, the hierarchy would not oppose such a measure. The statement made the following points:

- Parents have a natural right and obligation to provide for their children in regard to religious and moral training, physical wellbeing and preparation for civil life. Only for the gravest reasons may parents permanently relinquish this right or consider themselves excused from this obligation.
- The safeguards must be such that the Church considered sufficient to protect faith and morals. A child's right in respect of faith and morals must be protected by such safeguards as will assure his adoption by persons who profess and practice the religion of the child and who are of good moral character.
- An Adoption Bill should contain such real minimum safeguards as will minimise the moral dangers that may arise as a result of the adoption.
- It was imperative that there should be supervision and control of all institutions holding children for adoption.
- The Church regarded the natural family as the ideal unit of family life and therefore must oppose any measure in an Adoption Bill that would tend to substitute an artificial for a natural family.[15]

Introduction of Government Bill

32.90 The *Adoption Bill 1952* was introduced in the Dáil on 29 April 1952. Prior to its introduction, a scheme for the bill had been circulated by the Department of Justice to the other main religions and by March 1952 the Department of Justice had reached an agreement with them. Stewart has noted that the other religious denominations had been given less time than the Catholic church to examine and consider the possible adoption legislation. The Adoption Society also gave its approval to the bill publically in the *Irish Times*.[16]

32.91 There were a number of contributions in the Dáil during the adoption debate from those in favour and those opposed to adoption. Among those who spoke was the

[15] *Irish Catholic Directory* (1953), p. 630.
[16] *Irish Times,* 2 May 1952.

Minister for Justice, Gerald Boland, who spoke of family values and the importance of the family as a fundamental unit in society. Among those opposed was the former Minister for Justice, General Mac Eoin, who had previously opposed the introduction of adoption legislation. He was one of the few TDs to focus on the issue of consent and pointed out that some women could, through stress of circumstances, be forced to sign consent forms and that once adoption was finalised there would be no legal way for those women to get their children back. He was however gracious and congratulated the minister on being able to do what he himself had been unable to do in introducing an Adoption Bill.

32.92 In the Dáil Committee stage debate on the Bill, Deputy Tom O'Higgins wanted to strengthen the provisions on consent. He proposed an amendment providing that the Adoption Board would have to satisfy itself that the consent was 'voluntarily given with full knowledge of the consequences'. Deputy O'Higgins favoured legal adoption but wanted to ensure that safeguards were in place: 'I do not think that merely providing that the consent must be voluntarily given is any safeguard. Consent can be given voluntarily, but in complete ignorance.' The Minister for Justice thought that the Bill dealt adequately with the issue. Deputy O'Higgins argued that the onus should be put on the Adoption Board to inquire into the consent and to go behind the written document:

> we can well imagine circumstances in which a mother is starving or in poor circumstances and who, by reason of her poor circumstances, wants to find a good home for her child. Under circumstances of that kind, she would be willing to alienate her rights to her child by providing for adoption. However, starvation, or circumstances leading to starvation, do not imply a full or free consent to the adoption of a child. If we provide that a mother who alienates her rights to her child does it for all time, as she should if there is to be a proper protection for a family, we should put the onus on the board to go behind any mere document of consent, to examine the circumstances in which the consent was given and satisfy itself that the consent is not merely a voluntary one but that it is also given in full knowledge of the consequences and of the circumstances. I do not think that Section 15 provides the answer.

32.93 The Bill was finally enacted on 13 December 1952 and came into effect on 1 January 1953.

C: Adoption law in Ireland

32.94 Legal adoption was introduced in Ireland by the *Adoption Act 1952* which came into effect on 1 January 1953. It applied to adoptions within Ireland and did not regulate foreign adoptions - see below. It was amended by Adoption Acts in 1964, 1974, 1976, 1988, 1991 and 1998. These are the relevant Acts for the period covered by the Commission - 1922-98. (The current law on adoption is set out in the *Adoption Act 2010* which repealed all of these Acts. Among other things, it established the Adoption Authority which took over the functions of the Adoption Board. This Act is not relevant to the Commission's investigation.) The Commission is not examining all aspects of adoption law; it is concerned with the law on consent, placement for adoption and the extent to which the welfare of the child had to be taken into account.

Adoption Board

32.95 The *Adoption Act 1952* was in some respects pioneering. The establishment of a special adoption board to make adoption orders was a conscious departure from the court based systems adopted in most common law jurisdictions. The Adoption Board (An Bord Uchtála) was given responsibility for making adoption orders in Ireland. It also had responsibility for the making of declarations of eligibility and suitability to adopt and for the registration and supervision of adoption societies. The board did not have any function in deciding disputes about the custody of a child; this was reserved to the High Court.

Adoption societies

32.96 The 1952 Act regulated the operation of adoption societies, which made arrangements for the placement of children for adoption and restricted the making of those arrangements to registered societies and public assistance authorities. However private adoptions were not banned. They were restricted by the *Adoption Act 1974* to adoptions where the parent of the child placed the child for adoption or where the adopter was a relative[17] of the child or a spouse of a relative of the child.

Payments

32.97 The 1952 Act introduced bans on advertising adoptions and on the receipt of payments by adopters, parents or guardians in consideration for the adoption of a

[17] A relative was defined by the *Adoption Act 1952*, Section 3, as a grandparent, brother, sister, uncle or aunt. In the case of an 'illegitimate' child the relationship was traced through the mother only.

child. Payments to those who made arrangements for adoptions were also prohibited.

Eligibility of children for adoption

32.98 In order to be eligible for adoption, a child had to be at least six months old, no older than seven years and be either an orphan or 'illegitimate'. In *Re J, an Infant,*[18] the parents who had married after the birth of their child sought the child's return from prospective adopters who had refused to give up custody. In this case, the mother's final consent to an adoption order had been given when the child was only four weeks old; this rendered the adoption order void as it was in breach of the requirement that the child be six months old at the date consent was given. However, the adoptive parents had refused to hand over custody of the child and the birth parents had challenged this refusal. The Supreme Court found that the birth parents had an absolute right to the custody of their child by virtue of the protection of the family afforded by Articles 41 and 42 of the Constitution and an order was made directing the adopters to return the child to the birth parents.

32.99 The *Adoption Act 1964* which came into effect on 5 February 1964 expanded the eligibility for adoption. It provided that children whose parents had married following the birth, but whose births had not been registered under the *Legitimacy Act 1931*,[19] could be adopted. It also provided that children who were over the age of seven but under nine at the time the application for adoption was made could be adopted.[20] The *Adoption Act 1974,* which came into effect on 29 July 1974, removed the age restriction which had previously been in place, subject to the approval of the Adoption Board. By 1988[21] the adoption of the children of married parents was permitted in certain circumstances.

Eligibility of Adopters

32.100 When adoption legislation was first introduced, those applying to adopt had to be either a married couple living together, the birth mother or birth father or certain relatives of the mother, or a widow. In the case of adoptions where neither of the

[18] [1966] IR 295.
[19] This provision was subject to the requirement that the father of the child gave his consent to the making of an adoption order or in the alternative that the consent of the father of the child had been dispensed with under Section 14 of the *Adoption Act 1952*.
[20] *Adoption Act 1964*, Section 3. This section also required children over the age of seven to have been in the care of the prospective adopters since before the age of seven. The board could also make an adoption order under this section in respect of a child over the age of seven where the applicant was the mother, father or relative of the child.
[21] The *Adoption Act 1988* came in to force on 26 July 1988.

prospective adopters was related to the child, the adopters were required to be at least 30 years old. This was reduced to 25 by the *Adoption Act 1964* and to 21 by the *Adoption Act 1991.*[22] In 1991,[23] the eligibility requirements were expanded to permit adoption by a single person in certain circumstances; a widower; and by those who were separated, divorced or who had been deserted by their spouse.

32.101 The Adoption Board was also required to be satisfied that the applicant or applicants for adoption were of good moral character, had sufficient means to support the child and were suitable person(s) to be granted parental rights and to undertake parental duties.

Religious requirements

32.102 The *Adoption Act 1952* stipulated that the applicants for an adoption order were to be of the same religion as that of the child and its parents or if the child was 'illegitimate', its mother.[24] A child's religion was classified as the religion in which the child was being brought up. In 1973, a challenge was brought to the constitutionality of this requirement of uniformity of religion by a married couple who were seeking to adopt a child that was the biological child of the mother only. The mother's religion was Church of England and her husband's was Roman Catholic. The child had been baptised in the Church of England but since the mother's marriage had been brought up as a member of the Roman Catholic faith. The couple's application for adoption had been refused. The High Court found that the requirement of uniformity of religion in the Act amounted to discrimination on grounds of religious belief in breach of Article 44.2.3 of the Constitution and was accordingly invalid.[25] The *Adoption Act 1974* eased the requirement that the birth parents (or in the case of an 'illegitimate' child, the mother alone), the child and the prospective adopters must have the same religion, by permitting adoption of children who were not of the same religion as the adopters, where the birth parents knew of the religion of the applicant when giving consent to the adoption.

[22] In the case of a married couple one of whom is the birth parent or relative of the child, only one of them was required to have attained the age of 21.
[23] The *Adoption Act 1991* came in to force on 30 May 1991.
[24] An exception to this was provided by Section 12(3) however which permitted the Adoption Board to make an adoption order having regard to the 'special circumstances of a particular case' where the applicants were not of the same religion as the child and the parents, provided each of them was a member of one of the following: Church of Ireland, the Presbyterian Church in Ireland, the Methodist Church in Ireland, the Religious Society of Friends in Ireland, the Baptist Union of Ireland and the Brethren, commonly known as the Plymouth Brethren.
[25] M v An Bord Uchtála [1975] 1 IR 81.

Consent

32.103 Under the 1952 Act, an adoption order could not be made without the consent of the child's mother or guardian or any person having charge of, or control over, the child. Such a consent was invalid unless it was given after the child had reached the age of six months and no more than three months before the application for adoption was made. The *Adoption Act 1974* reduced the minimum age of the child at which the mother's consent to adoption would be valid from six months to six weeks.

32.104 Two distinct consents were involved. The first was a mother's agreement to place her child for adoption. While the term 'placing for adoption' was not defined in legislation, it has been described as meaning 'the originating arrangement for adoption made by a mother or guardian with an adoption society'.[26] Before accepting a child for adoption, an adoption society was required to furnish a statement explaining the effect of an adoption order on the rights of the person placing the child for adoption, and explaining the provisions of the Act relating to consent. The adoption society was also required to ensure that the person understood the statement and signed a document to that effect.

32.105 The second consent was the mother's consent to the adoption order. This could be withdrawn at any stage up to the making of the adoption order. The consent was required to be in writing and to be in a prescribed form. The Adoption Board was required to satisfy itself, prior to the making of the adoption order, that every person whose consent was necessary, and which had not been dispensed with, understood the nature and effect of the consent and of the adoption order.

32.106 In the case of *M and M v An Bord Uchtála,*[27] the birth mother agreed to place her child for adoption in June 1970 when she was unmarried. The prospective adopters applied to adopt the child who had been in their care for several months in December of that year. The following summer, the mother signed her consent and an adoption order was made 12 days later. In 1972, the child's birth parents married and, in 1974, they issued proceedings on the basis that a valid consent had not been provided. The mother gave evidence that, having signed the consent, she was under the impression that it was final and irrevocable and that, if she had known she could have reclaimed her child before the order was made,

[26] G v An Bord Uchtála [1980] IR 32.
[27] [1977] 1 IR 287.

she would have done so. The Supreme Court found that the mother had not been aware of her right to withdraw her consent and that the Adoption Board had not discharged its duty to ensure that the mother understood the nature and effect of the consent which she had given. The Court held that as a result, the board had not had any power to make the adoption order and it was void. The child was returned to the birth parents. As a result of this decision, the *Adoption Act 1976* was passed.[28]

32.107 The *Adoption Act 1976*, which came into effect on 13 July 1976, provided for the retrospective validation of consents and adoption orders which had been made without compliance with certain of the requirements of the existing legislation in respect of consent. These consents and orders were validated even if:

- the person giving the consent was not aware of his or her right to withdraw the consent before the making of the final order;
- the person was not aware of the date on which the order was to be made;
- the person who gave his or her consent to the order was not aware of his or her right to be heard on the application for an adoption order; and
- the board had no information as to whether the person who gave consent was aware of those rights.

32.108 Under the Act, where there was a challenge to an adoption order, it would not be declared invalid if the court was satisfied that it would not be in the best interests of the child concerned to make such a declaration and where it was satisfied that it would be proper, having regard to those interests and the constitutional rights of all persons concerned, not to make such a declaration. These provisions applied only to adoption orders which had been made prior to the passing of the Act and could not operate to validate questionable adoption orders made after the Act came into effect.

32.109 The *Adoption Act 1976* also introduced further provisions in relation to consent. It provided that parents and guardians must be informed before giving consent or 'as soon as may be' after giving consent that they were entitled to withdraw their consent at any time prior to the making of the adoption order and of their right to be heard by the board on the application for the adoption order. The Act required that those giving consent would be asked, at the time of so giving, to indicate in writing

[28] Alan Shatter, *Family Law*, 4th ed., Butterworths, para. 12.33.

if they wished to be informed of the date on which the board would hear the parent or guardian or their legal representative on the application for an adoption order and also to indicate in writing if they wished to be consulted again in relation to the application.

32.110 Under the 1952 Act, considerable problems had arisen over the years where a mother had placed her child with prospective adopters (generally through an adoption society) and subsequently failed or refused to execute the consent to adoption. The *Adoption Act 1974* represented an attempt to cure this problem.[29] It made two major changes affecting the rights of a mother in relation to the adoption of her child. Firstly, the minimum age of the child at which a valid consent could be given by its mother was reduced from six months to six weeks. Secondly, her power to prevent an adoption order being made by the Adoption Board by either withholding or withdrawing her consent was qualified by a provision of the Act which enabled the High Court, in certain circumstances, to make an order permitting the Adoption Board to dispense with the mother's consent.

Dispensing with Consent

32.111 Until the passage of the 1974 Act, a mother's consent to the adoption of her child could not be dispensed with unless she was found to be incapable by reason of mental infirmity of giving consent, or where the mother could not be found. The 1974 Act meant that the High Court could dispense with the consent of a mother where she had already agreed to the initial placement of the child for adoption and where an application for an adoption order had been made but where the mother failed, refused or neglected to give her consent or withdrew her consent, it already having been given. The test which the court was to apply when considering whether to dispense with consent was whether it was satisfied that it was in the 'best interests' of the child to do so. This was a significant expansion of the circumstances in which the court could make an adoption order, notwithstanding the absence of a mother's consent. The President of the High Court, Mr Justice Finlay, described the power as 'A new jurisdiction…conferred upon the High Court entitling it to authorise the Board to dispense with the mother's consent, notwithstanding her active opposition or her failure to make up her mind or to communicate or to deal with the problem'.[30]

[29] Northern Area Health Board, WH and PH v An Bord Uchtála [2002] 4 IR 252.
[30] G v An Bord Uchtála, [1980] 1 IR 32.

32.112 Most of the cases which have come before the courts on the dispensation of consent have concerned applications to dispense with the consent of unmarried mothers to the adoption of their children and have focused on whether the obligations of the adoption society, to ensure that the mother's consent was valid, were fulfilled.

32.113 In *G v An Bord Uchtála*[31] a 21-year-old woman, who had signed her consent to the placement of her child for adoption less than two months after the child was born, applied to have her child, who was in the custody of the prospective adopters, returned to her. The mother had indicated her intention to regain the custody of her child approximately five weeks after she had placed him for adoption, having been assured of support from her parents, from whom she had originally kept the pregnancy and the birth a secret. The prospective adopters applied to have the mother's consent dispensed with. In September 1978, Mr Justice Finlay in the High Court made an order that the child should be returned to its mother. In December, the Supreme Court rejected the adopters' appeal. The prospective adopters had argued that the child's constitutional rights were infringed by the refusal of the court to make an order dispensing with consent. The Supreme Court rejected this argument on the facts, finding that the mother had a constitutional right to the care and custody of her child. A majority of the court held that the mother had rights that derived from the fact of motherhood and from nature itself, that these rights were among her personal rights as a human being and were rights which the State was bound to protect and vindicate under Article 40.3.1 of the Constitution.

32.114 However, in *S v Eastern Health Board,*[32] the High Court made an order dispensing with the consent of the mother to the adoption of her child on the grounds that to do so was in the best interests of the child. In this case the mother, who had given birth to her child in Pelletstown in June 1977, signed a consent to the placement of the child for adoption approximately six months after the birth. In December 1977, the child was returned to the mother at her request by the prospective adopters. However, the mother changed her mind shortly thereafter and the child was returned to the adopters. In May 1978, the mother signed a final consent to the adoption of her child but subsequently informed the Adoption Board that she was withdrawing that consent.

[31] [1980] 1 IR 32.
[32] S v Eastern Health Board, unreported judgment of 28 February 1979.

32.115 The President of the High Court, Mr Justice Finlay found that the consent signed by the mother in May 1978 constituted a clear agreement to place her child for adoption and that no pressure had been put on her to consent finally to the adoption of her child (as she had claimed). He found that evidence that, in any particular case, a mother either sooner or later after the making of such a decision changed her mind was not itself evidence of the invalidity of the agreement to place a child for adoption.

32.116 In *McC v An Bord Uchtála,*[33] a mother, who consented to the placement of her child for adoption three days after his birth and had signed a final consent to his adoption when he was just under three months old, tried to regain custody when he was six months old. It was argued on behalf of the mother that her consent to place her child for adoption was not freely given, as she was so young and it was so soon after the birth of the child. Although the judge accepted that the mother's consent was not given freely, he rejected the argument that, if the first consent (the consent to the placement for adoption) was not freely given, this fact invalidated the final consent. He found that, although the mother had changed her mind on several occasions, when she gave her final consent when the child was six months old, she had decided after full consideration to have the child adopted and that she was not pressurised into making this decision.

32.117 In *McF v G*,[34] the plaintiff, who was an unmarried mother, had gone to Bessborough prior to the birth of her child. She left Bessborough three days after the baby was born and signed a form consenting to placement for adoption eight days later. When the child was a year old, she refused to provide a final consent to its adoption. In April 1981, almost two years after the child was born, she instituted proceedings seeking custody of her child. By this stage, the prospective adopters had also issued proceedings seeking to dispense with her consent. It was argued on the birth mother's behalf that her consent was an invalid one having regard to the fact that it was signed so soon after the birth and having regard to the fact that she was afraid to disclose the circumstances of the birth to her mother and did not have any place to house or bring up the child.

32.118 The judge found that, when the mother signed the consent to placement, she fully understood the form and it was fully explained to her. Although in the case of *G v*

[33] [1982] ILRM 159.
[34] [1983] ILRM 228.

An Bord Uchtála, Mr Justice Walsh had indicated that consent motivated by 'fear, stress or anxiety, or consent or conduct dictated by poverty or other deprivations does not constitute a valid consent', in *McF* the argument that fear, anxiety, poverty and other deprivations had nullified the mother's consent was rejected by the judge who found that these should be approached from a 'practical point of view'. He said that the mere fact of having an 'illegitimate' child caused stress and anxiety and that, if absolute rules as to fear, stress, anxiety or poverty were to be applied, there could hardly be a case found in which one or other of them would not be present so that it could be argued that a consent was not valid.

32.119 In *VC v JM and GM*,[35] the judge found that the mother did not have any full realisation that, by signing her consent to having her child placed for adoption, she would be unable to get her child back. In that case, the mother had signed a form consenting to the placement of her child for adoption three days after the child was born. The social worker from the Rotunda Girls' Aid Society had advised the mother that the court had a power to dispense with her consent to the adoption. However, the social worker also gave evidence that she had told the mother that she could change her mind. The judge found that it was essential, before there be a valid consent to placement for adoption, that the mother should be aware that solely by virtue of the fact that she had placed her child for adoption, she might not be entitled to have the child returned to her. He found that this was never the mother's understanding of the position. On the basis that there was no valid consent to placement, the judge refused the application to dispense with the mother's final consent. However, he granted a separate order for custody to the prospective adopters on the basis that the child had remained with them for a period of six years and the child's welfare required that it should remain in the family surroundings where it had been for the previous six years.

32.120 On appeal, by a 3:2 majority, the Supreme Court found that the judge in the High Court had drawn the wrong conclusion as to the mother's state of mind (which was held to be a matter of inference or opinion and not a matter of primary fact) from the undisputed facts and that in fact the mother at the time of the placement for adoption had given her full and free consent to the adoption. The judge found that the mother was:

[35] [1987] 1 IR 510.

> a married woman with one legitimate child who after mature consideration and ample and careful counselling signed a formal agreement to place her illegitimate child for adoption. If there had been any want of true consent on her part, one would have expected her to repudiate the paper consent as soon as possible and certainly to do so when the adoption society acted on foot of it and placed the child with the adoptive parents. Instead of so doing, she on more than one occasion confirmed the consent and it was not until long afterwards that she sought to repudiate it. Such a later repudiation cannot be reconciled with her previous conduct. It was, in my opinion, no more than an afterthought. As such, it could not negate the full and free consent given earlier.

The Supreme Court made an order dispensing with the mother's consent and granting an adoption order.

32.121 In the 1991 case of *In re DG, an infant: OG v An Bord Uchtála*[36] Chief Justice Finlay in the Supreme Court confirmed that a free and fully informed consent to placement for adoption was a pre-requisite to the power of the court to make an order dispensing with the mother's final consent and that, in considering whether such a consent had been given:

> it was of obvious importance to state that a mother agreeing to place her child for adoption could not be said to reach a fully informed decision so to agree, unless at the time she made the agreement she was aware that the right which she undoubtedly had to withdraw that consent or to refuse further to consent to adoption, is subject to the possibility that upon application by the prospective adopting parents, the court could conclude that it was in the best interests of the child to dispense with the mother's consent and if following upon such a decision, the board decided that it was appropriate to order the adoption of the child, she, the mother, could lose, forever, the custody of the child.

32.122 In the case of *NB and TB v An Bord Uchtála*,[37] Barron J. found that the mother knew, because the consent form had been read and explained to her, that if she refused her consent, or withdrew her consent once she had given it, the Adoption Board could dispense with her consent. However, he also found that the evidence showed that the only thing which the mother had clearly taken in was that she

[36] [1991] 1 IR 491.
[37] Unreported judgment of Barron J of 18 February 1983.

could change her mind. Notwithstanding this fact, the judge held that the mere fact that a mother may not have fully absorbed all the advice and information given to her by a social worker prior to agreeing to her child being placed for adoption did not, by itself, invalidate an agreement to place when it was clear that at the time of her agreement the mother wanted her child to be adopted, that the consequences of placing her child for adoption were fully explained to her and that, at the time of the explanation, the mother understood those consequences.

32.123 In the case of *DG and MG v An Bord Uchtála,*[38] the judge found the mother had not understood that, if she changed her mind, having given her consent to the placement of her child for adoption, a court could dispense with her final consent and she could lose her child, although these facts had been explained to her by the social worker employed by the adoption society. The judge found that in determining whether there was a valid consent it was not sufficient merely to consider whether the relevant information was conveyed to the mother but also to consider the ability of the mother to receive that information and to intellectually process it in such a way as to lead to an understanding of the effect of an adoption order**.** The mother's consent had not been free because it had been given in circumstances where her parents, with whom she resided at the time at which she placed the child for adoption, had made it clear that they wished the child to be adopted, forbade her from bringing the child home and made it clear that the existence of the child should be concealed. Ultimately the judge concluded that a valid agreement to place the child for adoption did not exist because the mother's consent to place the child for adoption was neither fully informed nor free. The child was returned to the birth mother, 11 months after being placed with the prospective adopters.

32.124 It has been pointed out[39] that there is an inconsistency between the decisions in *NB and TB v An Bord Uchtála* and *DG and MG v An Bord Uchtála* which make it difficult to predict how disputes concerning the validity of a mother's consent which rest on a claim that the mother failed to understand the effect of the consent she has given, may be resolved in future cases.

[38] [1996] 1 FLR 263 (HC).
[39] See Geoffrey Shannon, *Child Law* (Dublin, 2nd edition, 2010).

Mothers who were themselves minors

32.125 The question of the validity of the consent to adoption given by mothers who were themselves minors was raised with the Commission. For most of the period being examined by the Commission, the age of majority was 21 or on marriage, if that was earlier.[40] It was reduced to 18 by the *Age of Majority Act 1985.*

32.126 Many of the mothers who placed their children for adoption were under the age of majority and so were legally unable to make a number of significant life decisions. The law on adoption did not distinguish between mothers who were under and over the age of majority. The issue was addressed in the Dáil debate on the *Adoption Bill 1952*. An amendment was proposed by T F O'Higgins TD which would have required the consent of the father or guardian of a minor mother prior to the making of an adoption order. There was a very short debate on the issue and the amendment was withdrawn. The Minister for Justice was satisfied to leave the decision to the mother and he and another deputy expressed concern that a requirement to obtain the consent of a parent or guardian might prevent adoptions taking place.[41]

32.127 The age of the mother when giving consent was recorded only if she was under the age of majority. The *Adoption Act 1952, Rules 1953* [42] set out the various forms to be used when adoptions were being arranged. These included forms for giving consent to adoption. There was one form for cases where the mother knew the prospective adopters (effectively the cases where the mother herself placed the child for adoption) and another, slightly different, form for cases where the mother did not know the prospective adopters (generally cases where the placement was through an adoption society). These forms contained a declaration that the mother was twenty-one years or older but also provided that if the mother was under twenty-one years that her age in years would be stated on the form. In effect, the forms recorded the age of the mother only if she was a minor. It is clear from this that the authorities were aware that minor mothers would be giving consent and that it was considered that her status as a minor did not prevent her from consenting to the adoption of her child.

[40] See Chapter 1 for information about the legal age for marriage; very young married people were regarded as adults and had the right to make decisions about their children.
[41] Dáil Debates, 26 June 1952.
[42] SI 104/53: http://www.irishstatutebook.ie/eli/1953/si/104/made/en/print

The best interests of the child

32.128 The decisions of the High Court in applications by prospective adopters to dispense with the consent of the birth mother fell to be determined by reference to the 'best interests' of the child under the provisions of the *Adoption Act 1974*. The assessment of the 'best interests' of the child only proceeded where it had first been determined that the mother's consent was a valid one.

32.129 The question of how the best interests of the child should be assessed was not however specified in the legislation. In the case of *G v An Bord Uchtála*, it appears that no expert psychological evidence was given in relation to the bonding of the child with its carers, and was therefore not a factor which the court considered when determining what was in the best interests of the child. However, in *S v Eastern Health Board*,[43] which was decided about the same time as *G v An Bord Uchtála*, such evidence was considered. In this case, the mother had given birth to her child in June 1977 in Pelletstown. She had left Pelletstown after ten days, leaving the child there, and had placed her child for adoption in December 1977. In April 1978, she sought the return of her child from the prospective adopters but, after three days with the child, she placed it in a children's home. In May 1978, the mother signed a consent to the making of an adoption order and the child was returned to the original adopters at her request. However, she later withdrew her consent. In determining the prospective adopters' application to dispense with the mother's consent, the judge found (having heard evidence from a child psychiatrist) that the child's emotional and psychological welfare had suffered significantly during the six months residence in Pelletstown. He also found that there was a danger to the intellectual and emotional development of the child, who, at this stage, was 19 months old, if it did not receive continuity of care by remaining with the adoptive family into which it was by that stage integrated. The judge made an order authorising the Adoption Board to dispense with the consent of the mother and to the making of the adoption order in favour of the adopters.

32.130 Since the judgment in *S v Eastern Health Board*, psychological evidence in respect of the bonding of the child has become a key determining factor in the assessment of a child's best interests in applications to dispense with consent. In the cases in which applications to dispense with the consent of the mother to the adoption of her child were considered, the best interests were generally assessed by the court

[43] S v Eastern Health Board, unreported judgment of Finlay P. of 28 February 1979.

with particular reference to any psychological evidence which was put forward concerning the bonding and attachment of the child to its carers, usually the prospective adoptive parents.

32.131 In *McC v An Bord Uchtála*[44] a mother who consented to the placement of her child for adoption three days after his birth and had signed a final consent to his adoption when he was just under three months old, tried to regain custody of her child when he was six months old. The court found (having regard to the psychological evidence) that by the time a child is six months old it has bonded with its carers and that a change after a year is usually difficult and may even be dangerous. It also found that the child was living in a stable and caring household in which the mother was always available whereas the birth mother appeared to have a lack of appreciation of what would be required for the proper care of her child and also had an 'on-off relationship' with the child's father which had the potential to be very disturbing for the child. The court found that it was in the best interests of the child that it would remain with the adoptive parents and so dispensed with the consent of the child's mother.

32.132 Similarly, in *McF v G*[45] the judge dispensed with the consent of the child's mother on the basis that the child had been in the custody of the adoptive parents for 18 months and had developed attachments to them and that it was therefore in his best interests that he remained with them.

32.133 In *JM & MM v An Bord Uchtála,*[46] the President of the High Court, Mr Justice Finlay dispensed with the consent of a birth mother to the adoption of her child who was 16 months old and who had been placed with prospective adopters when ten days old. The judge indicated that he had 'very carefully considered the importance or potential importance of a blood link between the child and her parents' but that on the evidence before him, he could find 'no strong or serious support for the importance of that as a feature in the future welfare of the child'.

32.134 In *RC and PC v An Bord Uchtála and St Louise's Adoption Society*,[47] prospective adopters, who had had a child in their custody for a period of nine months, sought to dispense with the birth mother's consent in circumstances where the mother had

[44] [1982] ILRM 159.
[45] [1983] ILRM 228.
[46] Unreported decision of Finlay P November 1984.
[47] Unreported decision of O'Hanlon J of 8th February 1985.

withdrawn her final consent. O'Hanlon J. considered that the onus of proof lay on the adoptive parents to prove that it was in the best interests of the child to dispense with the mother's consent. The judge was presented with conflicting evidence from the psychiatrists retained by the mother on the one hand and the prospective adopters on the other hand. The psychiatrist who gave evidence on behalf of the prospective adopters indicated that, having observed the child, it had definitely bonded to the prospective adoptive parents and that, if this bond was broken, the child was likely to be psychologically marked for life. The evidence of the psychiatrist acting for the birth mother was that there was no reason to suspect the child would be psychologically damaged if it was moved from one caring loving environment to the other and that there was no reason to suspect that it could not form such a bond with its birth mother. Faced with this conflict of evidence the judge concluded that a baby and growing child would always be better off with its birth mother if she was a concerned and devoted parent and could provide in a reasonable manner for the physical and emotional needs of the child. The judge accepted that if too long a period elapsed during which the child was with the prospective adopters that the breaking of the bond between them could cause damage to a child but felt that on the facts of the case before him, 'the point of no return' had not been reached. He accepted the evidence of the psychiatrist acting for the mother that the child would do equally well if returned to the mother and refused the prospective adopters' application to dispense with consent.

32.135 It is clear from an analysis of these decisions concerning applications to dispense with the consent of the mother to the adoption of her child, that the psychological evidence in respect of the bonding between a child and its carers which was adduced in these cases made it very difficult for an unmarried mother who had placed her child for adoption to regain custody of the child if she changed her mind. However, in the case of disputes arising between prospective adopters and the birth parents of a child, the marriage of the birth parents had the effect of creating a constitutional presumption in favour of the birth parents, that the child's welfare was to be found within the family unless there were compelling reasons why this could not be achieved.[48]

[48] Re JH, an infant: KC and AC v An Bord Uchtála [1985] 1 IR 375.

Publication of adoptive parents' names

32.136 While arrangements for adoption were generally conducted privately and secrecy was a major concern of all involved, it is nevertheless the case that the names and addresses of the adopting parents were published four times a year in *Iris Oifigiúil*. The *Adoption Act 1952* required that the Adoption Board

> shall cause to be published in *Iris Oifigiúil* a notice in the prescribed form of the making of every adoption order and of every registration and cancellation of registration in the Adoption Societies Register.
>
> A notice in regard to an adoption order shall not refer to the child's natural parents, former surname, place of birth or otherwise to his origin.

D: Adoption law in selected other countries

32.137 In England and Wales adoption legislation was first introduced in 1926.[49] Western Australia was the first of the Australian states to pass adoption legislation in 1896.[50] In New Zealand the first instance of adoption legislation was the *Adoption of Children Act 1881*. The first Canadian adoption legislation was enacted in New Brunswick in 1873, although most Canadian jurisdictions passed adoption laws between 1913 and 1952.[51]

Consent - age of the child

32.138 As set out above, in Ireland, the *Adoption Act 1952* provided that a mother's consent was invalid unless it was given after the child had reached the age of six months (six weeks from 1974) and no more than three months before the application for adoption was made. In England, the minimum age of the child before which consent to adoption was invalid was six weeks.[52] In New Zealand the minimum age was considerably less; a child was required to be ten days old to ensure a valid consent.[53]

32.139 Australian law did not provide for a minimum age at which a consent would be valid. The absence of such a provision was criticised by the Supreme Court of

[49] The *Adoption of Children Act 1926*.
[50] This was followed by Tasmania in 1920, New South Wales in 1923, South Australia in 1925, Victoria in 1928, Queensland and the Northern Territory in 1935 and Australian Capital Territory in 1938.
[51] Alberta, An Act Respecting Infants, (1913), c 13, s 1-9; British Columbia, An Act Respecting the Adoption of Children (1935), c 2, ss 1-16; Manitoba, Child Welfare Act, c 35, ss 92-99; New Brunswick, Adoption Act, (1946), c 57; Newfoundland, Welfare of Children Act (1952) c 60; Northwest Territories, An Ordinance Respecting the Adoption of Children, (1967), c 2, ss 1-17; Ontario, Adoption Act (1921) c 55; Prince Edward Island, Adoption Act (1950) c 2; Quebec, Loi de l'Adoption, (1925), c 196, s 1; Saskatchewan, Child Welfare Act, c 278, part 4, ss 76-91.
[52] *Adoption of Children Act 1926* section 4(3).
[53] Section 7(7) Adoption Act 1955(NZ).

Victoria in the 1960 case of *R v B* where a mother, relying on a promise from a religious minister who arranged the adoption of her child that the adoptive parents would discharge her hospital bill, sought to revoke her consent which had been provided less than three weeks after the child was born. Referring to the legislation in England, providing for a minimum age before which a mother's consent would not be valid, the judge observed:

> I venture to think that this is wise legislation which, if adopted here, would tend to prevent the occurrence of such cases as this is. There seems something out of harmony with usual notions of fairness in our present system, whereunder consents may be and are obtained from unmarried girls, still suffering from the physical effects of childbirth, and still affected by the mental and emotional strains of an illegitimate pregnancy and delivery, and often before they and their relatives have had time, after childbirth, fully to consider and consult upon the alternatives to adoption. [54]

32.140 Legislation was subsequently introduced in Australia which provided that a mother's consent was invalid if it was given within a period of either three, five or seven days from the child's birth, depending on the state in question. However a consent given earlier than the time periods specified could nevertheless be relied upon where it could be established that the mother was, at the time of signing, in a fit condition to give the consent.[55]

Validity of Consent

32.141 In Ireland, a mother's written consent was required for an adoption to take place. The Adoption Board was also required to satisfy itself that a mother understood the nature and effect of the consent and of the adoption order. These requirements mirrored provisions in the English legislation.[56] In the province of British Columbia in Canada,[57] a sworn statement by the birth parents stating that the consent was

[54] R v B [1960] V.R. 407 at p. 410. Sholl J. dismissed the proposed adoptive parents' application on the basis that the promise of payment of the mother's hospital expenses constituted a breach of the provision of the Act which made it unlawful for any person to make a payment to a parent in consideration of the adoption of the child and that such breach invalidated the consent. On appeal to the Full Court: it was found that Section 4 of the Act vests the court with a discretion whether or not to grant an application in all the circumstances of the case even if the application is in the prescribed form and the conditions laid down in the Act and rules thereunder have been complied with, and that such discretion had been properly exercised in dismissing the application, since the breaches of the rules had probably resulted in the mother's failure to revoke her consent in time, as otherwise she was likely to have done.

[55] See for instance, (NSW) Adoption of Children Act 1965, section 31(3)

[56] Section 5(1) *Adoption Act 1950.*

[57] The U.N. Committee on the Rights of the Child has drawn attention to the fact that in Canada 'domestic adoption legislation, policy and practice are set by each of the provinces and territories and vary considerably from jurisdiction to

free and voluntary and a sworn statement by the witness to the consent stating that the consent and the adoption itself was explained to and appeared to be understood by the parents and that the parents' consent appeared to be free and voluntary was required.[58]

32.142 Similarly in New Zealand the consent had to be witnessed[59] and the witness was required to certify that he had explained the effect of an adoption order to the person giving the consent.[60] Where a consent was found not to have been freely given, such as in one instance in the early 1970s where a young mother was found to have been pressured to consent to giving up her child by her parents, the judge found that he had no choice but to revoke an interim adoption order, even if it was not in the best interests of the child.[61] In Australia (New South Wales) a court could refuse to make an adoption order in reliance on a consent given by a person if it appeared that the consent was given under fraud or duress or the person was not in a fit condition to give the consent or did not understand the nature of the consent.[62] In a 1965 case in New South Wales a mother who was found to be suffering from schizophrenia was held to be in an unfit condition, due to mental illness, to give a valid consent. On this basis a previous order that the birth mother's consent be dispensed with was set aside.[63]

Right to revoke consent to adoption

32.143 In Ireland a mother was entitled to withdraw her consent at any time prior to the making of the adoption order. In Canada in the 1950s, three Supreme Court cases established the same right to revoke consent before an adoption was finalised.[64] In the 1957 case of *Hepton v Maat*, the birth parents revoked their consent before an adoption order was granted but this was resisted by the prospective adopters. The court found that 'the natural parents are entitled to custody unless by reason of some act, condition or circumstance affecting them it is evident that the welfare of the child requires that the fundamental natural relationship be severed'.[65]

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jurisdiction and as a result Canada has no national adoption legislation, national standards, national database on children in care or adoption and little known research on adoption outcomes'. 61st Session C/CAN/CO/3-4, October 2012, para 57.

[58] Section 8(1) and (2) of the Adoption Act RSBC 1960.

[59] Under section 7(8) of the Adoption Act 1955(NZ) the consent had to be witnessed by a Magistrate, a Registrar of the Supreme Court or of a Magistrate's Court, or a Solicitor, or a Judge or Commissioner of the Maori Land Court.

[60] Section 7(9) of the Adoption Act 1955 (NZ).

[61] D and Wife v F - [1972] NZLR 951.

[62] NSW Adoption of Children Act 1965, section 31(1).

[63] In Re B and the Adoption of Children Act 1965, 1979 5 Fam LR 150.

[64] Martin v Duffell [1950] SCR 737, Hepton v Maat [1957] SCR 606 and Agar v McNeilly [1958] SCR 52.

[65] Hepton v Maat [1957] SCR 606 at 607.

32.144 In *Agar v McNeilly*, a case in which the court noted that the adoption agency had attempted to conceal the location of the child, the court emphasised again the birth mother's right to her child: 'the mother of an illegitimate child, who is of good character and is able and willing to support it in satisfactory surroundings, is entitled to the custody of that child'. [66] In Australia, the birth mother's right to revoke her consent was more limited; the law specifically provided that the consent of the child's birth parent was irrevocable after 30 days have elapsed.[67]

Dispensing with Consent

32.145 In Ireland, the *Adoption Act 1974* empowered prospective parents to apply to the High Court to dispense with the final consent of the birth mother or of any person whose consent was required. This could be done where the court was satisfied that it was in the 'best interests' of the child to do so.

32.146 In Australia, adoption legislation introduced in the 1960s provided that the court could dispense with a parent's consent where, among other reasons, due to mental or physical incapacity the parent was not capable of considering the issue of consent, where the child had been abandoned, deserted, persistently neglected or ill-treated, or where the parent had failed to discharge the obligations of a parent or guardian, without reasonable cause, for at least a year. The court also had the power to dispense with consent where 'special circumstances' were found to exist. In the 1955 case of *Mace v Murray*[68] the Australian High Court held that:

> It must be conceded at once that in the ordinary case the mother's moral right to insist that her child shall remain her child is too deeply grounded in human feeling to be set aside by reason only of an opinion formed by other people that a change of relationship is likely to turn out for the greater benefit of the child. It is apparent, too that a court which is invited to make an order of adoption must appreciate that the child is another's, and that only the most weighty and convincing reasons can justify the involuntary breaking of a tie at once so delicate and so strong as the tie between parent and child.[69]

32.147 In England a court could dispense with a parent's consent if it had been refused unreasonably.[70] However cases relating to this provision which were heard in the

[66] [1958] SCR 52 at para 10.
[67] Section 28(1)(b) Adoption of Children Act 1965 (NSW).
[68] Mace v Murray (1955) 92 CLR 370.
[69] Mace v Murray at 385.
[70] Adoption Act 1950 s. 3(1)

1950s emphasised that it was on the face of it reasonable for a parent to withhold consent and that in taking that decision the child's welfare was not the paramount consideration.[71] In New Zealand the courts could dispense with the consent of any parent or guardian where it was satisfied that the parent had abandoned, neglected, persistently failed to maintain, or persistently ill-treated the child, or failed to exercise the normal duty and care of parenthood in respect of the child or where the court was satisfied that the parent or guardian was unfit, by reason of any physical or mental incapacity, to have the care and control of the child and that the unfitness was likely to continue indefinitely.[72] The New Zealand courts have stressed the significance of the biological bond between birth parent and child when determining applications to dispense with consent. In a 1989 case the Court of Appeal indicated that it was only where the conduct of the birth parent amounted to a rejection of that bond or had broken it that the court would be justified in dispensing with consent. In the case in question the child had been in care from birth and was seven years old at the time of the hearing; her mother had seen very little of her during this period and the order dispensing with consent was granted.[73]

Welfare of the child

32.148 It was not until the introduction of the *Adoption Act 1974* in Ireland that the welfare of the child became the first and paramount consideration for the Adoption Board and the courts in arrangements relating to adoption and the making of adoption orders.

32.149 In Australia, adoption legislation introduced in the 1960s also provided that the welfare of the child was the paramount consideration.[74] The test in New Zealand was that the welfare and interests of the child would be promoted by the adoption.[75] In England the courts were originally charged with simply ensuring that an adoption order, if made, would be for the welfare of the infant.[76] However new legislation enacted in the 1970s gave greater prominence to the child's welfare when decisions had to be made about adoption: the legislation required courts and

[71] Hitchcock v WB [1952] 2 QB 561 and Re Adoption Act 1950, Re K (An Infant) [1953] 1 QB 117.
[72] Section 8(1)(a) of the Adoption Act 1955(NZ).
[73] Director General of Social Welfare v L [1989] 2 NZLR 314.
[74] See, for example, Adoption of Children Act 1964, s. 9 (Vic).
[75] Adoption Act 1955, s. 11(b) (NZ).
[76] Adoption Act 1958, section 7(b).

adoption agencies to give 'first consideration' to the need to safeguard and promote the welfare of the child throughout its childhood.[77]

32.150 It has been suggested that in Canada, the fact of biological parenthood carried less weight in the 1980s than it had during the 1950s and that this shift is illustrated by two decisions of the Supreme Court of Canada[78] from the 1980s. In both cases, the birth parents sought to regain custody of their children who had been in the custody of the prospective adopters. They were refused, with the court in one case finding that the law no longer treated children as the property of those who had given birth to them but instead was focused on their best interests.[79] In the other case the court indicated that the welfare of the child was the predominant factor to be considered in such disputes.[80]

Involvement of third parties

32.151 In Ireland, it was not until the *Adoption Act 1998* that private adoptions were expressly prohibited.[81] Prior to this enactment, there was no restriction on the placement of children for adoption directly by their parents. An Bord Uchtála noted in its *Annual Report 1989* that the prohibition on a third party causing a birth mother to place her child for adoption with a couple not related to the child could be circumvented and stated that it was aware of situations where an 'introduction of a willing adoptive couple by a third party was followed by a subsequent decision by a natural mother to place the child with the couple'. In England the Report of the Interdepartmental Committee on the Adoption of Children (the *Hurst Report*) which was published in 1954 noted the risks inherent in 'direct' adoption placements (that is, where the mother gave her child to a friend, fellow-worker, or even a landlady) and in third party adoptions (that is, where the mother placed her child with prospective adopters through the agency of a private individual, perhaps a doctor[82] or other person concerned primarily to help either the mother or the prospective adopters).[83]

[77] Adoption Act 1976 section 6. English adoption proceedings are not governed by the welfare principle of paramountcy. See Re T and E (Proceedings: Conflicting Interests) [1995] 3 FCR 260.
[78] Racine v Woods [1983] 2 S.C.R. 173; King v Low [1985] 1 S.C.R. 87.
[79] Rogerson Carol, *The Future of Child and Family Law* (Cambridge, 2012), p. 90.
[80] King v Low [1985] 1 S.C.R. 97.
[81] *Adoption Act 1998*, Section 7.
[82] Referred to in Michael Cretney, *Family Law in the Twentieth Century* (Oxford, 2005), p. 617. Cretney cites paragraph 43 of the Hurst Report where the Committee noted 'deplorable cases' in which a doctor acted as a third party 'for the benefit of a patient whose neurotic condition he seeks to remedy or whose marriage he hopes to stabilise by this means' and quoted an 'egregious letter' from doctor to voluntary worker: 'Mrs X tells me that her husband threatens to leave her unless another baby is forthcoming, and adoption is the only way. I feel myself that, although the home is not ideal, a baby

32.152 In 1972, a further Committee charged with considering the law, policy and procedure in respect of the adoption of children recommended that placements for adoption be made exclusively by adoption agencies (local authorities and registered voluntary societies) as it found that only in this way could the law give assurance of adequate safeguards for the welfare of the child. This report also highlighted the activities of doctors and maternity home matrons and hinted that the motivation of such people was often to provide a remunerative service to adults rather than serving the interests of the child.[84] Legislation introduced in the mid-1970s prohibited persons other than adoption agencies from making arrangements for the adoption of a child or placing a child for adoption unless the proposed adopter was a relative of the child or the person was acting pursuant to an order of the High Court.[85]

32.153 In Australia the introduction of uniform adoption legislation in the 1960s was aimed in part at curtailing adoptions which were arranged between individuals without the approval of a government department or a recognised adoption agency.[86] As in other jurisdictions,[87] criminal sanctions were introduced against unauthorised individuals who attempt to arrange private adoptions.[88]

Frequency of contested court applications in respect of adoption

32.154 The rarity of contested court applications for adoption has been noted by a UK authority,[89] who commented that this infrequency is not to say that unmarried mothers in particular were not pressurised in some form or other into giving up their children nor that they were unregretful afterwards. Nevertheless contested adoption hearings of any regularity were a much later phenomenon dating from the 1980s.[90] The vast majority of babies adopted in England in the 1950s and 1960s were 'illegitimate'. In 1951, of the 5101 orders made in respect of children under the age of 12 months, 4,701 were in respect of 'illegitimate' children (92%). By 1968 the number had increased to 12,237 of 12,641 (97%).[91] However the

might go a long way to settle down the whole family and without itself suffering in the process. With such a brisk seasonal trade in "illegits" I felt one might perhaps be spared'.

[83] Hurst Report, paragraph 43.

[84] Houghton Report, paragraph 87, cited by Cretney in *Family Law in the Twentieth Century*, p. 625.

[85] *Adoption Act 1976*, Section 11(1).

[86] See Adoption of Children Act 1964, s. 4 (1) (Vic).

[87] See for instance section Adoption Act 1976 s 11(3)(b) (England).

[88] *Adoption of Children Act 1964,* s. 50(Vic).

[89] N.V. Lowe, *English Adoption Law: Past, Present, and Future* in *Cross Currents* (Oxford, 2000), p. 316.

[90] Ibid. p. 316, Lowe notes that research carried out showed that even in the late 1980s single mothers could still be subject to family pressure to relinquish their babies.

[91] Ibid, p. 316.

number of babies being adopted began to decrease after 1968, falling to 4,548 in 1975, to 2599 in 1980, to 969 in 1990 and to just 195 in 1998 (4%). That decline was attributed to the increasing number of legal abortions, more use of contraception and the changing attitude to illegitimacy.[92]

E: Adoptions in Practice

32.155 The main sources of information for this section were the studies quoted in it; interviews with social workers (including retired social workers) involved in adoption and with former members of the Adoption Board; interviews with mothers who gave evidence to the Commission; and adoption records seen by the Commission. From these sources, the Commission tried to establish:

- How adoption societies and the Adoption Board satisfied themselves that there was genuine consent on the part of the mother;
- What efforts were made to ensure that the welfare of the child was taken into account in the selection of adoptive parents.

32.156 There is now a vast literature on adoption practices and procedures both abroad and in Ireland.[93] However, retired social workers have told the Commission that there is a worldwide dearth of research on the position of birth mothers in adoption particularly on the issue of consent. One commentator has said that mothers who gave birth were the silent partners to the adoption story and were rarely referred to or spoken about by anyone involved in the adoption process.[94] The first Irish study dates from 1974 which means that there is little information about practices during the first 20 years of legal adoption. It is abundantly clear that practices and procedures have changed considerably over the years, and it is therefore paramount they be understood within their historical context and not judged by the standards of our own time.

What exactly constitutes free and informed consent

32.157 It is clear that consent was a major issue in adoption practice in the years under investigation. Nearly all of the court cases in relation to adoption centred on the validity of consent. Any assessment of the validity of a consent has to take

[92] Houghton Report (1972) cited in N. V. Lowe, *English Adoption Law: Past Present and Future*.
[93] See for example, for Ireland alone, Valerie O'Brien and Sahana Mitra, *Research on Adoption in Ireland 1952-2017* (Adoption Authority of Ireland, 2018) https://www.aai.gov.ie/images/Report_1_An_Audit_of_Research_on_Adoption_in_Ireland_1952_to_2017.pdf
[94] R.J.A. Kelly, *Motherhood silenced: The experience of natural mothers on adoption reunion* (Dublin, 2005).

account of the mental state of the mother and her social circumstances at the time the consent was given. It is very difficult to retrospectively assess whether or not any particular consent was 'full, free and informed' at the time it was given.

32.158 In the unreported case of *AC v St Patrick's Guild Adoption Society* (1995), the judge said that 'the true test is whether in the circumstances that prevail at the time she makes her decision, that decision reflects her will or the will of somebody else'. In 1996, in the case of *DG and MG v An Bord Uchtála,* the judge reached the same conclusion but elaborated somewhat:

> fear, anxiety, stress and economic deprivation and other deprivations are frequently ingredients of the factual situations which give rise to an enquiry whether an agreement by a mother to place a child for adoption was freely made in order to determine the applicability of S3 of 1974 Act. In my view the presence of one or more of these features does not necessarily vitiate a mother's consent. The true test is whether in the circumstances which prevail at the time she makes her decision, that decision reflects her will or the will of somebody else.[95]

32.159 In this case, the court accepted that the mother's social worker had fully explained to her the consequences of her placing the child for adoption. A month after signing the forms the mother changed her mind. The judge said that she subsequently agreed to place the child for adoption, almost one month later, under pressure from her parents. Her parents were described in the judgement as:

> a very conservative, inward looking people living in a rural community, adhering to a Protestant faith within that community and deeply conscious of preserving what they perceived as the family's good name within the community. The mother's parents were shocked when she told them she was pregnant. Her father's reaction was to suggest she have an abortion…Her parents banished her and placed one option before her: to make the baby disappear. It was her parent's will the infant should be placed for adoption and that his existence should be concealed.

32.160 The judge concluded that, in the second decision to place for adoption, the mother subordinated her own will to that of her parents because of fear which was a product of her upbringing, stress, anxiety, lack of maturity and deprivation of

[95] DG and MG vs An Bord Uchtála IFLR 263 [HC], (1996).

emotional support: 'It was not a free decision.' This judgement was subsequently appealed to the Supreme Court which dismissed the appeal without delivering a written judgement.

32.161 Some witnesses told the Commission that they consented to adoption because they considered that it would provide the best outcome for their children; in general, these women regarded their consents as free and informed. Others said that they consented because they were not in a position, economically or socially, to care for the child in the absence of family support; their decision was informed but some considered that it was not free as they had no real choice. Some said that they did not give free and informed consent to the placement of their children for adoption or to the subsequent adoption orders. A number of women said that they had had no choice but to sign the adoption papers; that they had been 'forced' to do so by, for example, parents, adoption societies, mother and baby home staff, social workers or priests. A number had no memory of ever signing any adoption papers but accepted that they probably had; some who had no memory of signing recognised their signature on the adoption papers when they viewed them later. Some stated adamantly that they had not actually signed any adoption papers. A few said that they had subsequently seen the forms in the adoption society files and they asserted that the signatures were not theirs.

32.162 For much of the period under investigation, social attitudes were such that unmarried pregnant women were expected go away quietly, have the baby and place it for fostering or adoption and then resume life as if nothing had happened. Little consideration was given to how the mother felt about it. One commentator observed 'the mother who has given birth was expected to do the decent thing and disappear'.[96] A central theme in the literature globally is that many mothers did not believe that they freely chose to relinquish their children. Australian research published in 1984 showed that 44% of respondents said that relinquishment was against their wishes with parental pressure being cited as the main reason for going ahead with the separation.[97] Similar findings were made in England (1987), USA (1988), and Canada (1995).[98] Pressure from adoption agencies to relinquish

[96] Kelly, *Motherhood Silenced.*
[97] Robin Winkler and Margaret Van Keppel, *Relinquishing Mothers in Adoption: their long term adjustment* (Melbourne, 1984).
[98] P. Cotton and A. Parrish, *Original thoughts: The view of adult adoptees and birth families following renewed contac*t (London, 1987); P. Silverman, *The grief of the birthmother: In helping women cope with grief* (London, 1988); R. Sullivan and D. Groden, *Report of the evaluation of the adoption reunion registry* (British Columbia, 1995).

is also noted in the literature. Having two married parents who upheld the moral status quo regarding motherhood and parenting was promoted by agencies as being in the best interest of the child.[99]

32.163 There seems little doubt that mothers who were not receiving family support had to make decisions which did not necessarily reflect what they wanted but reflected the fact that they had little or no choice. They were in a crisis situation and they made decisions which were necessary because they did not have any other viable options. This was especially the case before unmarried mothers became eligible for the Unmarried Mother's Allowance and Rent Supplement (see Chapter 1).

32.164 There were very few qualified social workers in Ireland before the 1960s. While the first inspector of boarded out children was appointed in 1902,[100] the first children's officer - the precursor of professional social worker in child care - was not appointed until 1953.[101] There was little understanding or insight into the birth mother's state of mind. Many were so traumatised that, years later, they had no recollection of the sequence of events, including the provision of formal consent. While understood now, it was not known then that denial is a common feature in crisis pregnancy where memories can be blurred or obliterated by the associated trauma.[102]

The formalities for consent

32.165 As outlined above, two distinct consents were required. The adoption society and the Adoption Board each had a role in ensuring that the consents were valid.

Consent to placement for adoption

32.166 The adoption society's role was to:

- Give the mother a statement explaining how an adoption order affected her rights and explaining the rules about consent;
- Ensure that the mother understood the statement and signed a document to that effect.

[99] M. K. Benet, *The character of adoption* (London, 1976).
[100] A. Mc Cabe, 'The inspection of boarded out children in Ireland', in *Irish Social Worker,* xxi, 1 (2003).
[101] *Irish Almoners Report*, 1953.
[102] Hilda Loughran and Valerie Richardson, *Mixed Method Adoption Research* (Dublin, 2005).

32.167 It seems to the Commission that the formal requirements of providing a statement about consent and the signing of the relevant document were generally met. However, it is impossible to know if the mother understood the statement. This is the relevant statement from 1953:[103]

Form 10.

ADOPTION ACT, 1952.

Memorandum to be furnished by a registered Adoption Society to a mother or guardian who proposes to place a child at the disposal of a registered Adoption Society.

If an adoption order is made in respect of the child, all your rights and duties in regard to the child will be transferred permanently to the adopters. The child will be regarded as the child of the adopters and you will have no right to get it back later on, even if you can then prove that you are able to give it a better home than the adopters can. If you have an insurance policy against funeral expenses for the child, the policy will be transferred to the adopters and it will be for them to pay the premiums from then onwards. If the child is illegitimate and the natural father is making any payments for the child's benefit, either under an agreement or under an affiliation order, he will not be legally bound to continue these payments, unless the mother is the adopter.

The Board which deals with adoptions will not make an adoption order without the consent of the child's mother or guardian, unless the mother or guardian cannot be found (or is unable to give consent because of mental infirmity). In order to ensure, therefore, that you will be informed of any proposal to have the child adopted, you should notify the Society of any change in your address. If you do not do this, it may not be possible to trace you, and the adoption order may be made without your consent.

(Perforate on this line).

.....

(Detach here).

To the Registered Adoption Society called.....

I, the mother/guardian* of the child, have received from you a statement explaining the effects of an adoption order. That statement was attached to this receipt and I have myself torn it off. I understand that statement.

Name (in block letters).....

Signature.....

Address.....

Signature of Witness.....

Address.....

Occupation or Description.....

***Strike out words which do not apply.**

[103] *Adoption Act 1952*, Rules 1953; SI 104/1953: http://www.irishstatutebook.ie/eli/1953/si/104/made/en/print.

32.168 This was changed slightly in 1965 but the essential information was not changed.[104] In 1976, it was changed significantly to reflect the court decisions in relation to consent and the *Adoption Acts* of 1974 and 1976, particularly to ensure that the mother knew she could withdraw consent at any time before the adoption order was made and that she was aware if the provisions in relation to dispensing with her consent:

FORM 10 ADOPTION ACTS, 1952 to 1976.

Memorandum to be furnished by a registered adoption society to a mother, father or guardian who proposes to place a child with a registered adoption society for adoption.

Consent to the placing for adoption of ..... (here set out name of child) born on .....day of .....19.....

If an adoption order is made in respect of the child, all your rights and duties in regard to the child will be transferred permanently to the adopters and the child will be regarded as the child of the adopters. If the child is illegitimate and the natural father is under legal obligation to make any payments for the child's benefit, he will not be legally bound to continue these payments, unless the mother is the adopter.

Subject to section 3 of the Adoption Act, 1974 , an Bord Uchtála (Adoption Board) will not make an adoption order without the consent of

(a) the mother of the child,
(b) the father of the child (in the case of any child who has been legitimated by the marriage of its parents), and
(c) any person appointed by will or deed or by Court Order to be the child's guardian,

unless the mother, father or guardian, as the case may be, cannot be found or is unable to give consent because of mental infirmity in which case An Bord Uchtála may dispense with consent.

Section 3 of the Adoption Act, 1974 , provides that if a child is given for adoption, and a person whose consent to the making of the adoption order is required fails, neglects or refuses to give consent, or withdraws a consent already given, the applicant for the adoption order may apply to the High Court and, if that Court is satisfied that it is in the best interest of the child to do so, it may give custody of the child to the person who has applied for the adoption order and it may authorise An Bord Uchtála to dispense with such consent, whereupon An Bord Uchtála may make the adoption order.

A consent may be withdrawn at any time before the making of an adoption order.
In order to ensure, therefore, that you will be informed of any proposal to have the child adopted, you should notify the society of any change in address.
Section 4 of the Adoption Act, 1974 , provides that an adoption order shall not be made in the case where the applicants, the child and his parents or, if the child is illegitimate, his mother, are not all of the same religion, unless every person whose consent to the making of the adoption order is required, knows, when giving such consent, the religion (if any) of each of the applicants.

(Perforate on this line)
....

[104] Adoption Rules 1965, SI 19/1965: http://www.irishstatutebook.ie/eli/1965/si/19/made/en/print

RECEIPT FOR FORM 10.
(Detach here)

To the registered adoption society called
.....

I hereby consent to the placing for adoption of the child ..... (here set out name of child) born on ..... day of .....19.....

Here you may state your wishes as to the religion, if any, of the person(s) with whom the child is to be placed for adoption .....

I have received from you a statement in Form 10. That statement was attached to this receipt and I have myself torn it off. I understand that statement.

Name (in block letters) .....
Signature .....
Address .....

Signature of Witness.....
Address.....
Occupation or Description.....

Date .....

I certify that on behalf of
.....

I have handed the statement attached to this receipt to ..... and explained its contents to her/him.

I am satisfied that she/he understands it.
Signature .....
Date ..... [105]

32.169 This was changed again in 1990:

ADOPTION ACTS, 1952 TO 1988.

Memorandum to be furnished by a registered adoption society to a mother, father or guardian who proposes to place a child with a registered adoption society for adoption.

Name of Registered Adoption Society
.....
Address .....

Telephone No .....

Consent to the placing for adoption of ..... (here set out name of child) born on the ..... day of ..... 19.....

Effect of an Adoption Order

[105] Adoption Rules 1976, SI 216/1976: http://www.irishstatutebook.ie/eli/1976/si/216/made/en/print

1. If an adoption order is made for the child, you will lose all your parental rights and will be freed from all parental duties. These rights and duties will be transferred permanently to the adopters. The child will thereafter be regarded as their child as if the child were born to them in marriage.

Payments by Natural Father

2. If the child was born outside marriage and the natural father is under a legal obligation to make payments for the benefit of the child, he will not be legally bound to continue these payments after the adoption order is made.

Consent to the Making of an Adoption Order

3. An Bord Uchtala (The Adoption Board) will not make an adoption order without the consent of

- **(a) the mother of the child,**
- **(b) any person appointed by court order or otherwise to be the child's guardian,**
- **(c) in certain circumstances, the natural father**

unless any such consent is dispensed with by the Board in accordance with the law.

4. The consent of the natural father to the making of an adoption order for a child born outside marriage is required in the following circumstances—

- **(d) where he marries the mother after the birth of the child, or**
- **(e) where he has been appointed a guardian of the child or has been granted custody of the child pursuant to a court order (or otherwise has custody).**

5. Where the prospective adopters, the child and the natural parents, or if the child was born outside marriage, his mother, are not all of the same religion, every person whose consent to the making of an adoption order is required must know, when giving such consent, the religion (if any) of each of the prospective adopters.

6. A consent may be withdrawn at any time before the making of an adoption order,

Dispensing with Consent

7. The law permits An Bord Uchtala (The Adoption Board) to dispense with the consent of any person to the making of an adoption order if it is satisfied that that person (a) is incapable by reason of mental infirmity of giving consent, or (b) cannot be found.

8. Where a person who has consented to the placing of a child for adoption fails, neglects or refuses to give consent to the making of an adoption order, or withdraws a consent already given, it is open to the prospective adopters, if they have applied for an adoption order for the child, to apply to the High Court for an order under section 3 of the Adoption Act, 1974 . The High Court, if it is satisfied that it is in the best interests of the child so to do, may make an order under that section (a) giving custody of the child to the prospective adopters, and (b) authorising An Bord Uchtala (The Adoption Board) to dispense with such consent to the making of an adoption order in their favour.

Reclaim of Child

9. If, after the child has been placed with prospective adopters and before the making of the adoption order, you change your mind and want to reclaim your child, you should contact the adoption society without delay. If the prospective adopters decline to give up the child, it is open to you to institute proceedings to have custody of the child restored to you. Should this situation arise you would need to consult a solicitor as a court case may be involved.

RECEIPT FOR FORM 10.

(Detach here).

To the registered adoption society called ....

I hereby consent to the placing for adoption of the child
....
(here set out the name of the child) born on the ..... day of .....19....

I say that I am/I am not the sole guardian of the said child. The father has/has not been appointed a guardian of the said child pursuant to a court order or otherwise. (a)

To the best of my knowledge and belief, the father has not instituted proceedings in relation to guardianship or custody of the said child. (b)

Here you may state your wishes as to the religion, if any, of the persons(s) with whom the said child is to be placed for adoption.....

I have received from you a statement in Form 10. That statement was attached to this receipt and I have myself torn it off. I understand that statement. I also understand that my signature on this receipt is evidence that I have consented to the placing of the said child for adoption.
Name (in block letters)..... .....
Signature ....
Address ....
Signature of Witness ..... .
Address ....
Occupation or Description ....
Date ....
I certify that on behalf of..... .....
I have handed the statement attached to this receipt to .....
and explained its contents to her/him.
I am satisfied that she/he understands it.

Signature ....

Date..... .....

(a) and (b) Delete words which do not apply.

32.170 In its first annual report the Adoption Board noted that it was aware of the difficulties faced by societies in tracing mothers for the purpose of obtaining consent in the case of long standing adoption arrangements, as mothers might have since married or have not been in touch. However, it stressed that 'in no case has an adoption society failed to satisfy the requirements of the Board in the matter of consents'.[106]

Consent to the making of the adoption order

[106] Adoption Board, *Annual Report 1953* (Dublin, 1953).

32.171 The Adoption Board was required to satisfy itself, prior to the making of the adoption order, that the mother understood the nature and effect of the consent and of the adoption order. The *Adoption Rules* required that consent be given in a written prescribed form. The following is the consent form from 1953:

Form 4.

CONSENT TO ADOPTION.

(For use where the identity of the applicant is not known to the consenting party).[107]

In the matter of an application for the adoption of.....

I,..... (name and description) of....., aged twenty-one years and upwards (or, if under age, aged.....years) make oath and say as follows :—

1. **I am informed and believe that an application has been made under serial number..... (a) for an adoption order in respect of the child.....**
2. **I am/the mother of the child/(b) the guardian of the child/(b) the person having charge of or control over the child/(b).**
3. **The child is not less than six months old, having been born on the.....day....., 19.....**
4. **I am of the.....religion, and this has been my religion since.....(to be completed by the mother only).**
5. **I understand that the effect of an adoption order is to deprive me of all rights which I have in respect of the upbringing of the child, and to give these rights and all parental rights and duties to the adopter.**
6. **I hereby give my consent to the making of an adoption order in pursuance of the application referred to above.**
7. **I understand that this affidavit may be used as evidence that I consent to the adoption order being made.**

Signature.....

Sworn at..... in the county of....., on this.....day of....., 19....., before me .....(name) and I know the deponent (or and I know ..... who certifies to me that he knows the deponent).

Signature.....

Description (c).....

Where the identity of the applicant is not known to the consenting party the applicant should request the Board to assign a serial number to the application and this number should be inserted here.

(b) Strike out words which do not apply.

(c) If the affidavit is being sworn in the State, it should be sworn before a Commissioner for Oaths; if it is being sworn elsewhere; it should be sworn before a Notary Public or other person duly authorised to administer oaths.[108]

[107] This example form was the form used when there was an adoption society involved; a slightly different form was used when the identity of the proposed adopters was known to the mother – in effect, where there was a private placement for adoption. The essential words were the same in each.

32.172 This was formal confirmation that the mother understood the effect of the adoption. This document was presented by the adoption society, then signed and sworn by the mother before a peace commissioner. There was no requirement that the mother get independent legal advice and no provision for free legal aid. In many cases, and especially in the early years of legal adoption, formal counselling services were not available to the mother.

32.173 This form was changed in 1976:

FORM 4A

CONSENT TO ADOPTION.

(For use by mother where the identity of the applicant is not known to her).

In the matter of an application for the adoption of
....

I, ... (name and marital status) of .... aged twenty-one years and upwards (*or, if under twenty-one*, aged ..... years), make oath and say as follows:—

1. **I am informed and believe that an application has been made under serial number ..... (a) for an adoption order in respect of the child ....**
2. **I am the mother of the child.**
3. **I did/did not marry the father of the child. (b)**
4. **The child is not less than six weeks old, having been born on the ..... day of ..... 19.....**
5. **I know that the religion of the male applicant is ....**

and that the religion of the female applicant is
....

6. I understand that the nature and effect of an adoption order is that I shall lose all parental rights and that I shall be freed from all parental duties with respect to the child and that these rights and duties shall be transferred to the adopter or adopters.

7. I have been informed and I understand that An Bord Uchtála (Adoption Board) may make an adoption order in respect of the child referred to in paragraph 1 at any time after the signing of the consent.

[108] *Adoption Act 1952*, Rules 1953; S.I 104/1953; http://www.irishstatutebook.ie/eli/1953/si/104/made/en/print

8. I hereby freely give my consent to the making of an adoption order in pursuance of the application referred to above.

9. I have been informed and I understand that this consent may be withdrawn at any time before the making of the adoption order, by informing An Bord Uchtála, 65 Merrion Square, Dublin 2, and that on the making of the adoption order my consent becomes irrevocable.

10. I have been informed and I understand that I am entitled to be heard in person or to be represented by counsel or solicitor on the application for the adoption order or to be consulted again in relation to the application and that I should indicate my wishes in this respect in writing.

11. My wishes in respect of the matters referred to in paragraph 10 above are as follows:—

(i) I do/I do not wish to be informed of the date on which the Board will, if I wish, hear me or my counsel or solicitor on the application for the adoption order. (b)

(ii) I do/I do not wish to be heard in person or to be represented by counsel or solicitor on the application for the adoption order. (b)

(iii) I do/I do not wish to be consulted again in relation to the application for the adoption order. (b)

12. I understand that this affidavit may be used as evidence that I consent to the adoption order being made.

Signature ....
Sworn at ..... in the county of .....
on this ..... day of ....., 19.....,
before me, ... (name) and I know the deponent
(or and I know ....
who certifies to me that he knows the deponent)

Signature ....

Description (c) ....

(a)Where the identity of the applicant is not known to the consenting party the applicant should request the Board to assign a serial number to the application and this number should be inserted here.

(b) Delete words which do not apply.

(c) If the affidavit is being sworn in the State it should be sworn before a Commissioner for Oaths; if it is being sworn elsewhere it should sworn before a Notary Public or other person duly authorised to administer oaths.

32.174 This form was changed in 1984[109] and in 1990[110] but the essential elements of the mother's consent remained the same.

32.175 Social workers have told the Commission that the changes made in 1976 meant that there were effectively three stages to consent:

- Initial consent was taken by a social worker or the adoption society. It had the effect of allowing the child to be placed with a view to adoption.
- Appended to the consent form (Form 10), was an information leaflet which the mother personally tore from the form and gave written consent on receipt. If the mother wished to proceed with the adoption after the prescribed period of time, she was accompanied by the social worker or adoption society worker to a commissioner for oaths where the final consent form (Form 4) was signed and sworn. The commissioner for oaths was obliged to go through the documentation to ensure her understanding before final consent was given.
- The Adoption Board introduced the concept of an authorised person into the system of consent for adoption. Under this arrangement the Adoption Board could appoint a person considered suitable to conduct enquiries on its behalf regarding the soundness of the consent being made. The authorised person would go through a questionnaire/affidavit with the mother. There was a series of questions, testing her knowledge and understanding. The authorised person met the mother alone with the condition that neither had met each other before. No case history was provided to the authorised person in advance. The authorised person then set out the mother's rights including her right to withdraw consent at any stage up to the making of the order.

There can be little doubt that the 1976 changes did mean that consent was much more likely to be free and informed. At this stage, there was a greater likelihood that the mother could avail of counselling from adoption society social workers or health board social workers; however, as is outlined below, not all adoption societies had professional social workers and many of the Adoption Board's welfare officers had no social work training. There was no right to counselling or to free legal aid.

[109] Adoption Rules 1984, SI 134/84: http://www.irishstatutebook.ie/eli/1984/si/134/made/en/print
[110] Adoption Rules 1990, SI 170/90: http://www.irishstatutebook.ie/eli/1990/si/170/made/en/print

32.176 The formal procedures for consent were clear but, from a practical perspective, there were no rules or guidance regarding the engagement of adoption services with the birth mother in relation to personal, emotional, psychological and social needs. For example, according to one social worker, there was no standard regarding the number of interviews a social worker should have with the birth mother who was considering adoption nor at what point in the pregnancy she might best engage with the adoption services.

Welfare of the child

32.177 The Adoption Board was required to make decisions on the eligibility and suitability to adopt of applicants for adoption. The formal application for adoption would have yielded very little information about their suitability. The 1953 application for adoption[111] by a married couple required them to complete the following statement:

> **We, the undersigned being a married couple living together, desire to adopt the child named or described in this application form. We understand that if an adoption order is granted to us in respect of the child, we shall be fully responsible for the child's upbringing as if the child were born to us in lawful wedlock and we voluntarily undertake to discharge that responsibility as far as we are able. We have not received or made, or agreed to receive or make, any payment whatsoever in consideration of the adoption of this child.***
>
> **i) Husband's signature.....**
>
> **ii) Wife's signature.....**
>
> **iii) Date.....**
>
> ***Payments made or received in respect of the child's maintenance or solicitors' remuneration for professional services are not referred to here.**

32.178 The form then required them to give details of their names, address, occupation and relationship (if any) to the child. They were asked:

- Have you previously applied for an adoption order in respect of this or any other child and, if so, with what result?
- Have you any children of your own; if so, please give names, dates of birth and present addresses?
- Have you any other children in your care; if so, please give names and dates of birth.

[111] Adoption Rules 1953.

32.179 If the child was already in their care, they were asked for the name and address of the 'person or body from whom you got it'. If not, they were asked the name and address of the person who had charge of the child. They were then asked if they had the mother's consent to the adoption and if they had the consent of the guardian or any other person or body who had control over the child.

32.180 They were then asked to give the names and addresses of two or more persons (either men or women) 'to whom reference may be made by the Board. Where the name of a woman is given as a reference it is preferable that she should be a mother or a woman with experience in the care of children'. They were told that the board might require them to submit medical certificates on their state of health before making a decision.

32.181 This remained largely unchanged until 1990 when a requirement was introduced for a 'Background Report on Child and Natural Parents' to be completed by the adoption society. This asked for routine information (name, address, date of birth) about the child but it also looked for:

- Pre-placement history of the child;
- If the child was more than four months old at date of placement, the reasons for delay.

32.182 Routine information about the birth mother was required but so also was information about:

- Her level of education;
- Her occupation and whether or not she was currently in employment;
- Her community care area at the time of initial contact with the adoption society;
- By whom she was counselled;
- Her reason(s) for placing the child for adoption;
- Had she met the prospective adopters;
- Had she had other children; if so, the number and whether they were with her, adopted or elsewhere;
- Any known history of psychiatric or hereditary illness in her or any member of her family.

32.183 If she was under the age of 18, the following additional information had to be included:

- How she was referred to the adoption society;
- If her parents were aware of the pregnancy and, if so, their attitude to it;
- If her parents were interviewed by the society and, if so, was she interviewed separately.

32.184 Information was also required about the birth father:

- Was his name known;
- Was he registered as the father on the child's birth certificate;
- Was he married;
- Was he interviewed by the society;
- Was his relationship with the birth mother continuing or had it ended;
- What was his attitude to the proposed adoption;
- Had he been appointed a guardian of the child pursuant to a court order or otherwise;
- Had the society or the mother been given any indication that he intended applying to court for legal rights in relation to the child;
- Did he have other children; if so, how many and were they with him, adopted or elsewhere;
- Any known history of psychiatric or hereditary illness in him or any member of his family.

32.185 Any other information on 'the child's natural background which might have a bearing on the application' was also requested.[112]

Overall role of the Adoption Board

32.186 As well as making adoption orders, the Adoption Board (An Bord Uchtála) had three main functions:

- the making of declarations of eligibility and suitability to adopt;
- the registration and supervision of adoption societies;
- the requirement to satisfy itself, prior to the making of the adoption order, that the mother understood the nature and effect of the consent and of the adoption order.

[112] Adoption Rules 1990; SI 170/1990: http://www.irishstatutebook.ie/eli/1990/si/170/made/en/print

32.187 It seems to the Commission that, at least for the first 20 years of its operation, the Adoption Board did not have the resources necessary to fulfil its role properly. Initially, it had one Probation Officer, on loan from the Dublin Metropolitan District Court, who carried out inspections/investigations of applicants for adoption orders. Its 1953 annual report lamented the fact that, despite repeated representations, no specifically qualified officer had been appointed to its staff to carry out inspections and to advise and guide local authority officers.[113]

32.188 In December 1956, the Adoption Board wrote to the Department of Justice about creating a post of Special Investigator in its office. In the letter the board stated that it was dependent on local authority and social welfare officials for its investigations and they were not adequately equipped for this work. The board said that it had been obliged on many occasions to send its own investigator to a home already reported upon by a local officer when reports submitted were inadequate. The board wanted to have more of these investigations carried out by its own investigator. It pointed out that even where special Children's Officers had been appointed and where, as a result, the standard of investigation was comparatively high, it still needed to have its own investigator.[114]

32.189 The board argued that a very important aspect of the special investigator's role would be inspecting the adoption societies:

> Preliminary inspections of the Societies have already been undertaken and it is the Board's intention that these should be followed up early next year by more intensive inspections and by directions as to what the Board is prepared to accept as minimum standards.

32.190 In June 1960, the Adoption Board told the Department of Justice that it needed to appoint one more inspector; it had two at this stage (one was a Probation Officer on loan to the board). This was to try to ensure that there were two inspections carried out on all applicants for adoption. The initial inspections were carried out by local authority officials except in Dublin where 'existing arrangements with the Department of Health do not permit of Local Authority inspections'.

[113] Adoption Board, *Annual Report 1953* (Dublin, 1953).
[114] National Archives of Ireland, JUS/90/93/70.

32.191 Former members of the Adoption Board told the Commission that the board did not have sufficient staff to carry out its functions generally.

Closed and open adoptions

32.192 Just as attitudes to pregnancy outside marriage and other major social issues changed over the time period covered by the Commission, so did attitudes to adoption. Legally, adoption involved a complete break in the relationship between the birth mother and the child in that the birth mother no longer had any rights or responsibilities in relation to the child. The adoptive parents acquired these rights and responsibilities. Initially, the prevailing view was that, as well as the complete legal break, there should be no contact between the birth mother and the child. So, unless the birth mother organised the adoption herself, she did not know who the adoptive parents were or where they came from. Over time, this view changed gradually and, by the end of the period under investigation, 'open' adoptions became the norm. This could involve face-to-face contact between the birth mother, the adoptive parents and the child at the time of placement for adoption. It could also involve on-going contact. This change in attitude is reflected in the Adoption Board's *Annual Report 2002*. It contained a recommendation that, where a birth parent wished to have continual contact with his or her child after the making of an adoption order, such contact could be made a condition of the adoption order and be legally enforceable. This, of course, came after the period being investigated by the Commission but underlines that it is important to take account of contemporary social norms prevailing at the time as well as the personal circumstances of the mother.

F: Evidence given to the Commission

Witnesses to the Commission

32.193 A witness who was involved with the Irish First Mothers group told the Commission 'that there was a lot of emotional pressure put on mothers'. She said that, in her case, her father was standing over her when she was asked to sign the adoption consent at the office of a commissioner for oaths. 'I don't remember getting a chance to read the document because of the trauma I was feeling…we were never told what choices we had'. Others who gave evidence also complained of strong parental pressures.

32.194 A number of witnesses said that they were not aware of the existence of the Unmarried Mother's Allowance (from 1973). They claimed that, had they been so aware, they might have made the decision to keep the baby.

Adoption Rights Alliance

32.195 Members of the Adoption Rights Alliance (ARA) gave evidence to the Commission. They said that their organisation grew out of the Adopted People's Association which was founded in 2001. It campaigned heavily on the need for legislation to allow adopted people a statutory right to their birth certificates, their early files including medical files, adoption files, and mother and baby home files among others. This group continued until 2007 when the Adoption Rights Alliance was formed. It has connections with people working in adoption in the USA and in the UK. It maintains a virtual presence to keep costs down, using email and social media platforms.

32.196 The ARA told the Commission that it had been informed by the Adoption Authority that there were at least eight different types of consent forms in existence from the time that legal adoption was introduced in January 1953 to date.[115] The ARA members said they were quite surprised to realise that there were so many different forms in use and that it would certainly back up their view that there was no consistent overview of how consent would be obtained and how consent would operate.

32.197 They claimed that the women who have been in touch with the ARA had reported that consent was obtained from them within hours or, at the very most, within days of giving birth. They said that they knew of significant numbers of women who were asked to sign these consent forms while medicated and what they were actually signing was not explained to them fully.

Council of Irish Adoption Agencies

32.198 Representatives of the Council of Irish Adoption Agencies (CIAA) gave evidence to the Commission. The original name of this body was the Central Council of Catholic Adoption Societies which was established in 1961. It was chaired by Fr Cecil Barrett who had been closely involved with the Irish Catholic hierarchy when discussions were going on about the introduction of legal adoption. The purpose of the new organisation was:

[115] These are described above.

> To provide a way for representatives of the registered Catholic Adoption Societies to meet, exchange their experiences and discuss common problems and assist the societies in achieving and maintaining a common high standard of work; to speak authoritatively on behalf of the societies in negotiations with the Adoption Board and departments of State and local authorities.

32.199 Subsequently, associate membership of the organisation was open to health boards doing adoption work and agencies of other denominations. However, these associate members did not have voting rights. This differentiation between Catholic and other adoption societies continued for several decades. By the 1990s, membership of the organisation had become pluralist in nature and a decision was taken by the members to change the name to Central Council of Irish Adoption Agencies to reflect that fact. Before any change could be made the matter had to be ratified by the Catholic bishops who were responsible for renewal of the organisation's constitution. The change of name was approved at a general meeting of the Irish Episcopal Conference.

32.200 The CIAA representatives told the Commission about the background to their work and activities. On the issue of consent by mothers in mother and baby homes, CIAA representatives said it was their view that 'considering that the mother was virtually incarcerated in the Home the question of her consent being "full, free and informed" was rendered moot'. Their view was that

> legal and ethical standards that currently inform adoption practice - supporting parents in their wish to rear their child, informing a parent about the impact of adoption, exploring all options available and the consequences of each, acknowledging that adoption severs the social and legal ties between parent and child but does not weaken the emotional ties - quite simply did not apply in the years before mother and baby homes employed social workers to counsel and support the mother in her decision.

Cúnamh

32.201 Staff from Cúnamh gave evidence to the Commission. Until 1992, it was called the Catholic Protection and Rescue Society of Ireland. It was one of the first adoption societies to employ professional social workers. One professional social worker who worked in the society from 1956 to 1996 and two others who worked there for periods between the 1970s and 1990s gave evidence of their experiences in adoption work.

32.202 The social worker who was there in the 1950s said that, when she started, her principal dealings were with a number of children who had been informally placed with a view to adoption prior to the passing of the *Adoption Act 1952*. Once the legislation was passed, it took a considerable length of time to get everything sorted and the society had to contact a lot of mothers in order to get their consent.

32.203 She said that, in Cúnamh, they always felt the best place for a child was with its birth parents. They felt strongly that, if the mother could at all keep her baby, that was the best thing for her child. However, this was not always possible. 'We always tried to satisfy ourselves of the suitability…our aim was the interests of the child…what was in the best interest of the child'.

32.204 Cúnamh staff worked with the birth mother and assessed prospective adoptive parents. The staff visited the homes and every child who was in their temporary care was discussed. Over a period of weeks and months the social workers had a strong sense of whether or not the mother was ready for her adoption decision. The adoptive couple who were being assessed were also discussed: 'you tried to place the child as close to the environment and personality as was possible'.

32.205 Another social worker with Cúnamh told the Commission that options were discussed with mothers during the 1970s but that there were very few. In the early days there were many more adopting parents than there were babies to be adopted. Cúnamh never got involved in American adoptions.

Adoption Board social workers and members

32.206 Two social workers who had been working with the Adoption Board gave evidence to the Commission. One had been there in the 1980s and 1990s and the other in the 1990s. The Adoption Board had six to seven social workers. The two witnesses pointed out that the Adoption Board had no function in the placement of children for adoption; that was the function of the adoption societies. These societies had responsibility for the pre-placement work with mothers who were considering adoption for their children. As far as the Adoption Board social workers were concerned, the adoption societies fully counselled the mother on the consent process. They told the Commission that it was the adoption society's task to deal with the background history, the medical history, the relationship with the child's birth father, how the society assessed the prospective adopters, ascertaining if the mother wished to be involved in the process and finding out if

she wished any follow-up information about her child post-adoption, discussions in relation to alternatives to adoption and supports that might be available to her if she decided to keep her child.

32.207 The principal function of the Adoption Board social workers was to carry out an independent social work assessment of the prospective adopters' eligibility and suitability to adopt the child already placed with them by the relevant adoption agency. Two former members of the Adoption Board told the Commission that in the early period they relied totally on what the Adoption Board social workers reported and that in retrospect they felt they should have been more probing but that was not encouraged.

32.208 Up until 1998 a mother could place her child with whomever she wished. Adoption Board social workers told the Commission that some of these direct placements were very problematic. In their view some of the prospective adopters were not suitable as they had a lot of problems themselves and as a result the adoption process, particularly in those cases, sometimes took a very long time. Because the Adoption Board social workers were principally involved in assessing adopting families, they were often unaware of whether children being adopted were born in mother and baby homes.

32.209 The Adoption Board social workers acknowledged that, in relation to the placements by the adoption agencies, some would provide very good reports; others would have little on their files and would not be comprehensive. As time went on more comprehensive reports were prepared by the placement agencies.

32.210 An Adoption Board social worker said:

> I think adoption has played an important role in society and has given a lot of children great security and they vouch for that themselves, but I do think the secrecy that we had at the beginning where we didn't know very much about the mother and her consent and all of that, wasn't good practice. I think the idea of people being given as much information as possible, meaning the adoptive parents being given as much information as can be given about the birth parents, maybe even meeting them before the placement, I think all of that sort of thing is a good move. Now it doesn't work out in every case but I think generally openness and honesty is to be recommended. I think that has made a difference, we don't know yet how, what the difficulties of those

situations are, I am sure there are many as well, maybe it takes from the security that you want to give a child. It is an effort and I think it is a move forward. This break, as if the past didn't exist, I remember a couple saying to me once that they were not given any information on the mother and I asked, I said well will you try to get information or would you like to get information and the answer was 'oh no it is better not to know what you don't know you cannot lie about' so it was really coming from a very negative place. I saw a change in that, I thought that was doing a very good thing and that children were aware.

Health Board Social Workers

32.211 Health Board social workers who were based in Pelletstown in the 1970s and 1980s and who were principally dealing with mothers who were placing their children for adoption gave evidence to the Commission. They told the Commission there was a culture of adoption which was systemic in Pelletstown. While there was no explicit pressure put on the women, there was a belief system that adoption was the better option and there was an expectation that it would be the choice made; however, they were adamant they never saw women having their babies taken without their explicit consent. All options had been discussed with them including the right to withdraw consent up until the final order.

G: Research and analysis on adoption practices in Ireland

Adoption practice in 1974

32.212 In 1974, the first piece of research on adoption in Ireland was published. It was conducted by Vivienne Darling, then of the Department of Social Studies in TCD, sponsored by the Medico-Social Research Board and published by CARE which was an organisation campaigning for improved services for children. The author recognised the limited nature of the study as, among other things, it did not involve any contact with birth parents. It did involve a survey of adoptive parents and of the practices of adoption societies. It throws light on two aspects of adoption which the Commission is addressing: the extent to which the child's welfare and protection were considered in practices relating to their placement and the practices and procedures of adoption societies. Overall, Darling was quite critical of adoption practices while recognising that there were not enough trained staff to carry out the work. She was also critical of the 'negative attitude' of the Adoption

Board to any suggestions for improvement while recognising that it did not have the power to require adoption societies to apply particular standards.

The main findings of the research were as follows:

Adoptive parents

32.213 Contact was made with the adopting parents whose names and addresses were in a particular edition of *Iris Oifigiúil*. A total of 143 responded to the invitation to take part in the research. The following were the motivating factors for adopting:

Unable to have own children	62.6%
Wanted companion for a single child	14.0%
Wanted a baby to take the place of a child who had died	2.1%
Already had children but felt able to offer a home to another	22.4%
Child was related to adopters	4.9%
Other reasons	5.6%

32.214 Just over half of the adopters from Dublin gave inability to have their own children as a motivating factor whereas 68.4% of those living outside Dublin did so. Darling points out that Dublin residents accounted for a disproportionate number of adopters: In 1970, there were 631 adoptions in the Dublin area which had one third of the population of Ireland at the time. There were 783 adoptions in the rest of the country. She pointed out that motivation for adoption should be a major factor in the assessment of the suitability of prospective adopters but she formed the impression that 'consideration of motivation sometimes received little or scant attention from the societies involved in the arrangements'.

32.215 The adopters came from a wide variety of occupations ranging from high professionals to unskilled labourers. The survey did confirm the findings of researchers in other countries that professionals and senior salaried employees were more likely to adopt than farmers and unskilled workers. The following table gives a comparison of the socio-economic groups of the adopting fathers compared with the percentages in the various groups of gainfully employed males in the country.

	% Survey	% Census 1966
Farmers	14.7	30.49
Agricultural labourers	2.1	7.33
Higher professional	8.4	2.98

Lower professional	6.3	2.08
Administrative, executive, managerial	16.1	3.40
Senior salaried employees	8.4	1.91
Intermediate non-manual	16.1	11.02
Other non-manual	5.6	8.60
Skilled manual workers	13.3	16.91
Semi-skilled manual workers	2.1	6.48
Unskilled	3.5	8.62
Unable to classify	3.5	0.18

The adoption societies

32.216 At the time, there were 21 registered adoption societies but three had ceased to operate. Darling sent questionnaires to the remaining 18 and 16 replied. The two that did not were responsible for only 2% of the adoptions arranged by adoption societies in 1970.

32.217 She classified the adoption societies as follows:

- Those which, in addition to adoption arrangements, provided a complete casework service for unmarried mothers;
- Those which only dealt with the mother in connection with adoption arrangements after the decision to place for adoption had been taken; in some cases, they provided nursery care for the babies pending placement;
- Those which were never involved with the care of the mother; they receive the applications on behalf of the mother from other agencies but had no direct contact;
- Those which provided partial but not total care for the mother, for instance, mother and baby homes which looked after the mothers while resident, placed the babies with adopters but were not necessarily responsible for aftercare once the mothers had left the home;
- Local authorities which were registered as adoption societies and arranged adoptions as part of a total child care service.

She also noted that there were some local authorities which had not registered as adoption societies but did place children for adoption.

Staffing

32.218 It was not possible from the information available to clearly establish if there were adequate numbers of staff in the societies to deal with their workload. Concern was also expressed about having the same social worker providing a full casework service for unmarried mothers and also dealing with the adopters. It was possible to establish the qualifications of the staff. Eight societies between them employed four full-time and seven part-time professionally trained social workers, that is, those who had taken post-graduate courses in social work. Nine societies, including five of those who employed professionally qualified social workers, employed one or more full-time (ten in total) or part-time (13 in total) basic grade social workers. Four societies had no trained social workers and they were responsible for 13% of the adoptions registered in 1970. Of the 12 societies who employed social workers, 11 also employed unqualified personnel to carry out adoption work. In total in the 16 societies, there were 12 full-time and 21 part-time untrained adoption workers. This meant that 50% of the personnel employed in adoption work had no training in social work although some of these had some other training which could possibly be relevant.

Financing of adoption societies

32.219 Of the 16 societies surveyed, 11 claimed to be financed entirely by voluntary contributions and five by local authority grants but one of these also received voluntary subscriptions. The *Adoption Act 1952* prohibited adoption societies from receiving any payment in consideration of the making of arrangements. This differed from the situation in Britain where agencies were allowed to charge expenses reasonably incurred in connection with the adoption of an infant although fees could not be charged. Darling considered it unrealistic to expect the societies to exist solely on voluntary contributions but noted that the Minister for Justice had just announced the government's intention to make money available to adoption societies for the employment of trained social workers. These grants began to be paid in 1974 - see below.

The adoption process

32.220 Less than half of the adoptive parents had received advice on adoption from any source. Some had received advice from their doctor, some from their priest and a small number from the adoption society. Prospective adopters did not see adoption societies as a counselling source nor did societies set out to offer such a service. Darling concluded that adoption workers saw their first, and in some

cases only, duty as being the welfare of the child without considering that the needs of the child and the adoptive parents cannot be divorced from one another.

The birth parents

32.221 While the research did not involve contact with birth parents, it did elicit some information about the interaction between the adoption societies and the birth parents. Some offered services to the birth mother and some provided nursery care for the babies awaiting placement. There was very little interaction with the putative fathers. Some gave no information to the birth mother apart from a reassurance that the baby had gone to a good home or with suitable and loving parents. The level of information provided by other societies varied and could include information about the background and personalities of the adoptive parents.

Selection procedure

32.222 Darling found that the assessment of the prospective adoptive parents was done 'on a rather superficial level'. In some cases, there were no home visits prior to placement and the prospective adopters were interviewed only once. This was possibly due to an inadequate number of trained staff in the adoption societies and the fact that the Adoption Board did not or possibly could not insist on certain standards of practice by the societies.

32.223 In matching adopters and children, all the societies took account of social background. Most also took account of educational background, material circumstances and mother's wishes. A range of other factors were also taken into account. For instance, one society asked couples if they would accept a red-headed child or a child of mixed race. It seems that many adopters were reluctant to accept a red-head or 'foxy' child.[116]

Information about the child

32.224 The adoptive parents received very little information about the child. Only 21% were given information about the child's background and 'in some cases this included nothing more than necessary medical details'. The majority of adoptive parents did not want any information. Of those who did want information, some were concerned as to whether the mother had parted willingly with the child and

[116] English research had shown that this was also the case there.

others felt that the children should be facilitated if they subsequently sought information about their birth parents.

Supervision of placement

32.225 The research showed that supervision of the placement by the adoption societies was patchy and some felt that this was the role of the Adoption Board. Darling notes that many of the social workers employed by the board had no social work training but the board was not prepared to tell her how many did.

Third party adoptions

32.226 Darling was unable to establish the exact numbers of third party placements for adoption because the statistics published by the Adoption Board did not record this. She expressed the view that adoption workers generally regard such adoptions as undesirable. There were also no statistics available for private placements by the mother.

Need for inquiry

32.227 Darling concluded that there was a need for a full scale Government inquiry into the adoption of children such as those carried out by the Hurst and Houghton Committees in Britain in 1954 and 1972 respectively.[117] In 1983 the Minister for Health established a review committee on adoption services which is considered below.

Adoption in the 1980s

32.228 Eileen Farrelly-Conway's PhD thesis, 'Adoption Policy and Practice in Ireland in the 1980s', provided the Commission with very useful information about how adoption societies worked in practice. In addition to providing findings from research conducted in 1983/84 (a time when there were many infants available for adoption), she produced a very comprehensive literature review.[118] The following are the main findings of her study which are relevant to the Commission's remit:

Administration and staffing of adoption societies

32.229 The executive committees of the 19 adoption societies studied dealt with day-to-day policy and practice and consisted mainly of social workers, priests and

[117] *Report on the departmental committee on the adoption of children* aka Hurst report (HMSO, 1954); *Report of the departmental committee on the adoption of children* aka Houghton report (HMSO, 1972).
[118] Eileen Farrelly-Conway, 'Adoption Policy and Practice in Ireland in the 1980s' (PhD thesis, 2002, University College Dublin; unpublished).

doctors. Almost all adoption societies had at least one worker with a professional qualification in social work. However, there were four societies still without any professionally trained social worker. The social work ratio in some societies was very high; in eight of the societies, the ratio was 90 to 1. When social workers were asked about their caseloads at that time, four of the 18 social workers who were interviewed had a caseload of 90 or more and one of these had 245 cases.

Assessing suitability of prospective adoptive parents

32.230 The adoption societies first established that the prospective adoptive parents were eligible to adopt. Clearly, all had to meet the legal criteria. Each adoption society had its own policies in relation to matters such as age limits, the existence of birth children within the family, whether or not the couple had had infertility treatment, whether or not it was appropriate for the prospective adoptive mother to work outside the home and whether or not the applicants had been rejected by another society. The study concluded that there was such variation in the adoption societies' policies that the fate of adopting applicants depended as much upon their choice of society as upon their own social and familial characteristics.

32.231 The study set out how the suitability assessment was carried out. References were required by all the societies; these generally came from the couple's parish priest or clergyman, personal friends, employers or people of standing in the community to whom the applicants were known. Garda clearance was generally required. Medical reports were required by all societies. Most societies conducted at least four interviews with the couple and children already in the family were also interviewed. The interviews covered areas such as the relationship between the couple, their motivation to adopt, their parenting capacity and their expectations of the child. Conway formed the view that much of the assessment was subjective.

32.232 The decision on suitability was generally made by a case committee having heard a report from the social worker. In one society the decision was made by the director and the social worker and the case committee was not involved. The members of the case committees were usually social workers (although two had no social workers on their committees), priests, doctors, nuns, nurses and legal advisors.

Placement practices

32.233 The study showed that throughout the placement process there was an emphasis on meeting the child's needs. All societies tried to match the social class and educational backgrounds of the prospective adopters and the birth mother. Six social workers said it was their practice to introduce the birth mother and the adopting parents while 12 said this was not their practice.

32.234 Nearly all the societies gave written information about the birth mother to the adopting parents but half of them did not do this until the adoption process was complete. The following information was given: her age, her educational and occupational background, her family background, her medical history, her interests and hobbies, her reasons for choosing adoption and the nature of the relationship with the birth father. Information was sometimes included on the appearance of the birth mother; her personality; rural/urban background; how the birth mother coped with her decision to place the baby for adoption; and what she went on to do following the placement of her child. Sometimes information was given about the birth mother's wishes about a possible meeting with her child in the future.

Motherhood Silenced

32.235 Ruth Kelly's *Motherhood Silenced: Reflections of Natural Mothers on Adoption Reunion* (2005)[119] was one of the first studies done in Ireland that addressed the issue of consent and birth mothers. It was a very small study in which the experiences of 18 birth mothers in Ireland between the 1950s and the 1970s were surveyed. The survey showed that the majority experienced shock and denial and their immediate concern was to preserve the secret. Twelve of those surveyed told their parents, two told siblings, two told boyfriends and two confided in friends. None of the mothers regardless of age or social class considered they had any real choice when it came to signing adoption consents.

32.236 Parental pressure was a big factor with seven women stating they felt categorically that this pressure was so intense that they 'did not feel responsible for making the adoption decision'. Adoption societies were also considered to be a source of pressure. Sixteen of the women described them as unhelpful saying they colluded 'in compelling them towards adoption'.

[119] Ruth Kelly, *Motherhood Silenced: The Experiences of Natural Mothers on Adoption Reunion* (Dublin, 2005)

Review Committee on Adoption Services 1984

32.237 The Minister for Health, Mr Barry Desmond TD established the review committee on adoption services in April 1983 to 'examine the present standards, practices and laws in regard to adoption and to make recommendations for their improvement or amendment as considered necessary'. Its report was published in 1984.[120] The committee was chaired by Dr Joseph Robins, then Assistant Secretary in the Department of Health. Its membership included Dr William Duncan who is a member of this Commission. Responsibility for adoption had moved from the Department of Justice to the Department of Health in 1983. The committee considered that 'a child had the right to grow up in his/her family of origin. The State should lend its support to this principle and ensure, in particular, that no mother be obliged to give up a child for adoption because of the economic problems that would otherwise be created for her'. The following are its main recommendations in the areas relevant to the Commission's remit:

Consent

32.238 The committee considered that the procedure for obtaining consent was too long and complex. It recommended the implementation of a simplified system, involving two stages - agreement to placement for adoption, and consent to adoption. The existing method of obtaining the agreement of the birth parent to the placement of a child for adoption should continue to operate. The birth parent should be statutorily entitled to the return of her child within the first three months of placement for adoption, or up to the time she consents to adoption in the event of her consenting before this three month period expired. After the expiration of this period she should be required to apply to an Adoption Court for the return of her child. A new comprehensive consent arrangement should be introduced under which the consent of a birth parent to the adoption of her child could, in exceptional circumstances, be conclusively obtained at the beginning of the adoption process.

Adoption board/court

32.239 The committee recommended that the Adoption Board should be replaced by a specialist Adoption Court. The Adoption Court should be a single authority with a nationwide jurisdiction and having sufficient autonomy within the legal system to develop its own special style and procedures. It should have High Court status

[120] https://www.lenus.ie/handle/10147/45641

and function as a distinct branch of the High Court. This recommendation was not accepted by the government.

The right to information

32.240 The committee said that it should be normal practice to give non-identifying information to an adopted person about their origins except where their age and understanding would make this inappropriate. A majority of members recommended that in all future adoptions an adopted person should have the right of access to their original birth certificate on reaching 18 years of age and should receive counselling before exercising this right. This recommendation was not accepted by the government which the Commission finds regrettable because it would have given people adopted after 1984 right of access to their birth certificates. A majority of the review committee did not recommend that this right should be retrospective.

Adoption societies

32.241 The committee considered that there were too many adoption societies and recommended new criteria for the registration of societies; registration should be subject to renewal every three years.

Other recommendations

32.242 Other recommendations which led to changes included:

- Publication of a notice of the making of adoption order should no longer be required.
- At the time of placement for adoption, a birth parent should be required to sign a document authorising any medical treatment which a child might require up to the making of an adoption order.
- Persons in paid employment should have a right to special leave from work on having a child placed with them for adoption.
- Further (and greater) efforts should be made to secure the adoption of children with disabilities.
- It should no longer be lawful for a person other than a relative to receive a child for the purpose of adoption unless the child was placed by an adoption society.

Changing face of Adoption

32.243 Vivienne Darling, who was a member of the Adoption Board between 1983 and 1998, gave a paper in 1999 called 'Changing face of adoption' in which she outlined some of the changes that had taken place during her 15 years on the board. Acknowledging that adoption had always been a highly emotional subject because it touches on blood types, folklore, heredity, non-marital births, parenting, race, religion and sex, she found that a combination of all of these can produce an explosive situation and a confused reaction. She noted that dramatic changes occurred in the adoption area in the 1980s and 1990s and noted that adoption as it was understood in the 1950s had more or less ceased to exist.[121]

32.244 There was a significant drop in the number of babies being placed for adoption in the 1990s from over 1,200 annually in the early 1980s to just 108 in 1997. She also noted an increase in family adoptions whereby the mother and her spouse adopted her child. In 1998, adoptions by birth mothers and their husbands represented 63% of all adoptions.[122]

Private Placements

32.245 Another feature of the change in the adoption legislation was the decrease in the number of private placements. As Darling noted as far back as 1984, the Adoption Review Committee recommended that in order to protect children from unsatisfactory placements it should be unlawful for a person who is not a relative or a spouse of a relative to receive a child for the purpose of adoption other than through an adoption society. The *Adoption Act 1998* banned such private placements other than with a relative. The view in adoption circles was that that was a very progressive move.

Birth Fathers

32.246 As a result of the judgement in the European Court of Human Rights in the case of *Keegan v Ireland*,[123] the Adoption Board felt compelled to locate all birth fathers and offer them a right of consultation. Darling noted that many mothers found the necessity of involving the father very threatening and were reluctant to proceed and accordingly many placements were held up. Contact with the father was totally dependent on the mother's willingness to co-operate. Many mothers voiced

[121] Vivienne Darling, 'The changing face of adoption' in *Irish Journal of Family Law* 4 (1999), pp 2-6.
[122] Adoption Authority, *Annual Report 1998*.
[123] 26 May 1994, Series A 290, 18 EHRR 342.

their objection to having the fathers contacted. Darling noted at this time there was a dramatic increase in the number of births claimed to have been as a result of rape, one night stands and alcohol excess where the mothers stated that they did not know the father's name or whereabouts. Where the mother refused to reveal the identity of the father, the board was advised that it had no option but to proceed to make the order.

32.247 The Adoption Board decided that adoption societies must be informed that in all existing and future placements birth fathers who were readily identifiable and traceable would have to be notified. This would have to be effected even where this was contrary to the wishes of the mother. Kerry O'Halloran, in the third edition of *Politics of Adoption*, noted that in England the traditional 'and rather dismissive approach of the law towards unmarried fathers without parental responsibility had gradually given way to a more accommodating attitude'. He noted that the Keegan judgement established the principle that, where an unmarried father had previously enjoyed a settled cohabitating relationship with a woman who had decided to place their child for adoption, the father should be informed and consulted.[124]

32.248 At its meeting in October 1994, the Adoption Board:

> requested that in premarital cases where visits are yet to be completed the female applicant is to be asked if there is any objections to the natural father being notified of the adoption application. Where she states she objects to notification she is to be requested to give her reasons for this. Cases where final visits have not yet been completed but a decision has been conveyed to the applicants that the natural father will not have to be notified should be referred either to [the Registrar] or the Chairman for further consideration.

32.249 The board decided that the same procedure should be followed in welfare officer interviews with birth mothers in family adoptions or private placements. In her commentary on the changes in adoption, Darling noted that whereas 'counselling is available to birth mothers from Placement Agencies and from the Boards' Welfare Officers, no such facility is available to those birth fathers not in contact with an Adoption Agency but who may be trying to make decisions as to the future welfare of their children'.

[124] Kerry O'Halloran, *The politics of adoption, International Perspectives on Law, Policy and Practice* (Netherlands 2015)

Inter-country Adoption

32.250 As the number of Irish children available for adoption declined, there was a growing interest in the possibility of adoption from overseas, particularly from countries suffering economic and social difficulties or civil unrest. As Darling noted 'inter-country adoption seems to arouse great passion in people and its introduction was controversial. It produced two extremes in viewpoint, the same action being regarded by some as laudable and by others as deplorable; on the one hand a humanitarian act and, on the other, an example of class, race and national exploitation'.[125] The question of the regulation of foreign adoptions is outside the Commission's Terms of Reference.

Open Adoption

32.251 Darling noted in her article that up until the 1980s secrecy had been the key-note to adoption and a clean break being the governing principle. At the time of her appointment to the board, in 1983, she noted that one registered adoption society had initiated pre-placement meetings between birth mother and adopters and that during the latter part of her period on the board, that society began to set up arrangements for on-going contact between adopters and birth mothers. Such arrangements, however, had to be dependent on the good will of adopters as the effect of the adoption order severed all rights of the birth mother.

Access to Birth Records

32.252 Another major development during Darling's time on the Adoption Board was the start of a movement for access to birth records and the establishment of a contact register. While the board was sympathetic to an application for access to birth records, it did not feel able to release anything other than non-identifying information and this was the position until an unreported judgment in 1993, *Rogers C v An Bord Uchtála*,[126] determined that, where an adoptive person was seeking information under section 22(5) of the *Adoption Act 1952*, the board was obliged to inform itself about the circumstances of the individual case and to decide whether to release or withhold the information sought.

32.253 The issue became more complex after a Supreme Court judgement was given in the case of *IO'T v B and the Rotunda Girls Aid Society and MH versus Rev GD*

[125] Vivienne Darling, 'Social work in adoption: Vignette' in Noreen Kearney and Caroline Skehill (eds), *Social work in Ireland: Historical perspectives* (Dublin, 2005), p. 190.
[126] High Court, Number 125, 1993.

and the Rotunda Girls Aid Society.[127] The Supreme Court recognised a person's unenumerated constitutional right to know the identity of his/her birth mother, but said that this had to be balanced against the birth mother's right to privacy. It stated that neither set of rights was absolute. While the court implied that access to adoption records might be appropriate in certain cases, this, it held, would depend on many factors including:

- The circumstances surrounding the birth mother's loss of custody of the child;
- The current status and circumstances of the birth mother and the potential effect upon her of disclosure of her identity;
- The birth mother's own wishes and attitude regarding the disclosure, and the reasons behind these wishes and the aforementioned attitude;
- The current age of the birth mother and child respectively;
- The attitude of the adopted child, including the reasons why he or she wishes to seek disclosure of his or her birth mother's identity; the present circumstances of the adopted child; and
- The opinion of the adoptive parents or other interested persons.

32.254 Considerable judicial emphasis was placed on the birth parent(s) privacy rights. In this case, the people seeking to establish the identity of their birth mothers had not been legally adopted but had been incorrectly registered - see section on illegal birth registration.

The role of the Adoption Board

32.255 While, in general, Darling thought the concept of a central Adoption Board with general oversight of adoption arrangements had much to commend it, she was critical of a number of aspects of the board members' role. She stated that board members were not involved in any real decision making unless there was a perceived problem such as the validity of a marriage in the early years. She did accept that, with the impact of new legislation and new insights into adoption, different and more complex problems began to emerge, for example, the rights of birth fathers, and foreign adoptions, so the role of board members in decision making increased enormously. As an agent of change she felt that the board's role was limited. Any attempt to have an input was rebuffed, board members were told

[127] IO'T v B 2 IR 321, 1998.

by civil servants that legislation was a matter for the legislators and their job was to confine themselves to the administration of the law as passed.

32.256 She did make a number of recommendations, some of which have been subsequently implemented. Among them was that there should be a consolidated Adoption Act and this has been achieved with the *Adoption Act 2010*. She promoted the idea of a National Contact Register and this was launched in 2005. By the end of 2008 nearly 8,000 people had registered with new applicants continuing to present each year.

H: Adoption societies and State support

32.257 The *Adoption Act 1952* required that adoption societies be registered with the Adoption Board (An Bord Uchtála). The majority of adoption societies were voluntary organisations but some were operated either directly or indirectly by the public assistance/health authorities. The health authorities' societies were financed by and accountable to the health authorities. The voluntary societies were responsible for their own fundraising. The Department of Health started to pay grants to the voluntary societies from 1974. This was mainly for the employment of qualified social workers.

32.258 The following are the main adoption societies over the period 1953-1998; many ceased to operate in the 1990s. There were other societies but they arranged very few adoptions, for example, the National Maternity Hospital (Holles Street) which had its own adoption society in the 1950s and the Jewish Association for Adoption and Fostering in Ireland which was first registered in 1986. The list is compiled from various annual reports of the Adoption Board.[128]

Cork

Sacred Heart Adoption Society, Blackrock, Cork (operated from Bessborough).

St Anne's Adoption Society, Assumption Convent, Blackpool, Cork (this was set up mainly to repatriate children who were born to Irish women in the UK (see Chapter 7).

Dublin

[128] The annual reports list the adoption societies which were involved in the adoption orders made in the year in question. There could be other registered societies which are not on the list because they were not involved in making adoption orders in the particular year.

Catholic Protection and Rescue Society (later **Cúnamh**), 30 South Anne Street, Dublin 2.

Cairdeas Adoption Society, 20 Harcourt Terrace, Dublin 2. This ceased to be registered in 1985 but appears to have been inactive for some time prior to that; it received no State funding in the period from 1974.

St Brigid's Adoption Society, Holy Faith Convent, 16 The Coombe, Dublin 8.

St Louise Adoption Society, Park House, North Circular Road, Dublin 7 (formerly James's Street). This was financed by the Dublin Board of Assistance/Dublin Health Authority/Eastern Health Board. It was very closely associated with Pelletstown and held its meetings there for many years.

St Patrick's Guild, 82 Haddington Road, Dublin 4 (later Merrion Road).

St Thérèse Adoption Society, Whitefriar Street, Dublin.

Protestant Adoption Society (the name was changed to **PACT** in 1985).

Rotunda Girls' Aid Society, Marlborough Street, Dublin.

Other Areas

Dungarvan: St Kevin's Adoption Society, Dungarvan; this was financed by the public assistance/health authorities.

Ennis: St Catherine's Adoption Society, Ennis.

Galway: St Nicholas' Adoption Society, Galway; renamed Clann in the 1990s; this was financed by the public assistance/health authorities.

Kilkenny: Ossory Adoption Society, Kilkenny; this changed its name to Challenge in 1984**. Killarney**: St Anne's Adoption Society, Killarney.

Letterkenny: St Mura's Adoption Society, Letterkenny/Lifford.

Limerick: Limerick Catholic Adoption Society, Catherine Street, Limerick; this was financed by the public assistance/health authorities.

Meath: St Clare's Adoption Society, Stamullen, Co Meath.

Sligo: St Attracta's Adoption Society, Sligo.

Tralee: St Mary's Adoption Society, Tralee this was financed by the public assistance/health authorities.

Waterford: St John's Adoption Society, Waterford.

Grants 1974-80

32.259 The following State grants were paid to the voluntary societies in 1974-1980.[129]

[129] PQ No 271of 27 November 1980.

CPRSI	£109,060
St Patrick's Guild	£55,650
St John's Adoption Society, Waterford	£14,150
Sacred Heart, Bessborough	£39,050
St Anne's Adoption Society	£36,860
Rotunda Girls' Aid Society,	£34,510
St Brigid's Adoption Society	£26,150
Ossory Adoption Society	£23,430
St Clare's Adoption Society	£20,625
St Mura's Adoption Society	£18,100
PACT	£15,575
St Catherine's Adoption Society	£15,640
St Attracta's Adoption Society	£1,600

Grants and staffing levels in 1983

32.260 On 10 October 1984, in reply to a Dáil question the Minister for Health gave details of the public money received by adoption societies, the number of adoption orders made and the staffing levels of registered adoption societies in 1983.[130]

32.261 The CPRSI had received £59,220 in 1983. It had been involved in 120 adoption orders. It had five social workers and five secretarial staff. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women, adoptive parents and adopted adults. 'Society anxious that putative father and girls' families avail of this counselling service'.
- Arrangement of ante-natal and post-natal accommodation.
- Assistance for women who are keeping their babies and foster and nursery care for those awaiting adoption.

32.262 The Limerick Catholic Adoption Society was financed by the Mid-Western Health Board. It was responsible for 28 adoption orders and had one social worker with secretarial assistance provided by the health board. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents.

[130] PQ No 476 of 10 October 1984.

- Foster and nursery care for babies awaiting adoption.

32.263 Ossory Adoption Society had received £9,000 and was responsible for 46 adoption orders. It had two social workers and one secretary. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and their families, adoptive parents and adopted children.
- Self-help support group for single mothers keeping their children.
- Foster care for babies awaiting adoption.

32.264 The Protestant Adoption Society received £18,500 and was responsible for 18 adoption orders. It had two social workers and three secretarial staff with 13 social workers throughout the country working on a part time basis. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents and
- Support service for adoptive parents and adopted children.

32.265 The Rotunda Girls' Aid Society received £12,500 and was responsible for 70 adoption orders. It had two social workers and two secretarial staff. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Accommodation provided for pregnant women;
- Foster care for babies awaiting adoption;
- Nursery care available for babies if required.

32.266 The Sacred Heart Adoption Society received £12,300 and was responsible for 104 adoption orders. It had three social workers and one secretary. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Nursery care and family placements.

32.267 St Anne's Adoption Society received £15,000 and was responsible for 58 adoption orders. It had five social workers and three secretarial staff. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women, adoptive parents, and adult adoptees;
- Foster care for babies awaiting adoption;

- A day nursery.

32.268 St Attracta's Adoption Society received £5,000 and was responsible for 38 adoption orders. It had one social worker. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Accommodation and ante-natal care for women;
- Foster and nursery care for babies awaiting adoption.

32.269 St Brigid's Adoption Society received £6,000 and was responsible for 40 adoption orders. It had one social worker and one secretary. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Foster care for babies awaiting adoption;
- Financial aid for mothers, if necessary;
- Post-placement support for mothers as required.

32.270 St Catherine's Adoption Society received £11,000 and had 34 adoption orders. It had two social workers and one secretary. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Foster care provided for babies awaiting adoption.

32.271 St Clare's Adoption Society received £5,000 and had 57 adoption orders. It had one social worker and one secretary. The services other than adoption placement which it provided were described as:

- Nursery and foster care for babies awaiting adoption.

32.272 St John's Adoption Society received £1,500 and had eight adoption orders. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents.

32.273 St Kevin's Adoption Society was funded by the South Eastern Health Board. Its estimated expenditure for 1983 was £8,324. It had nine adoption orders. It had one social worker and two public health nurses. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Ante-natal clinic;
- Family placements for women;
- Foster care for babies awaiting adoption.

32.274 St Louise Adoption Society was funded by the Eastern Health Board. Its estimated expenditure for 1983 was £136,500. It had 74 adoption orders. Its adoption work was carried out by the social workers in each of the ten community care areas of the EHB working through the Senior Social Worker. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Social work contact maintained with women who decided to keep their children;
- Foster care for babies awaiting adoption.

32.275 St Mary's Adoption Society was financed by the Southern Health Board. Its estimated expenditure for 1983 was £13,000. It had nine adoption orders and employed one social worker. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Foster care for babies awaiting adoption.

32.276 St Mura's Adoption Society received £8,000. It had 24 adoption orders. There were two social workers, one child care worker and one secretary. The services other than adoption placement which it provided were described as:

- Counselling service and accommodation for single pregnant women;
- Nursery for babies awaiting adoption.

32.277 St Nicholas' Adoption Society was financed by the Western Health Board. Its estimated expenditure for 1983 was £25,000. It was responsible for 29 adoption orders. It had six social workers. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Access for women to Western Health Board medical and para-medical services;
- Foster care for babies awaiting adoption.

32.278 St Patrick's Guild received £19,200. It was responsible for 139 adoption orders. It had three social workers and three secretarial staff. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents;
- Accommodation arranged for the women, if necessary;
- Nursery care for babies awaiting adoption.

32.279 St Thérèse Adoption Society received no state funding. It was responsible for 16 adoption orders. It had two social workers. The services other than adoption placement which it provided were described as:

- Counselling service for single pregnant women and adoptive parents.
- Foster and nursery care for children awaiting adoption.

I: Foreign Adoptions

Sources

32.280 The main sources for this section are:

National Archives of Ireland, Department of Foreign Affairs files: DFA/5/345/96

These contain over 2,000 separate passport applications that were made on behalf of couples looking to adopt an Irish child.[131] Not all of these related to those born in a mother and baby home or a county home being investigated by the Commission. The Department of External Affairs (DEA) kept a record of passports issued for adoption abroad only from November 1950 onwards so it is not known how many such applications were made prior to that date. Other relevant DFA files are listed in Part 5. A number of the DEA documents which are quoted in this section are published in *Documents on Irish Foreign Policy*, Vols IX and X.

Dublin Diocesan Archives

DDA/AB8/b/XVIII/11A/11/14-20

The institutional records of the various institutions

Washington DC, The Catholic University of America, The American Catholic Research Center and University Archives

[131] An application for a passport and the issuing of a passport do not necessarily mean that the child went to the USA or that the adoption went ahead. It would appear that the vast majority were, in fact, adopted in the USA but the Commission is aware of cases where a passport was issued and the child did not go.

Catholic Charities USA records, 1881-2015: Series 5, subseries 4, box 170

Introduction

32.281 Foreign adoption of Irish children, and, in particular, American adoption, became a phenomenon in the mid and late 1940s. Miss Litster had expressed concerns about foreign adoptions in 1940 when she drew the attention of the DLGPH to cases of children being removed from the country 'in a haphazard manner without due regard for their safety and moral and physical welfare'. She said that the Secretary of Bethany Home constantly advertised in English Protestant religious papers for people to adopt children from Bethany. The prospective adopters required only a clergyman's reference; there was no home inspection. An eight month old child was sent to an English home which was subsequently reported by the police to the NSPCC to be unsuitable. The child's correct name was not given to the prospective adopter and neither a birth nor a baptismal certificate was provided.

32.282 She further reported that three children, one from Pelletstown and two from the Sacred Heart Home, Drumcondra were removed by a woman on the pretext of adoption. The whereabouts of the Pelletstown child had not been established; one child was adopted in England and the third was taken to America. This woman admitted that she had 'traded in illegitimate children for 15 years and preferred to take them from Ireland where fewer inconvenient questions were asked'. Ms Litster's report names two other women who engaged in similar practices. There is no evidence that anything was done as a result of this report.[132]

32.283 By the mid-1940s, there was significant 'demand' for adoption, particularly by Americans. Milotte estimated that 20 American couples were chasing every available white American child.

In the mid-1940s, hopeful American adopters were presented with a new source of children among the hundreds of thousands of displaced orphans in post war Europe. Many such children were acquired by American military and government personnel stationed in US-occupied territories such as Italy and West Germany. Others were shipped to the States in groups to be offered for adoption there. Thousands of Americans servicemen were also stationed in Britain and remained there long after the war ended, but in 1948 the UK

[132] Department of Health, INACT/INA/0/474129.

forbade foreign nationals from taking British children out of the country. As a result many of the US Military personnel stationed in Britain turned to Ireland just a short flight away. As a war time neutral, Ireland had no war orphans but it had a significant number of 'illegitimate' children.[133]

The numbers involved

32.284 Institutional and official external records examined by the Commission show that between 1922 and 1998, 1,638 children, who were resident in mother and baby homes and the four county homes under investigation, were placed for foreign adoption. The vast majority, 1,427, were placed for adoption to the USA. A Passport Office record was found for 1,266 of the children placed for foreign adoption. A passport would not have been needed in respect of the 188 children who went to the UK. A Passport Office record was found for an additional 265 children who were in the institutions but were not recorded as placed for adoption.

Institution	Total
Sean Ross	508
Castlepollard	435
Pelletstown	367
Bessborough	180
Bethany	50
Dunboyne	47
Tuam	36
Denny House	8
Cork County Home	4
Thomastown County Home	2
Stranorlar, Co. Donegal	1
Total	**1,638**

Adoption country

32.285 As already stated, 1,427 children were adopted to the USA; 149 to Great Britain; 39 to Northern Ireland; five to Canada; four to Saudi Arabia; two each to Australia, Egypt, Italy and Venezuela; one each to Guernsey, Germany, Serbia, Singapore, Norway and the Philippines.

[133] Mike Milotte, *Banished babies: the secret history of Ireland's baby export business* (Dublin, updated edition, 2012), p. 15.

32.286 The vast majority of foreign adoptions were children who left the institutions in the period 1945-1969. The figures given here all relate to the year the child left the institution which may not be the same as the year of the actual adoption. The institutional records show that there were 15 children in total placed for foreign adoption in the period 1926-1944. In subsequent years the numbers were as follows:

1945	8
1946	7
1947	9
1948	25
1949	32
1950	97
1951	86
1952	108
1953	81
1954	107
1955	106
1956	76
1957	89
1958	113
1959	106
1960	96
1961	105
1962	85
1963	60
1964	43
1965	33
1966	23
1967	12
1968	10
1969	5

32.287 There were a total of ten in the 1970s and three in the 1980s. There were 88 for whom no date of discharge was recorded.

32.288 It is clear from DEA records that children from other orphanages and institutions, including county homes and industrial schools, were sent abroad for adoption as

were a number of children who were boarded out by public assistance authorities. It is also possible that children were placed for adoption abroad directly by their mothers or by third parties. A memorandum compiled in January 1958 by the DEA stated that passports were issued to 122 children in 1957 to enable them to leave the country for legal adoption abroad. The figures for the preceding five years were as follows:

1952	193
1953	128
1954	182
1955	184
1956	111[134]

32.289 An undated (but likely to have been 1952) statement on American adoptions by Archbishop McQuaid said that there were only two agencies in the Dublin Archdiocese which arranged American adoptions - Pelletstown and St Patrick's Guild (which is not being investigated by the Commission). The statement said that St Patrick's Guild arranged one American adoption in 1947, one in 1948, 13 in 1949, 42 in 1950 and nine in 1951. It stated that 143 Catholic children were adopted by American citizens of whom 74 were adopted in 1950 and 49 in 1951.[135] Figures compiled in the 1990s when the issue of foreign adoptions became controversial suggest that St Patrick's Guild sent 643 children for adoption between 1947 and 1967.

Regulation of foreign adoptions

32.290 There was no regulation of foreign adoptions during the period under investigation. The *Adoption Act 1952*, which came into effect on 1 January 1953, regulated only domestic adoptions. It did not regulate adoptions taking place abroad of children born and normally resident in Ireland. Its main impact on the regulation of foreign adoptions was that it restricted the removal from the State of 'illegitimate' children under the age of one. The State's involvement with these adoptions was largely limited to the issuing of passports by the Passport Office which was part of the DEA. The DEA was clearly not enthusiastic about its involvement but it did try to ensure that children going abroad for adoption were going with the consent of the parent(s) and were going to suitable homes.

[134] National Archives of Ireland, DFA/5/345/96 Part 3A.
[135] DDA/AB8/b/LII/A; presumably the other 20 were adopted in earlier years; these figures are not directly comparable with the Commission's figures as some refer to the year of adoption whereas the Commission's figures relate to the years when the children left the institutions.

32.291 The Catholic Church hierarchy played a central role in organising and facilitating foreign adoptions of Irish children, mainly to the USA. It had no formal legal or regulatory role in either foreign or domestic adoptions. However, in practice, it effectively took on a significant regulatory role. Its main interest was in securing what was seen as the child's religious welfare but its insistence on standards for prospective parents, their homes and their material well-being did promote the welfare of the children concerned. Archbishop McQuaid of Dublin and Fr Cecil Barrett, who was the director of the Catholic Social Welfare Bureau in the Dublin Archdiocese, were the main people involved but Archbishop Walsh of Tuam was involved in all proposed adoptions from the Tuam Children's home. Others such as Bishop Lucey of Cork were interested in adoption legislation (see above) but he does not seem to have had any direct involvement in foreign adoptions.

32.292 Prior to 1953, there were no specific rules about removing children from Ireland. Section 40 of the *Adoption Act 1952* introduced a general prohibition on the removal from the State of a child under seven who was an Irish citizen. This did not apply to 'legitimate' children who were removed by or with the approval of a parent, guardian or relative. In the case of a child who was 'illegitimate' and under the age of one, removal abroad was permitted with the approval of a parent/guardian or relative of the child provided the child was going to reside with the parent/guardian or relative outside the State. Otherwise an 'illegitimate' child had to be at least one year old before it could be removed from the State. Once removal had taken place, there was nothing in the Act to prevent or regulate an adoption occurring abroad.

32.293 The adoption of children by foreigners in Ireland (that is, once legal adoption was introduced in Ireland) was rendered unlikely by section 11(5) of the 1952 Act which required that the applicant or, in the case of a married couple, the husband, be an Irish citizen or ordinarily resident in the State for five years. Under the *Adoption Act 1964*, this rule was changed and replaced by a requirement that the applicant should be ordinarily resident in the State and should have been so resident during the year ending on the date of the adoption order.

32.294 The Adoption Board (An Bord Uchtála), which was established under the 1952 Act, had no role in relation to foreign adoptions of Irish-born children. In the 1950s, consideration was given to giving it a role in vetting the prospective adopters but this did not happen, probably because it did not have the resources to do so. The

board did assist in compiling details of such adoptions in conjunction with the Department of Foreign Affairs (the successor of the DEA) in the 1990s when controversy arose about these adoptions.

Consent

32.295 Foreign adoptions were arranged directly by, among others, a number of mother and baby homes, a number of adoption societies, a number of public assistance authorities and some private individuals. Until 1998, a mother could give or entrust her child to whomever she wished. Therefore it is possible that a number of foreign adoptions were arranged directly by mothers. There is unlikely to be any record in Ireland of such arrangements. Nobody has come forward to the Commission to give evidence of their involvement in such private arrangements, although the Commission is aware of a number of doctors, priests and nuns who facilitated such adoptions including USA and UK adoptions.

32.296 More often than not the mother 'surrendered' the child to an authority that could organise a foreign adoption. This was usually the person in charge of the mother and baby home where the baby was born - the Mother Superior in the case of the homes run by Catholic orders or the matron in Bethany. Alternatively the surrender could have been to the public assistance authority or to an adoption society. The institution to which the child was surrendered was the agency which arranged the adoption. The Commission has seen a number of examples of 'Certificates of Surrender'. They varied somewhat between the different agencies but a typical one read as follows:

> I [name] Mother and parent having the sole custody of [name] an infant born on [date of birth] do hereby give to [name of agency] for the period of life, complete custody and control of my said infant child, with authority to place him/her in a family for legal adoption, whether out of Éire or otherwise; and I do agree and promise not to attempt to retake my said infant child from, or induce him/her to leave any place where she/he may be found.

This was signed by the mother and witnessed by a representative of the agency involved.

32.297 In some cases the certificate of surrender was in the form of an affidavit and was signed in the presence of a solicitor or peace commissioner. Some specifically mentioned consent to 'the issue of a passport to enable my child to travel to the United States for adoption'. The agency to which the surrender was made then

signed another affidavit 'as legal guardian' of the child surrendering her/him to the adoptive parents in the USA.

32.298 In some cases, a more elaborate statement was signed by the mother. For example, one mother who surrendered her child directly to an American adoption agency swore an affidavit stating:

> …after due consideration I have come to the conclusion that the best interests of my said child will be promoted by his being placed for adoption. I have been advised and fully realize that by so doing, I waive all claims to said child finally and irrevocably. I further state that no representations or promises of any kind or nature have been made to me to induce me to execute this instrument and that the same is done freely and with a full realization of the effects thereof.

This document was clearly an American document but the affidavit was signed in Ireland.

32.299 The legal validity of the surrender was questionable in some instances. It is clear that the DEA was concerned about whether or not it was legally permissible for a mother to surrender her child to someone else. It is doubtful if the agency which received the surrender could accurately claim to be the child's guardian especially if the mother was contactable; if the mother had effectively abandoned the child, the claim to be the guardian would have been stronger. It is very likely that a mother who had made such a surrender would have had it overturned by the courts if an application had been made. This does not appear to have happened. A number of mothers thought that, by agreeing to the child going to the USA in particular, they were giving that child opportunities not available in Ireland. Some mothers, having traced their child, told the Commission that they were disappointed their child had not been adopted to the USA.

32.300 The general attitude taken by government and many of those involved in the process seems to have been that children, who could not or would not be taken care of by their mothers or extended families in Ireland, would be better off going to adoptive homes, particularly in the USA, rather than being placed in orphanages and industrial schools in Ireland. In so far as controls were exercised by the DEA through the Passport Office, they were largely exercised because of concern for the welfare of the children. Some of the actions taken were driven by concern about bad publicity but they nevertheless did promote the welfare of the children.

Department of External Affairs concerns

32.301 Before the late 1940s there were only a small number of adoptions to the USA. The increase in numbers from about 1948 gave rise to some concerns in the DEA about a policy (or the absence of a policy) on issuing passports to children for the purpose of adoption abroad. In March 1949, an official suggested that 'as we shall probably be asked to grant two Irish passports to two infants for a 4,000 mile journey into the virtually unknown, it might be as well to consider the policy aspect involved before doing anything further'. By December 1949, it is clear that the Department of Health was aware that a number of children were being sent abroad for adoption. The Minister for Health expressed uneasiness to the DEA about the practice because 'it seems possible that applicants for children may be persons turned down as adopters in their own country and, further, there is no means of knowing or ensuring that children placed in the care of applicants will be adopted legally in their new country or even if they will remain in the care of the original applicants'. The minister acknowledged that 'illegitimate' children faced an uncertain future in Ireland and that he 'would be diffident in suggesting any obstacles should be placed in the way of their acquiring a new permanent home'. He enquired as to whether some measures could be taken to safeguard the children's interests and he sought the views of the Minister for External Affairs on whether it would be possible to arrange that 'aliens[136] wishing to take children out of this country for adoption should be obliged to produce evidence of character, suitability and religion which should be supported by a recommendation from the Diplomatic Representative in this country'. Later in December 1949, a DEA policy seems to have been agreed as another DEA official stated that the DEA was prepared to 'issue passports to children who are to be adopted by people in the United States provided the parents or guardians' consent is obtained and that satisfactory evidence of the foster-parents' suitability is produced'. The Commission has not seen any evidence that this policy was ever publicly stated.

32.302 In 1950, discussions were continuing within the DEA about the issue. In May 1950, the Irish embassy in Washington reported that it had received a number of queries in recent months from people living in the USA who wished to adopt Irish children and 'similar enquiries have been received by the various welfare agencies both in the United States and in Ireland'. The embassy had made informal enquiries with the US Department of Justice and the District of Columbia courts.

[136] Alien was the legal term for a non-Irish citizen.

This had led to the suggestion that the appropriate authorities with whom to discuss the implementation of the measures to which the Minister for Health referred in December 1949 were the qualified welfare agencies in the USA. In the District of Columbia, these qualified welfare agencies were described as extra-governmental organisations which were grouped under the Board of Public Welfare. The embassy had also made informal enquiries with this board and established that the agencies concerned carried out investigations as to the character and general suitability of Americans adopting American children. The embassy had also made informal enquiries in respect of Americans adopting children from countries occupied by American troops such as Germany and Austria.

32.303 The embassy reported that the National Conference of Catholic Charities (NCCC) was concerned with Catholic children in the USA. The question of adopting Irish children was on the agenda for its May 1950 meeting. The assistant secretary of the conference told the embassy that Ireland and Italy were the two countries chiefly concerned as France did not allow foreign adoptions, Belgium was 'very strict' and the Netherlands was somewhat less strict. The assistant secretary of the NCCC pointed out that adoption laws differed from state to state in the US and, while the welfare agencies generally had the power to inquire into the religion of the prospective adopters, 'in practice they often tend to disregard this aspect'.

32.304 The practice of the embassy in dealing with applications for the adoption of Irish children at this stage was to state that there was no Irish legislation with which it was necessary to comply and that the permission of the United States immigration authorities was all that was required. Catholic applicants were referred either to the NCCC in the USA or to the appropriate Catholic orphanages and organisations in Ireland. The embassy had been told that such adoptions had been 'closed down by the Archbishop' (McQuaid), pending a full investigation. Applicants who did not specify their religion were also given the addresses of the Protestant Orphan Society, 28 Molesworth Street, Dublin, and the Presbyterian Association, 16 St Stephen's Green.

32.305 The embassy noted that an article in the *Norfolk Virginian-Pilot* of 21 April 1950 stated that 'many Americans passing through Ireland during the Holy Year[137] will

[137] 1950 had been designated a Holy Year by Pope Pius XII.

take Irish children home with them'. This statement was attributed to a Dublin report. The Commission has not seen a copy of this report and does not know if it was genuine.

32.306 A follow-up report from the Irish embassy in Washington in June 1950 reported on a meeting with a representative of the Children's Bureau which was described as the federal authority responsible for co-ordinating child welfare services in the different states. The representative expressed willingness to provide assistance in vetting applicants for adoption. The assistant secretary of the NCCC had also been in touch with the embassy. He said that an international conference on adoption would be held in the Vatican in September 1950. Representatives of the NCCC would be attending and would stop over in Dublin *en route*. He suggested that the DEA organise a meeting in Dublin between representatives of the NCCC and Irish bishops and representatives of the organisations involved in foreign adoptions. The DEA noted that this was a 'very delicate thing' to be asked to do because there could be public criticism that it might be giving official backing to this 'traffic' and they need to be careful not to do 'anything which would embarrass the Archbishop'.

32.307 The DEA took the view that adoption was a personal matter between the birth parent and the adopting couple. A memorandum from August 1950 stated that the Irish Department of Justice was 'very "cagey" on this subject as they state the whole matter is very delicate at the present time' - a reference to the various discussions ongoing about introducing legal adoption in Ireland at this time - see above. This memorandum also stated that the American embassy in Dublin had been offering assistance to couples applying for passports for Irish children.

32.308 In November 1950, a DEA official noted that the department was getting a large number of applications for passports to enable children (mostly 'illegitimate') to be brought to the USA for adoption. The US consulate in Dublin had issued 140 visas to such children in the period 1 July 1949 to 30 September 1950. The official said that he had recently interviewed an adopting parent who was the wife of an American airman in Britain and gathered from her, in her words, that Ireland enjoyed 'quite a reputation' among US air force personnel there 'as a place where one can get children for adoption without much difficulty'.

32.309 In November 1950, the DEA wrote to the secretary of the Department of Health. In summary, the DEA did not want to be seen to encourage or promote foreign adoptions. The Dublin board of assistance had written to the DEA in August 1950 asking about the use by Irish public assistance authorities of Irish diplomatic offices abroad to make enquiries about prospective adopters. The DEA said that it would not favour these offices abroad, and particularly those in the USA, making such enquiries.

32.310 A DEA memorandum, dated 29 December 1950, described how it approached the issuing of passports:

> Under the United States Displaced Persons Act of 1948, as amended, orphans are being admitted, for adoption, to the United States under a special non-quota immigration visa system. Under the said Act as amended the United States Consular Office may grant visas to orphans of various European countries, including Ireland, who are being brought into the United States for adoption either by individuals or by institutions. The conditions under which visas may be given are prescribed in Section 2(F) of the Displaced Persons Act 1948, as amended…This Section is quoted in the aide mémoire handed to me by [an official in the USA embassy in Dublin] towards the end of October last.
>
> At the time [the official] informed me that from the 1st July, 1949, to date the Embassy here had issued about 140 visas to orphans who were going to the United States for adoption, i.e. about 10 per month. Since [the official's] visit I have arranged to have referred to me all applications for the issue of passports to children leaving the State for adoption and from what I have seen so far I would say we had in fact received on an average 10 applications per month.
>
> In the course of dealing with these applications I have had occasion to interview and discuss the question generally with the Rev. Mother Superior of St. Patrick's Home on the Navan Road [Pelletstown], where there are about 30 illegitimate children; the Rev. Mother Superior of the County Home, Tuam Co. Galway [the Tuam Children's Home]; the Matron of the Bethany Home, 98 Orwell Road, Rathgar, Dublin; Mr. Giff of the Children's Home in Townsend Street; and Miss Crowe of the Catholic Girls Protection Society, Cork.
>
> …
>
> From the Mother Superior of St. Patrick's Home, I learned that His Grace the Archbishop of Dublin, though in principle opposed to the taking of children of

the country in this fashion, has given his agreement in individual cases on the understanding that the adopting parents are vetted by the Conference of Catholic Charities of which there is usually a branch in each parish of the United States.

From our point of view here this is very satisfactory - satisfactory also from the point of view of the persons in charge of institutions like the Navan Road. The Conference of Catholic Charities furnish, I understand, a comprehensive report on the adopting parents and also follow up the career of the child when it has arrived in the States and see that it is in fact adopted according to the law. Even then they still continue to follow it up. This practice is also enforced in the Diocese of Meath and I myself in my correspondence on individual applications with various Catholic institutions throughout the country have brought to the notice of a number of religious superiors of institutions the fact that the Conference of Catholic Charities is at their disposal in matters of this kind.

I also discussed the matter at length with Mrs. Glover, the Matron of Bethany Home in Orwell Road, Rathgar. From her I gathered that the Committee of the Bethany Home are extremely careful before handing over a child to anybody. Before a child is handed over

1. The Committee insist that the adopting parents or at least one of them, see the child.
2. That satisfactory references are produced, including references from clergymen.
3. That the adopting parents are regular church goers.
4. That neither of the adopting parents are a divorced person.
5. That the adopting parents, or parent, are interviewed by the Committee and approved.

I gathered from Mr. Giff that the practice is similar in the institution in Townsend Street, of which he is a Director.

From all of these interviews and conversations, I gathered that in the cases of all institutions, both Catholic and non-Catholic, the Superiors do in fact follow up the child after it leaves them and that in fact they do receive regular reports on its welfare. It would also seem that in all cases the children that left the State were in fact in due course legally adopted in the United States.

In dealing with these applications myself I do not authorise the issue of a passport until I am satisfied on the following points:

1. That the person handing over the child for adoption is in fact the guardian of the child and has also been authorised by the mother to arrange for its adoption.
2. That satisfactory references, including references from clergy men have been produced in respect of the adopting parents.
3. In cases where a satisfactory report has been furnished on the adopting persons by the Conference of Catholic Charities, I take that as satisfactory evidence of the parents' character, etc.

In all these cases we have to be satisfied on the following points:

1. Is the person who is handing over the child legally entitled to do so.
2. We must be reasonably satisfied that the person taking the child for adoption is a person of good character, able and willing to rear a child, prepared to bring it up as the mother would have wished to bring it up had she been able to do so, and that the person genuinely proposes to adopt the child according to law and rear it as its own. With regard to this latter point, it is well known that in the United States of America there are many private institutions of a shady character that, so to speak, do a business in children for adoption.

32.311 In May 1951, the DEA became aware that Pelletstown had been instructed (apparently by Archbishop McQuaid) to cease all adoptions to the USA. The question of foreign adoptions was 'very much a live issue' when proposals for legalising adoption had been discussed and there had been 'considerable newspaper comment' on the number of such adoptions. A DEA official in Dublin told the Irish Consulate in New York that the DEA had no official information about any instructions given by the ecclesiastical authorities to orphanages. The DEA suspected that the Archbishop of Dublin and the Bishop of Meath had instructed organisations in their dioceses to cease foreign adoptions pending an investigation. He repeated the DEA view that its only role was in relation to issuing passports. Before doing so, the DEA 'now' satisfies itself that the appropriate consent has been given by the parent or guardian and that satisfactory evidence of the foster parents' suitability is produced; 'it is not part of our function to assist foreigners to remove children from this country'.

32.312 In May 1951, a note by an official of the DEA set out the problems which could arise in the USA. Californian law required the written consent of the birth parent(s) but this was not necessary if the parent had relinquished the child to a 'licensed or

authorised Child Placing Agency in another jurisdiction'. The DEA note said that it was clear that 'the Convent at Castlepollard' was not such an agency. The same official explained to an official in the American embassy in Dublin that the public assistance authorities were responsible for placing children. Castlepollard was approved by the public assistance authorities for receiving such placements. Castlepollard was neither authorised or unauthorised to accept the surrender of a child but, if the mother wanted the child back, there was little doubt that an Irish court would accept her right to do so.

32.313 In June 1951, the DEA official sent a follow up letter to the New York consulate stating that the DEA had just found out 'unofficially and indirectly' the conditions under which the Archbishop of Dublin would 'allow' foreign adoptions. The New York official was asked to treat this information as 'confidential, private and secret and should not be used officially under any circumstances'. The letter included a copy of the requirements (which are set out below) and noted that the DEA had independently come to the conclusion that vetting by the NCCC or a kindred organisation was satisfactory. This may now 'also be regarded as a necessary condition for the issue of a passport in these cases'.

In November 1951, Archbishop McQuaid's secretary asked the DEA how many children had left Ireland for adoption in the USA during 1950-51. When he did not get an immediate reply, he called to the Passport Office. A DEA official asked the minister if he should provide the information or should he plead 'Official Secrets'. The minister agreed that the information be provided. The DEA figures were not complete for 1950. From November 1950 to November 1951 there were an average of ten a month.

Church involvement

32.314 Archbishop McQuaid and his advisor on adoption matters, Fr Cecil Barrett, who was the director of the Catholic Social Welfare Bureau, were also actively involved in trying to control foreign adoptions. Fr Barrett was sceptical about claims of proselytism on the part of Protestant homes and adoption societies but he wanted clarity around the issue of religion in the proposed legislation on adoption. This could then inform the passport application process and he looked for robust guarantees that would protect the spiritual well-being of Catholic babies being placed abroad for adoption. He doubted that the numbers of children being sent to

America was 'very considerable' and that it was likely to be 100-150, both Catholic and non-Catholic.[138]

32.315 Archbishop McQuaid was reticent about placing Irish children for adoption abroad but accepted that it was happening and he sought to have robust checks in place to ensure the religious and material welfare of the children. The archbishop and Fr Barrett consulted a wide variety of organisations and institutions in the USA in order to put a coherent system into place. Fr Barrett met representatives of the NCCC on a number of occasions. Archbishop McQuaid and a representative of the NCCC agreed that the Catholic Charities would co-operate by vetting American applicants for Irish children. The Passport Office found this arrangement to be acceptable.

32.316 Following some adverse publicity about Irish children being sent to the USA for adoption Archbishop McQuaid drew up protocols in the early 1950s for those seeking to adopt an Irish child abroad. (These, of course, had no legal standing). They had to satisfy certain criteria that were published and distributed in a one-page leaflet. The leaflet read:

- The prospective adopting parents must have a written recommendation from the director of Catholic Charities of the Diocese in which they live.
- The prospective adopting parents must supply for inspection their Baptismal certificates and their Marriage certificates.
- The prospective adoptive parents must have a written recommendation from the Parish Priest of their Parish.
- The prospective adopting parents must submit a statement of their material circumstances, with a guarantee as to their income, so as to ensure a good home and good prospects in life for the adopted child.
- The prospective adopting parents must submit medical certificates stating their ages, that they are in good health, physical and mental, and that they are not deliberately shirking natural parenthood.
- The prospective adopting parents must swear an affidavit to the effect that they are Catholics, that they guarantee to rear the adopted child as a Catholic, that they undertake to educate the adopted child, during the whole course of its schooling, in Catholic schools, that, if in the future the child is sent to a University, it will be sent to a Catholic University, that they

[138] DDA/AB8/b/XVIII/11A/11/15.

undertake to keep the adopted child permanently and not to hand it over to any other party or parties.[139]

Department of External Affairs protocols

32.317 In January 1952, an official in the Irish embassy in London contacted the DEA in Dublin about issuing a passport for a child who had been placed by St Bridget's Orphanage (not an institution being investigated by this Commission) with a US army couple, taken to the UK without any travel documents and whom it was now proposed to take to the USA. The London official said that 'the papers appear to be in order' and 'the necessary conditions appear to have been complied with'. In reply, the Dublin official was cautious and set out at some length the issues of concern to the DEA:

> That is quite true, as far as it goes, but, as the result of our experience here over the past couple of years, it does not go far enough. You will remember that in the Jane Russell case[140] the papers were also in order, even more so in order perhaps, and yet that did not keep us out of trouble.
>
> In dealing with these cases, I think we have to remember what I believe is one of the fundamental principles of law, namely that people cannot surrender their natural rights and obligations. There is no law in this country whereby a person may surrender this child to anyone else; to put it another way we have no adoption act. It is, at the same time, true, however, that there is no law which says that a person may not surrender his child to the care and custody of another party. The consents which you forwarded in this case for our inspection, of which we see plenty of specimens in dealing with such cases, are alright as far as they go but one can never tell but that, supposing one of them were produced before the Supreme Court, it might not be held repugnant to the Constitution. You may remember that, prior to the […] case, at all events, the undertaking given by a non-Catholic spouse that he would have his children brought up in the Catholic faith had no value in law on the theory that the father could not surrender his natural right and obligation to bring up his children as he saw fit. That is what I mean by saying that people cannot surrender their natural rights.
>
> The vast majority of the persons to whom children are surrendered for the eventual purpose of adoption are American citizens and the child eventually

[139] DDA/AB8/b/LII/A/19/(1). This is the earliest version of this document. Later versions appear in various files, but amendments are slight.

[140] Jane Russell was a well-known American actress who adopted an Irish child in the UK; see *Documents on Irish Foreign Policy*, Vol. X, 1951-1957, pp 73-74 for an account of how the passport application was dealt with.

travels with its adopting parents to the USA where adoption proceedings are in due course initiated; but the child may not enter the USA without a passport on which a visa is endorsed. We come into the picture because it is we who give the passport without which the child cannot travel to the USA.

Now, while the consents to which you refer are quite alright, supposing it happened that the child was surrendered to persons who, on arrival in the USA, proceeded to sell it off to the highest bidder, with consequent press publicity etc. It is we who would be held responsible as it is we who would have to answer parliament questions, face a press campaign here and so on. I have taken an extreme case for my example but the fact is that, if any child who left this country for adoption in America figured in an unsavoury press campaign, racket or other exposure, it is this Department that would face the music. Hence the consents to which I refer are not sufficient for our purpose and we here would not issue a passport on the production of these documents alone.

Briefly, we have to bear in mind the following additional considerations in dealing with applications for the issue of passports in such cases:

1. Are the adopting parents fit and proper persons (same religion as child, financially solvent, good morals, etc)?
2. Do they genuinely intend to keep the child, rear it as their own and adopt it according to law?

To satisfy ourselves on this point we try to get as many references as possible on the adopting parents and it is our experience that the best kind of reference is a reference from an organisation and not a reference from individuals though we do also accept the latter. There is for instance in each diocese in the United States a branch of the organisation called the Catholic Charities which gives the most complete 'vetting' of a couple intending to adopt a child. If they recommend the couple, we can be quite satisfied that the recommendation is sound since they go into such matters as family background, housing conditions, finances and so on, as well as character, etc. You are, presumably, aware of the existence of the orphanages run by St. Patrick's Guild in Abbey Street and Navan Road, Dublin.[141] I think it was Sr. Elizabeth[142] of this Institute that first drew our attention to the existence of the Catholic Charities. No child leaves her care unless the adopting couple is recommended by Catholic Charities. In her case also she has the specific

[141] This is a reference to Pelletstown, which was not run by St Patrick's Guild.
[142] Sister Elizabeth was with St Patrick's Guild, not Pelletstown.

approval of His Grace the Archbishop of Dublin for each specific case of the surrender of a child to such an adopting couple. All this, you will agree, is extremely satisfactory from our point of view. In dealing with other orphanages run by religious orders throughout the county, we have, I think, successfully endeavoured to get them to do what St. Patrick's Guild does, viz. get each adopting couple 'vetted' by the Catholic Charities or some similar Catholic organisation and not merely content themselves with references given by individual persons.

I shan't bother you with details of how the Protestant orphanages in this country conduct their business but from what I have seen I am satisfied that they are extremely careful in surrendering children for adoption.

Another point to bear in mind in this case is this. The adopting parents when bringing a child to America must, before they can get a visa for the child, file an affidavit of support undertaking that the child will never become a public charge. Such undertaking is alright as far as it goes but from our point of view it is worthless. Since the demand for children for adoption in the USA exceeds the supply, to put it crudely, there is no danger that such a child would ever become a public charge; it would simply be sold or surrendered to another couple.

32.318 In February 1952, an article from *Empire News* stated that 'Canadian police believe they have stumbled on a ring of crooks who were selling babies for as much as £1,785 each' with doctors and lawyers implicated in it. There was a fear of trafficking and that children might eventually be sold to the highest bidder if more robust action was not taken. At this point, the DEA stated that it would be more appropriate to receive references from organisations rather than individuals as it allowed them to more effectively control the issuing of passports. The Passport Office was further assured by St Patrick's Guild that no child was going to leave its care unless the prospective adoptive family was recommended by a Catholic charity in the United States. Publicity that surrounded the Jane Russell case angered the Irish authorities because it portrayed Ireland as 'exporting babies' for the benefit of wealthy Americans who wanted children.

32.319 This all resulted in the Passport Office drawing up relatively robust protocols in conjunction with Archbishop McQuaid and with the assistance of the Catholic Charities in the USA. References and reports were to be provided for each prospective parent in order to assure the authorities that children were being sent

to Catholic couples that were capable and competent. They were generally to be people with an inability to have children or who had fewer than three children. These home study reports were carried out to ensure their sincerity and assess the resources of the couple in order to establish that a child would not become a ward of the state or that the couple were not adopting for the purpose of filling a void left by the death of a child.

Department of External Affairs US Adoption Procedures

32.320 The DEA wrote to the Secretary/Consul of the US embassy in Dublin:

> As you probably know, the only function of the Department of External Affairs in the matter of adoption is to consider applications for passports when submitted on behalf of children to enable them to travel abroad for the purpose of legal adoption but, as requested, I am attaching hereto a list of the Department requirements when considering such applications.
>
> 1. Every such application must be accompanied by documentary evidence that the adopting parents are suitable from the point of view of character and that they are able and willing to provide adequately for the spiritual and material welfare of the child. Where the proposed adopting parents of a Catholic child reside in an area in the United States in which there is a branch of the Catholic Charities Organization or the Catholic Home Bureau the required evidence consists of a report and recommendation based on a home study prepared by a representative from either of these Organizations. Such reports give a very detailed account of the family life of the adopting parents, and a report from a similar type of organization is required in the case of a child who is a non-Catholic.
> 2. In addition the following documentary evidence is required and must accompany the application:
>
> (a) A statement signed by the child's mother in the presence of a Notary Public whereby she relinquishes all claims to the child and consents to the removal of the child from the State for the purpose of legal adoption. This surrender must be made in favour of the proposed adopting parents or alternatively in favour of a Guardian (e.g., Reverend Mother, Sister or matron in charge of Orphanage) who in turn executes a similar surrender in favour of the adopting parents.

(b) A sworn declaration signed jointly by the adopting parents whereby they undertake
   i. To adopt the child legally;
   ii. Not to part with the child to any person or persons;
   iii. To accept full responsibility for the maintenance, and care and education of the child and
   iv. To have it educated according to the religion in which it was baptized.

(c) Copies of the Baptismal Certificate and Marriage Certificate of the adopting parents.

(d) A reference from the adopting parents' local Pastor.

3. When all the foregoing documentation has been obtained the usual form of application for a passport may be sent to this Department accompanied by two passport size photographs of the child, the child's birth certificate, and a postal order for £1 in respect of the fee.
4. Attention is drawn to the fact that under the provisions of the Adoption Act 1952 the removal of a child under one year of age from the State for the purpose of adoption is forbidden.

32.321 In October 1952, a DEA note recorded that the department started keeping a record of adoption passports in November 1950. Since then 330 such passports had been issued. In November 1952, the DEA noted the effect that the *Adoption Bill 1952* would have when it was enacted. The DEA saw nothing in the Bill 'to justify us using the passport machinery to exercise an administrative restraint on the travel abroad, for adoption or other purposes, of children in the exempted categories'.

32.322 In April 1954, the DEA said that it was not aware of the source for a suggestion that 'the Government does not greatly favour sending children to America for adoption'. The Department of Justice was not aware of the source either. A Department of Justice official had told the DEA official that his minister favoured sending children to America if the alternative was life in an institution in Ireland; however, his minister had not stated this view publicly. The DEA official noted that he was not aware that the government had ever 'indicated a line of policy on the question'. He repeated the DEA view that its role was solely in relation to the issuing of passports.

32.323 In May 1955, the Minister for External Affairs decided that passports would not be issued to children where the proposed adoptive parents were not themselves both of the same religious persuasion. Passports would also not be issued 'in the case of US citizens resident in Europe applying for passports for Catholic children where no Catholic Charities report is available'.

32.324 During 1956, the DEA was concerned about the operation of some of the agencies in the USA who were being asked to vet prospective adopters. It was decided to use only agencies that were licensed and approved as child-placing agencies by local state authorities.

32.325 Archbishop McQuaid also had concerns about some of the agencies involved. In August 1957, he wrote to Bishop Rodgers of Killaloe regarding the conditions for American adoptions in advance of the October meeting of bishops:

> the danger to our Catholic children have been found to be so real that, after several years of experience and after prolonged consultation with American Diocesan Authorities, as well as with our Department of External Affairs, I have thought it necessary to change the existing regulations which we had hitherto believed to be sufficient.

32.326 Archbishop McQuaid was of the view that adoptions should be limited to those American dioceses in which a proper Diocesan Charity Office was organised. He was of the opinion that home study reports prepared by the state welfare authorities were prepared by non-Catholics and gave no adequate information concerning the availability of Catholic schools nor did they give a satisfactory picture of the religious atmosphere of the home nor the stability of the relationship between husband and wife. Later the question of giving the Adoption Board in Ireland responsibility for vetting foreign adopters was considered but nothing came of the suggestion.

32.327 In January 1958, the DEA prepared a memorandum for the information of the government on the subject of foreign adoptions. This memorandum said that the children for adoption came almost exclusively from institutions and orphanages and that their Superiors negotiated directly with interested parties in the USA. It went on to say that, while the DEA was not directly involved in the process, it did become aware of the arrangements in each case. As the power to grant passports was vested in the Minister for External Affairs it followed that the department

'inescapably assumes responsibility for investigating the bona fides of the application and the suitability of the proposed home before sanctioning the issue of the passport'. The department further recognised that there were no other official controls on such adoptions.

32.328 It then set out the documents required to be furnished before a passport would be issued. These were as set out above. The DEA felt satisfied that the procedures which were enforced by these requirements were sound and that, provided they were adhered to scrupulously, there was a minimum likelihood of undesirable adoption arrangements being approved. It did refer to undesirable aspects of the arrangements which the department could not control. These included the distance separating the two countries which prevented any the interested authorities in Ireland from making an independent inspection or assessment of the American adopters and their homes. The distance factor also rendered impossible any follow-up procedure to ensure the child was happy and well cared for and that the formal adoption was in fact carried out. It further noted that the Irish institutions involved with the adoptions and the DEA were entirely dependent on the Catholic Charities organisation. At this time, the policy of the department was to discourage applications from American citizens temporarily resident in the UK or other parts of Europe because legal adoption could normally only take place when the adopting parents returned to their home in the USA.

32.329 An official of the Department of Justice told a DEA official in January 1958 that if there were suitable homes elsewhere then children should not be kept in institutions. Officials believed that the State had an obligation to ensure that Irish children were going to suitable homes before issuing passports even as it was 'an obvious argument but not an acceptable one that almost any home is an improvement on an Irish institution'. At this stage, the DEA had age limits for prospective adoptive parents: 'Rightly or wrongly we have chosen 42 for the mother and 45 for the father'.

Implementation of Department of External Affairs protocols

32.330 It is clear from an examination of the DEA files that the rules about the issue of passports were kept and exceptions were very rarely made. In a number of cases, representations were made to the Minister for External Affairs and the Taoiseach

and these were unsuccessful. Representations were sometimes made by priests in the USA but, again, these were unsuccessful.

32.331 The most common reason for a couple being deemed unsuitable for the placement of a child was their age. In many such cases, the couple were deemed suitable in all other respects. A passport was also refused in cases where the prospective adopters already had a child of the same age as the child to be placed. Some applications were declined because there was doubt about the religious practices of the couple. The following are examples of cases where passports were refused or the applications were withdrawn because it became clear that a passport would not be granted.

32.332 On occasion, there was hostility to the Passport Office's demands for further information prior to issuing passports. One couple wrote to the mother superior in Sean Ross, in 1952, stating that the Passport Office had no right to demand information on their other children and adoption charities in the USA and Canada had respected this. The DEA had previously informed the mother superior that the reason it sought this information was because the couple had been received into the Catholic church in 1949 and had adopted a child from a Protestant orphanage in 1950. The prospective adoptive mother had called to her about it and insisted that only the mother superior be the person to communicate in this matter. The mother superior had apparently told her that the DEA was reticent about issuing a passport because of her mother-in-law's divorce. She wanted to assure the DEA that both were very much against divorce, hoping that her mother-in-law's 'sins' would not work against her or her children.

32.333 In this letter, she commented that she had also noticed two or three boys of a similar age to the girl she wanted to adopt and asked the mother superior to 'tag one for us that would go well with the others and when you get my cable at the end of the week you can get his papers going'. She hoped that this would not be refused while the other papers were being processed. This application was eventually withdrawn, partially because they were hostile to extra information being demanded of them.

32.334 An American couple were recommended for the adoption of one but not two children in 1954 because it was 'not deemed a wise policy to place two unrelated children at one time in any home here in the United States'. This was done to see

how the child and the adoptive parents would get on. A priest in the USA wrote to the DEA regarding the delayed issuing of a passport. He said that this would cost the adopting couple an additional £200. He was a doctor earning $7,000, his future earning was assured and any child adopted into the family would be guaranteed a loving future. The priest hoped that Galway county council would expedite the case once they became aware of what was happening but he came to discover that the issue was with the DEA.

32.335 In 1955, the DEA wrote to Galway county council, regarding the lack of detailed evidence around the health and suitability of a prospective adoptive father. This meant that the minister would not be issuing a passport for the child involved (who was in Tuam), despite the approval of Archbishop Walsh of Tuam. Subsequently the DEA told Galway county council that the home of the prospective adoptive parents had not been approved by the New York Foundling Society and the couple had previously been informed of this. 'In the face of such rejection it would not be possible for this Department to authorise the grant of a passport in the case unless convincing evidence were forthcoming that the circumstances which caused the refusal of the earlier application to the New York Foundling Society no longer obtained'. There was further correspondence between the DEA and Galway county council but a passport was not issued.

32.336 In 1956, an application for a passport to send a child from Tuam to the Netherlands was rejected by the DEA as there was no arrangement for legal adoption in the Netherlands at the time. Also in 1956, the DEA discovered that an adoptive family in the USA did not want to keep a child who had been adopted from Sean Ross. The DEA told the mother superior that doctors in the USA did not consider that the child was of average intelligence. In addition, her adoptive parents argued that it was not their fault that she could not fit in. It had been decided that it was not a good idea to keep her with them. The DEA demanded to know whether she had been placed in an institution or removed to another adoptive home. The DEA official involved was clearly very angry and concerned about what had happened to the child: 'If she has been given into the care of another family I presume you have received, or will receive, the usual home study report and other references in respect of this family'. This official believed that the American vetting agency involved and the Sean Ross mother superior had succeeded in 'making a farce of our regulations'. The Passport Office informed Sean Ross that it would be

inappropriate to continue pursuing the couple's application to adopt another child. As they were

> considered here to have acted with inexcusable haste and precipitancy in relieving themselves of their legal responsibilities in the adoption of [the first child]. Even if it is conceded that there was a mistake to have sent that child to them, the urgency with which they turned their backs upon all the legal obligations into which they had entered, made a distinctly bad impression here. It is unlikely in these circumstances that any future application from them will be considered favourably.

32.337 In 1956, a man wrote to the Minister for External Affairs about a couple's desire to adopt a child. He stressed that they were quite wealthy, capable and willing to provide for the future education of the child. However, he also stated that the local priest was seen to be anti-Irish and objected to Irish children being placed in his parish. In response, the minister told him that there was no home study report, which meant that the adoption could not take place but the fact that the couple were 55 and 56 respectively meant that there was little point in continuing to pursue it. The man then asked the minister: 'leaving aside the adoption would it be possible for this child to be sent to these foster parents as an ordinary emigrant?' The child had been resident in the 'Convent orphanage Cork' and her mother had already signed the various surrender forms. This note also states that the couple had already been approved as foster parents by their local Catholic charities but age was a sticking point. The DEA refused to make an exception in this instance.

32.338 An application by one couple who already had a number of children was refused even though there were no doubts about their suitability:

> The decision to refuse must not be taken as a reflection on the family concerned, whose motives for offering a home to this orphan were never in doubt but it is the considered opinion of this Department and of both lay and clerical authorities in this country who are experienced in adoptions that it is not in the best interest of the adopters or of the child to approve the placement of a child in a large family where there are already children in the infant stage.

Home study reports

32.339 The home study reports were assessments of the suitability of a couple for adoption and of their home environment. The Commission has examined a number of these reports in the passport application files and in the institutional records. The level of detail in the reports varied but they generally included evaluations of the house and neighbourhood and of the couple themselves. They examined the motivation for adoption, the religious background and practices of the couple, their financial situation, their personalities and their health and education. There was a strong insistence on separate bedrooms for children and there are instances of couples being deemed unsuitable because they could not fulfil this particular requirement, though exceptions were made if a child being placed with the couple was the same gender as one of their other children.

32.340 The sincerity of the couple's Catholicism was often queried. This was initially proven by the production of baptismal certificates, evidence that they had been married in a Catholic church and were involved in sodalities and parish life in the area that they lived in. Fr Barrett also wanted to test the sincerity of a person's conversion to Catholicism - he did not want to place a child with a couple where one party converted solely for the purpose of adopting a child from Ireland. Therefore, part of the protocols for the Passport Office in the issuing of passports insisted that a parent who converted to Catholicism needed to prove they had received instruction, who was instructing them as well as evidence of when they were finally received into the Catholic faith. It was policy that they be Catholics for at least two years before being considered for a Catholic child in order to satisfy officials that their conversion was sincere. In several instances, the Passport Office consulted Fr Barrett before making a final decision on the suitability of a couple.

How wealthy were the adopting couples

32.341 It has been frequently alleged that adoptive parents in the USA were very wealthy and so were in a position to effectively 'buy' an Irish child. A number of witnesses who gave evidence to this Commission also made this allegation but no witness produced any evidence to support it.

32.342 The Commission examined the home study reports which give detailed accounts of the incomes of the prospective adopters. This was to establish that they could financially support a child. The Commission looked at 937 such reports; 48 of

these include the salary of the mother but these salaries are not included in the final calculation of average salary because the adoptive mother pledged to resign from work when the child was placed with her.

32.343 The average annual wage for a manufacturing job in 1945 in the USA was $2,300. In 1951, the average industrial wage was $3,700; in 1952, it was $3,900 and by 1957, it had increased to $4,713.[143] There was no consistent method of reporting salaries in the home study reports. They are reported as hourly, weekly, monthly or annual, depending on where the report was carried out. In this analysis, where annual salaries are not given, they are calculated at a 40-hour week for 52 weeks a year. The average annual salary for the couples whose files were examined was $9,190. However, as can be seen below, 57% of the couples (or 539) had an income below $8,000. While there were wealthy couples who were deemed suitable adopters, the majority of applicants earned around the average industrial wage and worked in 'blue-collar' jobs, such as manufacturing and mining. Some were small business owners and tradesmen.

Income range	**Numbers**
$2,000-3,999	20
$4,000-5,999	235
$6,000-7,999	284
$8,000-9,999	148
$10,000-14,999	157
$15,000-19,999	42
$20,000-49,999	48
$50,000-99,999	2
$100,000+	2

32.344 In 1955, a couple who were described as a 'good couple' were turned down for adoption because they did not have the material resources necessary. He worked as a labourer, earning $97 a week. Fr Barrett wrote to the DEA to say: 'The sending of children abroad for the purpose of adoption is tolerated only in individual cases when it is abundantly clear that the future prospects offered to the child surpasses those available to the child in this country'.

143

https://fraser.stlouisfed.org/scribd/?item_id=20153&filepath=/files/docs/publications/employment/1960s/empl_081960.pdf&start_page=38; https://www2.census.gov/prod2/popscan/p60-015.pdf; https://babel.hathitrust.org/cgi/pt?id=osu.32435051428043;view=1up;seq=49

Public assistance authorities and foreign adoptions

32.345 Two of the institutions being investigated by the Commission came under the remit of the public assistance/health authorities - Tuam and Pelletstown. Each was involved in organising foreign adoptions until it was drawn to their attention that they had no legal authority to do so. Galway county council as the public assistance authority was actively involved in the Tuam adoptions whereas the Dublin board of assistance, while ultimately responsible, seems to have left the details to the Daughters of Charity in Pelletstown.

32.346 The question of whether or not public assistance authorities had the power to send children abroad for adoption seems to have been raised in 1956. In a letter to Galway county council in December 1956 in relation to an application for a passport for a foreign adoption, the DEA stated:

> the regulations of this department governing such applications have recently been under review and it has been decided that all passport applications submitted on behalf of children in institutions under the control of public authorities must be accompanied by a letter from the Department of Health to confirm that the child in question may be removed from this country for the purpose of legal adoption abroad…It would not therefore be advisable for you to pursue the present application until you have obtained this letter.

32.347 In January 1957 the Department of Health wrote to local health authorities pointing out that they had an obligation to care for children in their care. However, this did not include provision for sending children outside of the State and 'any action in that respect by an officer of a health authority must be taken on his own responsibility'. The Department of Health pointed out that they had no authority under the *Adoption Act 1952* to send children abroad.

32.348 In February 1957, the Department of Health wrote to the Minister for External Affairs about the proposed adoption of five children from Pelletstown:

> the minister assumes that in the view of the circumstances explained in previous minutes from this department there will be no objection to his informing the interested parties that your department will not now require his consent as a condition of the issue of passports to these children…the minister, as has already been explained, has been subject to considerable pressure from parties interested in the arrangement of adoptions abroad, and he feels obliged to reply to the present representations as quickly as possible.

32.349 A subsequent letter, also in February 1957 from the Department of Health to the DEA, indicated that there had been discussions about the responsibilities of health authorities regarding adoptions and the Department of Health stressed that sending children out of the country for adoptions was not part of their function. It did not have parental rights vested in it and the power of the minister extended only to ensuring that the authorities fulfilled their statutory powers.

32.350 In April 1957 the Minister for Health wrote to Pelletstown to point out that it had no authority to arrange adoptions. The minister said that he did not doubt 'the moral and material advantages of the current system of foreign adoptions but it is not legal for a local authority to engage in making these arrangements'.[144] The Daughters of Charity were not happy with this decision and pointed out to the minister that American Catholic adoption agencies (who prepared the home study reports) would engage only with local authorities and legal adoption agencies. The minister told the Daughters of Charity:

> I have not, however, closed the door. I have told the Dublin Board of Assistance that I would have no objection to their co-operating with a responsible person (not being a member of their staff) or an appropriate charitable organisation to the extent of passing on to such person or organisation any request it might receive from a person abroad for a child for adoption and later handing over to such person or organisation a particular child, subject to certain conditions which, I am sure, my official will be telling you about shortly and which should make no difficulties for you.
>
> It is not for me to tell you how you could work such an arrangement. There is nothing to prevent your showing any suitable visitor the Home or the children and if, for instance, the 'responsible person' I have referred to above is a member of the sister community across the road from you, there is nothing to prevent your preparing letters, etc., and working in co-operation with her as long as you do not appear in the picture or use the address of the home.

32.351 In August 1957, the Department of Health told all county managers that local authorities had no power to send any child abroad or to act as an agency for such purpose:

[144] Documents supplied by the Daughters of Charity.

Though local authorities have been sending children abroad for the past ten years it is only now that the Department of Health has discovered that they have been acting without authority.

32.352 It seems reasonable to assume that that was why Galway county council transferred its foreign adoption files to Sean Ross and in 1957 St Louise's Adoption Society was established to deal with adoptions from Pelletstown.

32.353 From 1957, Galway county council was replying to prospective American adopters saying that it could not arrange foreign adoptions. It gave Sean Ross as a potential source and also pointed out that a mother who left the Tuam home could make such arrangements directly.

Tuam/Galway County Council

32.354 The Tuam institutional records include some information on the approach of Galway county council to foreign adoptions. Galway county council seems to have first considered American adoptions in 1950. The institutional records show that one child left Tuam in 1950 for adoption to the USA. In 1954, the American embassy in Dublin contacted Galway county council and arranged to meet a member of its staff in order to exchange information about the process. This meeting took place in 1955.

32.355 At some stage (it is not clear exactly when but seems to have been about 1951) the secretary of the county council drew up a list of requirements which were issued to applicants for adoption:

> The following documents are necessary and must be forwarded here by prospective adopting parents:-
>
> Affidavit of support in triplicate (two for Embassy and one for Passport Office). Copy of Embassy Form No. 9 is attached giving details. Affidavit should state arrangements for meeting child on arrival in U.S.A.
>
> 1. Corroboratory evidence of support (in triplicate) as detailed in Form No. 9 attached.
> 2. Report of Catholic Charities Organisation re suitability of applicants. If there is no Catholic Charities Organisation, a letter from Catholic Charities headquarters stating so must be submitted with report from the Parish Priest or Chancellor of Diocese.

3. Medical certificates from both applicants stating their ages, that they are in good health and that they are not deliberately shirking natural parenthood.
4. Baptismal and marriage Certificates (Church, not State) of applicants.
5. Affidavit that child will be raised as Catholic
6. Recommendation from applicants' Parish Priest re their suitability as adopting parents (for transmission by me to Archbishop of Tuam).
7. Affidavit sworn jointly by applicants undertaking:
   a) To adopt child legally
   b) Not to part with the child to any person or persons
   c) To accept full responsibility for the maintenance, care, and education of the child and, in the case of a Catholic child, to have it educated in Catholic schools and later, if necessary, in a Catholic University.
8. Home Study from the Diocesan Bureau of Social Welfare of the State in which applicants reside.
9. Evidence that the Agency in U.S.A. carrying out the placement of the child is licensed by the Government Authorities as an Approved Child Placing Agency in the particular State concerned under the relevant State laws.

A deposit of £50 should be forwarded forthwith. Any balance over or under this amount will be adjusted when child is ready for departure for U.S.A.

On receipt of the necessary documents as listed above, I will apply to the Archbishop of Tuam for his approval to the adoption. Please note that you are not to communicate direct with the Archbishop regarding this matter as he will be written to by me.

I wish to emphasize that the requirements will probably take the greater part of nine months and transport arrangements should not be made by you until you are advised that a visa has been issued for the child. This is very important and should be borne in mind as the matter of adoption cannot be rushed unduly.

32.356 It is clear from the files of Galway county council that these requirements were enforced. The files contain many complaints about the delay in formalising the transfer of the infants to the prospective adopting couples. Not all applicants were successful.

Church involvement

32.357 It is notable that the approval of the Archbishop of Tuam was required in all cases. It appears that Archbishop Walsh had reservations about foreign adoptions and his role in the system. There is a note in the Tuam institutional records, undated and unsigned, which points out that the archbishop would approve a foreign adoption only if the county manager approved but the county manager would only approve if the archbishop did. Another similar note states 'didn't the Archbishop say that he would not meddle with these adoption cases anymore? So, where does that leave us?'

32.358 In 1951, the Mother Superior of the Children's Home, Tuam, and Archbishop Walsh of Tuam, having made enquiries about the proposed adopters, rejected an application from an American couple. This was as a result of the home study; the applicants were considered suitable but the report showed 'that their home would not be suitable for an Irish boy'. It is not clear what exactly was considered unsuitable.

32.359 In December 1953, the Galway county manager wrote to the Archbishop of Tuam about an application for an American adoption:

> Nothing has yet been done in relation to this application as it is understood that your Grace is of the opinion that children should not now be sent to America in view of the recent Adoption Act here which may encourage Irish people to adopt homeless children. I submit, however, for consideration by Your Grace, that it will be some time before the Adoption Act is in any way effective and Your Grace will appreciate that before any children can be adopted in America or elsewhere, the approval of the Adoption Board must be obtained.[145] I am generally in sympathy with the idea that children should be kept at home if suitable adopting parents can be got for them in Ireland but, in view of the delay that is likely to occur in finding adopting parents for many of the children in the Tuam Home, there is much to be said for permitting children to go to parents abroad where they are given very good opportunities in life.

[145] This was not correct; the Adoption Board had no role in foreign adoptions.

Consent

32.360 In 1954, Galway county council was advised by a solicitor that, in order to arrange an adoption from Tuam, the mother would have had to surrender her parental rights to the county manager; the child's mere presence in the Tuam home did not confer rights on the board of assistance (see Chapter 1). In one case, it was discovered that a child for whom a passport application had been made was registered as a 'legitimate' child. He was, in fact, an extra-marital child. Galway county council applied to have the birth re-registered. The Registrar General refused because the application would have had to be made by the mother and she would have had to make a statutory declaration amending the birth record.

32.361 In 1959, Sister Hildegarde in Sean Ross wrote to Galway county council emphasising the need to ensure that the birth mother understood the consent forms. She said that very often when women were sent to solicitors to sign papers, the solicitor did not give them time to read what they were signing. The women then later complained that they did not understand what they were doing.

Fees charged

32.362 As already stated, Galway county council charged applicants for adoption a £50 fee to meet the costs involved in processing the application. Any amount unused was returned. This payment would not cover the travel costs of taking the child to the USA and the legal and other fees that were necessitated to process the USA adoption and naturalisation of the infant in the USA. The fees were refunded if the application was rejected at county council level. There are a number of examples of the refund of fees in the Tuam institutional records. Fees paid to Galway were transferred to Sean Ross when the arrangements for foreign adoptions were transferred there. Examples of the costs incurred by Galway county council were 6s for passport photographs, £1 2s for a birth certificate, £1 13s 6d for affidavits.

Pelletstown

32.363 Foreign adoption became the exit pathway for a significant number of children in Pelletstown from 1950. There had been small numbers before that: the first foreign adoption recorded from Pelletstown was in 1940 and the first adoption to the USA was in 1943. There were three placements for foreign adoptions in 1945 and seven in each of 1948 and 1949. In 1950, there were 31 placements for foreign adoption.

32.364 The Daughters of Charity provided the Commission with documentation about foreign adoptions from Pelletstown. The American adoptions were arranged in accordance with guidance issued by Archbishop McQuaid. The Director of the Catholic Social Welfare Bureau in the Archdiocese of Dublin, Fr Barrett, and the archbishop's secretary, Fr Christopher Mangan, were frequently in contact with Pelletstown about the arrangements for these adoptions, with Fr Barrett being heavily involved. On one occasion, he wrote to Pelletstown warning against allowing certain named people to adopt: 'These people are English and quite undesirable as adoptive parents'. He also asked that he be contacted if there were any applications that aroused suspicions.

32.365 In 1950, Archbishop McQuaid's secretary told Pelletstown that all future adoption cases were to be dealt with through the Director of Catholic Charities of the diocese where the prospective adopters lived and he also directed that they send a list of all the past adopters to the director in each diocese. In 1954, Fr Barrett wrote to Pelletstown to say that, as a general rule, it would be better to give only one child at a time to any prospective adopters. He pointed out that the passport authorities (the Department of External Affairs) were unwilling to issue a passport for a second adopted child until there was evidence of the success of the first placement and of that child's legal adoption. In 1955, he told Pelletstown that he was consulting the DEA about adoption applications from Americans temporarily resident in Europe. He said that, in the case of European countries other than the UK, the 'difficulties on their part of fulfilling our regulations are so great that it would be inadvisable to give such applicants any encouragement or indeed any hope that they might be able to adopt an Irish child'. For Americans temporarily resident in the UK, the main difficulty was in getting a home study report by Catholic Charities. Instead of this report, a similar report from an adoption worker or administrator of the English Catholic Rescue Society of the diocese in which they were temporarily resident may be accepted; they must also submit a report from the pastors in the American diocese where they had parental domicile.

32.366 The affidavit which prospective adopters signed when getting a child from Pelletstown included a promise to rear and educate the child as a Catholic, send the child to Catholic schools and a Catholic university 'if perchance the child in future years is sent to a University'. Prospective adopters were also required to undertake to legally adopt the child and not hand it over to any other party. Certificates of vaccinations were provided by Pelletstown.

32.367 In 1957, the Director of the Daughters of Charity, Fr Sheedy, issued directions about children leaving Pelletstown. He stated that the Sisters' work did not include boarding out, transfer or adoption of children. The Dublin board of assistance was responsible for these activities and they should not be undertaken by the Daughters of Charity, even with the approval of the board without special permission from community superiors:

> None of the sisters should do anything to encourage the exportation or adoption of children by foreigners. There are issues involved in the natural Divine Law governing the relations between Parents and children, which neither the will of the parent not the material interests of the child can change. It is not right for any Sister of Charity to promise children from St. Patrick's Home to any individual and if further adoptions are to take place I forbid Sisters to have anything to do with them or to express opinions in public about the question of adoption, concerning which they do not understand the Theological Principles involved.

32.368 He went on to say that money or gifts coming from America or elsewhere in relation to adoptions from Pelletstown could not be accepted by the Sisters, either as personal gifts or as donations towards community works. If such funds were given, they should be handed over to the Dublin board of assistance.

32.369 In 1959, Pelletstown was told by the board of assistance solicitors that some American states were requiring that the orphanages accept responsibility for taking a child back if the adoption broke down (before it was finalised). The solicitors had been talking to the Ohio State Department of Public Welfare and explained that Pelletstown had a difficulty with this requirement. Ohio had suggested that the difficulty might be overcome if the parents agreed to pay the costs of repatriation. The solicitors explained that this would not be satisfactory as it would not be in the best interests of the children and there would need to be some form of enforceable security. Toledo (Ohio) Catholic Charities said it would not accept direct surrender of the children if this involved responsibility for them if the adoption broke down; Chicago (Illinois) said it would accept direct surrender of the children from the birth mothers; the writer did not anticipate any difficulty in finding alternative homes for the children if adoption broke down. The following American diocesan Directors of Catholic Charities agreed to accept a specific number of Irish children for placement for adoption: Denver, Chicago, Indianapolis, St Louis, Newark, Buffalo, New York, Cincinnati, Cleveland, Milwaukee.

Costs of foreign adoption

32.370 Many allegations have been made that large sums of money were given to the institutions and agencies in Ireland who arranged foreign adoptions. These allegations are impossible to prove and impossible to disprove. It is unlikely that there would be documentary evidence of any such transactions. Some of the language used by some of the prospective adopters was crass - for example, the reference above to 'tagging' a child for a woman. Some had an undue sense of entitlement - they were good people and should be given a child - and others were very specific in their requirements. One woman specified to Galway county council that she wanted a blond blue eyed girl. While such language and sense of entitlement might indicate that they saw the process as a commercial one, it does not necessarily mean that they were 'buying' children.

32.371 There is evidence available about the actual costs involved and, in the case of adoptions to the USA, they were considerable. In an affidavit for the Commission, dated 2017, one person adopted to the USA provided documentary evidence of some of the costs of his adoption in the 1950s. It included an air fare of $273 and a payment of $142 to Sean Ross. The $142 included a contribution to the cost of the airfare for the accompanying adult who looked after the children on the flight. There were further costs incurred including payment for the home study report and legal costs in finalising the adoption.

32.372 There is an undated note from Sean Ross in Dublin Diocesan Archives files which states:

> From time to time we have heard that people in the States buy children from Ireland. We have never been able to account for this as no fee has ever been charged by any Society for an adoption. It has been brought to our notice that in some parts of America Catholic Charities demand a high fee before they will do the necessary home study, if this is the case - and we have good reason to believe it is - it is probably one of the reasons that people think they are buying the children.[146]

32.373 The Commission has not seen evidence of the charges made for the home study - these were incurred in the USA and paid directly by the prospective adopting parents. The Commission is aware that the charging of fees for arranging

[146] DDA/AB8/b/LII/B/204.

adoptions by members of the Catholic Charities was often debated at the meetings of the National Council of Catholic Charities. In the case of adoptions from Ireland, the Catholic Charities were not arranging adoptions - they were providing a private service to prospective adopters. Files of the Catholic Charities Bureau, based in Washington DC, have been examined by the Commission and show a lively debate on the question of fees and on the question of asking for donations after the adoption had been processed.[147] The practice varied widely and depended to some extent on local laws. There is evidence of the legal fees involved in finalising adoptions; parents who had adopted children from Ireland would have had to pay these. For example, the legal fees in Kansas in 1952 were $73 for the lawyer and $52 to the courts. Further costs would have been incurred in relation to the child's naturalisation in the USA.

32.374 A report in the *Evening Star* Washington on 28 April 1955 made reference to a Marine who said he had found a son after a 9,000 mile search. He said seven months of patience, about $1,000 and several trustworthy airlines allowed him to be able to adopt this boy. The boy was placed from Cork and was now joining his new brother who had been adopted from the Washington DC area with the direct permission of his mother. The Marine remarked: 'when we tried to get a brother for him here, we ran into the most ridiculous and unnecessary kind of red tape'. He was over 40 and was a member of armed forces so it was impossible to adopt in Maryland or Washington DC. This child was located in a foster home and his adoptive father claimed to have negotiated his emigration.[148]

32.375 If this report is accurate, it seems to the Commission that it shows that some American adopters were adopting Irish children in order to get around the rules within the USA but the amount of money mentioned is likely to be the actual costs rather than any 'buying' of a child. It is clear that members of the armed forces in the USA found it difficult to meet the requirements of most states that the prospective adopters be resident in the state for a number of years.

32.376 Intercountry adoptions are expensive. American Adoptions, one of the largest domestic adoption agencies of its kind in the USA estimated that between 2010

[147] Washington DC, The American Catholic Research Center and University Archives, Catholic Charities USA records.
[148] Washington DC, The American Catholic Research Center and University Archives, Catholic Charities USA, Series 4, Subseries 5, box 170.

and 2013, the total cost of an intercountry adoption varied between $31,000 and $46,000 depending on the country involved.

Donations

32.377 A number of witnesses spoke about donations they believed were sent by their adoptive parents following on from their USA adoption. Again, no concrete evidence was provided. Such donations would not have been illegal and could not be described as unethical unless the adoptive parents were trying to adopt another child. The fact that the Daughters of Charity were advised by their director that money or gifts coming from America or elsewhere in relation to adoptions from Pelletstown could not be accepted, either as personal gifts or as donations towards community works would indicate that some donations were being made. The Commission has not seen evidence that money or gifts were received by the Daughters of Charity for adoptions nor of any funds being given to the board of assistance.

32.378 There is a reference in the Bethany records to a substantial donation by an American who had adopted two children from Bethany. He transferred $3,000 worth of shares which Bethany could sell and then use the proceeds for the benefit of the home. The sale of those shares raised £1,267 16s 6d and contributed to its bank debt being cleared.

After arrival in the USA

32.379 The children who left Ireland for adoption abroad were adopted in accordance with the laws of the receiving country. Once the child had left Ireland, there was no means of ensuring that the adoption did actually proceed. The evidence seen by the Commission suggests that the vast majority did proceed. The DEA files include information on one case where the adoption did not proceed. This seems to have come to light when the couple involved sought to adopt another child; the outcome for first child is not known. It is possible that the adoptions did not proceed in other cases.

32.380 As already stated, each state of the USA had its own adoption procedures but most required a court hearing before the adoption order was made. Some arranged a Guardian ad Litem to represent the child's interests in the proceedings. The following is an example of a decree issued by a State County Court:

On this day come the said petitioners, […] and […], his wife, and this cause coming on to be heard upon the answer and consent of […] Guardian Ad Litem of the said minor defendant, and upon the consent of the SUPERIORESS OF SEAN ROSS ABBEY, a licenced child welfare agency, and it appearing to the court that the said minor defendant has had due notice of the pendency of this cause by personal service of summons by the Sheriff of […], according to the statute in such case made and provided, and is now personally present in open court.

And the Court having heard the testimony taken in open court in support of said petition, and now being fully advised in the premises, finds that it has jurisdiction of the parties to this cause and the subject matter thereof; that the petitioners are husband and wife and that they are reputable persons residing in […].

The Court further finds that the said minor is a female minor child of about [age], born [date of birth] in Roscrea, Ireland and that said child is now in [name of county and State] and has been in the [name of State] for more than one year last past.

The Court further finds that the said minor is now in the home of the petitioners, and has resided in said home for a period of over six months residence immediately preceding the filing of the petition herein.

The Court further finds that […] the mother and sole surviving parent of said child surrendered her said child to the SUPERIORESS OF SEAN ROSS ABBEY, and by an instrument in writing authorised and empowered the said Superioress to place the said child in a family home for legal adoption and to consent to the adoption of said child without further notice to or of the consent of the mother, all in accordance with the laws of the Republic of Ireland.

The Court further finds that the said child is now in the legal custody of the SUPERIORESS OF SEAN ROSS ABBEY.

The Court further finds that the said SUPERIORESS OF SEAN ROSS ABBEY, a state licensed child welfare agency, thru the cooperation of the CATHOLIC HOME BUREAU, a cooperating agency for the […] area, placed

the said child in the home of petitioners and that the said mother and sole surviving parent and the said SUPERIORESS OF SEAN ROSS ABBEY consent to the adoption in writing of said minor child by the petitioners herein.

The Court further finds that […] was duly appointed by the Court as Guardian ad Litem to represent said child herein and with authority to consent to the legal adoption of said child by said petitioners and has filed his written consent to said adoption.

The Court further finds that upon the filing of the petition herein, CATHOLIC HOME BUREAU was duly appointed by this Court to make an investigation as to the parties and facts and conditions of said adoption and that a report of such investigation has been duly presented to this Court as required by law.

The Court further finds that all of the allegations in the petition herein are true and have been proved as therein alleged.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED in accordance with the statute in such cases made and provided that from this date the said child […], a minor, shall to all legal intents and purposes be the same as if born to the petitioners in lawful wedlock.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the name of the said child be and is hereby changed to [same forename, adopters' surname]

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the Clerk of this Court issue a certified copy of the decree of adoption herein on the application of the adopting parents or their attorney and the payment of the Clerk's fees for such services.

Conceived in Ireland, born in USA, adopted in USA

32.381 A witness told the Commission that she went to Bessborough in 1973 when she was pregnant and aged 19. She said she stayed there for only a short time. The Bessborough institutional records do not record her presence there at all. She said that she was placed in a home to look after children and also to do some household chores while she awaited the birth of her child. During the course of her

pregnancy she was taken to Dublin by her brother to obtain a visa in the American embassy to enable her to travel to the USA. This was done with the compliance of her father (she was legally a minor at the time). She said that her father had to show that there were sufficient funds to sustain her while she was in the USA because her story was that she was going to the USA to pursue her studies.

32.382 She went to the USA and was initially placed with the wife of a doctor and then placed with another family for the duration of her pregnancy. She said that the doctor's wife and the family were very kind to her and the doctor's wife stayed with her during the birth. She was aware that the baby was to be adopted but very little was said about it. There was a lawyer involved but she never saw him nor did she see any papers until after the birth. It was never explained to her that an adoption was not finalised until six months after the birth, in fact she said that nothing at all was explained to her. A notice giving the birth father entitlement to object to the adoption within 30 days was posted in a newspaper in Chicago. This she claimed was meaningless as he was resident in Ireland. It was her view that this was all intentional and deliberate to progress the adoption without challenge.

32.383 It would appear that the witness returned to Ireland before the adoption was complete. She said that she was aware of four other women from Bessborough being sent to the USA in similar circumstances. The Bessborough institutional records do not reveal any evidence of such cases.

32.384 The witness's daughter traced the witness in later life even though she was under the impression that her record in the USA was supposed to be completely sealed and confidential but the daughter was able to access her file. While the witness was never opposed to tracing she was critical of the way a lot of things had been handled in relation to the whole matter. It seems to the Commission that the arrangements were made by the woman's family and there is no evidence of Bessborough being involved.

Born in the USA

32.385 In March 1986 'Born in the USA' was an article published by *Sunday Independent* journalists which stated that childless American couples were turning to Ireland for children to adopt. According to the article, Irish adoption societies were receiving many letters from the USA enquiring about the availability of Irish babies for adoption. Most adoption societies had been unwilling or unable to deal with these

requests given that they were not in a position to provide all the children that were sought for adoption in Ireland. However, according to the article, a Dublin priest, Fr Flanagan, who was the head of the St Thérèse Adoption Society, had been assisting Irish women who wished to go to America to have their babies adopted there.

32.386 The journalists attempted to get facts in relation to such arrangements but they came up against a brick wall. The Adoption Board confirmed that it had two unofficial reports of such activity by the same adoption society. St Thérèse was thought to have been in existence for over 100 years but it had been registered as an adoption society only since 1973. The newspaper decided to present the priest in charge with the reporter purporting to be a pregnant woman called Catherine. It should be said that the priest in question denied that the interview with Catherine ever took place. Catherine presented herself as a 24-year-old woman, pregnant by a married man. She told the priest that she had heard about his service from somebody in Bray.

32.387 The priest was initially suspicious but then relaxed and gave her a full account about how the process worked. The reporter was of the view that he was clearly a man who genuinely believed that he was providing a good and charitable service. He explained that he had satisfactorily organised a dozen such Irish pregnant girls as herself to have their babies born and adopted in the USA. He said that it cost £9,500 to send a woman to the USA paid for by his society. He broke it down as £3,000 for gynaecological and legal fees, £600 airfare and £100 a week for her keep for an unspecified period between three and six months. According to the reporter the priest repeatedly spelt out the speculative nature of the whole enterprise. It was necessary to be certain that the woman did not want to have the baby in Ireland and to keep it. She would have to decide that, if she went to the USA, she would actually give up the baby for adoption. According to him the legal situation was that any person, including a pregnant woman, had the right to travel freely out of the country to another country. He gave her a letter of introduction to a nursing religious sister in an Irish hospital which asked the nurse to 'take good care of her in the usual way'. He advised her she should tell no one that she was going to the USA.

32.388 When the story was published, the adoption society threatened libel proceedings and denied all knowledge of the activities of the priest involved. The Adoption

Board, which already had concerns about the adoption activities of this particular society, asked to interview key personnel. The adoption society voluntarily deregistered as a society and the Adoption Board seems to have closed the file. No investigation took place in relation to any breaches that may have occurred in regard to Irish adoption legislation.

32.389 It should be said that it was open to any pregnant woman to make arrangements to go to the USA, give birth there and have the baby adopted under American law. It did however involve a lot of planning and probably could not be easily arranged without assistance from other people who knew how the American system worked. It is not clear that there was any illegality involved in helping women to go to the USA in order to birth there and have the baby adopted there.

J: Illegal birth registration

32.390 In its 2nd Interim Report, the Commission pointed out that, while false registration of birth was a criminal offence at all times in the period covered by the Commission's remit, it is possible that, in some cases, such registrations were carried out for what were perceived to be good reasons (this does not change the fact that it was an offence). Among the reasons that have been suggested were a wish to ensure that the child did not have the stigma of 'illegitimacy', the absence of legal adoption before 1953, the difficulty of having a non-marital child adopted, and the fact that the 'adoptive' parents did not meet the requirements for legal adoption.

32.391 As was pointed out in the Commission's 5th Interim Report, it was not illegal for a child to use the name of his/her foster parents. Until the *Registration of Births Act 1996* came into effect, children were not given a registered surname. The child's forename was recorded as were the forename and surname of the parent(s) but there was no requirement that the child use a parent's surname.

32.392 It is a criminal offence under the *Births and Deaths Registration Act 1874* to register a birth incorrectly. The maximum penalty on summary conviction is a fine of £10. The maximum penalty on indictment is a fine or 'imprisonment, with or without hard labour, for a term not exceeding two years, or to penal servitude for a term not exceeding seven years'. The Commission has not seen evidence of any prosecution on indictment.

Official knowledge

32.393 The fact that such registrations occurred seems to have been known to the Department of Health for many years and did not seem to cause any significant concern there. There are a number of references in departmental files known as the Clandillon papers, although none of the references seen by the Commission involve the institutions being investigated. For example, in 1950, Miss Clandillon noted that a woman had collected a child from a private nursing home and had him registered as her child. In 1951, Miss Clandillon noted that a child whom she was visiting had a false birth certificate which recorded his foster parents as his birth parents. Miss Clandillon knew the name of the child's birth mother and the circumstances of his birth but does not suggest that anything should be done about the false registration.[149] St Patrick's Guild (SPG) wrote to Miss Clandillon in the Department of Health in 1952 seeking her advice about the discrepancy between the names on a child's baptismal certificate and her birth registration. The child involved was an extra-marital child who was born in Holles Street and her mother had arranged the placement of the child with the 'adopters'. The Sister in charge in SPG was anxious to ensure that the child would not have to 'carry the stigma of illegitimacy if it could be avoided'.[150] The Commission has not seen a reply to this letter. In late 1954, Miss Clandillon did advise a woman who had registered a child as hers to 'apply for L. A. at once' (presumably legal adoption).[151] In another example from 1964, Miss Clandillon noted the fact that a child had a 'legitimate birth certificate which is false'.

32.394 The Commission has not seen any evidence that any of these irregularities were reported to the Gardaí or to the General Register Office (GRO) which was responsible for the registration of births and which came under the remit of the Department of Health at the time.

32.395 In 1965, the Adoption Board became aware of a case of illegal registration when a woman who had been illegally registered in 1948 discovered the fact and tried to investigate what happened. In a letter to the Minister for Health in 1992, she said that she was visited by a person from the Adoption Board who had papers which she could sign in order to legalise her 'adoption'.[152] This woman took legal advice about pursuing the gynaecologist involved and SPG but was advised that any such

[149] Department of Health, RM/ARC/0/489271.
[150] Department of Health, RM/ARC/0/489409.
[151] Department of Health, RM/INA/0/489224.
[152] Department of Health, CCP/IMP/0/45753.

case would be statute barred. Again, the Commission has not seen any evidence that this was reported to the appropriate authorities.

32.396 In the early 1990s, the Adoption Board became aware of the existence of the 'adoption from birth' cases in SPG and was told by SPG that there were 74 such cases on their books. The Adoption Board decided that it had no further role when the birth mother who had originally brought the issue to its attention decided not to pursue it further. These are the cases which gave rise to considerable controversy in 2018 - see below.

32.397 The case of *I O'T v B,* which was decided by the Supreme Court in 1998, was concerned with the right of a person to know the identity of his/her birth mother in circumstances where the birth mother had stipulated that she did not wish to be contacted (see above). The births of the two people concerned in this case had been illegally registered but this fact was mentioned only in passing in the court judgments and it would appear that it did not attract much attention at the time and it appears that no action was taken as a result.[153]

32.398 The Commission has not seen evidence of illegal registration of births which occurred in the mother and baby homes and county homes under investigation. Of course it is not possible to say that this did not occur but neither the institutional records nor the Department of Health records reveal any such evidence.

St Patrick's Guild

32.399 The records of St Patrick's Guild (SPG) were transferred to the Child and Family Agency (Tusla) in May 2016. SPG was founded in the early 1910s as an organisation for the care of destitute Catholic expectant women and nursing mothers and their children. It became a registered adoption society after adoption legislation came into effect in 1953. SPG was an adoption society and it is not being investigated by this Commission. (There is some information about it in Chapter 27 and it is mentioned a number of times in relation to the boarding out of children). In 2018, Tusla announced that it had established from these records that a number of births between 1946 and 1969 were incorrectly registered and a

[153] I O'T v B [1998] 2IR 321.

number of others were being further investigated.[154] Tusla considered that an incorrect registration had taken place if:

- the name of a person who is not a birth parent of the child was entered in the register of births as a parent of the child and/or
- the name of the birth mother of the child was not entered in the register of births as the mother of the child.

32.400 Tusla provided these records to the Commission. They clearly show that the registration of the births of a number of children was incorrect and illegal. The children involved had been born to unmarried mothers and their births were then registered to the 'adoptive' parents. The records in question generally have the words 'adopted from birth' written on them. It would appear that whoever was compiling the records was conscious of the need to have a record of the correct information. In some cases, the children knew that they had been 'adopted' while others did not. Tusla has since been in contact with the majority of the people involved.

32.401 The SPG files provided to the Commission do not show any evidence of the involvement of mother and baby homes or county homes in the illegal registration of births. The births almost all occurred in private nursing homes and the births were registered mainly by the person in charge of the nursing homes and occasionally by the 'adoptive' parents. While it is clear that SPG facilitated the 'adoption' of the children and were fully aware of the practices involved, its staff do not appear to have been directly involved in the incorrect/illegal registrations. In some cases, the birth was registered twice; correctly the first time and in the names of the 'adoptive' parents the second time.

32.402 In one of the cases, the child was born in an institution being investigated by the Commission. The child and the mother left the institution two days after the birth and the child was handed over to 'adoptive' parents. The birth was then registered as a birth to the 'adoptive' couple.

32.403 In May 2018, the Minister for Children and Youth Affairs commissioned an independent review into incorrect birth registrations. The report of this review has not been published but has been provided to the Commission. This was a scoping

[154] www.tusla.ie; by October 2019, Tusla had identified 151 such records.

exercise to identify potential indicators of incorrect registration practices; it did not seek to provide proof of such practices in individual cases. The review involved an analysis of adoption records held by the Adoption Authority of Ireland (formerly the Adoption Board) and by Tusla. A number of potential indicators or markers were identified. These included markers which, in themselves, would not be conclusive, such as personal placement for adoption, mother under the age of majority and very early placement. Records from adoption agencies associated with four of the mother and baby homes under investigation were sampled by Tusla. A small number of those did have markers or other suspicious circumstances but there were no clear indicators such as existed in the SPG files.

Illegal registration of births by Americans

32.404 There were a number of American couples who engaged in illegal activity in order to acquire an Irish child. In June 1954, the US embassy in Dublin asked the DEA for assistance in carrying out a discreet investigation into the bona fides of certain reports it had received relating to eight children born in Dublin. The embassy officials suspected that the people who reported the birth of these children and had the births registered were not the birth parents.

32.405 The matter was referred to the Gardaí. A detective inspector investigated and prepared a report dated July 1954 in which he outlined what he had discovered and said that the investigation was not yet fully completed. He said that:

> As instructed enquiries were conducted and continue to be so conducted personally and on a confidential basis. Despite this many of the persons interviewed showed a great reluctance to speak on the affair and much hesitancy was encountered, some of which was undoubtedly due to motives of charity or again through fear of exposure.

32.406 His report stated that the eight children in question were children of unmarried mothers who came to St Rita's private nursing home, Ranelagh, to give birth (one was actually born in the Rotunda). Shortly after the birth of the children, the nursing home owner, Mrs Keating, handed them over to the wives of American servicemen. These servicemen were attached to United States Air Force bases in Britain.

32.407 The mother of one child was an unmarried Irish woman who came from England to give birth. The arrangements had been made by an American woman, the wife of

a member of the US Air Force in England. She had been given information about St Rita's by the administrator of the Pro-Cathedral (a priest) in Dublin. This was confirmed by the administrator but he did not know the name of the birth mother. The detective inspector said that the correct name of the birth mother was 'unknown here' but he hoped that he would be able to find it with the cooperation of Mrs Keating. He said that the baby was handed over to the American woman 'with the consent of the natural mother'. The birth mother had returned to work in England. The information about the mother's consent presumably came from Mrs Keating.

32.408 Four other children were born to Irish women who had been working in England. The names of three of the women were unknown. The detective had not got a certificate of surrender from the woman whose name was known. Each child was registered to the American couple involved. Two of the children were twins born to a woman living in Ireland whose name was known. They were handed over 'with the mother's consent' to the wife of an American Air Force member. The births were registered to the American couple. The report said that the detective had seen the birth mother and had obtained a 'certificate of surrender' from her in respect of each child. The remaining child was born to a woman whose name was known and the detective obtained a certificate of surrender from her. The report stated that the certificates of surrender were attached but they were not in the file seen by the Commission. It is seriously doubtful if such certificates of surrender had any legal validity.

32.409 There were no prosecutions. The Commission has not seen any evidence that the issue was taken up by the Department of Health or the local authority responsible for registering maternity homes, in this case, the Dublin board of assistance. The Registrar General was not informed of the illegal registrations; the GRO became aware of the matter only when the subsequent illegal registrations came to light in 1963/4.

32.410 The children involved did go to the USA. While what had taken place was illegal, the US Air Force was satisfied about the character and sincerity of the prospective adoptive parents, in particular their desire to have children. The American embassy agreed that they were all appropriate for the placing of children; therefore they should be allowed to take them to the USA for eventual adoption. The DEA did not agree for a number of reasons including that both prospective parents were

not Catholics. Officials in the DEA wanted to be 'morally certain that these children will receive a proper up-bringing in the religion in which they were baptised' and the sworn affidavit and other evidence presented to them failed to assuage their concerns. 'The whole atmosphere of this case, and the manner itself in which the custody of the children was obtained in the first instance, raises serious doubts in my mind as to [their] suitability for the adoption of Irish Catholic children'. However, it was recognised that 'a strong bond of affection had been formed between the children and the couple' and 'it would appear to be an unbearable hardship to refuse a passport in the circumstances and thus prevent them continuing to have custody of the children. It seems to be a determining reason for allowing the passports to issue in this case'. It seems that the American embassy issued visas without insisting that the children have passports.

Further illegalities at St Rita's

32.411 In November 1962, the public welfare authorities in Wisconsin requested the DEA to verify the birth certificates of two children who were supposed to have been born in Ireland to a Wisconsin resident.

32.412 The registration of the births of these two children was investigated by the Gardaí and led to the prosecution of Mrs Keating in the District Court. The Commission sought the prosecution file in this case but the Gardaí were unable to locate it. A file received from the Department of Health in December 2018 contained further information on the case.[155] It included letters from an official in the DEA and from the Registrar General, both of which had information from the Garda report on the case. It also included the *Irish Times* report of the court proceedings.

32.413 In the course of the Garda investigation, the Records and Particulars book of St Rita's were inspected. It was discovered that, during the period January 1960 to January 1963, there were 51 births, particulars of which were given in the Record Book, which were not registered. During the same period 43 births were registered as having occurred in St Rita's although the relevant particulars of these births could not be traced in the Record Books. Of these 43 births, 33 were registered by Nurse Keating. The Registrar General noted that 'It seems evident that in these 43 cases the names of the parents were changed when the birth was being registered'.

[155] Department of Health, INACT/INA/0/461625.

32.414 Mrs Keating was charged with forging a register of birth with the intent to deceive in July and August 1962 and that, on 16 July 1962, she uttered a forged birth certificate purporting to be that of one baby X, knowing it to be forged and with intent to deceive and that in August 1962 she issued a forged birth certificate purporting to be that of one baby Y, knowing it to be forged and with intent to deceive. The Assistant Chief State Solicitor stated that there were two registrations involved but only one child. The offences were 'very grave'.

32.415 The Garda who had investigated the case explained its background to the court. In 1959 a Catholic American childless couple visited Dublin and met Mrs Keating. They remained in touch with her when they returned to the US and expressed a wish to adopt a female baby. In June 1962 a baby girl was born to an unmarried mother in the nursing home and Mrs Keating notified the American couple who agreed to take it. They told her to register the baby in their name and she did so. Sometime later Mrs Keating received a letter from the American woman stating that she could not come to Dublin for the baby but that she was sending her sister-in-law. The sister-in-law arrived and they found that they would have to have a certificate in the name of the person taking the baby out of the country. Mrs Keating then registered the baby in the name of the sister-in-law who took it to America and handed it over to the first American woman.

32.416 The Garda said that Mrs Keating had given every assistance and it would have been difficult to sustain charges against her if she had not given him the necessary particulars. Mrs Keating pleaded guilty and was given the benefit of the *Probation Act*. The judge said that if the transaction had been as a result of bribery and corruption Mrs Keating would have had to go to prison; however he was satisfied that the only money she got was the ordinary fees payable to a nursing home.

32.417 No other matters in relation to the running of the nursing home were put before the court nor was her involvement with the Wisconsin family prior to these offences revealed. Mrs Keating had earlier provided a child to this couple and that child's birth was also falsely registered. The Commission has not seen any evidence that further enquiries were made into the 43 registrations that the GRO clearly considered to be incorrect/illegal.

32.418 Following her conviction the Department of Health enquired as to whether or not the nursing home was still registered as a maternity home under the *Registration*

of Maternity Homes Act 1934 and whether any action had been taken or was contemplated by the Dublin Health Authority. The DHA replied that its chief medical officer had had the matter examined and that no further action was contemplated. The nursing home continued to operate for many years afterwards.

32.419 The Commission considers that the actions of State authorities in this case fell far short of what should have been expected from those charged with implementing the maternity home regulations.

Chapter 33A: Deaths Statistical Analysis

by

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1. Introduction

This statistical appendix uses detailed data compiled by the commission team to calculate and display mortality rates for the largest Institutions. Such data do not in and of themselves allow for definitive assessments of why mortality rates varied across institutions or populations, but do provide a quantitative summary of the scale of mortality in these institutions that can be compared to the overall national rate. It also allows us to document the timing of major declines in the mortality rates, the primary cause of death, and the age at which the deaths occurred. Section 2 briefly describes the data used in the subsequent analysis. Section 3 provides mortality rates by institution, examines structural breaks in the timing of mortality, provides mortality rates by cause, and provides annual comparisons to broader national and urban trends. Section 4 provides a summary of the findings.

2. Statistical Data

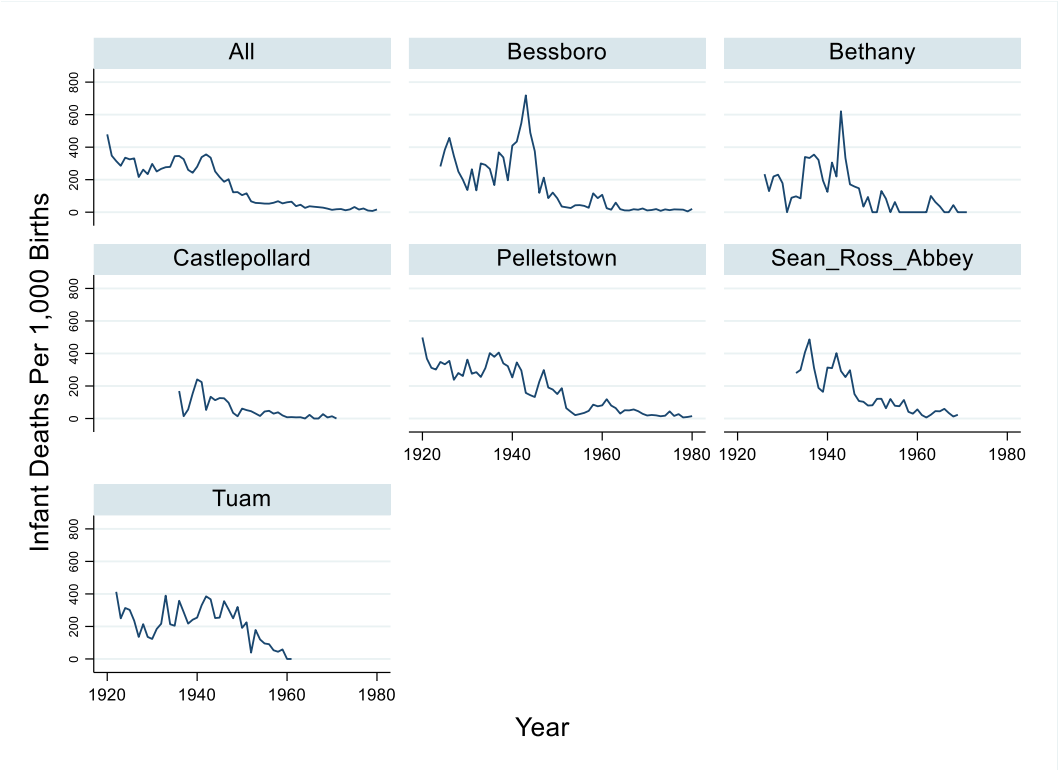
The data is derived from the reports of six key institutions, Bessbororough, Castlepollard, Sean Ross Abbey, Bethany, Tuam, and Pelletstown. The data available includes the date of birth, date of admission, date of death, cause of death, child's first name, in each of the Institutions. This allows us to compute annual infant mortality rates for each of the Institutions for the relevant years and to examine the basic statistical pattern in mortality rates across the years for each of the institutions. The information on the children recorded in the data is generally complete, although there are a small number (approximately 3 per cent) without a date of birth or date of death listed. They are excluded from the analysis below. In what follows we focus on the outcomes of live births, but it is important to bear in mind that approximately 2 per cent of the records are listed as stillbirths or miscarriages (these are also excluded from the analysis). In this report, we assign all infants present in the records of an institution to that institution, regardless of place of birth, length of stay, place of death, or other characteristics.

3. Mortality Rates

3.1 Mortality Data by Year and Institution

Figure 1 below documents the infant mortality rate (defined as the number of deaths before the age of one per 1,000 live births) across institutions. The raw numbers used in these graphs are available in Annex 3 and provide exact numbers of births and deaths of infants by year across institutions.

Figure 1 Infant Mortality Rate by Institution



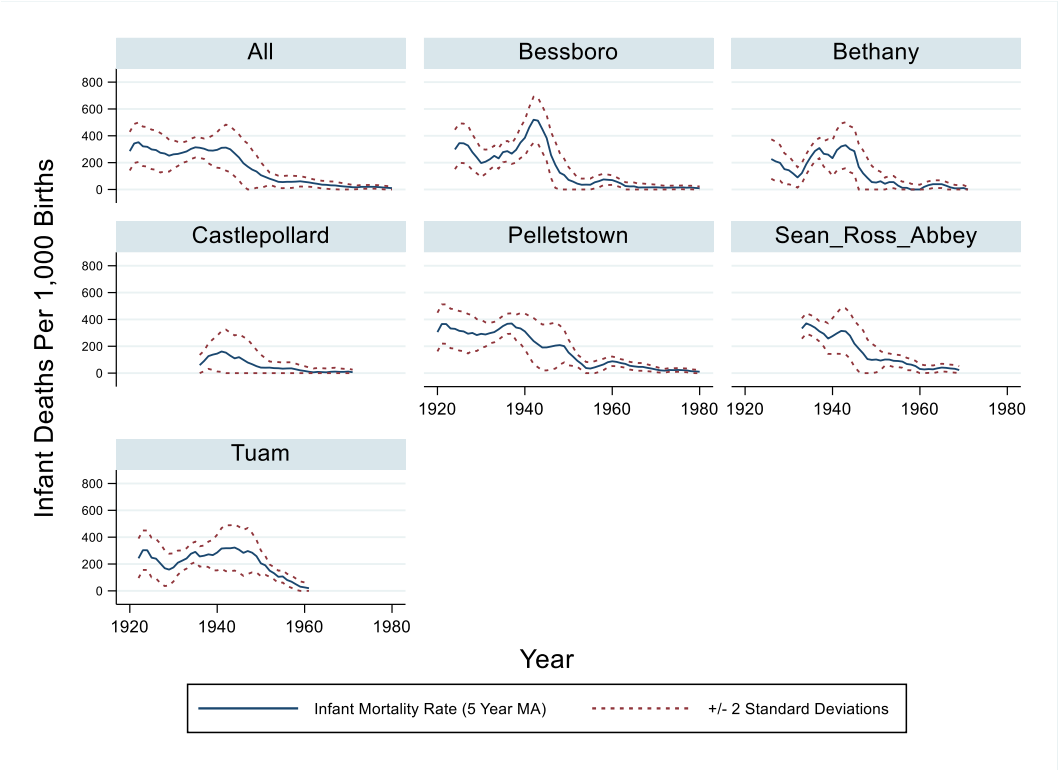
Note to Figure 1: Children without a date of birth or death are excluded. The infant mortality rate is defined as the number of deaths before age one per 1,000 live births. The start year for the infant mortality series for each institution is set to the year in which 30 births or more are recorded in that institution. Complete data on infant deaths for all years are shown in the Appendix. Source - institutional records.

3.2 Structural Breaks in Mortality

Given there were relatively few births per institution in some years, particularly during the early and later parts of the century, caution should be exercised when considering the death rate in any single year. With a low number of births, the mortality rate is more sensitive to random variation. As a result, there is potentially a substantial amount of statistical noise in how the mortality rates vary from year to year within institutions. More reliable comparisons can be made across multiple years, or across institutions, where the sample size (number of births) is larger. For this reason, we construct mortality rates that are five year moving averages (that is they include data on all births and infant deaths within a moving five year window, centred around a given year along with the two years before and after). These rates are shown in Figure 2. To give a sense of the variation in the data we also show interval bands for the mortality rate which are the rate in the institution plus and minus two standard deviations (estimated for all the institutions by decade).

Estimating these mortality rates over time allows us to examine whether there was likely to be a structural break during the time period we consider. As a preliminary step, we tested for a single unknown break in the series. The output of this test is test graphically for each of the individual institutions in Annex 1. In each case, the data exhibit a marked structural break in the late 1940s or early 1950s, indicating that mortality conditions in the homes had improved significantly during this period in particular. However, it is important to bear in mind that this test identifies the most statistically relevant break, which does not preclude there from being other important turning points in the series.

Figure 2 Five Year Moving Average Infant Mortality Rate by Institution

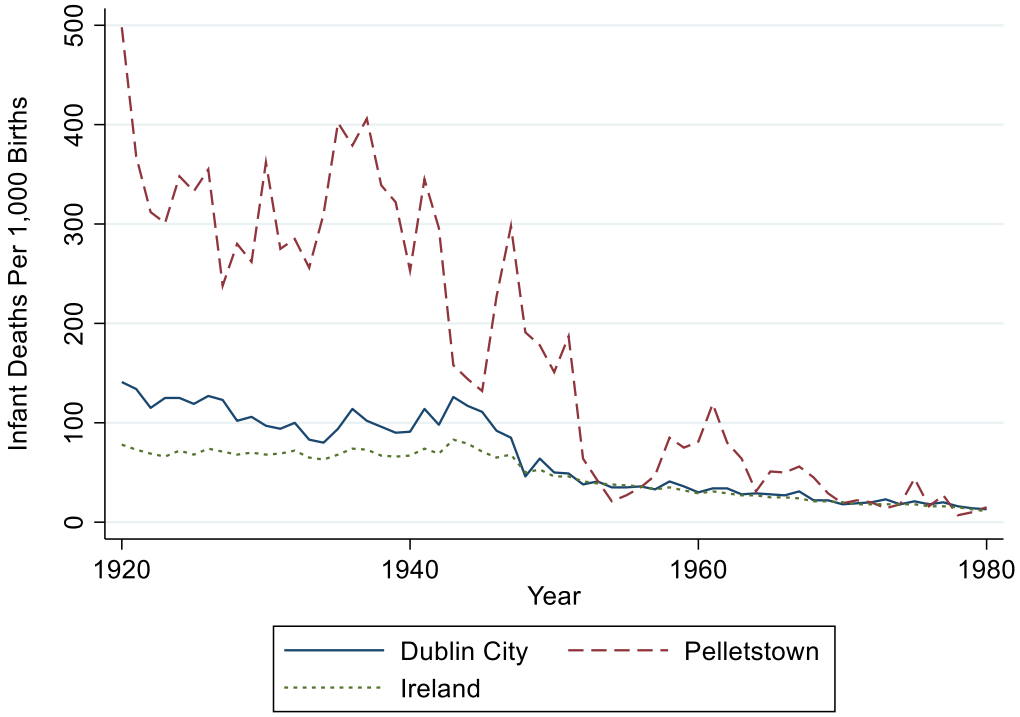


Note to Figure 2: Source - institutional records and authors' calculations.

3.3 Comparisons to National and City Mortality

Comparisons with national and city mortality are complex due to the nature of the institutions themselves and the lack of data availability on localised birth and death records during this time period. Identifying a comparable population is also a complex task. The most localised information that are available in the form of a consistent series are at the county or city borough level, so it is possible to compare the rate in an institution with that of the surrounding city. Figure 3 plots the rates of mortality in Pelletstown with that in the surrounding city (Dublin) by year, and shows far higher rates of mortality prior to the 1950s but a similar pattern of decline. The national rate is also shown in the graph, and is lower than that in Dublin, which was itself an outlier, having the highest rate amongst the counties or city boroughs. Having said that, this comparison between Dublin and Pelletstown is not ideal as we know there was a substantial amount of variation in infant mortality even within the city, and the population served by the institution was not representative of the population as a whole.

Figure 3 Infant Mortality Rates in Ireland, Dublin City, and Pelletstown



Note to Figure 3: Source - institutional records (Pelletstown) and Registrar General Reports (Ireland and Dublin City).

3.4 Mortality by age of death

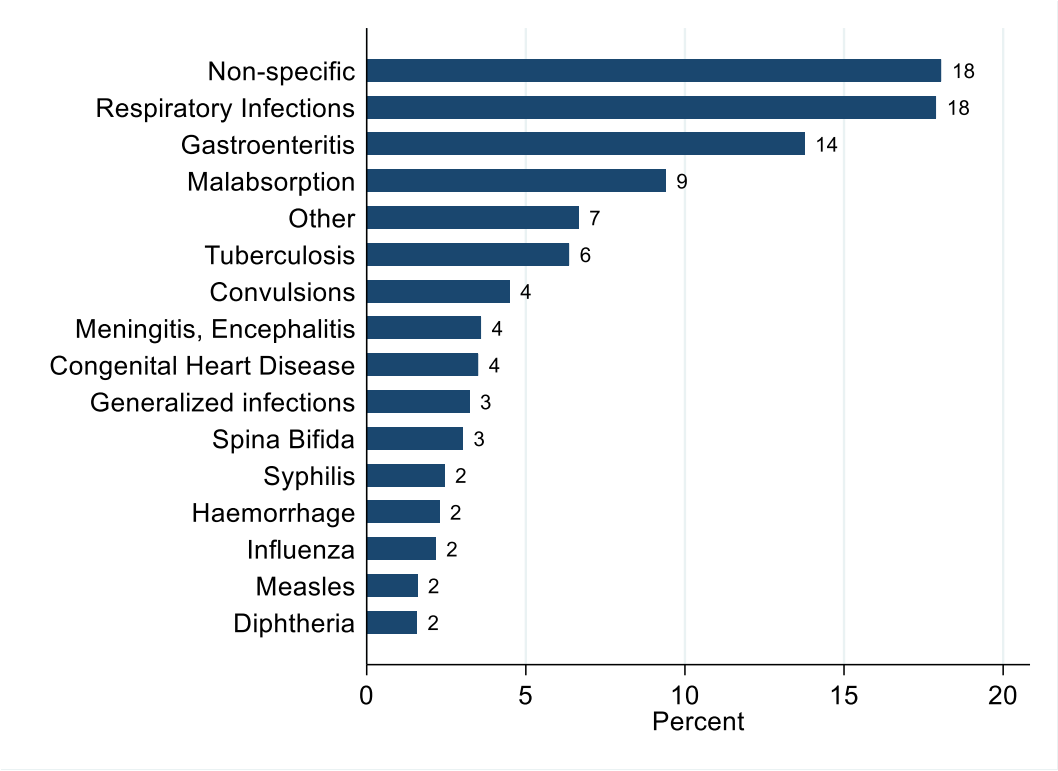
In order to establish the age at which mortality was most likely to occur, Annex 2 displays rates of mortality during the perinatal, neonatal, infancy, and childhood periods for each of the institutions by decade. These figures show the mortality rate in each of these periods, excluding deaths which occurred outside the timeframe, and are therefore different from the infant mortality rates shown in Figures 1-3 above. For example, in what follows the mortality rate during the perinatal period refers exclusively to deaths that occurred within the first 7 days of life, and the mortality rates during the childhood period refers exclusively to deaths that occurred between 366 and 1825 days. These data show that, in absolute terms, it was declines in deaths during the infancy period (29-365 days) that were most responsible for reductions in mortality over the course of the 20th century in the institutions covered by this report.

3.5 Mortality by Cause

Figure 4 shows data on the primary cause of death. For this report we assume that reporting was accurate but future validation would be valuable. Specific cause data were grouped into the categories shown. Some labels were shortened on the figure to aid with presentation. “Congenital Heart Disease” also includes myocarditis. “Convulsions” refers to fits, epilepsy, and status epilepticus. “Generalized infections” refers to generalized infections, toxaemia, septicaemia, and sepsis. “Haemorrhage” refers to haemorrhage, intracranial, malena, anaemia, and thrombosis. “Tuberculosis” refers to TB in its various forms (including TB meningitis), and phthsis. “Gastroenteritis“ refers to various forms of gastroenteritis, gastritis, vomiting, and diarrhea. “Respiratory Infections” refers to various forms of respiratory infections, pneumonia, bronchitis, laryngitis, and consolidation. “Malabsorption” refers to malabsorption, marasmus, and cachexia. “Spina Bifida” refers to spina bifida, hydrocephalus, and encephalocele. “Syphilis” refers to syphilis,

lues, and tabes. Causes with less than 100 occurrences were grouped together as “other”. A relatively high percentage of deaths (18%) were classified as “Non-specific” as they did not have adequately specific information to ascertain a primary cause (because they were originally listed as, for example, congenital debility).

Figure 4 Cause of Death (%)



Note to Figure 4: See the text for an explanation of the categories. Source - institutional records and authors’ calculations.

4. Summary

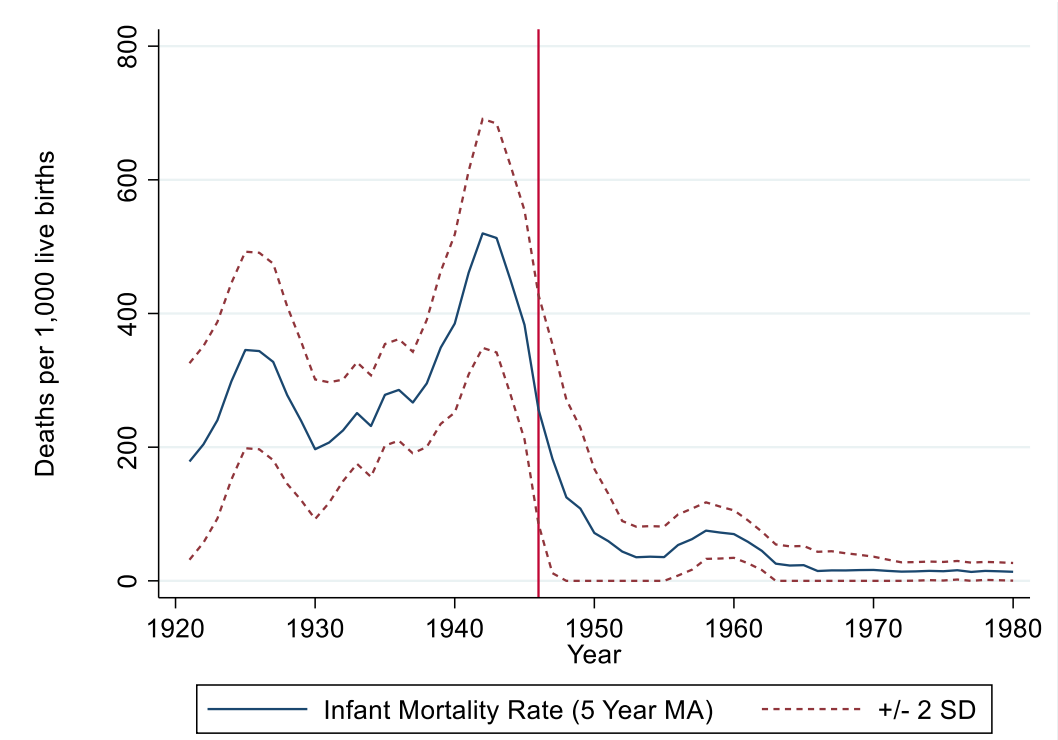
Mortality rates in each of the institutions were very high in the period compared to the overall national rate of infant mortality. Even compared to other locations where infant mortality was relatively high among the general population, such as Dublin City, rates of infant deaths were substantially higher in these institutions.

The mortality decline in the late 1940s and early 1950s was particularly significant, and the data are consistent with the presence of a structural break in death rates in each of the homes during this time period. This decline in mortality in the institutions occurs at the same time as the overall decline in national infant death rates during these decades, albeit from a substantially higher base.

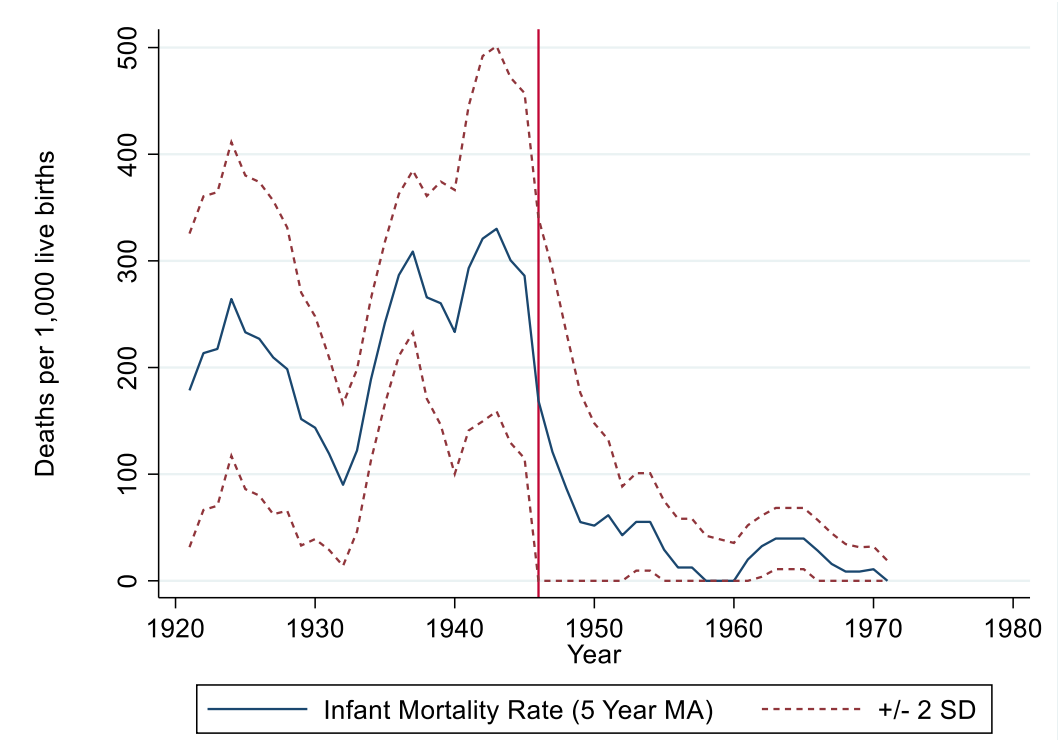
The data available do not facilitate testing alternative explanations for why mortality rates differed by location or time, not least because of difficulties in constructing a comparison group for infants in the institutional records. Another significant data limitation is that ascertaining precise causes of death given the recording practices and changes in diagnosis procedures over such a long time period is challenging.

Annex 1: Structural Break Tests by Institution

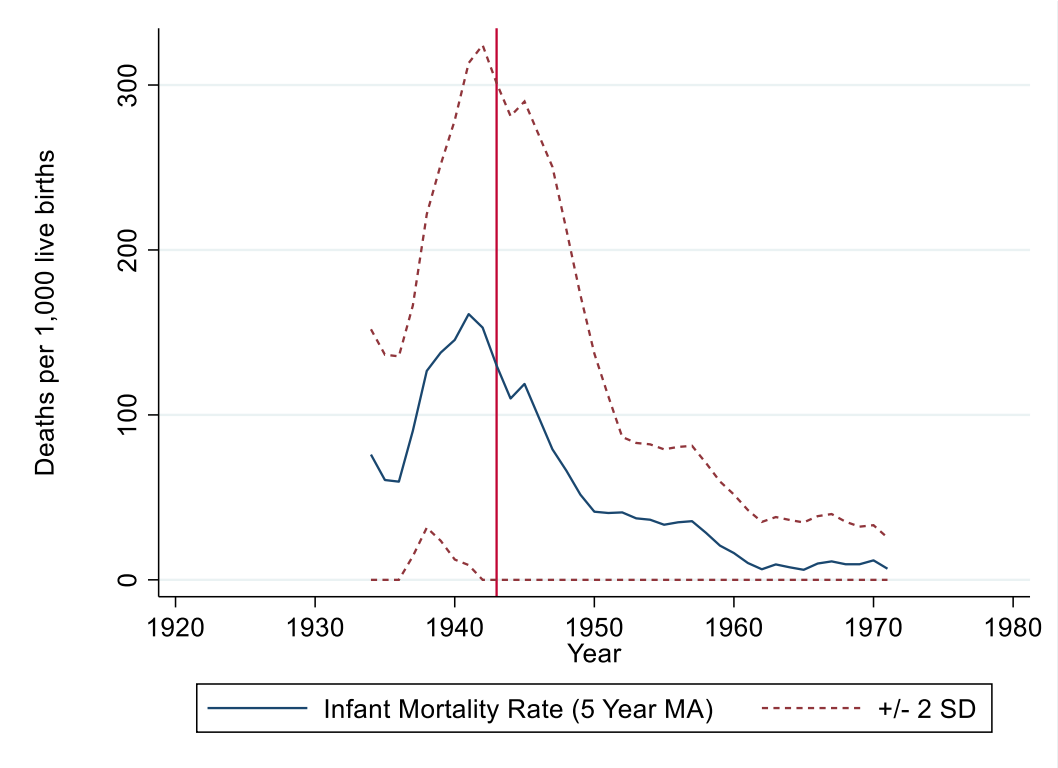
Annex Figure 1 Five Year Moving Average Infant Mortality Rate for Bessboro with Test for Structural Break



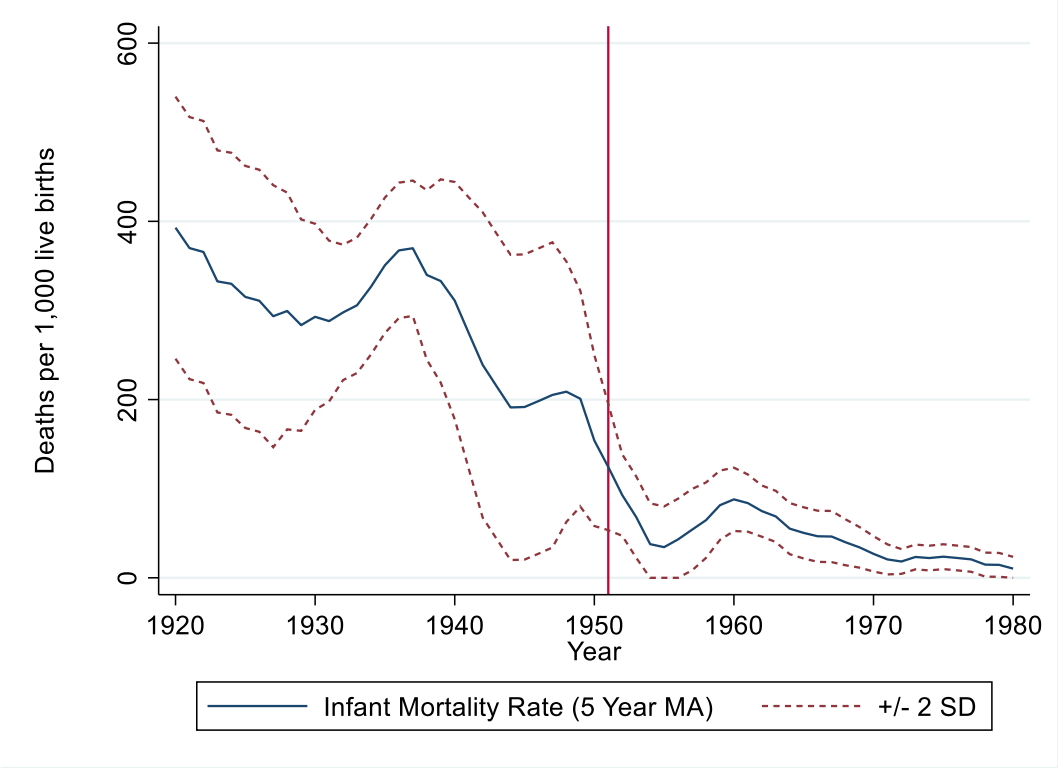
Annex Figure 2 Five Year Moving Average Infant Mortality Rate for Bethany with Test for Structural Break



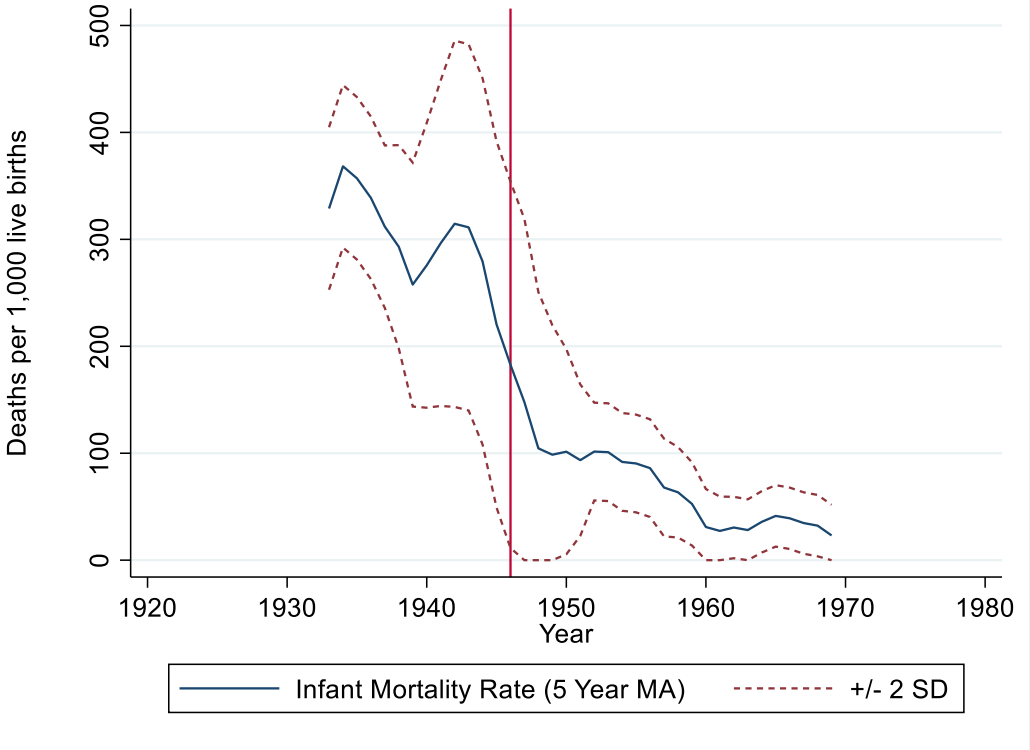
Annex Figure 3 Five Year Moving Average Infant Mortality Rate for Castlepollard with Test for Structural Break



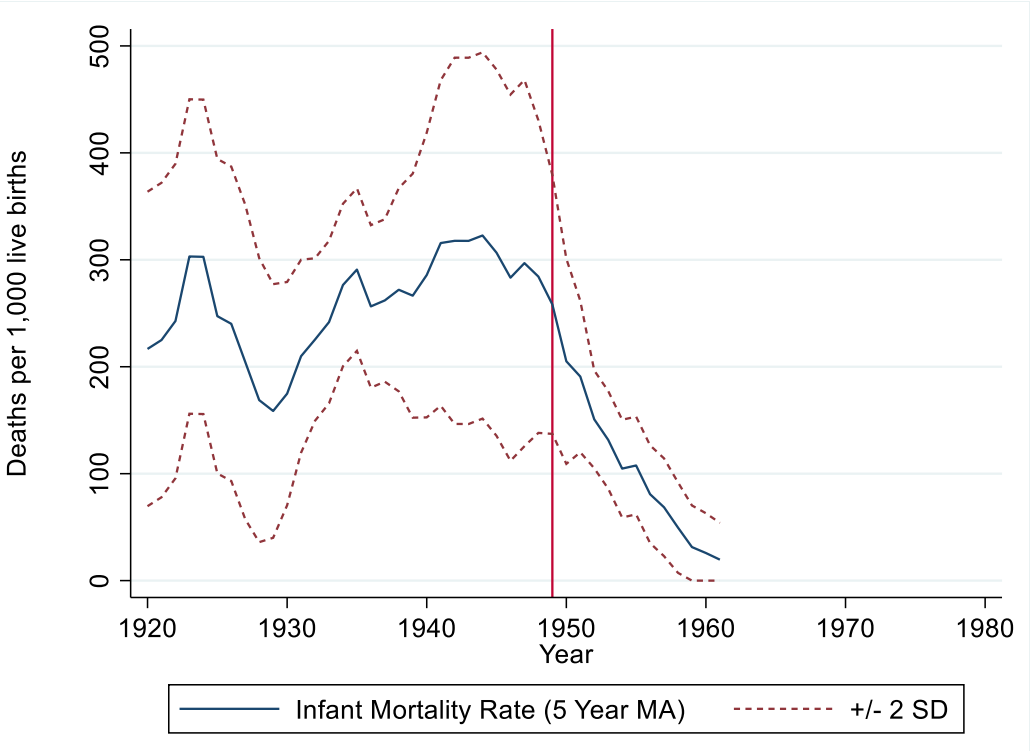
Annex Figure 4 Five Year Moving Average Infant Mortality Rate for Pelletstown with Test for Structural Break



Annex Figure 5 Five Year Moving Average Infant Mortality Rate for Sean Ross Abbey with Test for Structural Break

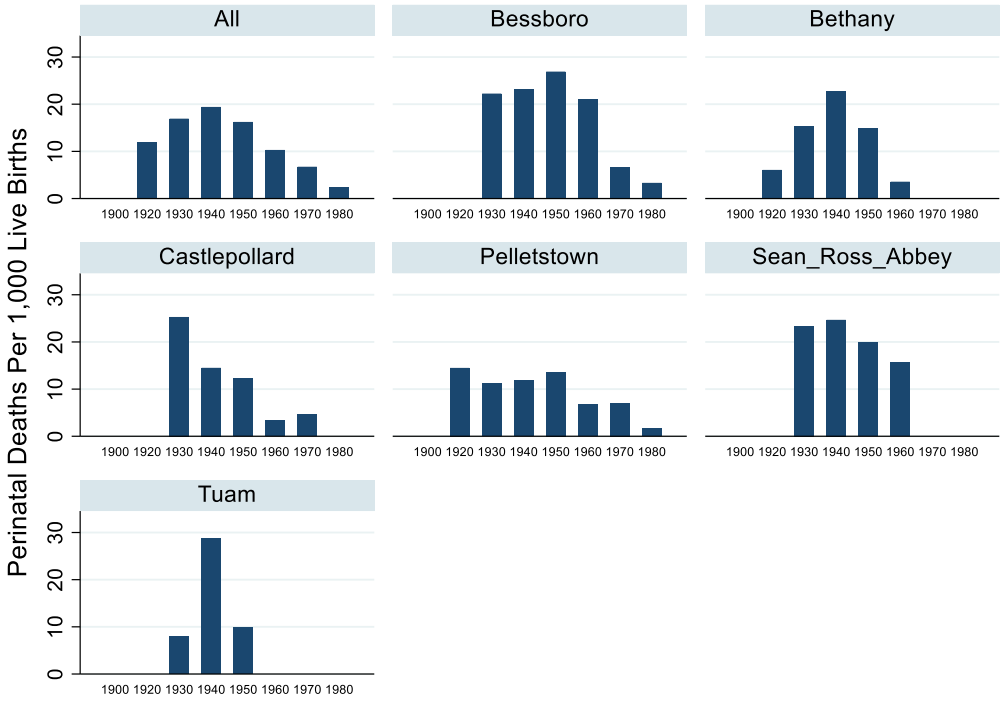


Annex Figure 6 Five Year Moving Average Infant Mortality Rate for Tuam with Test for Structural Break



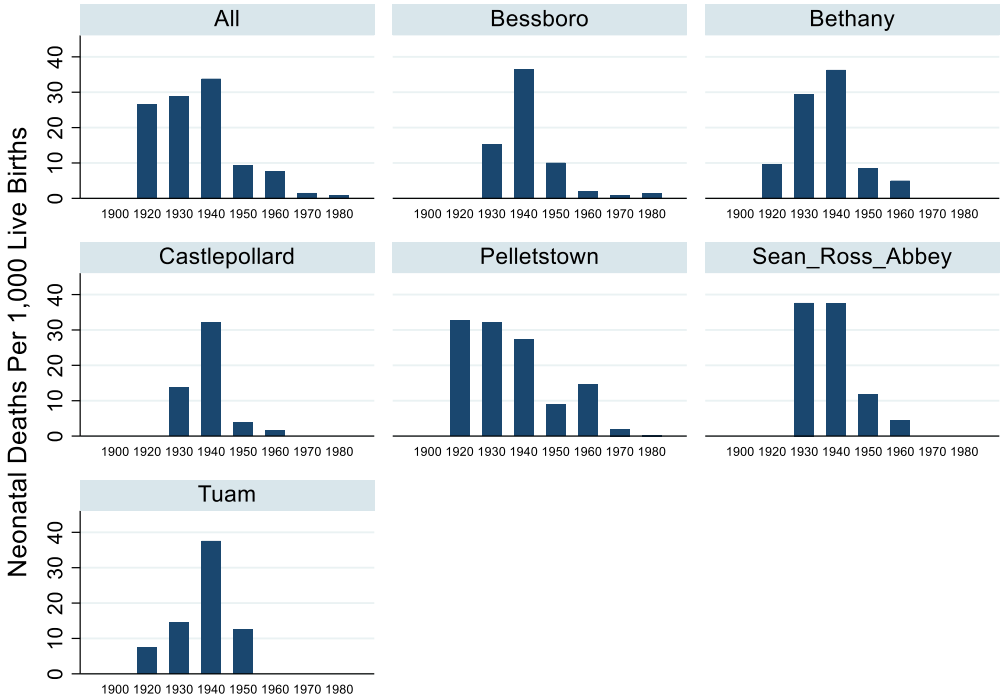
Annex 2: Mortality during the Perinatal, Neonatal, Infancy and Childhood Periods

Annex Figure 7 Perinatal Mortality Rate by Institution and Decade



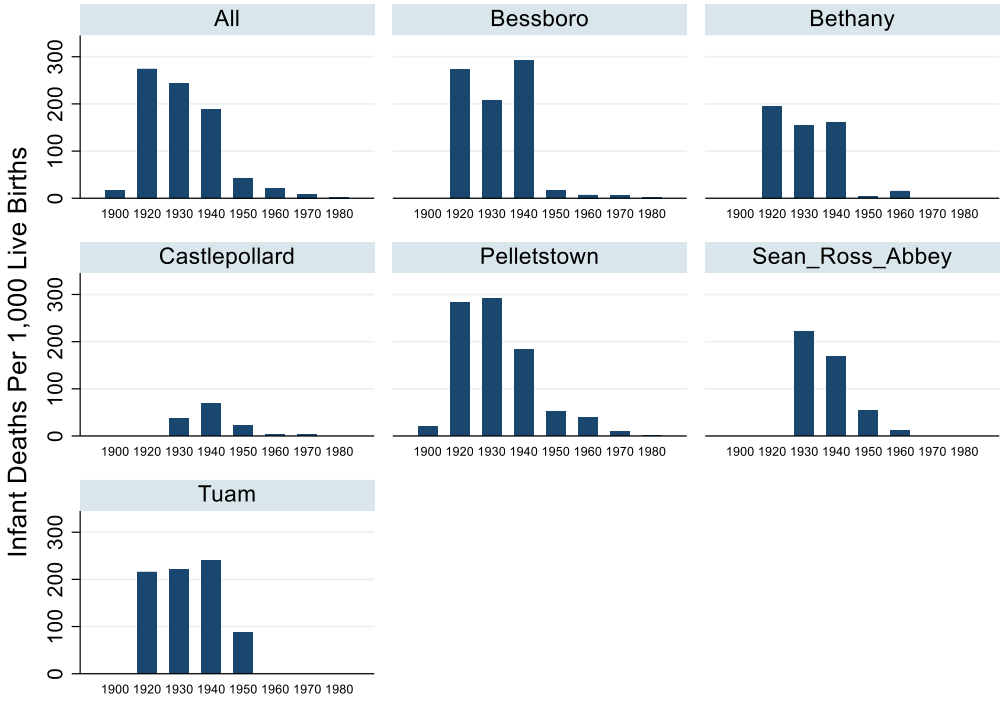
Note to Annex Figure 7: Children without a date of birth or death are excluded. The perinatal mortality rate is defined as the number of deaths between 0 and 7 days old per 1,000 live births. Deaths at other ages are not included. Source - institutional records and authors' calculations.

Annex Figure 8 Neonatal Mortality Rate by Institution and Decade



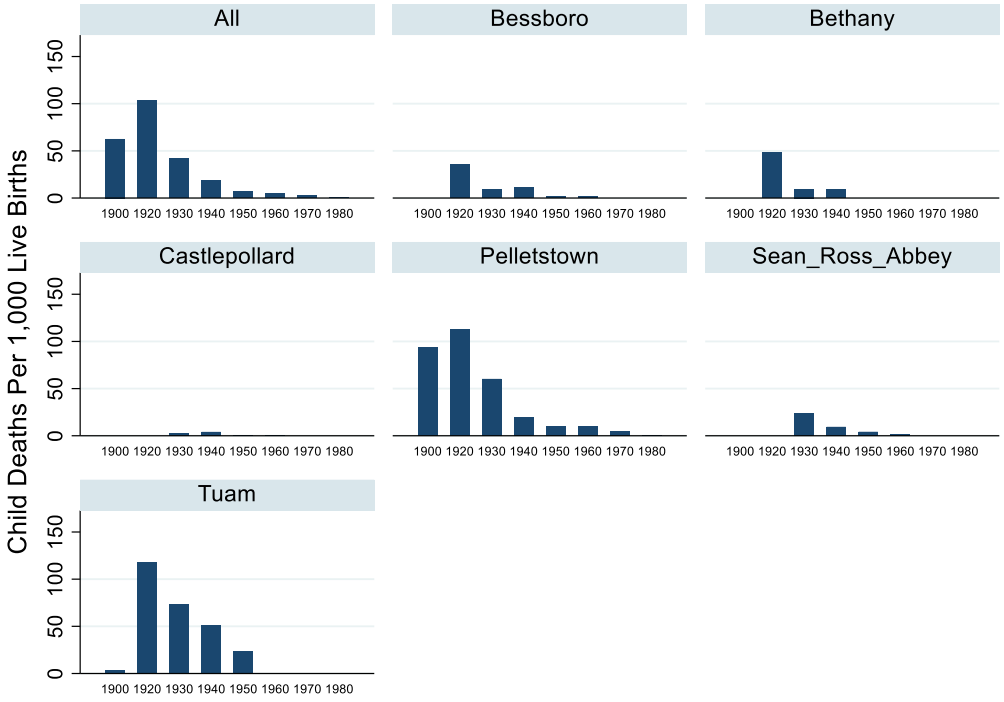
Note to Annex Figure 8: Children without a date of birth or death are excluded. The neonatal mortality rate is defined as the number of deaths between 8 and 28 days old per 1,000 live births. Deaths at other ages are not included. Source - institutional records and authors' calculations.

Annex Figure 9 Mortality Rate During the Infancy Period by Institution and Decade



Note to Annex Figure 9: Children without a date of birth or death are excluded. The mortality rate during the infancy period is defined as the number of deaths between 29 and 365 days old per 1,000 live births. Deaths at other ages are not included. Source - institutional records and authors' calculations.

Annex Figure 10 Mortality Rate During the Childhood Period by Institution and Decade



Note to Annex Figure 10: Children without a date of birth or death are excluded. The mortality rate during the childhood period is defined as the number of deaths between 366 and 1825 days old per 1,000 live births. Deaths at other ages are not included. Source - institutional records and authors' calculations.

Annex 3: Infant Mortality in Ireland, Dublin City, and Pelletstown

Annex Table 1

	Infant Mortality Rate		
Year	Pelletstown	Dublin City	Ireland
1920	498	141	78
1921	368	134	73
1922	312	115	69
1923	301	125	66
1924	348	125	72
1925	333	119	68
1926	355	127	74
1927	238	123	71
1928	280	102	68
1929	262	106	70
1930	362	97	68
1931	275	94	69
1932	285	100	72
1933	256	83	65
1934	310	80	63
1935	402	94	68
1936	379	114	74
1937	406	102	73
1938	339	96	67
1939	322	90	66
1940	253	91	67
1941	345	114	74
1942	296	98	69
1943	158	126	83
1944	144	117	79
1945	132	111	71
1946	227	92	65
1947	298	85	68
1948	191	46	50
1949	178	64	53
1950	151	50	46
1951	187	49	46
1952	64	38	41
1953	42	41	39
1954	21	35	38
1955	27	35	37
1956	35	36	36
1957	47	33	33
1958	85	41	35
1959	75	36	32
1960	81	30	29
1961	119	34	31
1962	80	34	29
1963	64	28	27
1964	31	29	27
1965	51	28	25
1966	50	27	25
1967	56	31	24

1968	45	22	21
1969	29	22	21
1970	19	18	20
1971	22	19	18
1972	20	20	18
1973	14	23	18
1974	18	18	18
1975	44	21	18
1976	16	18	16
1977	27	20	16
1978	7	16	15
1979	10	14	13
1980	15	13	11

Annex 4: Cause of Death

Annex Table 2

Cause of Death	No.	%
Congenital Heart Disease	238	4
Convulsions	305	4
Diphtheria	107	2
Gastroenteritis	934	14
Generalized infections	219	3
Haemorrhage	155	2
Influenza	147	2
Malabsorption	638	9
Measles	108	2
Meningitis, Encephalitis	244	4
Non-specific	1226	18
Other	451	7
Respiratory Infections	1216	18
Spina Bifida	205	3
Syphilis	166	2
Tuberculosis	432	6
Total	6791	100

Annex 5: Deaths by Age, Institution, and Decade

Annex Table 3

Perinatal Deaths

	Decade							
Institution	1920s	1930s	1940s	1950s	1960s	1970s	1980s	Total
Bessborough	0	24	27	23	28	16	8	126
Bethany	2	7	8	3	1	0	0	21
Castlepollard	0	9	13	15	6	2	0	45
Pelletstown	41	33	26	23	23	26	5	177
Sean Ross Abbey	0	39	43	28	27	0	0	137
Tuam	0	7	34	6	0	0	0	47
Total	43	119	151	98	85	44	13	553

Neonatal Deaths

	Decade							
Institution	1920s	1930s	1940s	1950s	1960s	1970s	1980s	Total
Bessborough	0	15	47	9	3	2	3	79
Bethany	3	14	12	2	1	0	0	32
Castlepollard	0	6	32	5	2	0	0	45
Pelletstown	91	92	63	18	48	8	2	322
Sean Ross Abbey	0	59	64	16	8	0	0	147
Tuam	4	14	45	8	0	0	0	71
Total	98	200	263	58	62	10	5	696

Infancy Deaths

	Decade								
Institution	1900	1920s	1930s	1940s	1950s	1960s	1970s	1980s	Total
Bessborough	0	68	207	345	15	9	15	5	664
Bethany	0	53	77	54	1	3	0	0	188
Castlepollard	0	0	16	84	28	6	1	0	135
Pelletstown	33	782	853	413	93	129	40	8	2351
Sean Ross Abbey	0	0	327	299	75	21	0	0	722
Tuam	0	115	189	269	50	0	0	0	623
Total	33	1019	1669	1464	262	168	56	13	4683

Childhood Deaths

	Decade								
Institution	1900s	1920s	1930s	1940s	1950s	1960s	1970s	1980s	Total
Bessboro	0	9	9	14	1	2	0	0	35
Bethany	0	10	5	3	0	0	0	0	18
Castlepollard	0	0	1	6	1	1	0	0	9
Pelletstown	60	309	180	45	19	31	17	1	662
Sean Ross Abbey	0	0	30	17	6	2	0	0	55
Tuam	1	55	58	63	14	0	0	0	191
Total	61	383	283	148	41	36	17	1	970

Chapter 33: Deaths

A: Child deaths

Introduction

33.1 High rates of infant and child mortality are a marked feature of the mother and baby homes under investigation. This is especially so in the earlier years of their existence. The numbers of deaths and the level of official knowledge about those deaths are described in the individual institutional chapters. The Commission has had a detailed examination of the deaths in Pelletstown, Bessborough, Castlepollard, Sean Ross, Tuam, and Bethany conducted by statisticians - see associated Statistical Analysis. These are the institutions in which there were a large number of deaths. There were deaths associated with Regina Coeli but the Commission did not conduct a detailed analysis because the available data did not facilitate doing so - see Chapter 21. There were some deaths associated with the other mother and baby homes but the numbers were very small. For example, a small number of children born to mothers who were in Dunboyne died but the children were not admitted to Dunboyne and they died in hospitals. The situation was similar in The Castle and Miss Carr's. The Commission does not have detailed information about deaths in Kilrush or St Gerard's.

Establishing the number and causes of deaths

33.2 The Commission's information on deaths comes from the institutional records and the General Register Office (GRO). The database compiled by the Commission records all deaths which are recorded in the institutional records. The GRO provided the Commission with lists of deaths for Tuam, Bessborough, Castlepollard and Sean Ross. When compiling these lists, the GRO used the place of death and the last address of the deceased as the means of identifying the relevant deaths. The Commission analysed the names from these lists and compared them with the information compiled from the institutional records. There were some differences between them. In some cases, the institution was not mentioned as either the place of death or the last known residence and, as a result, these deaths were not on the GRO lists. Where the Commission was aware of a death which was not on the list provided by the GRO, the online register was checked. The online register covers deaths up to 1969. In the vast majority of cases, the Commission found that the deaths recorded in the institutional records were on the GRO register. The GRO checked the post 1969 deaths on behalf of

the Commission. Again, the vast majority of the deaths recorded in the institutional records were found on the GRO register.

33.3 The Commission examined the cases of children who went to hospital from the institutions and did not return. In some cases, the institutional records record that the child died in the hospital. Where there was no such record, the Commission checked the GRO register to try to establish if any of those children died within a year of their going into hospital. These deaths are included in the total deaths for each institution. (In the vast majority of these cases, the deaths occurred within two months of their going into hospital). In a small number of cases, children who left the institution to go to a place other than a hospital are recorded in the institutional records as having died within a year. These deaths are also included in the total deaths for each institution.

Causes of death

33.4 The institutional records record the cause/causes of death in almost all cases. The GRO register also gives the causes of death. In many cases, there is more than one cause of death recorded and there are minor differences between the causes recorded in the institutional records and those recorded in the GRO register. In analysing the causes of death, the Commission has used the causes as recorded by the GRO. Where multiple causes of death are recorded, the Commission, with the assistance of a paediatrician, has identified the likely most immediate cause of death and classified the death accordingly.

Marasmus

33.5 The term marasmus as a cause of death was common until the 1940s and was used in instances where a child could not absorb enough nutrients from food to thrive. Marasmus was always associated with an underlying health condition or disease which resulted in a failure to thrive. From the 1950s, marasmus was not generally accepted as a cause of death and doctors citing marasmus as a cause of death were asked to investigate and identify the underlying medical condition or disease. Some commentators have concluded that infant deaths which occurred in mother and baby homes due to marasmus indicates that infants were neglected, not appropriately cared for, and/or wilfully starved to death in these institutions. However, marasmus was a frequently cited cause of infant deaths in institutional, hospital and community settings in early twentieth-century Ireland. The Commission considers it unlikely that deaths in hospitals and family homes were

due to wilful neglect and so cannot conclude that the term marasmus denotes wilful neglect in mother and baby homes. The more likely explanation is that marasmus as a cause of death was cited when an infant failed to thrive due to malabsorption of essential nutrients due to an underlying, undiagnosed medical condition.

Explanations of causes of death

33.6 The Commission engaged a paediatrician to assist in its analysis of the various causes of deaths. The words used varied over time and some of the causes given were quite non-specific. The following explanations were provided by the paediatrician.

Cardiac Failure: This is the final outcome of many causes of death, for example, sepsis. Primary failure of the heart would be very unusual and probably confined to children with congenital heart lesions, diphtheria, viral myocarditis or specific severe vitamin deficiency.

Congenital Debility: This is lack of viability 'life force'. The use of 'congenital debility' decreased rapidly from 1921 until it was removed in 1948 in the UK.

Premature Birth: Too vague a cause of death; evolved into more specific entities that actually caused the death.

Gastroenteritis: Infectious (Bacterial or Viral) disease causing diarrhoea, vomiting and dehydration. Fluid and Electrolyte solutions were only used since the 1940s/1950s.

Bronchopneumonia: Infection involving the airways (Bronchi) and the lung proper; can be very severe without antibiotics and/or oxygen. The infection often spread to the bloodstream. Antibiotics started to be used in the 1940s.

Convulsions: Acute onset of chaotic electrical activity in the brain; sudden loss of consciousness; inadequate oxygenation of brain. Death from prolonged convulsions (status), Aspiration of stomach contents into lungs or injury. Medical treatment started with phenobarbitone in the 1920s and phenytoin in the 1940s.

Measles: Serious (400 to 500 deaths in the US each year) common infectious disease until vaccine (1963) reduced the incidence by 98%.

Meningitis: Infection of the lining of the brain and spinal cord (the meninges); bacterial, tubercular and viral. The former two had 100% mortality before the introduction of antibiotics in the late 1940s.

Influenza: Highly contagious airborne virus; local epidemics and pandemics since ancient times (for example, 1918-19 Spanish flu). No vaccine until the 1940s; seasonal vaccines in the late 1960s; subunit vaccines in the late 1970s. Monitoring for Antigenic drift of influenza virus. Crowding of vulnerable children allowed mini epidemics to occur of many infectious diseases.

Gastritis: part of acute gastroenteritis.

Congenital Heart Disease: The most common serious congenital anomaly. 17/10,000 incidence of life threatening disease. Tetralogy of Fallot, Transposition of Great Arteries, Hypoplastic left heart Syndrome. No surgery till the late 1950s.

Hydrocephalus: Part of Spina Bifida; Very common in Ireland before periconception folic acid supplementation was introduced in 1993; poor drainage of cerebrospinal spinal fluid led to its accumulation in the ventricles (fluid filled sacs) of the brain. The ventricles expanded causing the baby's head to grow excessively either before (leading to difficult labour) or after birth causing a huge head and brain damage from stretching of the brain.

Pertussis: (Whooping Cough) Major infectious disease; major cause of death in those less than 20 years; 3.7% of deaths in the Netherlands in this age group before vaccination which dropped to 0.024% with vaccination. Particularly dangerous in infants. 50% need hospital care. Vaccination began in 1952 in Ireland.

TB/Tuberculosis/Phthisis: serious infectious disease involving an initial infection that may become manifest immediately or lay dormant and become manifest years later. Initial portal of entry is through the lungs from contact

with someone with pulmonary TB. TB can then spread to involve almost any part of the body including meninges, bone, kidney, bowel etc. The BCG vaccine was introduced in Ireland in the 1930s and 1940s. Streptomycin as a treatment was introduced in the early 1950s. These resulted in a dramatic decrease in mortality.

Diphtheria: 'The children's plague'; an infectious disease with mortality of 20% in under 5s before treatment introduced. Diphtheria caused obstruction of the airway and the toxin produced by the infection caused nerve paralysis, myocarditis. Antitoxin introduced in the 1930s and penicillin and vaccination in the 1940s.

Syphilis (Tabes): Congenital; 40% of babies born to mothers with untreated syphilis died. Infection spread to bone, bone marrow, liver and spleen, eyes, ears, meninges, skin. Penicillin introduced in the late 1940s.

Sepsis (Septicaemia): Bacterial blood infection that often arose from the spread of infection from primary sites such as pneumonia. Needed antibiotics to improve the desperate mortality.

Atelectasis: Collapse of the small air sacs in the lung. Could be caused by obstruction of the airways with plugs of mucous, enlarged lymph nodes. Asthma/ TB/ pneumonia/ preterm lungs.

Cerebral Haemorrhage: Traumatic and Non Traumatic. The latter divided into the area of brain involved. Sub Arachnoid, Sub Dural or Intra Cerebral. Could be vascular malformation or a severe bleeding tendency from low platelets, vitamin K deficiency.

Asphyxia: Lack of oxygen usually refers to asphyxia during difficult delivery of the baby.

Laryngitis: leading to obstruction of airway from Epiglottis, Diphtheria, Tetany.

Otitis Media: without antibiotics could spread to cause mastoiditis, meningitis and Dural sinus thrombosis.

Icterus Neonatorum: Neonatal jaundice if severe caused kernicterus or acute brain damage. Exchange transfusions as treatment only in the late 1950s. Phototherapy in the 1980s.

Registration of Deaths

33.7 The registration of deaths in the period 1922 - 1998 was governed by the *Registration of Births and Deaths (Ireland) Act 1863* (which was amended by the *Births and Deaths Registration Act (Ireland) 1880*) and by the detailed rules set out in the *Regulations for Registrars of Births, Deaths, and Marriages 1880.* Initially, the poor law unions formed the superintendent registrars' districts for the purpose of registration of births and deaths. The dispensary districts within the poor law unions were the registrars' districts; each was headed by a registrar who reported to the relevant superintendent registrar. The superintendent registrars reported to the Registrar General of Births and Deaths in Ireland. After independence, the poor law unions were replaced by County Boards of Health and in 1942 by the public assistance districts created under the *Public Assistance Act 1939*. The title of the Registrar General was changed to an t-Ard-Chláraithreoir in 1952 under the *Vital Statistics and Birth, Deaths and Marriages Registration Act 1952*. The health boards became the superintendent registrars when they were established in 1970/71.

33.8 The registrar of the district in which a person died was responsible for registering the death. The relatives or people present at the death were required to inform the registrar of the death. In the case of deaths which occurred in institutions, the law provided:

> Where a person dies in a place which is not a house, or a dead body is found elsewhere than in a house, it shall be the duty of every relative of such deceased person having knowledge of any of the particulars required to be registered concerning the death, and in default of such relative, of every person present at the death, and of any person finding and of any person taking charge of the body, and of the person causing the body to be buried, to give to the registrar, within the five days next after the death or the finding, such information of the particulars required to be registered concerning the death as the informant possesses, and in the presence of the registrar to sign the register.

33.9 So, the obligation to inform the registrar was placed, in order, as follows:

(i) every relative having knowledge of any of the required particulars,

(ii) in default of such relative -

a. every person present at the death,

b. any person finding the body,

c. any person taking charge of the body,

d. the person causing the body to be buried.

33.10 In general, the particulars had to be given to the registrar within five days of the death but this could be extended to 14 days in certain circumstances.

33.11 The person who registered the death was known as the informant. The informant was required to sign the register, giving his or her qualification under the Act (for example, mother, son, present at death, responsible for burial) and residence. The registrar would sign and date the entry in the register. If the death took place in a public institution, the former residence of the deceased would also usually be entered.

Medical certification

33.12 Medical certification of the cause of death was not an absolute requirement. If the deceased was attended before death by a registered medical practitioner, the practitioner was required to sign and provide a certificate in relation to the cause of death. The informant was required to deliver that certificate to the registrar who would then insert the cause of death in the register. (This requirement did not apply where an inquest was held, as the certificate of the jury furnished by the coroner was sufficient). The GRO told the Commission that there was no legal requirement to retain these certificates as the registration would have incorporated the cause of death as it appeared on the certificate. The GRO does hold a small number of Medical Cause of Death Certificates from 1989 to 2005.

33.13 If there was no medical certificate from an attending medical practitioner, unless the death was, in the opinion of the Registrar, sudden, violent or suspicious, the Registrar could fill in the cause of death on the basis of the 'best information' obtained from the informant, rather than a certificate.

Actual registration of deaths

33.14 The evidence compiled by the Commission suggests that the institutions being investigated did generally comply with the requirements for the registration of deaths. Most deaths in the institutions are recorded as 'certified'.

33.15 In the case of Tuam, the death certificates very often name the informant as Bina Rabbitte who lived and worked in the institution. It has been suggested that she effectively 'certified' the deaths. There is no evidence that this was the case.

33.16 The Medico-Social Research Board was concerned about the failure to certify and register deaths. Its 1971 Annual Report noted that the number of deaths which were registered but not medically certified had dropped from 11.2% in 1948 to 1.9% in 1968. However, there was still a high rate of non-registration and this was a particular problem in the west of Ireland. In 1970, a study on the registration and certification of deaths during the years 1966-69 was undertaken on a random sample of 21 parishes in the west of Ireland.[1] This showed that 86.3% of deaths had been medically certified and registered; 6.2% had been registered but not certified and 7.5% had been neither certified nor registered. A follow up study was carried out on burials in the period 1974-77.[2] This showed that 6.1% were neither certified not registered. The Medico-Social Research Board, while recognising that there had been an improvement, concluded that the certification and registration of deaths in the west of Ireland remained unsatisfactory.

Timeliness of registration

33.17 The deaths in the institutions were generally registered in a reasonably, but not strictly, timely manner. It seems to have been the practice, particularly when the death rates were very high, to register a number of deaths at the same time. For example, in Bessborough, six deaths were registered on 12 May 1941; these occurred between 3 March 1941 and 27 April 1941; nine deaths were registered in 26 August 1943; they occurred between 22 July 1943 and 23 August 1943. There are some examples of quite late registration. There is no obvious explanation in most cases.

[1] G Dean and C J Mulvihill, 'The registration of Births and Deaths in Ireland', in *Journal of the Irish Medical Association* (1972).
[2] Medico-Social Research Board, *Annual Report 1979*

B: Maternal Deaths

Introduction

33.18 The Commission examined the institutional records of Pelletstown, Bessborough, Sean Ross, Castlepollard, Tuam, Dunboyne, Bethany, Denny House, Cork county home, Stranorlar county home and Thomastown county home in order to establish the number and causes of maternal deaths.[3] It identified 200 women who died when resident in one of these homes (no maternal deaths were recorded in Dunboyne). A number of these deaths occurred several years after the woman had given birth. Four women who were admitted to Bessborough in the 1920s, and continued to reside there, died in the 1950s, 1970s, and 1980s (2 deaths). The Commission located GRO death records for 193 women (96.5% of deaths).

33.19 Maternal deaths are defined as a death of a woman while pregnant or within 42 days of the termination of the pregnancy. Maternal deaths are classified into three categories: this classification has been made by an obstetrician.

- **Direct obstetric deaths**: direct obstetric deaths are those resulting from obstetric complications of the pregnancy state (pregnancy, labour and the puerperium), from interventions, omissions, incorrect treatment, or from a chain of events resulting from any of the above.
- **Indirect obstetric deaths**: indirect obstetric deaths are those resulting from previous existing disease or disease that developed during pregnancy and which was not due to direct obstetric causes, but which was aggravated by physiologic effects of pregnancy.
- **Coincidental maternal deaths**. Deaths from unrelated causes which happen to occur in pregnancy or the puerperium.

33.20 Of the 193 deaths where GRO death records have been located, 71 can be classified as direct maternal deaths, and 53 as indirect maternal deaths; 69 were probably coincidental. However, 14 of the 124 deaths that would be classified as direct or indirect maternal deaths, on the basis of the death certificate, occurred more than a year after the birth of a child, and should therefore be omitted from those categories, so the figure is 110. The Commission has taken a decision to exclude only deaths that occurred more than a year following birth; this means that

[3] The maternal deaths in county homes relate only to the unmarried mothers whose records were analysed by the Commission. Married women also gave birth in county homes; their maternal mortality rates have not been examined.

the number of deaths classified as indirectly or directly related to pregnancy is probably overstated.

33.21 Among the direct maternal deaths, the largest cause was puerperal sepsis which accounted for 32 deaths. During the 1920s an average of 105 women died in Ireland each year from puerperal sepsis; in the 1930s an average of 74 women died each year from puerperal sepsis. In the late 1930s it was established that the anti-bacterial drug, sulphonamide, was a highly-effective treatment for this condition, and the death rate from puerperal sepsis fell sharply during the 1940s. In 1950, 20 women in Ireland died from puerperal sepsis and the number continued to decline in the following years.

33.22 The second most common direct cause of maternal deaths in the institutions was eclampsia and its variants such as acute fatty liver of pregnancy. This figure is arrived at by including cases where eclampsia or 'nephritis' or 'albuminuria' or 'toxaemia' is mentioned on the death certificate. They account for 25 deaths; however, two of the deaths where nephtritis or kidney disease is recorded occurred more than a year after the birth. There were eight deaths from haemorrhage/shock/obstructed labour and four from pulmonary embolism. The relatively low rate of death from haemorrhage is probably due to fact that the majority of women were first-time mothers.

33.23 The majority of indirect maternal deaths were due to cardiac disease in pregnancy. This is consistent with the period between the 1920s and 1970s where many women went into pregnancy with underlying cardiac disease due to damage to heart valves caused by rheumatic fever. Deaths due to appendicitis in pregnancy are classified as indirect deaths as pregnancy obscures or delays the diagnosis of appendicitis. Other deaths classified as indirect deaths are deaths from influenza and brain haemorrhage where pregnancy is a precipitating or aggravating factor.

33.24 The commonest cause of coincidental death was infectious disease. Tuberculosis was overwhelmingly the biggest contributor. Many of the 16 deaths due to typhoid, dysentery, diphtheria, measles, scarlet fever and meningitis may have occurred due to institutional outbreaks. Seven deaths due to pneumonia, where no other factors were listed, have been classified as coincidental, although there may have been pregnancy- related factors, which if known would indicate classification as indirect deaths.

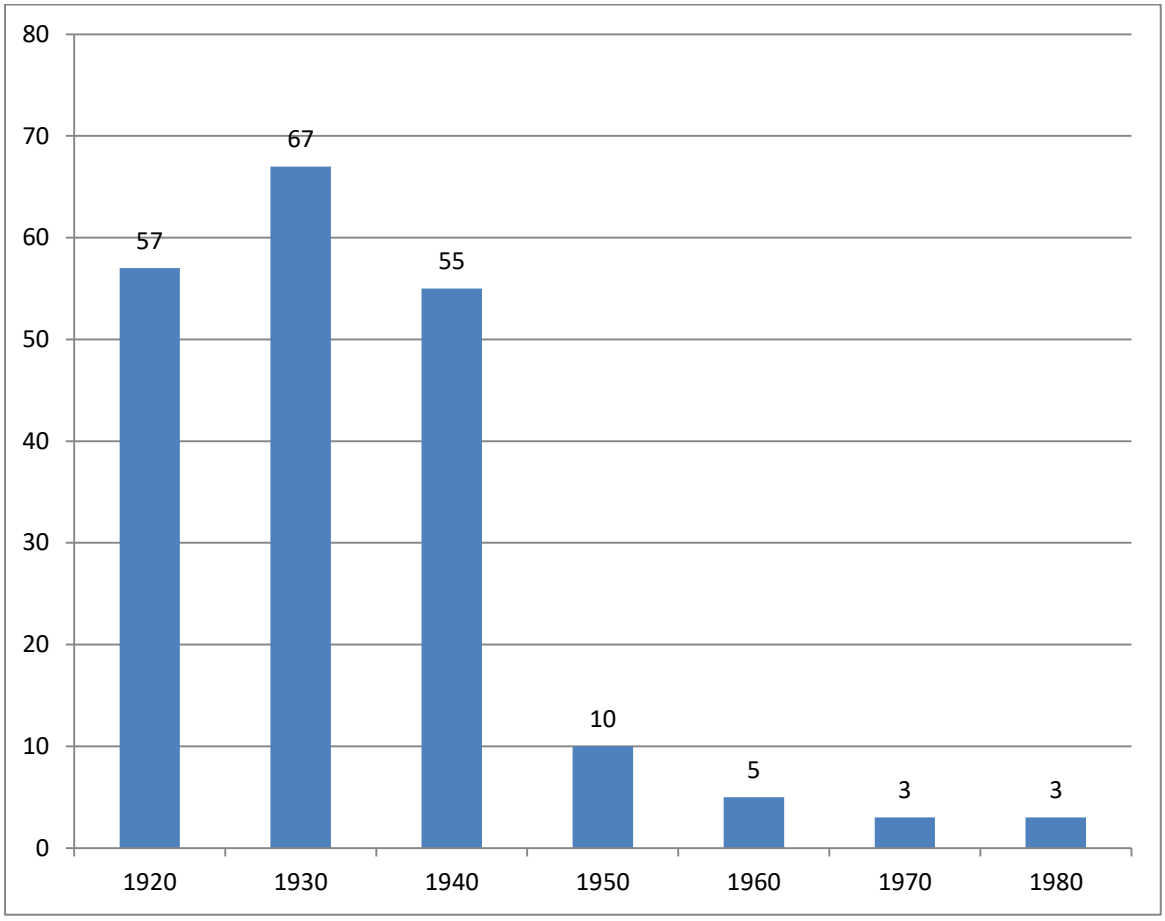
33.25 Maternal mortality in the homes was higher than the national rate until the 1970s. However, as noted earlier, the Commission's figures probably overstate the number of deaths and the excess mortality is much less than in the case of infant mortality in these institutions. The downward trend mirrored the national decline. The significant improvement in maternal mortality during the 1940s both nationally and in these homes contrasts with the spike in infant mortality during that decade.

33.26 The mortality from causes that were not associated with pregnancy, either directly or indirectly is a greater cause of concern. The 16 deaths of women from infectious diseases reflects major shortcomings in these institutions that were also responsible for many infant deaths.

Maternal deaths

	1920s	1930s	1940s	1950s	1960s	1970s	1980s	1990s
Admissions	4307	7520	8525	6160	8337	7714	4607	1481
Deaths	57	67	55	10	5	3	3	0
Maternal deaths (Direct and Indirect)	25	42	30	8	5	0	0	0
Maternal Mortality Rate/1,000	5.8	5.59	3.52	1.3	0.6	0	0	0
National Maternal Mortality Rate/1,000	4.82	4.82	2.36	1.16	0.34	0.19	0.05	0.34

Deaths of women in mother and baby homes and county homes from all causes



Cause of death classified as D (Direct Maternal Death), I (Indirect Maternal Death, C (Coincidental Maternal Death).

Cause of death	
Pulmonary Tuberculosis	16 C
Cardiac Failure	6 I
Typhoid	5 C
Cardiac Failure, Pulmonary Tuberculosis	4 C
Dysentery, Haemorrhage	4 C
Eclampsia	4 D
Phthisis	4 C
Pneumonia	4 C
Puerperal Septicaemia	4 D
Cardiac Failure, Tuberculosis	3 C
Coronary Thrombosis	3 I
Puerperal Sepsis	3 D
Pulmonary Embolism	3 D
Tubercular Meningitis	3 C
Acute Nephritis	2 D
Appendicitis	2 I
Bronchitis, Cardiac	2 I
Bronchopneumonia , Cardiac Failure	2 I
Cardiac Failure, Eclampsia	2 D
Cardiac Failure, Puerperal Sepsis	2 D
Eclamptic Convulsions, Kidney Disease	2 D
Hepatic Failure, Renal Failure, Toxaemia	2 D
Influenza , Pneumonia	2 I
Meningitis, Tuberculosis	2 C
Puerperal Fever	2 D
Puerperal Sepsis, Toxaemia	2 D
Pulmonary Tuberculosis, Cardiac Failure	2 C
Toxaemia, Typhoid	2 C
Tuberculosis	2 C
Abscess of Jaw, Cardiac Failure	1 C
Abscess of Nose, Meningitis	1 C
Acute Bright's Disease	1 D
Acute Leukaemia	1C
Acute Mania, Cardiac Failure	1 I
Acute Nephritis, Cardiac Disease	1D
Acute Venous Sepsis, Cardiac Failure, Toxaemia	1 D
Acute Yellow Atrophy of Liver, Pregnancy, Confinement	1 D
Albino, Myocarditis, Syncope, Post-Parturition	1 I

Anaemia, Cardiac	1I
Anaemia, Myocarditis, Nephritis	1 D
Anaemia, Nephritis	1 D
Antepartum Haemorrhage, Coronary Thrombosis, Post-Partum Debility	1 D
Antepartum Haemorrhage, Pre-Eclamptic Toxaemia	1 D
Appendicitis, Exhaustion, Peritonitis	1 I
Appendicitis, Peritonitis	1 I
Arteriosclerosis, Cardiac Failure	1 I
Ascending Myelitis	1 C
Bronchitis, Cardiac Failure	1 I
Bronchitis, Influenza	1 I
Bronchopneumonia	1 **C**
Bronchopneumonia , CA (L) Breast	1 C
Carcinoma	1C
Carcinoma of Uterus	1C
Cardiac Disease	1 I
Cardiac Failure, Coronary Thrombosis	1 I
Cardiac Failure, Eclampsia, Pulmonary Oedema	1 D
Cardiac Failure, Endocarditis	1 I
Cardiac Failure, Influenza , Pneumonia	1 I
Cardiac Failure, Internal Haemorrhage, Respiratory Failure	1 I
Cardiac Failure, Malignant Ovarian Cyst, Toxaemia	1 D
Cardiac Failure, Mitral Disease, Parturition	1 I
Cardiac Failure, Mitral Stenosis	1 I
Cardiac Failure, Pelvic Cellulitis	1D
Cardiac Failure, Pelvic Cellulitis, Toxaemia	1D
Cardiac Failure, Peritonitis	1D
Cardiac Failure, Pernicious Anaemia	1I
Cardiac Failure, Phthisis	1C
Cardiac Failure, Post-Partum, Diptoria	1 C
Cardiac Failure, Postpartum Haemorrhage	1D
Cardiac Failure, Puerperal Septicaemia	1D
Cardiac Failure, Septicaemia	1 C[4]
Cardiac Failure, Valvular Heart Disease	1I
Cardiac, Pulmonary Tuberculosis, Syncope	1C
Cardiac, Spastic Paraplegia	1 C[5]
Cardiac Shock, Puerperal Sepsis	1D
Cardiac Tamponade, Ruptured Dissecting Aneurysm of Aorta	1I
Cardiorespiratory Failure, Congestive Cardiac Failure, Atrial Fibrillation, Diabetes	1 C[6]
Cardiopulmonary, Kyphoscoliosis	1I

[4] This would normally be classified as 'Direct' but this woman died more than a year after giving birth.
[5] Died more than a year after giving birth.
[6] Died more than a year after giving birth.

Cerebral Embolism, Myocardial Degeneration	1 C[7]
Cerebral Haemorrhage	1I
Cerebral Haemorrhage, Myocarditis	1I
Coma, Puerperal Albuminuria	1D
Confinement, Coronary Thrombosis	1I
Confinement, Influenza	1I
Continued Fever	1 C[8]
Coronary Embolism	1 D
Coronary Embolism, Phlebitis, Pregnancy	1D
Diphtheria	1C
Dysentery	1C
Encephalitis Lethargica, Heart Failure, Hyperpyrexia	1I
Endocarditis, Rheumatism	1I
Enteric	1C
Enteric, Typhoid	1C
Exhaustion, Puerperal Sepsis	1D
Exhaustion, Pulmonary Tuberculosis	1C
Gastroenteritis, Haemorrhage, Puerperal Sepsis	1D
Haemorrhage, Dysentery	1C
Heart Disease	1I
Heart Failure, Puerperal Parametrisis	1D
Heart Failure, Puerperal Sepsis	1D
Influenza , Parturition	1I
Intestinal Haemorrhage, Purpura	1C
Inversion of Uterus, Shock	1D
Kidney Disease	1 C[9]
Lobar Pneumonia, Cardiac Failure	1C
Lobar Pneumonia, Typhoid	1C
Measles, Oedema of Lung, Pneumonia	1C
Meningitis	1C
Myocardial Failure , Obstruction of Labour , Shock	1D
Myocarditis	1I
Nephritis, Cardiac Failure	1D
Nephritis, Cardiac Failure, Tuberculosis	1C[10]
Nephritis, Puerperal Eclampsia	1D
Peritonitis	1D
Phlebitis	1D
Placenta Previa Haemorrhage	1D
Post-Operative Shock (Caesarean), Toxaemia of Pregnancy	1D
Postpartum Haemorrhage	1D
Puerperal Sepsis, Cardiac Failure	1D

[7] Died more than a year after giving birth.
[8] Died more than a year after giving birth.
[9] Died more than a year after giving birth.
[10] Died more than a year after giving birth.

	Puerperal Sepsis, Placenta Praevia, Severe Ante-Partum Haemorrhage	1D		
	Puerperal Sepsis, Pulmonary Congestion	1D		
	Puerperal Sepsis, Typhoid	1D		
	Puerperal Septicaemia, Syncope	1D		
	Respiratory Paralysis, Subarachnoid Haemorrhage	1C[11]		
	Scarlet Fever	1C		
	Septic Pneumonia	1C		
	Septicaemia	1D		
	Shock	1 C[12]		
	Syncope	1I		
	Syncope, Mitral Stenosis	1I		
	Syncope, Pregnancy, Rheumatic Carditis	1I		
	Tabes Mesenterica	1C		
	Tubercular Meningitis, Cardiac Failure	1C		
	Tuberculosis, Confinement	1C		
	Valvular Heart Disease	1I		

[11] Died more than a year after giving birth.
[12] Electrocuted.

Chapter 34: Vaccine trials

Introduction

34.1 The Commission's Terms of Reference require it to establish the extent of compliance with relevant regulatory and ethical standards of the time of systemic vaccine trials found to have been conducted on children in one or more of the institutions being investigated by the Commission during the relevant period.

Sources

34.2 GlaxoSmithKline provided the Commission with extensive documentation about vaccine trials and clinical trials conducted in children's residential institutions in Ireland in the period 1930 to 1973. These trials all involved either the Wellcome Foundation or Glaxo Laboratories. These companies are today part of the same pharmaceutical corporation - GlaxoSmithKline - but were separate commercial entities when the trials described here were being conducted. The archives of both companies, although now merged, evolved separately. The Wellcome Foundation retained extensive documentation while Glaxo Laboratories's available documentation was quite sparse. Most of the documentation quoted below, particularly the protocols for the tests and the correspondence between the companies and the researchers, came from the GlaxoSmithKline archives.

34.3 The institutional records of the mother and baby homes involved, which were provided to the Commission by the Child and Family Agency (TUSLA), were then used to establish the identity of the children involved where possible and to establish what, if any, involvement or knowledge the authorities in these institutions had about the trials. These institutional records are described in the individual chapters on the institutions.

34.4 Relevant documentation was also provided by the HSE and the Department of Health (see Part 5: Archives).

Regulatory Standards

34.5 The legislation governing clinical research and the importation of vaccines into Ireland during the period under review was the *Therapeutic Substance Act* 1932,[1] and the *Control of Clinical Trials Act* 1987.[2] None of the trials described here took place after the enactment of the latter Act.

34.6 The *Therapeutic Substance Act* 1932 aimed to regulate the manufacture, import and sale of therapeutic prophylactic and diagnostic substances. Its primary purpose was to ensure that imported vaccines, sera, toxins, antitoxins and antigens complied with standards of strength, quality and purity as prescribed by an advisory committee. The act also made provision for the Minister for Local Government and Public Health/Minister for Health to grant Manufacturer's Licences, Import Licences, Import Permits and Research Licences to suitably qualified applicants.

34.7 Researchers undertaking clinical trials were obliged to get a Research Licence from the Minister for Local Government and Public Health (the Department of Health from 1947). A Research Licence granted the holder ministerial approval to import therapeutic substances covered by the *Therapeutic Substance Act* for the purpose of scientific research. The terms and constraints of a Research Licence were clearly defined. Firstly, the licence applied to the licensee only. Secondly, scientific research could be undertaken only at the address stated on the licence; if the licence holder wanted to conduct clinical research in a location other than that stated on the licence, the holder was obliged to get the authorisation of the minister to do so.

34.8 The Act did not specifically provide for a regulatory body or mechanism to oversee its implementation. The Act required that a Therapeutic Substances Advisory Committee be established to advise and assist the minister in the making of orders and regulations under the Act. This was not done until 1939 when the events surrounding the Ring College immunisation problems in 1936, and the associated High Court case in 1939, forced the government of the day to establish such a

[1] http://www.irishstatutebook.ie/eli/1932/act/25/enacted/en/print.html.
[2] http://www.irishstatutebook.ie/eli/1987/act/28/enacted/en/html.

committee.[3] It has been stated that there was widespread non-compliance with the Act and that the code was not enforced by the department.[4]

34.9 The National Drugs Advisory Board (NDAB) was established in 1966. It was set up to organise and administer a service for obtaining, assessing and disseminating information about the safety of new and reformulated drugs and of drugs already in use, and to advise the Minister for Health on matters relating to the safety and quality of drugs.[5] As its name makes clear, it was an advisory and not an implementation board. A voluntary agreement was entered into by the NDAB with the pharmaceutical industry and the medical profession whereby the prior approval of the NDAB would be sought before the undertaking of clinical trials. This did not change the law in any way.

Ethical Standards

34.10 Ethical standards relating to clinical trials in human research subjects, and especially the critical issue of consent, applicable during the period 1922-1998 were set out in the *Nuremberg Code* (1947), *Report of the Medical Research Council (UK)* (1962) and the *Declaration of Helsinki* (1964). The main points of each are as follows:

Nuremberg Code (1947)[6]

34.11 The *Nuremberg Code* was drawn up by American judges sitting in judgment of Nazi doctors accused of conducting murderous and torturous human experiments in the Nazi concentration camps.[7] It states:

> The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient

[3] In 1936, an immunisation accident at Ring College, County Waterford, caused twenty children to develop tuberculosis and the death of a 12 year old girl. See Michael Dwyer, *Strangling Angel: Diphtheria and childhood immunisation in Ireland*, (Liverpool, 2018), 101-43.
[4] This view was expressed by Mr Thomas McGuinn, chief pharmacist at the Department of Health to the Lindsay Tribunal and accepted at p. 210 of the *Report of the Tribunal of Inquiry into the Infection of Persons with Haemophilia* and Related Matters Dublin: Government Publications, 2002.
[5] SI 163/1966: *The National Drugs Advisory Board (Establishment) Order* 1966. http://www.irishstatutebook.ie/eli/1966/si/163/made/en/print
[6] https://history.nih.gov/research/downloads/nuremberg.pdf.
[7] Evelyne Shuster, *Fifty years later: The significance of the Nuremberg Code*, The New England Journal of Medicine, 13 November 1997: https://www.rcsi.ie/files/research/docs/20151204040235_nuremberg-code.pdf

knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

'Clinical Research', *Report of the Medical Research Council*, 1962/63.[8]

34.12 In its report for 1962/63, the British Medical Research Council (MRC) published a series of recommendations aimed at clinicians engaged in clinical research. The MRC subsequently published a statement on 'Responsibility in investigations on human subjects' in the *British Medical Journal*.[9] The principal recommendation echoed that of the *Nuremburg Code* in relation to the obtaining of consent - that it is 'both considerate and prudent to obtain a patient's agreement before using a novel procedure'. The second MRC recommendation was that clinical researchers must ensure that

> it is clearly within the competence of a parent or guardian of a child to give permission for procedures intended to benefit the child when he is not old or intelligent enough to be able himself to give valid consent.
>
> It should be understood that the possibility or probability that a particular investigation will be of benefit to humanity or posterity would afford no defence in legal proceedings. The individual has rights that the law protects, and nobody can infringe those rights for the public good. In investigations of this type it is therefore always necessary to ensure that the true consent of the subject is explicitly obtained.
>
> The need for obtaining of consent in this type of investigation has been generally recognised, but there are some misunderstandings as to what constitutes evidence. In general, the investigator should obtain the consent

[8] Medical Research Council, 'Clinical Research', *Report of the Medical Research Council for 1962-63*, 248-51.
[9] Medical Research Council, 'Responsibility in investigations on human subjects; Statement by the Medical Research Council', *British Medical Journal*, 18 July 1964, 178-80.

himself in the presence of another person. Written consent unaccompanied by other evidence that an explanation has been given, understood, and accepted, is of little value.

In the opinion of the Council, the head of a department where investigations on human subjects take place has an inescapable responsibility for ensuring that practice by those under his direction is irreproachable.

Declaration of Helsinki (1964)[10]

34.13 This states:

The nature, the purpose and the risk of clinical research must be explained to the subject by the doctor.

Clinical research on a human being cannot be undertaken without his free consent after he has been informed; if he is legally incompetent, the consent of the legal guardian should be procured.

The subject of clinical research should be in such a mental, physical and legal state as to be able to exercise fully his power of choice.

Consent should, as a rule, be obtained in writing. However, the responsibility for clinical research always remains with the research worker; it never falls on the subject even after consent is obtained.

Consent for children

34.14 Common law recognised that medical procedures could not generally be carried out without the consent of the person affected. Legally, children do not, and did not at the time of these trials, have the capacity to consent to participation in the trials. In general, the parent(s) or guardians had the authority to consent to medical procedures involving the child. The situation in respect of illegitimate children was unclear before the enactment of the *Guardianship of Children Act 1964.* This Act provided, for the first time, that an unmarried mother was automatically the guardian of her child. The notion that either parent (if married) or the mother (if unmarried) could give consent on behalf of the child to medical treatment was assumed to be part of the parent's custody rights and responsibilities with respect to the child.[11] In more recent years, case-law has qualified the legal capacity of parents to give consent to experimental or

[10] World Medical Assembly, *Declaration of Helsinki: Recommendations guiding doctors in clinical research*. Adopted by the WMA, June 1964.

[11] Skegg, "Consent to Medical Procedures on Minors" (1973) 36 M.L.R. 370 at 375.

investigative treatment in the absence of a *direct medical benefit* to the child.[12] For the purposes of the trials that occurred before 1964, the mother's consent, in the case of 'illegitimate' children who remained in their mother's custody, was required prior to medical treatment or vaccination unless some other legal guardian was appointed or an order had been made placing the child formally in the care of the State under the *Children Acts 1908-1941* or in the context of wardship proceedings.

34.15 The common law view of the mother as custodian of the illegitimate child was strengthened over the years by the application of provisions of the Irish Constitution. In *State (Nicolau) v. An Bord Uchtala* (1966),[13] the Supreme Court reasoned that the mother had a personal constitutional right to the custody of her child born out of wedlock, by virtue of Article 40.[14] This view deepened in *G. v. An Bord Uchtala* (1979),[15] where it was found that the right to custody 'is clearly based on the natural relationship which exists between a mother and child'. The Supreme Court in *G.* considered that s. 6(4) of the *Guardianship of Infants Act 1964*, deeming the unmarried mother automatically the guardian of her child, was construed merely to 'constitute a compliance by the State with its obligation, in relation to the mother of an illegitimate child, to defend and vindicate in its laws this right to custody' - in other words, that this was a right which predated the *Guardianship of Infants Act 1964*.

34.16 It seems clear that, in cases where the children who were subjected to vaccine trials were accompanied in the institutions by their mothers, the mother was the person whose consent should have been sought. The issue is a bit more complex in the cases of children whose mothers were not with them in the institutions. If the mother's whereabouts were known, it is strongly arguable that she should have been contacted and her consent requested. In cases where mothers could not be contacted, the guardian of the children could be either the authorities in the institution or the health authority which was paying to maintain them in the institution. Precisely who was the guardian is, however, largely irrelevant as no attempt seems to have been made to seek the consent of parents or guardians.

[12] Sommerville, *Consent to Medical Care* Ottawa: Law Reform Commission, 1980, at p.71. See generally: Nicholson, *Medical Research with Children* Oxford: O.U.P., 1985; and Nicholson, "The Ethics of Research with Children", in Brazier & Lobjoit (eds.), *Protecting the Vulnerable* London: Routledge, 1991.
[13] [1966] I.R. 567 (S.C.).
[14] The father of the 'illegitimate' child did not have a similar constitutional right to custody or guardianship of the child, though, since the passing of the Guardianship of Infants Act in 1964, he has a statutory right to apply for either.
[15] [1980] I.R. 32 (S.C.).

Confirmed Vaccine Trials

34.17 The Commission has identified a total of 13 vaccine trials which took place in the period covered by the Commission's remit 1922-1998; seven of these were conducted in the institutions under investigation and were conducted in the period 1934-1973. There is a further suspected trial in 1965 but it has not been confirmed.

1930: J C Saunders, Wellcome's APT anti-diphtheria vaccine Cork.[16]

34.18 In 1930, Dr J C Saunders, Chief Medical Officer, Cork City, administered Wellcome's experimental Alum Precipitated Toxoid (APT) anti-diphtheria vaccine to 142 children in two unidentified orphanages and to 436 children aged between eight months and 14 years among the general child population in Cork city. This was backed by the Department of Local Government and Public Health, the South Cork Board of Public Assistance and the Irish National Teachers' Organisation. It was regarded as an important public health response to one of the worst diphtheria epidemics ever recorded in Europe.[17] The Commission has been unable to definitively identify the children's institutions referred to in Dr Saunders's published report of the trial. Records relating to Cork County Home give no indication that the trial was conducted there. The institutional records of the only other Cork institution which comes under the Commission's remit, Bessborough, do not indicate any involvement in this trial. Accordingly, there is no evidence to suggest that this vaccine trial was conducted in an institution under the Commission's remit.

1934-36: JC Saunders, Wellcome's APT anti-diphtheria vaccine Cork.[18]

34.19 In the mid-1930s, Dr J C Saunders partnered with Wellcome Research Laboratories to develop a 'one-shot' anti-diphtheria vaccine to protect infants and children from diphtheria, the most dreaded childhood disease at that time. Between 1934 and 1936, Dr Saunders administered Wellcome's still experimental APT anti-diphtheria antigen to 250 children in an unidentified residential institution for boys and to 2,541 children among the general population. Again, this was backed by the Department of Local Government and Public Health as well as the South Cork Board of Public Assistance. It was regarded as an important public

[16] J.C. Saunders, 'Alum-Toxoid as an immunizing agent against diphtheria', *Lancet*, Vol.229, No. 5931 (12 November 1932), 1047-50.
[17] Michael Dwyer, *Strangling Angel: Diphtheria and childhood immunization in Ireland*, (Liverpool University Press, 2018), 82-90.
[18] J.C. Saunders, 'Alum precipitated toxoid in diphtheria prevention', *Lancet*, 1 May 1937, 1064-68.

health intervention against endemic diphtheria.[19] It was not possible to identify the children's institution referred to in Dr Saunders's published report of the trial. Records from Cork County Home and from Bessborough give no indication that the trial was conducted in either institution. Accordingly, there is no evidence to suggest that this vaccine trial was conducted in an institution under the Commission's remit.

1935: Denis F Hanley, Wellcome's APT anti-diphtheria vaccine Dublin.

34.20 In 1934, Dr Denis Hanley, Assistant Medical Officer for the City of Dublin, administered Wellcome's APT anti-diphtheria vaccine to 24 children, varying in age from seven months to 14 years, resident in the Dublin Union. In 1935, Dr Hanley administered Wellcome's APT vaccine to a further 46 children, aged four to 15 years, resident in St Vincent's Industrial School, Goldenbridge,[20] St Joseph's School for Deaf Boys, Cabra,[21] and St Saviour's Orphanage, Lower Dominick Street, Dublin. Dr Hanley also administered Wellcome's APT vaccine to 39,267 Dublin school children before it had been made commercially available. The Dublin Union comes under the Commission's remit and the trial is described under Trial A below.

1935: Naughten, White, Foley, Wellcome's APT anti-diphtheria vaccine Tipperary.[22]

34.21 In 1935, medical officers trialled Wellcome's APT antigen in children's residential institutions in Tipperary. In an article in the *British Medical Journal*, Dr Martin Naughten, County Medical Officer for Tipperary South Riding, Dr J.H. White and Dr A. Foley reported that they had trialled Wellcome's APT anti-diphtheria vaccine among 370 children in three residential institutions. The trial was limited to children aged ten years and older. Although the institutions involved are not named in the article the number of children involved, and their age range, suggests that the trial was undertaken in the three industrial schools in Tipperary South: St Bernard's Industrial School, Fethard; St Francis's Industrial School, Cashel; and St Joseph's Industrial School, Ferryhouse, Clonmel. These institutions are outside the Commission's remit.

[19] Dwyer, *Diphtheria*, (Liverpool, 2018), 94-110.
[20] See Ryan Commission Report: http://www.childabusecommission.ie/rpt/02-07.php
[21] See Ryan Commission Report: http://www.childabusecommission.ie/rpt/01-13.php
[22] Naughten, White, Foley, 'Prevention of diphtheria by the "one-shot" method using alum-precipitated toxoid', *British Medical Journal* (9 November 1935), 893.

1960/61: Professor Patrick Meenan and Dr Irene Hillery, Wellcome's 'Quadrivax' vaccine.

34.22 In 1960 and 1961, Professor Patrick Meenan and Dr Irene Hillery, both of the Department of Medical Microbiology, University College, Dublin, trialled Wellcome Laboratories Quadruple (4 in 1) vaccine 'Quadrivax' on 58 infants and children resident in a number of institutions, four of which come under the Commission's remit: Bessborough, St Patrick's Home, Navan Road (Pelletstown); Dunboyne; and Castlepollard. The other institutions involved were St Clare's Home, Stamullen and Mount Carmel Industrial School, Moate. This trial is described under Trial B below.

1963: Professor Patrick Meenan, Oral Polio Vaccine Carrig-on-Barrow, County Wexford.

34.23 In 1963, Professor Meenan conducted a field-trial of Wellcome Laboratories Oral Polio Vaccine (OPV) in Carrig-on-Barrow, County Wexford. Professor Meenan received permission from the Department of Health to undertake the trial in conjunction with the Wexford health authorities. The extant documentation suggests that the trial was undertaken among the general community in Carrig-on-Barrow. There is no evidence to suggest that this trial was conducted in an institution under the Commission's remit.

1964: Professor Meenan and Dr Hillery, Wellcome 'Wellcovax' Measles Vaccine Sean Ross, Roscrea.

34.24 In 1964, Dr Hillery conducted a trial of Wellcome Laboratories 'Wellcovax' measles vaccine on 12 children living in Sean Ross. This institution comes under the Commission's remit and the trial is described under Trial C below.

1964/65 Professor Meenan and Dr Hillery, Glaxo Laboratories 'Mevilin-L' measles vaccine Dublin.

34.25 In 1964/65 Professor Meenan and Dr Hillery conducted a vaccine trial of Glaxo Laboratories 'Mevilin-L' measles vaccine in Dublin. There is evidence that this trial was undertaken on children living in two of the institutions under the Commission's remit - Bessborough and St Patrick's, Navan Road (Pelletstown). This trial is described under Trial D below.

1965: Professor Meenan and Dr Hillery, Glaxo Laboratories 'Quintuple' 5 in 1 vaccine.

34.26 In 1965, Dr Hilery conducted a trial of Glaxo Laboratories 'Quintuple' (5 in 1) vaccine on children resident in two institutions under the Commission's remit - Bessborough and St Patrick's, Navan Road (Pelletstown). This trial is described under Trial E below.

1968: Dr Victoria Coffey, Glaxo Laboratories measles vaccine St Patrick's.

34.27 In December1968/January 1969, Dr Victoria Coffey, Trinity College, Dublin, conducted a trial of Glaxo Laboratories 'Mevilin-L' measles vaccine on at least 30 children resident in St Patrick's, Navan Road (Pelletstown). This trial is described under Trial F below.

1969: Professor Meenan and Dr Hillery, Wellcome Rubella vaccine trial, Westmeath.[23]

34.28 In 1969, Dr Hillery and Professor Meenan undertook a field-trial of Wellcome's Rubella vaccine involving 81 children living in the general community in Westmeath. The County Medical Officer for Westmeath facilitated the trial. The published trial results and associated documentation examined by the Commission suggest that this trial was not undertaken in a children's residential institution and is not covered under the Commission's remit.

1970: Dr Hillery, Wellcome Rubella vaccine, Dublin.[24]

34.29 In 1970, Dr Hillery conducted a field trial of Wellcome's Rubella vaccine on 72 children living in the general community and 69 children aged between two and 18 years old 'resident in an orphanage in a suburb of Dublin'. The Commission has not been able to identify the orphanage but the age range of the institutional children involved suggests that this institution is not covered under the Commission's remit.

1973: Professor Meenan, Dr Hillery and Dr Margaret Dunleavy, Wellcome Diphtheria, Tetanus and Pertussis (DTP) Trial, Dublin.

34.30 In 1973, Dr Hillery and Dr Margaret Dunleavy undertook a trial of Wellcome's modified DTP vaccine on 65 children in the general community and 53 children resident in St Patrick's, Navan Road (Pelletstown) and in three residential

[23] Hillery, Meenan et al, 'Rubella vaccine trial in children', *British Medical Journal*, 1969, 2, 531-32
[24] Hillery, I.B., 'Trials of intranasal administered rubella vaccine', *Journal of Hygiene* (1971), 69, 547-52.

children's homes - Madonna House, The Cottage Home and Bird's Nest Home. It was also conducted in another location which the Commission has been unable to identify. This trial is described under Trial G below.

Unconfirmed vaccine trial

34.31 There may have been an oral polio vaccine trial in St Patrick's, Navan Road (Pelletstown) in 1965.

Milk trials

34.32 The Commission has identified two clinical milk trials both of which were conducted in institutions being investigated by the Commission - Pelletstown and Bessborough - in 1968/69. These were not vaccine trials and so do not come under the Commission's specific vaccine trials remit. However, the Commission considers that they are relevant to other Terms of Reference, in particular in relation to conditions within the institutions and to the involvement of mothers in relation to decisions about their children. These trials are described below under Milk Trials.

Trial A: 1935: Denis F Hanley, Wellcome's APT anti-diphtheria vaccine Dublin.[25]

34.33 In 1934, the Dublin municipal health authorities introduced an anti-diphtheria immunisation scheme in city schools. Dr Denis Hanley, Assistant Medical Officer for the City of Dublin, conducted the childhood immunisation scheme under the supervision of Dr Matt Russell, Chief Medical Officer to the City of Dublin. Dr Hanley reported that, while children were presented willingly for the first injection, each successive visit met with increasing reluctance resulting in a reduced uptake of the subsequent vaccination injections. In the 1930s, diphtheria was one of the deadliest diseases of childhood. In Cork, Dr Jack Saunders, Chief Medical Officer for the City of Cork, definitively demonstrated the benefits of utilising Wellcome Laboratories experimental one-shot Alum Precipitated Toxoid (APT) anti-diphtheria vaccine in reducing the incidence of diphtheria and associated child mortality there. Before Dr Saunders's intervention, Wellcome's APT vaccine had not previously been tested on children. In 1935, the APT vaccine was not commercially available and was still considered by Wellcome to be in the experimental stage. However,

[25] Denis F Hanley, 'Anti-diphtheria immunization', *Irish Journal of Medical Science*, Vol. 12, No. 9 (1937).

Dr Saunders's application of the APT vaccine in Cork convinced the Department of Local Government and Public Health of its efficacy and safety and urged Dublin health authorities to adopt an anti-diphtheria scheme along the lines of the Cork model. Considering the endemic nature of diphtheria in the city, the Dublin public health authorities decided to explore the possibility of substituting the generally used three-shot vaccine with Wellcome's APT vaccine in Dublin.

34.34 In January 1935, with the 'consent and co-operation of the medical superintendent and staff' of the Dublin Union, Dr Denis Hanley administered Wellcome's APT vaccine to 24 children, varying in age from seven months to 14 years, resident in the institution. Satisfied that the trial had not produced 'an unduly high percentage' of reactions, Dr Hanley took further steps to ascertain the immunising power of the vaccine.

34.35 Early in 1935, Dr Hanley 'sought and was readily granted' permission to test Wellcome's APT vaccine from the authorities at three children's residential institutions: St Vincent's Industrial School, Goldenbridge; St Joseph's School for Deaf Boys, Cabra; and St Saviour's Orphanage, Lower Dominick Street, Dublin. A combined 360 children, varying in age from four to 15 years were selected for inclusion in the trial. However, Dr Hanley found that 314 of the children selected had a natural immunity to diphtheria and were subsequently excluded from further tests. Forty six children drawn from the three institutions were subsequently included in the trial. Working on the results of his own investigations, and with the full support of the Dublin municipal health authorities, Dr Hanley administered Wellcome's still experimental, and not commercially available, one-shot APT vaccine to 39,267 schoolchildren in Dublin.

Compliance with regulatory and ethical standards

34.36 In the 1930s, diphtheria took a heavy toll on child health and life expectancy. The Department of Local Government and Public Health (DLGPH) promoted childhood immunisation as the most effective means to tackle 'this most deadly disease of childhood'. Dublin health authorities had long struggled to arrest the spread of diphtheria among school children and the disease had persisted in endemic form for over 25 years. Traditional methods of disease control had failed to stem the spread of the disease and Dublin health authorities were eager to embrace any option, however radical, to protect the lives of children. The DLGPH report for 1935/6 reported that, in the years 1933-35, 2,991 diphtheria cases were recorded

in Dublin and 277 associated child deaths ensued. In this context, the decision to introduce Wellcome's APT one-shot vaccine may be considered to have been an appropriate response to a pressing public health crisis. The fact that the DLGPH had authorised the Dublin public health authorities to import and use Wellcome's APT vaccine suggests that Dr Hanley's intervention in Dublin complied with the regulatory framework in existence at that time.

34.37 An examination of the institutional records of the Dublin Union and Pelletstown failed to identify the 24 children involved in Dr Hanley's initial APT trial. However, it is more than likely that the children selected for inclusion were 'illegitimate' and unaccompanied children as most children resident there at the time were categorised as such. Children living in institutions were routinely used as research subjects in vaccine trials in the United Kingdom, the United States and several other jurisdictions at this time. In the United States, William Park and the New York Department of Public Health undertook vaccine trials in the Israel Orphan Asylum, the New York Foundling Asylum and the Howard Coloured Orphan Asylum.[26] In the United Kingdom Wellcome Laboratories, in conjunction with the London County Council health authorities undertook vaccine trials in the Holborn and Lambeth Poor Law Schools and in Dr Barnardo's Girls' Homes, Ilford.[27] Although the utilisation of institutional children as research subjects would not now be regarded as acceptable, these vaccine trials, along with the Dublin APT trials, pre-dated any formal codification of ethical practices in relation to clinical trials involving human subjects and may not have been in breach of any ethical guidelines in place at that time.

34.38 However, in the local authority anti-diphtheria immunisation scheme, overseen by Dr Hanley in Dublin schools during 1935, health authorities insisted on obtaining written parental consent before inoculating children. This applied to children treated in the city schools and to children treated in municipal public health clinics. In his published report on the matter, Dr Hanley emphasised the importance of obtaining written consent prior to treatment and provided a breakdown of the number of consent forms returned in each school. No child was immunised unless a written parental consent form was produced. However, Dr Hanley made no mention of consent, written or otherwise, in respect of institutional children. If the

[26] See Evelyn Maxine Hammonds, *Childhood's deadly scourge: The campaign to control diphtheria in New York city, 1880-1930* (Baltimore, 1999).
[27] See H.J. Parish, *Victory with vaccines: The story of immunisation* (London, 1968)

children resident in the Dublin Union/Pelletstown were unaccompanied, and/or under the guardianship of the Dublin Board of Public Assistance, then Dr Hanley may have taken the 'consent and co-operation' of the medical superintendent as the consent of the children's guardians.

34.39 The Dublin APT trial was part of a wider DLGPH initiative to reduce the negative impact of diphtheria on the health and life expectancy of Dublin school children. It was undertaken by the municipal health authority with ministerial approval and the vaccine was of direct benefit to those children resident in institutions as well as those among the public. The trial was not an academic or commercial exercise to assess the efficacy, or otherwise, of a new vaccine. Dublin health authorities had already decided to adopt Wellcome's APT vaccine as the primary anti-diphtheria vaccine in the municipal childhood immunisation scheme and they had a duty of care to ensure that institutional children, as well as children among the general population, were afforded protection from diphtheria. The decision to undertake initial tests of the vaccine among vulnerable institutional children before rolling it out to the general population would not be regarded as acceptable practice today. However, even a cursory perusal of the most respected medical journals demonstrates that such practices were accepted in all jurisdictions in the early twentieth century and predated any codification of ethical standards pertaining to clinical research in human subjects.

Trial B: 1960/61 Professor Patrick Meenan and Dr Irene Hillery, Wellcome's 'Quadrivax' vaccine.[28]

34.40 In 1959, Wellcome Laboratories considered developing a Quadruple (4 in 1) vaccine combining the Salk-type Polio vaccine with their commercially available Triple (Diphtheria, Tetanus, Pertussis) vaccine. The rationale was that Quadruple vaccine would reduce the number of injections necessary to confer immunity in infants. Wellcome considered that such a vaccine would be potentially beneficial to infants presented for immunisation as well as being 'highly desirable administratively'. In early 1960, Wellcome produced 'Quadrivax'; a quadruple vaccine. Dr Neville Butler, Health Department, Swindon, field-trialled 'Quadrivax'

[28] Irene B Hillery, P. N. Meenan: Department of Medical Microbiology, University College Dublin; A.P. Goffe, G.J. Knight, A.D. Kanarek: The Wellcome Research Laboratories; T.M. Pollock, Medical Research Department: The Wellcome Foundation *Antibody Response in Infants to the Poliomyelitis Component of a Quadruple Vaccine', British Medical Journal, 21 April 1962, 1098-1102.*

and found that the vaccine had poor antigenic effect.[29] By October 1960, Wellcome had produced two further batches of the Quadrivax vaccine. Dr Tom Pollock, Wellcome Research Laboratories, contacted Professor Patrick Meenan, Head of the Department of Medical Microbiology, University College, Dublin, asking if he would be willing to conduct a clinical trial to compare the antigenic effect of Quadrivax with the standard Triple vaccine plus Polio immunisation schedule.

34.41 Professor Meenan had previously written to Dr David Long, Chief Medical Adviser to The Wellcome Foundation, regarding the prospect of conducting clinical trials of Wellcome products in Ireland. Professor Meenan stated that he had made discreet inquiries regarding children's homes and asked Dr Long his views on conducting part of the proposed Quadrivax trial in children's residential institutions in Ireland. Professor Meenan cautioned that, if the proposed trial was undertaken in conjunction with Irish public health authorities, it would be confined to infants who had already received some form of vaccination. Professor Meenan informed Dr Long that he would gather 'some information on other field possibilities first'. In November 1960, Dr Pollock acknowledged that Professor Meenan had found 'suitable participants for the Quadrivax studies' and suggested to him that the clinical trial should be started immediately 'if the infants are available now and you feel it is most convenient to begin'.

34.42 In December 1960, Dr Pollock drew up a Trial Protocol, 'Comparison of Quadruple Antigen and Triple Antigen plus Polio Vaccine in Infants in Eire', and forwarded it to Professor Meenan. The trial sought to study:

- The antibody response in infants to Salk polio vaccine when given in combination with Diphtheria toxoid, Tetanus toxoid and Pertussis vaccine (Quadrivax), and Salk polio vaccine given concurrently but not in combination with Diphtheria toxoid, Tetanus toxoid and Pertussis vaccine (DTPP)
- The individual influence upon these antigenic responses of (i) age and (ii) maternal antibody
- The co-relation of the antigenic responses obtained in (a) with those obtained in the [laboratory] chick.

[29] Neville Butler, et al, 'Immunization with Quadruple antigen', Publication unknown.

34.43 The Trial Protocol stated that participants in the investigation would be infants aged between three and twelve months, 'resident in children's homes in Eire'. Children were to be immunised with either DTPP in one arm and Polio vaccine (Type I, II, III) in the other, or with Quadrivax.

34.44 The allocation of infants to each group due to receive the DTPP plus Polio vaccine regime, or to the group to receive Quadrivax, was done through random selection at the Wellcome Research Laboratories based on the age of the selected infants. Allocation of infants to the DTPP plus Polio vaccine group or to the Quadrivax group was arranged as follows:

> Professor Meenan sent a list of the children's homes concerned and the names and dates of birth of the infants who are to be vaccinated with their pre-vaccination blood samples. The Statistical Section at the Wellcome Research Laboratories, Beckenham, allocated the infants as due to receive one of the two regimes (Regime A or Regime B) in a way as to ensure that within each home each group contained equal numbers of children of the same age. At Beckenham, the name and date of birth of the child was entered on a Clinical Record Card labelled appropriately A or B. The Clinical Record Cards were sent to Professor Meenan. At the vaccination sessions the infants were immunised from ampoules marked A or B or B1 according to the Clinical Record Card held.

34.45 The Wellcome Immunological and Virological Departments, Beckenham, drew up a brief description of the vaccine trial suitable for inclusion in a published report. The Quadrivax, DTPP and Polio vaccines were each packed in 1 ml. containers and transported by air to Professor Meenan in an insulated box and kept refrigerated until use. The Polio vaccine component in the Quadrivax group and the Polio vaccine given concurrently with the DTPP were drawn from the same batch of vaccine. As an external check on this batch of Polio vaccine it was to be administered to a third group of infants aged seven months or older: an age when the antibody response was unlikely to be affected either by immaturity or by the presence of maternal antibody. A sample of six A, B and B1 ampoules used in the trial were returned by air to London where a potency test for Polio was estimated using chicks at Wellcome Research Laboratories. These levels were compared with the levels obtained from trial infants and children in Ireland.

34.46 In all cases, children received intramuscular injections into the deltoid area. Either 1 ml. of Quadrivax or 1 ml. of DTPP plus 1 ml. of Polio vaccine was administered according to the Clinical Record Card associated with the infant. Quadrivax or Polio vaccine was always administered in the left deltoid and DTTP in the right deltoid of the appropriate infants. Each infant received three injections at intervals of 28 days. Blood samples were taken (1) within 14 days of the first immunising session and (2) approximately 14 days after the third immunisation. The blood samples were forwarded by air in refrigerated containers to Dr Alan Goffe, Department of Virology at the Wellcome Research Laboratories, London. Professor Meenan held the clinical record cards of each child until the final blood sample was withdrawn. They were then returned to Dr Pollock, Wellcome Research Laboratories, for statistical analysis.

34.47 In April 1962, the *British Medical Journal* published the results of this quadruple vaccine trial. Dr Hillery and Professor Meenan were named as lead investigators. The stated rationale for the trial was that a satisfactory quadruple vaccine (Diphtheria, Tetanus, Pertussis, and Polio) would reduce the number of injections necessary to immunise a child in early childhood. The authors stated that quadruple vaccine had been used in the USA and Canada but that it was not in routine use in Ireland or the UK.

34.48 The trial of Wellcome's quadruple vaccine was undertaken between December 1960 and November 1961. It involved 58 infants living in five children's homes and 10 children living in an industrial school in Ireland. Documentation made available by GSK shows that 25 children were living in Bessborough; 14 were in Pelletstown; nine in Dunboyne; six in Castlepollard; these are all institutions being investigated by the Commission. Four children were living in St Clare's, Stamullen. The third group of children in the control group 'Regime B1' were 10 children, aged between two and 12 years, living in Mount Carmel Industrial School, Moate. The Commission has identified all 68 children involved in this trial.

The trial in Bessborough

34.49 The Bessborough institutional records show that 25 children living there were selected for involvement in the polio vaccine trial in 1960. They received their first inoculation on 9 December 1960; the second on 6 January 1961 and the third on 10 February 1961. In February 1961, Dr Hillery returned to Bessborough and extracted blood samples from the trial children.

34.50 Bessborough's institutional records show that 12 children were assigned to Regime A and were administered Wellcome's Quadrivax 4 in 1 combined vaccine (Diphtheria, Pertussis, Tetanus and Polio combined). Thirteen children were assigned to Regime B and were administered Wellcome's Polio, Diphtheria, Pertussis and Tetanus vaccines following standard procedure used in the national childhood immunisation programme. The 13 infants assigned to Regime B were inoculated with commercially available vaccines and the method of inoculation employed did not deviate from that employed in the general childhood immunisation programme.

34.51 In Bessborough, 23 of the 25 children involved in the quadruple vaccine trial were living with their mothers in Bessborough at the time of this trial. One child involved in the trial was an abandoned child resident in the institution. The child had been placed in Bessborough by the Cork Board of Public Assistance who paid the Congregation of the Sacred Hearts of Jesus and Mary for the child's maintenance. The institutional records show that 24 of the 25 children involved were public patients maintained there by Boards of Public Assistance.

34.52 The Bessborough institutional records show that at least five mothers of children resident in Bessborough who participated in the trial had mental health issues. Another mother was 17 years old.

The trial in Pelletstown

34.53 Fourteen children living in Pelletstown were involved in the 1960/61 Quadrivax quadruple vaccine trial. Dr Hillery administered the vaccines on 1 December 1960, 30 December 1960 and 27 January 1961. She administered the Quadrivax 4 in 1 combined vaccine to six children and the remaining eight were inoculated using routine vaccine and procedure. She returned in August and September 1961 and drew blood samples from the trial children.

34.54 The Pelletstown institutional records show that 13 of the 14 children involved were described as 'illegitimate'. Nine were accompanied by their mothers at the time of the trial and five were unaccompanied.[30] Three had been born in Grangegorman Mental Hospital and admitted to Pelletstown unaccompanied. Another was

[30] It should be noted that unaccompanied children were among the 'Schedule A' and 'Schedule B' groups.

described as an 'abandoned' child admitted unaccompanied. Two children were described as 'mixed-race'.

The trial in Dunboyne

34.55 Nine children resident in Dunboyne were involved in the 1960/61 Quadrivax vaccine trial. All were 'illegitimate'. Eight of the children were accompanied by their mothers. The mother of one child was under treatment in Mullingar Mental Hospital when Dr Hillery administered the first and second vaccinations and was present in Dunboyne on the date of the third vaccination. Dr Hillery conducted the inoculations on 1 December 1960, 29 December 1960 and 26 January 1961. She administered the Quadrivax 4 in 1 combined vaccine to five children and the other four were inoculated using routine vaccine and procedure. Dr Hillery returned to Dunboyne in February 1961 to extract blood samples from the trial children.

The trial in Castlepollard

34.56 Six children resident in Castlepollard were involved in the quadruple vaccine trials. The institutional records do not record the dates involved but it seems likely that Dr Hillery administered the vaccine there on dates between 1 December 1960 and 10 February 1961. All children were 'illegitimate', and all were accompanied by their mothers. Dr Hillery administered the Quadrivax vaccine to three children at Castlepollard and the remaining three were inoculated with a routine vaccine and procedure. She returned to Castlepollard in September 1961 to extract blood samples from the trial children.

Compliance with regulatory and ethical standards

34.57 The Commission understands the stated rationale for the trial of Quadrivax and recognises that there is no evidence that any child who participated in the trial was harmed in any way. However, it is abundantly clear that Trial B did not comply with the regulatory and ethical standards in place at the time:

- There was no import licence in place for the vaccine.
- The researchers did not have a research licence which covered research carried out in the children's institutions.
- There is no evidence that consent was properly sought or received.

Import licence

34.58 Although the Quadrivax vaccine was composed of the same four commercially available Polio, Diphtheria, Pertussis and Tetanus vaccines used in the general childhood immunisation programme the product itself 'Quadrivax' was prepared by Wellcome Research Laboratories specifically for the purpose of a vaccine trial and, according to Dr James Kiely, former Chief Medical Officer, Department of Health, was not a commercially available vaccine. In his *Report on 3 Clinical Trials*, Dr Kiely concluded that, although the individual components of the quadruple Quadrivax vaccine were each covered by Wellcome Research Laboratories import licence, the Quadrivax vaccine itself was not.[31] In January 1999, the Acting Head of Glaxo Wellcome's Medical Department confirmed that Wellcome's Quadrivax vaccine 'was not used or licensed for use in the UK.' In his 1997 report on the quadruple vaccine trial, Thomas McGuinn, Chief Pharmacist, Department of Health, confirmed that Wellcome's quadruple Quadrivax vaccine administered to Group A 'was clearly not licensed' for use in Ireland under the *Therapeutic Substances Act 1932*.[32]

34.59 The Commission has not seen any evidence that Professor Meenan sought or received an import licence to import Wellcome's Quadrivax vaccine used in this clinical trial.

Research licence

34.60 In July 1958, the Minister for Health granted a research licence to Professor Meenan. The research licence issued under the provisions of the *Therapeutic Substances Act* 1932, licensed Professor Meenan to import therapeutic substances for the purpose of scientific research. The terms of the licence specified that it applied only to Professor Meenan and to scientific research conducted only at the Department of Medical Microbiology, University College, Dublin, or 'in such other place or places as the said Minister may from time to time authorise'.[33]

34.61 No documentary evidence has been produced to suggest that Professor Meenan sought ministerial approval to conduct the quadruple vaccine trial outside of University College, Dublin, or to conduct the quadruple vaccine trial in children's

[31] Dr James Kiely, Department of Health, *Report on 3 clinical trials involving babies and children in institutional settings 1960/61, 1970 and 1973*, 1997.
[32] Department of Health file: MED-IMP-0-135205.
[33] *Therapeutic Substance Act*, 1932. Research Licence: Licence No.216; issued 29 July 1958.

residential institutions. Dr Hillery did not hold a research licence and appears to have not been aware of the requirement to have one. In her formal statement to the Department of Health in 2000, she stated that, to her understanding, there were no statutory controls relating to vaccine trials in place at the time and that 'the issue of non-compliance does not arise'. Dr Hillery told the Department of Health that she conducted all vaccine trials under the direction of Professor Meenan, and with his full knowledge. When, in 1990, Professor Meenan was asked about his involvement in vaccine trials in children's residential institutions he stated that he presided over 'several drug tests' between about 1960 and 1975' and that the clinical work associated with them was supervised by Dr Hillery.[34] However, the fact that her work was supervised by Professor Meenan does not explain why she was not aware of the statutory requirements which were in place.

Consent

34.62 The requirement to get consent for vaccine trials was very well known and respected in the conduct of such trials in the UK. Authors of published reports relating to two contemporaneous Wellcome-sponsored vaccine trials, (which reference the same scientists from the Wellcome Research Laboratories who were involved in Professor Meenan and Dr Hillery's quadruple vaccine trial), suggest that the practice of getting parental consent for a child's participation in a vaccine trial was common practice. In a published report of a measles vaccine trial involving 85 institutional British children, the authors, who included Dr Goffe and Dr Pollock of the Wellcome Foundation, explicitly stated that 'parental consent for the vaccination of these children was obtained'.[35] Similarly, the published report of clinical trials of a Wellcome measles vaccine involving 90 children in Ibadan and Ilesha, Nigeria, in 1960, (which also involved Drs Goffe and Pollock) also explicitly stated that 'parental consent for vaccination was received for each child'.[36]

34.63 It was accepted best practice in general immunisation schemes at the time in Ireland that the consent of the relevant person should be in writing. Written parental consent was a prerequisite for children receiving immunisation under a local authority immunisation scheme since at least 1935. School children who did not produce a written consent form were not eligible for immunisation.[37]

[34] *Sunday Tribune*, 28 October 1990.
[35] I.R. Aldous, et al, 'Part III. Clinical trial in British children', *British Medical Journal*, 11 November 1961, 1250-53.
[36] P. Collard, et al, 'Part II. Clinical trial in Nigerian children', *British Medical Journal*, 11 November 1961, 1246-50.
[37] Denis F. Hanley, 'Anti-diphtheria immunization', *Irish Journal of Medical Science*, Vol. 12, No.9 (1937), 578-85.

34.64 In the case of Trial B, it appears that the researchers proceeded with a vaccine trial based on a loose arrangement with the institutional medical officers who themselves may not have been fully informed about the nature of the work. There is no evidence that the consent of mothers was sought or received; similarly, there is no evidence that the consent of possible guardians was sought or received. Professor Meenan has always asserted that consent was obtained from institutional medical officers.[38] He has said that he did not secure parental permission from women in residential institutions.[39] Dr Hillery has stated that she obtained consent from medical officers in charge of the children's institutions but her public statements about getting consent from mothers are conflicting. On one occasion she said that she had received consent from 'those mothers who requested information'.[40] She has also stated that she did not consult the mothers so that they could 'maintain their anonymity'[41]. On another occasion she has stated that she consulted all parents where available.[42] She was quoted in a *Sunday Tribune* article as saying, 'I never got them to sign anything as there was no requirement for consent forms'.[43]

34.65 The first draft of the *British Medical Journal* (BMJ) article in which this trial was reported named all five children's homes in which Professor Meenan and Dr Hillery trialled the quadruple vaccine. This section was subsequently withdrawn prior to publication. In the published article, the authors, Dr Hillery and Professor Meenan, named and thanked five medical officers who they stated 'had granted them permission to carry out this investigation on infants under their care' but did not name the institutions involved.

34.66 There is nothing in the institutional records or any other documentation seen by the Commission that suggests that the institutional medical officers named in the published report discussed the question of vaccine trials or any attendant issues with either the mothers who were present in the institution or the owners or administrators of the institutions or with any local or national health authorities.

[38] Department of Health file: ENV-1NA-0-532733
[39] *Sunday Tribune*, 28 October 1990.
[40] *ibid*
[41] CICA, Irene Hillery, Statement on media reports on clinical trials, 11 July 1997.
[42] Irene Hillery, Response to the draft Report of the Chief Medical Officer into vaccine trials in the 60s and 70s, 4 May 2000.
[43] *Sunday Tribune*, 28 October 1990.

34.67 One of the medical officers named in the publication is Dr R Sutton. At the time of the quadruple vaccine trial, he was the medical officer to Bessborough. The Bessborough institutional records do not include any documentary evidence to suggest that Dr Sutton discussed the matter with or informed either the mothers who were resident there at the time or the Congregation of the Sacred Hearts of Jesus and Mary or the Boards of Health/Public Assistance who were paying for the children involved. In an affidavit drawn up for the Commission to Inquire into Child Abuse in 2002, Sister Sarto said that, to the best of her knowledge, information and belief,[44] the trial was conducted by Professor Hillery, acting with the authority of the Department of Health and in co-operation with Dr Sutton. She said that the local health authority attended annually to administer vaccines to the children. She said that the vaccines administered in 1961 were part of the annual programme. Former residents of Bessborough have insisted to the Commission that they were unaware that their children had been part of a vaccine trial and have remained equally insistent that their consent was never sought for their children's involvement. It appears that Dr Sutton, in his capacity as medical officer, independently granted access to Bessborough and to the children under his medical care there.

34.68 Dr Hillery stated that the children in Pelletstown were presented to her by the medical officer 'who was responsible for the assessment of the children's health and their suitability for vaccination'. Dr Victoria Coffey was the medical officer when Dr Hillery undertook the quadruple vaccine trials there. In a letter to Dr W L Burland, Glaxo Laboratories, in October 1968, Dr Coffey confirmed that she was aware that Dr Hillery was conducting vaccine trials on children in her care in Pelletstown and that she had assisted Dr Hillery in doing so.

34.69 The Pelletstown institutional records show that it was the matron who gave written consent for all medical procedures which unaccompanied children underwent. When infants from the institution were presented for standard routine vaccination at municipal public health clinics written consent was obtained from either a parent or guardian. This was usually the matron. Pelletstown was a local authority institution and the matron was a local authority employee. The local authority may have been the guardian of unaccompanied children in Pelletstown.

[44] Sister Sarto was not in Bessborough when this trial was conducted.

34.70 The Commission has seen no documentary evidence to suggest that the researchers informed the matron or the Dublin Health Authority that children resident in Pelletstown were to be used as research subjects in a vaccine trial. It would appear that Dr Coffey may have been solely responsible for providing Professor Meenan and Dr Hillery with access to Pelletstown.

34.71 The Dunboyne institutional records contain completed written consent forms relating to instances where infants resident there were presented for immunisation at the public health clinic. These consent forms were signed by either the mother or the matron. The Commission has not found any evidence of written consent forms relating to the quadruple vaccine trial. The Good Shepherd Sisters who ran Dunboyne adamantly refute claims that they knowingly allowed 'vaccine studies or trials' to be carried out on children resident there. It appears that Dr Hillery was given access to Dunboyne by the medical officer as he was one of those named in the published report.

34.72 As with the other institutions involved no written consent forms have been produced to indicate that Dr Hillery obtained parent or guardian consent in Castlepollard.

Adverse consequences

34.73 In January 1961, several children involved in the quadruple vaccine trial in Bessborough fell ill. All afflicted children experienced vomiting and mild diarrhoea after receiving the second inoculation. In her report on the matter to Dr Pollock, Dr Hillery stated that 15 of the 22 infants who received the second inoculation at Bessborough subsequently fell ill. Two children resident in Bessborough who were not involved in the trial also fell ill with the same symptoms. The remaining three children from the original group of 25 had been discharged from the home for adoption. Two of these children were administered the second inoculation in their foster homes and, as far as Dr Hillery was aware, had not become ill. Another child, who had been discharged for adoption the day before the second inoculation was due, had also fallen ill with vomiting and diarrhoea although he had not received the second inoculation.

34.74 Thirty-three children resident in the four other institutions involved in the Quadrivax trials, and ten older children in Moate Industrial School, had all received the second inoculation from the same batch of vaccines and none had fallen ill.

Analysis of the Bessborough medical records show that infants inoculated under both Regime A and Regime B had fallen ill. As both groups had been administered different vaccines it is not possible to say with any certainty that the illness experienced by the infants at Bessborough was caused by one of the vaccines. All affected infants fully recovered from their illness and all were presented for the third inoculation without any further complications.

34.75 At Wellcome, Dr Pollock was anxious to know if the vaccine could have been in any way responsible for causing the illness at Bessborough. Professor Meenan undertook bacteriological examination of faecal specimens taken from the afflicted children and reported that 'nothing had shown up' to suggest that Wellcome's vaccines were responsible. In a letter to Dr Goffe, Professor Meenan conceded that he 'had not yet got to the bottom of the Cork episode after the second injection' but he suspected that the second inoculation had coincided with an outbreak of influenza in the institution.

34.76 There is no documentary evidence of any adverse consequences among the Pelletstown, Dunboyne or Castlepollard children.

Claims that the Bessborough vaccine trial documentation was 'altered'

34.77 On 15 November 2016, the *Irish Examiner* reported that files relating to children involved in the quadruple vaccine trial in Bessborough had been altered. The claim was based on a one page document listing 16 changes to information collated by staff at Bessborough on foot of a discovery order issued by the Commission to Inquire into Child Abuse (CICA) in 2002. The *Irish Examiner* article caused great distress among former Bessborough residents who called for 'a full criminal investigation' into the matter. One former resident who was directly involved in the quadruple trial in Bessborough told the Commission that she filed a criminal complaint with An Garda Síochána and also complained to the Data Protection Commissioner.

34.78 The Commission has examined the document on which the *Irish Examiner* based its claim. This was not an original document from the institutional records but rather a document compiled by Bessborough staff for the Commission to Inquire into Child Abuse. The Commission has concluded that there were no alterations made to any original institutional document. The alterations that were made

involved corrections to the information previously supplied to CICA which had been found to be incorrect.

34.79 Most of the changes made were minor. In the case of the complaint filed with An Garda Síochána, the 'altered' information related to the county of origin of the complainant's mother: the word 'Dublin' was correctly inserted instead of 'All Counties'.

34.80 The changes which caused most controversy related to instances where the discharge dates of three women were extended by periods of four months, twelve months and two years, respectively. The Commission has cross-referenced these dates with the original documents and can state that the amended dates of discharge were, in fact, correct. The original dates recorded by staff at Bessborough related to the discharge of the three women from the Bessborough Maternity Hospital. The amended dates related to the final discharge of the women from the Bessborough Home. (see Chapter 18).

Trial C: 1964: Professor Meenan and Dr Hillery, Wellcome 'Wellcovax' Measles Vaccine Sean Ross[45]

34.81 In August 1964, Dr Hillery trialled a Wellcome Laboratories Measles Vaccine at Sean Ross Abbey. The stated objective of the trial was to compare the anti-body response and reaction after vaccination with 1 ml. of Measles Vaccine 27 and 0.1 ml. MV27.

34.82 In Wellcome's Trial Protocol, Dr Pollock, Wellcome Research Laboratories, stated:

> The trial will be made in appropriate infant homes in Eire under the direction of Professor Meenan and Dr Hillery will carry out the field work. The infants concerned will be those without a previous history of measles, aged eight months or more. About thirty infants will be concerned. As soon as the infants' ages and names are known, a list will be sent by Dr Hillery to Mr Knight [Wellcome Laboratories] who will allocate children to receive either the small or large dose. The trial will begin about the middle of August.

34.83 Dr Hillery selected 32 children resident in Sean Ross for inclusion in a field-trial of Wellcome's MV27 measles vaccine. The MV27 vaccine was not a licensed or

[45] *Wellcome Measles Vaccine (MV27) Trial, Sacred Heart Home, Sean Ross, August 1964. (Unpublished)*

commercially available measles vaccine. When it transpired that 20 of the selected children had previously had measles, Dr Hillery removed them from the trial. She took pre-vaccination serum samples from the remaining 12 children aged between eight and 18 months. Later she administered the Wellcome measles vaccine to all 12 children. She then took post-vaccination serum samples from ten of the 12 children and sent them to the Wellcome Research Laboratories, Beckenham. Dr Hillery stated that she had made arrangements with 'the sister in charge' at Sean Ross to take a rectal temperature from each child before vaccination and every day for the following fourteen days.

34.84 In a letter to Professor Meenan in March 1965, Dr Goffe, Wellcome Research Laboratories, concluded that although the measles vaccine trial at Sean Ross had been disappointing it had produced 'very useful results'. The measles vaccine failed to confer immunity in more than half of the trial children and Dr Goffe conceded:

> Retrospectively we have established that this particular batch of vaccine MV 27 was an unstable lot after freeze-drying and this explains the low conversion rate. We have now got a lot more stable vaccine and we should be glad to let you have some if you would like to repeat the exercise.

34.85 It subsequently transpired that Dr Hillery had inadvertently administered 0.1 ml. of Wellcome's Measles vaccine to children at Sean Ross instead of the recommended 0.3 ml. dose. She gave Dr Goffe an undertaking to re-trial the MV 27 measles vaccine at a later date. However, Dr Hillery qualified her offer by informing Dr Goffe that she had recently completed a trial of a measles vaccine for Dr A J Beale of Glaxo Laboratories and that 'this has used up my available sources of small babies for some months'.

The children involved

34.86 The Commission has identified all 12 children involved in this trial. Ten of the 12 children involved were accompanied by their mothers on the date of vaccination. Three of these women were aged under 18 years; two were 17 and one was 16 years old. Another woman was described as 'mentally retarded' by a family member. Another child had been admitted to Sean Ross unaccompanied. In another case it is unclear if the child was accompanied or not on the date of vaccination.

Compliance with regulatory and ethical standards

34.87 It is clear that Trial C did not comply with the regulatory and ethical standards in place at the time:

- There was no import licence in place for the vaccine.
- The researchers did not have a research licence which covered research carried out in the children's institutions.
- There is no evidence that consent was properly sought or received.
- The results of the trial were not published.

Import licence

34.88 While it is clear that new vaccines were developed and produced at Wellcome Laboratories under conditions which complied with contemporary safety standards as they applied to pharmaceutical companies in the UK, Wellcome's MV 27 measles vaccine was not licensed for general use, it was not commercially available and was not covered by Wellcome's Import Licence. There is no evidence that Professor Meenan applied for or received an import licence for the vaccine.

Research license

34.89 As described above, while Professor Meenan did hold a research licence to conduct trials in UCD, this did not permit him to carry out trials elsewhere. At this stage it is clear that Professor Meenan was aware that he needed ministerial permission to conduct clinical research outside of University College, Dublin and that the Department of Health was not willing to approve the conduct of such trials in children's institutions.

34.90 In 1963 Professor Meenan had written to the Department of Health asking permission to import a live polio vaccine for use in a vaccine trial to be conducted among the general population of Carrig-on-Barrow, County Wexford, in conjunction with Dr Aughney, Wexford County Medical Officer. In his letter Professor Meenan stated:

> I am not clear whether my own licence under the Therapeutic Substance Act is sufficient to enable me to import vaccine without any further special licence, but I am writing so that the Department would be aware of what is proposed.

34.91 The Department of Health, in response, confirmed that his research licence did not cover him to import a live polio vaccine for use outside the confines of University College Dublin. His application to extend the terms of the licence to include Carrig-on-Barrow was approved by the Minister for Health. The minister specified that full details of the application and approval of the vaccine trial were to be sent to the Wexford county medical officer and to the Wexford health authority.

34.92 A Department of Health document dated 30 September 1963 dealing with this application noted that, in April 1962, Professor Meenan had asked to field-trial an Oral Polio Vaccine in Pelletstown. In that instance, it was noted that the Department of Health had no objection to the trial itself but raised concerns regarding the selection of Pelletstown: 'While the procedure proposed appeared to be a safe one, the selection of the group to participate was open to objection and approval was not given on that occasion.'

34.93 There is no documentary evidence to suggest that he subsequently sought or received ministerial permission to conduct clinical trials in children's residential institutions and specifically no such evidence that would have covered this trial. Dr Hillery did not hold a research licence.

Consent

34.94 The Commission has not seen any evidence that consent was sought or received from either the mothers who were present in the institution, or the Congregation of the Sacred Hearts of Jesus and Mary who ran the institution, or from any health authority which may have been a guardian of the children. As already stated, Dr Hillery did arrange with the Sister in charge in Sean Ross to take the children's temperatures before and after the vaccine was administered. There is nothing in the Sean Ross institutional files to indicate that this trial took place. Clearly the Sister in charge must have co-operated with the trial but there is nothing to indicate whether or not she understood its nature. No records which the Commission has seen indicate that the nursing staff at Sean Ross knew that they were monitoring children who were research subjects in a vaccine trial or that the medical officer in Sean Ross was involved in any way.

Non-publication of the results

34.95 The results of the measles vaccine trial in Sean Ross were never published. This was in breach of the researchers' ethical duties as set out in the *Declaration of*

Helsinki. Published in the year in which the vaccine trial in Sean Ross was undertaken, the *Declaration of Helsinki* stated that the results of all clinical trials involving human subjects should be published whether such trials had been successful or not. The declaration stated:

> Researchers have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness and accuracy of their reports. All parties should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results must be published or otherwise made publicly available.

Adverse consequences

34.96 The Commission has not found any evidence that any child involved in the trial suffered any adverse effects as a result of participation in the trial nor that any such trial child was left with no, or a compromised, vaccination status. One infant was recorded as having a 'slight temperature and rash' 14 days after vaccination.

Measles vaccine trials in the UK

34.97 Measles vaccine trials conducted in Ireland were undertaken on different terms to those which governed vaccine trials in the UK. Firstly, vaccine trials in the UK were conducted under the auspices of a professional medical body, the Medical Research Council. Secondly, they were undertaken with the full cooperation of general practitioners and public health authorities. Thirdly, they were undertaken on children from among the general population; they were not undertaken in children's residential institutions. Fourthly and critically, the participating children were included in the UK trial only when the relevant parental consent had been obtained.

34.98 In 1964 the British Measles Vaccine Committee undertook a vaccine trial to compare measles vaccines prepared by Wellcome Laboratories; Glaxo Laboratories and Pfizer Ltd. The vaccines were prepared under the auspices of the British Medical Research Council's Measles Vaccine Committee and involved 242 children attending 38 general practitioners and 108 children attending day nurseries in London. The trial was undertaken with the cooperation of the Chief Medical Officer of London County Council, 38 general practitioners and the administrators of 20 day nurseries. The published findings of this study, which

appeared in the *British Medical Journal* in March 1965, stated that 'the parents were approached and, in each case, agreed to the participation of their children'.[46]

34.99 In late 1964/early 1965, the British Medical Research Council undertook clinical trials to assess the efficacy of the measles vaccine produced by Glaxo Laboratories. The vaccine trial, which included over 47,000 children, was conducted under the auspices of the British Measles Vaccines Committee with the cooperation of Municipal Medical Officers. The children involved were drawn from the general population and parental consent was secured in every case.[47]

Trial D: 1964/65 Professor Meenan and Dr Hillery, Glaxo Laboratories 'Mevilin-L' measles vaccine Dublin [48]

34.100 In 1990, in response to media queries, Professor Meenan and Dr Hillery acknowledged that they had undertaken vaccine trials in children's residential institutions in Ireland. In a statement to the *Sunday Tribune,* Dr Hillery stated that 'Wellcome was the sole sponsor' of vaccine trials undertaken by her and Professor Meenan.[49] However, the Commission has confirmed previously undisclosed vaccine trials in children's residential institutions which were undertaken by Professor Meenan and Dr Hillery and sponsored by Glaxo Laboratories.

34.101 In 1965, Professor Meenan and Dr Hillery trialled a Glaxo Laboratories measles vaccine in Dublin. In May 1964, a Glaxo Clinical Trials Meeting was told that Professor Meenan was anxious to 'do something on measles'. In December 1964, Dr A J Beale, Glaxo Laboratories, forwarded 50 doses of Mevilin-L[50] adjuvant measles vaccine and 50 doses of an adjuvant placebo to Professor Meenan and Dr Hillery. A confidential memorandum relating to biological research activities involving Glaxo products in the period January to March 1965 referred to the clinical trials involving Glaxo measles vaccines which 'were carried out in Dublin by Professor Meenan'.

[46] Medical Research Council Measles Vaccines Committee, 'Vaccination against Measles: a study of clinical reactions and serological responses of young children', *British Medical Journal*, 27 March 1965, 1, 817-23.
[47] Medical Research Council Measles Vaccines Committee, 'Vaccination against Measles: a clinical trial of live measles vaccine given alone and live preceded by killed vaccine', *British Medical Journal*, 19 February 1966, 1, 441-46.
[48] Irene B. Hillery, P.N. Meenan (A.J. Beale, Glaxo Laboratories) *Glaxo Measles Vaccine Trial, January 1965.*
[49] *Sunday Tribune*, 28 October 1990.
[50] Department of Health file: INACT-INA-O-451644.

34.102 The published results of this trial in the *Lancet* do not state when or where the trial was undertaken.[51] It is not clear from the *Lancet* article whether institutional children were used as research subjects for the Dublin measles vaccine trial nor does it give any indication as to where the trial was undertaken. However, the evidence suggest that it was probably undertaken in a children's institution.

34.103 Thirty-four children aged over eight months were the research subjects. Blood samples were taken from children selected for participation in the trial one month before the first measles vaccine, Glaxo's inactivated measles vaccine, was administered to 34 children. A second measles vaccine, Glaxo's attenuated measles vaccine, was administered to one half of this group of children one month later.

34.104 The *Lancet* article outlined the protocol followed by Dr Hillery while undertaking the Dublin measles vaccine trial. Serum samples were taken before and one month after vaccination and children had rectal temperatures taken for 14 days after vaccination. This mirrors the approach adopted by Dr Hillery while undertaking the previously discussed measles vaccine trial in Sean Ross some months earlier (Trial C). Children involved in the Dublin measles vaccine trial had a rectal temperature taken at 6pm each evening; this would probably have been difficult to arrange outside of an institutional setting. In addition, the trial results refer to 'the adults looking after the children' rather than referring to parents.

34.105 There were few institutions in Dublin where 34 children aged between eight and twelve months could be monitored for a period of two weeks. As already discussed, Professor Meenan and Dr Hillery had previously undertaken clinical trials in Pelletstown in 1960/61 and they had done so with the co-operation of the institutional medical officer Dr Victoria Coffey. The Commission considers it likely that children living in Pelletstown were involved in the Glaxo measles vaccine trial but has found no conclusive evidence in this regard. Despite thorough analysis of Pelletstown's institutional records, the Commission did not identify children who may have been involved in the Glaxo measles trial.

34.106 However, there is evidence that Bessborough children may have been involved. Analysis of Bessborough's institutional records identified seven children whose

[51] Irene B. Hillery, P.N. Meenan, A.J Beale, 'Measles Vaccination', *Lancet*, 14 August 1965, 317-18.

medical records suggest that they were involved in a measles vaccine trial conducted in the manner described. Medical records relating to all seven children contained handwritten lines which read 'Blood spec. taken for measles vaccine' and '1st injection for measles'. All seven children were over eight months old and match the age profile of children involved in this measles vaccine trial. All blood specimens were taken on 18 November 1964 and all '1st measles vaccines' were administered to children on 7 December 1964. Glaxo had dispatched a consignment of their inactivated and attenuated measles vaccines to Professor Meenan and Dr Hillery in December 1964. The Commission takes the view that, on the balance of probabilities, the measles vaccine trial may have been undertaken, at least partially, in Bessborough.

Compliance with regulatory and ethical standards

34.107 As so little is known about this trial, it is difficult to know whether or not it complied with the regulatory and ethical standards of the time. It seems unlikely that it was covered by the terms of the research licence which Professor Meenan held. Nothing is known about what consents, if any, were sought or obtained.

Trial E 1965: Professor Meenan and Dr Hillery, Glaxo Laboratories 'Quintuple' 5 in 1 vaccine[52]

34.108 In 1965, Dr Hillery field-trialled Glaxo Laboratories' Quintuple (5 in 1) Measles Vaccine. The stated purpose of the trial was to assess the effectiveness of Glaxo's Quintuple measles vaccine on its own, as compared with the Quintuple vaccine supplemented by a follow-on attenuated measles vaccine. The trial protocol named Dr Hillery, University College, Dublin, as lead investigator and Dr Beale, Glaxo Laboratories, as 'the person responsible for follow-up of the trial'. The vaccine used was Glaxo Quintuple V CT21:

34.109 The immunisation schedule was as follows:

1. Quintuple as primary course (not earlier than 3 months of age)
2. Inactivated Measles (not earlier than 3 months of age).
3. Both groups to receive 5 doses at monthly intervals and to be bled before and one month after the third dose. Six months after primary immunisation half the children to receive a booster dose of inactivated measles and the

[52] *Glaxo Quintuple (5 in 1) Measles Vaccine Trial August 1965. (Unpublished).*

other half an attenuated measles vaccine-the child being bled before and one month later.

34.110 An examination of a contemporaneous published article leads the Commission to the view that the vaccine schedule outlined in this trial of Glaxo's Quintuple vaccine is identical to that outlined in the published results of another trial of Glaxo's Quintuple vaccine carried out by A.J. Beale in association with researchers at the Middlesex Hospital Medical School, London, and the Department of Microbiology, Queens University, Belfast, in 1966.[53]

34.111 On 25 August 1965, Dr Hillery initiated a trial of the Quintuple vaccine in two of the institutions being investigated by the Commission - Pelletstown and Bessborough. Dr Hillery administered the Quintuple vaccine to three infants resident in Pelletstown on 25 August, 22 September and 27 October 1965. She administered the Quintuple vaccine to 16 infants resident in Bessborough on 26 August, 25 September and 23 October 1965. All 19 infants received the first injection; 15 received the second injection and seven infants received all three injections while resident in one of the institutions. Most children involved in the trial were adopted and discharged from their respective institutions during the timeframe of the vaccine trial. Dr Hillery administered the third injection to at least two children in their adoptive homes. The Commission heard evidence that Dr Hillery may have visited all discharged children in their adoptive homes to administer the later injections and, on separate occasions, to take blood samples from children. A former resident of the Bessborough Home produced a letter to the Commission, dated 13 April 1966, from an adoption agency to one foster mother to let her know that 'a lady doctor, Dr Hillery' would be calling to her home to give her foster child an injection. The letter stated: 'She gave [the child] course of inoculations when he was in Bessborough and he is due one further injection and it is necessary that she gives this herself'.

34.112 Further evidence heard by the Commission suggests that there may have been up to 25 infants involved in the Glaxo Quintuple vaccine trial. The Commission has identified 19.

[53] G.W.A. Dick, D.M.S. Dane, E. Moya Briggs, Margaret Haire, A.J. Beale, 'Quintuple Vaccine', *Lancet*, 20 August 1966, 424-25.

The children involved

34.113 Eighteen of the identified 19 infants involved in the Quintuple vaccine trial were in the institution with their mothers at the time of vaccination. The institutional records from Pelletstown and Bessborough show that two of the mothers were under 18 years of age. One woman was described as being of 'very low mentality' and another had suffered a 'nervous breakdown'. One child, described as 'an unaccompanied foundling', was awaiting adoption in Bessborough. Another child was suspected of having Cerebral Palsy and another was referred to as a 'mixed race child'.

Compliance with regulatory and ethical standards

34.114 It is clear that this trial did not conform to the regulatory and ethical standards in place at the time.

Import Licence

34.115 Dr Hillery is named as the sole clinical investigator in this trial. Dr Hillery did not hold a research licence to import vaccines. Furthermore, the vaccine was not covered by Glaxo Laboratories Import Licence. The vaccine was prepared by Glaxo Laboratories specifically for field-trial in Ireland and was not licensed for commercial use in Ireland or the UK.[54]

Research licence

34.116 There is no evidence that Dr Hillery held a research licence to conduct such trials.

Consent

34.117 A former resident of Bessborough has publicly stated that she did not know that her child was part of a vaccine trial and that she was not asked for consent for her child's participation.[55] There is no evidence that consent was sought or received from the mothers who were in the institutions, the authorities in the institutions or the health authorities who may have been the guardians of children in the institutions.

[54] This quintuple vaccine appears to be the same or similar to the quintuple vaccine prepared by Glaxo and trialled by G.W.A Dick et al. See Dick, G.W.A., et al, 'Quintuple vaccine', *Lancet*, 20 August 1966, 424-5.
[55] *Prime Time: Anatomy of a scandal*, RTE, 9 June 2014.

Adverse consequences

34.118 One child died of cardiac and respiratory failure two weeks after receiving the first injection. The available medical records do not suggest that this child's death was in any way linked to the vaccine.

Trial F 1968/69 1968: Dr Victoria Coffey, Glaxo Laboratories measles vaccine, Pelletstown[56]

34.119 GlaxoSmithKline supplied the Commission with a list of vaccine trials conducted worldwide in the period November 1963 to December 1968. One of the listings was a trial of a Glaxo measles vaccine involving Dr Victoria Coffey, Trinity College, Dublin. Dr Coffey was also institutional medical officer to Pelletstown. At a meeting of Glaxo's 25th Biological Clinical Trials Committee in January 1968, Dr W L Burland, Head of clinical research at Glaxo Laboratories, stated that he had recently visited Ireland and that 'both the Public Health Department in Cork and Dr Coffey, Trinity College, Dublin, had indicated that they would be prepared to undertake trials'.

34.120 In June 1968, Dr Coffey informed Dr Burland that she had spoken to 'the Chief Medical Advisor to the Government' who had informed her that he was very interested in the proposed measles survey and that he wished to be kept informed of the results. Dr Coffey suggested that the measles vaccine trial should involve 50 trial children and an equal number of control children. In return for conducting the measles trial, Glaxo promised Dr Coffey a grant to assist towards the purchase of laboratory equipment. Dr Coffey asked that the grant would be sent to the Medical Research Council of Ireland. In July 1968 Glaxo issued a cheque to the value of £230 to Dr Coffey made payable in her own name. Dr Burland wrote to Dr Coffey suggesting that 100 trial children and 100 control subjects would be a more suitable number for the proposed measles trial and requested more details of Dr Coffey's plans. Dr Coffey informed Dr Burland that she did not wish to discuss the proposed measles trial by post and suggested that they discuss the details in person on his visit to Dublin in August 1968.

34.121 Following their meeting in Dublin, Glaxo forwarded Dr Coffey a Trial Protocol relating to a field trial of Glaxo's Measles vaccine in Dublin. The Trial Protocol named Dr Victoria Coffey as lead clinical researcher and Dr W L Burland was

[56] *Dr Victoria Coffey/Glaxo Measles (BT 58) Vaccine Trial Dublin December 1968. (Unpublished)*

assigned to follow up on the trial on behalf of Glaxo Laboratories. The Trial Protocol also stated that Dr Hillery, Dublin, would carry out Measles HA titres. The Trial Protocol read as follows:

- Measles Vaccine Trial
- Final Protocol
- Clinician: Dr V. Coffey
- Glaxo Laboratories: Dr W.L. Burland
- Purpose of Trial: 1. Establish the form and rate of reactions in children to a single dose of live further attenuated measles vaccine prepared from the Schwarz strain of virus. 2. To estimate the effectiveness of vaccination as measured (a) by post-vaccination antibody levels and (b) by protection from the natural infection after sibling contact.
- Materials/Vaccine: Live further attenuated measles vaccine (Schwarz strain). Each dose contained in 0.5ml for subcutaneous injection.
- Population: 250 healthy, susceptible children aged 12 months or more with an older susceptible sibling living at home. Some children in St Patrick's Home, Dublin, will be vaccinated and each paired with a susceptible child of like age as control. (Exclude children with a personal history of convulsions, or allergy, asthma and eczema, or strong family history of same).
- Method: Each of the children should be vaccinated and then these and their sibling controls observed for any symptoms such as fever, rash, Coryza, pharyngitis, cough, conjunctivitis, vomiting, diarrhoea, anorexia and others during the following three week period.
- Every 5th child will be bled immediately prior to vaccination and again 4 weeks later. Paired sera should be separated and assayed for measles HI antibody titres.
- The children will be followed up and the incidence of measles in the susceptible sibling contacts and the vaccinated children recorded after twelve months or after the next measles epidemic.
- Assays: Measles HA titres will be carried out by Dr Hillery, Dublin.

34.122 On 5 September 1968, Dr Coffey told Dr Burland that she had come up against 'the usual complications' while trying to arrange to field-trial Glaxo's measles vaccine in Dublin. Dr Coffey had planned to conduct the trial in association with the Dublin Child Welfare Service. However, she said that the Dublin health

authorities refused to facilitate her on the basis that the risk of convulsions and other adverse reactions were too high and they were not prepared to accept responsibility for this. In response, Dr Burland advised Dr Coffey to liaise with Dr Hillery as 'she may be able to suggest a way in which you could overcome the problems you have encountered'. On 3 October 1968, Dr Coffey replied:

> Thank you for your letter of 23 September concerning the measles vaccine trial. I agree that Dr Hillery was able to follow-up her cases easily because most of her trials were carried out in St Patrick's Home and only necessitated the children being detained there for six weeks. In this I was able to assist her whereas in the measles trial it would necessitate detaining them for twelve months. However, with your offer for financial assistance in the follow-up trial this would be much simpler. I could carry out the trial in St Patrick's and arrange the follow-up by a junior doctor. By this means I could easily trial at least 250 children and we could start as soon as you would be agreeable to let me have the material.

34.123 On 30 October 1968, Dr Burland sent a cheque for £250 to Dr Coffey 'to meet the expenses involved in your proposed measles trial' and notified her that the supply of vaccine for use in the trial had been dispatched to Dublin. The minutes of Glaxo's 31st Biological Clinical Trials Meeting, held on 27 November 1968, confirmed that 250 doses of Glaxo's 'Mevilin L' vaccine had been supplied to Dr Coffey and that the 'B.T. 58 Measles Vaccine Trial' was underway. A Glaxo Laboratories memorandum written in February 1969 noted that Dr Coffey had vaccinated 30 children with Glaxo's trial vaccine and that she was 'actively searching for suitable families' to take part in the trial. The Commission has not been able to identify the children involved in this trial.

Compliance with regulatory and ethical standards

34.124 It is clear that this trial did not conform to the ethical and regulatory standards in place at the time. There is no evidence that Dr Coffey applied for or received a research licence under the *Therapeutic Substances Act*. There is no evidence that the relevant consents were sought or given. Glaxo's Mevilin-L (live attenuated) Measles Vaccine appears to have been commercially available in Ireland since 1966 and is presumed to have been covered for importation under Glaxo's Import Licence.

Adverse consequences

34.125 As the Commission has not been able to identify the children involved, there is no information available on any possible adverse consequences for them.

Trial G: 1973 Professor Meenan, Dr Hillery and Dr Margaret Dunleavy, Wellcome Diphtheria, Tetanus and Pertussis (DTP) Trial, Dublin.[57]

34.126 The stated purpose of this study was to compare the reactogenicity[58] of commercially available combined Diphtheria/Tetanus/Pertussis (DTP) vaccines, Trivax and Trivax AD, developed and marketed by Wellcome, with a new modified combined DTP vaccine containing a 'two-phase' pertussis component developed by the Wellcome Research Laboratories, Beckenham, Kent. In their Protocol for Clinical Trial of the modified DTP vaccine, Wellcome stated that commercially available DTP vaccines contained 20,000 million killed pertussis organisms and were known to cause 'minor disturbances' in up to 50% of children after inoculation. The new modified DTP vaccine contained 15,000 million killed pertussis organisms and in theory this would attenuate post-vaccination reactions in children without lowering the potency of the vaccine.

34.127 Wellcome was a commercial company and, not surprisingly, there was a significant commercial impetus behind this trial. In the late 1960s and early 1970s Wellcome's Trivax and Trivax AD vaccines competed with similar commercially available vaccines developed, licenced and marketed by Glaxo Laboratories and the Lister Institute. Trials designed to assess and compare different brands of commercially available DTP vaccines were previously undertaken by the municipal health authority in Cardiff and by clinicians at Guy's Hospital, London. It is evident from Wellcome documentation that pharmaceutical companies eagerly anticipated results which would give their product a marketable edge over their competitors. Trial results, however, revealed no discernible difference between the commercially available DTP vaccines. It was within this milieu that the idea of a modified Wellcome DTP vaccine emerged. Wellcome's stated aim was to produce a modified DTP vaccine with 'a real possibility of reduced reactions and increased potency'. According to contemporaneous documentation surrounding the project,

[57] *The Wellcome Foundation Ltd: Clinical trial to compare the reactogenicity of commercially available batches of the combined Diphtheria/Tetanus/Pertussis (DTP) vaccines Trivax and Trivax AD with a modified combined DTP vaccine containing a 'two-phase' Pertussis component. (Unpublished) 1973.*

[58] Reactogenicity of a vaccine relates to its capacity to produce adverse reactions.

however, internal exchanges of memoranda as well as records of minutes of meetings regarding the modified DTP vaccine appear to show that Wellcome's primary motivation for producing an improved DTP vaccine was a desire to cut production costs, to increase sales and to turn their DTP vaccine from a 'loss-making product' into a 'moderately profitable' one.

34.128 In August 1971, Wellcome Research Laboratories began production of their modified DTP vaccine. A Wellcome Laboratories memorandum revealed that, at this juncture, Wellcome had already made arrangements to conduct clinical trials of the modified DTP vaccine in Ireland. In August 1972, five separate batches of the modified 'two-phase' vaccine were bulked and laboratory tested and Wellcome submitted laboratory reports to the British Committee on Safety of Drugs for approval. Documentation produced by the Wellcome Foundation shows that the modified DTP vaccine complied with standards prescribed by *British Pharmacopoeia* (1968), the *Therapeutic Substances Act* 1956 [UK], the World Health Organisation Technical Report Series and the *European Pharmacopoeia* (1971) Vol. II. As a further precaution, Wellcome recruited adult volunteers working at their research laboratory at Beckenham to participate in a trial which closely modelled the proposed trial due to be undertaken in Ireland. Acknowledging that their commercially available and modified DTP vaccines were normally given exclusively to infants, researchers at Wellcome were anxious to compare the effects of the new formulation vaccine with those produced by Trivax and Trivax AD 'before proceeding to infant trials'.

34.129 In a Wellcome Laboratories memorandum dated October 1972, Dr A H Griffith, Head of the Department of Clinical Microbiology, Wellcome Research Laboratories, outlined the necessity to carry out clinical trials of Wellcome's modified DTP vaccine. Dr Griffith stated that it was 'difficult to arrange meaningful trials of any medicinal products in young children' and that Professor Meenan, Department of Medical Microbiology, University College, Dublin, was willing to carry out the trials. Dr Griffith said that Professor Meenan, and his senior lecturer Dr Hillery, had a long association with Wellcome and had been 'good collaborators on other lines'. He said that Professor Meenan had 'appealed' for a grant to employ a laboratory technician and recommended that Wellcome sanction a 'non-renewable grant' of £1,650. He also recommended that a 'personal grant' of £650 be put in place for Dr Hillery to draw down while undertaking the Dublin trials. Professor Meenan requested that the cheque for £1,650 be made payable in his

own name stating that he would endorse and forward it to the Secretary, Bursar, University College, Dublin. Wellcome's grant to Professor Meenan was renewed in 1973 and again a cheque for £1,650 was made payable to him personally.

34.130 In October 1972, Dr Griffith forwarded draft protocols for clinical trials of Wellcome's modified DTP vaccines to Dr Hillery and to Dr Margaret Dunleavy, Deputy Chief Medical Officer, Eastern Health Board, Dublin. Dr Hillery and Dr Dunleavy were asked to consider and comment on the draft protocols with a view to informing an application to the National Drug Advisory Board of Ireland, which had been established in 1966, for a clinical trial certificate. In February 1973, Dr Griffith forwarded a final draft of the application to Dr Hillery's home address in Dublin with a handwritten note which read 'Cheque for £300 enclosed'. Dr Hillery received the balance (£350) of Wellcome's £650 'personal grant' in November 1973.

34.131 In October 1972, Wellcome Research Laboratories authorised clinical trials of Wellcome's modified DTP vaccine in Dublin with the proviso that an initial group of five subjects would be studied at least one week before the main study and that the main trial should proceed on the basis that there were no adverse side effects.

34.132 In February 1973, The Wellcome Foundation Ltd made an application for a Clinical Trial Certificate to the National Drugs Advisory Board. The four vaccines to be compared were:

- Trivax: Normal commercial preparation.
- Trivax AD: Normal commercial preparation.
- New DTP Plain: Batch No. PX 296 (in manufacturing Batch A) at 15,000 million organisms per dose.
- New DTP Adsorbed: Batch No. PX 297 (in manufacturing Batch A) at 15,000 million organisms per dose.

34.133 Wellcome's finalised Trial Protocol proposed that clinical trials to compare all four vaccines for reactogenicity and antigenicity[59] would be carried out 'under existing practices' in an institution and a day nursery among children who were due to receive routine immunisation with a standard DTP vaccine. Participants were required to be under 12 months old and either in care at an institution in Dublin or

[59] Antigenicity: The property of being able to produce a specific immune response.

attending a day nursery in the city. Children were allocated to receive one of the four vaccines (a 0.5.ml. dose on two occasions, separated by an interval of six weeks).

34.134 Only children without previous history of immunisation or whooping cough were deemed suitable for inclusion in the vaccine trial. Blood samples were to be taken one week after the second dose was administered and sent to Wellcome Laboratories to assess diphtheria and tetanus antitoxin levels and for slide pertussis agglutinin tests. Temperatures were to be taken at the time of vaccination and four to six hours later. The number of children in the trial was not to exceed 120 with up to 30 in each group. Reactions were to be assessed by a nurse or a doctor who would 'call on the mother' on the morning after vaccination and complete a reaction form. The site of the vaccine was to be examined on this occasion and seven days later when a second reaction form was to be completed. The reactogenicity of the vaccine was to be assessed according to the data on these completed forms. Dr Hillery and Dr Dunleavy were named as lead investigators.

34.135 In April 1973, Dr Aileen Scott, Medical Director, National Drugs Authority Board, approved the Wellcome Foundation Ltd application to conduct a comparative trial of the reactogenicity of commercial Trivax and Trivax AD, and the corresponding new DTP vaccines (Batch No. PX 296 and PX 297) made with an improved 'two-phase cultured' pertussis component in Ireland. This approval came with a caveat - the proviso was to the effect that the results of the investigation were to be forwarded to the National Drugs Advisory Board on completion. On receipt of a clinical trial certificate for the Dublin DTP trials Wellcome forwarded 100 doses of Batch No. PX 296 and PX 297 to Dr Irene Hillery, University College, Dublin.

34.136 A Wellcome Research Laboratories memorandum of a phone call from Dr Hillery in July 1973 suggests that the Dublin DTP trials had been initiated in June 1973. Documents made available by the Wellcome Foundation confirmed that the Dublin DTP trials among the control group, who were administered Wellcome's commercially available Trivax and Trivax AD by Dr Margaret Dunleavy, had commenced in January 1973. The first doses of the new modified DTP vaccine were administered some months later in June 1973. Minutes of the Sixth Meeting of the Department of Clinical Immunology, Wellcome Research Laboratories, held

in June 1973, also confirmed that the Dublin trials of Trivax and the modified DTP vaccines were underway at that time.

34.137 In June 1973, Wellcome became aware that there had been a setback in the Dublin DTP trials. A significant number of adverse reactions were reported among children involved in the trial and two children had been hospitalised due to severe adverse reactions. A letter from Dr Dunleavy in August 1973 confirmed that post-inoculation reactions 'were occurring with greater frequency' and that all reactions were associated exclusively with Wellcome's commercial 'off the shelf' Trivax and Trivax AD vaccines. Dr Dunleavy reported that most cases had 'resolved themselves after a few days' but noted that two children remained in hospital suffering 'infantile spasms'.

34.138 One hundred and sixteen children were involved in the Dublin DTP trials. Fifty three institutional children were administered Wellcome's modified APT vaccines. The remaining children, drawn from the general population, were administered Wellcome's commercially available Trivax and Trivax AD DTP vaccines as part of routine immunisation procedure in public health clinics in Dublin.

34.139 Of the 53 institutional children 20 were resident in Pelletstown; 19 were in Madonna House, Blackrock, Dublin; seven were in Cottage Home, Dun Laoghaire; six were in Mrs Smyly's Bird's Nest Home, Dun Laoghaire and one lived in an institution which the Commission has been unable to identify. Pelletstown is the only one of these institutions which comes under the Commission's remit. The Commission has identified all 20 infant residents of Pelletstown involved in this trial.

34.140 Dr Hillery administered Wellcome's modified APT vaccine to the 20 children resident in Pelletstown on dates between 16 August 1973 and 30 April 1974; 14 were given the New DTP Plain (Batch No. PX 296) vaccine and six were given the New DTP Adsorbed (Batch PX 297) vaccine.

34.141 Thirteen children were administered vaccines on the same three dates: 16 August 1973; 27 September 1973 and 14 January 1974. Of these, five received three doses of antigen. The remaining seven received two inoculations; five had been discharged for adoption after the second inoculation.

34.142 Four children were administered vaccines on the same three dates: 22 January; 7 March and 30 April 1974. Of these, three received all three doses and the remaining child received two doses. The remaining three children received all three shots on 23 November 1973; 4 January 1974 and 11 March 1974.

The children involved

34.143 The Pelletstown institutional records show that all 20 children were unaccompanied 'illegitimate' children aged between three and nine months old. Seven had been admitted unaccompanied by their mothers; in the remaining 13 cases, mothers had discharged themselves. Two of the children were recorded as having Downs' Syndrome; another had Crouzon Syndrome (Facial Deformity); another had Congenital Talipes Equino-Varus (Club Foot) and another had Congenital Heart Disease. Another was described as a 'mixed race child'. Institutional records note that at least seven of the mothers had psychiatric disorders or were recorded as being 'mentally handicapped'. Another mother was 15 years old.

Compliance with regulatory and ethical standards

34.144 In July 1997, the Minister for Health gave an undertaking to make enquiries into media allegations that vaccine trials had been undertaken in children's residential institutions in Ireland. In his subsequent report on the matter Dr James Kiely, Chief Medical Officer, Department of Health made the following observations:

> The prevention and control of infectious disease was still considered to be of major public health importance at the time of the trial. The use of effective and safe vaccines was a major element in disease control and, given that the minimisation of adverse reactions was a major factor in the acceptance of vaccines by the general population, research which would result in the production of vaccines which had a lower incidence of reaction and were, therefore, considered to be safer, was an appropriate and reasonable subject for clinical trials.[60]

34.145 Wellcome's application to the National Drugs Advisory Board stated that the purpose of the trial was to develop a less reactogenic and, in theory, safer DTP vaccine and as Dr Kiely concluded, this would have been 'an appropriate and

[60] Dr James Kiely, *Report on 3 Clinical Trials involving babies and children in institutional settings 1960/61, 1970 and 1973*, Department of Health, 1997.

reasonable subject for clinical trials'. As already noted, there were also significant commercial considerations involved in this trial.

34.146 A public statement issued by the Wellcome Foundation in July 1997 stated that the context in which the Dublin DTP trials were undertaken was a response to a request issued in August 1973 by the Eastern Health Board, through its Deputy Chief Medical Officer, Dr Dunleavy, to investigate the increased occurrence of adverse reactions to Wellcome's commercial DTP vaccines, Trivax and Trivax AD - vaccines then in use in the Eastern Health Board's Immunisation Programme. A public statement issued by Dr Hillery in July 1997 also stated that this was the reason for her involvement in the Dublin DTP trials:

> When in 1973 it appeared there were more than the expected number of adverse reactions (such as soreness at the site of the injection, raised temperature and irritability) possibly associated with the triple (DTP) vaccine in use at vaccination clinics in Dublin, I agreed to undertake an investigation involving the vaccine on behalf of Wellcome.

34.147 In September 1973, Dr Dunleavy contacted Wellcome Laboratories 'regarding the possibility of reducing or altering the pertussis element in their [DTP]vaccine'. As noted earlier, documents made available by the Wellcome Foundation clearly show that arrangements for the Dublin DTP trials had been made two years earlier, in August 1971. Furthermore, draft copies of the proposed Dublin DTP Trial Protocol were sent to both Dr Hillery and Dr Dunleavy in October 1972. One draft Trial Protocol explicitly stated that the vaccines would be trialled on 'in-care children' and on 'infants under the care of Dr Dunleavy'.

34.148 In April 1973 the National Drugs Advisory Board issued a clinical trial certificate for the Dublin DTP trials naming Drs Hillery and Dunleavy as lead clinical investigators. In addition, DTP Reaction Forms made available by the Wellcome Foundation unequivocally show that children administered the commercial Wellcome DTP vaccines, Trivax and Trivax AD, received their first inoculations in January 1973. Similarly, the same records show that children administered Wellcome's modified APT vaccine received their first inoculations in June 1973. Thus, it appears to the Commission that the extant documentary material does not support the claim by the Wellcome Foundation and Dr Hillery that the Dublin DTP trials were initiated on foot of an Eastern Health Board request to investigate the cause of increased reactions to Wellcome's DTP vaccines in August 1973. The

documents provided to the Commission show that the Dublin DTP trials were planned, sanctioned and initiated well before this date.

34.149 Dr Aileen Scott of the National Drugs Advisory Board, who approved Wellcome's application for a Clinical Trial Certificate, has stated that she was not aware that any vaccine trial involving institutional children had been undertaken on foot of a general trial approval issued by the NDAB. However, Wellcome's application for a Clinical Trial Certificate clearly stated: 'All the participants will be under twelve months of age and be either in care at an institution in Dublin or attending a day nursery in the City.' Despite Dr Scott's assertions, the unambiguous wording of Wellcome's application clearly stated that the subjects of the Dublin DTP trial could potentially have involved institutional infants. This, in fact, turned out to be the case. The Commission assumes, therefore, that the NDAB was fully aware of this when it granted Wellcome a Clinical Trial Certificate to undertake the Dublin DTP trials. There is no documentary evidence to suggest that Dr Scott, or any other person from the NDAB, consulted the Department of Health before approving Wellcome's application for the trial certificate.

Import licence

34.150 The arrangement whereby applications were made to the National Drugs Advisory Board was a voluntary one and did not change the law in relation to import licences. It is clear that the issue of a Clinical Trial Certificate to Wellcome from the NDAB related exclusively to the supply of materials for the purpose of clinical trials and certified that the vaccines used conformed to specifications prescribed by *British Pharmacopoeia* 1968,[61] the *Therapeutic Substance Act* [UK]1956,[62] the World Health Organisation Technical Report Series[63] and by *European Pharmacopeia* (1971) Vol. II.[64] The NDAB Clinical Trial Certificate did not sanction the importation of the trial vaccines nor did it sanction their use in an institutional setting.

34.151 The Wellcome Foundation and Dr Scott of the National Drugs Advisory Board have stated that Wellcome's modified DTP vaccine, administered to the 53 institutional

[61] General Medical Council, *British Pharmacopoeia 1968*, (The Pharmaceutical Press, 1968).
[62] *Therapeutic Substances Act 1956* (United Kingdom), http://www.legislation.gov.uk/ukpga/Eliz2/4-5/25/enacted
[63] World Health Organization Expert Committee on Biological Standardization, *Technical Report Series No. 274* (World Health Organization, Geneva, 1964).
http://apps.who.int/iris/bitstream/handle/10665/40582/WHO_TRS_274.pdf;jsessionid=218CA9AC788A53B494C8A6A218D1C892?sequence=1
[64] Council of Europe, *European Pharmacopoeia, Vol.II*, (Rittenhouse, Philadelphia, 1972).

children, was not a 'new vaccine'. Glaxo Wellcome Ltd , however, has acknowledged that the modified DTP vaccine used in the Dublin DTP trials was an unlicensed product. It was not licensed for commercial use in the UK or Ireland and was not covered under Wellcome's Import Licence, issued under the *Therapeutic Substances Act*, 1932. Thomas McGuinn, Chief Pharmacist, Department of Health, has also confirmed that 'none of the modified vaccines used in this [DTP] trial were licenced under the *Therapeutic Substances Act*, 1932'.[65]

Research licence

34.152 As already set out, Professor Meenan did have a research licence but its use was limited to research carried out in UCD. Professor Meenan does not seem to have taken an active part in this particular trial. Drs Hillery and Dunleavy were the only named clinical investigators in the trial protocol.

34.153 The Department of Health had been made aware in 1969 that Professor Meenan had conducted trials in breach of his research licence. The Department of Health Chief Medical Officer, Dr Daly, raised concerns within the department about the published results of a clinical trial 'Rubella Vaccine in Children' undertaken by Professor Meenan and Dr Hillery in Westmeath.[66] This trial appears to have been undertaken on behalf of Wellcome Laboratories and the rubella vaccine was trialled among 'mothers of large isolated families' at their family homes in Westmeath. Dr Daly pointed out that Professor Meenan had not asked the department for permission to conduct a trial in Westmeath and that Professor Meenan's research licence did not cover the importation of the rubella vaccine used in that trial. Dr Daly also highlighted the fact that Professor Meenan had sought and received ministerial approval for the Carrig-on-Barrow trial in 1963 and was well aware of his obligation to secure approval from the Department of Health to undertake the Westmeath trials, but had failed to do so.[67] The department resolved to pursue the matter and insisted that, in the future, Professor Meenan was to give it advance notice of any scientific research with therapeutic substances undertaken outside University College, Dublin.

[65] Department of Health file: MED-IMP-0-135205.
[66] Hillery I.B., Meenan P.N. et al, 'Rubella vaccine trial in children', *British Medical Journal*, 31 May 1969; 2 (5656): 531-2
[67] Dept of Health file: B136/216.

34.154 There is no evidence that Dr Hillery or Dr Dunleavy ever had a research licence. There is no documentation to suggest that ministerial approval was sought or obtained.

Consent

34.155 In her statement issued on 11 July 1997, Dr Hillery stated that the children were presented to her by the medical officer to the home who she claimed, 'was responsible for the assessment of the children's health and their suitability for vaccination'. Dr Coffey was the medical officer at this time. There is no evidence that the mothers or the authorities in Pelletstown were asked for or gave consent. The Commission has not seen any evidence that anyone in the Eastern Health Board, other than Dr Dunleavy, knew about or was involved in this trial.

34.156 All 116 children involved in the Dublin DTP trials were due to be vaccinated as part of the general National Childhood Immunisation Programme. For the 63 children among the general population, acting as the control group, the immunisation treatment and vaccine administered to them did not deviate from the standard procedures associated with routine immunisation treatment. These children were presented by parents for vaccination at Dublin public health clinics and on that basis, it may be reasonable to assume, by virtue of such presentation, that parental consent was obtained. These children were inoculated with licenced, commercially available prophylactics - Trivax and Trivax AD. These were the DTP vaccines used by the Eastern Health Board in their childhood immunisation programme at that time.

Adverse consequences

34.157 DTP vaccine reaction files, produced by the Wellcome Foundation, record one instance where a Pelletstown child had a 'moderate reaction' after the second inoculation and was given Aspirin.[68] No adverse reactions were recorded among the remaining 19 children. Wellcome concluded that the results of the DTP trials in Ireland had been 'quite satisfactory' and considered obtaining a product license to make the modified vaccine commercially available. It is not clear if the new vaccine ever came to market.

[68] 'Moderate Reaction': defined as a baby so upset as to require extra attention or nursing.

34.158 There is medical and scientific consensus that Wellcome's modified DTP vaccine was less reactogenic, and therefore safer, than Wellcome's commercially available DTP vaccines. The available evidence suggests that, in practice, this was proven to be the case. Adverse reactions recorded by Dr Dunleavy, and reported to the Wellcome Research Laboratories in August 1973, all occurred in children who were administered commercially available Trivax and Trivax AD vaccines in Dublin Public Health Clinics.

Veterinary Vaccine Controversy

34.159 In 2001, the *Irish Independent* reported that one child presented for DTP vaccination at a Dublin public health clinic during the Dublin DTP trial was unwittingly administered Wellcome's Tribovax T, a veterinary vaccine, rather than Wellcome's Trivax DTP vaccine. This controversial story quickly escalated and media reports 'confirming the widespread use of a cattle and sheep vaccine to inject babies at Dublin health clinics during 1973' became a cause for concern.[69] There is no documentary or clinical evidence to support the claim that the veterinary vaccine Tribovax T was ever administered to a child, inadvertently or otherwise in a Dublin clinic or in any children's residential institution.

34.160 This controversy arose from an entry in a list of children who experienced adverse reactions to the Trivax vaccine which was forwarded by the Wellcome Foundation to the Commission to Inquire into Child Abuse in 2001. In one instance, a child who attended a Dublin clinic is recorded as having been inoculated with a vaccine from 'Batch No.84796'. Batch No. 84796 relates to Wellcome's Tribovax T veterinary vaccine. The claim that children in Dublin clinics were administered a veterinary vaccine rests on this evidence alone. However, one of the Wellcome DTP vaccines in general use in the childhood immunisation programme in Dublin during this period was a vaccine from 'Batch No. 84769'. It seems reasonable to suggest that the recording of Batch No. 84796 was no more than a clerical error. In fact, 21 other children inoculated with vaccine from Batch No. 84769, a commercial Trivax DTP vaccine, also suffered adverse reactions comparable with those suffered by the child who was purportedly administered a veterinary vaccine.

[69] *Irish Independent*, 6 July 2001 and 28 June 2001.

Suspected Oral Polio Vaccine Trial: Pelletstown 1965

34.161 When examining the Pelletstown institutional records in the context of Trial D, the Commission established that nine children were administered immune globulin measles prophylaxis on 30 July 1963 and a further 25 children were administered the measles prophylaxis on 21 June 1964. The Commission understands that immune globulin measles prophylaxis was utilised to confer a level of protection against measles in children who were exposed to the measles virus. The medical records associated with children who were administered immune globulin measles prophylaxis also noted that they were administered an Oral Polio Vaccine on dates between 9 June and 24 August 1965. A trawl of medical records associated with over 800 children admitted to Pelletstown in the years 1962-64 showed that a total of 56 children were administered an oral polio vaccine. All 56 children were administered the first dose of an oral polio vaccine on 9 June 1965. Fifty of the children were administered a second dose on 5 August 1965 and 42 were subsequently administered a third dose over three days in September 1965: 20 September (22 children); 22 September (four children) and 24 September (16 children).

34.162 The 56 children selected to receive a course of oral polio vaccine were all children who were living in Pelletstown unaccompanied. At least 44 of these children had already received a full three-shot vaccination against polio. The institutional records show that 53 of the 56 children selected were 'illegitimate' children and that the three 'legitimate' children involved were either 'abandoned' or had a physical disability. Eight of these children were described as 'mentally retarded'. 'backward' or 'of low intelligence'. Others had physical disabilities and associated notes which read 'child won't walk', 'not lifting head', 'underdeveloped child', 'enlarged heart and partially deaf' and 'no teeth, large head'. In 13 further instances, children were described as 'half-caste' or 'coloured child'.

34.163 As is noted above under Trial C, Professor Meenan sought permission from the Department of Health to import an oral polio vaccine and to field trial it among children living in Pelletstown. Permission was refused. It is clear from the minutes of Glaxo's Clinical Trials Meeting that the company was field trialling its oral polio vaccine in 1964 and a *Lancet* article, authored by Dr Beale of Glaxo Laboratories, showed that Glaxo had evaluated the use of their oral polio vaccine in children

already immunised with the Salk polio vaccine in 1965.[70] The Commission has found no corroborating evidence to confirm that the administration of oral polio vaccine to children living in Pelletstown in 1965 was a vaccine trial. However, considering the methodology employed and the selection criteria as it pertained to the children involved, the Commission takes the view that there is a high probability that it was.

Milk Trials: Glaxo Infant Milk Trials, Bessborough and Pelletstown 1968/69

34.164 Thirty two of the children's files in Bessborough's institutional records include a printed form with the heading 'Clinical Acceptability Trial: Overseas Milk Powders' or 'Clinical Acceptability & Safety Trial: Golden Ostermilk+Lactose'. The forms, produced by Glaxo Laboratories, refer specifically to the 'Bessborough Convent' and name Dr E Conlon as the 'clinician responsible'.

34.165 These forms contained blank sections for completion by an attending clinician or nursing staff. The 32 forms examined by the Commission were blank; none of the forms had been completed nor was there any patient information contained therein. Feeding charts relating to the 32 infants in question demonstrate that 18 of them were fed neither commercially available Ostermilk nor any other Glaxo product. The 14 infants who were fed Glaxo's commercially available Ostermilk lived in Bessborough on various dates between 1969 and 1976. At least four of these infants were not born in Bessborough and were admitted at intervals after birth already weaned on commercially available Ostermilk.

34.166 The name of the 'clinician responsible', Dr E Conlon, which was printed on each Glaxo Milk Trial Form, is taken to be Dr Eithne Conlon who was an assistant to Bessborough's medical officer, Dr Reginald Sutton. The Commission was given access to Dr Conlon's private records by her family. These records contain no documentary evidence that Dr Conlon had either conducted or been involved in any trials conducted in Bessborough. Bessborough's institutional records do not contain any documentary evidence that a Milk Powder Trial was undertaken at Bessborough.

[70] Beale A.J., et al, 'Response to one dose of Trivalent oral polio vaccine in children previously immunised with Salk vaccine: a comparison of liquid vaccine and a capsule presentation, Lancet, 24 April 1965; 1 (7391): 879-81.

34.167 On foot of a specific request from the Commission, however, GlaxoSmithKline archivists located files which confirmed that Glaxo Laboratories had undertaken clinical trials of non-commercial infant milk products in Bessborough and Pelletstown on at least two occasions in 1968 and 1969.

34.168 In November 1967, Dr Burland, Glaxo Laboratories, wrote to a Glaxo representative in Dublin about the possibility of conducting clinical trials with experimental milk food preparations in young infants in Ireland. In his letter, marked 'Highly Confidential', Dr Burland stated:

> I am looking for establishments, such as Homes for illegitimate babies, etc., where these investigations could be set up and where there are sufficient numbers to enable us to have two groups of babies, one fed with experimental milk, and one to act as controls. Do you think it would be possible to set up a trial of this nature in Eire?

34.169 In reply Dr Burland was told that similar trials, which led to the introduction of 'new formula Ostermilk', were previously undertaken by Dr Coffey in Pelletstown as well as by Dr B V (Biddy) Foley, Bacteriologist, and Dr Eithne Conlon, Obstetrician, in Bessborough and it was likely that they would be willing to undertake further Infant Milk Trials.

34.170 Dr Burland visited Ireland in January 1968. Prior to his visit, he drew up a Trial Protocol and forwarded a copy to Drs Coffey, Conlon and Foley. The Trial Protocol, 'Clinical Evaluation of L.14 and L.20 Infant Milk Foods' read as follows:

> L.14 and L.20 are both infant spray-dried infant milk foods. Both milks are already marketed in a non-instantized form and the only change in the milks to be used in the trial is in the method of manufacture. These milks vary from standard milk preparations, such as Ostermilk 1 and 2, in their fat, lactose and vitamin content. L.14 contains 14% fat and L.20 contains 20% fat (Ostermilk 1 contains 20%, Ostermilk 2 contains 26.5%). The fat content of these products has been reduced by 'dilution' with added lactose. L.14 and L.20 have small amounts of thiamine, riboflavin, pyridine, vitamin B12 and nicotinamide added.
>
> <u>Trials:</u>
>
> The trials I have in mind will take the following form: The first study will involve the first 10 to 14 days of feeding. The second, the remaining period of 3 or 4

months. The plan is to feed alternate babies on L.14-every other baby will receive the normal half-cream employed in the particular institution. Obviously, trials with L.14 and half-cream milks will be limited in time because of the desirability to go to fuller cream milk. Likewise, alternate babies will be fed on L.20-every other one receiving the normal full-cream milk used in the particular institution. It will be necessary to follow the babies' weight and food intake and to note any untoward events, both in the trial and the control groups, e.g. vomiting, diarrhoea, constipation, excess wind, etc.

Centres:

Both Maternity Hospitals and Baby Homes would make ideal trial centres. It is not a trial that will involve a laboratory in any way but will require experienced clinical observation, such as that that can be obtained from experienced nurses.

34.171 In January 1968, Glaxo Laboratories directed Glaxo's Irish representatives to investigate the feasibility of obtaining a license to import 240 kilos of L.20 and L.14 for clinical trials in Ireland. Glaxo acknowledged that the process of obtaining an import licence could take up to three weeks and stated:

> We would therefore be grateful if you could let us know as soon as possible what the chances are of success as it may be necessary to arrange clinical trials in a different area.

34.172 On 15 January 1968, Dr Burland, accompanied by Mrs B M Walker met Dr Coffey in Dublin. Dr Burland stated that Mrs Walker had 'a particular responsibility for nutrition trials' at Glaxo Laboratories. Dr Coffey told Dr Burland that Glaxo's experimental infant milk had arrived at Pelletstown and that the 'Sister in charge of the babies' had prepared some of the milk according to instructions. Dr Coffey planned to start her trial in Pelletstown in March 1968. As reimbursement for her participation, she asked Glaxo for a Chromatography Column (value £170) for her work with 'mentally deficient' children.[71] Dr Coffey stated that she was willing to send copies of the chromatography reports to Glaxo Laboratories along with the Hb levels of babies at 1 month and 3 months.

[71] Dr Coffey had a particular interest in Down's Syndrome children – see Chapter 13.

34.173 On the following day, Dr Burland and Mrs Walker travelled to Cork to meet Dr Conlon at Bessborough. As reimbursement for her work, Glaxo offered to pay Dr Conlon's air fare for a vacation in England. As the proposed milk trials were to compare Glaxo's experimental infant milk with the established feeding regime at Bessborough, Dr Burland stated that he discussed details of the trial with members of the Congregation of the Sacred Hearts of Jesus and Mary involved in preparing infant feeds: Sister Martha, Sister Benedict and Sister Peter.

1968 Trial

34.174 In March 1968, Dr Conlon field-trialled Glaxo's experimental infant milk in Bessborough. Fourteen infants were involved in the trial and were divided into three groups as follows:

Babies fed L14: 4

Babies fed L20: 3

Control group: 7

34.175 The infants in Group A were fed Glaxo's L14 infant milk for 14 days. Dr Conlon reported that infants in this group experienced moderate to severe vomiting, moderate to severe wind, loose stools and green stools. She noted that all infants in this group suffered continuous slight vomiting and regurgitation, that stools were undigested and that vomits contained large curds. She noted that Glaxo's L20 infant feed was tolerated far better and was an acceptable infant feed. She concluded that Glaxo's L14 infant milk, prepared and fed as directed by Glaxo Laboratories, was not well-tolerated by infants.

34.176 Also in March 1968, Dr Coffey conducted trials of Glaxo's experimental infant milk at Pelletstown. Nine infants were involved in the trial and were divided into three groups as follows:

Babies fed L14 (as recommended): 3

Babies fed L14 (diluted): 2

Control babies fed cow's milk: 4

34.177 The three infants in Group A were fed Glaxo's L14 infant milk for five days and several side effects were recorded. Two infants experienced 'severe vomiting' and the third experienced 'moderate vomiting'. Two infants experienced 'severe regurgitation' and all three infants were noted as being 'irritable' and 'loose with

green stools'. The use of Glaxo's L14 infant milk was discontinued due to 'the severity of the side effects'.

34.178 Both infants in Group B were fed a diluted form of Glaxo's L14 infant milk for three days. These infants experienced moderate to severe regurgitation, slight vomiting, green stools and irritability. While Dr Coffey considered that these infants were making 'reasonable progress' she conceded that they were not as satisfactory as infants in the control group.

34.179 The four infants in the control group were fed diluted cow's milk for nine days. One child experience green stools and another experienced slight regurgitation: no other side effects were recorded in this group. Dr Coffey concluded that, due to 'the frequency of undigested stools, frequent vomiting and vomiting of large curds' among trial infants, Glaxo's L14 milk was 'most unsatisfactory'.

34.180 Following the abandonment of the milk trials at Pelletstown and Bessborough, congregational nursing staff involved in infant feeding in both institutions remonstrated that the preparation and feeding instructions which accompanied the experimental feeds, and in some cases the weight of the infants involved in the trials, did not make for a 'fair trial'.

34.181 In April 1968, Mr P M Paterson, Analytical Department, Glaxo Laboratories, travelled to Pelletstown and Bessborough to liaise with the Sisters responsible for infant feeding in both institutions. He reported that the nursing staff (who were Sisters) in both institutions altered the method of preparing Glaxo's experimental infant feeds resulting in a more diluted mixture. Infants selected for inclusion in what Glaxo called the 'Nun's Trial' were over seven pounds in weight and deemed better equipped to process the new feeds. He observed nursing staff in both institutions as they incorporated Glaxo's infant feeds into their already established feeding regimes and reported good results. He reported that the nursing staffs in both institutions were happy to be involved in the development of an improved infant milk product but remonstrated that they had not been told more about the infant milk trials in the beginning and complained that the clinicians involved, Drs Coffey and Conlon, had largely left them in the dark.

1969 Trial

34.182 In consultation with the nursing staff involved in infant feeding at Pelletstown and Bessborough, Glaxo Laboratories produced re-formulated infant milk products with a view to undertaking further clinical trials. Dr Burland once again secured the cooperation of Drs Conlan and Foley in Cork and Dr Coffey in Dublin. On this occasion, he consulted the administrators of both institutions in order to secure their cooperation. In April 1969, Glaxo trialled their new infant milk in Bessborough and Pelletstown whilst undertaking concurrent trials of the same experimental infant milk products in Malaya and Argentina.

34.183 Glaxo's Trial Protocol for the April 1969 infant milk trials 'Overseas Milk Powders: Clinical Acceptability and Safety Trials' named Bessborough and Pelletstown as the Irish trial centres. Drs Conlon, Foley and Coffey were named as the clinicians involved. The stated aim of the clinical trial was to compare Glaxo's new infant milks, BY 0111 and BY 3010, with a control group of infants fed on the commercially available Ostermilk 1. The Trial Protocol called for the inclusion of 40 infants in both institutions and stipulated that the mothers 'House Name' would be recorded as the only identifying factor on documentation relating to the trial.

34.184 GlaxoSmithKline archivists produced written notes and charts relating to Glaxo's infant milk trials to the Commission. Because of the passage of time, these records are difficult to read, and they did not assist the Commission's efforts to identify the children involved in the milk trials. It was possible, however, to discern that Drs Conlon and Foley selected 21 Bessborough infants for inclusion in the trial. These infants were fed Glaxo's new infant milk BY 0111. The extant records show that at least half of these infants experienced vomiting, excess wind and constipation.

34.185 It was also possible to extract from the records that Dr Coffey selected 89 infants resident in Pelletstown for inclusion in the trial. Dr Coffey noted that trial infants in Pelletstown experienced vomiting, regurgitation, irritability and green stools. In two instances, infants experienced 'violent vomiting' in reaction to the feed and these children were subsequently withdrawn from the trial.

34.186 Although the Commission has identified uncompleted Glaxo Infant Milk trial forms in the files of 32 former Bessborough residents, it is unlikely that these particular infants were involved in a clinical trial. All of these 32 infants were born after the

last known infant milk trial was undertaken in Bessborough in April 1969. There is no documentary evidence to show that infant milk trials occurred after that date. Fourteen of these 32 infants were born in a cluster of dates in December 1969 and January 1970. It may have been intended that they would be part of a further milk trial. The comprehensive feeding charts associated with this group of infants give no indication that they were part of a clinical trial but indicate that all infants concerned received commercially available infant milk. Most were fed on non-Glaxo products, generally SMA. The maternity records associated with these 32 infants include detailed daily feeding charts which appear to confirm that infants born in or admitted to Bessborough were subject to the same institutional feeding regime as all other infants resident in the institution at that time. In all cases, new-born infants were fed water and glucose for several days before being put on commercially available Ostermilk and SMA infant feeds.

34.187 The Commission is satisfied that the trial forms relating to infants who were involved in one of the infant milk trials were completed contemporaneously with the clinical trial and forwarded to Glaxo Laboratories.

Compliance with regulatory and ethical standards

34.188 It is not clear that the milk trials constituted clinical trials within the meaning of the *Therapeutic Substances Act 1932* so it is not clear if an import licence or a research licence was required. There is documentary evidence that Glaxo Laboratories considered the question of applying for an import licence to cover the importation of their experimental infant milk products into Ireland. The Commission has seen no evidence that it actually applied for or received such a licence. Likewise, the Commission has no evidence that any of the doctors involved held a research licence.

Consent

34.189 There is no documentation to suggest that Glaxo either applied for or received an import licence to import the L.20 and L.14 infant foods. The Commission has not seen any documentation to suggest that Glaxo or the clinicians involved in the Infant Food Trials either applied for or held Department of Health issued research licences to conduct these trials.

34.190 As it has not been possible to identify the children involved in the trials, it is not known if all or any were accompanied by their mothers. There is no evidence that any attempt was made to seek the consent of their mothers.

34.191 It would appear that the three doctors involved conducted the initial trials without consulting the authorities of either institution. While congregational nursing staff in both institutions took directions from the doctors it is unlikely that they were made aware of the experimental nature of the infant feed. It seems to the Commission that it was only when the congregational nursing staffs were tasked to take remedial action to counter the adverse reactions suffered by the children that the authorities at both institutions realised the true nature of the study.

34.192 The Mother Superior at Bessborough wrote to Glaxo Laboratories to voice her annoyance that she had not been consulted about the infant milk trials in the first instance. The documentary evidence, however, demonstrates that the administrators at both institutions did communicate with Glaxo about the April 1969 infant milk trial and assisted the company in its bid to produce a superior infant feed in what became known as the 'Nun's Trial'.

Chapter 35 Finance

Introduction

35.1 The information available to the Commission about the finances of the different institutions is set out in the relevant chapters. The most detailed financial information available is from Dunboyne as the Good Shepherd Sisters provided the Commission with audited accounts for nearly every year of its operation (see Chapter 24). The Congregation of the Sacred Hearts of Jesus and Mary was unable to provide detailed financial information about its three homes (Bessborough, Sean Ross and Castlepollard - see Chapters 17-20). At some stage (it seems likely to have been from 1947), the congregation was required to provide the Department of Health with audited accounts each year so that the capitation rate for the women and children could be set. It seems that they did this for at least some years as the records provided to the Commission by the Department of Health contain copies of some audited accounts. Similarly the Sisters of Bon Secours were unable to provide financial information for Tuam (see Chapter 15). There is no evidence that there were ever audited accounts for Tuam but information about its capitation rate was collected from Department of Health files.

35.2 Very little is known about Pelletstown's (Chapter 13) finances as they cannot be distinguished from the general finances of the Dublin Union and its successors; it was not financed on a capitation basis. There is some limited information about the amount it charged other local authorities who were responsible for residents in Pelletstown and there is information available about what its staff were paid. The county homes were directly financed by the health authorities and it is not possible to distinguish the amounts involved in housing unmarried mothers and their children. The members of religious orders who staffed Pelletstown and the county homes were paid as public servants; this was not the case with the homes financed by capitation. The smaller homes and hostels all had different methods of financing and these are described in the relevant chapters.

35.3 In 1943, the Joint Committee of Women's Societies and Social Workers sent a memorandum to Government (and others) on the issue of children in institutions. In this they argued that the money being paid to institutions should instead be paid to the mother. This chapter tries to put the amounts paid in respect of women and

children in the institutions under investigation in context by comparing the capitation rates with the payments which the State made to families living in the community, including payments made in respect of boarded out children, the payments made to some other institutions, and, to a limited extent, the contemporary rates of pay of workers. It is clear that the payments made in respect of women and children in the institutions financed by capitation payments were considerably more generous that the State payments available to a parent and child in the community before the Unmarried Mother's Allowance was introduced.

General financial situation

35.4 The Commission has seen no evidence that the religious orders which ran the institutions which were financed on a capitation basis made a profit from so doing. All the evidence suggests that they struggled to make ends meet particularly when occupancy rates declined. In some cases, the work of the individual members of the orders was not taken into account in setting the capitation rate. Payments by local authorities were quite often late. An allegation has been made that local authorities were billed for mothers and children after they had left the home. The Commission has found no evidence of inappropriate billing. Local authorities were usually billed monthly in arrears so it is reasonable that some would have left before the payment was made.

35.5 The capitation rates were set on the basis of expenditure in the previous year. The financial records seen by the Commission show that earnings from farms or the letting of land were taken into account and the capitation rate reduced accordingly. From a financial point of view, this method of setting the capitation rate seems to have worked reasonably satisfactorily when there was relatively little inflation and when the women stayed for longer periods. Even though the numbers in the institutions increased in the 1960s, the women stayed for much shorter periods. This combined with inflation meant that the finances became more difficult to manage.

Payment by the women

35.6 Apart from Denny House and Bethany, there is no evidence that women who were supported by public assistance/health authorities in other institutions were asked to make a contribution towards their stay. Legally, they could have been charged if

they had an income. Before the introduction of maternity allowance in 1953, it is unlikely that they would have had an income. After that, those who had been employed would have had an income for 12 weeks. The *Institutional Assistance Regulations 1954*[1] provided that people receiving institutional assistance in any institution could be required to make a contribution towards the cost. The health authorities could require people who had an income of more than 10s a week to make a contribution towards their maintenance. This was increased to £1 in 1965.[2]

35.7 County home residents did have to contribute under these regulations. Older people who were resident in county homes would generally have been receiving either an Old Age Pension (Contributory) or an Old Age Pension (Non-Contributory). Generally people with disabilities in institutional care did not have an income; the Disabled Person's Maintenance Allowance was not payable to people in institutions until the 1990s (when it was renamed Disability Allowance).

35.8 When unmarried mother's allowance was introduced in 1973, there is no evidence that the large institutions sought payments from the women. At this stage some women in the institutions would have been receiving maternity pay from their employers; again, there is no evidence that they were expected to contribute in the large institutions. Later, some women in the institutions were receiving training allowances from AnCo; in general, these allowances were higher than the prevailing social welfare rates.

1920s

35.9 Until the introduction of Unemployment Assistance and Widows' Pensions in the 1930s, the only payment that a parent and child living in the community was likely to get was home assistance (see Chapter 1). The Report of the Commission on the Relief of the Sick and Destitute Poor in 1927 recorded that 632 widows with one child were in receipt of home assistance in 1926; only three were getting more than 12s 6d a week.[3] The vast majority of all home assistance recipients were getting less than 12s 6d a week. The 1927 report recognised the inadequacy of this and recommended the introduction of pensions for widowed and deserted mothers but did not mention unmarried mothers.

[1] http://www.irishstatutebook.ie/eli/1954/si/103/made/en/print
[2] *Institutional Assistance Regulations 1965*: http://www.irishstatutebook.ie/eli/1965/si/177/made/en/print
[3] *Sick and Destitute Poor report* (1927), p. 560.

35.10 The capitation rate at the time was £1 a week for a mother and child in Tuam and £1 1s for a mother and child in Bessborough. In 1925 an official from the public health section of the Department of Local Government and Public Health told the Commission on the Relief of the Sick and Destitute Poor that the cost of maintenance per person in Denny House (then called the Magdalen Asylum) was £1 12s 6d a week.

35.11 In December 1928, Frank Duff (see Chapter 21), who was a former senior official of the Department of Finance, considered that outdoor relief of 15s a week would be necessary to enable an unmarried mother and her child to live in the community. It is not known if he was aware of the capitation rates in the mother and baby homes but it seems likely that he was. This, interestingly, was the rate set for a mother and child when the Widow's Contributory Pension was introduced in 1935.

35.12 When St Vincent's, Cabra was being established as a home for children with disabilities in 1925, the Daughters of Charity agreed to accept children from the Dublin Union at a rate of £26 a year (10s a week); Dublin Union children above that number and children from other areas would attract a capitation rate of £39 a year (12s 6d a week).

35.13 The payments for boarded out children varied widely between the various health authorities and sometimes within the same health authority. In March 1927, a number of counties were paying 5s a week; the highest rate was £1 10s a month and the lowest was 2s 6d a week.

35.14 Foster parents recruited by the Protestant Nursery Society received £1 14s 8d a month; foster parents recruited by Bethany received £1 10s.

35.15 In 1924, a superintendent in Pelletstown was paid an annual salary of £90. A temporary midwife (a lay person) was paid £2 5s a week for night duty in Pelletstown. In Kilrush, the General Attendant Porter was paid £104 a year, or £2 a week.

1930s

35.16 Unemployment Assistance was introduced in 1933. There were different rates depending on where the recipient lived. Until the 1990s, women qualified for lower rates than men. The rates quoted in this chapter are the highest rates available for one adult and one child. In practice, most women with small children did not qualify as they were regarded as not being available for work.

35.17 Widow's Pensions (Contributory) and Widow's Pensions (Non-Contributory) were introduced in 1935; by definition, unmarried mothers did not qualify.

35.18 The maximum Unemployment Assistance payable for one adult and one child was 12s a week from 1933[4] and 14s a week from 1938.[5] The maximum rate of the Widow's Contributory pension was 15s a week from 1935 and the maximum rate of the Widow's Non-Contributory pension was 11s a week.[6] The capitation rate in Tuam at this time was £1 for a mother and child and it was £1 1s in Bessborough.

35.19 In discussions over the change of status of Pelletstown in the 1930s, the Daughters of Charity were prepared to accept a capitation rate of 12s 6d for each child. At this time, the capitation rate for St Vincent's, Cabra was 15s a week for each child.

35.20 As always, rates for boarded out children varied widely. In 1933 Tipperary North Riding paid a weekly maintenance rate of 7s for children aged two to four; 6s for children aged four to ten; and 5s for children aged ten to 15.

1940s

35.21 Children's Allowances (now called Child Benefit) were first introduced in 1944 but only for the 3rd and subsequent children in a family; in 1952, they were payable for 2nd and subsequent children.

35.22 The maximum weekly rate of Widow's Contributory Pension for a woman and child as £1 2s 6d from 1948.[7]

[4] Unemployment Assistance Act 1933: http://www.irishstatutebook.ie/eli/1933/act/46/enacted/en/html
[5] Unemployment Assistance (Amendment) Act 1938.
[6] Widows' and Orphans' Pension Act 1935: http://www.irishstatutebook.ie/eli/1935/act/29/section/10/enacted/en/html#sec10

[7] Social Welfare Act 1948 http://www.irishstatutebook.ie/eli/1948/act/17/section/41/enacted/en/html#sec41

35.23 The capitation rate in Tuam was £1 2s for a mother and child in 1944; £2 5s in 1948 and £2 7s in 1949. In 1946, Bethany was charging Monaghan county council 15s a week. It was claimed that this would cover approximately half of the maintenance cost of each mother.

35.24 In 1943, the capitation rate for each child in St Philomena's was 12s 6d. Its capitation rate was increased to 17s 6d from 1 January 1948 and to 19s from 1 April 1948.

35.25 In 1945, the Cork board of assistance sought foster parents for boarded out children at a rate of £1 10s a month and a clothing allowance of £4 10 a year; there was a very poor response. In 1947 the average payment per child nationally was just under 7s, weekly payments to foster parents in Monaghan ranged from 8s 6d to 11s, the highest payment was for infants; Galway paid 5s weekly for children up to the age of ten, and 4s weekly for older children.[8] In 1949, Limerick city paid foster parents 8s a week whereas Co Limerick paid foster parents 14s a week.

35.26 In 1944, a nurse in Bethany was on a £75 per year salary; the housekeeper had a salary of £52. They lived in the institution.

1950s

Maternity Allowance

35.27 Maternity Allowance was introduced in 1953. It was based on a woman's or her husband's social insurance contributions and was payable for six weeks before the birth and six weeks after. The initial rate was £1 4s a week.[9]

35.28 The maximum weekly rate of Widow's Contributory Pension for a woman and child was £1 11s from 1952.[10] The maximum weekly rate of Unemployment Assistance for an adult and child was £1 3s from 1952 and remained at that level until 1960.

35.29 The capitation rate in Tuam in 1950 was £1 12s a week for a mother and child in 1950, £1 16s a week in 1952; £2 in 1953 and £1 5s for a mother and £1 for a child in 1956.

[8] Department of Health, RM/INA/0/505478.
[9] Social Welfare Act 1952 http://www.irishstatutebook.ie/eli/1952/act/11/schedule/3/enacted/en/html#sched3
[10] *ibid*

35.30 Gardeners in Dunboyne were being paid £5 a week in 1955.

35.31 In the mid-late 1950s Bethany was receiving £2 a week for each mother in the home from the Public Assistance Authorities. The capitation rate in the Sacred Heart homes was £2 a week for mothers and £1 a week for children in the early 1950s. In 1956 the capitation rates were £2 5s a week for mothers and £1 2s 6d for children.

35.32 In 1956, the weekly rate for boarded out children varied between 8s and £1 3s.

35.33 In 1953, general trained nurses in Pelletstown had a starting salary of £310 a year while people in charge of areas such as stores, laundry, kitchens, workrooms started at £130 a year. In 1957, Denny House recruited a qualified nurse at £150 a year; the matron recognised the 'smallness of the salary'. This nurse left within a year.

35.34 In 1955, Denny House advertised for a porter, but the matron reported that 'total wage of £4 with meals does not exceed unemployment benefit enough to make it worthwhile to do it 7 days a week'. In 1952, a man came to do polishing and cleaning in Denny for three hours most mornings was paid 5s a day.

1960s

35.35 The maximum weekly rate of Unemployment Assistance for an adult and child was £1 7s from 1960 and increased to £2 4s in 1965. The maximum weekly rate of the Widow's Non-Contributory pension was £1 16s from 1960 and increased to £2 16s in 1965.[11]

35.36 The capitation rate in Dunboyne for 1967/8 was 6s 5d a day for children (£2.5s per week) and 12s 10d a day (£4.10s per week) for women. In Dunboyne, the institutional records show that the private patients who were there in 1965–68 paid between £5 and £6 a week for their stay.

The 1970s onwards

35.37 In 1972, Denny House sought to have the capitation rate for mothers and children doubled from £4 and £2 (which had been the rates since 1967) respectively to £8

[11] Social Welfare (Miscellaneous Provisions) Act 1960 and Social Welfare (Miscellaneous Provisions) Act 1965.

and £4. The Department of Health reviewed their accounts for the years 1970 and 1971 and concluded that the average weekly cost per patient in 1971 was £12.60; the department described the capitation rate of £4 per week for a mother as 'highly unrealistic'. The department decided on a rate of £7 for the mother. At this time, the rate for a mother in Bessborough was £10. Denny's rate was increased to £10 in 1973 when Bessborough's was £12 and to £12 in 1974.

35.38 The Unmarried Mother's Allowance was introduced in 1973 at the same rate as the Widow's Non-Contributory Pension - £8.15[12] a week for a mother and child.[13] It increased to £11.80 in 1975[14] and to IR£27.90[15] in 1980.[16]

35.39 The capitation rates in Dunboyne were £2.10 a day (£14.70 a week) for mothers and £1.05 a day (£7.35 per week) for children in 1973/4 and £1.58 and £3.15 respectively (£11.06 and £22.05 per week) from January 1975.

35.40 In 1983 the capitation rate in Dunboyne was £9.75 a day (£68.25 per week) for mothers and £5 a day (£35 per week) for children.

35.41 In 1981, it was estimated that it cost between £6,000 and £7,000 for each mother and child maintained in Pelletstown. At this time the rate of Unmarried Mother's Allowance was £27.90 or approximately £1,450 a year.

35.42 In March 1978, the capitation rates at Bessborough, which were £3.00 per day for women and £1.50 per day for infants, were increased to £25.20 a week for mothers and £12.60 a week for infants.

[12] The changeover to decimal currency happened on 15 February 1971.
[13] Social Welfare Act 1973.
[14] Social Welfare Act 1975.
[15] The link with sterling was broken in 1979.
[16] Social Welfare Act 1980

Chapter 36: Human Rights

Introduction

36.1 Prior to the establishment of this Commission, the Irish Human Rights Commission (now the Irish Human Rights and Equality Commission) told the Government that 'it is critically important that any such investigation should take place within a human rights and equality framework and in particular that it conforms with the State's human rights obligations under the Constitution and under international human rights law'.

36.2 The Government did not opt for that approach in its mandate to the Commission. The Commission, cognisant of the many changes that have taken place during the period of its lengthy remit 1922-1998, nevertheless has considered some aspects of such rights. In particular, the Commission is concerned to place the development of human rights norms and laws in their historical context.

A: International Human Rights

36.3 During the period of the Commission's remit, successive governments have ratified various conventions and other legal instruments from the United Nations and the Council of Europe. Other conventions post-date the Commission's remit but may have implications for future government policies. The following is a summary of the relevant aspects of the various conventions and statements, the enforcement mechanisms available and their interaction with Irish law. The Irish Human Rights and Equality Commission has published a clear guide to human rights law which explains the interaction between the Constitution of Ireland and international human rights instruments and how international human rights instruments become part of domestic law.[1]

League of Nations Declaration of the Rights of the Child (original)

36.4 The original Declaration on the Rights of the Child was adopted by the League of Nations General Assembly on 26 November 1924. The Irish Free State had joined the League of Nations on 10 September 1923. The declaration itself was very brief, did not impose any explicit obligations on member states and had no enforcement mechanism:

[1] https://www.ihrec.ie/download/pdf/ihrec_human_rights_explained.pdf

> The child must be given the means requisite for its normal development, both materially and spiritually;
> The child that is hungry must be fed, the child that is sick must be nursed, the child that is backward must be helped, the delinquent child must be reclaimed and the orphan and the waif must be sheltered and succoured;
> The child must be the first to receive relief in times of distress;
> The child must be put in a position to earn a livelihood and must be protected against every form of exploitation;
> The child must be brought up in the consciousness that its talents must be devoted to the service of its fellow men.

Charter of the United Nations

36.5 The Charter of the United Nations was signed on 26 June 1945 and came into force on 24 October 1945.[2] It is the fundamental Treaty of the United Nations. Ireland was not one of the founding members of the UN but became a member state, and accepted the obligations contained in the charter, on 14 December 1955.

36.6 Article 2(2) of the charter binds the State at an international level to comply with the charter. While it is mainly concerned with State relations, Article 55 does provide for some individual human rights, when dealing with international economic and social cooperation:

> With the view to the creation of conditions of stability and wellbeing which are necessary for peaceful and friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples the UN shall promote:
> Higher standards of living, full employment, and conditions of economic and social progress and development;
> Solutions of international economic, social, health, and related problems; and international, cultural and educational cooperation;
> Universal respect for, and observance of human rights and fundamental freedoms for all without distinction as to race, sex, language or religion.

36.7 The charter does not have any specific enforcement mechanism for breaches within member states and it has not been transposed into Irish domestic law.

[2] https://www.un.org/en/charter-united-nations/index.html

Universal Declaration of Human Rights

36.8 The Universal Declaration of Human Rights (UDHR) was adopted by the UN General Assembly on 10 December 1948.[3] The UDHR is not a binding treaty in itself but is clearly linked to the charter. It was adopted for the purpose of defining the terms 'human rights' and 'fundamental freedoms' contained in Article 55c (above) of the charter and setting down a common standard for the respect and observance of human rights. Despite its non-binding nature, UN member states have on a number of occasions declared that they are bound by the standards contained in the UDHR. It does not itself contain any enforcement mechanism but its norms are enforced by the covenants considered below.

Declaration of the rights of the child (expanded)

36.9 The expanded Declaration on the Rights of the Child was adopted by the UN General Assembly on 20 November 1959. Like the 1924 original it was a non-binding statement of principle but the preamble

> calls upon parents, upon men and women as individuals and upon voluntary organisations, local authorities and national governments to recognise these rights and strive for their observance by legislative and other measures progressively taken.

36.10 The declaration is as follows:

> **Principle 1**
>
> The child shall enjoy all the rights set forth in this Declaration. Every child, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or his family.
>
> **Principle 2**
>
> The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.
>
> **Principle 3**
>
> The child shall be entitled from his birth to a name and a nationality.

[3] https://www.un.org/en/universal-declaration-human-rights/

Principle 4

The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

Principle 5

The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

Principle 6

The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of state and other assistance towards the maintenance of children of large families is desirable.

Principle 7

The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture and enable him, on a basis of equal opportunity, to develop his abilities, his individual judgement, and his sense of moral and social responsibility, and to become a useful member of society. The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents. The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavour to promote the enjoyment of this right.

Principle 8

The child shall in all circumstances be among the first to receive protection and relief.

Principle 9

The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form. The child shall not be admitted to employment before an appropriate minimum age; he shall

in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

Principle 10

The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

36.11 There was no enforcement mechanism for this declaration but it did form the basis for the Convention on the Rights of the Child adopted in 1989 and which is considered below.

International Covenant on Civil and Political Rights

36.12 The International Covenant on Civil and Political Rights (ICCPR) is a treaty adopted by the UN General Assembly on 16 December 1966 and which came into force on 23 March 1976.[4] Ireland signed the ICCPR on 1 October 1973 but did not ratify it until 8 December 1989. The State, as a party to the ICCPR, must:

- Ensure to all persons the rights contained in the Covenant;
- Take necessary steps to adopt laws and other measures to give effect to such rights;
- Ensure that persons whose rights under the Covenant are violated have an effective remedy determined by competent judicial, administrative or legislative authority or other authority provided for by the legal system;
- Ensure that the competent authorities enforce such remedies when granted.

36.13 Implementation of the ICCPR is monitored by the Human Rights Committee, a UN body of 18 independent experts from state parties. The Human Rights Committee considers reports which the states parties are required to submit when requested by the committee. The provisions of the ICCPR have not been directly adopted into Irish domestic law. The reasons for this are set out in the following passage

[4] https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx

from the Ireland's 'core document' which forms part of its reports to the Human Rights Committee.[5]

> In the case of Ireland, when a decision was made some years ago to accede to the International Covenants, a committee under the Chairmanship of the Attorney General was charged with examining Ireland's domestic law in the light of the Covenant to identify any possible areas in which a conflict between the two might arise. As a result of this examination a number of amendments to domestic law were identified, notably the final abolition of the death penalty which disposed of a possible conflict between Irish law before abolition and Article 6.5 of the Covenant and the introduction of a new law on incitement to hatred (the Prohibition of Incitement to Hatred Act, 1989), which was necessary to ensure compliance with Article 20.2. In certain other areas reservations to the Covenant were identified as necessary.
>
> It was considered that the existing domestic law which is, in the context of rights referred to in the Covenant, generally contained in the Constitution is in conformity with the Covenant.

36.14 However, on ratification of the ICCPR, Ireland did accede to the first optional protocol which established an individual complaint mechanism for the convention. Under this mechanism, the Human Rights Committee has considered a number of complaints made by individuals against Ireland. For example, in *Kavanagh v Ireland* the committee found that the State had failed to demonstrate that the decision to try Mr Kavanagh in the Special Criminal Court as opposed to the ordinary criminal courts was based on reasonable and objective grounds and that his rights under Article 26 of the ICCPR had therefore been violated.

36.15 The Supreme Court confirmed in *Kavanagh v Governor of Mountjoy Prison*[6] that, given the clear position under Article 29.6 of the Constitution, the ICCPR is not part of domestic law and the Human Rights Committee views are not binding. Mr Justice Fennelly stated:

> the terms of the Covenant have not been enacted into Irish law. They cannot prevail over the provisions of the Offences against the State Act, 1939 or of a conviction by a court established under its provisions. For the reasons already stated the views of the Committee cannot be invoked to invalidate that conviction without contravening the terms of Articles 29.6, 15.2.1 and 34.1 of

[5] HRI/Core/1/ADD.15
[6] [2002] 3 IR 97.

> the Constitution. I am prepared to assume that the State may by entering into an International Agreement create a legitimate expectation that its agencies will respect its terms. However, it could not accept such an obligation so as to affect the provisions of a statute or the judgement of a court without coming into conflict with the Constitution.

36.16 It should be noted that in recent years the views of the Human Rights Committee have been referred to in a number of cases, for example, *A (KE) v Refugee Applications Commissioner* [2008] IEHC 366, *McCann v Monaghan District Judge* [2009] 4 IR 200 and *Spilla v Minister for Justice* [2012] IEHC 336.

International Covenant on Economic, Social and Cultural Rights

36.17 The International Covenant on Economic, Social and Cultural Rights (ICESCR) was adopted by the UN General Assembly on 16 December 1966[7]. It came into force on 3 January 1976. Ireland had signed it on 1 October 1973 and ratified it on 8 December 1989. It has not been incorporated into domestic law.

36.18 From the Commission's point of view the most relevant Article of this Covenant is Article 10, which states that the states parties to the Covenant recognise that:

> The widest possible protection and assistance should be accorded to the family which is the natural and fundamental group unit of society particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses.
>
> Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits.
>
> Special matters of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reason of parentage or other conditions. Children and young persons should be protected from economic and social exploitation. Their employment in work harmful to their morals or health or dangerous to life or likely to hamper their normal development should be punishable by law. States should also set age limits below which the paid employment of child labour should be prohibited and punishable by law.

[7] https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

36.19 The covenant requires the State to furnish reports to the Economic and Social Council (another UN body of 18 experts) on the measures it has adopted and the progress it has made in achieving the observance of the rights recognised in the covenant. Ireland issued only one such report before the end of the Commission's period of investigation.

36.20 Complaints by individuals to the Committee on Economic, Social and Cultural Rights are provided for but the protocol which gave rise to the ability to make such complaints was not opened for signature until 24 September 2009 and came into force on 5 May 2013. Ireland has signed but not yet ratified this protocol.

Convention on the Elimination of all forms of Discrimination against Women

36.21 The Convention on the elimination of all forms of discrimination against women (CEDAW) is an international treaty adopted by the UN General Assembly on 18 December 1973.[8] It came into force on 3 September 1981 and was ratified by Ireland on 23 December 1985.

36.22 The CEDAW has not been directly implemented into national legislation but the State considers itself to be in compliance with its provisions by virtue of the provisions of the Constitution and relevant legislation.

36.23 The Convention is overseen by the Committee on the elimination of discrimination against women which is a UN body of 23 experts elected by the states parties. The State submits reports to this committee similar to the reporting under other UN instruments. An optional protocol to this convention was adopted by the General Assembly allowing for individual complaints to the Committee. Ireland signed and ratified that protocol, however it post-dates the Commission's period of investigation.

Convention against Torture and other cruel, inhuman or degrading treatment or punishment

36.24 The Convention against Torture and other cruel, inhuman or degrading treatment or punishment (Convention against Torture) was adopted by the UN General Assembly on 10 December 1984 and came into force on 26 June 1989.[9] It was signed by Ireland on 28 September 1992 but not ratified until 11 April 2002. The

[8] https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx
[9] https://www.ohchr.org/en/professionalinterest/pages/cat.aspx

Convention against Torture has a similar reporting mechanism to other UN instruments (and an inspection regime introduced by an optional protocol).

36.25 While Ireland was not bound to comply with its provision during the Commission's investigation period, the Convention against Torture is regarded as an authoritative statement of human rights norms and is now frequently referenced and utilised by the courts in Ireland.

36.26 Such instruments are deemed by the UN as being of relevance to present day investigations of matters which occurred before they became binding on the states parties. This is clear from the consideration of Ireland's 2011 report under the Convention against Torture. The monitoring body, the Committee against Torture, made the following comments in relation to alleged abuse and ill treatment of women in Magdalen laundries (which predated Ireland's ratification of that convention):

> The Committee is gravely concerned at the failure by the State party to protect girls and women who are involuntarily confined between 1922 and 1996 in Magdalene Laundries, by failing to regulate and inspect their operations, where it is alleged that physical, emotional abuses and other ill treatment were committed amounting to breaches of the Convention. The Committee also expresses grave concern at the failure of the State party to institute prompt, independent and thorough investigations into the allegations of ill treatment perpetrated on girls and women in the Magdalene Laundries (ARTS. 2, 12, 13, 14 & 16).
>
> The Committee recommends that the State party introduce prompt independent and thorough investigations into all complaints of torture and other cruel inhuman or degrading treatment or punishment that were allegedly committed in the Magdalene Laundries and, in appropriate cases prosecute and punish the perpetrators with penalties commensurate with the gravity of the offences committed, and ensure that all victims obtain redress and have an enforceable right to compensation including the means for a full rehabilitation as possible.[10]

36.27 This makes clear that, as far as the United Nations monitoring committees are concerned, an international human rights instrument which was not binding on the

[10] Committee against Torture, 46 session, 9th May – 3rd June 2011.

State during the period which the Commission is tasked with investigating may still have application to present day investigations.

36.28 As recently as February 2020 the United Nations decided to investigate a complaint from an individual complainant regarding her treatment in Magdalen laundries despite the fact that she had accepted compensation from the Irish State. The State has a right of reply to this complaint. Its initial view that the convention did not apply at the time she was in the laundries between 1964 and 1968 did not prevail and the State must now embark on a full defence.

Convention on the rights of the child

36.29 The UN Convention on the Rights of the Child (CRC) was adopted by the UN General Assembly on 20 November 1989 and came into force on 2 September 1990.[11] It was signed by Ireland on 30 September 1990 and ratified on 28 September 1992. The following are its most important provisions from the Commission's point of view:

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction 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.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Article 3

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for

[11] https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

him or her, and, to this end, shall take all appropriate legislative and administrative measures.

3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Article 4

States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.

Article 7

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.

2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

Article 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.

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.

Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child,

either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 16

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

2. The child has the right to the protection of the law against such interference or attacks.

Article 18

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

Article 20

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Article 21

States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall:

(a) Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary;

(b) Recognize that inter-country adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin;

(c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption;

(d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it;

(e) Promote, where appropriate, the objectives of the present article by concluding bilateral or multilateral arrangements or agreements, and endeavour, within this framework, to ensure that the placement of the child in another country is carried out by competent authorities or organs.

36.30 Article 21(d) in conjunction with the Hague Convention requires the states parties to take all appropriate measures to ensure that adoption placements do not result in any improper financial gain for any of the parties involved.

36.31 The provisions of the CRC are indirectly implemented in the State in legislation, primarily the *Child Care Act 1991*, the *Children Act 1991* and the *Adoption Act 2010*.

36.32 Compliance with the CRC is monitored by the UN Committee on the Rights of the Child. As with the other UN conventions, the State is subject to periodic review under the CRC.

European Convention on Human Rights

36.33 The European Convention on Human Right (ECHR) was adopted by the Council of Europe on 3 September 1953.[12] Ireland was a founder member of that organisation and therefore was bound by the provisions of the ECHR upon its adoption. Thus, since 1953, the State has been bound, at an international level, to secure to all persons in the State the human rights provided for under the ECHR.[13] The ECHR has probably had the most influence on domestic law of all the international human rights instruments.

36.34 Among its provisions with relevance to the Commission's work are:

Article 3

Prohibition of torture

No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

Article 4

Prohibition of slavery and forced labour

No one shall be held in slavery or servitude.

No one shall be required to perform forced or compulsory labour…

Article 5

Right to liberty and security

Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law…

Article 8

Right to respect for private and family life

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

There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the

[12] https://www.echr.coe.int/documents/convention_eng.pdf

[13] An Irish Council for Civil Liberties guide is available at: https://www.iccl.ie/wp-content/uploads/2017/11/ICCL_KYR_EURO_LR_2010.pdf

> economic wellbeing of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others…
>
> ***Article 13***
>
> Right to an effective remedy
>
> Everyone whose rights and freedoms as set forth in this Convention are violated shall have an effective remedy before a national authority notwithstanding that the violation has been committed by persons acting in an official capacity.

36.35 The ECHR is enforced by the European Court of Human Rights (ECtHR). Parties to the ECHR undertake to abide by the final judgment of the Court in any case to which they are parties. Thus, the State is obliged, as a matter of internal law, to take steps to comply with any adverse decision of the ECtHR against it. Judgments of the court are transmitted to the Committee of Ministers, an intergovernmental body of the Council of Europe which can exert political pressure where it is considered that there is an issue in relation to compliance.

36.36 Decisions of the ECtHR can require that the State take individual measures in favour of the applicant whose rights have been violated, as well as general measures, such as amendment of national legislation.[14] For example, in *Johnson v Ireland*[15] a claim was brought to the court, primarily under Article 8, challenging the lack of divorce in the State and the legal status of 'illegitimate' children. The applicants were a man and woman who could not marry due to his being married to another woman, and their daughter. The court did not find that the State was obliged to introduce divorce, however, as regards the child's status it held as follows:

> …in the present case the normal development of the natural family ties between the first and second applicants and their daughter requires, in the Court's opinion, that she should be placed, legally and socially, in a position akin to that of a legitimate child.
>
> Examination of the third applicant's present legal situation, seen as a whole, reveals, however that it differs considerably from that of a legitimate child; in addition, it has not been shown that there are any means available to her or her parents to eliminate or reduce the differences. Having regard to the

[14] See, for example, *Airey V Ireland* (1979-1980) EHRR 305 which led to the State introducing a civil legal aid scheme.
[15] (1987) 9 EHRR 203.

> particular circumstances of this case and notwithstanding the wide margin of appreciation enjoyed by Ireland in this area the absence of an appropriate legal regime reflecting the third applicant's natural family ties amounts to a failure to respect her family life.
>
> Moreover, the close and intimate relationship between the third applicant and her parents is such that there is of necessity also a resultant failure to respect the family life of each of the latter…
>
> There is accordingly, as regards all three applicants, a breach of Article 8 under this head.
>
> It is not the Court's function to indicate which measure Ireland should take in this connection; it is for the State concerned to choose the means to be utilised in its domestic law for performance of its obligation…

36.37 That decision played a considerable role in the enactment of the *Status of Children Act 1987* which gave equal rights to all children - see below.

36.38 In *WO'R v EH* (Guardianship)[16] the Supreme Court rejected a submission that it was bound to apply the ECtHR decision in *Keegan v Ireland*[17] to the effect that Article 8 of the ECHR was not confined to families based on marriage. The Supreme Court found that the family referred to in Articles 41 and 42 of the Constitution was based on marriage and the concept of a de facto family was unknown to the Constitution. It stated clearly that the Keegan decision was 'not part of the domestic law of Ireland'.[18] This stance is rooted in the separation of powers under the Constitution. If an adverse ruling of the ECtHR requires a change in Irish law that is a matter for the Oireachtas, not the courts.

36.39 Regardless of this, the ECHR plays an increasingly important role in the Irish courts, in particular in the interpretation of fundamental rights under the Constitution. However, an analysis of relevant case law suggests that most of the advances in this regard have taken place after the expiry of the period which the Commission is investigating. Furthermore, since the expiry of that period, the *European Convention on Human Rights Act 2003* has empowered the courts to make declarations of incompatibility with the ECHR and required them to interpret Irish law in a manner that is compatible with the State's obligations under the

[16] [1996] 2 IR 248.
[17] (1994) 18 EHRR 342.
[18] See also *Quinn v O'Leary* [2004] 3 IR 128 and *McFarlance v Director of Public Prosecutions* [2008] 4 IR 117.

ECHR and to take account of relevant ECtHR decisions. In addition, organs of the State are now required to perform their duties in a manner compatible with the ECHR. The Act of 2003 has undoubtedly led to far more engagement with the jurisprudence of the ECHR than occurred during the period which the Commission was investigating.

European Convention on the Adoption of Children

36.40 The European Convention on the Adoption of Children (ECAC) was open for signature by the Council of Europe on 24 April 1967 and entered into force on 26 April 1968.[19] Ireland had already signed and ratified it on 25 January 1968. Under Articles 1 and 2 of the ECAC, the State undertakes to ensure the conformity of its law with the provision of part two and undertakes to give consideration to the provisions set out in part three. Thus, the essential provisions of the ECAC were binding on the State at an international level for the final third of the period the Commission was investigating.

36.41 Among the main provisions of this Convention are that:

An adoption shall be valid only if it is granted by a judicial or administrative authority (the competent authority)

An adoption shall not be granted unless at least the following consents to the adoption have been given and not withdrawn:

- The consent of the mother and, where the child is 'legitimate', the father; or if there is neither father nor mother to consent the consent of any person or body who may be entitled in their place to exercise their parental rights in that respect.
- The consent of the spouse of the adopter;

A mother's consent to the adoption of her child shall not be accepted unless it is given at such time after the birth of the child not being less than 6 weeks, as may be prescribed by law, or, if no such time is being prescribed at such time as in the opinion of the competent authority which have enabled her to recover sufficiently from the effects of giving birth to the child;

The competent authorities shall not grant an adoption unless it is satisfied the adoption will be in the interest of the child;

Provision shall be made to prohibit any improper financial advantage arising from a child being given up for adoption;

[19] For the original convention see https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/058; the convention was revised in 2008.

Provision should be made to enable an adoption to be completed without disclosing to the child's family the identity of the adopter;

Provision shall be made to require or permit adoption proceedings to take place in camera;

The adopter and the adopted person shall be able to obtain a document which contains extracts from the public record attesting the fact, date and place of birth of the adopted person but not expressly revealing the fact of adoption or the identity of his former parents.

36.42 A revision of the European Convention on the Adoption of Children was concluded in 2008. Ireland has not ratified the amended convention. The convention now includes provisions concerning:

- Consent to adoption by a father and by a child who has sufficient understanding to give it;
- The eligibility of registered partners and homosexual couples to adopt;
- The balance between the child's right to know his/her identity and the right of the biological parents to remain anonymous;
- Minimum age of requirements for prospective adopters.

36.43 The ECAC does not contain any enforcement mechanisms.

European Convention on the Legal Status of Children born out of wedlock

36.44 This convention came into force on 11 August 1978. It was signed and ratified by Ireland in October 1988 and became binding on the State in January 1989. It provides:

Article 2: Maternal affiliation of every child born out of wedlock shall be based solely on the fact of the birth of the child.

Article 3: Paternal affiliation of every child born out of wedlock may be evidenced or established by voluntary recognition or by judicial decision.

Article 4: The voluntary recognition of paternity may not be opposed or contested insofar as the internal law provides for these procedures unless the person seeking to recognise or having recognised the child is not the biological father.

Article 5: In actions relating to paternal affiliation scientific evidence which may help to establish or disprove paternity shall be admissible.

Article 6: The father and mother of a child born out of wedlock shall have the same obligation to maintain the child as if it were born in wedlock.

Where a legal obligation to maintain a child born in wedlock falls on certain members of the family of the father or mother, this obligation shall also apply for the benefit of a child born out of wedlock.

Article 7: Where the affiliation of a child born out of wedlock has been established as regards both parents, parental authority may not be attributed automatically to the father alone.

There shall be power to transfer parental authority; cases of transfer shall be governed by the internal law.

Article 8: Where the father or mother of a child born out of wedlock does not have parental authority over or the custody of the child, that parent may obtain a right of access to the child in appropriate cases.

Article 9: A child born out of wedlock shall have the same right of succession in the estate of its father and its mother and of a member of its father's or mother's family, as if it had been born in wedlock.

Article 10: The marriage between the father and mother of a child born out of wedlock shall confer on the child the legal status of a child born in wedlock.

36.45 This convention does not contain any enforcement provisions.

The Hague Convention of 1993 on intercountry adoption

36.46 The Hague Convention (HC), building upon the principles set out in the CRC and other regional and international instruments, established a system of international cooperation between states to ensure that, when an international adoption takes place, it does so in the interests of the child, respecting the fundamental rights of all the parties concerned, and free of the abuses sometimes associated with intercountry adoption. It also ensures that the status of the adopted child is recognised in all convention states. The convention was concluded in 1993.[20] It was implemented in Irish law by the *Adoption Act 2010*.

36.47 The Convention recognises the need for the two states involved in an intercountry adoption (the state of origin of the child and the receiving state) to share responsibilities within the intercountry adoption process, utilising a system of administrative cooperation based on 'Central Authorities' located in each state or

[20] https://www.hcch.net/en/instruments/conventions/full-text/?cid=69

region within a state. To this end it sets out a basic procedure for intercountry adoption - one which is child focussed. Adoption is viewed, not as a means of finding a child for a family, but as a means of finding a suitable family for a child whose family of origin is unable to provide for his or her care. The following is a summary of the convention procedure, taken from the Guide to Good practice on the Implementation and Operation of the 1993 Hague Intercountry Adoption Convention,[21] at p. 80:

> The prospective adoptive parents must apply to the Central Authority in the State of their habitual residence. The Central Authority, if satisfied that the parents are eligible and suited to adopt, prepares a report on the family, and transmits the report to the Central Authority of the child's country of origin. It is implicit in the Convention that the adoptive parents' habitual residence country will have criteria in its laws and procedures to assess that the prospective adoptive parents are eligible and suitable to adopt a child. This assessment should be done by professionals with appropriate qualifications and expertise.
>
> The Central Authority in the State of origin should have a register of children declared adoptable through intercountry adoption. The Central Authority undertakes the matching of the adoptable child with the adoptive parents who have the qualities and skills best suited to the needs of that child. It is implicit in the Convention that the country of origin will have criteria in its laws or procedures by which to determine if a child is 'adoptable'.
>
> If it is satisfied that the child is adoptable, the Central Authority in the State of origin prepares a report on the child, ensures that proper consents have been obtained, matches the child with appropriate adoptive parents, and determines whether the envisaged placement is in the child's best interest. The Central Authority then transmits the report on the child to the Central Authority of the receiving State, which must determine that the prospective adoptive parents agree with the proposed placement or entrustment, and may, if necessary, approve the proposed placement of entrustment. Provided that both Central Authorities have agreed that the adoption may proceed and the child has been authorised to enter and reside permanently in the receiving State, the entrustment of the child to the adoptive parents, and the adoption itself, may now go ahead, depending on the law of the State of origin. If the adoption must be finalised in the State of origin, in accordance with Article 28,

[21] https://assets.hcch.net/docs/bb168262-1696-4e7f-acf3-fbbd85504af6.pdf

the legal procedures, including court procedures, for the adoption must be completed before the child is authorised to leave the State of origin.

The status of international agreements in Irish Law

36.48 Ireland has a dualist system under which international agreements to which it becomes a party are not automatically incorporated into domestic law. Article 29.6 of the Constitution specifically states that 'No international agreement shall be part of the domestic law of the State save as may be determined by the Oireachtas'.

36.49 The effect of this is set out in the following passage from the judgment of Judge Fennelly in the Supreme Court in *Kavanagh v Governor of Mountjoy Prison*:[22]

> The Constitution establishes an unmistakable distinction between domestic and international law. The government has the exclusive prerogative of entering into agreements with other states. It may accept obligations under such agreements which are binding in international law. The Oireachtas, on the other hand, has the exclusive function of making laws for the State. These two exclusive competences are not incompatible. Where the government wishes the terms of an international agreement to have effect in domestic law, it may ask the Oireachtas to pass the necessary legislation. If this does not happen, Article 29, section 6 applies.

36.50 Instruments which are not transposed into domestic law do not have direct binding effect within the State. Having said that, they are binding in international law and it is the general practice of the State not to ratify an international agreement unless it considers that the provisions of the agreement are already indirectly implemented in domestic law or can be so implemented prior to ratification.[23]

36.51 Unimplemented international agreements are frequently employed by the courts as an aid in the interpretation of Irish law. In addition, where an international agreement has not been incorporated into Irish law, it may nonetheless act as a constraint on administrative decision making. This further indirect effect has manifested itself through the doctrine of legitimate expectations, which has been relied upon on a number of occasions by claimants seeking to hold an administrative decision maker to the terms of an international commitment given by

[22] [2002] 3 IR 97; see also *Re Ó Laighléis* [1960] IR 93 and *Application of Woods* [1970] IR 154.
[23] See further, David Fennelly, *International Law in the Irish Legal System* (Dublin, 2014).

the State.[24] However, it is clear from the decision in the Kavanagh case that this doctrine is founded on procedural fairness and does not guarantee anything more than that. The doctrine requires that decision makers take into account the provisions of a relevant unincorporated international agreement, however it cannot be relied upon to compel a decision maker to make a substantive decision in line with the international agreement relied upon where that agreement conflicts with domestic law.[25]

36.52 It is widely accepted that the courts have become increasingly open to unincorporated international agreements having indirect effect in domestic law. However, it should be noted that the advances in this regard have, in the main, post-dated the period the Commission is tasked with investigating.

B: Human rights issues

Submissions relating to human rights

36.53 In addition to the submission from the IHREC the Commission also received submissions from the Clann Project and One Family.

36.54 The Clann Project is a joint voluntary initiative by the Adoption Rights Alliance (ARA) and Justice for Magdalenes Research (JFMR) in association with global law firm Hogan Lovells. The stated purpose of the Clann Project is to establish the truth of what happened to unmarried mothers and their children during the 20th century from the foundation of the State in 1922 onwards.

36.55 One Family is Ireland's national organisation for one-parent families.[26] One Family was established in 1972 as Cherish. At that time Cherish was Ireland's first organisation for single mothers organised by single mothers and run on a human rights, rather than charity - benevolence base model.[27]

36.56 One Family stated that it supported the implementation of the eight recommendations of the Clann Project, in particular the recommendations on access to data; inclusion of all stakeholders; redress and reparation through

[24] See, for example, *Fakih v Minister for Justice* [1993] 2 IR 406.
[25] See further, *McAlister v Minister for Justice* [2003] 4 IR 35 and *NS v Anderson* [2008] 3 IR 417.
[26] https://onefamily.ie
[27] Maura Richards, *Single Issue* (Dublin, 1998).

material benefit and symbolic representation; and legal remit through legal aid, extension of the statute of limitations and criminal investigation.

36.57 The Clann Project want a transitional justice process which would include an investigative and truth telling mandate to address institutional and structural human rights violations in Ireland since the foundation of the State generally.

36.58 Among their recommendations as part of Ireland's transitional justice process the State should enable the identification of the remains of children in mother and baby homes and related sites. The process they say should involve several sites containing remains including but not limited to Tuam, Sean Ross, Bessborough, Castlepollard, burial plots at Saint Finbarr's and Saint Joseph's cemeteries in Cork and the Angel plots in Glasnevin cemetery. Deaths, burials and exhumations at Magdalen laundries should form a key element of any investigation into deaths and identification of remains.

36.59 Furthermore they also feel that there should be a State apology, redress and reparations. In ARA's experience, for most adopted people, redress predominantly means unfettered access to the institutional records held about them.

Statutory Rights and Services

36.60 As part of the transitional justice process the Clann Project strongly recommends the introduction of statutory rights and services for adopted people and birth parents all of whom they say have been deeply affected by Ireland's treatment of unmarried mothers and their children. This should include:

- Access to information
- Centralisation of adoption records
- Access to the archive of the Commission of Investigation
- Tracing services
- The State should introduce statutory rights for people adopted from Ireland to the US and other countries
- The right to know that you are adopted
- Counselling
- Access to the Courts. The State should amend the *Statute of Limitations 1957* to explicitly grant discretion to the courts to extend the normal limitation periods where it is in the interest of justice

- Establishment of a dedicated unit to investigate specific criminal allegations
- Memorialisation

36.61 While the Commission wishes to record its appreciation of these contributions it was disappointed that no attempt was made to quantify the costs involved.

Information Disclosure

36.62 The main issue raised by lobby groups and individuals born in mother and baby homes was information and tracing. Adopted people do not have a right to access their original birth certificate nor do they have the right to access information on their families of origin. Many adopted people have got this information but others have been unable to do so. It is clear to the Commission that many adopted people think there is considerably more information about them in institutional and other records than is actually the case. Having examined these records closely, the Commission knows that the information is very limited in many cases. The quantity and quality of the available information is not, of course, relevant to the issue of whether or not there should be a right of access.

36.63 Articles 7 and 8 of the UN Convention on the Rights of the Child established the important principle that children are entitled to the information necessary to preserve their personal identity. These Articles were considered by the Supreme Court in *IOT v B and the Rotunda Girl's Aid Society and MH v Rev GD and the Rotunda Girl's Aid Society*.[28]

36.64 The Supreme Court recognised a person's unenumerated constitutional right to know the identity of his or her birth mother but said that that had to be balanced against the birth mother's right to privacy. It stated that neither set of rights was absolute and stated that access to adoption records might be appropriate in certain cases but it would depend on many factors including:

- The circumstances surrounding the birth mother's loss of custody of the child;
- The current status and circumstances of the birth mother and the potential effect upon her of the disclosure of her identity;

[28] [1998] 2 IR 321.

- The birth mother's own wishes and attitude regarding the disclosure and the reasons behind these wishes and the aforementioned attitude;
- The current age of the birth mother and child respectively;
- The attitude of the adopted child, including the reasons why he or she wished to seek disclosure of his or her birth mother's identity;
- The present circumstances of the adopted child; and
- The opinion of the adoptive parents or other interested parties.

36.65 While the Supreme Court did find entitlement to information about one's birth was compatible with the constitutional right to know the identity of one's birth mother as guaranteed by Article 40.3 of the Irish Constitution it did lay considerable emphasis on the birth parent(s) privacy.

36.66 Attempts have been made to draft legislation that would give effect to the principles set out in the Supreme Court judgement but have not succeeded. The Adoption (Information and Tracing) Bill 2016[29] was shelved because as the press release from the then Minister Zappone stated:

> Despite everyone involved making significant efforts to reach consensus on the issues of release of birth information it has not proved possible to reach agreement at this time.

36.67 It appears that the Attorney General had advised that it was constitutionally unacceptable to allow unrestricted access to birth information for adopted people. The current government and Minister O'Gorman have committed to introducing such legislation.

36.68 During the course of its investigation the Commission took evidence from people engaged in both sides of the argument. Those advocating a legal right to know one's identity relied heavily on the UN Convention on the Rights of the Child. While the Convention does not provide children with the specific right of access to their biological information the Convention Committee did make a recommendation in the case of Bulgaria that it should legislate to guarantee children a right to know their origins.[30]

[29] https://www.oireachtas.ie/en/bills/bill/2016/100/
[30] Concluding observation of the Committee; Bulgaria, UN doc CRC/CBGR/CO 3-5 paragraph 37 (d).

36.69 The matter was also considered by the Grand Chamber of the European Court of Human Rights in the case of *Odievre v France* (2003).[31] In that case the applicant had been abandoned by her mother at birth. The mother did not want her identity revealed to her. She was placed in care and some years later she sought information about her birth and her birth parents and any siblings she may have had. The Court took the view that the applicant had been given non identifying information about her natural family which allowed her to trace her roots to some extent without violating third party rights. Article 8 of the European Convention of Human Rights was considered in the context of this case but the judgement was that the right had not been violated.

View of birth mothers

36.70 A number of social workers who had contact with birth mothers gave evidence to the Commission about the ramifications of their privacy rights being eroded if birth information was revealed without their consent.

36.71 They told the Commission that, when recent statistics gathered by them were analysed, it was noted that over 50% of birth mothers contacted as part of a search by an adoptive person did not wish to engage with their service. Many of the women told them of their terror at the prospect of the proposed legislation on tracing being implemented. They told the Commission that this group of women were a very vulnerable cohort and that their views were not being heard. One of the social workers produced a letter from one such woman which stated as follows:

> I am writing this in a secret place so as no one will see me. I implore you and beg you now not to get in touch with [name of husband] he doesn't know about this as I could not tell him. He was in England at the time and I went through it on my own. I could not tell anyone then, I can't tell anyone now. I am going through this on my own now. I was promised that no contact would be made. I am in a terrible dark place with no way out. This is putting me over the edge and I pray every day that it is all a nightmare and maybe Jesus will get me out of it. Please help me, I am desperate now. I was promised there would be no contact. I have nowhere to turn but to kill myself I can't tell anyone.

36.72 The concerns of the social workers were also brought to the attention of the Commission by the Council of Irish Adoption Agencies:

[31] Application number 42326/98 [2003].

> There is a cohort of women about whom we know very little, and for whom we must have great concern. These are women who we, as social workers, believe were so shamed at the time of pregnancy and birth by the system and by those from whom they might have wished for support that they have never told anyone (including husband and other children) of the child or children to whom they gave birth and who live in fear of being found out and feeling their lives could be destroyed.

36.73 It is important to stress that the social workers who gave evidence to the Commission said that they were wholeheartedly in favour of the release of birth certificates and recognised the importance of this for adopted people who were equally their clients. They believe that the onus should not be placed on the birth mother to have to object to the release of a birth certificate. This was placing the woman in a position where she has to reject her child for a second time. Instead they suggested that, at minimum, a birth mother should be contacted and informed by an adoption social worker once a request is made. While she may not have a right to prevent the information being released she can be afforded the time to manage her feelings and her life circumstances around this with social work support offered.

36.74 They suggested that there be a 12-month consultation period after an individual request for the release of a birth certificate. This would give time to engage with the birth mother and provide the necessary counselling and support prior to her identity being released. Such an approach would afford women dignity and better facilitate both a holistic approach to family relationship building and a balance of rights for all. Among their recommendations were that people have at least three sessions of counselling with an accredited adoption agency prior to the release of identity information. Affording this measure would work to enhance the sensitive building of family relationships and prevent rejection and family breakdown. Their view was that historically the State had perpetrated an imbalance of rights in respect of the women in the cohort on whose behalf they were advocating. It was their view that such a position should not continue to be enshrined in legislation in the 21st century.

The Commission's view

36.75 The Commission is of the view that adopted people have a right to their birth certificates and associated birth information and recognises that a person's right to his or her identity is an important human right and should only be denied in exceptional circumstances. Medical information and adoption records compiled at the time of the adoption should also be available. If a mother, following support from social workers as expressed above, is still of the view that her privacy rights are being seriously eroded then the matter should be brought before the Circuit Court to determine the issues. The proceedings should be held in camera and both the birth parent(s) and the adopted person should have the right to legal representation and legal aid should be provided for all parties if required.

36.76 The issue of a birth mother's and father's (if available) subsequent medical history would in the Commission's view have to be matter of negotiation between the parties in the first instance. However if access to information on medical grounds is sought then the sections of the New Zealand *Adult Information Act 1985* (as amended) dealing with this issue should provide useful guidance.

36.77 Developments in DNA should be helpful in this regard and consideration should be given to financially assisting those born in mother and baby homes/county homes who wish to avail of such a test. The development of technology and the existence of numerous ancestry sites has meant that access to birth information has become much easier to obtain for both mother/father and child. There can be problems for people who find very important information in this manner and who do not have any support system in place. It is important that legislation provide for such a support system. The Commission is of the view that the 12-month waiting period suggested by the social workers is too long and six months would be more appropriate.

36.78 If, as seems likely, a referendum is required to allow for the necessary legislation, then one should be held.

36.79 The Commission also considers that there should be a central repository of the records of institutions and adoption societies so that information can be obtained from one place. The Commission's database of individuals could be expanded by adding adoption records to it. The Commission is aware that there is considerable criticism of the Child and Family Agency's (Tusla) approach to information and

tracing. This criticism is, in the Commission's view, unfair, as Tusla is implementing the law as it stands and cannot change it and any other agency would have to do the same.

Right to know where family members are buried

36.80 The report by Dr Geoffrey Shannon entitled *Human Rights issues at the former site of the Mother and Baby Home, Tuam*[32] examines in detail the issue of the rights of families to information about burials. There are no clear absolute rights. The Commission understands the wishes of family members to know more. If such rights were established, there would need to be a clear statement of what family members were entitled to this information; it is difficult to see how any such rights could extend beyond siblings. In cases where the mothers were in the homes when the child died, it is possible that they knew the burial arrangements or would have been told if they asked. It is arguable that no other family member is entitled to that information.

36.81 The Commission considers that there would be enormous practical difficulties in establishing and implementing such rights. The costs involved would probably be prohibitive.

Illegitimacy

36.82 The existence of the status of 'illegitimacy' until 1987 was an egregious breach of human rights. It blighted the lives of the people concerned. This was the case for all 'illegitimate' people not just those born in mother and baby homes.

36.83 The following are extracts from evidence given to the Commission by people who were affected by being labelled 'illegitimate':

> I was never allowed to serve mass; the parents weren't married. There would be mass in the local house every Lent - called the stations. I wasn't allowed to serve mass in that house and my school mate a neighbour would do it. How degrading was that?
>
> I was an outcast.
>
> The sad thing is not what happened to you but as soon as you mention the word 'illegitimate' you are labelled, they clamp up. You are not judged as a

[32] https://assets.gov.ie/25217/0abb576368b14e2081c447b417544fb2.pdf

person but you are judged as who you were. Illegitimate has a connotation 'she is good for nothing'.

My mother said there is no way she is raising a bastard in her house.

I was called a bastard - if you go to the pub, there could be three seats and they would go up along the side even the old men. You were classed as a thing and a bastard, that is the nothing lad.

I was considered by the Roman Catholic Church to be the spawn of the Devil, by the State to be illegitimate and by society to be a bastard.

A woman was told by her father when she wanted to take the baby home 'there is no bastard coming to stay in this family'. Another woman said that when she told her husband that she was 'illegitimate', it changed his view of her. He thought less of her and it changed their marriage entirely.

36.84 These are just some of the quotes from a number of men and women who as children were resident in mother and baby homes within the Commission's remit and who to this day remember the impact of their 'illegitimacy' on their lives.

Abolishing the status

36.85 The concept was well established in most countries and legal systems for some time but it remained in existence for longer in Ireland. Serious discussions about its abolition started in the 1970s. At that stage, it had been abolished in other countries such as Norway, Sweden, Denmark, Germany and New Zealand.

36.86 In October 1974 Cherish, an Association of Unmarried Parents, ran a conference on 'The Unmarried Parent and Child in Irish Society' where the concept of 'illegitimacy' was discussed. The conference was held against a backdrop of rising rates of births outside marriage and greater use of abortion services in the UK by pregnant Irish women. The prevailing trends were described by Dr Dermot Walsh:

> The number of illegitimate births in this country has risen steadily since 1959 and by 1971 had reached 1,842 births. In effect the number of illegitimate births in Ireland has roughly doubled between 1961 and 1971, and the illegitimate birth rate per 1,000 single and widowed women now stands at 6.3 as against 3.3 in 1961. This represented 2.6% of total births in 1971. In 1971

there were a further 1,510 illegitimate births to Irish-born women in the United Kingdom but we do not know the length of residence in the United Kingdom of those mothers and accordingly we cannot state how many of the conceptions leading to those births occurred in Ireland. There was no comparative data on illegitimate births in Britain by mothers' birthplace in 1961. Additionally, in 1971 there were 577 legally induced abortions on women giving the Irish Republic as their usual residence. By 1972 the number of terminations had doubled to almost a thousand, and it is interesting to reflect that the rate of termination of pregnancy among women who gave their normal place of residence as the Irish Republic in the age-group 25-29 almost equalled the number of live births to unmarried Irish women in Ireland in that same age-group. Put another way, of all conceptions to Irish unmarried in the 25-29 age-group not ending in spontaneous abortion and not leading to birth outside the country, 43% were terminated in England, a remarkably high proportion compared with only 29% of English unmarried pregnancies in the same age group.

The data indicate clearly that there has been a doubling of the illegitimate fertility, a recourse to legal termination of pregnancy in Britain with the introduction of 1967 Abortion Act, and the inevitable conclusion, since conception is the consequence of sexual activity, that there has been a considerable rise in extra-marital or pre-marital sexual activity in this country. Therefore the problem of the unmarried mother and her child is one that is now twice as great as it was in 1961, and the question arises whether the measures to cope with it have been doubled in this decennium, making the unlikely supposition that they were adequate then.

Historical background

36.87 Dr William Duncan (who is a member of this Commission) who also spoke at the Cherish conference outlined the historical basis for the disabilities attaching to 'illegitimacy'. He said that the disabilities attaching to 'illegitimacy' had their origin in common law which itself appeared to have been influenced by the canon law of the Roman Catholic Church.

The Canon law initially did not regard illegitimacy as a defect. But during the middle ages Canon law doctrine underwent a change. The moral basis for this change is supposed to have been a desire on the part of the church to protect the institution of the family and in particular the institution of marriage. Fornication was a sin and adultery was an even greater sin because it was

> forbidden in the Ten Commandments and because it involved a violation of the holy sacrament of marriage. The church decided therefore to draw a distinction between children born within and children born outside wedlock thus discouraging fornication and adultery. In the council of Poitiers 1087 sons of priests and others born of fornication were forbidden to be promoted to sacred orders, unless they either became monks or led a regular life in economical congregation.[33]

36.88 Dr Duncan went on to say that the development in moral thinking was 'conspicuous for its absurdity'. The moral argument was in essence as follows:

> The child born out of wedlock must suffer discrimination because his parents have done wrong, and his suffering will be an example to other adults to deter them from sin. The child is seen as an object to be used in instilling more moral behaviour in others. The innocence of the child and any rights which he may have as an individual are ignored. This curious concept of deterrence had reached its observed culmination in modern Irish society which on the one hand stigmatises the illegitimate child as a social leper and on the other hand regards adultery and fornication as non-criminal forms of conduct.

36.89 He argued that there was little doubt that these rules of canon law influenced the development of the common law but they also 'played a part in breeding into successive generations a non-critical acceptance of discrimination against illegitimate children'.

36.90 However, he pointed out that the Council for Social Welfare which was a Committee of the Catholic Bishops Conference had made an important contribution to the debate on illegitimacy in a report on family law issues published in 1974. This report had outlined the lack of legal situation of 'illegitimate' children and made detailed proposals for change. It provides a summary of the legal problems arising from the status of 'illegitimacy':

> The child of an unmarried mother is considerably disadvantaged under our present legal system. For example, the child of an unmarried mother cannot have his paternity established; he has no rights of succession against the

[33] During the debate on the *Adoption Bill 1952*, Archbishop McQuaid wanted a clause inserted which would force the GRO to disclose information about the adoption of a person 'as illegitimacy is a bar to Holy Orders, without a dispensation from Rome, His Grace considered it desirable that there should be some simple procedure for disclosure of information in proper cases.'

property of his natural father, and only a limited right to succeed to the property of his mother, notwithstanding the changes introduced by the Succession Act, 1965; the law does not enforce effectually the maintenance responsibilities of putative fathers; such maintenance as the Court may award ceases when the child reaches 16 years of age.

If an unmarried mother is granted an affiliation order there are no means whereby she can require the putative father to contribute to her own upkeep and maintenance while she is rearing the child.

The Church acknowledges that there is a moral obligation on fathers to support their children whether legitimate or illegitimate.

Other countries have procedures to permit the voluntary acknowledgement of their child by a father and mother who do not intend to, or who cannot, marry. This permits paternity to be proved and the child to be given the same status as a legitimate child.

We are concerned with the rights of all children and that they should be treated equally. We regard it as unchristian that children born out of wedlock should, as a result of the actions of their parents, be victimised by legal distinctions between them and children born to married parents. Consequently, we wish to urge that the legal disabilities imposed on these children should be removed.

We would recommend that -

1. There should be no distinction between children before the law;
2. The law be amended to allow voluntary acknowledgement of a child born out of wedlock. It is considered that power to object to such an acknowledgement should be given to the spouse of either parent;
3. Children born out of wedlock be given rights of succession;
4. Provisions be enacted whereby the single mother could formally recognise her child so that if she were to marry a man other than the father of the child, that child would have equal rights of succession to her property with any legitimate children the couple might have. This equates the position of a child born out of wedlock to that of a step-child;
5. The procedure of voluntary acknowledgement should be extended to the wife who has an extra-marital child;
6. Children of a void or voidable marriage should not be bastardised but should continue to be regarded as legitimate offspring of the parties following a decree of nullity;

7. The Illegitimate Children (Affiliation Order) Act, 1930 be amended in the following respects:

   The time limit during which a mother may bring affiliation proceedings against the father of her child should be extended from 6 months to 3 years;

   Maintenance in respect of the child should continue until he has finished full-time education and not cease, as at present, at 16 years;

   Consideration be given to the introduction of genetic testing to establish paternity. Such tests have now become so sophisticated that the margin of error is minimal.

36.91 In her introduction to the conference report (published March 1975), the former President of Ireland, Mary Robinson, who was then a senator and president of Cherish, stated that the people of Ireland had failed to uphold the constitutional guarantee that 'all citizens shall as human persons be held equal before the law'. Children born out of wedlock were not equal before the law:

> These young citizens are discriminated against in that they do not have property and succession rights to their father; in that their family relationship is not given full recognition and protection; and in that they are burdened with the social stigma implied in being called 'illegitimate'.

36.92 Senator Robinson had introduced the *Illegitimate Children (Maintenance and Succession) Bill) 1974* but withdrew it in February 1975 because of an undertaking she believed was given by the then Minister for Justice, Patrick Cooney, that a *Family Law Reform Bill* on the subject was at an advanced stage of drafting and would be introduced soon. The necessary legislation did not become law until 1987.

Law Reform Commission Report on Illegitimacy

36.93 In 1982 the Law Reform Commission produced a comprehensive report on 'illegitimacy' and said that a law that denies substantial rights to innocent children needed radical reform.[34] This report led to the passing of the *Status of Children Act 1987* which finally abolished 'illegitimacy'.

[34] https://publications.lawreform.ie/Portal/External/en-GB/RecordView/Index/30550

36.94 During the Dáil debate on the *Status of Children Bill 1986*, politicians made a number of remarks, such as 'the child born outside marriage - the illegitimate child as exists in Irish law today - is discriminated against in substantial areas'.[35] Another expressed disappointment that the bill could not succeed in totally abolishing 'illegitimacy' because marriage was enshrined in the constitution and 'all our attitudes are debated along the idea of the family' which meant that there has always been a difference between the social position of a child born within and outside marriage. It was important to afford 'equal rights to children born outside marriage as are afforded to those born within marriage'. It was remarked that it was good that the emphasis was now shifting towards caring for the child:

> who is a completely innocent party in society. This Bill reflects a new perception about the status of children born outside marriage and reflects a new perception of the position of children and their treatment in society…If the social thinking of the last decade or so in relation to this legislation, and this legislation is a part of that thinking, is maintained we can look forward to the day when the distinction will be eliminated. I hope the social thinking of society will lead to this position.

36.95 Another criticised the insidious discriminations associated with illegitimacy and that it followed children right 'into the heart of the homes of two parent families and is not just confined to the single parent family'. Another politician said that it had no place in the society that they wished to see in Ireland and that it was a stigma from which many Irish children suffered. One example was that many adoptive parents felt embarrassed and angry at first communion time because birth certificates were required by schools and these showed that the children were 'illegitimate' and it caused some upset for people. This politician welcomed the bill 'which seems to remove the shameful tag of illegitimacy which has attached to so many children for far too long'. Another politician welcomed this desire to remove 'the stigma of illegitimacy and regarding it as a duty on Members of the House through legislation to provide effective statutory provisions to place children in a position of legal equality and give mothers of children born outside of marriage as much protection as possible but are regarding the fathers of children born outside marriage in a somewhat different position'.

[35] https://www.oireachtas.ie/en/debates/debate/dail/1987-05-20/19/

36.96 Another said: 'We fully support the abolition of the stigma and concept of illegitimacy. Children born out of wedlock have been for far too long the victims of major acts of legal and social injustice. They have been the butt of cruel jokes, they have been discriminated against in the job market and, indeed, up to recently they were discriminated against in Church law'.

36.97 There were some who objected to the language used in the bill. For example, they was concerned that the proposal to remove the word 'illegitimate' and replace it with 'non-marital' was replacing an old offensive term with a new offensive term. Another said there had been an effective apartheid and stigma attached to unmarried others. They said that this was 'society's way of stating that the proper way to bring up a child was in the loving care and relationship of a father and mother and I have no doubt that that is still the best way to bring up a child. For that reason, society frowned on the situations where it was other than this'.

36.98 While the Dáil and Seanad debates on the bill were for the most part constructive, the Commission thought it striking that nobody thought to say sorry to all those, who as children and young adults, were so cruelly discriminated against by both society and state authorities because of the circumstances of their birth.

Mother and Baby Homes in the Netherlands in the 20th century

Report for the Irish Commission of Investigation: Mother and Baby Homes and Certain Related Matters (Order 2015)

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Introduction

Since the mid-19th century in the Netherlands care for single mothers and their babies is in the hands of private initiative, particularly religious organisations. In 1847 the reverent Ottho Gerhard Heldring, a representative of the Dutch branch of the international protestant revival movement the Reveil, established the first home for 'penitent fallen' women, Asyl Steenbeek. In the asylum women and their children were taken care of and subjected to a moral-religious re-education aiming at prevention of (falling back into) prostitution.[1]

This association between a single mother and a sinful life, or even prostitution, has continued to be the basis of all care arrangements provided to single mothers and their children up to the 1960s. This care was provided in specialized homes where a woman could give birth and was taken care of together with her baby during the first few months after delivery. Because of the short stay, these homes were called 'transit homes' (*doorgangshuizen*). Up to 1947 parental rights and guardianship were not given automatically to a single mother of age; she had to apply for it. Instead, all illegitimate children were put under legal guardianship of a society (*voogdijvereniging*) of the mother's denomination (protestant or Roman Catholic) and, if necessary, after a few months, placed in a children's home of this society. If the single mother was a minor who did not live with her parents any more, she herself was also put under guardianship. These guardianship societies did not particularly stimulate contact between the 'sinful' mother and the fruit of her sin. As a consequence, this had usually an incidental character. The idea was that caregivers had to protect the child against her 'sinful' mother.

In these children's homes illegitimate children lived together with criminal and neglected children under state custody and they were taken care of and treated in the same way. Placement in a foster family instead of a home by one of the guardianship societies was possible; in post-war years it was a fifty-fifty chance. Probably the half of the children under guardianship that lived in a foster family was better off than the half that lived in one of the many crowded children's homes under an authoritarian and often harsh regime, led by badly educated, and sometimes violent or abusive child care workers.[2] The single mother was supposed to make a fresh start in society, find a decent job and a place to live, and hopefully marry a decent man and either retrieve her child when conditions had improved or forget about her. Sometimes, mostly in cases of teenage motherhood, both mother and baby returned to the girl's home to live there as part of the family. In those cases the child was raised as a late arrival of the aging mother of the family. In other cases, if the girl had more or less voluntarily abandoned her baby after birth, the management of a home gave away a baby at the back-door to a 'decent' childless couple to become either their legal foster child or their illegal would-be child. A notorious example are the small homes next to the Leyden hospital that sold babies for money.

Gradually, particularly from the 1930s, the philanthropic, mostly religious societies that ran the majority of the mother and baby homes started to stimulate pregnant single women to not abandon their baby and take care of it themselves. As a consequence, they also started to provide single mothers with whatever help was needed to be able to work and live as a single mother in a society in which an 'incomplete' family was not facilitated with child care and was generally looked down upon. Partly, the shift of focus toward single mothers taking care of their child instead of abandonment is associated with a more explicit fear of illegal abortion as an even more serious sin than single motherhood. At the same time in the professional discourse the emphasis shifted from these women's sinful nature to their motherhood and the idea that a 'natural' bond existed between a mother and her child. Breastfeeding was strongly recommended. Therefore, care arrangements had to cover at least three months after birth. Next to the homes, advice bureaus were created to support women

who had the courage to raise their illegitimate child alone in practical matters. From scattered information one gets the impression that in the 1930s and 1940s protestant organisations were more actively stimulating women to take 'their responsibility' and take care of their babies, whereas Roman Catholic homes and the religious orders that ran these homes were more often involved in old-style, hidden, and partly illegal actions to provide a childless couple with a baby, legal adoption being as yet impossible. We may guess that in many cases vulnerable and desperate young women, overwhelmed by feelings of guilt, have been 'talked into' abandonment of their baby.

From the mid-1950s the moral-religious discourse was replaced with a psychiatric discourse in which the single mother was no longer represented as a sinner who had to do penance, but as a woman suffering from psychiatric illness. As a psychiatric patient she was entitled to help and advice from professionals: a psychiatrist, a psychologist, a social worker, a clergyman, and a judicial advisor. The pregnant single woman received help in order to be able to take the 'right' decision as to the future of her baby. This decision, however, had become more complicated, as adoption was legalized in 1956. Irrevocable abandonment of a baby to be adopted by a family that was officially selected and approved of by professionals had become a serious option. It even became authoritative experts' preferred option, as growing up in a 'normal' family was conceived of as in the best interests of the child. Therefore, despite the rhetoric of autonomy, the psychiatric view of pregnant single women meant that practices of being 'talked into' abandonment for adoption, preferably immediately after birth, did not stop. The organisations that ran the mother and baby homes and advice bureaus emphasised primarily the importance of professional help and the right of a woman to make her own choice.

Finally, in the 1970s, unmarried pregnancy and single motherhood lost their problematic character, as they were now generally accepted. The associations with sin and sickness disappeared. Part of the mother and baby homes became superfluous and closed down, others chose to focus on teenaged mothers and other groups that were more particularly in need of help, like single mothers from ethnic minorities. The advice bureaus have always remained active. Adoptions of illegitimate children were no longer encouraged. Instead, the number of crèches for infants to facilitate working mothers increased. Single mothers were finally free to make their own choice. Gradually, the concepts of 'illegitimacy', 'forced marriages', and 'incomplete' families became obsolete. At the same time, as a consequence of the more general use of reliable means of birth control like 'the' pill, the number of unwanted pregnancies greatly reduced. Consciously unmarried mothers (in Dutch *bewust ongehuwde moeders*) proudly presented themselves as BOM. As hardly any baby was abandoned from this time, childless couples could no longer adopt a Dutch baby and had to turn to the Third World if they wanted to adopt a baby. To facilitate international adoptions a new network of private organisations was established. From the 1980s the old organisations that supported single mothers and their children accepted a new task: helping adults who had been raised in a children's home or a foster family to find their biological mothers, who had more or less voluntarily abandoned them when they were babies.

This brief outline of the history of mother and child care in the Netherlands is based on the only piece of literature that is available, a commemorative book on the history of the national association that coordinated the work of the private organisations that ran the homes and the advice bureaus for single mothers from 1930, the Federation of Institutions for the Single Mother and her Child (*Nationale Federatie van Instellingen voor de Ongehuwde Moeder en haar Kind*, FIOM).[3] The book's focus is on the history of this association and its policy and intentions, not on the topics that are central to the work of the Irish Commission investigating the history of the care arrangements in mother and baby homes: the living conditions and the

quality of the care arrangements provided in these homes, as well as the share of the illegitimate children that were taken care of in these homes.

Next to this FIOM-book, a number of sources are available on the basis of which an attempt can be made to reconstruct aspects of the history of the quality of the care that was provided in the mother and baby homes. From the 1930s up to the 1960s a series of surveys have been made by governmental and other committees or individual experts, reporting on the living conditions and other aspects of the lives of single mothers and their children in and outside these homes. These reports appeared particularly at times when consensus as to the preferred kind of care was disappearing and a new, generally approved approach of pregnant single women had not yet been reached, particularly the 1930s and 1950s. However, the most valuable knowledge about practices of care in Dutch mother and baby homes and children's homes is to be obtained from oral history interviews with adults who have either been raised as an illegitimate child in a home or been accommodated in a home as a single mother during different periods of time and under different conditions.

For practical reasons this short report on the Netherlands is based on only a few original sources[4] and on a critical reading of the available literature. The research question of the Irish Commission is taken as starting point: How were the living conditions and which was the quality of the care provided in the homes for mother and baby? In this report we first discuss developments in the numbers of illegitimate children and of mothers and children accommodated in homes for mother and baby in the Netherlands. Next, an outline is given of what is known about the care provided in the specialised homes for mother and baby between the 1930s and the 1970s. Finally, we discuss the debate on illegitimacy and single motherhood of the late 1950s and the 1960s, when the interests of the child were for the first time considered and science partly replaced Christian morality as source of inspiration in the provision of care. Placement of illegitimate children in a children's home was now discouraged on science-based grounds. The debate accompanied the process by which, within a decade, adoption of an illegitimate child replaced upbringing in a children's home or a foster family as alternative for – what used to require courage but from the 1970s became the rule – a single mother taking care of her child herself.

Numbers

During the first half of the 20th century the Netherlands had a relatively low level of illegitimacy, which is generally ascribed to the strong influence of the churches on family life.[5] In 1925 only 1.8 percent of the living new-born babies were illegitimate as against 10.6 percent in Germany.[6] In 1929 no more than 3.322 illegitimate children, or 1.8 percent of all new-born babies, were born alive. Ten years later this number was even lower, 2.365 babies or 1.3 percent.[7] In the same year only 782 single mothers were accommodated in a mother and baby home of one of the organisations that had joined FIOM. It was estimated that about the same number of single mothers were receiving a kind of support from one of the societies but were not accommodated in a home, and that the rest of the single mothers did not need help. In the late 1930s the central advice bureau of the FIOM treated about 250 cases each year.[8]

In 1939 there were 17 mother and baby homes, run by societies that had joined FIOM. Eight were Roman Catholic, seven protestant, and only two were neutral or non-religious. These homes accommodated a total of 781 women during on average[9] three and a half months. These women gave birth to 1.196 babies, who were taken care of in these homes during on average[10] a little shorter than seven months.[11] This means that, apart from twins being born, some women chose not to be hospitalised themselves, at least not in one of these homes, but entrusted their child to a home nonetheless. The larger part of these must concern

babies that were more or less voluntarily abandoned before or immediately after birth. Another part will concern girls who stayed at home with their parents but could not or were not allowed to take care of their new-born baby themselves. The larger number of babies may also include the offspring of mentally retarded girls, who were either institutionalised elsewhere or lived with their parents. The number of babies accommodated for some time in the homes amounts to 50.6 percent of all illegitimate Dutch children born in 1939. We may assume that this half concerns primarily the babies of younger women, as widows and concubines had better chances than teenagers to receive help from family or friends before and after delivery.

A climax in the number of illegitimate children born alive was reached in 1945: 7.322 or 3.5 percent (as against 1.3 percent in 1939).[12] This was one of the reasons why contemporaries were extremely concerned about a general 'moral decay' during the post-war years, especially among youths. As a reaction the churches initiated programmes to re-establish moral decency and family values.[13] However, before any effect could become manifest the illegitimacy rate fell rapidly. The high rates in 1945/1946 were due to war time conditions and to conditions in the aftermath of the liberation from the German occupation in May 1945. In 1950 illegitimacy had fallen to less than half of the level of 1945: 3.429 babies or 1.5 percent.[14] In terms of absolute numbers the post-war low was reached in 1955, when only 2.771 illegitimate babies or 1.2 percent were born alive. 57 percent of their mothers was younger than 25, a percentage that increased during the 1960s to almost 70 percent, half of which were teenagers. Three quarters of the illegitimate babies were first born, which corresponds with the young age of the mothers. As elsewhere, the problem of illegitimacy was concentrated in the larger cities and consequently in the West of the country. Roman Catholic and moderate Calvinist mothers were represented proportionally among the women who gave birth to an illegitimate child, whereas orthodox Calvinists were underrepresented and non-denominationals overrepresented.[15] Again, in the late 1950s, by comparison with other European countries illegitimate rates were low in the Netherlands. At the time a Dutch sociologist estimated that they were three times as high in Norway, seven times as high in Sweden, and ten times as high in Austria.[16]

In 1969 22 homes were accommodating mothers and their new-born babies, of which ten were Roman Catholic, six protestant and six neutral. Another five homes were taking care of illegitimate babies who had been abandoned for adoption before birth, two of which were Roman Catholic and three protestant. The modal seize of these mother and baby homes was between ten and 19 places for a mother and her baby.[17] Among women seeking help from one of the organisations that worked together under FIOM's wings during the 1960s religious groups were represented proportionally, but teenagers were clearly overrepresented, half of the women being minors (under 21). In 1968 the capacity of the 22 specialised homes for mother and baby had shrunk to 390 places for women and 952 places for babies, next to 310 places in the five baby-homes. On average this capacity was used for 64 and 86 percent respectively. Whereas the length of the stay of mothers decreased, that of the babies increased during the 1960s. Especially the need for 'neutral area placements' of babies abandoned for adoption grew rapidly. That is why in 1968 the average number of days a woman was taken care of in one of these homes was three times as high as the average number of days a baby was taken care of, as against two times in 1939. In 1968 974 women and 1166 children were newly accommodated in one of the homes for mother and baby. They were taken care of during on average[18] three and eight and a half months respectively. The variability of the length of the babies' stay had increased to such an extent that 41 percent stayed as long as 12 months or more and 23 percent stayed only six weeks. Of the total number of 4.953 illegitimate Dutch babies born alive in 1967, one quarter (1.212) was accommodated in one of

the homes coordinated by FIOM. Of the women accommodated in the homes 58,9 percent were minors.[19]

Care provided in mother and baby homes

How were the living conditions in the homes for mother and baby? The coordinating organisation to provide help and support to single mothers and their babies, FIOM (established in 1930), saw it as its task to guarantee a good quality of care for mothers and babies seeking help with one of the participating societies. That is why FIOM made an effort to be informed about this. Inspections on the spot, however, do not seem to have occurred frequently.[20] In 1932 a committee was installed on behalf of the National Society for Poor Relief and Philanthropy (*Nederlandsche 'Vereeniging voor Armenzorg en Weldadigheid*) to investigate the quality of care provided in the homes that took care of, amongst others, illegitimate infants. At the time these were called 'uncontrolled' houses, meaning houses that took care of infants on a commercial basis. They were distinguished from 'controlled' homes, run by guardianship societies, that took care of orphans and children who were placed in a children's home by the court on the basis of criminal or civil court custody and, consequently, received state subsidies.

In 1934 the committee reported on 120 uncontrolled, usually small homes, 28 of which were situated in one of the three big cities in the West (Amsterdam, Rotterdam and The Hague). As these cities had set up quality control on their own initiative, 28 were in fact controlled homes. Of the 92 uncontrolled homes some were exploited by persons who had been banned from the three big cities as entrepreneurs in this business. Nevertheless, about 95 of the 120 homes it was reported that 'no complaints [were] known'. Their quality must have been satisfactory. Of the remaining 25 homes (of which 20 were situated outside the three big cities) 19 were qualified as of 'dubious' quality and six as 'bad'. The conditions referring to 'complaints known' could be reconstructed mainly on the basis of the disqualifications given by the controlling civil servants working for the three big cities. An extreme case was a home reported to accommodate 12 infants, who were locked in a room behind a barrier during the day, creeping around without pants, stockings or shoes and without toys, with faeces lying around and even 'being eaten … out of boredom'.[21]

Although the quality of the majority of the homes was satisfactory, the committee advised introduction of legal control, preferably through legislation, or at least an extension of the kind of control that was practiced by the three big cities, if only to prevent entrepreneurs from moving their business from one place to another without being forced to improve the quality of care. Despite the presentation of a concept for a regulating law by the committee, no legislation was introduced, and the example of the three cities was not forced upon smaller towns. Therefore, the FIOM had reasons to continue the stimulation of research into the quality of the living conditions and care provided in homes that accommodated the infants of single mothers.

In 1937 a medical doctor, N. Knapper who was well acquainted with the quality of infant care in general, reported critically about the quality of hygienic care in mother and baby homes. He had visited 47 homes, including FIOM-homes, that took care of single mothers and their babies. Only 14 homes could avail of relatively new buildings, large playing fields, spacious sleeping and washing rooms, as well as rooms for play and gymnastics. The majority, however, was housed in old buildings in crowded inner city districts and had to do without all these necessary provisions. He observed an enormous lack of professional competence among those who took care of the infants and strongly advised a better education of the nurses and their assistants. He himself had taught courses in infant care to nursing assistants and single mothers in Amsterdam. Knapper full-heartedly supported FIOM's

position that single mothers should not abandon their baby but take care of it themselves. This, however, required adequate training, he insisted. Like other experts he was of the opinion that there was a 'natural bond' between mother and baby and that taking care would provide a woman with a 'goal for the rest of her life'. Breastfeeding was indicated. It required a period of at least three months of being free from labour for the mothers, which was often impossible because of financial reasons. That is why he advised the homes to organise jobs inside or next door to the institution, such as the laundry he had spotted at one of his visits. In all other cases women would not be able to earn money and take care of their baby at the same time.[22] Research like this, inspired by concern about hygienic conditions in the homes, was not repeated afterwards. Like child hygiene in general, hygienic conditions in infant care seem to have improved greatly as local authorities extended their hygienic inspections in the 1950s to include philanthropic and commercial homes.

After the war FIOM shifted attention from the quality of care in homes for mother and baby to more specific themes like mentally retarded single mothers, foster parenting, adoption, and the development of methods like social case-work to support women in need of help. More than before the FIOM tried to reach as many single pregnant women as possible. Around 1960 estimations of its success varied between 50 and 70 to 80 percent of these women seeking help through one of FIOM's societies.[23] FIOM consistently emphasised the importance of professional help for both mothers and babies. Though FIOM was an outspoken champion of single mothers taking care of their child themselves after a period of support from one of its societies, FIOM leaders were aware that social reality was different. A large part of the single pregnant women did not seek professional help and another part made a more or less deliberate choice for abandonment and placement of their baby in a children's home or with foster parents through judicial guardianship.

With the introduction of a revised Children's Act in 1947 the rights of both the single mother and foster parents were reinforced. A family relationship in the judicial sense between a single mother of age and her child was now created automatically and she also became automatically her child's legal guardian. At the same time the rights of foster parents were reinforced indirectly in that the court was given more freedom to judge the natural mother's child-rearing capacities if she went to court to reclaim her rights. Henceforth a family judge had to consider her mental state from the perspective of the 'interests of the child'.[24] A further step toward recognition of foster parents' rights, legal adoption as possibility, was not yet taken but it was put on the agenda and remained there until matters were settled in 1956 with the introduction of the Adoption Act, which enabled legal, irreversible adoption.[25]

Although FIOM itself set up a Central Committee for Abandonment that mediated between a mother who was incapable of taking care of her child and the many childless couples who volunteered as foster parents, at first FIOM could not compete with the uncontrolled channels in terms of speed and chances that a child could stay with her foster parents. In cases of FIOM mediation a child could be kept in a home for over three years, before she was finally placed in a foster family,[26] as FIOM-officials proceeded along bureaucratic lines, made high demands of foster parents, and went to the edge to be sure that the natural mother was unwilling or incompetent to raise her child. In the early 1950s, however, it became increasingly clear that the remains of the old-style hidden flow of babies from desperate single mothers to equally desperate childless couples – enabled by doctors, nurses, and priests – would not disappear unless adoption was legalised.

Protagonists of legal adoption and defenders of the status quo alike produced reports that supported their positions. In 1954 the FIOM issued a report based on a survey into 136 placements by its Central Committee for Abandonment covering the years 1930-1951, 127 of which had followed the official procedures. It was emphasised, however, that at the same time another 400 mothers had revoked their original decision to abandon their child. Nonetheless,

101 out of 127 placements were considered successful.[27] During the next years another, more limited survey was carried out covering the cases of 50 single mothers, who had given birth between 1935 and 1938 and had raised their child on their own. This arrangement turned out to be equally successful according to the researchers, in that 45 out of the 50 children were successful as adults in society. Responding women demonstrated both anxieties and feelings of guilt: 'I will always work hard for my family to make up for what I did.'[28] Remarkably, in this research only ten women never married. Of the 40 who did, nine married the father of their illegitimate child. In other words, with time a large majority of single mothers became 'normal' mothers.

Apart from positive reports about foster parenting, the concept of a 'natural unity' of mother and baby, as propagated by FIOM, was further undermined by the growing influence of psychiatry and psychology in the domain of social work. During the 1950s and 1960s they gained influence as professionals, first in legal child protection and gradually also in homes and care arrangements for single mothers and their babies. These experts shifted the focus of attention from the 'sinful' mother of an illegitimate child to the developmental needs of a young child and the incapacity of relatively many single mothers to meet these requirements. In 1955 a plenary meeting of FIOM was devoted to the theme of the 'seriously disturbed' mother. Lecturers agreed that seriously mentally deficient and emotionally disturbed women could not become good mothers, no matter how much professional help was provided.[29] This meeting turned out to be a turning point in the history of FIOM, as the membership spoke out in favour of the best quality of care for the child and stressed the importance of family ties, including foster families, instead of 'blood ties' or the 'natural bond' between a mother and her child.

From Christian morality to science (1955-1970)

References to science played and even more important role in the debate on single motherhood and adoption that followed in the wake of the introduction of the Adoption Act in 1956. During the 1950s across the West sociologists studied the social characteristics of single motherhood. It was usually described as 'sociopathology'. These scientists were confident that their approach was way ahead of the penalising moral-religious approach of the past, which had consistently blamed the individual single mother for her 'sins'. Instead, they considered single motherhood as part of a larger and alarming social problem, extending from increased extramarital sexual activity of both sexes (estimations ran up to 50 percent) to a rising frequency of 'forced marriages', and a most dangerous positive attitude toward abortion. In their analyses the sociologists linked these problems to post-war prosperity, as well as to social disruption in general and disruption of the families of the lower classes in which the majority of the sexually active young people grew up in particular. A Dutch sociologist reported for example in 1960 at a FIOM meeting that extramarital sexual activity was widespread among working-class youth, a danger that might in the future extend to include bourgeois youth as well. According to his research, in 1948/49 no less than 21 percent of all marriages were 'forced'.[30]

Whatever the analysis of the causes of single motherhood was, from the mid-1950s advice bureaus and transit homes aimed no longer at penitence but at rehabilitation of the mother and protection of the mother and her child. New care arrangements were staffed with a multidisciplinary team with a psychologist, a social worker, a clergyman, a judicial advisor and a social psychiatrist as head of the team. The latter profession also led the centres of study and expertise that developed out of a small number of advice bureaus. This professionalization of care arrangements is likely to have brought an overall improvement of the care provided in homes.

The psychiatrists in charge of the new arrangements of care expanded, likewise, on the 'sociopathology' of the single mother. Unlike the sociologists, they did not seek the causes of the problem in society at large but in the woman's smaller environment, particularly her family of birth.[31] They were the first experts who did not overlook the biological father, but conceived of him as part of the problem.[32] Psychiatrists emphasised that a single mother often came from a broken home or an otherwise dysfunctional family. The woman's background had to be investigated by a social worker and taken into consideration by the multidisciplinary team that guided a pregnant woman in the process of making a decision about her child's future. Part of the woman's psychopathology was that she was not capable to make the 'right' decision because of a lack of self-reflection and insight into her unconscious motives.[33]

Referring to the assumed psychopathology of single women, psychiatrists usually spoke out in favour of abandonment for adoption. They assumed an insufficient capacity to truly love a baby. A single mother often showed what they called 'false' love for an 'object' instead of a person, which made her either spoil her baby or neglect its most fundamental desires.[34] Inspiration for this point of view was particularly found with research by psychiatrists and psychologists from the Anglo-Saxon world. They pointed consistently into the direction of a negative evaluation of care provided in a home. John Bowlby's famous report for the World Health Organization (WHO), *Maternal Care and Mental Health* (1951), which was translated in its abbreviated edition into Dutch in 1955,[35] became most prominent in this respect. His statement that for a baby even a bad family was to be preferred to a good home, was rephrased by Dutch psychiatrists to mean that a home could never be good enough, certainly not if legal adoption by a selected and approved couple was possible.[36] And they interpreted Bowlby's idea that a permanently available mother during the first few years of a child's life was a precondition for mental health as an argument that disqualified single mothers as caregivers. As breadwinners of an 'incomplete' family they were simply not available and, perhaps even worse, their psychopathology would harm a baby. Especially teenagers were not fit for sensitive mothering, they claimed. Therefore, abandonment for adoption, preferably after no more than two months, was their preferred option.[37]

While FIOM staff continued to favour the other option, a woman taking care of her child herself, the debate among experts, as well as public opinion, shifted towards the psychiatrists' view. Their negative attitude toward care in a home may, paradoxically, have stimulated FIOM to further improve its quality. One participant in the debate stands out as particularly influential, the Roman Catholic professor of psychiatry Cees Trimbos. He had first tackled the problem in a chapter of a popular book on children at risk in 1955,[38] but increased his efforts to convince professionals involved with single mothers and their babies of the desirability of abandonment for adoption after this was legalised in 1956. He lectured for example on a FIOM meeting in 1961[39] and published an authoritative book in 1964 together with his kindred spirit and colleague psychiatrist H.F. Heijmans, who headed the Roman Catholic bureau for 'mother help' in Amsterdam.[40]

Trimbos was a leading figure in the Roman Catholic movement for mental health. Apart from his scientific work and his textbooks he was well known and very popular with the larger public because of his radio talks, in which he attacked traditional Roman Catholic views on issues that had been covered with a taboo for a long time, like birth control and (homo)sexuality. In the dynamic 1960s[41] these things had to be discussed in the open and dealt with, instead of forbidden, he learned. A happy marital life, including satisfying sex, contributed greatly to people's mental health, he explained. The negative approach of essential human faculties such as sexuality of the old Roman Catholic ideology was unnecessarily sickening people, he warned.[42] These ideas were welcomed as liberating and fitting the age of the television and the upcoming Sexual Revolution, even outside the Roman Catholic community, which included a 40 percent minority at the time.[43]

The psychiatrist Trimbos' key argument against the approach of FIOM, stimulating the single mother to take care of her baby herself, was that the single mother was usually mentally ill and was not able to give her child the motherly love and stability that were necessary to become a healthy member of society. The child itself was proof of it. According to him, references to 'blood ties' were expressions of romanticism. He called the argument of a 'natural bond' between a mother and her child an unproven axiom and referred to research into single mothers' and their relatives frequent psychiatric trouble as proof of his thesis that the FIOM's approach was not serving the interests of the child.[44] Even more serious was the overrepresentation of children living with their single mothers among the child guidance clinics' patients: 'according to me it is impossible that in such a situation a child develops undisturbed'.[45] The argument that a single mother would learn to give motherly love in the right way simply by doing it, or with some help, was discredited by Trimbos by discriminating – in the spirit of Bowlby's developing attachment theory[46] - between biological motherhood and affective motherliness. The latter was hard to reach: 'The child needs motherliness. It develops only gradually and independently of motherhood. Biological motherhood needs many psychological extra's to become true motherliness.'[47]

However, at the end of the 1960s the cultural climate changed profoundly in the Netherlands. The so-called Sexual Revolution, exemplified by the hippy slogan 'Make love not war', student activism, and a new feminist movement manifested themselves.[48] These forces worked together to make single motherhood acceptable in the larger part of society. Under these conditions FIOM found more support than ever before. In the rapidly secularising society of the 1970s unmarried pregnancy and single motherhood were no longer looked down upon on moral-religious grounds.[49] With the disappearance of the taboo the need to consider abandonment for adoption disappeared. Whereas the number of single mothers increased, the number of women who had to take refuge in a home for mother and baby decreased sharply. At the same time, thanks to feminist activism day-care provisions for young children multiplied and part-time jobs were generally accepted.[50] In case a woman could not find a job or day-care was not available, she was from 1965 entitled to social security (*bijstand*).[51] As a consequence, single motherhood lost its problematic character. Since the 1980s teenagers from ethnic minorities make up the larger part of the remaining clients of the FIOM homes and other kinds of support.[52]

Conclusion

The quality of the care provided in the Dutch homes for mother and baby seems to have been at least acceptable, especially in the homes that were supervised by FIOM. The post-war professionalization of care arrangements is likely to have improved the quality of care in the homes. Even psychiatrists inspired by Bowlby's WHO-report may, with their negative attitude toward institutional arrangements for young children, have stimulated further improvement of the quality of care in homes. From the 1950s, uncontrolled homes of dubious quality have disappeared.

About the living conditions of single mothers and their babies after the initial period during which they stayed in a home, we have to guess. From 1965 in the Netherlands unemployed adults were entitled to social security. This has enabled single women to more often take care of their child on their own. From the 1970s single women with a job could more often use day-care arrangements for their child, as the feminist movement pressed successfully for more crèches. They could now, moreover, often work part-time. Recent research into the history of sexual abuse in judicial child care, both homes and foster families, makes clear that children under legal guardianship (among whom part of the illegitimate children of the 1950s and 1960s) were often treated harshly and unkindly and have too often

been victims of violent or abusive regimes.[53] However, in the Netherland they have certainly not been subjected to the kind of illegal practices that are mentioned in the *Terms of Reference* for the Irish Commission, such as vaccine trials and post-mortem anatomical examinations.

Literature

Bakker, Nelleke, Noordman, Jan, & Rietveld-van Wingerden, Marjoke (2010). *Vijf eeuwen opvoeden in Nederland. Idee en praktijk 1500-2000*. Assen: Van Gorcum.

Bespreking van de enquête ingesteld door de F.I.O.M. naar de pleegkinderen geplaatst door de Commissie tot Centralisatie inzake Afstand van kinderen sedert 1940, gehouden in de Algemene Vergadering van instellingen voor de ongehuwde moeder en haar kind (1954). 's-Gravenhage: F.I.O.M.

Bowlby, John (1955). *Moederlijke zorg. De invloed van moederlijke zorg op het vermogen om lief te hebben*. Purmerend: Muusses.

De Beer, Fedor (2008). *Witte jassen in de school. De schoolarts in Nederland ca. 1895-1965*. Assen: Van Gorcum.

De Groot-Klaver, G.D. (1959). *Verslag van het proefonderzoek naar de omstandigheden van 50 ongehuwde moeders en haar kinderen, over wie de moeders zelf de zorg op zich hebben genomen. Ingesteld vanwege de F.I.O.M. van 1 juli 1956 tot 1 juli 1957*. S.l.

Dekker, Jeroen J.H. (2012). *Jeugdzorg in Nederland, 1945-2010. Resultaten van Deelonderzoek I van de Commissie Samson*. Groningen: Rijksuniversiteit Groningen, 2 vols.

Dubois, O.W. (2010). *Reddende liefde: het werk van de Heldringgestichten in Zetten 1847-2010*. Hilversum: Verloren.

Godefroy, J. (1960). *Buitenechtelijke geboorten in Nederland. Een sociaal-statistische beschrijving*. Tilburg: I.V.A.

Godefroy, J. (1961). *Sociologische visie op de buitenechtelijke geboorten in Nederland. Inleiding gehouden in de Algemene Vergadering van de F.I.O.M. op 8 november 1960*. 's-Gravenhage: F.I.O.M.

Heijmans, H.F. (1969). Huidige hulpverlening aan de niet-gehuwde moeder, in: *In kort bestek* (1969). *Referaten en artikelen over de ongehuwde moeder en de hulpverlening*. Den Haag: F.I.O.M., 1-12 (originally published in 1966).

Heijmans, H.F., & Trimbos, C.J.B.J. (1964). *De niet-gehuwde moeder en haar kind*. Hilversum/Antwerpen: Paul Brand.

Hueting, Ernest, & Neij, Rob (1990). *Ongehuwde moederzorg in Nederland*. Zutphen: Walburg Pers.

In kort bestek (1969). *Referaten en artikelen over de ongehuwde moeder en de hulpverlening*. Den Haag: F.I.O.M. (collection of articles published between 1955 and 1968).

1966-1967-1968 (1969). 's-Gravenhage: F.I.O.M.

Kennedy, James C. (1995). *Nieuw Babylon in aanbouw. Nederland in de jaren zestig*. Amsterdam: Boom.

Knapper Czn., N. (1937). De lichamelijke verzorging van het jonge kind der ongehuwde moeder in inrichtingen, toevluchten, tehuizen in Nederland, *Tijdschrift voor Armenzorg, Maatschappelijke Hulp en Kinderbescherming, 16, no. 362*, 132-143.

Mullink, J.A.M. (1969). Ongehuwde moeders en de vaders van hun kind, in: *In kort bestek* (1969). *Referaten en artikelen over de ongehuwde moeder en de hulpverlening*. Den Haag: F.I.O.M., 13-29 (originally published in 1965).

Peters, P.R. (1969). Waar staan wij? Funktioneert de hulpverlening voldoende?, in: *In kort bestek* (1969). *Referaten en artikelen over de ongehuwde moeder en de hulpverlening*. Den Haag: F.I.O.M., 88-93 (originally published in 1966).

Rapport inzake de ongecontroleerde kindertehuizen (1934). Haarlem: Tjeenk Willink & Zoon N.V.

Statline.cbs.nl (website of Central Bureau of Statistics of the Netherlands).

Ter Linden, B., & Mastenbroek, G.B. (1957). *Het vraagstuk van de ernstig gestoorde moeder en haar kind. Inleidingen gehouden in de Algemene Vergadering van de F.I.O.M. op 8 november 1955*. 's-Gravenhage: F.I.O.M.

Trimbos, C.J.B.J. (1962). *Problemen rond de afstand. Inleidingen gehouden in de Algemene Vergadering van de FIOM op 15 november 1961*. 's-Gravenhage: F.I.O.M.

Trimbos, C.J.B.J. (1969). Kinderen van ongehuwde moeders, in: *In kort bestek. Referaten en artikelen over de ongehuwde moeder en de hulpverlening*. Den Haag: F.I.O.M., 50-62 (originally published in 1955).

Van IJzendoorn (2008). *Opvoeding over de grens. Gehechtheid, trauma en veerkracht*. Amsterdam: Boom Academic.

Van Krevelen, D. Arn. (1969). Niet bedoeld – niet gewenst – niet aanvaard, in: *In kort bestek* (1969). *Referaten en artikelen over de ongehuwde moeder en de hulpverlening*. Den Haag: F.I.O.M., 97-101 (originally published in 1966).

Van Oenen, J.J. (1969a). Problematiek rondom het ongehuwde moederschap en de consequenties ervan voor het maatschappelijk werk, in: *In kort bestek* (1969). *Referaten en artikelen over de ongehuwde moeder en de hulpverlening*. Den Haag: F.I.O.M., 63-78 (originally published in 1965).

Van Oenen, J.J. (1969b). Spanningsvelden in de ongehuwde moederzorg, in: *In kort bestek* (1969). *Referaten en artikelen over de ongehuwde moeder en de hulpverlening*. Den Haag: F.I.O.M., 78-82 (Originaly published in 1966).

Van Rijswijk-Clerkx, Lily E. (1981). *Moeders, kinderen en kinderopvang*. Nijmegen: SUN.

Westhoff, Hanneke (1996). *Geestelijke bevrijders. Nederlandse katholieken en hun beweging voor geestelijke volksgezondheid in de twintigste eeuw*. Nijmegen: Valkhof Pers.

Notes

[1] Dubois.
[2] Dekker.
[3] Hueting & Neij.
[4] Namely the ones that are available online or in the library of the University of Groningen. Other sources could not be studied, as it takes time and money to make them come to Groningen.
[5] Bakker et al., 275-289.
[6] Hueting & Neij, 39.
[7] Hueting & Neij, 39, 55; *Statline.cbs.nl* (viewed on 21 August 2015).
[8] Hueting & Neij, 58.
[9] The average concerns an average pro home.
[10] Idem.
[11] Hueting & Neij, 67.
[12] *1966-1967-1968*, 58; Heijmans & Trimbos, 26, 55.
[13] Bakker et al., 282-285.
[14] *Statline.cbs.nl* (viewed on 21 August 2015).
[14] Hueting & Neij, 58.
[15] *1966-1967-1968*, 57-72; Heijmans & Trimbos, 26.
[16] Godefroy 1960.
[17] *1966-1967-1968*, 9-11.
[18] The average concerns an average pro home.
[19] *1966-1967-1968*, 73-86.
[20] Knapper.
[21] *Rapport*, 17.
[22] Knapper.
[23] Mullink; Peters.
[24] Hueting & Neij, 83.
[25] Hueting & Neij, 109-115.
[26] Hueting & Neij, 104.
[27] *Bespreking*.
[28] De Groot-Klaver, 30-31.
[29] Ter Linden & Mastenbroek.
[30] Godefroy 1961, 2.
[31] Heijmans & Trimbos, 132-141; Van Oenen 1969a.
[32] Heijmans & Trimbos, 165-183; Mullink.
[33] Heijmans & Trimbos, 55-164; Heijmans; Trimbos 1969; Van Oenen 1969a; Van Krevelen.
[34] Heijmans & Trimbos, 242-242; Van Oenen 1969a; Van Krevelen
[35] Bowlby.
[36] Heijmans & Trimbos, 217-230.
[37] Heijmans & Trimbos, 306-338; Van Oenen 1969b.
[38] This was reprinted in the volume *In kort bestek*, see: Trimbos 1969.
[39] Trimbos 1962.
[40] Heijmans & Trimbos.
[41] Kennedy.

[42] Westhoff.
[43] Bakker et al., 286.
[44] Trimbos 1969; Heijmans & Trimbos, 262-342.
[45] Trimbos 1969, 57. See also: Van Krevelen.
[46] Van IJzendoorn.
[47] Trimbos 1969, 57.
[48] Kennedy.
[49] Bakker et al., 285-289.
[50] Van Rijswijk-Clerkx, 316-384.
[51] Bakker et al., 290-292.
[52] Hueting & Neij, 163-183.
[53] Dekker.

Unmarried Motherhood in Scotland during the Twentieth Century: Mother and Baby Homes

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Key Messages:

- The social acceptance of unmarried mothers and their children in Scotland has varied widely
- The social acceptance of unmarried mothers and their children in Scotland has varied widely
- Century old cultural differences between east and west Scotland influenced acceptance of the unmarried mother and her child
- Such regional and cultural differences also influenced adoption and abortion patterns
- Scottish society was more accepting of unmarried women and their children than English or Welsh society
- Mother and Baby Homes provided accommodation and healthcare for pregnant, unmarried women, who often had nowhere else to turn, and occasional married women escaping abuse
- Mother and Baby Homes were run by voluntary organisations
- Women were free to leave Mother and Baby Homes at any time, but the normal stay was between 6 weeks and 3 months before and after birth.
- Most providers of Mother and Baby Homes offered additional short-term accommodation for the unwed mother and her baby after the 3 month postnatal period if necessary
- Most women who stayed in Mother and Baby Homes and who kept their baby returned home
- Most Mother and Baby Homes did not promote abortion
- The regime in the Mother and Baby Homes was primarily non-punative

Introduction

As increasing numbers of children who were brought up in care or who were adopted seek to learn more about their past, the historic changes in the concept of the family have come under scrutiny and even be linked to broader societal changes. History about the social context of the family and the different providers of services for mothers and their babies can aid in understanding why people behaved as they did. It can also reveal how people were cared for. However, it can only accomplish these goals if it is accurate. The media highlights the victims from the past who, rightly, deserve explanations and justice. Yet the media rarely reflects on the wide variety of service providers, service provision or peoples' experiences of these services. This study focuses on Scotland's Mother and Baby Homes in their social, cultural, political and economic context during the twentieth century. Mother and Baby Homes provided health care, accommodation and food for pregnant women who lacked sufficient family or friendship support networks. Primarily, they served unmarried women. While such homes have been connected with adoption scandals, this study reveals a more complex relationship between Scotland's past and illegitimacy, as well as with Mother and Baby Homes and the mothers and infants they sought to help.

The Social and Cultural Context Surrounding Children Born out of Wedlock in Scotland

Key Points

- Regional variations in Scottish cultural attitudes towards the unmarried mother and her child corresponded with economic differences
- Historically, illegitimacy was more common in Eastern Scottish agricultural communities and Ayrshire
- Scots law concerning marriage and divorce was more liberal than English law
- Cohabitation was probably more common in Scotland than England and Wales

At the turn of the twentieth century, improving the health of the British nation and national efficiency fuelled both political and social initiatives to improve maternal and infant welfare. Politicians, social reformers and medical professionals sought to both prevent population 'degeneration' and tackle high maternal and infant mortality rates. For Scotland, this agenda included tackling illegitimacy.[1] In the run up to 1917, the Scottish illegitimacy rate was consistently higher than that in England and in 1900, on average, the rate was also higher than in most of Europe. While infant death rates declined during the first quarter of the twentieth century, they still remained high, with death rates for illegitimate births in Glasgow in 1925 being higher than the rate for legitimate births in 1875 (see Table 1). While overall these figures had decreased by 1925, they still worried the Scottish government, its public health doctors, the Medical Officers of Health (MOH), and social reformers. Similar to in many Western countries, Scotland's solution to reducing its high infant mortality rates centred on the mothers, both married and single.[2]

Table 1: Infant death rates in Glasgow per 1000 births, 1873-1925

	1873-75	**1898-1900**	**1923-1925**	**Percentage decline between columns 2 and 3**
Legitimate births	152	145	99.6	31%
Illegitimate births	285	291	167	42.6%

A. K. Chalmers, *The Health of Glasgow, 1818-1925, An Outline* (Glasgow: Glasgow Corporation, 1930), p194.

The unmarried mother posed a particular cause for concern because a high proportion of illegitimate children came to the attention of local authorities. This related to the ingrained unwillingness of Scots to enter the poor house and which left the majority of unmarried mothers trying to manage on their own or with the help of their families, and to the reforms to the Scottish Poor Law in the 1870s which left the mothers of illegitimate children ineligible for relief. Well into the twentieth century, these women and their children were dependent on families, friends and charities for survival. More so than England or Wales, Scotland relied on a range of charities to provide both health and social

care. And, charities were vital to providing health and welfare services for the unmarried mother and her child.

Equally important in the case of the unmarried mother were social attitudes towards illegitimacy. These varied considerably by area. Into the twentieth century, illegitimacy was socially accepted in some Scottish communities. Illegitimate children were absorbed into their immediate and extended family and the community without prejudice. This was more common in certain rural areas, particularly the northeast. Families helped raise an illegitimate child or a child's parents lived together without being married. The community accepted the family in the same way it did where the couple was married. Elsewhere in Scotland, illegitimacy was socially inacceptable because it broke historic and religious codes of moral behaviour. Here, the mothers of illegitimate children were more likely to have been abandoned by their families and she was left to try and support herself and her child.[3]

The varying attitudes towards illegitimacy related, in part, to legislation and the local economy. 'Informal marriages' or marriages contracted by mutual consent of the parties involved, either verbal or written, but without the intervention of Church or State, was outlawed in England in 1753 but remained legal in Scotland until 1940. In contrast, civil marriages were introduced in England and Wales in 1836, but it was 1939 before civil marriages were allowed in Scotland, coinciding with when 'informal' or 'irregular' marriages became illegal. Even then, however, ordinary people had a more flexible definition to what comprised marriage than did official codes and norms.[4] In addition, divorce was easier to obtain at an earlier date in Scotland than it was south of the border. As early as 1643, Scottish law allowed men and women to divorce on equal grounds, namely adultery or desertion. In contrast, in England and Wales, divorce was unobtainable until 1957, after which a man could only divorce his wife for adultery, while a woman had to prove desertion, cruelty, incest, rape, sodomy or bestiality. Desertion alone was not grounds for divorce. It was 1923 before England and Wales introduced gender equality in divorce. Yet while divorce was easier, earlier in Scotland, remarriage was more difficult because most Scottish churches would not marry divorced people.[5] Hence, before 1939 remarriage was often impossible until a previous partner had died, while divorce discriminated against the poor and women due to cost. Moreover, it was 1950 before Legal Aid was made available for divorce proceedings which greatly helped poorer couples. Consequently, cohabitation was probably more common in Scotland than in England and Wales and possibly more secret due to widespread disapproval of cohabitation through much of Scotland via Church channels – although the rates of cohabitation have been contested.[6] However, while the actual numbers of couples who cohabited in any of these countries are impossible to access, the numbers reported to the Registrar General between 1855 and 1939 accounted for twelve per cent of all Scottish Marriages.[7] Moreover, Scottish marriage traditions and associated legislation make more complicated both classifying an 'unmarried' mother and an 'illegitimate' child.

Economic changes also influenced illegitimacy rates and the acceptance of the unwed mother and her child. In the late nineteenth century, changing agrarian capitalism meant that unlike under the old order, unmarried farm servants now ate and slept separately from their employers. Hence, the employers' moral oversight no longer extended past working hours. Yet the nature of agricultural work required workers in the northeast and Ayrshire to regularly move jobs. With agricultural accommodation usually for groups of single men or women in farm outbuildings, incentives to marry were few.[8] Illegitimate children born in these communities were frequently raised by grandparents

who played an important role as surrogate parents so that the mother could continue agricultural work. These children were accepted into the family and little, if any, moral shame was attached to either the mother or the illegitimate child, with the child absorbed into the existing family structure.

In the northeast there was also a correspondingly high incidence of illegitimate births where the paternity was acknowledged at registration. Indeed, in Aberdeen, there were many instances of parents living together without getting married, but who readily acknowledged paternity. No moral shame was attached to such arrangements. Unlike in England, for centuries in Scotland, as in most European Countries, the law stated that if the parents of an illegitimate child later married, that child became legitimate on the marriage of the parents. Therefore, in parts of Scotland, family support networks made it possible for committed couples to have children while young, but also to continue working to save enough money for marriage. In contrast, it was 1926 before English law was changed so that a child could be legitimated by the subsequent marriage of the parents, provided that neither had been married to someone else at the time of conception.[9] Even then, take up was limited because re-registration was public, expensive and time consuming. It could also result in the child being classed as 'legitimated' rather than legitimate.[10] It was 1959 before the Legitimacy Act made legitimate all children born to unmarried parents whose parents subsequently married.

In comparison, the nature of agricultural work in parts of the Highlands and Islands did not greatly impact illegitimacy rates. Instead, marriage ages were relatively advanced. The crofters, or farmers, had to wait for fathers to die before son's acquired the land. This arrangement resulted in fewer children. Moreover, the subsistence nature of crofting meant that not only were families unable to afford to care for additional, illegitimate children, but also that abstinence outside of marriage was preferred.[11]

In the central belt of Scotland, illegitimacy and marriage followed a different pattern. In the mining and industrial areas, it was common for people to marry younger. Fertility rates were also high. While employment was not secure, the cities provided more employment opportunities than did rural communities. At the same time, however, family support networks were weaker from fear of the moral shame that an illegitimate child might bring to the family. In addition, urban migration patterns meant that for many younger people, the practicalities of family support was less than in smaller, rural communities. Nevertheless, huge urban populations made it easier to hide the fact that a woman was an unmarried mother rather than an abandoned wife or widow, particularly during and after the two World Wars. Hence, both unmarried mothers and their illegitimate children only came to the attention of authorities if they failed to support themselves and their children. In England, this type of poverty could result in the unmarried mother and her child being sent to the workhouse and in later years, moved to mental hospitals, where some unwed mothers remained in 1971. In Scotland and England, those women who managed to support themselves and their child, or who lived with the father without getting married, or where the father or family provided financial or other help probably remained officially undetected and do not appear in the statistics.[12] These regional differences in Scottish illegitimacy rates, marriage norms and any associated stigma or shame remained in Scotland throughout much of the twentieth century. During the 1950s, one-third of the illegitimate children of older women in Aberdeen were living with their cohabiting parents, with no attached shame to either parents or children.[13] And, in parts of Scotland until at least 1970, the illegitimate child was absorbed into the mothers' parental home.[14] Through the 1990s, unmarried motherhood continued to be tolerated in parts of Scotland much more so than in

most of England and Northern Ireland, where the levels were lower. Elsewhere in Scotland, hastily arranged marriages remained common in the 1970s.[15]

Table 2 provides official live birth rates to unmarried mothers in Scotland. However, not all births which would have been formally classed as illegitimate will appear in these figures. These figures suggest that after a distinctive period during the 1940s and 1950s when the illegitimacy rate in Scotland was declining, reflecting the moral climate of the time, illegitimacy rose sharply during the decade before the contraceptive pill became available to single women in 1968.[16] Table 3 provides the changing rates of illegitimate births in Scottish towns demonstrating continued regional variations within Scotland into the twentieth century, with Aberdeen in the northeast shifting from having particularly high levels of illegitimate births to comparatively low levels.[17]

Table 2: Births to married and unmarried women in Scotland, 1920-1990

Scotland live births[18]				
Year	**Total births**	**Births to married couples**	**Births to unmarried parents**	**Births to an unmarried mother as a percentage of all births**
1920	136,546	126,342	10,204	7.47
1930	94,549	87,599	6,950	7.35
1940	86,403	81,312	5,091	5.89
1950	92,530	87,693	4,837	5.20
1960	101,292	96,883	4,409	4.35
1971	86,728	79,699	7,029	8.10
1980	68,892	61,214	7,678	11.1
1990	65,973	48,100	17,873	27.1

Registrar General for Scotland, Annual Report, various years.

Table 3: Illegitimate Percentage of All Live Births as Registered in leading Scottish Towns and London, 1880, 1900 and 1950

Town	**1880**	**1900**	**1950**
Aberdeen	10.7	8.1	5.3
Dundee	10.4	8.8	6.6
Edinburgh	7.8	7.9	5.3
Glasgow	7.7	6.5	5.5
Inverness	7.3	6.3	7.6
Perth	8.8	7.2	6.7
London	3.9	3.6	7.0

Virginia Wimperis, *The Unmarried Mother and Her Child* (London: George Allen & Unwin, Ltd., 1960, Table 3, n.p.

The cultural divide between eastern and western Scotland also impacted on abortion patterns. Prior to the passage of the 1967 Act which legalised abortion in Great Britain, abortion in Scotland was

not actually illegal, but in most areas its availability was very limited, except in the northeast. Here, prior to this legislation and the NHS (Family Planning)Act 1967, which made birth control available to *all* women and which was extended to Scotland in 1968 under the Health Services and Public Health Act, abortion levels were highest in the Aberdeen region and lowest in the west and west central regions. This pattern related to the greater willingness of consultants who had been trained and who practiced in the northeast to perform abortion procedures, stemming from the greater cultural acceptance of intercourse outside of marriage and the historical acceptance of children born out of wedlock and their mothers. While by the mid-1990s the uptake of abortion had increased dramatically throughout Scotland, inter-regional differences in abortion rates remained noticeable. Abortion rates were higher for all maternal age groups in eastern Scotland than in the West or central belt.[19]

This brief summary of the social, cultural and legal differences surrounding the prevalence of and social acceptance of unwed mothers and their babies throughout Scotland suggests the difficulties in generalising about illegitimacy in Scotland or about the voluntary provision of services for these groups.

The Political Context of Illegitimacy in Scotland before the Welfare State

Key points

- The high maternal mortality rate in Scotland prompted politicians to improve maternity services
- Regulating adoption procedures has been a slow process in Britain
- The voluntary providers of Mother and Baby Homes were founded with the aim of keeping mother and baby together
- The regulation of Scottish Mother and Baby Homes was introduced decades earlier than in England
- Comprehensive state funded health care was available for unmarried women in Scotland before it was in England
- Scotland shortened its birth certificate to hide the word 'illegitimate' long before England

Scotland did not share the improvements in maternal and child health in England and Wales that were introduced by pre-World War I liberal governments and adapted postwar.[20] Nevertheless, a series of Scottish legislation was introduced to try and lower infant death rates and improve maternal health. It was within this rapidly changing legal environment that many Mother and Baby Homes first opened in Scotland, and under which they operated and in which an the unwed mother could find herself living. In 1903, the *Report of the Royal Commission on Physical Training (Scotland)* recommended significant improvements to feeding children and their environment. Considered the Scottish equivalent to the Inter-Departmental Committee on Physical Deterioration, the legislation resulted in the creation of milk depots to manage the artificial feeding of infants. In 1907, the Notification of Births Act required that all births be registered and was made compulsory in 1915

with the Notification of Births (Extension) Act, with the mother of an illegitimate baby being responsible for registering the birth.[1] In 1908, the Children's Act tackled the neglect and abandonment of children and required the registration of foster parents in an attempt to end baby-farming and infanticide. The Medical Officers of Health (MOH) certainly believed this Act was instrumental in contributing to the declining death rate of illegitimate children.[21] Starting with the 1914 National Conference on Infant Mortality, the MOsH campaigned to improve antenatal care as a method of tackling both infant and maternal health.

During the Great War, increasing attention was turned toward the health of mothers. The 1915 Midwives (Scotland) Act reflected the English 1902 Midwives Act and sought to both improve and standardize midwifery training. At the end of the war, the Maternity and Child Welfare Act (1918) empowered local authorities to borrow money for maternity and child welfare initiatives. Shortly thereafter, the 1919 Local Government Board Scotland (LGBS) replaced the Scottish Board of Health. This new Board could require local authorities to provide food and milk for pregnant women, nursing mothers and their children, and provide money for maternity and child welfare. However, despite its broad remit and the potential for action, there was little uptake, particularly in poor communities. Moreover, the post war need for economy led to delays in maternity and child welfare centres, supply of food and milk and delays in building maternity homes.[22]

The year 1919 also marks the year when the National Council for the Unmarried Mother and Her Child was founded in England with the explicit aim of keeping the unmarried mother and her child together in order to safeguard the mother from having a second illegitimate pregnancy when she realised the responsibility and cost of caring for a child. That same year in Scotland, a Circular to the Maternity and Child Welfare Act highlighted the same aim of keeping the unmarried mother and her child together. While some operators of Mother and Baby Homes, including the Church of Scotland and Salvation Army, followed this practice with this goal being central to their founding such homes, less is known about the operations of the many private lying-in homes operated by charities or a few philanthropic individuals. These homes were more common in the first two decades of the twentieth century when the 'problem' of unmarried mothers received significant public attention and before the Homes were regulated. The MOsH believed these Homes targeted unwed mothers and emphasized adoptions. These homes fade from record during the interwar years and may relate to the 1927 Midwives and Maternity Homes (Scotland) Act which mandated the licensing and inspection of all maternity homes. The Act also strengthened official control over the training and certification of midwives. These regulations were further tightened with the Nursing Homes Registration (Scotland) Act of 1938 which required greater details about the records kept about both patients and procedures. While enforcement of this legislation varied, as did the efforts of staff in encouraging women to keep their babies, this legislation provided an important first step in ensuring a basic quality of care for all mothers, including those unmarried. Such regulations also provided a stark contrast to England and Wales, where the 1974 Finer Report on One-Parent Families highlighted that no registration or inspection of Mother and Baby Homes was required in England.

[1] The father's name could only be recorded if he accompanied the mother to the registrar's office and declared himself willing to have his name added to the birth certificate or a court had determined him to be the father and therefore responsible for maintaining the baby. The compulsory registration of a birth was difficult to enforce, especially in remote parts of Scotland.

During the 1930s, Scottish attention to maternal and infant welfare increased. At the same time, an urban-rural divide in maternal and infant health and welfare services was increasingly notable, with more and better provision in the cities than in rural areas – something that the 1934 Maternal Mortality Report noted was also the case in England. To go some way to addressing maternal health, in 1936, the *Report of a Committee on the Scottish Health Services,* or the Cathcart Report, outlined the need for a unified national health policy to cover a broad range of statutory services to enhance the public health service. It also argued that the high maternal mortality rate in Scotland in comparison with other European countries and particularly England proved the necessity for the provision of a comprehensive maternity service (See Table 4). The only one of the core recommendations to be introduced before the 1948 National Health Service was the Maternity Services (Scotland) Act of 1937. The Act intended to provide state funded comprehensive health care provision for all women and was to be under local authority control. It required a midwife, GP, anaesthetists (where recommended by a medical practitioner) and a consultant obstetrician to work together to provide comprehensive and coordinated healthcare for all expectant mothers during pregnancy, childbirth and for four weeks after birth. It did not distinguish between married and unmarried women. Payment for such services was based on ability. Inability to pay was no longer a barrier to maternity care. The Act also disbarred untrained women from acting as maternity nurses, believing that this would improve care. While implementation of the Maternity Services (Scotland) Act was limited, it made some inroads into addressing maternal mortality.

The Maternity Services (Scotland) Act proved a significant challenge for the country. In 1937, the PEP *Report on the British Health Services* noted poor ante-natal supervision in Scotland compared to England. Only 35 per cent of Scottish expectant women attended ante-natal clinics, compared with 73 per cent in London and 63 per cent of expectant women in county boroughs and 36 per cent in Wales. Nevertheless, the aggregate Scottish figure was double that of English counties where only 17 per cent of expectant women attended antenatal clinics.[23] Yet in the northeast and Dundee, a comprehensive and coordinated maternity and child welfare service was introduced. And, in St Andrews, the Maternity and Child welfare centre was a model of preventive care by the late 1930s. However, in 1943, a *Report on Infant Mortality in Scotland* emphasized the lack of progress in addressing infant mortality during the interwar years and that Scotland's provision of maternity and child welfare services lagged behind that of England, with expenditure per birth in Scotland only two-thirds that in England and Wales.[24] Unmarried mothers were the women who were most likely to avoid the maternal and child welfare initiatives, unless they utilized a Mother and Baby home. Indeed, during the 1930s and 1940s, many unmarried mothers and children continued to vanish from the official records through absorption into the mothers own family and because birth registration did not require the child to be identified as illegitimate. Moreover, in many cases, the mother formally adopted her own illegitimate child in order to give the child legal rights, including inheritance rights if the mother died.

During World War II and post war, childcare options declined as women could find better paid jobs elsewhere, meaning day care was a problem for unmarried mothers without family support. There was a housing shortage and domestic service was declining, a core job for many unmarried mothers wanting to keep their child. In addition, council housing preferred married couples, thereby discriminating against single women wishing to keep their child. It was 1977 before local authorities were required to house all homeless people regardless of their background, including unmarried mothers. However, the latter were often allocated the worst housing. These factors all contributed

to a rise in adoption rates after the war. However, while the next section traces changes in adoption legislation, many adoptions were by one or both parents of the child.

Table 4: Comparative Maternal Mortality Rates (per 1,000 births), 1918-1948

Year	Scotland	England & Wales
1918	7.0	3.8
1919	6.2	4.4
1920	6.2	4.3
1921	6.4	3.9
1922	6.6	3.8
1923	6.4	3.8
1924	5.8	3.9
1925	6.2	4.1
1926	6.4	4.1
1927	6.4	4.1
1928	7.0	4.4
1929	6.9	4.3
1930	6.9	4.4
1931	5.9	4.1
1932	6.2	4.2
1933	5.9	4.5
1934	6.2	4.6
1935	6.3	4.1
1936	5.6	3.8
1937	4.8	3.3
1938	4.9	3.1
1939	4.4	2.9
1940	4.2	2.7
1941	4.7	2.8
1942	4.1	2.5
1943	3.7	2.3
1944	3.0	1.9
1945	2.5	1.8
1946	2.2	1.4
1947	2.0	1.2
1948	1.1	1.0

J. Jenkinson, 'Scottish Health Policy 1918-1948', in C. Nottingham, ed., *The NHS in Scotland: The Legacy of the Past and the Prospect of the Future* (Aldershot: Ashgate, 2000), 1-19, 18.

Adoption

Boarding out was a distinguishing feature of the Scottish Poor Law.[25] However, while boarding out and de facto adoptions had long been the practice in Scotland, these practices had also long caused anxiety amongst both social reformers and government officials. Dr A. Maxwell Wiliamson, MOH for Edinburgh, had founded the first Adoption Society in 1923 in an attempt to formalise adoption

transactions and end baby farming. However, until the Adoption Act of 1926, child adoption had no legal status in Britain. Even then, the Act only applied to England and Wales. It was 1930 before the Adoption of Children (Scotland) Act was passed. Seeking to formalise adoption transactions for the safety of the child and to prevent baby farming. It forbade any payment with respect to the adoption of a child, prohibited certain classes of persons from adopting and sought to end private adoption arrangements. It also set up an Adopted Children's Register. However, neither the English nor the Scottish Act prevented a woman giving a baby away for an informal adoption. Since then, additional legislation has been passed to try and tighten procedures for the benefits of the child and to try and completely eliminate all remnants of past activities that abused or resulted in the death of unwanted children.

The 1939 Adoption of Children (Regulation) Act sought to regularise and standardise the activities of adoption societies so that only they or local authorities could arrange adoption. It also intended to restrict advertisements for adoptive parents or sending children abroad for adoption. While it was not brought into force until 1943 due to the onset of war, it did require the registration of all voluntary adoption agencies. This same year, the Scottish Council for Unmarried Mothers was formed with the aim of dealing with issues surrounding the difference in legislation and its administration in Scotland compared with England. World War II only highlighted the need to address adoption law in both England and Scotland, particularly for the sake of unmarried mothers and their children without financial support.

While in Scotland, a shortened birth certificate which omitted the parents' marital status and hid the word 'illegitimate' or 'adopted' had been available since 1919,[2] it was 1947 before England allowed shortened birth certificates. In 1949, the Adoption Act made adopted children the inheritors of their adopted parent's estate rather than their birth parents, while also requiring that all adoptions be sanctioned by law and would-be adopters assessed. In addition, a mother could no longer consent to adoption until the child was six weeks old, provided she was capable of giving consent. And, a three month probationary order under local authority supervision was required before an adoption order could be granted. However, it was 1964 before the Succession (Scotland) Act provided that the adopted child could be treated as the child of the adopter, not any other. This was only revised in 2005.

Additional legislation through the Adoption Act 1958 consolidated the Adoption Act 1950 and the Children's Act 1958. It gave local councils the authority to arrange adoption for children who were not in their care as well as those who were. It regulated requirements for adopters, the requirements for adoption agencies and the procedure that was to be followed when making or appealing a court decision. This Act also confirmed the Adoption Act 1950 which envisaged and permitted the mother of an illegitimate child to adopt her own child. The 1976 Adoption Act and the 1978 Adoption (Scotland) Act replaced the 1958 Act throughout Britain and made the use of an adoption agency a requirement. From this time, adoption records were required to be more complete and detailed. The 1978 Adoption (Scotland) Act made it the duty of every council to provide approved adoption services to meet the needs of children who have been or may be adopted, parents and guardians of these children, and people who have adopted or who may adopt

[2]The information was still recorded for official purposes. People born before 1919 could ask for the word 'illegitimate' to be removed from their birth certificate.

a child.[26] It was 1988 before all English councils were required to provide adoption services and 2000 before council provision came under the same inspection regime as voluntary adoption agencies through the Care Standards Act. The Adoption and Children (Scotland) Act 2007 repealed the 1978 act and provided additional support and guidance for all those affected by and involved in an adoption. It was the late twentieth century before the adoption process provided significant support for the unmarried mother. Throughout much of the century, women who for any reason put a child up for adoption had little guarantee about the process or safety of their child. Since the peak in the late 1960s, the number of adoptions in Scotland has been declining, as evident in Table 5.

Table 5: Adoptions and re-registrations in Scotland, 1946-1995

Year	Number of adoptions	Number of re-registrations[a]
1946-50	1862	636
1951-55	1453	467
1956-60	1364	364
1961-65	1775	352
1966-70	2129	619
1971-75	1768	781
1976-80	1423	710
1981-85	1080	791
1986-90	932	1132
1991-95	749	1168

[a] The primary reason for re-registering a birth was to add the father's name to the birth certificate
Source: *Registrar General for Scotland, Annual Report 1996*

State Welfare and the Unmarried Mother

Key Points:

- State welfare for unmarried mothers and their children lagged behind healthcare
- Welfare benefits for unmarried mothers and their children have gradually improved since 1948, although discrimination remains in certain areas, particularly housing
- Conservative rhetoric about unmarried mothers did not match social attitudes

While during the 1930s, Scotland had increased the health services available to unmarried mothers, social welfare was different. When in 1942, William Beveridge wrote his report on social insurance that went on to influence the construction of the post-war British welfare state, he recognized the widespread poverty amongst unmarried women and divorced and deserted wives as well as their lack of access to public support. He also recommended that the government investigate the ways in which the state could support unmarried mothers. The initial welfare state did not provide full support for unwed mothers, nor did it implement Beveridge's recommendation for further investigation into the best methods the state could adopt for supporting unmarried mothers and

their children and nor did it seriously consider providing a benefit specifically for them. Nevertheless, the health, social services and social security system of the post war welfare state provided better state support for unmarried mothers and their children than had been available earlier.

The foundation of the National Health Service (NHS) in 1948 provided all mothers and children with free healthcare. In addition, all employed women could claim sickness benefit. And, unmarried mothers were eligible for the same maternity grant as married mothers. The Maternity Allowance paid all mothers from £4 - £12.10s plus thirteen weeks of maternity benefit at 36s per week.[27] This meant that no longer did unsupported pregnant women need to work almost until childbirth and which was perceived to contribute to higher than average death rates from childbirth for unmarried mothers and their children in infancy. In addition, both sickness and maternity benefits could be supplemented in cases of need by the National Assistance Board (NAB). Yet, Maternity Allowance was means tested. Not only was this demeaning, it disqualified women suspected of living with a man. In order to enforce the regulations, the NAB regularly visited, which many women found intrusive and belittling.[28]

Other benefits included that no longer were women required to register for work in order to claim means-tested assistance. While in 1948 these benefits were called National Assistance, they were renamed Supplementary Benefits in 1966 and Income Support in 1988. Moreover, both the eligibility rules for benefit and the levels of benefit became nationally uniform for the first time, providing a notion of equality. In addition, the household means test was abolished. This greatly benefitted unmarried mothers as they could live with their parents and still claim benefit.

Responsibility for social care was divided between the central state and local authorities. However, local authorities did not need to provide social care 'free at the point of need'. The 1948 Act made local authorities responsible for providing lodgings for the homeless. However, it did not stipulate that facilities for unmarried mothers and their children should be separate from that of other homeless people. While Mother and Baby Homes, hostels and voluntary services went some way towards filling this gap, there was only a temporary arrangement. It was 1977 before local authorities were required to house all homeless people regardless of their background, including unwed mothers. Even then, discrimination occurred as many authorities preferred married couples or allocated the unmarried mothers the worst housing. The situation of unmarried mothers was not helped by the tabloid press and some Conservative politicians who pilloried unmarried mothers for taking up housing. For example, in 1988, Prime Minister Margaret Thatcher accused young girls of becoming pregnant simply to get a house and benefits without understanding that the reason there were more unmarried women were in council houses in the 1980s than earlier was because they had previously been excluded.

Despite negative conservative rhetoric, by the 1970s and 1980s social attitudes towards unmarried mothers had changed. The rising levels of unmarried cohabitation during the 1960s and 1970s, as well as the rising number of illegitimate births that were jointly registered by unmarried parents indicates a changing social acceptance of childbirth outside of wedlock. And, in 1987, the term 'illegitimate' was by law removed from official discourse. However, by this time, the Mother and Baby Homes in Scotland had closed.

Scottish Mother and Baby Homes

Key points

- Most Mother and Baby Homes run by religious affiliated organisations
- The Homes were located in the big Scottish cities
- Few records remain from these Homes
- Women usually stayed between 1-3 months before and 3-4 months after confinement
- The regime in the Homes was predominantly non-punitive
- Only one home (Perth) was formally tied to adoption

It is within this complex social and political process and mixed economy of health and welfare that Mother and Baby Homes operated in Scotland. The early twentieth century Scottish emphasis on keeping the mother and child together persisted through mid-century. In 1943, the Ministry of Health issued circular No. 2866 on the Care of Illegitimate Children to all local authorities. Two years later, the Ministry reported that 81 per cent of such children remained with their mothers, but argued there was room for improvement.[29] In 1952, and influenced by Psychoanalyst John Bowlby and his work on attachment theory,[30] the British Medical Association reiterated the view that the illegitimate child should remain with the mother. Most Mother and Baby Homes seem to have adopted that goal as their initial mantra. However, they also had to respect the mother's wishes and sometimes those of her family. The latter was particularly awkward during the 1960s and 1970s when adoption rates throughout Britain rose and some women were pressurised in to placing their baby for adoption, often by families, but also by staff in certain Homes, adoption and social services. This section seeks to provide an overview of the Mother and Baby Homes, including their location, dates of operation (when feasible), who operated them and their regime. The data is inconsistent. Much of the information about these homes and their operation was not written down and the information remained only with the matron. Due to the nature of the births and in some cases adoption, the home's records were frequently destroyed after mother and baby left. Perhaps the most complete information comes from the Salvation Army who operated twenty homes throughout Britain.

The term Mother and Baby Home has changed through the course of the twentieth century. In the early years of the twentieth century they were called maternity homes, during the First World War this switched to Mother and Children's Homes. In 1920, the Salvation Army's Homes were renamed Homes for Mothers and Infants, which remained in use until after World War II. Postwar, the homes were simply called Maternity Homes until 1976 when Mother and Baby Home became standard for the Salvation Army Homes. Homes run by other providers, including the Church of Scotland, used similar names, Maternity Home, Home for Unmarried Mothers and lastly, Mother and Baby Home, which became standard by the end of the Second World War. Despite the different names, these homes provided similar services, namely shelter and maternity care for unmarried mothers and their new-born infants who either could not or would not turn to family and friends. Mothers usually entered the homes when their pregnancy became very apparent, at about six months pregnant, had

their baby either at the home[3] or in a hospital and returned/stayed at the home for one to three months afterwards. Sometimes they remained longer if a mother had nowhere else to go, or she moved to a hostel or home where unwed mothers and their children could stay for a short while and which was frequently operated by the same charity as the Mother and Baby Home.

From the interwar years, religious groups were the primary operators of Mother and Baby Homes, including the Salvation Army, the Church of Scotland, the Episcopal Church of Scotland and the Roman Catholic Church. However, a few independent voluntary providers remained with Richmondhill House (formerly Aberdeen Mother and Baby Home) being the most notable. The Homes closed in the 1970s and 1980s due to the increased options available to unwed mothers and changing social attitudes towards unmarried mothers. The Salvation Army was one of the last to formally end its maternity work with single mothers in 1982 with the Catholic operated St Gerard's being the last to close its doors in 1985.

Table 6 lists the known Mother and Baby Homes operating between 1920 and 1990 and where known, their dates of operation. Some of these homes changed names over the years and moved addresses. The name changes have been included in the same listing rather than as a separate listing.

Information on the destination of the mothers and their babies after leaving the homes is also incomplete. Of the homes, only regular data from the Salvation Army Homes remains. However, as they operated more homes than any other provider in Scotland, with three homes, their data is presented in Tables 7-10 as it provides a rough idea of destination patterns of mothers and babies. They highlight the decline in domestic service as a destination for mothers with their baby and which corresponds with a rising number of women going home. However, correlation does not necessarily indicate a positive relationship. Table 11 provides a broader snapshot of destinations of mothers and babies from 1970-72.

The length of stay in Salvation Army homes varied for mothers. There is no specific data for the babies, but they left the home within a day or two of their mothers. Table 9 provides detail on the length of stay for mothers before the birth and Table 10 the length of stay after birth.

[3] The Salvation Army Homes delivered babies either in their homes or in another building on site.

Table 6: Mother and Baby Homes in Scotland between 1920-90

Location	Operator	Name – including name changes for the same home	Dates of operation	Length of Stay Before Confinement[4]	Length of Stay After Confinement	Additional information
Dundee	Salvation Army	Seafield Lodge Cidhmore Clement Park House (Florence Booth House from 30 April, 1929)	1919-27 1928-29 1928-70	Varying	3-4	30 Beds
Dundee	Episcopal Church	St Ronan's	1924-1973/74	1-7	3	18 Beds
Glasgow	Salvation Army	Ardenshaw Homeland 1 Homeland 2 (32 beds) The Knowe Cleveden House (Fraser of Allander House from 22 Nov. 1968) (28 Beds)	1920-21* 1920-36 1936-64 1940-47^ 1949-82	Varying	3-4	*Ardenshaw opened in 1901 as a rescue home and became an industrial home in 1920. Until Homeland opened it also served as a maternity home. ^In 1947 the Knowe was also a Hostel for Mothers with Children and had a capacity of 19. It was intended as temporary, longer term accommodation for women who had been through one of the Salvation Army maternity homes. It had a day-nursery so that

[4] The figures for length of stay were those provided by the homes.

						mothers could go to work
Glasgow	Church of Scotland	Herbert Street Lansdowne Crescent St. Andrew's Drive Sutherland Ave.	1915-1923 1924-1943 1944-57 1957 – 1974	3	2	17 Beds Closed temporarily in 1973 due to staff shortages
Glasgow	Eventually run by the Scottish Council for Unmarried Mothers	Atholl House	1925-1970s	At least 6 weeks	At least 6 weeks	Longer stays possible after the birth; up to a year if mother keeping baby
Bishopton	Roman Catholic Church (Convent of the Good Shepherd)	St. Gerard's	1928-85	Usually from 3-6 months total – before and after birth		24 Beds
Aberdeen	Voluntary Committee of Women's Organisations in Aberdeen	Aberdeen Mother and Baby Home (or Richmondhill House)	Closed 1973/74	1.5	1.5	22 beds Amalgamated with Aberdeen Association of Social Services to provide broader care for unsupported mothers
Edinburgh		Home for Mothers and Babies, Claremont Park	1924-1970s			By 1971 had waived requirement that women return to the home after giving birth, so home more popular than others
Edinburgh	Salvation Army	Bonnington Bank House Tor	1920-47 1948-70	Varying	3-4	 24 Beds
Edinburgh		St Luke's Home Lauriston Home	1899-1905 1905-34			

		with Subsidiary Mother and Infant Home Haig Ferguson Memorial Home	1912-18 and 1918-19? 1934-1974			
Perth	Perth Factory Girls Club and Training House for Servants, then National Vigilance Association Scotland (NVAS from 1939) then Family Care	Melville House Girls Hostel and Adoption Society	1929-72			Registered adoption agency. Provided other services and seems to have only been mother and baby home for girls planning to have baby adopted. Gained international reputation in adoption.

Notes: In addition to the Mother and Baby Homes, many of these providers also operated Rescue Homes which sometimes accommodated unmarried mothers and the Magdalene Institutions also took some pregnant unmarried women for the earlier part of this period. Those homes included in the table are only those whose primary purpose was to be a Mother and Baby Home. This table also does not include flatlets where unmarried mothers could live with their babies – primarily in the 1960s and 1970s, including the YWCA, Castlehill Housing Association, the Church of Scotland, the Salvation Army via the Knowe and the Catholic Church. Gaps in data meant it was unobtainable. A '?' means the date was either inferred and a '/' indicates two dates were found, but no confirmation of an exact date was identified.

Sources: Anne Ashley, ed. *Illegitimate Children and their Parents in Scotland* (Edinburgh: SCUMC, 1955), 26-27; Salvation Army International Heritage Centre, *Girls Statement Books (Country)*, various years; J. Greenlees, 'The Peculiar and Complex Female Problem': The Church of Scotland and health Care for Unwed Mothers, 1900-1948', in J. Greenlees and L. Bryder, eds., *Western Maternity and Medicine, 1880-1990* (London: Pickering and Chatto, 2013), 47-63.

Table 7: Destination of mothers who stayed in Scottish Salvation Army Mother and Baby Homes[5] (by percentage)

Year	Situation[6]	Home	Friend or Relative	Hospital	To Putative Father	Other
1921	53	22	16	3	3	2
1931	47	34	16		1	3
1941	48	35	8	4	3	2
1951[7]	49	44			1	6
1961	14	70	8	2		6
1971	3	85	7			5

The International Heritage Centre, Salvation Army, *Girls Statement Books (Country),* various years.

Table 8: Destination of babies born to unwed mothers who stayed in Scottish Salvation Army Homes (by percentage)

Year	Adopted, Nursing/ Foster Mothers[8]	With Mother	Died/stillborn	Hospital	Other
1921	47	34	12	3	4
1931	39	49	6		5
1941	38	36	16	3	7
1951	59	33	6	1	1
1961	67	28	3	1	1
1971	69	23	3	4	1

The International Heritage Centre, Salvation Army, *Girls Statement Books (Country),* various years.

[5] My thanks to Major Kevin Pooley, Social Historian for the Salvation Army, for the data on the Salvation Army Homes in Scotland.

[6] Most situations found for the women leaving Salvation Army Homes were in domestic service, but some went to hospitals, hotels and occasionally an upper-class household.

[7] From 1951, 'address only' destinations became more numerous and hence, it was harder to categorize between home and situation

[8] Included in this category are those babies who were adopted direct from the home or sent to nursing/foster mothers, children's homes or into local authority care. It is unclear what such placements represent or if they were permanent. Nursing/foster mothers is especially difficult because while this could be a stepping stone to adoption (formal or otherwise), a Homes' officer was required to keep in touch with the women for at least three years after discharge. Intermittent surviving records show that some women worked to support their children, maintained contact with them or even reclaimed them entirely (much of this information is for the period pre-1948).

Table 9: Length of stay by mother before birth in Scottish Salvation Army Mother and Baby Home: number of days

	1921	1931	1941	1951	1961	1971
Min	0	0	1	0	0	9
Mean	70.2	69.4	64.7	58.5	65.4	65.1
Median	63.0	68.0	57.0	50.0	55.0	54.0
Max	210	183	184	190	223	189

The International Heritage Centre, Salvation Army, *Girls Statement Books (Country),* various years.

Table 10: Length of stay by mother after giving birth in Scottish Salvation Army Mother and Baby Homes (number of days)

	1921	1931	1941	1951	1961	1971
Min	15	16	29	22	0	26
Mean	162.5	187.8	202.4	118.7	58.9	92.5
Median	177	187	200	101	50	83
Max	387	446	366	382	997	308

Note: If a baby was put up for adoption, both mother and baby left the home within one or two days of each other.

Table 11: Destination of Mothers and Babies from Scottish Mother and Baby Homes 1970-72

Home	Numbers admitted	Babies fostered and/or adopted	Babies kept by mother	Mothers left before baby born	Stillborn	Miscarriage	Baby died shortly after birth	Proportion of babies adopted	Other information
Lansdowne House, Glagsow	189	122	53	13	1			65%	2 who left before baby born got married; All those discharged from LH went home, either straight from LH or from the LH flat for new mothers
St Gerard's, Bishopton	199*	98 (2 privately by aunt)	78	6	14		3	49%	5 married, 2 of which the father and all kept baby; 1 mother died pre-birth; most wen home, with 3 to living in job with baby and 1 to flat in Dundee; *1 woman admitted for temporary shelter with her 3 children – no birth and not included in numbers admitted
Haig Ferguson Home, Edinburgh (1970-71 only)	76	53	20	1				70%	1 married woman left to return to husband; 1 woman returned to the Andrew Duncan clinic;[9] one mother discharged with baby despite 1st baby dying from suspected maltreatment
Richmondhill House, Aberdeen	128	61	45	15			2 (twins)	48%	1 adoptive mother came to learn mothercraft; 3 admitted with babies and/or 5 yr old for 1-3 months; 1 baby in special care
Claremont	176	121	38	17	1	1	1	69%	5 who left before baby born got

[9] The Andrew Duncan Clinic was a psychiatric unit which is now part of the Royal Edinburgh Hospital.

Park, Edinburgh									married
St Ronan's, Dundee (1970-71 only)	62*	33	25	3				53%	1 who left married father; 1 baby taken from mother and given to father; 1 divorcé came to home for a month with 10 mo. baby
Levenhall, Musselburgh	61	42	13	5	1		1	69%	1 baby adopted by grandparents; 4 left to marry putative father
Atholl House, Glasgow	196	107	65	21				55%	13 women living with or marrying putative father; 2 extra marital affairs – 1 husband refused baby so adopted, other took her home; 2 putative father already married, one helped maintain mother and baby; 1 grandmother wanting to adopt baby

Notes: Not all homes distinguished between fostering and adoption and some records were unclear, so these figures have been grouped together for clarity. The quantity and type of 'other information' also varied by home. Records for St. Gerard's Bishopton ended in July 1972. Figures from other homes include Jan 1970-December 1972.

Source: Glasgow Caledonian University (GCU) Archives, One Parent Families Scotland.

Regime

The regime in the Mother and Baby homes is difficult to determine and probably varied considerably between providers and over time as different matrons held different priorities. However, for the most part, the regime in the Mother and Baby Homes does not appear to have been intentionally punitive, although some women found it so. Only snapshots remain from different home operators. The Salvation Army maintains that the regime in all its homes would have been similar due to the structure of the organisation. The Women's Social Work (WSW) wing was in charge of the Mother and Baby Homes, as well as other social work centres. It operated as a self-contained unit, but under strict, written guidelines that sought to standardise every area of work undertaken by the WSW. The Salvation Army's *Orders and Regulations for Social Offices (Women),* from 1916 stated that 'In exceptional cases, however, it will be found desirable to procure adopting parents for homeless children. These may be – (i) Orphans and (ii) The illegitimate children of women who have been taken charge of by The Army, and who are unable to bear the burden of their support. All such cases must be the exception and not the rule…'[31] The WSW Supervision was regular and senior officers regularly visited the homes. The regulations, and indeed the ethos of the Salvation Army, were to provide non-judgemental care and support for the women and their baby. Interviews with former residents confirm the non-punitive regime and the fact that Officers' did not try and force adoption, even in later years, although adoption rates did still increase.[32]

Lansdowne House, the Church of Scotland's Glasgow Home, was also non-punitive, as evidenced by the regular return of former residents to the Home to visit the matron and who often brought their baby with them. If their experience had been in any way unpleasant, it is unlikely that they would have returned or maintained contact with the matron.[33] Adoption was never formally part of their social policy, but adoption rates in their Home increased in the late 1930s, with nearly half the babies born in the Home in 1939 being adopted, while in 1940 just over one-third of babies born went home with their mother.[34] The rising adoption rates then and post war may simply relate to the women's individual circumstance. Moreover, the fact that the women frequently maintained contact with the matron suggests that she probably encouraged the women to make their own decisions rather than trying to impose her will upon the client. Family pressures to have a baby adopted may also have contributed to rising adoption rates.

Less is known about the regimes in other homes. However, blog posts by women who were resident in St Gerard's Mother and Baby Home in Bishopton during the late 1960s suggest that the women were well treated, despite a fairly strict regime and sometimes being expected to work in the laundry.[35] The Good Shepherd nuns who operated the home also operated a complex which included the Dalbeth Approved School and St Euphrasia's Training Centre which operated a laundry. The women in these different homes did not mix. Some women remembered their time at St Gerard's fondly, particularly the friendships made and the care provided by the nuns, while others found the regime punitive.[36] At St Ronan's in Dundee, some women felt pressurized to put their baby up for adoption.[37] It is unclear whether these accounts are the exception or the rule. However, what is clear from the blog posts and testimonies of women who were in the Mother and Baby Homes during the 1960s and 1970s, as well as the records of One Parent Families, Scotland, was that family support was central to their being able to keep their baby. Familial pressures could also persuade or force a young mother to put her baby up for adoption. Hence, the role of Mother and Baby Homes in adoption is complex because it is unclear whether families were influencing the

Home's actions. Moreover, the lack of available information has left many women and children needing help to resolve their past in relation to adoption. Only when a full investigation is made of Scottish Mother and Baby Homes and adoption in Scotland, particularly during the 1960s and 1970s, will the full relationship between Mother and Baby Homes and adoption become clear.

In 1973, the Annual Report of the Scottish Council for Single Parents noted that at end of that year, there were seven Mother and Baby homes in Scotland with a total of 104 beds; compared with 12 homes and 242 beds in July 1969 when survey started.[38] This was also the year of the Council's name change from the Scottish Council for the Unmarried Mother and her Child. The latter was deemed no longer appropriate or reflective of the services provided. By this time too, the Mother and Baby Homes were struggling to find suitable staff to run the homes. Both the Homes and the Scottish Council for Single Parents were noting the need for more flexibility in helping single parents. By this time too, social attitudes towards unmarried mothers had changed and greater state support was available for a woman seeking to keep her child, but who did not have the support of her family or that of the putative father.

Conclusion

While Scottish attitudes towards unmarried women and their children have changed considerably during the course of the twentieth century, there is not, nor has there been, a consistent 'Scottish' attitude towards childbirth outside of marriage. The regional patterns of acceptance or judgement of the unwed mother and her children have persisted through the centuries. While overall, social attitudes in Scotland are more accepting of both the unwed mother and her child today than they were one hundred year ago, moral codes and associated pressures still remain in some families.

For the first three quarters of the twentieth century, Mother and Baby Homes provided shelter and healthcare for both unmarried mothers and their children and formed part of the complex matrix of health and welfare provision in Scotland. However, by the late 1960s the Homes struggled for staff, while the group of women for whom the Homes had been planned, no longer wanted to or had a social or financial need to utilize Mother and Baby Homes. The patchwork of surviving records from Scottish Mother and Baby Homes suggests that by the time the homes closed in the 1970s and 1980s, about half the women kept their babies, while the other half put the baby up for adoption. Those women who kept their baby usually returned home, with some marrying the putative father. However, throughout the twentieth century, family support was an important factor in enabling women to keep their baby, including for acceptance of themselves and their baby and with practical financial support.

While the regime in Mother and Baby Homes was primarily non-punitive, with staff seeking to help the mother decide her own course in life and while many women remembered fondly the care provided and the friendships formed, other women were less happy. Some of these women left the Home before the baby was born or did not return to it after giving birth. Yet for those women who returned to the Home with their baby, if they had nowhere else to go or sought independence, many of the voluntary agencies who ran the Homes also provided additional services and accommodation,

including childcare to allow the mother to work.[10] Hence the experience of unmarried women having children in Scotland has been diverse and Mother and Baby Homes provided only one part or one type of experience. Further research is needed if Scotland is to fully understand the role of the Mother and Baby Home in the lives of unmarried women and their children and for those affected by adoption, to comprehend their heritage.

[10] This was more common immediately after World War II.

[1] The term illegitimacy was removed from official discourse in 1987. The term 'illegitimate' is used in this document in the context of the time under discussion.
[2] S. Koven and S. Michel (eds), *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (London: Routledge, 1993); J. Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London: Croom Helm, 1980), p. 35: M. Ladd-Taylor, *Mother-Work: Women, Child Welfare and the State, 1890-1930* (Urbana, IL: University of Illinois Press, 1994).
[3] J. Greenlees, 'The Peculiar and Complex Female Problem': The Church of Scotland and Health Care for Unwed Mothers, 1900-1948', in J. Greenlees and L. Bryder, *Western Maternity and Medicine, 1880-1990* (London: Pickering and Chatto, 2013), 47-64, 50-52.
[4] Eleanor Gordon, 'Irregular Marriage: Myth and Reality', *Journal of Social History,* 47, 2 (2013), 507-25.
[5] Pat Thane, *Happy Families: History and Family Policy* (London: British Academy, 2010), 20.
[6] Gordon, 'Irregular Marriage', 515. For a rebuttal of cohabitation, see Rebecca Probert and Samantha Callan, *History and Family: Setting the Records Straight,* A rebuttal to the British Academy pamphlet, *Happy Families?* (London, Centre for Social Justice, 2011).
[7] Morison Report, Evidence of Andrew Froude, *Registrar General of Scotland,* as cited in Gordon, 'Irregular Marriage', 514.
[8] Andrew Blaikie, 'Scottish Illegitimacy: Social Adjustment or Moral Economy?', *The Journal of Interdisciplinary History,* 28-9, 2 (Autumn, 1998), 221-41.
[9] Pat Thane, 'Unmarried Motherhood in Twentieth-Century England', *Women's History Review,* 20, 1 (2011), 11-29, 22.
[10] Ginger Frost, '"Revolting to Humanity": Oversights, Limitations and Complications of the English Legitimacy Act of 1926', *Women's History Review,* 20, 1 (2011), 31-46.
[11] Blaikie, 'Scottish Illegitimacy', 229-30.
[12] Thane, 'Unmarried Motherhood', 21.
[13] Pat Thane and Tanya Evans, *Sinners? Scroungers? Saints?: Unmarried Motherhood in Twentieth-Century England* (Oxford: Oxford University Press, 2012), 89.
[14] S. Weir, *A Study of Unmarried Mothers and their Children in Scotland,* Scottish Health Studies Series, 13 (Edinburgh, 1970), 86.
[15] L. Jamieson, 'Changing Intimacy: Seeking and Forming Couple Relationships', in L. Abrams and C. G. Brown, eds., *A History of Everyday Life in Twentieth-Century Scotland* (Edinburgh: Edinburgh University Press, 2010), ch. 3.
[16] For a brief discussion of illegitimacy statistics, see Callum Brown, 'Charting Everyday Experience, in Lynn Abrams and Callum G. Brown, *A History of Everyday Life in Twentieth-Century Scotland* (Edinburgh University Press, 2010), 19-47, 20-23.
[17] Explanations for this are unclear, but it could well relate to the greater ease of abortions in the Aberdeen area.
[18] *Registrar General for Scotland, Annual Reports,* various years.
[19] M. G. A. Wilson, 'Two Decades of 'Legal' Abortion in Scotland: A Spatio-temporal Analysis', *Scottish Geographical Journal,* 116, 1 (2000), 1-23, esp. 10-11.
[20] For more on these differences, see: Pat Thane, *The Foundations of the Welfare State* (London and New York: Longman, 1982); G. McLachlan (ed.), *Improving the Common Weal: Aspects of Scottish Health Services, 1900-1984* (Edinburgh: Edinburgh University Press, 1984), pp. 413-30; Jacqueline Jenkinson, *Scotland's Health, 1919-48* (London: Peter Lang, 2002), pp. 153-219. Long-term, however, Scotland did enjoy health improvements. See M. McCrae, *The National Health Service in Scotland: Origins and Ideals, 1900-19560* (East Linton: Tuckwell Press, 2003).
[21] A. K Chalmers, *The Health of Glasgow, 1818-1925, An Outline* (Glasgow: Glasgow Corporation, 1930), p. 195.
[22] Jenkinson, *Scotland's Health,* 259.
[23] Jenkinson, *Scotland's Health,* 171.
[24] Jenkinson, *Scotland's Health,* 212, 214.
[25] However, there are indications that boarding out might also have happened in parts of England.
[26] Adoption (Scotland) Act 1978. http://www.legislation.gov.uk/ukpga/1978/28/section/1.
[27] Thane and Evans, *Sinners? Scroungers? Saints?,* 107.
[28] Thane, 'Unmarried Motherhood', 21.
[29] Dr Dorothy Taylor, as quoted in V. Wimperis, 'The Unmarried Mother and Her Child', p. 237
[30] John Bowlby, *Maternal Care and Mental Health* (WHO, 1951).
[31] The Salvation Army, *Order and Regulations for Social Officers (Women),* 1916, p. 171.

[32] Interviews conducted by the Salvation Army and held at their International Heritage Centre, London. Information provided by Major Kevin Pooley, Social Historian of the Salvation Army.
[33] Greenlees, 'Peculiar and Complex Female Problem'; *Annual Reports of the Committee on Social Work to the General Assembly of the Church of Scotland,* various years, eg. 1929, p. 799; *Report of the Committee on Social Service,* 1957, 311-12.
[34] Greenlees, 'Complex and Peculiar Female Problem', 58.
[35] http://www.talkingscot.com/forum/viewtopic.php?f=36&t=7091&start=10 [last accessed 29 Oct. 2015]
[36] http://discuss.glasgowguide.co.uk/index.php?showtopic=20368 [last accessed 29 Oct, 2015] and http://www.talkingscot.com/forum/viewtopic.php?f=36&t=7091&start=10
[37] http://www.dailyrecord.co.uk/news/scottish-news/cancer-mum-never-stop-looking-6050522. July 2015 [last accessed 29 Oct. 2015]
[38] Glasgow Caledonian University Archives, *Scottish Council for Single Parents, 29th Annual Report,* (Edinburgh, 1973), 16.

Chapter 38: Addendum to Burials report

Introduction

38.1 The Commission's 5th Interim report, which was finalised in March 2019, described all that the Commission then knew about the burials of children who died in the main mother and baby homes. Since then, a number of individuals and organisations have contacted the Commission with information and submissions about the issues raised. Most of the information provided was already known to the Commission or is entirely anecdotal and impossible to prove. With the exception of the report on Sean Ross, there is very little extra known to the Commission about infant burials. The Commission remains convinced that there are people who have further information but they have not come forward.

Sean Ross

38.2 In its 5th Interim Report, the Commission stated in respect of Sean Ross:

> There is a designated child burial ground in the grounds of the institution. The Commission was made aware of concerns about this burial ground and decided to undertake a geophysical study and subsequently a test excavation of the site. The results of this excavation are currently being examined.

38.3 The Report of Forensic Archaeological Investigations at Sean Ross Abbey Mother and Baby Home was completed in September 2019 and is published in full as an Appendix to this chapter. The following paragraphs give a very brief summary of the report:

38.4 The objective of the forensic archaeological investigation was to establish if human remains were present at the designated child burial ground and, if so, had these remains been disturbed by potential later insertion of utilities or drainage works at this location.

38.5 The investigation commenced with the least intrusive methods to inform a subsequently more intrusive, targeted test-excavation. A desktop review was conducted which surveyed historical mapping, aerial photography, and Tipperary County Council planning files that were relevant to the site. A geophysical survey took place in January 2019 and an independent inspection of the existing drains in proximity to the site was conducted in February 2019. The test excavation took place in February and March 2019. Seven trenches were opened during the test

excavation, representing about 10% of the total available area within the designated burial ground.

Human remains

38.6 Buried infant human remains were located during this excavation; all individuals were less than one year old. The skeletal remains of 21 individuals were uncovered. The remains of a further 11 coffins, indicating undisturbed burials, were evident. Four potential grave cuts were also identified and at least six individuals were identified through disarticulated skeletal remains. Therefore, the potential minimum number of possible individuals identified through the test-excavation was 42.

38.7 Coffins or evidence of coffins were located with the majority of skeletal remains (84%). Burials appear to have some organisation, in terms of layout, and there appears also to be concentrations of interments in particular locations within the burial ground. A number of the coffins appear to have been painted white. There were no coffin or name-plates in evidence.

38.8 Radiocarbon dating of 13 samples of skeletal remains provided estimated dates-of-death for those individuals in the 1930s, 1940s, 1950s and 1960s, the time of the operation of the mother and baby home in Sean Ross.

38.9 The Commission is satisfied that the report provides clear evidence that the coffined remains of children under the age of one are buried in the designated burial ground. There can be little doubt that they are the remains of children who died in Sean Ross. Without complete excavation it is not possible to say conclusively that all of the children who died in Sean Ross are buried in the designated burial ground. The Commission does not consider that further investigation is warranted.

Disturbance of remains by drainage

38.10 An independent survey of the waste-water drains in the vicinity of the burial ground was conducted by a drain specialist. This survey found that there had been upgrading and redirection of some pipe work in close proximity to the burial ground. This correlated with information from council planning files that saw the rerouting of waste water into a newly inserted main drainage pipe in around 1996. A salt glazed ceramic pipe was found on the geophysical survey and in the drain

inspection survey that skirts the southern corner of the site. The drain inspection found this pipe to be now defunct. A more modern junction had been inserted to the northwest that reroutes this drainage to run parallel with the burial ground toward the northeast where it eventually joins the local drain network to the north of St Anne's Sean Ross Abbey building complex.

38.11 The evidence indicates that the human remains that have been uncovered were not disturbed by the insertion of drainage works, field-drains or waste-water pipes.

Bessborough

38.12 The Commission remains perplexed and concerned at the inability of any member of the Congregation of the Sacred Hearts of Jesus and Mary to identify the burial place of the children who died in Bessborough. The concern of the congregation about marking the graves of the children who died in Castlepollard (see below) does not seem to have applied to the children who died in Bessborough.

38.13 A number of people and organisations have made suggestions about possible locations for children's graves both in the area which is currently part of the Bessborough estate (roughly 60 acres) and in areas which were sold in earlier years (the total area was once about 200 acres). During 2019, the Commission followed up on some of these suggestions.

38.14 In April 2019, the Commission's solicitor and archaeologist walked the grounds of Bessborough with a man who had lived nearby. He pointed out the area in the grounds where he believes he saw a graveyard marked with white crosses. He subsequently swore an affidavit setting out his recollections. A similar exercise was conducted in October 2019 with a man who had played in the grounds as a child. He pointed out an area where he said he had seen open graves with the bodies of young children exposed. This was marked on a map and he subsequently swore an affidavit to this effect.

38.15 Also in April 2019, a man who had done building work in Bessborough in 2008 told the Commission that there was a cavern/chamber underneath the church on the site. The work had been carried out on behalf of the HSE so the Commission issued a direction to the HSE seeking minutes of the meetings between the HSE and the builders involved in the site. These minutes were provided by the HSE in

August 2019. The minutes note that the space was referred to as an underground tank and was found to contain water and petrol-contaminated silt. It appears there was no archaeological significance to the tank.

38.16 A detailed submission was received from the Cork Survivors and Supporters Alliance in March 2020. This dealt with two aspects of the Commission's 5th Interim report - the law on burials (see below) and the issue of the Bessborough burials. The submission dealt in considerable detail with the available mapping of the Bessborough estate, the interpretation of that mapping and its potential to identify possible burial grounds.

38.17 The Commission and its forensic archaeologists had been aware of all these possible locations when the 5th Interim report was compiled. The Commission recognised then and still recognises that it is highly likely that burials did take place in the grounds of Bessborough. The only way that this can be established is by an excavation of the entire property including those areas that are now built on.

Burial records relating to St Finbarr's Hospital held at Cork University Maternity Hospital

38.18 The Commission continued its efforts to establish if any of the Bessborough children were buried in other locations. In its 5th Interim Report, the Commission reported that a 'Burial Book' relating to deaths in St Finbarr's Hospital may have been held in Cork University Maternity Hospital (CUMH). The Commission issued a discovery order in respect of these records. In May 2019, HSE South informed the Commission that they had located records relating to St Finbarr's Hospital including burial records and mortuary records. Three of the collections located at CUMH were relevant to the Commission's work.

Mortuary Book (1969-79)

38.19 The Commission undertook a line by line search of this book and identified a number of children born in Bessborough who subsequently died in St Finbarr's Hospital.

Folder of Burial Records/Burial Index Card Box

38.20 These records were the mortuary index cards flagged by a former administrator of St Finbarr's Hospital. The collection comprised physical Burial Index Cards created by the mortuary attendant at St Finbarr's Hospital and a folder detailing the

information recorded on the cards. The collection of mortuary index cards held at CUMH covered the years 1968-85. The Commission has established that mortuary index cards relating to the 1940s and 1950s were held in St Finbarr's Hospital in the late 1990s but have not been located to date. The Commission analysed the extant mortuary index cards and identified 26 infants and children born in Bessborough who subsequently died in St Finbarr's Hospital. The Commission also identified 11 stillborn infants delivered in St Finbarr's Hospital to women transferred from Bessborough.

38.21 The mortuary index cards compiled at St Finbarr's Hospital recorded patient details including name, last address, date of death, name of undertaker and place of burial. Index cards relating to 'illegitimate' infants who died in St Finbarr's Hospital in this period stated that all were buried in St Michael's Cemetery. The Commission examined the burial registers at St Michael's Cemetery on two occasions but found no burial record for the infants identified on the mortuary index cards. Further analysis of the mortuary index cards revealed that in some instances deceased infants were buried in the coffins of deceased adult patients. In other instances, infants were buried in coffins containing amputated limbs.[1] The Commission established that the Cork health authorities were buying burial plots in St Michael's Cemetery since its opening in 1948. These burial plots were used to bury the unclaimed remains of patients who died in Cork County Home/St Finbarr's Hospital. The Commission has not established when the health authorities began the practice of burying 'illegitimate' infants in coffins with adult remains or with amputated limbs. The Commission has also not established why the names of infants buried in this manner were not recorded in the burial register at St Michael's Cemetery. However, it is clear from a collection of correspondence between the health authorities and staff and administrators of maternity hospitals in Cork that the practice was commonplace.

Box file of miscellaneous emails/Southern Health Board plot purchases/cemetery plans

38.22 As part of the Inquiry into Post Mortem Practices and Organ Retention,[2] a Post Mortem Enquiry Helpline was set up at Cork University Hospital (CUH) in 2001. It appears that maternity records from hospitals in Cork were transferred to CUH at

[1] HSE, Cork University Maternity Hospital, Burial index card box/folder of burial records 1968-85.
[2] The Report of Dr Deirdre Madden on Post Mortem Practice and Procedures is at https://www.lenus.ie/handle/10147/43373

that time. The helpline was to assist parents of stillborn children and parents of deceased infants who were the subject of post mortem examination. Most letters from parents related to instances where a hospital had arranged the burial of a deceased child and where parents requested information on the place of burial. It is clear from this collection of correspondence that Southern Health Board officials did not know how hospitals in the city dealt with foetal and infant remains. A letter from a consultant obstetrician/gynaecologist to the Secretary, Erinville Maternity Hospital, in 1984 acknowledged that foetal remains from Cork Regional Hospital (CUH) were 'normally placed in a coffin with other corpses' and subsequently buried in consecrated ground. The doctor stated that he found the practice 'unsatisfactory' as parents would never locate or visit their child's grave.[3] The Commission has established that health authorities in Cork engaged in such burial practices from at least the 1960s and had continued to do so until the late 1980s. In 1992, the Southern Health Board made arrangements for the burial of foetal and infant remains at Kilcully Cemetery, Cork. The administrator, St Finbarr's Hospital, advised the Secretary, Miscarriage Association of Ireland, that when requested by parents, foetal and infant remains were placed in a small coffin and buried in Kilcully, where the cemetery supervisor kept a register of such burials. Parents who sought information on the burial of a child prior to 1992 received a standard letter from the Southern Health Board which read:

> Following discussions with relevant staff and an exhaustive search to locate the burial place of Baby X, it was the practice at that time for St Finbarr's Hospital to bury babies on behalf of the parents in St Finbarr's Cemetery, Glasheen Road, Cork. The cemetery records are unable to pinpoint the actual burial place as there were a number of different plots.

38.23 The Commission examined Burial Records relating to St Finbarr's Cemetery on two occasions and found burial details recorded for three 'illegitimate' children associated with Bessborough. Two related to child deaths which occurred in 1923 and the third to a child death in 1989. All three children were buried in 'poor ground' local authority owned burial plots. If it was the case that the Cork Health Authority/Southern Health Board did 'bury babies on behalf of parents in St Finbarr's Cemetery' it appears that their burials were not recorded in the cemetery burial records. The Commission found that details relating to burials of 'illegitimate'

[3] HSE, Dr E.P.J McGuinness to A. Gosnell, Secretary, Erinville Hospital, 13 August 1984.

children are conspicuously absent from burial records associated with cemeteries with local authority burial plots.

38.24 In 2001, the Southern Health Board endeavoured to locate the burial places of five infants whose parents had contacted the Post Mortem Enquiry Helpline. The infant deaths had occurred on dates between 1973 and 1985 and the place of death was St Finbarr's Hospital or the Erinville Hospital, Cork. Senior Southern Health Board staff engaged with cemetery supervisors in Cork city and hinterland and former administrators of maternity hospitals in the city in a bid to establish the location of the infant burials. Following intensive inquiries, the Southern Health Board stated, based on anecdotal evidence, that it was likely that infants who died in the 1980s were interred in St Finbarr's Cemetery, but concluded that 'cemetery staff are unable to pinpoint the actual burial place'.

38.25 The Commission has encountered similar difficulties in locating the burial places of children who died in the Cork institutions under its remit: Cork County Home/St Finbarr's Hospital and the Bessborough Home/Sacred Heart Maternity Hospital. As highlighted above, it appears that the practice of burying deceased infants in coffins with adult remains was common practice in the city's main maternity hospitals until the late 1980s. Furthermore, the associated practice of neglecting to record such infant burials in cemetery Burial Registers appears to have been common practice also. The Commission spent considerable time and resources trying to establish the burial places of more than 1,400 infants and children who died either in Cork County Home/St Finbarr's Hospital or the Bessborough Home/Sacred Heart Maternity Hospital in the period 1922-98. The Commission identified the burial places of 101 infants who died in one or other of these institutions. While most burial places were confirmed by an actual burial record (mainly in the 1920s) others were identified through disparate historical sources created by Cork health authorities or hospital personnel. Given the burial practices adopted by maternity hospitals in Cork in the mid to late twentieth century, the Commission considers the task of locating the burial places of the remaining 1,300 plus infants and children who died in Cork County Home/St Finbarr's Hospital and the Bessborough Home/Sacred Heart Maternity Hospital to be a difficult one.

Castlepollard

38.26 In its 5th Interim Report, the Commission stated that it had no reason to doubt that the children who died in Castlepollard were buried there in the marked burial ground. After the publication of that report, the Congregation of the Sacred Hearts of Jesus and Mary provided the Commission with copies of correspondence between it and the Midland Health Board in the 1990s which further clarified what occurred in the 1990s. In 1994, the congregation contacted the Midland Health Board (which had owned the site since 1971) to say that it wanted to remove the wall between the Sisters' and the children's burial plots and wanted to install a memorial to the children. The congregation pointed out that, while there was a memorial stone to the Sisters who died there and to the mother who died there, there was nothing to mark the fact that children were also buried there. The congregation was concerned about this. The Midland Health Board agreed to the congregation's proposals. It seems that the works were not carried out until 1996/7 and they were then carried out by the health board. The congregation agreed to pay the costs involved. This correspondence corroborates what local people told archaeologists in 2017 and which is reported in the Commission's 5th Interim report.

Tuam deaths and anatomical studies

38.27 In its 5th Interim Report, the Commission reported that a number of infant remains had been sold to the Galway Medical school by the porter in the Central Hospital, Galway. The Commission did **not** report that these bodies were those of children from the Tuam Children's Home. The Commission did consider this possibility as it was obliged to do under its Terms of Reference but, as the names of the children are not known, it is not possible to establish where they were from. The dates of their deaths makes it highly unlikely that any of them were former residents of the Tuam home.

38.28 In the chapter on anatomical studies, the 5th Interim Report stated at paragraph 7.35:

> The current head of the Galway Anatomy Department told the Commission that, when he took up this post in 1995, there were many "wet" infant anatomical subjects preserved in the department. These unidentifiable infant remains were buried together in Rahoon Cemetery, Galway in 1995 with full funeral rites and with the permission of the Coroner.

38.29 This was based on information supplied to the Commission at an earlier date. The errors in this statement were brought to the Commission's attention by the head of the anatomy department but, regrettably, the Commission did not correct it. The correct information is as follows:

> The current head of the Galway Anatomy Department told the Commission that, when he took up this post in 2005, there were many "wet" infant anatomical subjects preserved in the department. These unidentifiable infant remains were buried together in Bohermore Cemetery, Galway in 2005 with full funeral rites and with the permission of the Coroner.

38.30 The Commission apologises for its failure to correct this before submission of its 5th Interim report and acknowledges the assistance of the head of the Galway Anatomy Department in its investigation.

The law on burials

38.31 The Cork Survivors and Supporters Alliance submission argued that the common law placed various obligations on the Congregation of the Sacred Hearts of Jesus and Mary in respect of burials and these obligations had not been met. The Commission's 5th Interim report outlined only the statutory provisions and the submission argued that these did not replace the common law duties. The Commission accepts that the common law may have placed obligations on the congregation in respect of burials but it is not clear what exactly those obligations were and in what way, if any, they were different from the statutory obligations.

38.32 The submission further argued that it was wrong to conclude that burial grounds operated by religious institutions (such as at Bessborough) were not regulated by the 1878 Act. The submission makes an arguable case for this but it is clear that the 1888 Rules and Regulations did not apply to burial grounds such as Bessborough.

38.33 The points raised by the submission in relation to the law on burials are interesting. However, the Commission decided not to pursue the matter further because of time constraints (the submission was received in March 2020 when this report was almost complete) and because its primary concern was to try to establish where the children were buried.

Report of Forensic Archaeological Investigations at Sean Ross Abbey Mother and Baby Home Children's Burial Ground, Roscrea, Co. Tipperary

On Behalf of:

The Mother and Baby Homes Commission of Investigation

Report submitted to:

Judge Y. Murphy

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5th September 2019

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Executive Summary

The Mother and Baby Homes Commission of Investigation requested a forensic examination be conducted of the site of the current Children's Burial Ground at St Anne's Sean Ross Abbey, Roscrea, Co. Tipperary.

There were two primary matters requiring investigation:

i) whether human remains are present at this location,
ii) if present, had these remains been disturbed by potential later insertion of utilities or drainage works at this location.

The Sean Ross Mother and Baby Home was in operation from 1931 – 1969 and operated under the care of the Order of the Sisters of the Sacred Hearts of Jesus and Mary.

This investigation commenced with the least intrusive methods to inform a subsequently more intrusive, targeted test-excavation.

A desktop review was conducted which surveyed historical mapping, aerial photography, and Tipperary County Council planning files that were relevant to the site.

A geophysical survey took place in January 2019 and an independent inspection of the existing drains in proximity to the site was conducted in February 2019.

The test excavation took place in February and March 2019 under full forensic control under a warrant issued by Judge Y. Murphy.

Seven trenches were opened during the test excavation, representing *circa* 10% of the total available area within the current burial ground.

Buried infant human remains were located during this excavation; all individuals were less than one years old. The skeletal remains of 21 individuals were uncovered *in situ*. The remains of a further 11 coffins, indicating undisturbed burials, were evident. Four potential grave cuts were also identified and at least six individuals were identified through disarticulated skeletal remains. Therefore, the potential minimum number of possible individuals identified through the test-excavation was 42.

Coffins or evidence of coffins were located with the majority of skeletal remains (84%). Burials appear to have some organisation, in terms of layout, and there appears also to be concentrations of interments in particular locations within the burial ground.

Radiocarbon dating of 13 samples of skeletal remains provided estimated dates-of-death for those individuals in the 1930s, 1940s, 1950s and 1960s, the time of the operation of the Sean Ross Abbey Mother and Baby Home.

There were no significant subsurface structures located.

Land reclamation works were evident in the form of introduced deposits above the peat and through the presence of stone field drains, all of which were stratigraphically earlier that the burials located in the seven test trenches opened.

A waste-water pipe was found to transect the southern corner of the site. Stratigraphy here indicates that the pipe was inserted prior to any burials at this location.

Disarticulated remains were found in the area where it had been indicated ploughing had occurred in the 1980s.

The excavation here was limited by the test or sample nature of the approach and results reflect this procedure. Results cannot be applied generally to parts of the site that remain unexcavated. Infant human burials were located across the site and these have not been impacted by any utilities or drainage works.

1. Introduction

This report presents the results, in full, of a forensic investigation, including test excavation, undertaken at the site of the reported Children's Burial Ground in the grounds of the estate of St Anne's Sean Ross Abbey, Roscrea, Co. Tipperary. This research and excavation was undertaken at the request of the Mother and Baby Homes Commission of Investigation. The Forensic Archaeology team was on site for four weeks in February and March 2019. This report presents the desktop review of the site, a summary of results of a geophysical survey, the excavation methodology, excavation results in full, including stratigraphic report, and the results of testing and analyses of human remains that were uncovered at this site, as well as an investigation into the utilities that are in proximity to the burial ground.

1.1 Background

The burial ground under investigation was associated with the Mother and Baby Home in the grounds of St Anne's Sean Ross Abbey. The Home was in operation between 1931 and 1969. During the time of the operation of the Home, approximately 1000 infants died. Since 1969, the wider site has provided for services for intellectually disabled adults and children. The Mother and Baby Homes Commission of Investigation is not aware of anyone being interred in the burial ground after the closure of the Sean Ross Abbey Mother and Baby Home in 1969.

The term 'exposed' will be used throughout this report to describe graves encountered during excavation. Human remains were not disturbed for the purpose of this investigation. The Mother and Baby Homes Commission of Investigation has no authority to exhume human remains. When skeletal remains or apparent coffin timbers were uncovered, they were carefully exposed for the purpose of the forensic archaeological record but were not exhumed or disturbed. Analyses of skeletal remains were conducted *in situ* by the project Osteoarchaeologist. Human remains that were previously disturbed, or out of original context, were analysed on site and returned to their original position.

According to the Register of Deaths, the majority of children who died, while the Home was in operation, were under the age of one year. Just 41 recorded deaths (3.8%) were aged over one year and all recorded deaths denoted individuals under the age of five years (see **Section 7.3**).

On site there are crosses indicating the burial of two older individuals; these individuals appear in the Maternal Deaths Register, aged 28 and 14, having died in 1937 and 1944 respectively. The indicated locations of these graves are marked by two metal crosses on the southern boundary of the burial ground. The crosses are identical in style to those marking graves in the Nuns Graveyard elsewhere on the grounds of the estate. These two potential graves were not disturbed during the course of this investigation.

The team was asked to consider two pieces of information that were received by the Mother and Baby Homes Commission of Investigation in the course of this investigation. The first, and most significant, was an assertion that the graveyard, when still in use, had drainage works inserted through it. Secondly, based on the previous assertion, that there may be a complete absence of *in situ* human remains in this location to begin with; that it may never have been used as a burial ground.

Although not a specifically-requested consideration, an eyewitness account was also shared with the investigation team that centred around the witness being present on site in the 1980s while ploughing took place and that bone was brought to the surface during this work.

1.2 Aims and Objectives of the Excavation

The Commission identified two principal matters for investigation at the site known as the Children's Burial Ground at St Anne's Sean Ross Abbey:

i) To determine the presence of infant human remains at the location

ii) To determine the presence of utilities or services at the location

The excavation methodology addresses these issues for investigation, while taking into account that any human skeletal remains uncovered at the site, whilst of evidential value, must, and are, treated with dignity and respect.

The site was investigated through forensic archaeological principles of investigating in a priority-based approach; utilising the least intrusive methods and moving towards a targeted response with more intrusive methods. This process begins with a desktop review and non-invasive survey work. A desktop assessment, reviewing cartographic sources and records of planning associated with the site, was conducted in order to aid with the understanding of utilities that appear in close proximity to the site. Furthermore, a drain inspection survey was independently conducted by experts while on-site.

1.3 Authorisation

This test excavation took place at the request of the Mother and Baby Homes Commission of Investigation, hereafter MBHCOI, under the Commissions of Investigation Act 2004, Sections 8, 26 and 28. The Director of the site, N. McCullagh, was issued a warrant by Judge Yvonne Murphy to investigate the site in accordance with Section 26 of the Commission of Investigations Act 2004. This warrant authorised N. McCullagh to exercise the powers given under Section 28 of the Act in relation to premises known as 'the Children's Burial Ground located in the grounds of St Anne's (Sean Ross Abbey), Roscrea, Co. Tipperary'. The full warrant is given in **Appendix B**.

An Augustinian Abbey (Record of Monuments and Places (RMP) number TN012-014001) and an associated burial ground (RMP TN012-014002) lie to the west of the burial ground. The proximity of the site under investigation required a query to be raised in relation to proposed works to the National Monuments Section (NMS) of the Department of Culture, Heritage and the Gaeltacht. It was determined that an archaeological excavation licence was not required due to the time span under consideration, 1922 to 1998. The burial ground was determined by the NMS to be outside the zone of notification around the RMP associated with the Abbey and Graveyard. It was further determined by the NMS that the abbey and burial ground are not owned by the Minister for Culture, Heritage and the Gaeltacht, or in her guardianship, and are not subject to a preservation order. The NMS advised that if in the course of the work, an archaeological object was found, then the provisions of Section 23 of the National Monuments Act 1930 would apply and necessitate reporting to the NMS and the National Museum of Ireland.

1.4 Site Conditions & External Personnel

An Garda Síochána (AGS) were in attendance for the duration of the excavation, specifically when human remains were exposed. They were present to provide assistance if required, to agents of the Commission, N. McCullagh, and the team. AGS provided site-cordon supervision and maintained a log of those accessing the site. The site director, as holder of the warrant, held sole responsibility for permitting access to the site. The site under investigation, including the facilities compound, were surrounded by Herris fencing covered with black nylon sheeting to inhibit line of sight. Individual tents covered the trenches where human remains were exposed during excavation works; this afforded physical protection and maintained ethical considerations with regard to preventing public access and the opportunity for unsolicited imagery. These conditions kept the site and human remains secure and protected the continuity and the integrity of evidence collected.

On three occasions throughout the site investigation, the Sisters of the Sacred Hearts of Jesus and Mary engaged an impartial observer (a consultant geophysicist), to monitor excavation works. This individual was permitted unlimited access to the site while excavation was under way but was not permitted to generate a photographic record.

The Coroner for Tipperary, Mr J. Kelly, had been notified of the potential to find modern human remains that would be considered from a timeframe relevant to his jurisdiction. The protocol agreed with AGS and the Coroner was that once human remains were located N. McCullagh would inform the local Gardaí, who would in turn inform the Coroner. A Garda 'Scenes of Crime' photographer, on behalf of the Coroner, would be deployed to photograph the remains and the context in which they were found.

The Coroner provided permission for remains to leave his jurisdiction for radiocarbon dating at the Scottish Universities Environmental Research Centre (SUERC) laboratory. The results from this testing are detailed in **Section 7.1**.

1.5 Forensic Archaeological Excavation

The timeframe under consideration on behalf of the MBHCOI is from 1922-1998; the Sean Ross Abbey Mother and Baby Home was in operation from 1931-1969. One human lifetime, or 70 years, is considered relevant to the duty of the Coroner. This modern period under investigation would normally be considered 'forensic', as it gives rise to the potential for it to become a crime scene, although in this case no specific crime has been identified. Therefore, a forensic control has been maintained so that, should it become necessary in the future, all evidence has been collected to a standard that is required by forensic casework and that is submissible in a court of law.

Generally, traditional archaeology focuses on a cultural interpretation of the past as opposed to specific events. Standards of evidence and subsequent interpretation are not subjected to the scrupulous standards required by a court of law. While methods used are similar, the interpretations are not, and neither are the records maintained on site or the forms of evidence gathered secured.

2. Historical & Cartographic Assessment

The former Mother and Baby Home at Sean Ross Abbey is within the townland of Corville. This is within the parish of Corbally, the barony of Ikerrin (Lewis, 1837), centred at ITM co-ordinate 615374, 688553. The current landscape of the former Mother and Baby Home consists of well-maintained lawns and small amounts of woodland. An active quarry, over 13 hectares in extent, is immediately west of the main building complex. A watercourse extends across the southern part of the former grounds before joining another tributary at east. These flow northwards, eventually joining with the Moneen River at Roscrea. The terrain is generally low-lying with occasional rises or knolls. One such relative height is where the medieval ecclesiastical buildings are located.

2.1 Historical Background

An Augustinian Abbey (RMP TN012-014001-) and an associated graveyard (RMP TN012-014002-) lie 140m to the west of the burial ground under consideration here. Although founded in the seventh century by St Crónán, there is no surface trace of the original early medieval site (Farrelly and O'Brien, 2015). The surrounding lowland, known as *Locha Cré*, meant that this was a secluded parcel of land (Healy, 1912) and St Crónán relocated to Roscrea during the seventh century. An Augustinian Abbey had been established at Monaincha (TN018-001001-), 1.7km to the east in 1140 and this relocated to Corville, referred to as Corbally, *circa* 1485 (Gwynn and Hadcock, 1970; Stout, 1984). After the dissolution of the monasteries in the 1560s, Corbally was included in a grant to William O'Carroll (Nicholls, 1994). By the mid-seventeenth century, the Earl of Roscommon was the listed landowner, and the church was described as being in a ruinous state (Simington 1931, 13). Nevertheless, the church is shown as Corbally on the Down Survey maps, 1656-1658 (**Figure 1**).

At present, the remains of the church date from the twelfth to sixteenth centuries and it is *circa* 15m x 6.5m in extent (Farrelly and O'Brien, 2015). Repairs to the church building appear to have been carried out in both the nineteenth and twentieth centuries (*ibid*.). The graveyard (RMP TN012-014002-), adjacent to, and southwest of the church, contains mostly nineteenth and twentieth century memorials (O'Brien, 2008).

Just one other archaeological site is recorded within Corville townland. This is a mound (RMP TN017-017----), of which no visible surface trace survives, and is situated over 400m to the southwest of the latter site (Farrelly and O'Brien, 2002).

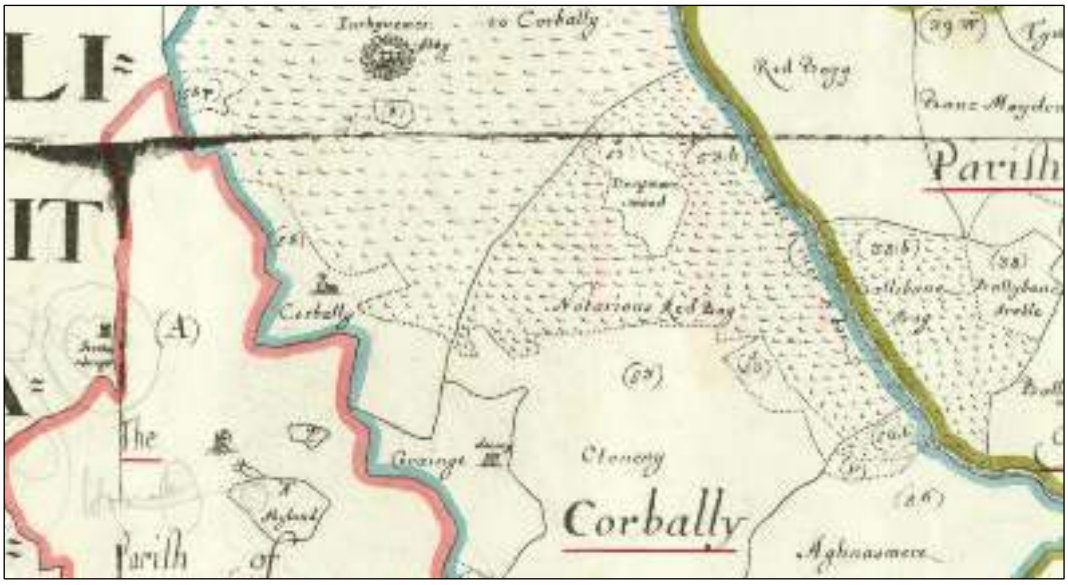

Figure 1: Extract from the Down Survey map of Ikerrin Barony. Corbally church at left of centre (TCD 2013)

The estate of St Anne's Sean Ross Abbey was named 'Corville House' estate, after the townland of the main house. Although a vast estate was granted to a Cromwellian Colonel, Henry Prittie, in 1666 (NUI Galway, 2011), it is unclear whether it included Corville. However, it was recorded as the seat of Lord Dunalley's brother, Hon. F. A. Prittie, in 1837 (Lewis, 1837; NUI Galway, 2011). The manor house, which is still extant, was built *circa* 1750 (National Inventory of Architectural Heritage Registration No. 22401211). It was most likely built by the Birch family in 1770 and is now a registered structure of regional importance (Reg. No. 22401211). In the 1780s it was leased to John Kilpatrick, and then to the Prittie family (Coughlan 2015). Following the death of Hon. F.A. Prittie, in 1853, the lands at Corville were put up for sale in 1858. It was purchased by Count Patrick O'Byrne, who subsequently sold the Corville Estate to the Order of the Sacred Hearts of Jesus and Mary in 1931 (*ibid*.). Sean Ross Abbey Mother and Baby Home operated as such until 1969 when the Home closed. At this time the complex was repurposed towards providing care for vulnerable children and adults in the community, eventually being formally renamed 'St Anne's Sean Ross Abbey' in 2006 (Land Registry Folio 33388).

2.2 Cartographic Analysis

A desktop review was conducted of the mapping and photography available for this location. These were managed as layers within a GIS and ground points were secured through a GPS (GNSS) survey of the site. It was important to assess the recorded evolution of the site in order to interpret the geophysical survey and implement a strategy for subsequent excavations. A list of cartographic sources that were consulted are provided at the end of this section in **Table 1**.

Prior to the mid-nineteenth century, cartographic sources were limited by scale and accuracy. The first accurate map covering this area was surveyed in 1840. This is the first edition six-inch Ordnance Survey map, and shows Corville House, with buildings extending to the rear (south) and forming an enclosed courtyard. The church at this time is annotated 'Corbally Abbey' and the associated medieval graveyard is also noted. The immediate area is demesne land and a large wooded area with formal walled gardens and walkways set out to the east of the house. To the south of the wooded/walled garden and stream is what appears to be a complex of farm buildings. Between the main house and the farm complex the stream widens to a pond. An icehouse is 25m south of the main building

complex, as is an unlabelled rectangular structure, possibly a folly, 280m to the west. The general picture is one of a landed estate.

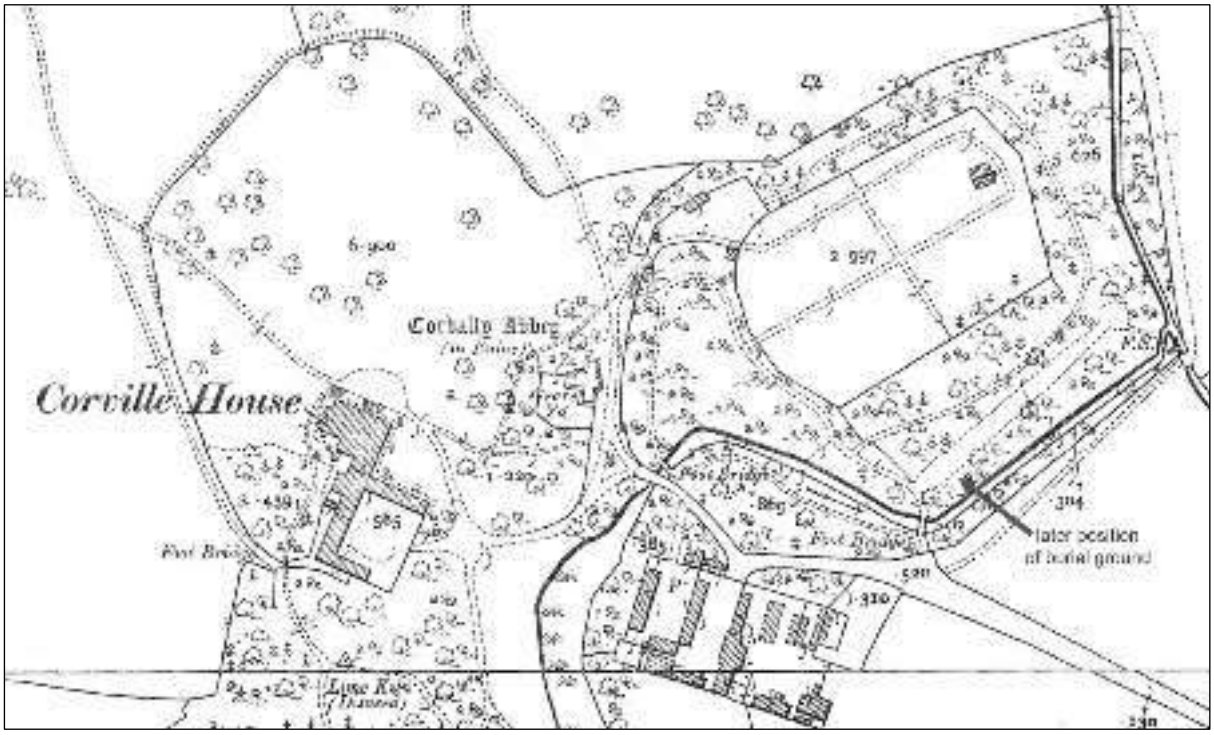

Figure 2: Extract from the first edition 25-inch Ordnance Survey map (1901), with the subsequent position of the burial ground indicated (© Ordnance Survey Ireland)

The Estate was again mapped in 1901 at a greater scale (i.e. 25-inch to one mile). The complex of farm buildings had expanded by this time, while some of the ancillary buildings to the rear of Corville house had been removed (**Figure 2**). The icehouse is replaced by a lime kiln, marked disused, and the pond between the main house and the farm buildings has been channelled. The rectangular structure to the west, is in this map marked 'Black Castle (in ruins)', while the church is still marked 'Corbally Abbey' but now noted as 'in ruins'. The map largely depicts the evolution of the partially-gentrified estate into a working farm. However, the area under consideration here is the walled garden and wooded area to the east. Much of the detail from the 1840 map had been retained, but the 1901 map shows the development of a wide promenade through the area currently occupied by the burial ground (**Figure 3**). This wide pathway – 120m in length – extends northeast, parallel to the stream, and was of variable width (5.5m - 9.5m). It terminates at a circular area marked 'F.S.', denoting a flagstaff. A small path continues to the stream as it had done in 1840.

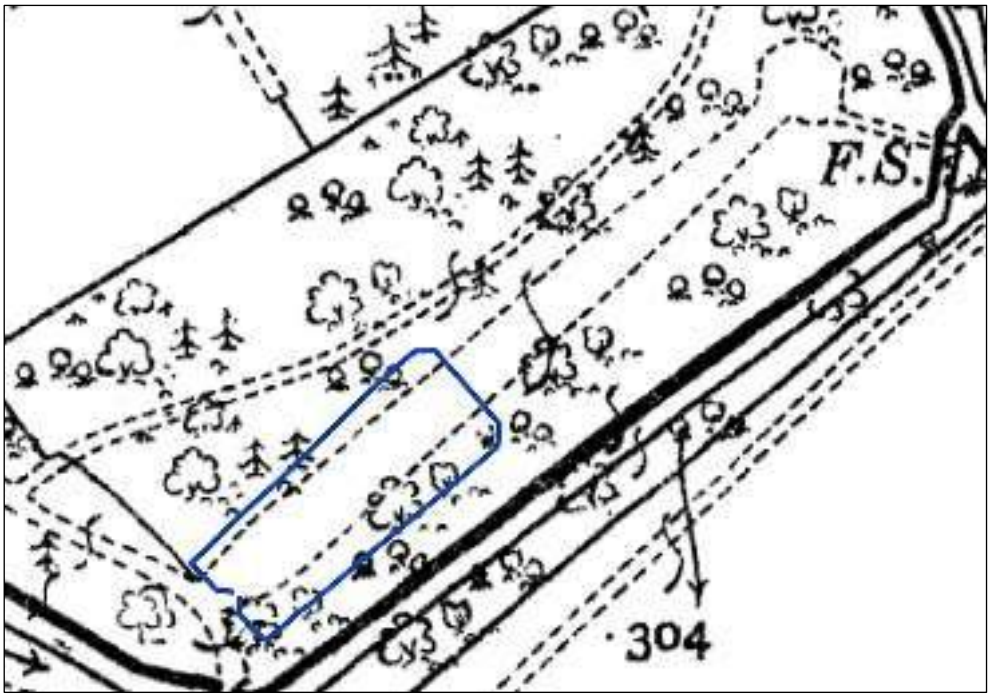

Figure 3: Detail from the 1st edition 25-inch Ordnance Survey map (1901), with later burial ground boundary overlaid in blue (© Ordnance Survey Ireland)

The most relevant cartographic source is the Ordnance Survey Cassini 6-inch map, created in 1954 (**Figure 4**). At that time, the Mother and Baby Home was operational and the whole complex termed 'Sean Ross Abbey'. There were multiple additions to previous buildings and those at the previous farm complex, south of the stream, are shown as 'Hospital'. Two burial grounds are outlined and marked as such. One is east of the Abbey, known as the 'Nun's Graveyard', the other is the burial ground under consideration here now known as the Children's Burial Ground (**Figure 5**). This is surveyed as approximately 43m in length, and 14m in width, widening slightly at the northeast end.

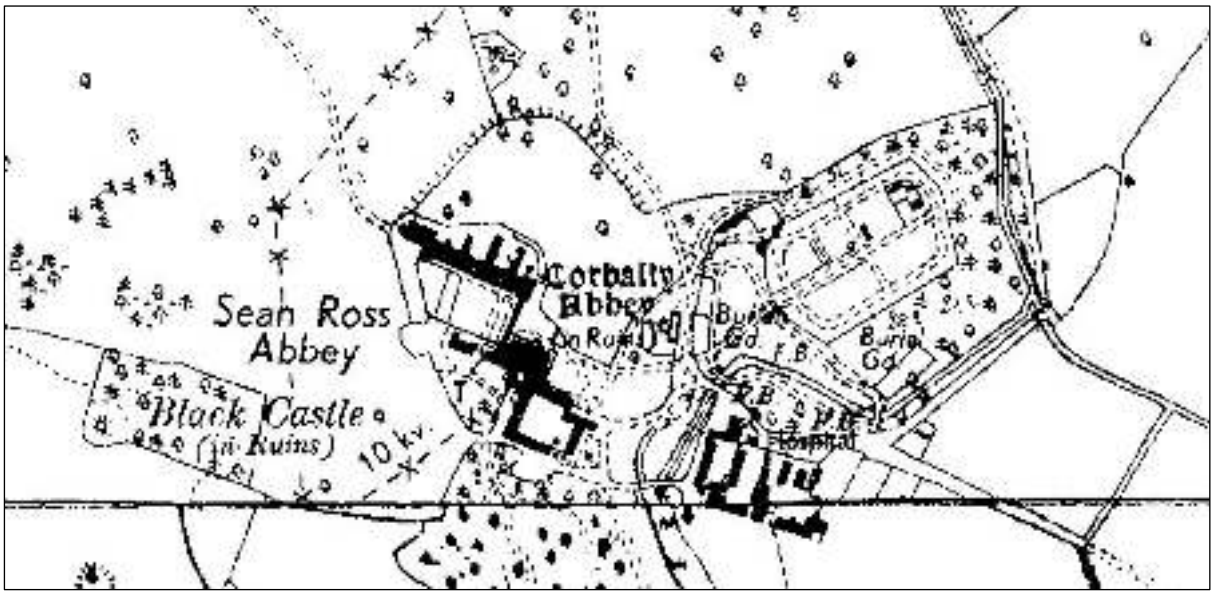

Figure 4: Extract from the 3rd edition six-inch Cassini Ordnance Survey map, 1954 (© Ordnance Survey Ireland))

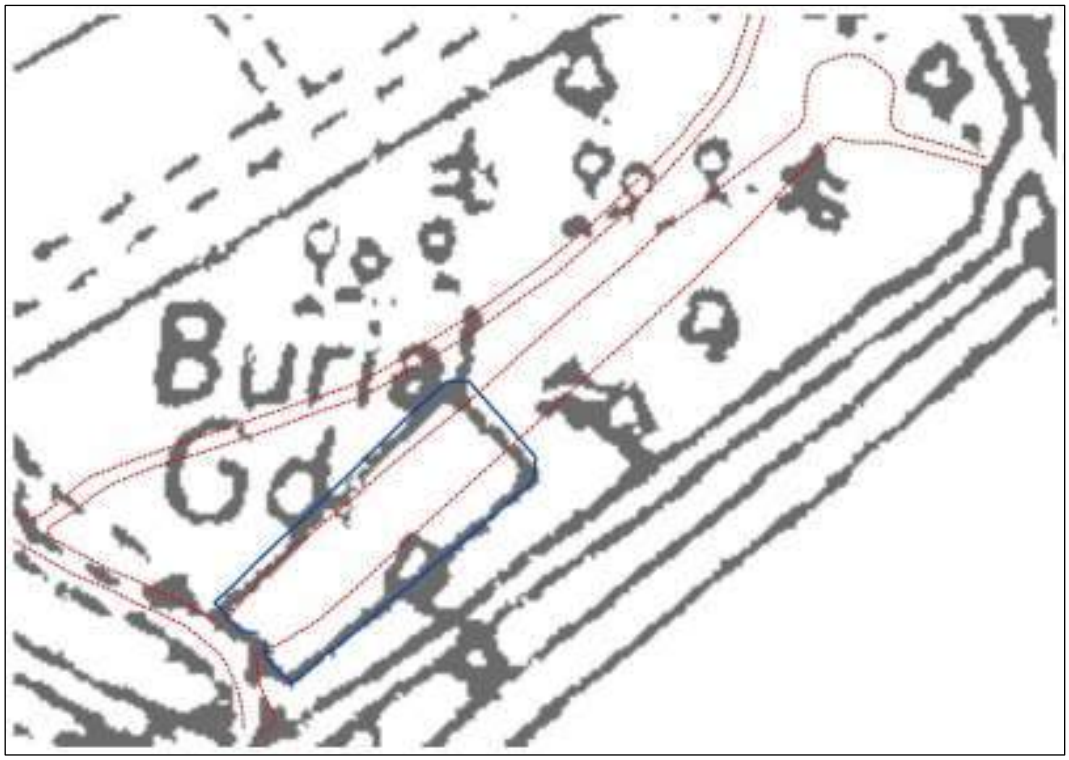

Figure 5: Detail from the 3rd edition six-inch Cassini Ordnance Survey map (1954), showing the current burial ground boundary in blue and the earlier pathways/routes in red dashed lines

Figure 6: Vertical aerial black and white image from 1974 (© Irish Defence Forces Archive)

An aerial photograph from 1974 is the earliest imagery of its kind to include the area of the burial ground (**Figure 6**). This image shows the position of the current Children's Burial Ground as largely overgrown with a delineated area in what would now be the northeast part. An analysis of this area

shows that it equates to the area that is currently northeast of the central memorial and it possibly signifies a wall, hedge or line of trees at this location in 1974 (**Figure 7**).

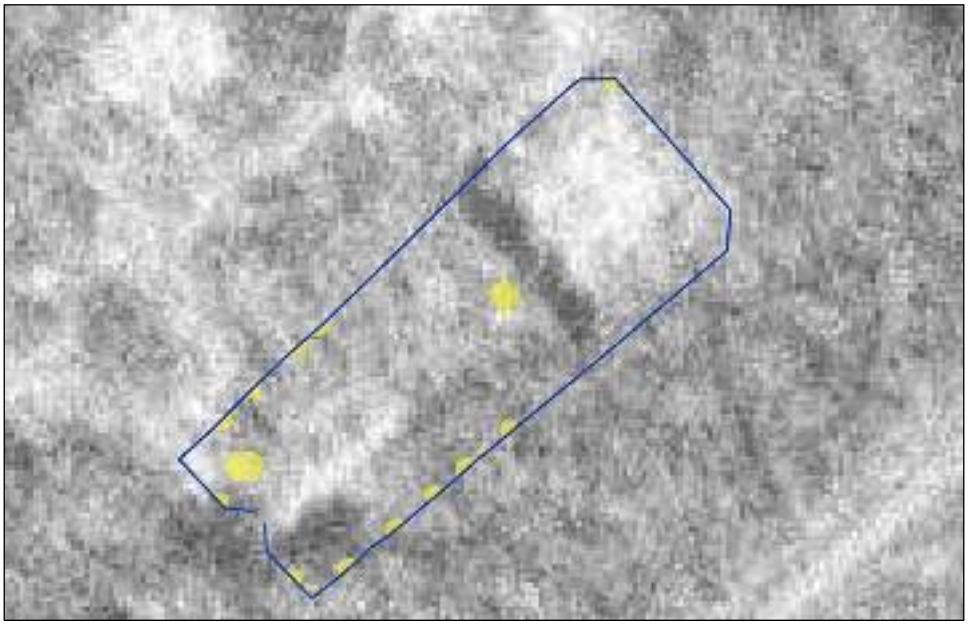

Figure 7: Detail from 1974 aerial photograph with current burial ground boundary marked in blue and existing memorials shown in yellow

In 1999, the site was again covered by Ordnance Survey Ireland aerial photography. There is recent tree planting seen to the north of the burial ground boundary by this time, and the trees surrounding the burial ground are more mature.

Figure 8: Aerial photograph from 1999 (© Ordnance Survey Ireland)

Figure 9: Aerial photograph from 2000 (© Ordnance Survey Ireland), red arrow indicating possible groundworks

The first colour aerial photography is from 2000 and appears to show ground works taking place along the line of the current sewage pipe to the north of the burial ground (**Figure 9**). This is likely to be in relation to the redirecting of sewage services discussed in **Section 8**. The boundary kerb denoting the southwestern boundary of the burial ground is also clearly visible. An aerial image from 2003, **Figure 10**, shows little change except for building alterations to the Saoirse Day services centre (the former Hospital), as per the planning permission granted (see **Section 8**).

Figure 10: Aerial photograph from 2003 (© Ordnance Survey Ireland)

Figure 11: Aerial photograph from 2015 (© Ordnance Survey Ireland)

The most recent imagery from Ordnance Survey Ireland is from 2015 and shows no notable changes in recent years (**Figure 11**). However, it is the first visual indication, from aerial imagery, of memorials within the burial ground. Similarly, satellite imagery from 2009 – 2018, accessed on Google Earth, shows no significant alterations to the site under consideration here.

Table 1: List of cartographic and imagery sources consulted

Sources consulted	Year of origin
Ordnance Survey 1st edition six-inch map	1840
Ordnance Survey 1st edition 25-inch map	1901
Ordnance Survey Cassini six-inch map	1954
Tipperary County Council Planning Application 51/1418	1969
Aerial Photograph (Irish Defence Forces)	1974
Aerial Photograph (Ordnance Survey Ireland)	1999
Aerial Photograph (Ordnance Survey Ireland)	2000
Aerial Photograph (Ordnance Survey Ireland)	2003
Aerial Image (Google Earth/Landsat)	2009
Aerial Photograph (Ordnance Survey Ireland)	2015
Aerial Image (Google Earth/Landsat)	2017
Aerial Image (Google Earth/Landsat)	2018
Aerial Image (Google Earth/Digital Globe)	2018

2.3 Receiving Environment

Prior to site investigations commencing, a full record was created. The site is an approximately rectangular area, 43m in length by 14-16m in width, widening to the northeast. It is accessed through an opening in the boundary at southwest (**Plate 1**). The fence comprises a block/concrete kerb with upright concrete posts. A chain-link fence joins each post. External to the fence are mature coniferous trees along the northwest, northeast and southeast (as seen in **Figures 8-11**). The interior is laid out as grass lawn (**Figure 12**).

Figure 12: Receiving environment of the burial ground from aerial photogrammetric survey 7th February 2019

Along the internal edges of the boundary, are small memorials, mostly surrounded by semi-circular arrangements of stone. There are 12 of these and four smaller memorials, but also a wooden sculpture in the south corner, a commemorative inscribed stone at the west corner, and a cross and plinth (referred to at the central memorial here). Two memorials demarcate the postulated burial locations of two women (**Plate 2**). These are shaded in yellow in **Figure 13** and were not impacted by any investigation. An isolated memorial exists at the furthest north corner, while all others are southwest of the central memorial. The central memorial cross, **Plate 2**, is of concrete construction, surrounded by a plinth approximately 2m x 2m, finished with loose gravel. Bedded plants are located at the north corner and the western corner.

Figure 13: Combined survey showing the receiving environment, memorials and boundary with details traced from the 1901 25-inch O.S. map and 1974 aerial photograph overlaid (north to top)

Plate 1: View of burial ground from southeast

Plate 2: A memorial cross for one of two adults from northwest (left) and central memorial from southeast (right)

3. Geophysical Survey

A geophysical survey was undertaken on the 23rd and 24th of January 2019. The results of this survey were provided in draft form on the 5th of February to permit excavation preparation. These results indicated anomalies that would require further, more intrusive, investigation or 'ground truthing' to determine their nature.

The survey results may be summarised as follows (Carrick Utsi and Birtwistle, 2019 Appendix C):

> The site is characterised by large areas of disturbance, consistent with burials having taken place over a length of time. There is signal patterning in the vertical sections consistent with the presence of coffin remains both of child and adult proportions, although it should be understood that this patterning might potentially also be produced by other subsurface features, particularly in the case of smaller burials.
>
> The evidence for these burials comes in the form of the potential outlines of pits and horizontal patterning at depths close to the surface. The survey results indicate that burials are near the surface, within 40cm of ground level, with no burials evident in the survey results over 1.1m in depth. There is also evidence of stone inclusions and potential field drains. Taken together these results indicate the presence of mass burials or mass graves as well as individual graves over an undetermined period.
>
> At the north of the site the magnetometry survey produced a strongly responsive linear anomaly, stronger than any other feature on the site. This feature can also be seen in the Ground Penetrating Radar (GPR) results for the area and forms a subsurface curvilinear feature. Also, in this northern area the Geophysical survey results interpreted a subsurface rectangular structure with footings close to the central cross.
>
> A ceramic pipe whose outlet can been seen in the south bank of the stream was traced westward by the geophysicists using a cable avoidance tool (CAT) and signal generator (genny) and a flexitrace. The trace could go no further than 14m along the pipe indicating a blockage. The pipe was seen to transect the south eastern boundary of the current burial ground. The GPR data indicates the presence of an anomaly at the entrance to the burial ground and this was offered as a potential reason that it was not possible to insert the flexitrace any further along the pipe.

4. Methodology

4.1 Forensic Archaeology & Test Excavation

The investigative strategy that was utilised here is what is termed a 'test excavation' approach. The aim is that both principal matters (**Section 1.2**) requiring investigation by the Commission are addressed while excavating only a sample of the site. This ensures the majority of the site remains undisturbed and available for future investigation if required. However, the strategic placement of test trenches provides insight into the stratigraphic nature of the site and allows relevant evidence to be recovered. This method allows for the investigative goals to be pursued with minimal disturbance to the burial ground and therefore mitigating any unnecessary disturbance to burials.

The methodology proposed is designed to specifically address the two principle matters requiring investigation as requested by the MBHCOI (see **Section 1.2**). It must be noted, however, that there are limitations associated with this approach. The fact that it is a test excavation and not a complete excavation of the entire burial ground, is the principle limitation. The evidence and stratigraphy that remains within the unexcavated portion of the site (90%) may only be inferred and does not provide a conclusive base line. Consequently, projecting an overall assessment of burial practices at this location and on the analysis of any human skeletal remains uncovered, would be to assume homogeneity across the site. How representative this investigated portion is, within the entire burial ground, will be an open question and, as such, introduces an unavoidable potential bias to the analysis. Any demographic profile of skeletal material recovered during this investigation relates only to those remains identified, and samples recovered, from excavation. The skeletal remains of other individuals, possibly of other age groups, in greater or lesser quantities, may be contained within the areas of the site not covered by this test excavation.

4.2 Trench Location

The selection of exact trench location is based primarily upon historical mapping, aerial imagery, and the results of geophysical survey (Carrick Utsi and Birtwistle, 2019). The trench design required a level of flexibility that would be influenced by initial findings, the preservation of existing memorials, and adverse weather conditions as the excavation proceeded. The purpose of the trench design was to: a) determine if there were skeletal remains across a sample coverage of the site; b) if there were skeletal remains or burials that had been impacted by the insertion of a utility pipe that was identified during geophysics; and c) to determine if there was a drainage system across the site and what relationship this had to potential burials on site.

The trench design proposed consisted of seven trenches, 0.60m to 1.5m in width, and of varying lengths from 2.6m to 20m, see **Figure 14**. These trenches were inserted in areas where anomalies were identified by the geophysical survey. The result was a total excavation area of 78 m^2, or 9.91% of the current available area within the site boundary.

Initially, a trench had been placed outside the current north-western boundary of the burial ground to determine if human remains or burials extended beyond present day limits. However, this area is

now under separate ownership and was not covered by the MBHCOI warrant and so was excluded in the course of investigation.

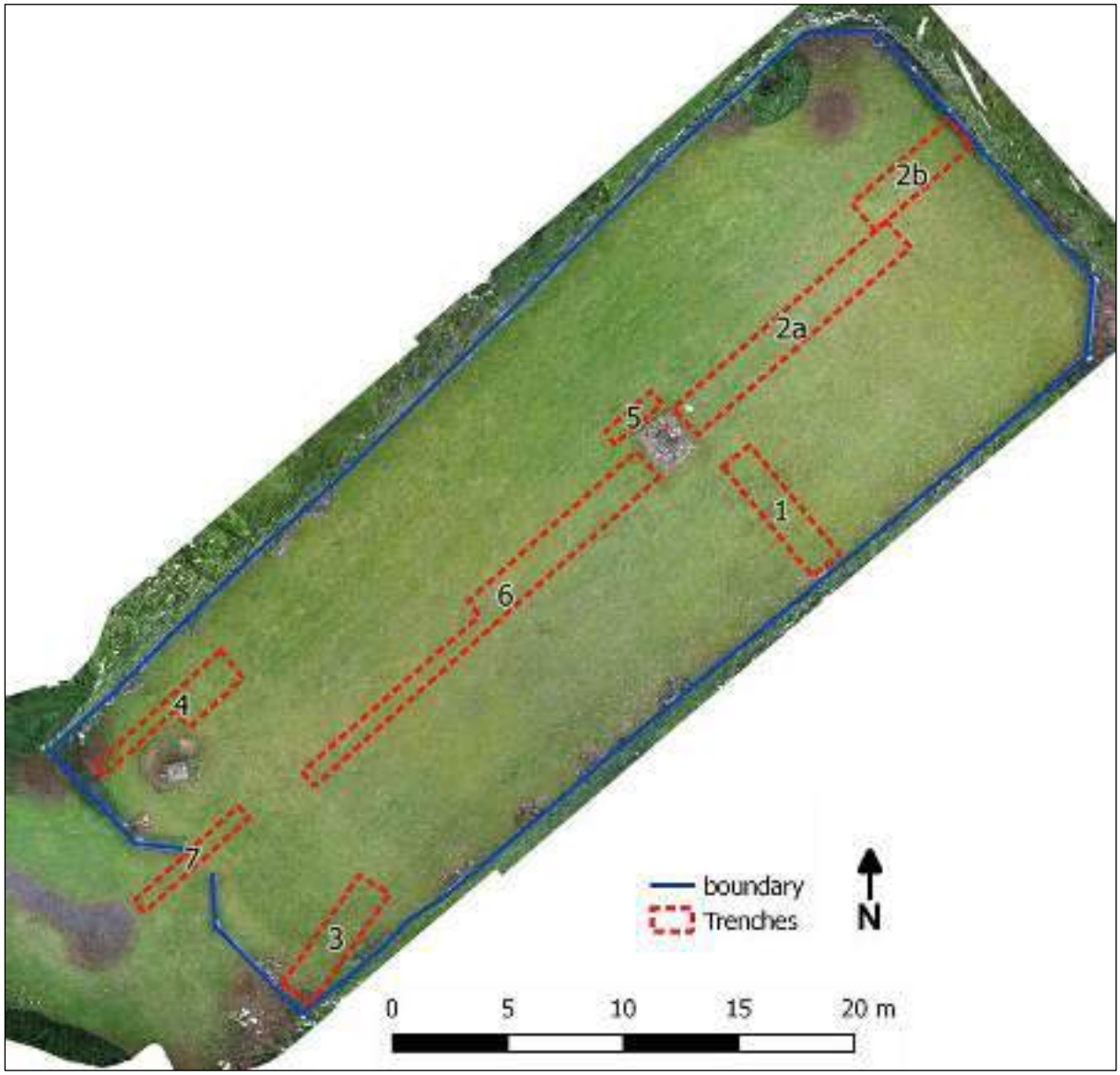

Figure 14: Test trench locations

4.3 Excavation Methodology

The trenches were initially opened using a track machine. This was fitted with a grading bucket to remove the sterile overburden. This removal of overburden was monitored by archaeological personnel. Once significant strata or anomalies were encountered all mechanised excavation ceased and excavation proceeded manually.

In adherence with best practice, manual archaeological excavation conformed to the Museum of London Archaeological Standards (MoLAS), the Codes of Practice of the Institute of Archaeologists of Ireland (IAI), and the Chartered Institute for Archaeologists (CiFA) Standard and Guidance for Forensic Archaeologists (2014). This necessitated the use of single context archaeological recording, through written description, scaled photographs, and surveyed drawings. The written descriptions of soils, scaled photography, and scaled section and plan drawings (at 1:10 and 1:20) were archived by register on site, a practice referred to as preservation-by-record.

The site was recorded through drone aerial photography before, during, and after the excavation. This allows for a surface model of the site to be maintained at each stage. Furthermore, each trench was digitally recorded through photogrammetry.

The test trench approach should have minimum impact on the site while allowing relevant evidence to be recovered. This is a minimally invasive approach making the requirement for a full and comprehensive record an imperative to the results of the investigation.

4.3.1 Note on Health & Safety

The archaeological team maintained compliance with the Health and Safety at Work Acts (1989 to 2005) and the Construction Safety, Health and Welfare Regulations throughout this excavation. This consisted of a commitment to the safety, health, and welfare of all investigators while at work, as well as the health and safety of the public and persons not directly involved in the investigative works but that may be affected by its activities. A site-specific Safety Statement and Risk Assessment was distributed to all employees, supervisors, and administrative/office staff and was available at the location of work.

All those engaged on site held a valid Safety Pass and a commitment to adhere to the Safety Policy of the principle Contractor on a given site. Personal Protective Equipment (PPE) was issued to all staff.

5. Results of Excavation

5.1 Stratigraphic Evidence

The following section/chapter describes the stratigraphy found in each of the seven trenches, the order of events, and where features were evident. Traditionally, archaeological stratigraphy is detailed from the earliest deposits or strata, to the latest, within a given cutting or trench. Context numbers are attributed to each deposit, fill or layer and cut feature, and also to positive features such as walls *etcetera*. These context numbers are presented as matrices for each trench, detailing the rational development of the stratigraphy, or event timeline, of that trench, that is, the stratigraphic matrix. Each context is described here in terms of colour, compaction, composition and extent. A full register of contexts is presented in **Appendix D**.

The layout of the trenches discussed is given in **Figure 14**. Full excavation was not always realised, instead preserving burials *in situ*. Where burials could be avoided, the stratigraphy was investigated fully.

5.2 Trench 1

This trench was located to the southeast of the monument. Orientated northwest-southeast, it measured 5.75m in length and 1.5m in width. It was excavated to a maximum depth of 0.56m at the north-western end, but elsewhere had an average depth of 0.29m.

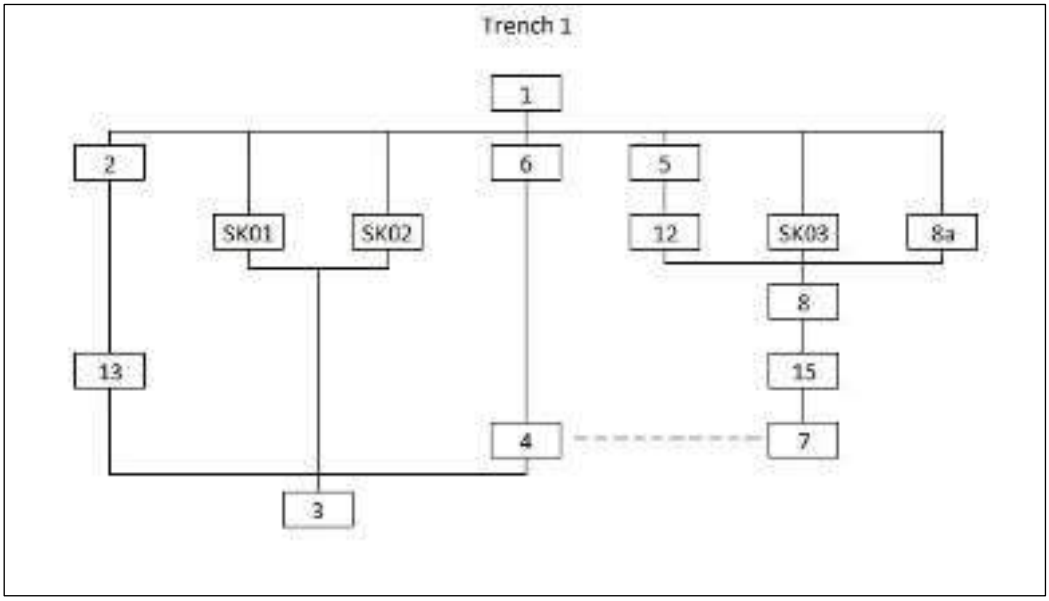

Figure 15: Stratigraphic Matrix of Trench 1

The stratigraphic matrix is shown in **Figure 15**. The earliest layers encountered were those of natural subsoils. At the southern part of the trench, a band of compact grey sand and stone was exposed (C.3). This was found to be at least 0.28m in thickness where tested at southwest. Two burials were found directly on this layer (SK01 and SK02). The subsoil (C.3) was covered by a yellowish grey sandy clay at south (C.13) and a mottled grey clay to the north (C.4). Both are natural subsoil layers which were

truncated by later activity, see below. The mottled grey clay (C.4) appeared to extend northwards where it was recorded as context 7 (**Figure 16**).

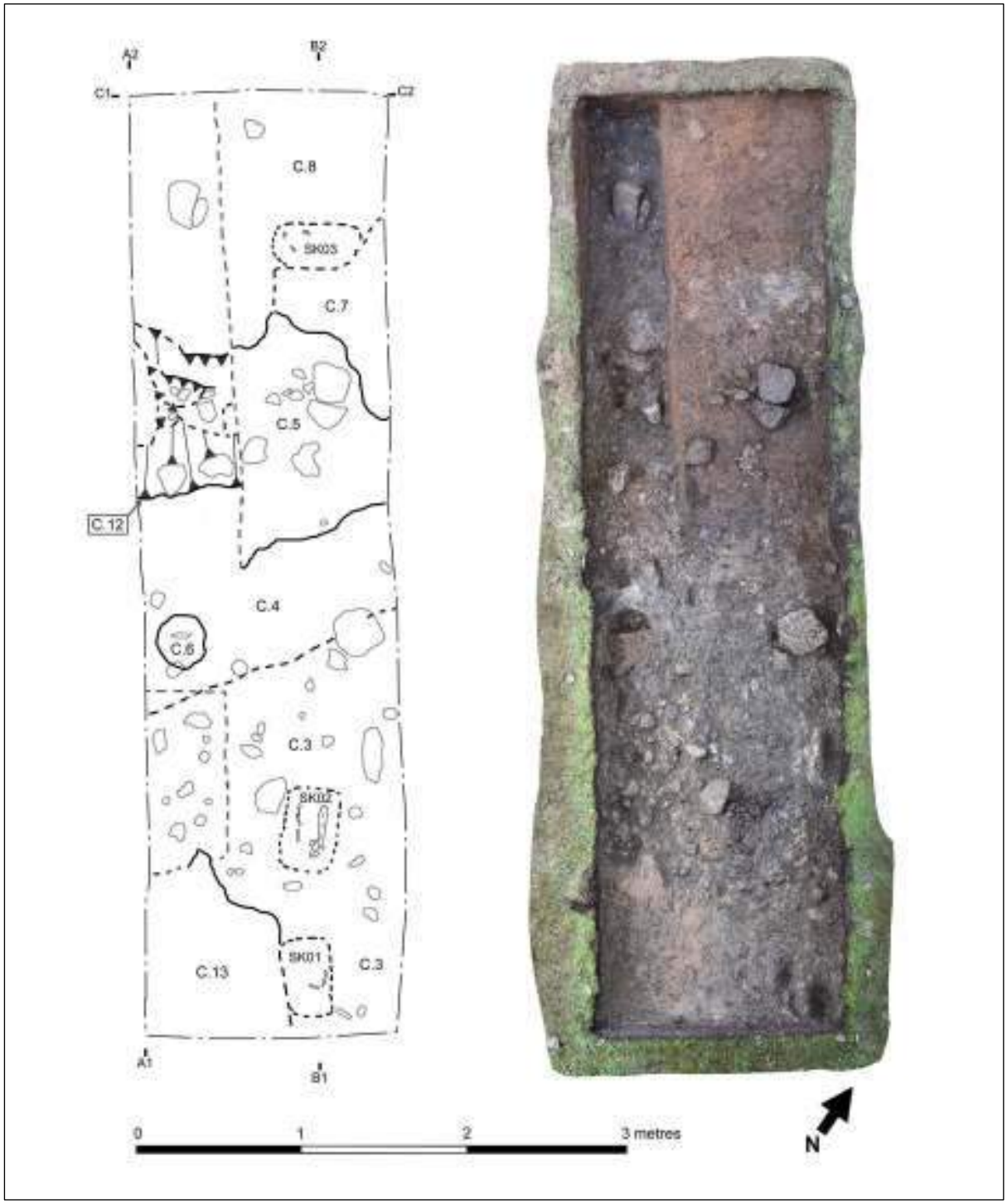

Figure 16: Trench 1 plan drawing (left) and photogrammetric plan view (right)

A remnant of a disused sod-line/surface was identified at the northern end of the trench directly above C.7. This comprised dark greyish brown silt (C.15). This was preserved beneath an introduced deposit at the northern end, where the natural slope is to the north-northwest (see **Figure 17**). The introduced

deposit was soft orangish brown silt loam, with frequent fine pebbles, exposed at the northernmost 1.53m of the trench (C.8). This material was archaeologically sterile, up to 0.44m in thickness, but a

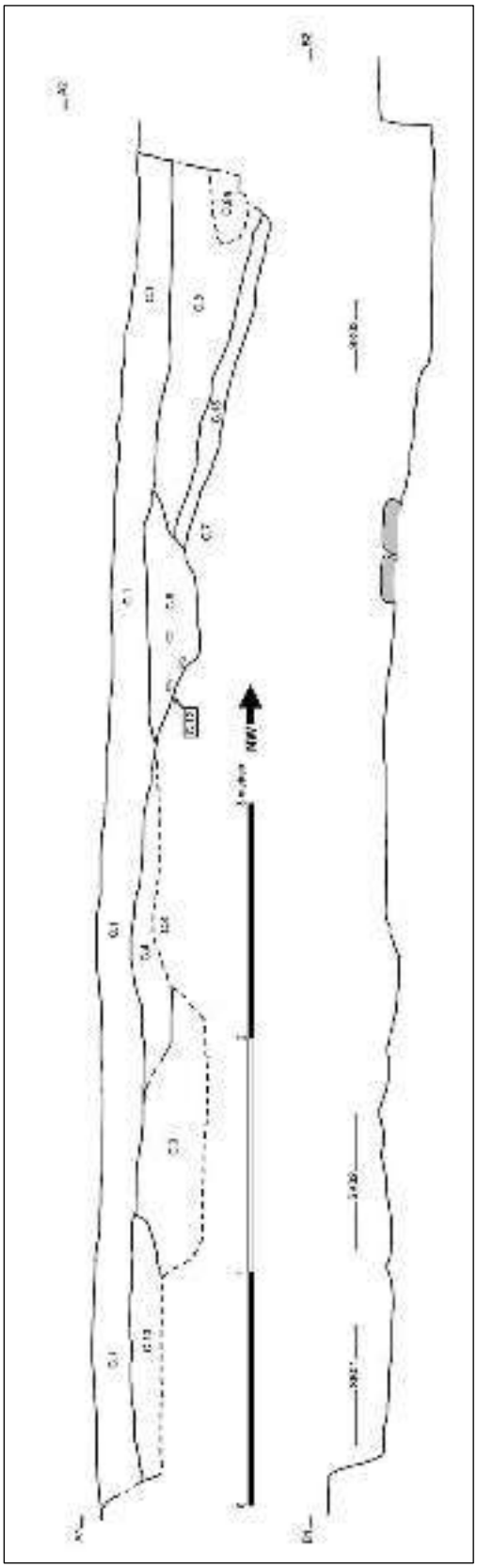

Figure 17: Northeast-facing section of Trench 1 (A1-A2) and profile B1-B-2 as indicated in Figure 16

burial was found to have been inserted into the top of this deposit (SK03). It was also found to include lenses of redeposited natural clays and darkened soils (C.8a). On examination these lenses indicated disturbance caused by root-activity, with a tree-bowl likely positioned at the northern corner of the trench (see **Figure 18**).

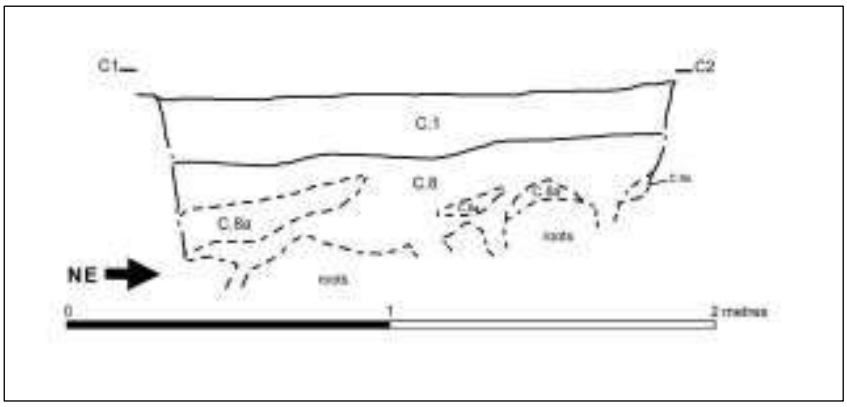

Figure 18: Southeast-facing section of Trench 1 (C1-C2 as indicated in Figure 16)

The stratigraphy here reveals that subsequent to the introduction of the latter deposit, a linear cut feature was created, crossing the trench roughly northeast-southwest (C.12). A length of 0.53m was excavated at the southwestern side. The linear was 0.27m in depth, 1.28m in width at the top, and 0.34m in width at the base, forming a roughly U-shaped profile, with moderately sloped sides and irregular base. It was filled with soft greyish brown silt with moderate inclusions of stones and pebbles (C.5). The base of this fill indicated that the orangish brown silt to the north (C.8) had initially washed-in before the main silting-up occurred. The distinctive fill was traced across the trench for a length of 1.49m. No burials were identified within the fill C.5.

Three burials were identified within this trench (SK01, SK02 and SK03). In all instances, no distinct grave deposit or cut could be identified surrounding the skeletal remains, but all remains were *in situ* and associated with coffin material (i.e. metal nails and timber). All three burials are of limited depth in relation to the current surface; 24cm, 21cm and 26cm respectively (see **Figure 17** Profile B). The burial at northwest (SK03) was aligned southwest-northeast, while the others were perpendicular, orientated southeast-northwest. Burials are discussed further in **Section 6**.

Two further deposits were identified in the southern half of the trench. These both proved to be formed by stone sockets - brownish grey sandy silt (C.2) and brown sandy silt (C.6). They may indicate previous ground works to this level.

The entire trench was covered by a surface layer of topsoil (C.1). This is soft dark greyish brown silt loam with very occasional fine-medium sub-angular pebbles. It is 0.08-0.14m in thickness and contained no disarticulated human remains.

5.3 Trench 2

Trench 2 was situated at the north-eastern end of the site, orientated northeast-southwest. It extended from the base of the monument to the boundary at northeast. Therefore, it covered a line from the central monument for 12m (Trench 2a), it was then offset (and overlapped) to the northwest for the remaining 5.65m (Trench 2b). This was to maintain a centreline cross-section and to address concerns of testing a single, potentially misrepresentative line. Therefore, it measured 16.9m in total length and 1.55m in width. It was excavated to a maximum depth of 1.2m at the north-eastern end.

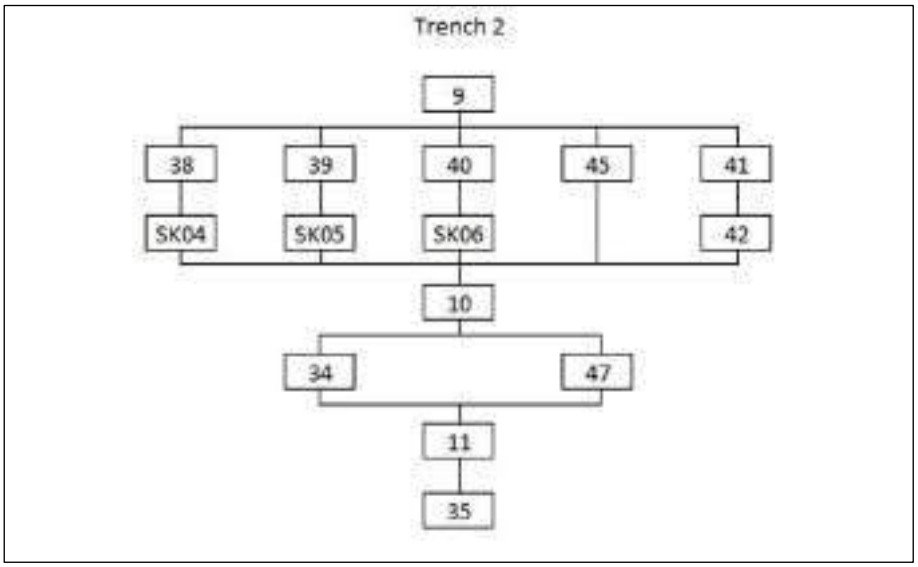

Figure 19: Stratigraphic Matrix of Trench 2

The stratigraphic matrix from Trench 2 is shown in **Figure 19**. The earliest layers encountered were those of natural subsoils. Here the lowest layer encountered was firm whitish grey clay (C.35). This was consistently found beneath the water-table level during excavation. A short section of this clay was exposed at southwest, while approximately 6m from the monument, this layer was identified at the base of the trench (**Figure 20**). Another consistent natural layer was that of peat (C.11), formed directly on top of the grey clay. It was firm, very dark brownish black fibrous peat (C.11), 0.24-0.52m in thickness (**Figure 21**). The surface of this peat had likely been the original surface for a considerable period.

Directly on the peat surface, the collapsed remains of a drystone wall were found to traverse the trench northwest-southeast, 5.51m from the southwestern end of the trench (**Figure 21**). This comprised largely rounded grey sandstone rubble, up to 0.55m x 0.38m x 0.2m in size (C.34), set as a drystone wall. No coursing or faces were evident, and it was found in a collapsed state, 2.13m in width and 0.28-0.38m in height.

At the northeastern end of the trench, a layer of compact mottled brownish grey gravelly coarse sand (C.47) was identified directly over the peat layer. This was an intermittent deposit of gravelly sand, up to 3.7m in length and averaging 0.08m in thickness (**Figure 21** and **22**).

The above described deposits were all preserved beneath an introduced deposit of soft mid-orangish brown coarse sandy clay (C.10). This was found universally across the trench and ranged from 0.16m

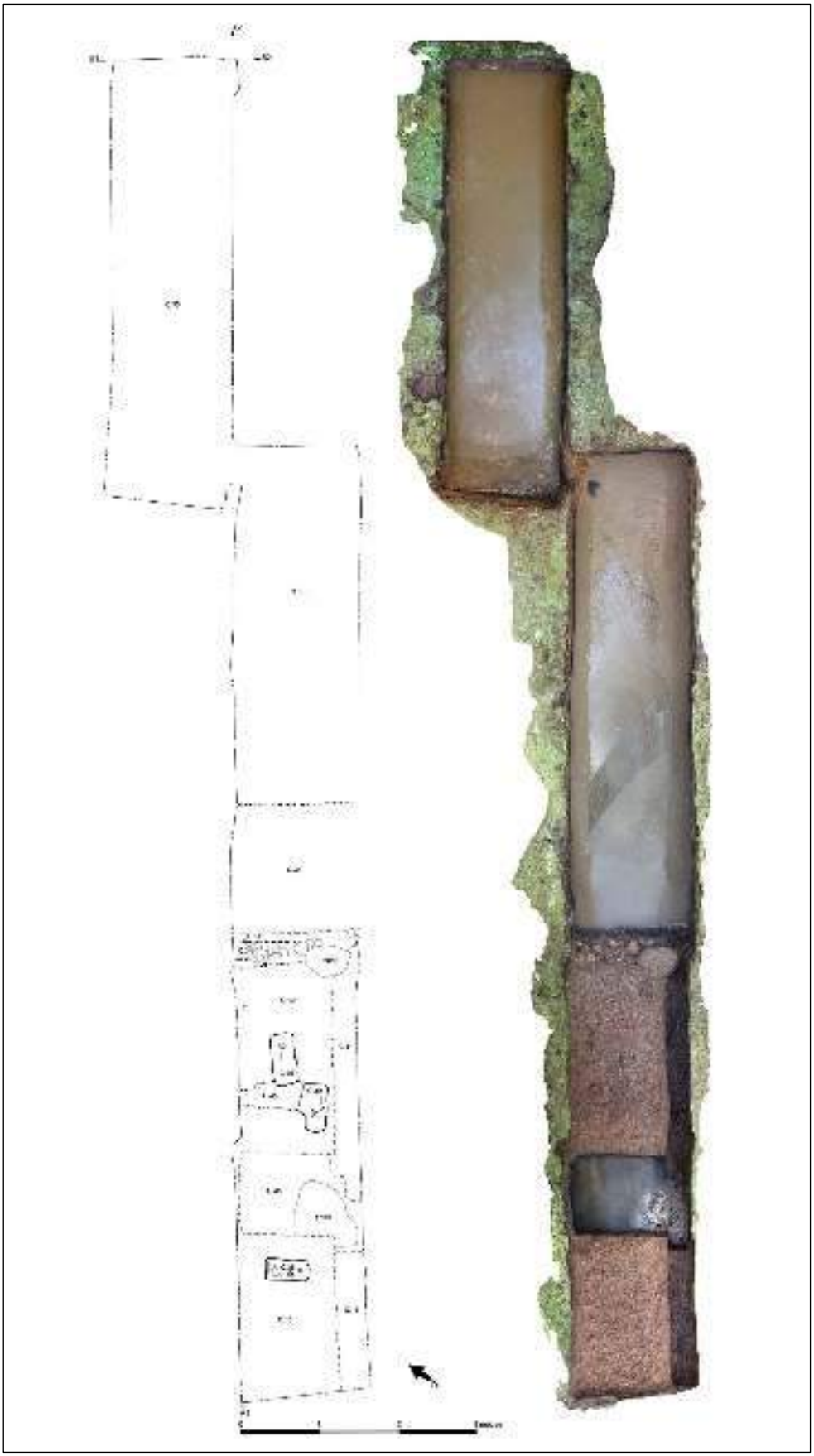

Figure 20: Trench 2 plan drawing (left) and photogrammetric plan view with water logging at base of trench (right)

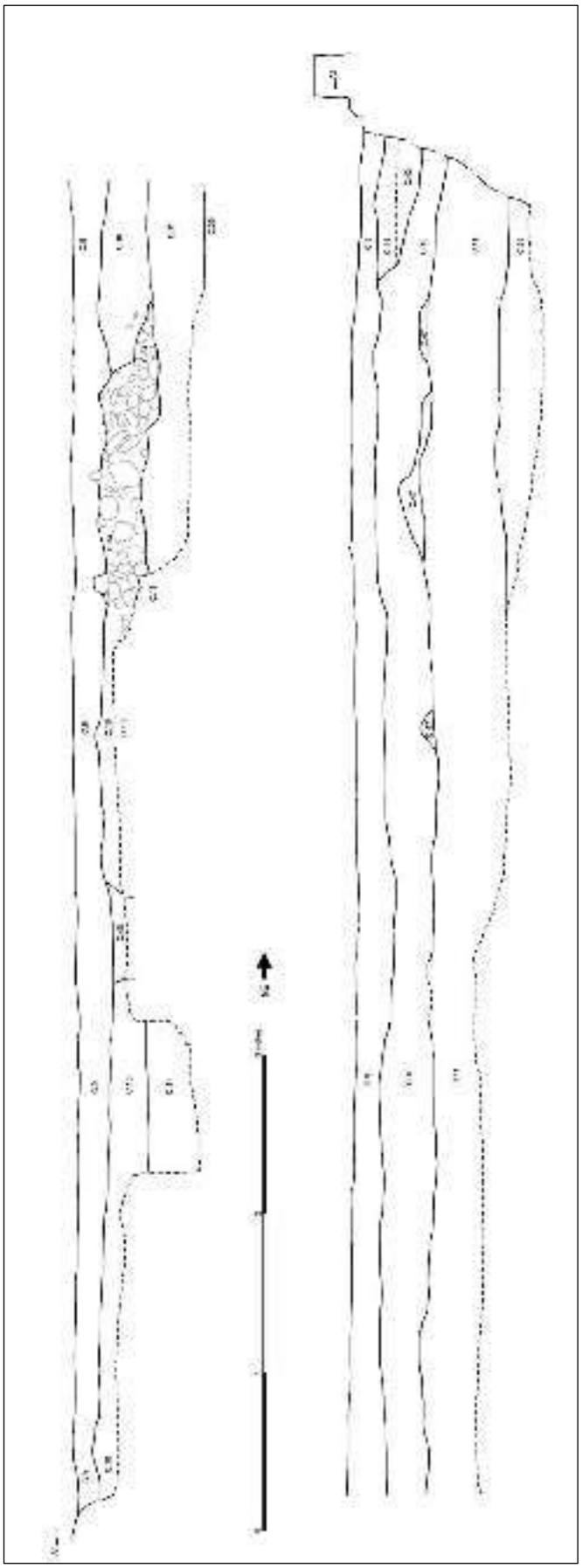

Figure 21: Northwest-facing section of Trench 2 (A1-A2) as indicated in Figure 20

to 0.35m in thickness (**Figures 20** - **22**). It contained frequent fine and medium pebbles but was archaeologically sterile. Such a homogeneous layer is suggestive of land reclamation.

Three burials were identified at the south-western end of Trench 2 (**Figure 20**). All are inserted into the aforementioned layer C.10. The first is 1.47m from the southwest end and is orientated southeast-northwest and comprises articulated skeletal remains and evidence of *in situ* coffin timbers (SK04). These remains are contained within a sub-rectangular grave fill (C.38), 0.5m in length by 0.28m in width, and 0.27m below current ground level. The fill deposit is very soft mid greyish brown clayey silt with occasional inclusions of medium rounded pebbles (C.38).

At 1.63m further northeast, burial SK05 was identified as *in situ* articulated skeletal remains. These remains are orientated southwest-northeast and associated with metal nails indicative of coffin use. The grave cut is highlighted by a sub-rectangular deposit of very soft reddish-brown clayey silt with moderate inclusions of sub-angular and sub-rounded pebbles (C.39). This is 0.58m in length by 0.35m in width and the burial is 0.36m below current ground level. At the northeast end of the deposit, one small shard of glass was noted.

Less than 0.1m north of SK05, and with the same orientation but with the head to the northeast, is SK06. This consists of *in situ* human remains and associated coffin materials (i.e. metal nails and timber). A surrounding grave fill of very soft dark brown silt with medium rounded pebbles and very occasional charcoal flecks (C.40) defines a sub-rectangular cut, 0.65m in length by 0.29m in width. This burial occurs at 0.3m below current ground level. This burial, SK06, is the northernmost grave identified during testing, 0.92m southeast of the wall C.34 and over 12m southeast of the end boundary.

These burials are discussed further in **Section 6** and have not been excavated and remain *in situ*.

A potential grave deposit was identified to the west of, and possibly cut by, both C.39/SK05 and C.40/SK06. This comprises an area, 0.68m in length by 0.38m, of soft mottled reddish-brown/dark brown silt with frequent small pieces of peat (C.45). This was excavated to 0.32m below current ground level and no skeletal remains were identified. It does not continue to the southeast of C.39 and if a grave, it is of similar orientation to that of SK04.

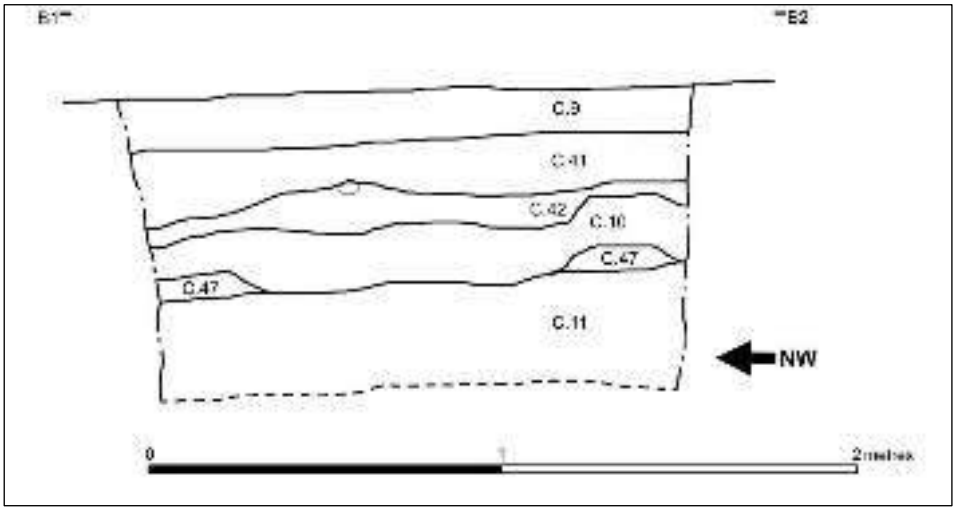

Figure 22: Southwest-facing section of Trench 2 (B1-B2) as indicated in Figure 20

At the northeast end of the trench a layer of loose grey gravelly sand (C.42) was found directly over the extensive orange layer C.10 (**Figures 21** and **22**). This extended southwest for up to 1.9m, was the full width of the trench, and up to 0.2m in thickness. This homogeneous and sterile deposit was probably part of a path. A deposit of very soft dark greyish brown sandy silt (C.41) is directly over the previous layer at the north-eastern end of the trench. It extends 0.62m to the southwest and is 0.27m in thickness, shallowing to the southwest. The sandy component within this deposit is likely the result of disturbance of the underlying layer C.42 and the deposit is possibly a disused flowerbed.

The entire trench was covered by a surface layer of topsoil (C.9). This is soft dark greyish brown silt loam with occasional fine-medium pebbles. It is 0.15m in thickness and contains no disarticulated human remains.

5.4 Trench 3

Trench 3 was located at the southern corner of the site, with an approximate north northeast – south southeast orientation. It extended from the boundary corner northwards for a length of 5.75m. It measured 1.6m in width and was excavated to a maximum depth of 0.93m at the southern end, where a ceramic waste-water pipe had been inserted.

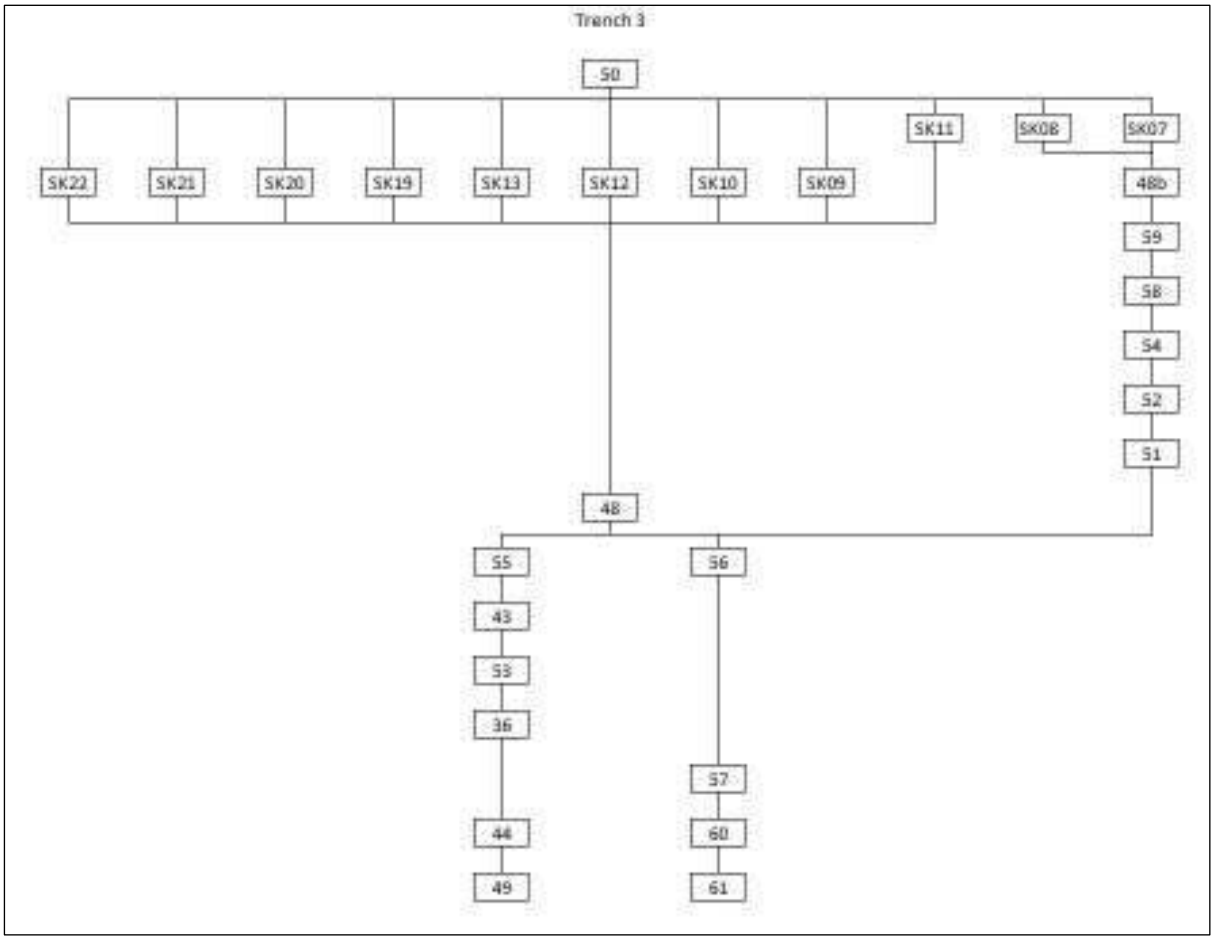

Figure 23: Stratigraphic Matrix of Trench 3

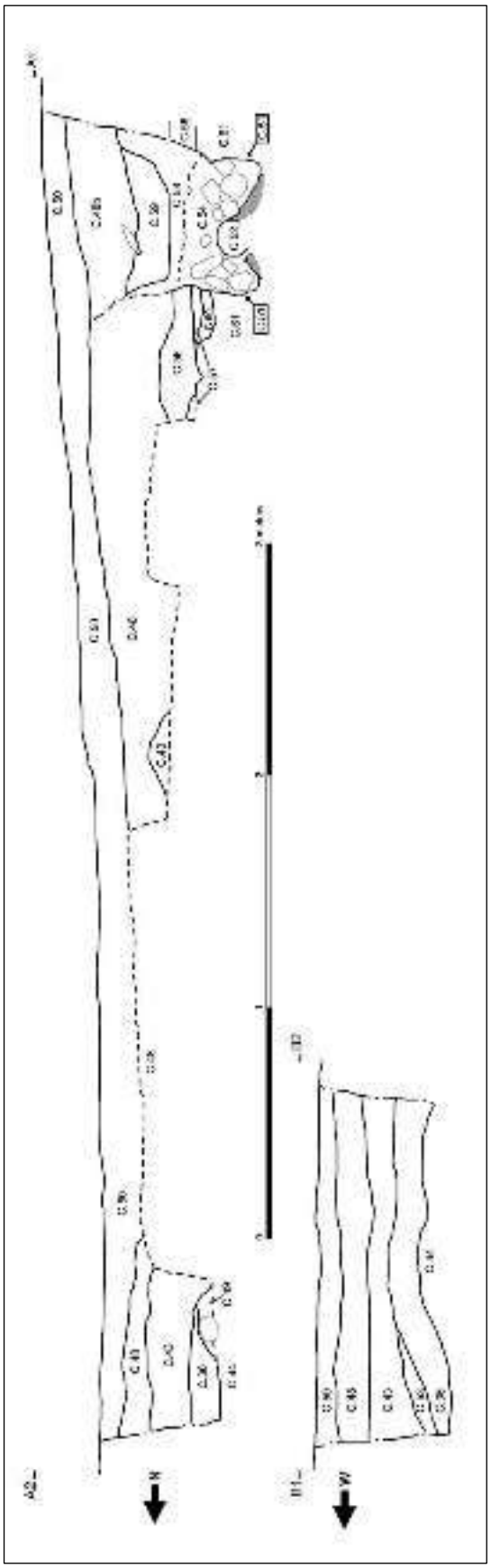

Figure 24: West-facing section of Trench 3 (A1-A2) and South-facing section (B1-B2) as indicated in Figure 25

The stratigraphic matrix for Trench 3 in shown in **Figure 23**. The earliest layers encountered were those of natural subsoils. At the southern end, the lowest layer is firm greyish-yellow clay (C.61), into which a pipe trench has been cut. At the northern end, a comparable natural subsoil was identified, a stiff whitish grey sandy clay (C.49). At the northern end, this clay subsoil is covered by a layer of depleted peat (C.44). At the southern end the clay subsoil is covered by soft greyish-brown sandy silt (C.60), 0.05m in thickness, over which a depleted peat layer (C.57) was identified and this was up to 0.18m in thickness (**Figure 24**, A1-A2).

At the northern end, a sterile deposit of soft yellowish-brown (i.e. orange) clayey silt (C.36) was directly over the depleted peat. Although up to 0.15m in thickness, it dissipated to the southeast. It seemed to extend to the north and west beyond the limits of the trench and is a likely redeposited subsoil used in land reclamation. A thin deposit of loose grey coarse sand (C.53), 0.05m in thickness, was confined to the northwest corner of the trench – 0.47m x 0.3m in extent – but like C.36, appears to extend beyond the trench in this direction.

An extensive deposit of firm yellowish-brown silty clay with frequent medium pebbles (C.43) was found across the northern part of the trench (**Figure 24**, B1-B2). This is a redeposited natural subsoil with very occasional sherds of terracotta ceramics. It is 0.22m in thickness and overlies the clay and gravel 'build-up' layers at the north (C.36 and C.53). The deposit is clearly truncated 2.3m from the southern end of the trench (**Figure 25**). This is a moderately sloped edge (C.55) of a presumably linear cut, the depth and width of which remain unknown. The edge is orientated northeast-southwest, and the cut is filled by material into which burials have been inserted (i.e. C.48). No corresponding south-eastern edge was identified within the trench. At the southern end of the trench, above the depleted peat layer, a firm dark reddish-brown silt (C.56) is 0.18m in thickness. Where excavated, this deposit presented as a sterile silting layer, possibly owning to stagnant water, and could be seen to extend beyond the southern end of the trench (**Figure 24**, A1-A2).

One extensive deposit C.48 was found throughout the trench. This is a soft mid-dark brown sandy silt with frequent sub-rounded fine/medium pebbles and much effected by root activity. It is up to 0.29m in thickness, although just 0.06m in thickness at the northern end. It may have been introduced to level the linear ditch or gully created by the cut C.55.

A pipe trench was inserted at the southern end of the trench. This was orientated west northwest – east southeast and exposed for a length of 0.32m (C.51). The pipe trench was 0.5m in width at the base and likely greater than 0.75m in width at the top, with steep to vertical sides (**Figure 24**, A1-A2). The base was 0.93m below current ground level. A six-inch salt-glazed clay pipe was set on a concrete footing at the base (C.52). It is not central but displaced within the trench slightly to north (**Figure 25**). The concrete footing was 0.12m in thickness and sloped away from the pipe to either side. It functioned to maintain the gravity fall of the pipe and is suggestive of 'soft' ground elsewhere at the base of the pipe trench. The fill directly over the pipe comprised large loose stone, up to 0.18m x 0.11m x 0.1m, in a matrix of soft greyish brown silt (C.54); this was 0.33m in thickness. Soft greyish brown sandy silt with frequent fine angular pebbles (C.58) was backfilled over the stone deposit. This was 0.36m in thickness and the sides of the cut (C.51) were still well-defined at the base of this fill. However, as the edges of the cut rise they become more indistinct due to the similarity with surrounding layers. A redeposited natural clay (C.59) was then backfilled into the pipe trench. This was

soft mottled yellowish-brown sandy clay with angular pebbles, 0.15m in thickness. The final fill of the pipe trench comprised what was likely topsoil material at the time the trench was created.

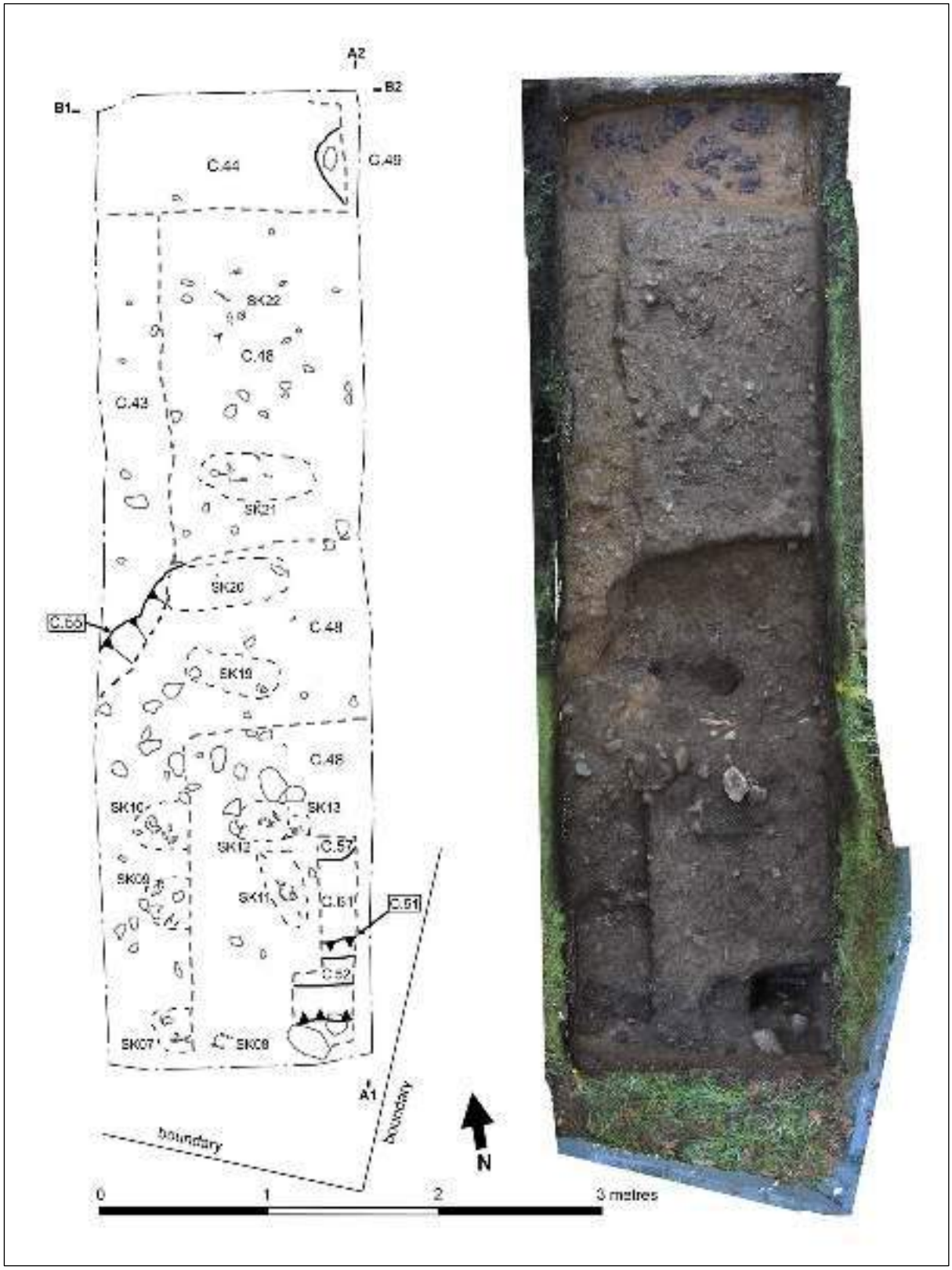

Figure 25: Trench 3 plan drawing (left) and photogrammetric plan view (right)

This is effectively a redeposited C.48, termed C.48b, almost the same but with a slightly greyish hue. The edges of the trench cut (C.51) were largely undisguisable at this level but C.48 could not have been

entirely deposited prior to the insertion of the trench (as evidenced by C.58/C.59). Therefore, the surface material at the time of pipe-laying was C.48.

All burials identified within Trench 3 were inserted into layer C.48/C.48b. A total of 10 burials were recorded. Two instances of skeletal remains, SK07 and SK08, were partially above the pipe trench, but remained articulated and *in situ*. They are likely the same individual with cranial fragments to the northwest and lower limbs at southeast (the number 'SK08' was subsequently discarded and the individual is hereafter only referred to as 'SK07'), total length *circa*. 0.47m (**Figure 25**). There is much subsidence at this location, again suggestive of trench fill C.48b, and nails indicate coffin-use, but no coffin timber is evident. This burial is 0.44m below ground level.

A *sondage*, a test trench within a trench, along the western side of the trench exposed burials SK09 and SK10. Notably, SK07, SK09, and SK10, all have northwest-southeast orientations, are at similar depths, with heads at the northwest and may suggest an organised row of burials (**Figure 25**). Burial SK011, orientated south-north, may also have been partially above the pipe cut, and remained *in situ*. Burial SK12 is mostly represented by the flexed lower limbs but appears orientated northwest-southeast, while the orientation of SK13 is difficult to determine. The latter is probably a burial, although it may be displaced from a nearby burial (e.g. SK11). Although no cut was evident at a centrally located burial, SK19, the soil here had multiple voids surrounding the remains, an area approximately 0.55m in length by 0.26m in width, aligned northwest-southeast. There were several nails and very fragmentary timbers evident. A possible coffin timber at its western end and voids within the soil defined the grave area of *in situ* burial SK20. Several nails surrounding the remains were also indicative of a coffined burial within a cut, measuring *circa*. 0.73m in length by 0.25m in width, aligned southeast-northwest. *In situ* burial, SK21, was 0.3m further north, also aligned southeast-northwest. The general area of this burial measured 0.55m in length by 0.22m in width, and there was no evidence of a coffin. Burial SK22 was partially exposed and *in situ*, aligned southeast-northwest. Collectively, the orientations and positions of SK19, SK20, SK21 and SK22 may suggest another organised row of burials (**Figure 25**). These burials have not been excavated and remain *in situ*. Burials are discussed further in **Section 6**.

The entire trench was covered by a surface layer of topsoil (C.50). This was soft dark greyish brown silt with moderate fine-medium pebbles and frequent root activity. It was generally 0.15m in thickness and contained no disarticulated human remains.

5.5 Trench 4

Trench 4 was located at the western corner of the site, with an approximate northeast-southwest orientation. It extended a total length of 7.15m. It measured 0.6m in width for the westernmost 4m (to preserve a memorial-stone positioned here), after which the trench widened to 1.53m. The trench was excavated to a maximum depth of 0.54m.

The stratigraphic matrix for Trench 4 is shown in **Figure 26**. The lowest layers encountered were those of natural subsoils. At the centre of the north-eastern part of the trench was firm light brownish yellow clay is a natural subsoil (C.32), only with slight disturbance by root activity. Associated with this is an

area of firm mid-brownish yellow clay (C.31) at the north-western side of the trench. This is a natural subsoil but with more root activity throughout. The roots had displaced some overlying peat through this clay. This overlying peat (C.33) occurs intermittently across the trench (**Figure 27**) and has formed above clay (C.31/32). It consists of firm dark reddish-brown fibrous peat. Likely a universal layer, the peat has been depleted by drainage and/or compaction and truncated by at least two instances of ploughing. The first probable plough furrows are evidenced by narrow (*circa*. 6cm) parallel linear features, orientated northwest-southeast. Several short lengths of these probable furrows, up to 0.28m, are found mid-trench (**Plate 3**). The second instance of ploughing activity appears to have occurred later and is discussed in sequence below.

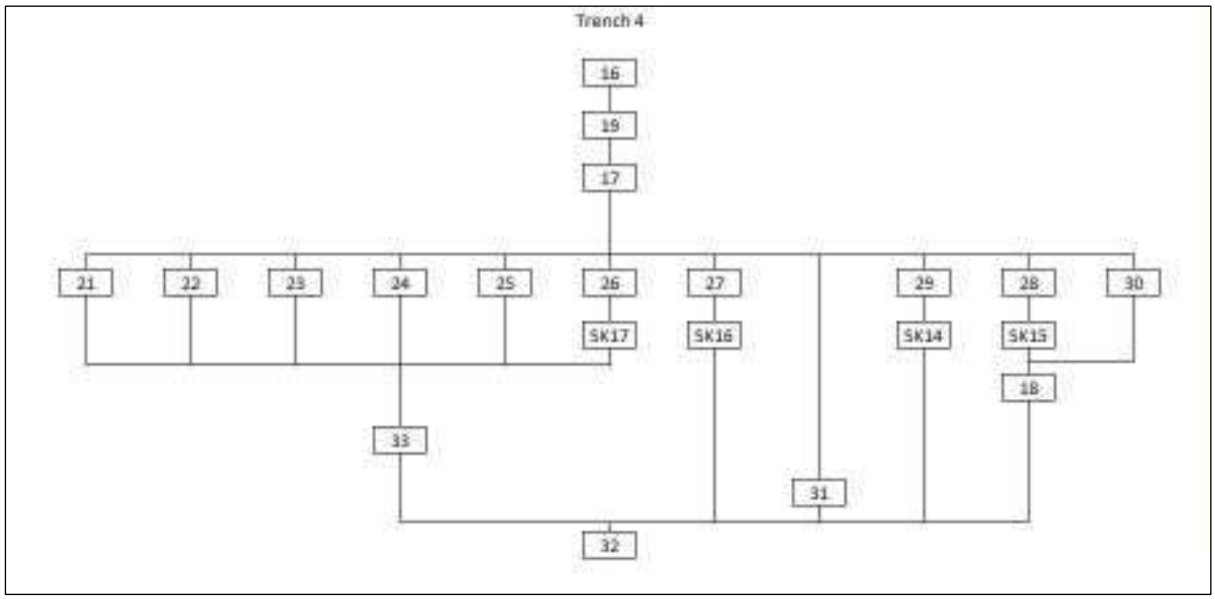

Figure 26: Stratigraphic Matrix of Trench 4

Four skeletal records were applied to definite *in situ* burials with Trench 4. A further three recorded features were very likely *in situ* graves, and three more are likely to represent grave cuts/deposits – therefore, up to 10 burials and potential burials were identified within this trench.

Plate 3: Narrow parallel furrows through peat, Trench 4, from northwest

At the northeast end of the trench, *in situ* but partially disturbed skeletal remains were identified (SK14). These remains appeared to have been rotated by overlying soil action, probably ploughing action (**Figure 27**). Disarticulated remains of infant lower limbs are found to the northeast and potentially originate from this individual. A devotional medal was found in close association with these remains (see **Section 7.2**) and there is no evidence of a coffin. This burial is orientated southwest-northeast. The grave fill, approximately 0.64m x 0.42m in extent, consisted of soft, mottled dark brown/yellowish-brown silty peat and occasional fine pebbles (C.29).

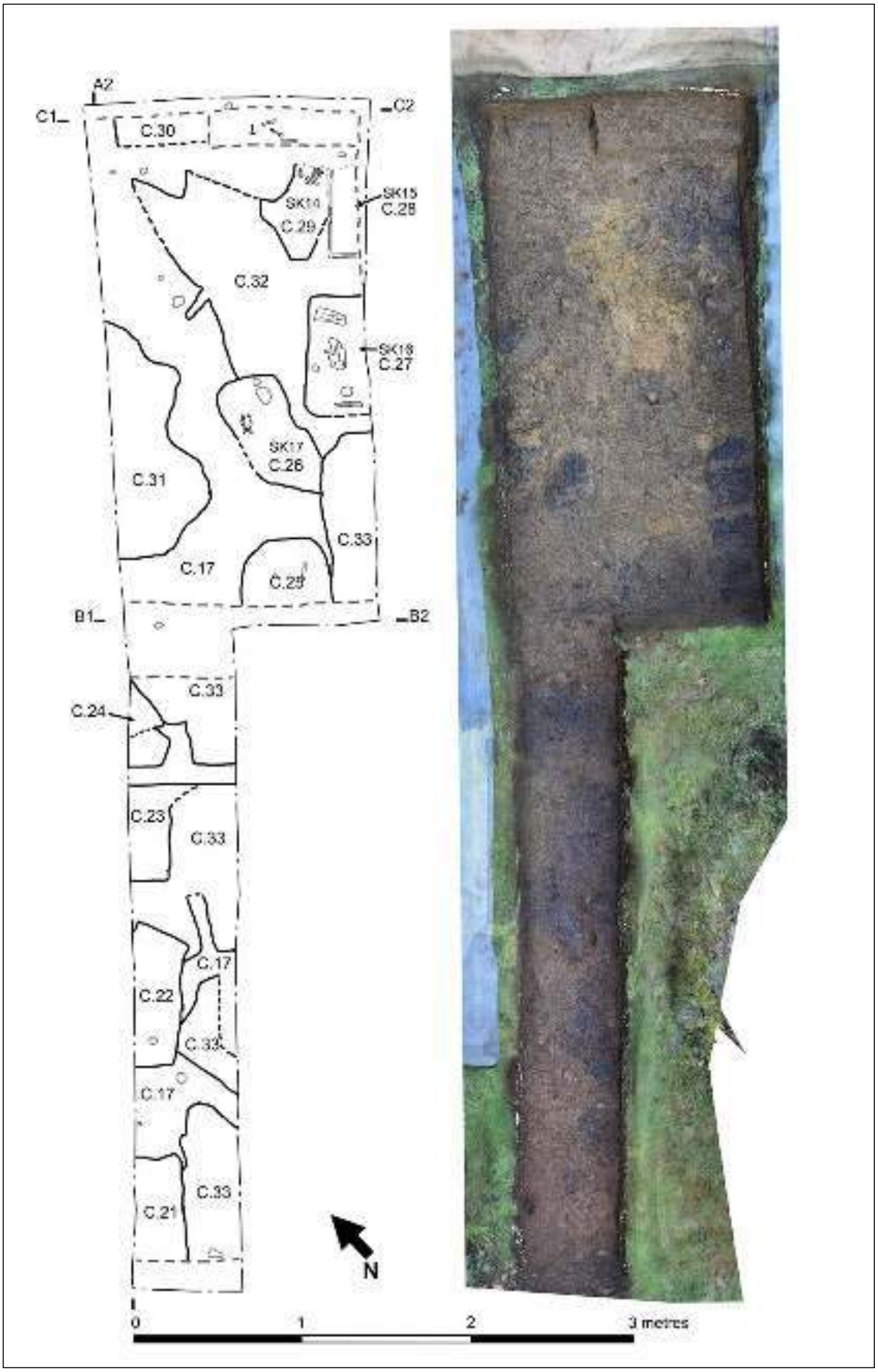

Figure 27: Trench 4 plan drawing (left) and photogrammetric plan view (right)

Adjacent to the latter burial, the end-plate and side-panel timbers of a coffin (SK15) were found *in situ* against the edge of the trench near the eastern corner (**Figure 27**). The northwest side-panel of the coffin was 0.38m in exposed length and the end-plate was 0.14m in exposed length. The grave cut was approximately 0.04m outside the coffin and may have truncated burial SK14. The grave fill (C.28) consisted of soft, mottled dark brown/ mid reddish-brown silty peat with occasional pieces of peat and redeposits of natural clay (i.e. C.33 and C.32). This fill was 0.61m in exposed length by 0.18m in exposed width and occurs at 0.54m below ground level.

Located 0.3m southwest of the latter burial are the skeletal remains and coffin timbers of SK16. These remains were only exposed to a minimal extent to confirm an *in situ* burial. A coffin was present and represented by an end-plate at southwest (0.16m in length, 0.02m in thickness), and two pieces were laid horizontally on the top of the burial (**Figure 27**). The timber at the centre was likely part of the coffin lid (0.19m x 0.11m) and had traces of white paint over green paint. At the north-eastern end, the timber is found horizontal but the dimensions, 0.16m x 0.06m x 0.02m, are suggestive of a possible endplate for this coffin. Skeletal remains and the coffin indicate a southwest-northeast burial. The grave was defined as a rectangular area of fill, 0.68m in length by 0.33m in exposed width. The fill comprised of very soft, yellowish/greyish-brown fine gravelly silt (C.27). The only inclusions appeared to be that of bone, timber and fine pebbles.

In situ burial SK17 had been heavily truncated by ploughing and only the left torso and left arm were represented. The right side appeared truncated, while the left ulna is reversed (proximal end to the distal end) indicating disturbance/rotation. These skeletal remains were positioned at the western side of the grave fill (C.26) orientated northeast-southwest. The fill formed a sub-rectangular area aligned almost north-south, 0.82m in length and 0.42m in width (**Figure 27**). The fill material was soft, yellowish/greyish-brown clayey silt with frequent fine pebbles and pieces of redeposited natural soil (i.e. C.32).

Along the north-western edge of the narrow part of the trench, a series of rectilinear deposits appeared to represent burials. At the southwest end of the trench, a rectangular deposit, 0.64m in exposed length by 0.27m in exposed width, consisted of soft yellowish-brown silty clay (C.21). This grave has been impacted by ploughing activity, particularly at the northeast end and the deposit was noted at a depth of 0.3m below current ground level (**Figure 28**, A1-A2). It was orientated northeast-southwest.

To the northeast, another rectangular deposit consisted of very soft yellowish-brown coarse sandy clay (C.22). This was 0.82m in length and 0.3m in exposed width, 0.45m from the burial to the southwest (**Figure 27**). It was also orientated northeast-southwest. The fill had frequent fine angular pebbles and a single piece of timber was exposed. This timber, centrally placed, had remnants of white paint and appeared to be a coffin lid. The north-western end of the burial was inserted through the peat layer and therefore well-defined as 0.31m in total width. The grave had been impacted by ploughing activity, particularly at the southwest end. The deposit was excavated to 0.42m below ground level – where the coffin timber was found – but the grave fill (C.22) was 0.24m below the surface at the northeast end.

Separated by the peat layer, 0.24m further to the northeast another rectangular deposit was found (**Figure 27**). This comprised very soft, yellowish grey coarse sandy clay with frequent pebbles (C.23). It

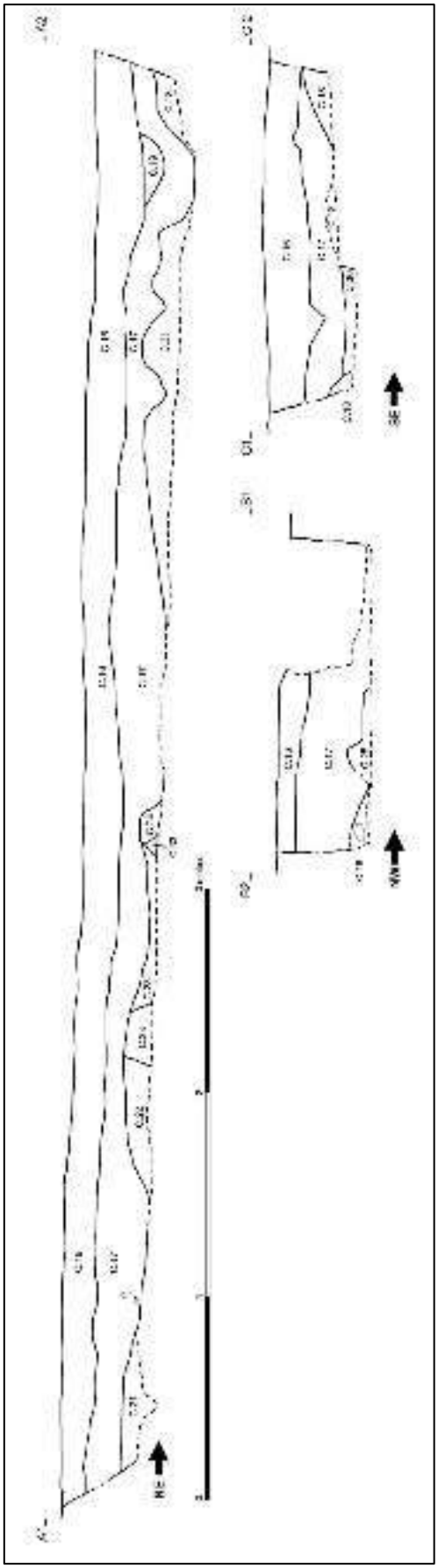

Figure 28: Southeast-facing section of Trench 4 (A1-A2), northeast-facing section (B1-B2) and southwest-facing section (C1-C2) as indicated in Figure 27

was orientated northeast-southwest and measured 0.73m in total length and 0.3m in exposed width. The north-eastern end was disturbed by ploughing and/or root activity. The deposit was excavated to 0.38m below ground level but the grave fill (C.23) was encountered 0.28m below the current surface.

Immediately to the north was another regular deposit/fill with a suggested orientation of north-south (**Figure 27**). A limited portion of this material was exposed within the trench, measuring 0.24m north-south by 0.14m, and was separated from C.23 by undisturbed peat (**Figure 28**, A1-A2). The material consisted of very soft, greyish-yellow coarse sandy clay with fine pebbles (C.24). The southern end was disturbed by ploughing/root activity. Therefore, the upper surface of the probable grave fill undulated from 0.27m to 0.38m below current ground level.

Where the trench widened to 1.53m, a probable grave was identified as C.25 (**Figure 27**). This was a sub-rectangular fill/deposit extending beyond the south-western trench edge at this location. The material consisted of very soft, greyish-yellow sandy clay with some silt, fine pebbles and occasional timber. The exposed portion measured 0.5m in length and 0.36m in width, orientated northeast-southwest. The centre of the fill had voids within and a sizable piece of timber, 0.1m in length and 0.02m in width was orientated northeast-southwest at the side of the deposit. This was likely a part of a side-panel of a coffin. The grave was cut through the peat layer at east and the fill truncated by ploughing activity (**Figure 28**, B1-B2). The upper surface of the remaining grave deposit was between 0.33m and 0.4m below the current ground level.

Finally, a rectangular deposit was identified at the northeast end of Trench 4. This was not exposed in its entirety but measured 0.49m in length and has an exposed width of 0.15m (**Figure 27**). It was orientated northwest-southeast. Notably, this was smaller and of different orientation than other burials within the trench. The potential grave fill was firm, yellowish-brown clay, containing voids, and with inclusions of metal nails (C.30). The shape of the deposit and presence of nails was suggestive of a coffined burial. The upper portion of this grave cut was truncated, most likely by later ploughing activity, but had been inserted through an introduced layer, C.18, and into the underlying natural subsoils (**Figure 28**, C1-C2).

These burials have not been excavated and remain *in situ*. Burials are discussed further in **Section 6**.

The introduced layer mentioned above, C.18, was not apparent throughout the trench. A small area of this material was identified in the southern corner of the wide part of the trench, above the peat layer (**Figure 28**, B1-B2). It was also intermittently identified in the north-easternmost 0.4m of the trench (**Figure 27** and **28**, C1-C2). This consisted of a firm-soft, yellowish-brown (orange) clayey silt (C.18). It had occasional inclusions of charcoal flecks and fine angular pebbles. It had a maximum thickness of 0.15m. Although this potential layer had been heavily impacted by ploughing activity, it could be seen that burial SK15/C.28 was inserted through the introduced material, as was the potential burial C.30.

The main soil disturbance within Trench 4 was represented by an undulating deposit, that formed deep but indistinct linear traces, generally aligned north-south (C.17). These were created as a result of ploughing. There were at least five furrow-lines, and although poorly defined in places, they appear parallel. Three of these intersected the trench diagonally in the narrow south-western section (**Figure 28**, A1-A2). Two more plough furrows were found in the wider part of the trench (**Figures 27** and **28**,

B1-B2/C1-C2). The result of this activity was the formation of C.17, soft, mottled dark greyish-brown clayey silt, with frequent inclusions of pebbles and occasionally disarticulated human bone. It was not clear whether the plough traversed the area one or more times or whether the direction of ploughing was consistent. However, the predominant orientation was north-south. The large central furrow truncated burial SK17/C.26 and probable grave C.25. Furthermore, the disarticulated lower limb bones north of SK14, potentially originated from that burial - a burial which showed evidence of rotation of the skeletal remains - again indicating a north-south soil movement. The thickness of the plough layer varied from 0.07m to 0.34m in thickness. The disarticulated skeletal remains from this deposit are discussed further in **Section 6**.

A curvilinear deposit of very soft dark brownish-grey silt (C.19) extended from the north, arcing to the southwest, where it terminated. A length of 1.2m was evident within the trench. This was 0.33m in width and up to 0.11m in thickness. It had formed in a depression with concave sides and a rounded base (**Figure 28**, A1-A2). It was not deemed a cut feature, but more likely caused by the impression of a tree-limb, or similarly curving object, in the soft plough-soil, which was subsequently removed. The depression silted-up with the finer particles of the surrounding soil, i.e. C.19, and contained no items of interest.

The entire trench was covered by a surface layer of topsoil (C.16). This was soft dark brown silt with moderate fine-medium pebbles. It was generally 0.15m in thickness and contained no disarticulated human remains.

5.6 Trench 5

Trench 5 was located at the northern side of the central monument, between Trench 2 and Trench 6. It was therefore orientated northeast-southwest and was a total length of 2.85m. It measured 0.6m in width and was excavated to a maximum depth of 0.7m.

The stratigraphic matrix for Trench 5 in shown in **Figure 29**. At the time of excavation, the water-table within this trench was approximately 0.6m below the ground surface. A sump or *sondage* for drainage purposes was created in the north corner at a location clear of burials (**Figure 30**). Here, the lowest natural subsoil was clay, but this was almost continuously beneath the water-table and therefore not recorded in detail. The peat layer (C.100), as found in Trenches 2 and 6, was also identified here as a universal natural subsoil. It comprised firm, dark brown fibrous peat with silty inclusions at the interface and was identified at the south of the trench, in the sides of the central cut, and within the *sondage* at north.

A layer of soft, reddish/yellowish-brown (orange) clayey silt with occasional pebbles (C.99) was identified at the northeast and southwest of the trench (**Figure 31**). This was up to 0.5m in thickness but more usually 0.3m in thickness and overlay peat. Correlating to C.8, C.10 and C.79 – in Trenches 1, 2 and 6 – this appeared to be a sterile redeposited natural subsoil, introduced from elsewhere.

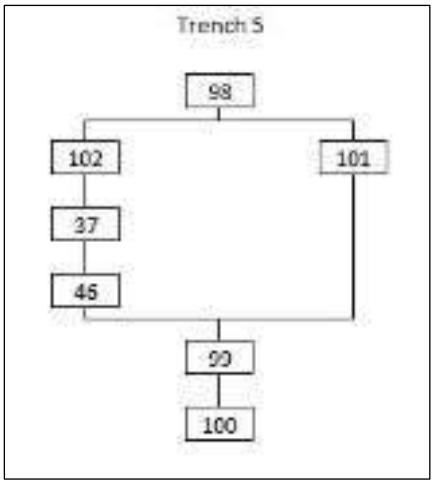

Figure 29: Stratigraphic Matrix for Trench 5

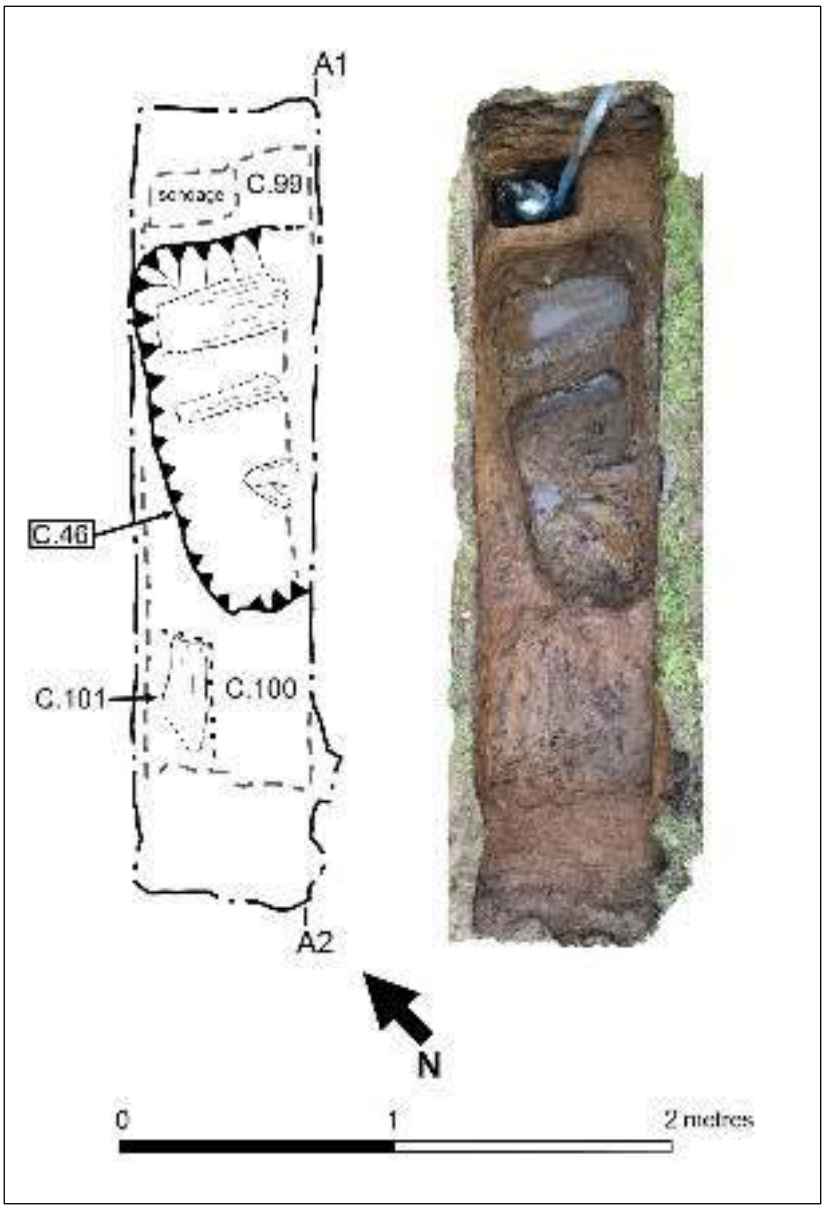

Figure 30: Trench 5 plan drawing (left) and photogrammetric plan view (right)

Three burials were identified within the trench, although no articulated skeletal remains were exposed. An infant humerus was found alongside a substantial fragment of coffin lid (SK18) at the southwest. The coffin lid, orientated southwest-northeast, measured 0.4m in exposed length by 0.17m in exposed width. The upper surface of the coffin lid appeared to have been painted white and a metal nail was positioned 0.04m to the southeast of the timber. This was cut though the introduced layer, but the fill of the grave was largely indistinguishable from that layer except that it was softer in compaction (C.101). The coffin lid was 0.45m below current ground level.

Occupying much of the trench was a portion of a large burial pit (C.46). The western edge of this pit was identified and is 1.3m in length. From the north corner, the pit extended 0.7m east-southeast, and the entire feature continued beyond the limit of the trench to east (**Figure 30**). Therefore, this cut was rectangular, or sub-rectangular, in plan with rounded corners and steep, near vertical, sides (C.46). The base of the pit cut was not excavated. At the northern side, a large part of a coffin lid was exposed, measuring 0.49m in exposed length by 0.23m in exposed width, and orientated northwest-southeast. Part of the grave fill was unexcavated to retain this fragile coffin timber *in situ*.

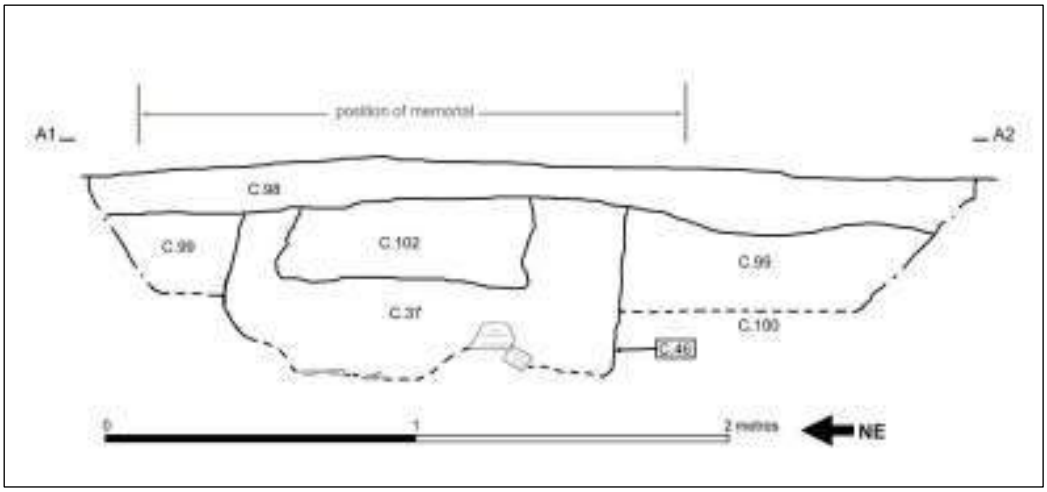

Figure 31: Northwest-facing section of Trench 5 (A1-A2), as indicated in Figure 30

To the south, at approximately the same level, a second probable coffin timber was identified. This was also orientated northwest-southeast and measured 0.4m in exposed length and 0.1m in exposed width. Both coffin timbers extended further to east and had no indication of paint or other treatment. Both were approximately 0.66m below current ground level (**Figure 30**). Two further overlapping timbers, 0.19m and 0.2m in exposed length extended from the eastern trench edge further south. These were both more substantial in thickness than might be expected for coffin fragments (**Figure 31**). They may relate to the securing of the burial cut between interments and, once the pit was disused, they were deposited here. The base of the burial pit cut (C.46) was not reached during excavation, owing to the water-table and the fragility of the *in situ* coffins. The burial pit had filled with firm, dark brown sandy clay, mottled with pieces of peat, pebbles, and occasional timber fragments (C.37). This was up to 0.7m in thickness and occupied the entirety of the exposed burial pit. However, the uppermost fill of the pit was concrete (C.102). This was indurated/set, sand and gravel mix, 0.8m in length northeast-southwest, and extended further east beyond the trench edge. The concrete did not extend to the edges of the burial pit (C.46/C.37) and therefore should not be considered a contemporaneous sealing layer. Instead, it was likely positioned to counter later

subsidence or as a foundation for the directly adjacent memorial cross. The burials identified have not been excavated and remain *in situ*. Burials are discussed further in **Section 6**.

The entire trench was covered by a surface layer of topsoil (C.98). This was very soft dark brown silt with occasional fine-medium pebbles. It varied from 0.12m–0.22m in thickness and contained no disarticulated human remains.

5.7 Trench 6

Trench 6 was located centrally within the southwest part of the burial ground. It was orientated northeast-southwest and extended from the central monument, for a length of 19.77m, towards Trench 7 (see **Figure 14**). The north-eastern part of the trench (9.55m) was 1.56m in width, while the south-western part was 0.6m in width. The trench was excavated to varying depths from 0.25m to 0.94m below ground level.

The stratigraphic matrix for Trench 6 in shown in **Figure 32**. The earliest deposits encountered in Trench 6 were those of natural subsoils. Natural clay subsoil was reached across a 6m length at the centre of the trench and intermittently through 2.5m at the southwestern end (**Figure 33**). This consisted of firm, light yellowish grey clay (C.97). This was consistently found below a layer of peat (C.96). This natural layer was firm, very dark brown fibrous peat with frequent pieces of wood and frequent disturbance by root activity. It was generally 0.3-0.5m below ground level and up to 0.35m in thickness (**Figure 34**).

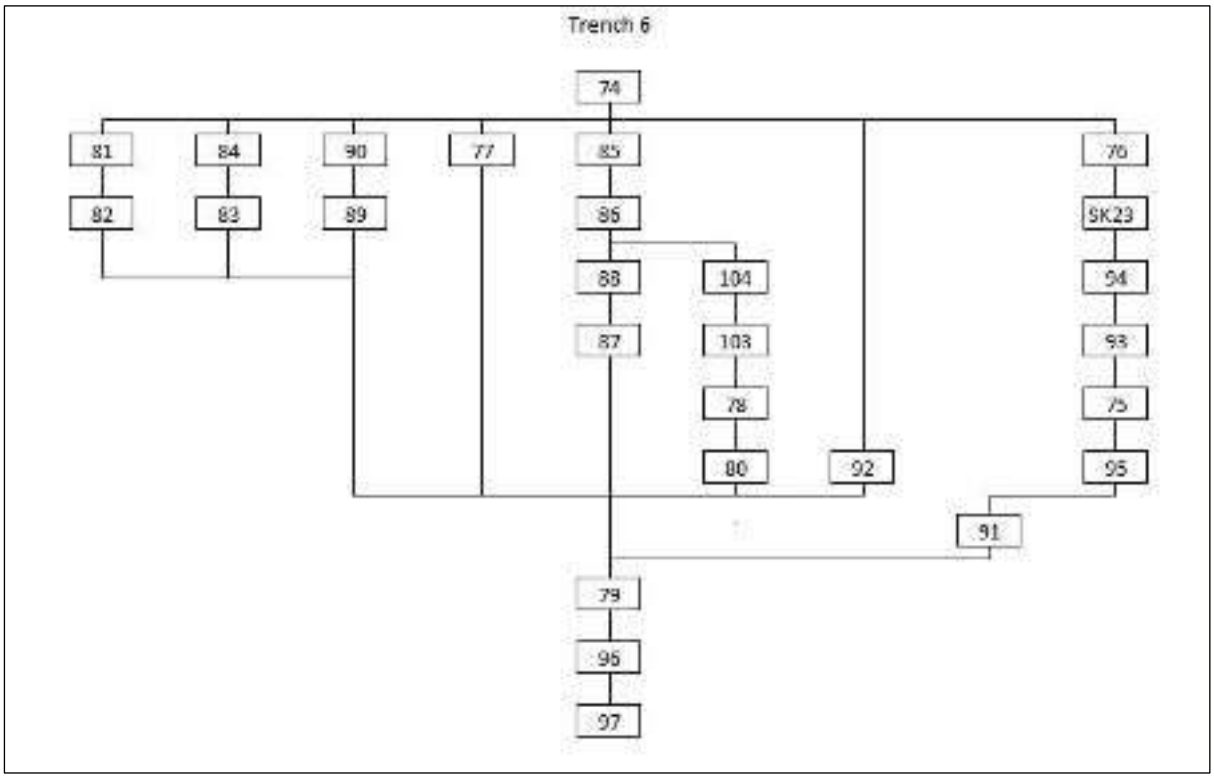

Figure 32: Stratigraphic Matrix for Trench 6

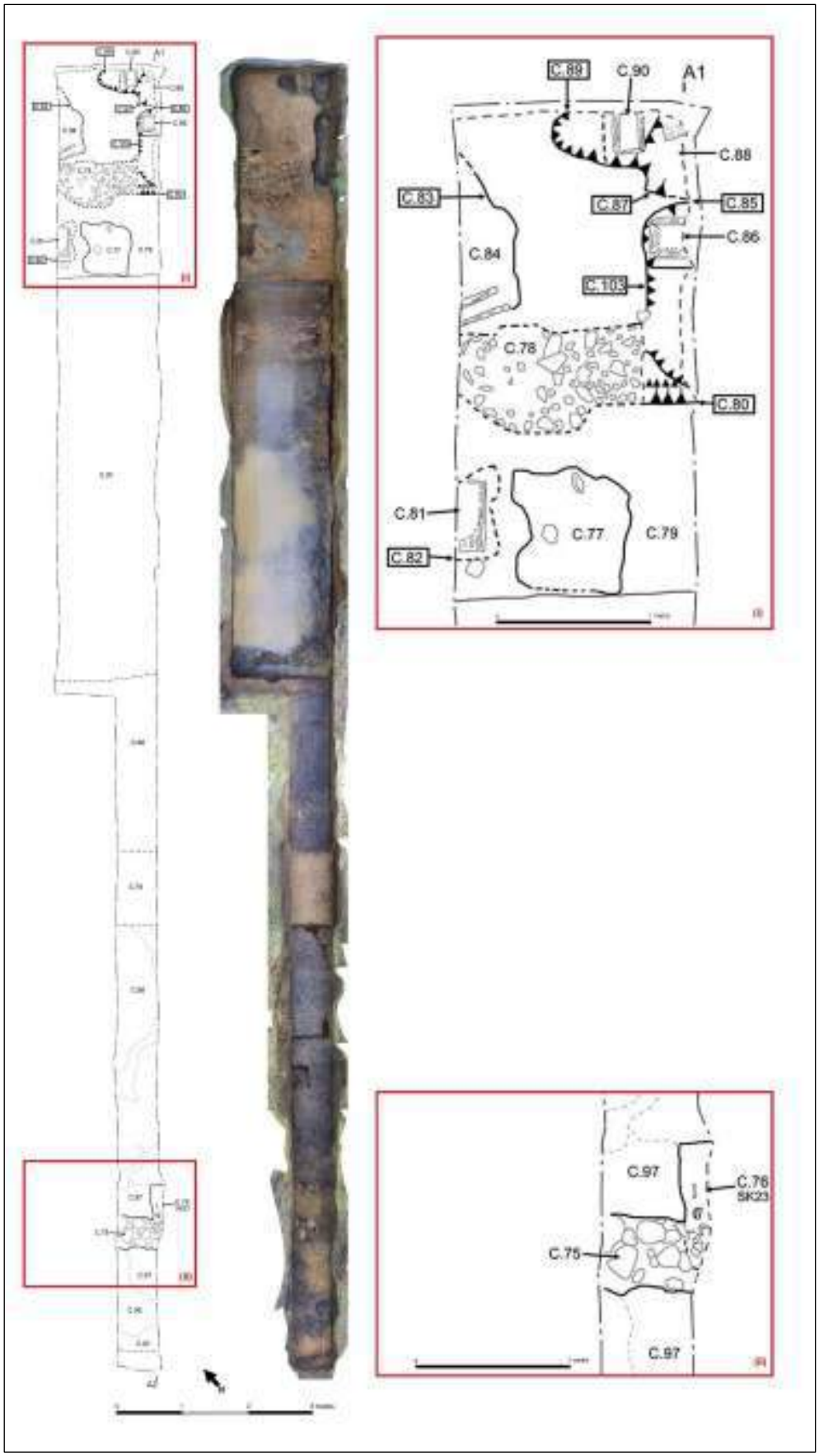

Figure 33: Trench 6 plan drawing (left) and photogrammetric plan view (centre), with details of NE and SW ends enlarged (left)

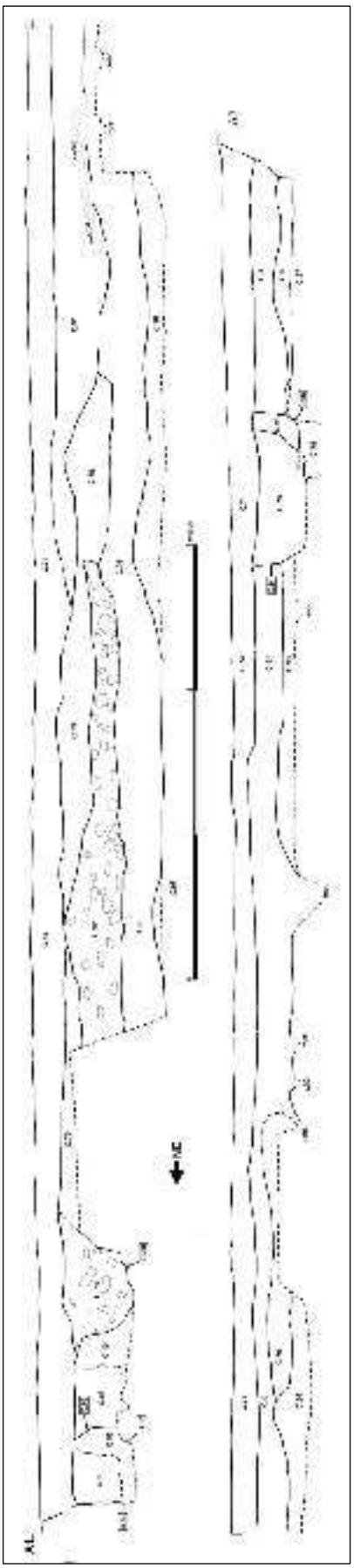

Figure 34: Northwest-facing section of Trench 6 (A1-A2), as indicated in Figure 33

A layer of introduced clay was found across most of the trench, it lay directly on peat (C.79). This comprised soft to firm, mid brownish-yellow silty clay with occasional rounded pebbles. The surviving thickness of the layer varied, 0.14m-0.35m, and it extended 13m to the southwest. Here, about 6m from the southwest end, the layer terminated where there was evidence of substantial root activity into the peat layer below (**Figure 34**). Notably, although found across the mid-point of the trench it became intermittent along the south-eastern trench edge here, for about 3.3m. This was also the position at which the subsequent layer began (i.e. C.91). Approximately 14m from the southwest end, a layer of soft coarse silty sand, mottled dark grey to dark greyish-yellow in colour, extended to the southwest (C.91). This clearly overlay the introduced clay C.79, and had inclusions of lime mortar flecks, with a concentration of mortar where the trench narrowed, *c.*10m from the end (**Figure 34**). No 'sod-line' was evident where this layer and C.79 overlapped and several modern shards of pottery and glass were noted. It appeared that this deposit served the same function as that of the clay, raising up the ground level, albeit with a different source material. Although a stratigraphic relationship was evident, it is likely that both layers (C.79 and C.91) were broadly contemporaneous with one another. At the northern end of the trench, a discrete area of loose grey coarse sandy gravel (C.77) was found on the surface of C.79. This was 0.82m x 0.76m in extent and likely truncated by the drain to the north (C.80). This was probably path/surface material due to its orientation and composition.

A series of field drains were identified at Trench 6. Crossing the trench northwest-southeast, a drain was found (C.95) 1.8m from the southwest end (**Figure 33**). This had demonstrably cut through the build-up layer (C.91) and excavation ceased where the stone fill of the drain (C.75) was encountered (**Figure 34**). The cut was a linear feature, 0.53m in width at the top and 0.38m in width at the lowest level excavated (C.95). The sides were steep and slightly concave, and a depth of 0.37m was excavated. The basal fill appeared to comprise rounded stones – up to 0.18m x 0.16m x 0.8m – in a matrix of very soft dark brownish-grey silt (C.75). This fill was at least 0.18m in thickness. A secondary fill of soft dark brown silt with occasional pebbles and pieces of redeposited clay (C.93) completed the backfilled drain. This was about 0.3m in thickness and had been truncated by a grave cut (C.95) on the northeast side.

The greatest length of drain was witnessed in the northwest-facing section of Trench 6. This drain was not within the trench and was only represented by the stone fill material (C.92). Orientated northeast-southwest, the stone-filled drain was measurable for an exposed length of 3.36m and this portion is between 0.17m and 0.41m in thickness (**Figure 34**). The drain fill was loose rounded and sub-angular stone – up to 0.2m x 0.15m x 0.1m in size – in a matrix of yellowish-brown silt (C.92). The drain had cut through the silty-clay build-up layer (C.79). The upper parts of the sides of the drain retained this material, which occasionally fell away exposing the stone fill. At the southwest end, the line of the drain diverged from that of the trench. It did not appear to end here or change direction significantly. At the northeast end of the exposed drain, it likely continued to join drain C.80 but the juxtaposition of these alignments would place any such junction beyond the area of the trench.

Traversing the trench, northwest-southeast, and 1.2m from the north-eastern end of the trench, C.80 was a linear drain cut (**Figure 33**). It was 1.53m in exposed length and 0.55m in width at the top, although it did widen to 0.7m in places. It was 0.48m in depth with steep sides that rounded or stepped to a rounded base, giving a general U-shaped profile (**Figure 34**). This had been filled with loose rounded or sub-rounded stone in a matrix of yellowish-brown silt (C.78). The silt component of the fill

was likely derived from the surrounding orange clay, C.79. There were stark similarities between this drain (C.80) and that perpendicular to the southwest (C.92), in terms of fill but also the base levels of the drains. Therefore, although any stratigraphic relationship was beyond the limits of the trench, these drains are likely contemporaneous with one another.

A cross-section of drain C.80 was excavated at the southeast end of the exposed portion. This was potentially a misrepresentative part of the drain, as it seemed to have been truncated by a pit cut (C.103). The pit was inserted creating an edge aligned northeast-southwest, 0.22m from the trench edge on this side. A 0.37m length of this upper edge of the pit survived with a vertical side to a flat base (C.103). The base extended into the area of the drain C.80 and an arc of the corner of this postulated pit was visible at the base of the drain (**Figure 33**). Should this be the case then a 0.75m length of the base was evident. It is plausible that once the pit truncated the drain it was abandoned and backfilled. The backfill material was firm mid yellowish-brown silty clay with frequent large pebbles (C.104). The drain fill, i.e. stone, may then have been reinstated along the line of the drain. Alternatively, the pit was created and backfilled prior to the drain being implemented. However, the pit contained no evidence of use and unless it was a section of drain excavated in error, the interpretation presented here is most likely. The backfill material (C.104) was truncated by the insertion of a burial at the north-eastern side (C.86).

A single burial occurred within Trench 6 where skeletal remains were partially exposed (SK23). These remains were abutting the south-eastern trench edge where the drain, C.95/75, traversed the trench. The remains were within a rectangular grave cut (C.94) orientated northeast-southwest and measured 0.82m by an exposed width of up to 0.24m. The northern end was well defined with a sharp right-angled corner (**Figure 33**). The sides were moderately steep concave and the base was not exposed. It was evident that the skeletal remains at southwest end were higher and positioned over the drain fill, C.75 (**Figure 34**). Here, the depth of the remains from the top of the grave cut was 0.3m, while further north the skeletal elements were 0.37m from the top. The cranial remains were 0.48m below current ground level. The grave cut (C.94) also truncated the upper fill of the drain (C.93) in addition to the grey sandy layer (C.91). These stratigraphic relationships indicated that the burial post-dated the stone-filled drain. Hydraulic action surrounding the drain appeared to have impacted the positioning of skeletal remains at this end. Similarly, although two metal nails were identified at the southwest end and two more at the northeast end, no coffin timbers survived. The grave was filled with very soft, dark brown silt with frequent fine pebbles and occasional pieces of yellow clay (C.76). Further details on this burial are given in **Section 6**.

A further five burials were evident at the north-eastern end of Trench 6. Although no skeletal remains were exposed, each of the five burials were indicated by coffins (**Figure 33**). Three of these were identified at the eastern corner. The earliest of these was represented by a presumed coffin timber – probable lid – within a partially exposed sub-rectangular pit (C.87). The pit was truncated but a short length (c. 0.2m) of the northwest side was preserved, as was part of the southwest edge, 0.27m in length. What survived of the burial pit showed it had vertical sides, and the cut was at least 0.5m in length by 0.27m and a minimum of 0.43m in depth. The coffin timber extended into the northeast and southeast trench edge but the portion exposed measured approximately 0.15m x 0.12m. It was difficult to assign an exact orientation to the potential coffin. The coffin timber was within grave fill, soft mottled brown silty clay with frequent redeposited reddish-brown clays and pieces of peat (C.88).

The exact edge of this grave fill material was defined only at the lowest levels (**Figure 34**). This burial was 0.65m below current ground level.

A sizable burial pit truncated the latter grave. This pit cut extended to the northwest and was only partially exposed within the trench (**Figure 33**). The exposed portion measured at least 0.88m in length by 0.35m in exposed width, and 0.36m in depth (C.89). The western corner was rounded, and the sides were near vertical to a flat base, as found at the western part. The centre of the pit was occupied by a coffin, the upper edges of which were 0.15m above the adjacent base to northwest. The coffin extended beyond the limits of the trench to northeast and was orientated northeast-southwest. Three timbers were evident; two side panels and an end-plate. The southeast side and the end-plate were in a vertical position and together with the northwest side panel defined a coffin, 0.18m in width and at least 0.25m in length. The coffin lid was not evident, and the timber used was approximately 15mm in thickness. The upper edges of the coffin were 0.45m below the current ground surface. This was maintained on a pedestal of grave fill (C.90). The fill material was soft mid reddish-brown silt clay with occasional peat inclusions. It filled the entire area of the pit, even where no burials were identified.

As previously mentioned, a burial intersected/truncated the backfilled pit, C.104 (**Figure 34**). This burial (C.86) truncated the fill to the north (C.88), and therefore post-dated the latter. The grave was orientated northwest–southeast and only 0.3m of the north-western end was exposed within the trench (**Figure 33**). The near vertical sides defined the cut as 0.41m in width, although it did splay towards the top of the northern side. The base was not reached due to three *in situ* coffin timbers. These represented the side panels and end-plate of a coffin that had collapsed outwards. The coffin lid was not evident but may have degraded into the central void. The endplate measured approximately 0.2m in length by 0.06m in width, the northern side panel was exposed to 0.22m in length by 0.05m and the southern side panel was exposed to 0.20 in length by 0.06m. Each timber was 16mm in thickness and both side panels extended beyond the edge of the trench. The grave fill was firm reddish-brown silty clay, mottled with peat, and at least 0.39m in thickness (C.86). The uppermost edge of the northern coffin timber was 0.28m below the upper edge of the cut, and 0.54m below current ground level.

On the opposite side of the trench a substantial pit cut was identified (C.83). This appears to have been sub-rectangular, orientated north-south (**Figure 33**). The eastern edge was slightly irregular and exposed for a length of 1.06m. The southern edge of the pit cut was largely defined by coffin timbers and a length of 0.42m was exposed. The corner here was rounded and the sides steep/concave but only a limited amount of the sides was excavated, 0.07m. It was not deemed necessary to excavate the entirety of the fill within the pit as the upper parts of a coffin were present at south. The coffin was orientated east-west and consisted of both the north and south parts of the coffin lid which had collapsed along the centreline. There was a void in fill material between these two timbers. The remnants of the coffin lid measure 0.25m x 0.05m and 0.34m x 0.03m, defining a coffin 0.17m in width by at least 0.35m in length. The coffin lid extended into the trench edge at west and is 0.44m below the current ground surface. The coffined burial rested within the burial fill, a soft reddish-brown silty clay, with occasional pebbles (C.84).

A final burial identified in Trench 6 was located 1m to the southwest of the latter, C.84. This grave consisted of a single coffin and associated grave fill (C.81) within a grave cut (C.82) orientated northeast- southwest (**Figure 33**). The cut was sub-rectangular, with rounded corners, and measured

0.54m in length by at least 0.22m (C.82). This was excavated to a depth of 0.02m at which point the coffin was exposed. The limited sides of the cut appeared to be vertical. The grave fill consisted of firm, dark reddish-brown silty clay (C.81). The coffin was represented by the partially exposed lid, measuring 0.44m in length by at least 0.18m, and the end-plate at northeast, measuring 0.12m in exposed length and 10mm in thickness. The centre of the coffin had subsided/slumped, and the upper edges of the coffin were 0.44m below current ground level. The burials discussed here have not been excavated and remain *in situ*.

The entire trench was covered by a surface layer of topsoil (C.74). This comprises very soft, dark greyish brown silt with occasional fine-medium pebbles. While occasionally it was up to 0.25m in thickness, it was generally found to be 0.16m in thickness and contained no disarticulated human remains.

5.8 Trench 7

Trench 7 was located at the southwest of the site and passed through the present entrance. It was orientated northeast-southwest and excavated for a total length of 6.4m. The trench was offset to the northwest half of the entrance and was 3.2m in either direction from the entrance posts. It measured 0.6m in width and was excavated to a maximum depth of 0.87m.

The stratigraphic matrix for Trench 7 is shown in **Figure 35**. The lowest natural subsoil encountered was firm brownish yellow clay, which is generally 0.8m below current ground level and exposed across a large part of the north-eastern half of the trench (**Figure 36**). A layer of natural peat overlay the clay. This was firm, dark reddish-brown to black fibrous peat with inclusions of silt, iron pan flecks and roots disturbance (C.70). This was exposed over a 5.45m length of the trench and excavated in the north-eastern half, where it was found to be up to 0.39m in thickness. These natural layers were archaeologically sterile. The water-table was found to fluctuate within these layers during excavation, between 0.8m and 0.6m below current ground level.

A substantial layer of soft brownish-grey gravelly silt (C.69) was excavated in the north-eastern 4.2m of the trench. It contained frequent inclusions of coarse sand, occasional large rounded pebbles – up to 0.07m x 0.05m x 0.04m in size – and an oyster shell and some glazed ceramics were recovered. It varied between 0.17m and 0.32m in thickness (**Figure 37**). This may be considered a series of lenses of gravelly deposits laid directly on the peat surface to build-up the ground level. At the northern end of the trench a soft, greyish brown silt (C.71) was above the latter. This was only evident in the northernmost 1.4m of the trench and reached a maximum thickness of 0.18m. Similar to this, was a deposit of very soft, dark brown silt, with moderate flecks of stone throughout (C.67). This commenced to the southeast of the entrance posts and was truncated by a pipe cut (C.64). It was evident for 1m in length and was up to 0.25m in thickness. Above both silty deposits was a layer of soft yellowish-brown clayey silt, with occasional patches of fine gravel (C.68). First noted at the centre of the trench, it dissipated before the northeast end, 3.25m in length (**Figure 37**). It was up to 0.16m in thickness and appeared to be similar to other clay build-up layers in surrounding Trenches 3, 4 and 6 (C.36, C.18 and C.79 respectively).

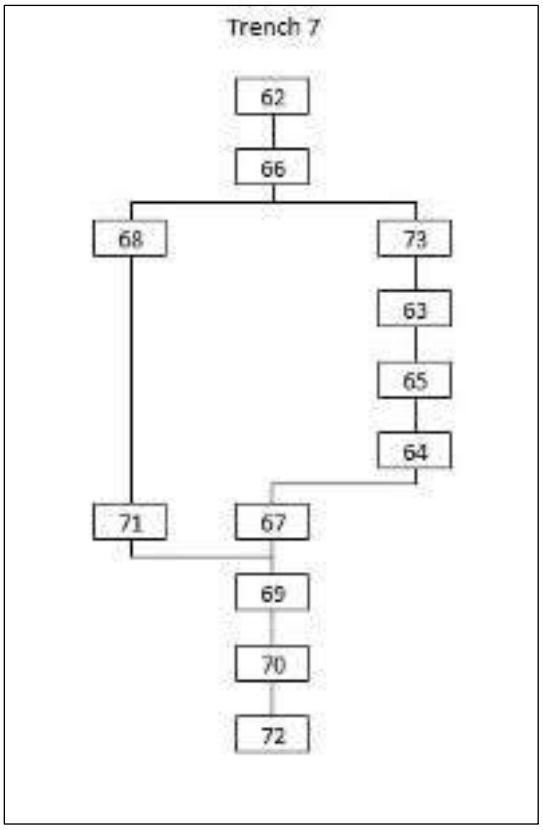

Figure 35: Stratigraphic Matrix for Trench 7

The northern side of a pipe trench truncated deposits C.67, C.69 and C.70. The linear cut (C.64), traversed the trench in east/southeast-west/northwest direction, and was 1.27 in width at the top, 0.75m in width at the base (**Figure 36**). The northern side was vertical while the southern side was stepped with moderate slope (**Figure 37**). The base, where excavated, was flat and the cut was a maximum 0.62m in depth (C.64). Within the cut lay a six-inch salt-glazed clay pipe (C.65). A collar at the connection of two pipe sections was stamped with a brand mark 'H' within a double concentric circle. The pipe was set as much as 0.07m off the base of the trench cut. The primary backfill material surrounding the pipe was of regularly placed rounded and sub-rounded stones – between 0.1m x 0.07m x 0.05m and 0.28m x 0.18m x 0.16m in size (C.63). Above and to the side of the pipe at southwest, the stones were larger and more angular. Only one large stone was noted to the northwest of the pipe and this had been dragged out of position by the machine during excavation (see **Figure 36**). These stones were within a matrix of very soft, dark greyish brown silt with occasional patches of lime mortar and angular pebbles (C.63). This backfill material (C.63) was the full width of the pipe trench at the base, but only filled the south-eastern half of the pipe trench to the top. It may be assumed that this material was backfilled from this side. A second fill material was deposited into the remaining void at the top of the pipe cut. This upper fill, confined to the northeast side, was yellowish-brown silty clay, of variable compaction, with occasional pieces of lime mortar (C.73). It spanned the full length of the exposed pipe-cut, 0.75m in width and 0.4m – 0.5m in thickness. This could have been backfilled from the north-eastern side.

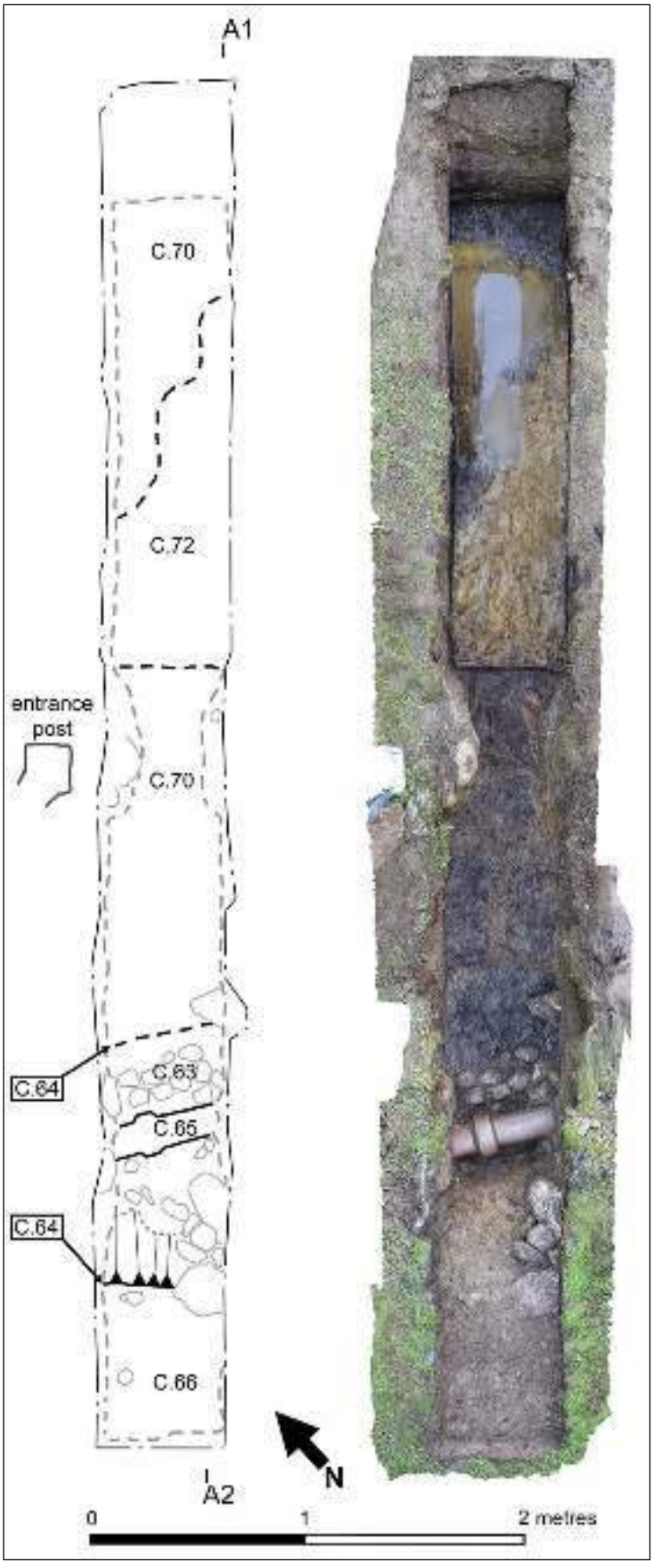

Figure 36: Trench 7 plan drawing (left) and photogrammetric plan view (right)

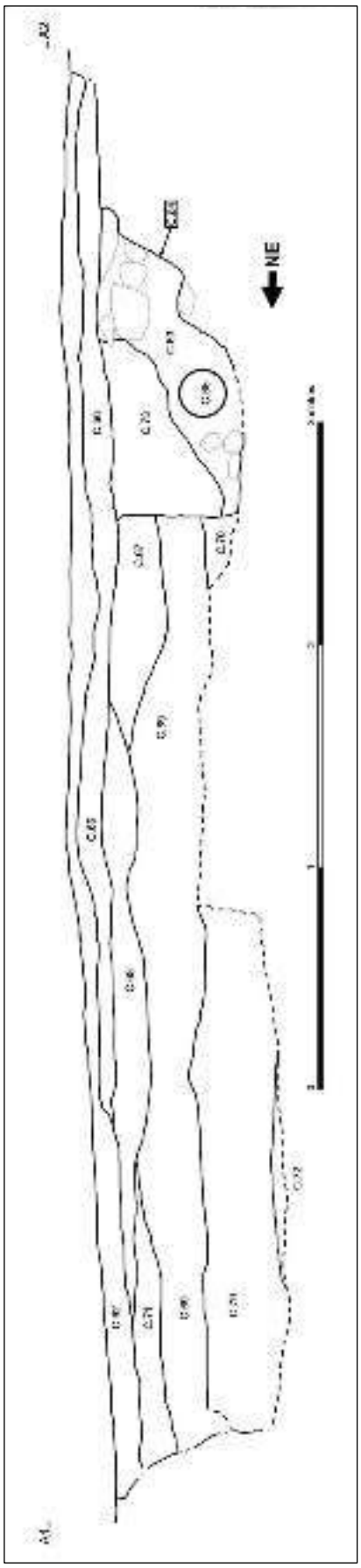

Figure 37: Northwest-facing section of Trench 7 (A1-A2), as indicated in Figure 36

Sealing the pipe trench was an expansive layer of loose coarse sand, with frequent fine-medium pebbles (C.66). This varied in colour from yellowish-brown at south to grey at north and extended 4.85m from the southeast end of the trench. It was between 0.08m and 0.13m in thickness and was not fully excavated southeast of the pipe trench. Although a likely surface material, this deposit and all others were covered by a universal layer of topsoil. The topsoil (C.62) consisted of soft, mid-brown silt with moderate amounts of fine pebbles throughout. It was generally 0.11m in thickness, and less where gravelly sand C.66 was directly beneath, and it contained no human remains or other items of significance.

6. Human Remains: Evidence and Analysis

Evidence of burials was identified in all except one of the seven trenches excavated during this investigation. This exception was Trench 7, located at the current main entrance to the site. Human skeletal remains, all juvenile (<18 years old at time-of-death), were identified most typically associated with coffins. Other coffins were identified where the wooden surface was largely intact and, in those instances, no attempt was then made to expose the interiors: the logical assumption is that these are intact burials, and this is the assumption that will be made for the purposes of this report. In addition, where soil changes indicated the presence of other possible graves, none of these were examined further in order to minimise damage to any extant skeletal remains (see **Section 5.5**). Bone samples were selected from 12 of the identified burials with exposed skeletal remains and these samples were submitted for radiocarbon dating, along with one disarticulated human bone (see **Section 7.1** for results and discussion). Apart from the bone samples for dating, no other skeletal remains were removed from the site. During the excavation, once skeletal remains were uncovered, the Osteoarchaeologist undertook minimal cleaning of the area to confirm, or otherwise, the presence of an *in situ* burial. This was then recorded in as much detail as possible, while ensuring minimal disturbance to any surviving skeletal remains. Disarticulated human skeletal remains were uncovered exclusively in Trench 4. Much of this bone was retrieved from excavated spoil, while some other bones were identified embedded, but in a disarticulated state, during hand excavation.

In general, the skeletal remains, particularly those from *in situ* graves, were in an excellent state of preservation. The exception was SK17 in Trench 4 where there was visible erosion of bones. This latter burial was truncated, which may have accelerated decomposition. The grave of SK03 in Trench 1 appeared to have also suffered some disturbance (involving collapse), apparently related to the presence of a tree-bowl in the immediate vicinity. In Trench 3 the skeletal remains from a number of burials, such as SK07 and SK19, were collapsing into voids, at least some of which were directly associated with a service trench for a waste-water pipe (C.51/C.52). Root activity was also significant in this latter trench. In comparison to the well-preserved bones in many of the burials, numerous disarticulated remains in Trench 4 had suffered erosion and were incomplete. Three cranial fragments and a long bone had breaks which occurred post-mortem, when the bones were still relatively fresh, that is, still containing much of the organic content (see Trench 4 below).

6.1 Methodology

As mentioned above, once the presence of an *in situ* burial was established no further excavation took place in that particular area. In addition, minimal bone was actually exposed in order to preserve the integrity of the preservation. The Osteoarchaeologist recorded in detail the exposed skeletal remains of any *in situ* individuals, with the primary focus being on establishing age-at-death. This was determined particularly from long bone lengths, based on the established standards (Scheuer *et al.* 1980, Scheuer and Black 2000, Schaefer *et al.* 2009). Only loose bones were measured: no embedded, or semi-embedded, bones were disturbed in order to obtain measurements. In some instances, for example SK03, the age-at-death was determined on the basis of the size of other skeletal elements, again using the aforementioned standards. The methods used are listed below with each individual

burial. In addition, the assessment of dental development and/or eruption was also utilised (after Moorrees *et al.* 1963a, Moorrees *et al.* 1963b), though less frequently. All assessible skeletal remains, both in *in situ* burials and in the disarticulated assemblage, were from individuals aged less than 1 year at the time of death, that is, infants. Measurements were taken using a Powerfix ® electronic digital calipers and the measurements are provided in the details of the individual burials below and in the disarticulated catalogue in **Appendix F**. Osteological terms are provided in **Appendix E**. The term 'juvenile' refers to any individual who has not reached maturity in terms of skeletal and dental growth. An 'infant' is defined as any individual aged less than 1 year at the time of death. Very young infants may be divided into 'pre-term' (<37 foetal weeks) and 'full-term' (37-42 foetal weeks). The more general term 'perinate' refers to an individual aged anywhere between 24 foetal weeks and 7 postnatal days. 'Neonate' refers to an individual from birth to 28 days. These are based on paediatric definitions (Scheuer and Black 2000, 468). No individual aged greater than 1 year at the time of death was identified from the skeletal remains during the current investigation.

A single bone sample was taken for radiocarbon dating from each of 12 burials, along with a single disarticulated bone from Trench 4. These samples are detailed in **Section 7.1**.

All of the details recorded on the identified *in situ* burials is provided below, on a trench-by-trench basis. Disarticulated human remains were only present in Trench 4 and the assessment of those remains is provided in the section pertaining to Trench 4 below. The disarticulated bones were recorded by hand on-site and later compiled into a database. Most individual bones, and teeth where relevant, were allocated an individual identification or 'ID' number (*nota bene* no bone was physically marked during the process). However, in some instances, multiple fragments were grouped together (for example, ID1017 comprises six cranial vault fragments). A total of 78 individual entries (ID1001-1078) were recorded in the inventory, representing 128 individual fragments of bone or teeth.

The disarticulated inventory lists 13 individual fields. The unique identifier ('ID') is the first, followed by 'Trench', 'Context', and 'Other Info', with the latter pertaining to any other contextual information. The next field records whether a bone was recovered out of context or *in situ*. The actual 'Bone' is then recorded, followed by a simple relevant code (based on Chamberlain and Witkin 2000), and the 'Side'. The age-at-death is recorded under three sections: 'Age1' identifies whether the remains are juvenile ('JUV', <18 years) or adult ('AA', 18> years), 'Age2', specifies the general age group (in this instance, all remains were infant 'INF' or <1 year), while 'Age3' provides the specific age, if determined. The field 'Details' then allows a more detailed written record of the bone, while the number of fragments is also recorded.

6.2 *In Situ* Skeletal Remains

Skeletal remains were identified in six of the seven excavated trenches, the exception being Trench 7. Twenty-three skeleton numbers were allocated, running from SK01 through to SK23. Most of these represent individual *in situ* burials; however, this was not always the case. A summary of these initial 23 numbers is provided in **Table 2**. (more complete details of each burial are provided below). It must be iterated that further probable/possible coffins and/or grave cuts were identified in Trenches 2, 4,

5 and 6: however, as no skeletal remains were exposed, they are not examined in detail here (see **Sections 5.3**, **5.5** – **5.7**).

Table 2: List of 'Skeleton Numbers' and nature of find

SK.	Trench	Brief
SK01	1	*In situ*
SK02	1	*In situ*
SK03	1	*In situ*
SK04	2	*In situ*
SK05	2	*In situ*
SK06	2	*In situ*
SK07	3	*In situ*
SK08	3	Cancelled,
SK09	3	*In situ*
SK10	3	*In situ*
SK11	3	*In situ*
SK12	3	*In situ*
SK13	3	Probable *In*
SK14	4	*In situ*
SK15	4	No skeletal
SK16	4	Only cranial
SK17	4	*In situ*
SK18	5a	*In situ*
SK19	3	*In situ*
SK20	3	*In situ*
SK21	3	*In situ*
SK22	3	*In situ*
SK23	6	*In situ*

6.3 Human Remains Trench 1

Three *in situ* burials were identified in Trench 1: SK01, SK02, and SK03. No disarticulated human remains were present in this trench. The first two burials were in graves which cut into the subsoil C.3, while the third burial was buried within C.8, a layer that had been introduced into the site.

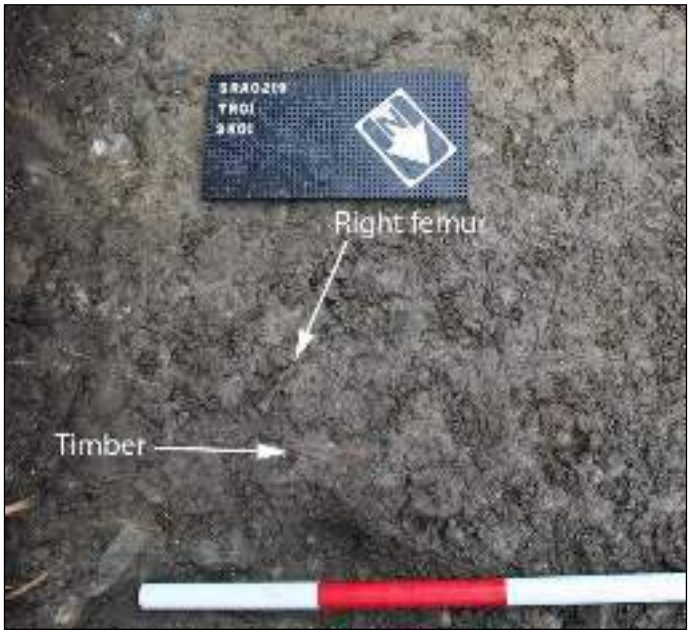

Plate 4: SK01 *in situ*, from northeast

SK01 **Plates 4-6**

The skeletal remains of this individual were visible within a wooden coffin. The burial was orientated southeast-northwest, with the head to the southeast. The remains were located 0.24m below current ground level. The individual appears to have been laid largely supine, with at least the right leg flexed to the left lateral. This suggests an approximate 'foetal position' with at least the lower legs turned onto the left side. The exposed bones included the sphenoid from the cranium, and the right humerus, ilium (from the hip), femur, tibia, and fibula. The exposed bones were in an excellent state of preservation. The right femur was selected for radiocarbon dating.

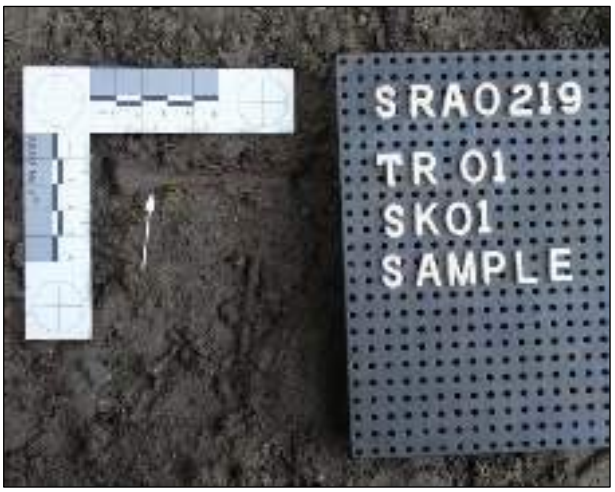

Plate 5: SK01 *in situ*, right femur for radiocarbon dating

The age-at-death of this individual was estimated at 38.0+/-2.08 foetal weeks, based on the right femur.

Long bone measurements were recorded on the right femur (73.96mm) and the right humerus (65.42mm).

Plate 6: SK01, right femur for radiocarbon dating

SK02 **Plates 7-9**

The skeletal remains of this individual were visible within a wooden coffin. The burial was orientated southeast-northwest, with the head to the southeast. The remains were located 0.21m below current ground level and were 0.54m from SK01. The individual appears to have been laid supine. There was some disturbance to the skeletal remains during excavation. The exposed bones included cranial remains, the right humerus, the femora, the left tibia, and a fibula. The exposed bones were in an excellent state of preservation. The right femur was selected for radiocarbon dating

The age-at-death of this individual was estimated at 37.4+/-1.87 foetal weeks, based on the left femur and tibia.

Long bone measurements were recorded on the right femur (69.97mm), the left femur (70.11mm), and the left tibia (61.71mm).

Plate 7: SK02 in situ, from NE

Plate 8: SK02 in situ, right femur for radiocarbon dating

Plate 9: SK02, right femur for radiocarbon dating

SK03 **Plates 10-11**

The skeletal remains of this individual appear to be associated with a wooden coffin, although the remains were slightly out of alignment with the apparent/supposed line of the coffin. The burial was orientated southwest-northeast, with the head to the southwest, and were located 0.26m below current ground level and were 3.15m to the northwest of SK02. The individual appears to have been laid supine. It is possible that the burial suffered some disturbance due to the interpreted presence of a tree-bowl (C.8a), immediately to the northwest of SK03. The exposed bones included cranial remains (including the right petrous portion), a collection of possibly left ribs, and some arches of the cervical vertebrae. The exposed bones were in an excellent state of preservation.

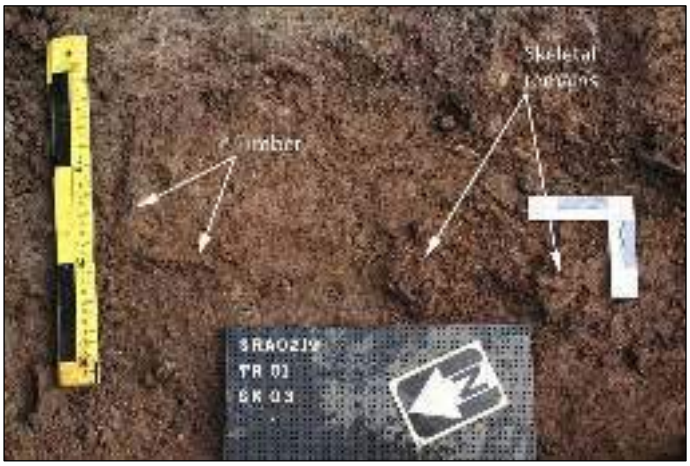

Plate 10: SK03 *in situ*, from NW

Plate 11: SK03 in situ, detail

The age-at-death of this individual was estimated at between 38 and 40 foetal weeks, based on the size of the petrous portion.

The petrous portion provided a length of 36.68mm and a width of 16.35mm.

6.4 Human Remains Trench 2

Three *in situ* burials were identified in Trench 2: SK04, SK05, and SK06. No disarticulated human remains were present in this trench. The graves of all three individuals were within an introduced layer, C.10. One possible grave deposit C.45, truncated by the burials of SK05 and SK06, was also identified (see **Section 5.3**).

SK04 **Plates 12-14**

The skeletal remains of this individual appear to be associated with a wooden coffin, which particularly survived at the 'foot' end of the individual. The burial was orientated southeast-northwest, with the head to the southeast and were located 0.27m below current ground level. The individual appears to have been laid supine. The legs appeared bent out at the knees to their respective sides, as an infant's limbs may normally fall, but the individual may have slipped slightly towards the foot end of the coffin, presumably during burial. The exposed bones included the cranium, the left scapula, ribs, humerus, ilium, ischium (both from the hip), vertebrae, the femora, tibiae, and left fibula. The exposed bones were in an excellent state of preservation. The left femur was selected for radiocarbon dating.

The age-at-death of this individual was estimated 36.3+/-2.08 foetal weeks, based on the size of the left femur.

Long bone measurements were recorded on the left humerus (60.7mm) and the left femur (68.99mm).

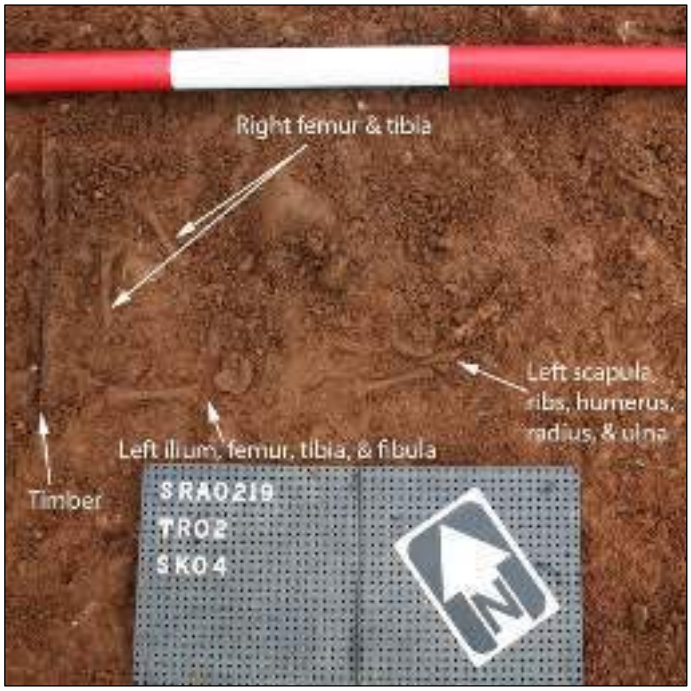

Plate 12: SK04 in situ, from SW

Plate 13: SK04 left femur in situ, for radiocarbon dating

Plate 14: SK04 left femur for radiocarbon dating

SK05 **Plate 15**

Although no actual timber was apparent with this burial, at least one metal nail was present in the immediate vicinity, suggesting a coffin. The burial was orientated southwest-northeast, with the head to the southwest, were located 0.36m below current ground level, and were 0.60m from SK06. The individual appears to have been laid supine. The exposed bones included cranial remains, the left ribs, scapula, and humerus, and the right femur. The exposed bones were in an excellent state of preservation.

The age-at-death of this individual was estimated at 38.1+/-2.08 foetal weeks, based on the size of the right femur.

Plate 15: SK05 in situ, from NW

Long bone measurements were recorded on the right femur (74.37mm) and the left humerus (65.92mm).

SK06 **Plates 16-18**

No actual timber was immediately apparent around this individual, although a number of metal nails were present, suggesting a coffin. The burial was orientated northeast-southwest, with the head to the northeast, were located 0.30m below current ground level, and were 0.60m to the north of SK05. The individual was laid supine. The exposed bones included numerous cranial elements (left frontal, parietals, occipital, and possibly the left maxilla), the right humerus and ulna. The exposed bones were in an excellent state of preservation. The right humerus was selected for radiocarbon dating.

Plate 16: SK06 in situ, from NW

The age-at-death of this individual was estimated at 36.7+/-2.33 foetal weeks, based on the right humerus.

The long bone measurement of the right humerus was recorded as 61.17mm.

Plate 17: SK06 right humerus in situ, for radiocarbon dating

Plate 18: SK06 right humerus for radiocarbon dating

6.5 Human Remains Trench 3

A total of ten *in situ* burials were identified in this trench: SK07, SK09, SK10, SK11, SK12, SK13, SK19, SK20, SK21, and SK22. One skeleton number, SK08, was initially allocated to skeletal remains that was a possible burial but this was later identified as being part of SK07. No disarticulated human skeletal remains were present in this trench. All burials in this trench were contained within C.48/C.48b, interpreted as an introduced layer.

SK07 **Plates 19-24**

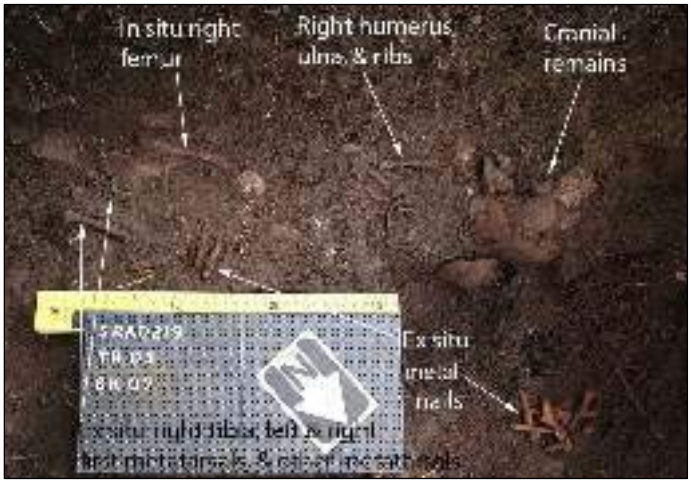

Plate 19: SK07 in situ, from NE

Although no timber remains were immediately apparent with this individual, numerous metal nails were recovered, indicating a probable coffin. The burial was orientated northwest-southeast, with the head to the northwest. The burial was located 0.44m below current ground level. This individual was identified in two stages. The cranium and torso elements of SK07 were initially identified during the targeted excavation of the northwest edge of Trench 3. Subsequent excavation, targeting the line of pipe C.52 exposed legs bones, initially recorded as SK08, just to the southeast of SK07. Subsequent on-site analysis indicated that SK07 and SK08 were likely to be the same individual, 'SK08' was voided from the excavation record, and 'SK07' was subsequently used to record this individual.

There was some disturbance to the left side of the exposed remains: this was linked with collapsing voids and the extensive presence of roots, which were all associated with the pipe C.52. The cranium in particular had clearly collapsed into the voids. The evidence indicates that SK07 was buried sometime after the works associated with the insertion of pipe c.52.

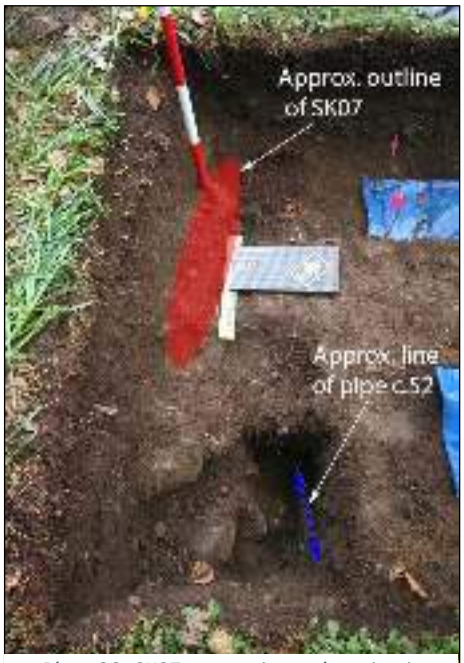

Plate 20: SK07, approximate location in relation to pipe c.52, from SE

SK07 was buried in a supine, extended position. The exposed bones included numerous elements of the cranium, the left arch of the first cervical vertebra, the right clavicle and humerus (both disarticulated), right ulna, ribs, and femur, and the right tibia, first left and right first metatarsals, and other metatarsals (all disarticulated). The exposed bones were in an excellent state of preservation. The right humerus was selected for radiocarbon dating.

Plate 21: Location of SK07 in relation to pipe c.52, from SW

The age-at-death of this individual was estimated at 40.7+/-1.87 foetal weeks, based on the right femur and tibia.

Long bone measurements were recorded on the right humerus (66.2mm), the right femur (77.69mm), and the right tibia (69.67mm).

Plate 22: SK07, detail of cranial remains collapsing into void (associated with construction of pipe c.52) and the presence of extensive roots, from NE

Plate 23: SK07 right humerus, in situ, for radiocarbon dating

Plate 24: SK07 right humerus for radiocarbon dating

SK09 **Plates 25-27**

No timber remains were immediately apparent in association with this individual. However, numerous metal nails were found in the immediate vicinity of SK09 and are likely indicative of a coffin. The remains of this individual were located 0.50m below current ground level and were approximately 0.50m to the northwest of SK07. SK09 was exposed during the targeted excavation of the northwest edge of Trench 3. The exposed remains, which were in an excellent state of preservation, comprised elements of the cranium, including both frontals, fragments of the parietals, and the squamous of possibly the occipital, as well as the right arch of the first cervical vertebra. Given the limited exposure of the remains, it is difficult to assess burial

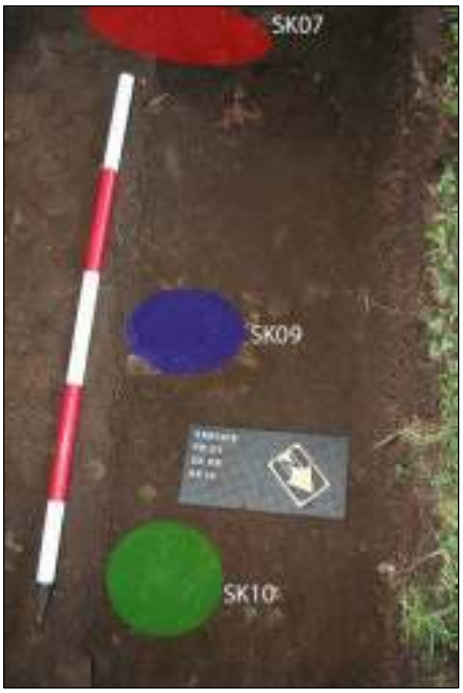

Plate 25: SK07, SK09, and SK10 in TR3, from NE

position. However, this presumed-coffined burial was likely interred in a northwest-southeast direction, with the head to the west.

Plate 26: SK09 in situ, from NE

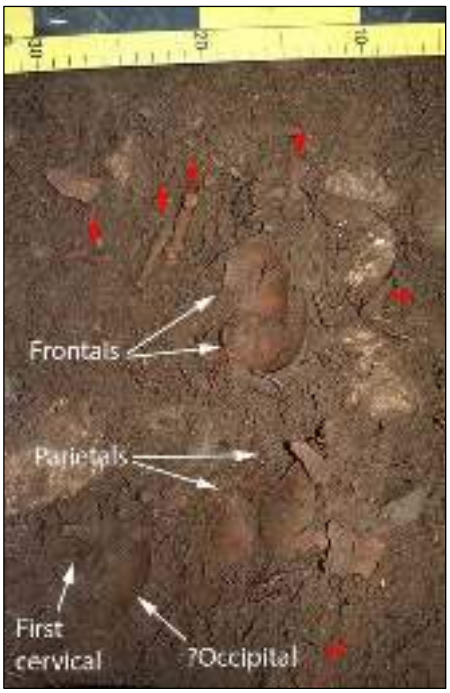

Plate 27: SK09 in situ, detail, metal nails arrowed in red, from SE

The age-at-death of this individual was estimated as a young infant, less than 3 months old at the time of death, based on the size of the cervical vertebra.

The length of the right arch of the first cervical vertebra was 20.64mm.

SK10 **Plates 25, 28-29**

Similar to SK09, while no coffin timbers were directly associated with this individual, numerous metal nails were identified, which are likely indicative of a coffin. The burial was orientated northwest-southeast, with the head to the west: the orientation was more definitively evident than in SK09 due to the presence of torso remains. The burial was supine. The right arm may have been positioned over the torso as, although the lower half of the skeleton was not exposed, the bones of the lower part of the arm were recovered. The individual was 0.46m below current ground level and was located 0.24m to the northeast of SK09. This burial was identified during the targeted excavation of the northwest edge of Trench 3. The exposed bones included cranial remains (including the right frontal), the left and right mandible and maxillae, the right humerus, radius, and ulna (slightly disturbed during excavation), the right scapula, clavicle, and ribs, and the left humerus.

Plate 28: SK10 in situ from NE

The age-at-death of this individual was estimated at 40.9+/-2.12 foetal weeks, based on the right humerus, radius, and ulna (after Scheuer *et al.* 1980). However, the individual may have been up to 1.5 months old (based on Maresh (1970)).

Long bone measurements were recorded on the right humerus (71.58mm), the right radius (53.91mm), and the right ulna (62.3mm).

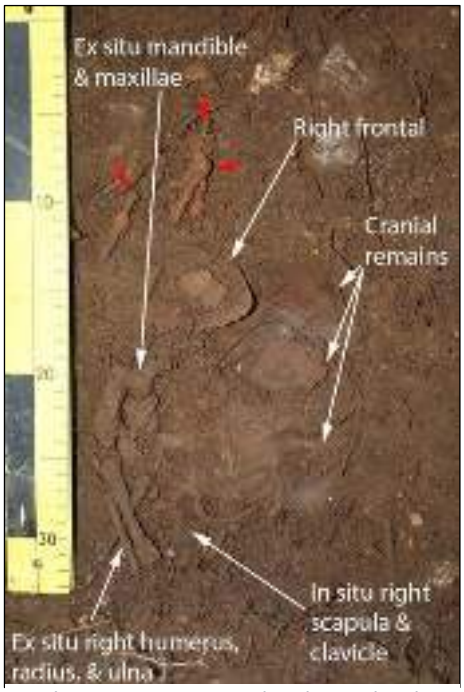

Plate 29: SK10 in situ, detail, metal nails arrowed in red, from SE

SK11 (see also, SK13) **Plates 30-32**

No timber remains were uncovered during the examination of this individual although a number of metal nails were present, suggesting a coffin was likely used. The individual was buried supine and was orientated south-north, with the head to the south. The left arm was bent out slightly to the left lateral. The burial was 0.28m below current ground level and was 0.50cm to the southeast of the

exposed bones of SK09. The bones were in an excellent state of preservation. The exposed bones included a portion of the cranial vault, the left humerus, radius, and ulna, a collection of ribs and vertebrae, as well as some metacarpals and hand phalanges. The left humerus was selected for radiocarbon dating.

The age-at-death of this individual was estimated at 36.4+/-2.12 foetal weeks, based left humerus, radius, and ulna.

Long bone measurements were recorded on the left humerus (59.18mm), the left radius (49.72mm), and the left ulna (56.49mm).

Plate 30: SK11 in situ, from NE

Plate 32:SK11 left humerus in situ, for radiocarbon dating

Plate 31: SK11 left humerus for radiocarbon dating

SK12 **Plate 33**

No timber was identified associated with this individual although metal nails, suggestive of a possible coffin, were present. The orientation of the burial was difficult to determine as the exposed remains were relatively loose in the ground. It is possible the burial was orientated northwest-southeast, with the head to the west, or it may have been on a similar orientation with SK11. The remains were 0.49m below current ground level and SK12 was 0.35m to the southeast of the exposed remains of SK10 and 0.30m to the northeast of SK11. SK13 was immediately (5cm) to the southeast. The legs of SK12 were

bent to the right lateral. The exposed bones, which were in an excellent state of preservation, included vertebral bodies and ribs, the left ilium (from the pelvis), the femora, the tibiae, and an unsided fibula.

The age-at-death of this individual was estimated at 38.6+/-1.87 foetal weeks, based on the left femur and tibia.

Long bone measurements were recorded on the left femur (74.89mm), the right femur (74.58mm), and the left tibia (62.69mm).

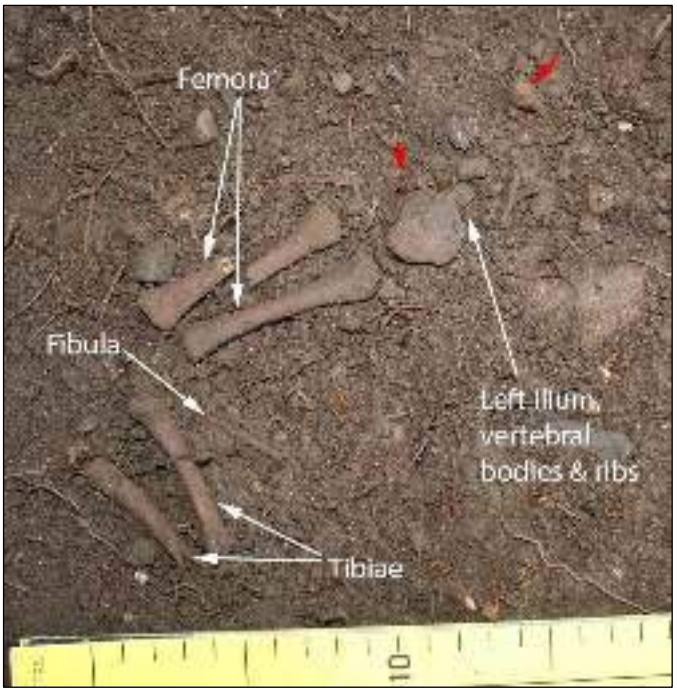

Plate 33: SK12 in situ from NE

SK13 (see also, SK11) **Plate 34**

The remains of this individual were recovered in a relatively loose state. The bones, a left femur and tibia, lay immediately (5cm) to the southeast of SK12 and 0.20m to the northeast of SK11. The age-at-death was estimated at 37.4+/-1.87 foetal weeks, based on the left femur (70.13mm) and left tibia (61.55mm). While these bones are likely to represent an individual burial, it is possible that they originate from SK11. The bones were in an excellent state of preservation.

Plate 34: 'SK13' from NE

SK19 **Plates 35-38**

Plate 35: SK19 initial identification through timber and void with roots, from NE

This burial was initially identified due to the occurrence of a void in the earth and the presence of timber, presumably a coffin. On closer examination, the void contained a disarticulated right tibia and possibly a right fibula. A second void, again with roots, located to the northwest of the first void, was found to contain cranial remains. The maximum length between the two extremes of these bone finds was 0.55m and they are interpreted as the remains of a single buried individual, located 0.48m below current ground level. The burial was orientated northwest-southeast, with the head to the northwest. The bones were in an excellent state of preservation. The right tibia was selected for radiocarbon dating.

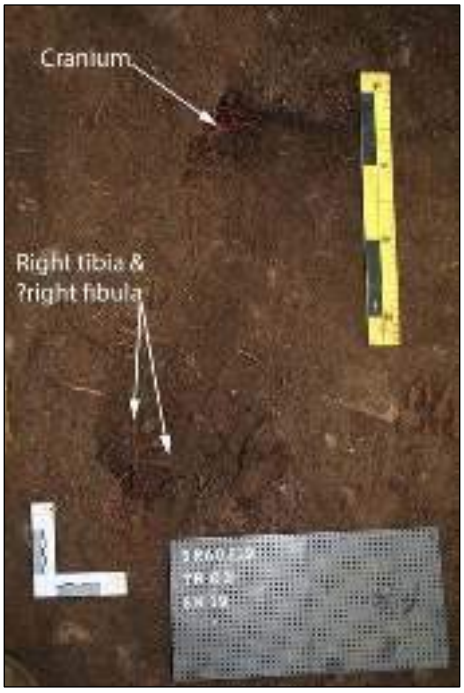

Plate 36: SK19 in situ from SE, cranium exposed and ex situ right tibia and ?right fibula

Based on the lengths of the right tibia (72.69mm) and the possible right fibula (67.66mm), this individual was estimated to have been between 1.5-3 months at the time of death.

Plate 37: SK19 cranium within void surrounded by roots, from NE

Plate 38: SK19 right tibia for radiocarbon dating

SK20 **Plates 39-40**

The remains of this individual were located just 0.30m to the northeast of SK19 and were 0.36m below current ground level. Cranial remains were exposed with a vertical metal nail immediately adjacent, while approximately 0.73m to the northwest was a right-angled void, surrounding by numerous metal nails. A large quantity of metal nails was uncovered during the examination of this area. The void and the cranial remains are tentatively interpreted as the remains of a single individual, buried largely parallel to SK19, but with the head at the opposite end; that is, SK20 appears to have been orientated southeast-northwest, with the head to the east. The apparent length of the burial (0.73m) possibly suggests an older infant as modern full-term foetuses (37-42 weeks) range in crown-to-heel length between 48-53cm (see Williams and Bannister 1995, 345). This individual may have been up to 1 year old.

No measurements were possible.

Plate 39: SK20 in situ from SE, with cranium exposed and metal nail

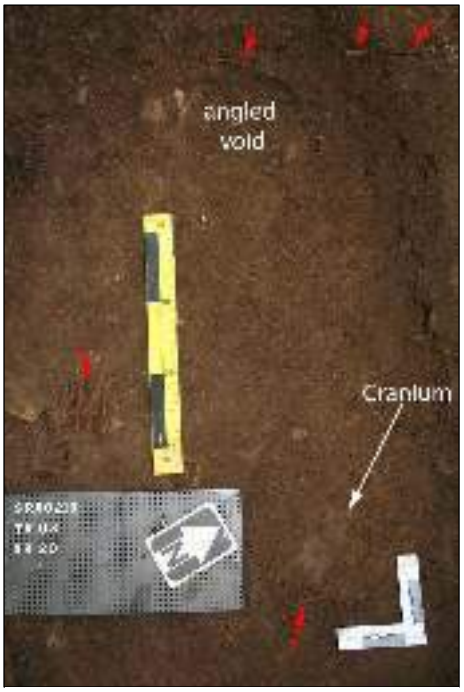

Plate 40: SK20 in situ from SE, with exposed cranium and angled void of probable collapsed coffin

SK21 **Plates 41-44**

The remains of this individual were located just 0.35m to the northeast of SK20 and were 0.22m below current ground level. No timbers were identified directly associated with the burial, but a number of metal nails were uncovered. The burial was orientated southeast-northwest, head to the southeast and the individual was buried supine and largely extended: the legs may have been slightly flexed. Extant arm bones suggest they were largely parallel to the body. The bones were excellently preserved, if a little soft. The exposed bones included a fragment of the cranial vault, the left ribs, possibly the right ulna, the ilia and ischia (from the pelvis), the femora, a tibia, and a collection of vertebrae, metacarpals, and hand phalanges. The left femur was selected for radiocarbon dating.

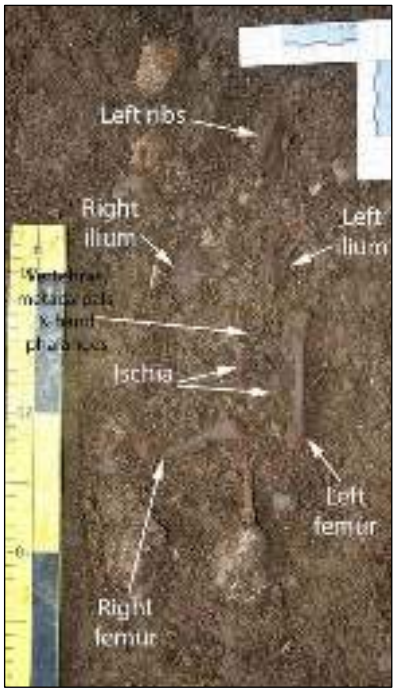

Plate 42: SK21 in situ detail, from NW

Plate 41: SK21 in situ from SE

The age-at-death of this individual was estimated at *circa* 3 months, based on the length of the left femur.

Long bone measurements were recorded on the left femur (99.93mm).

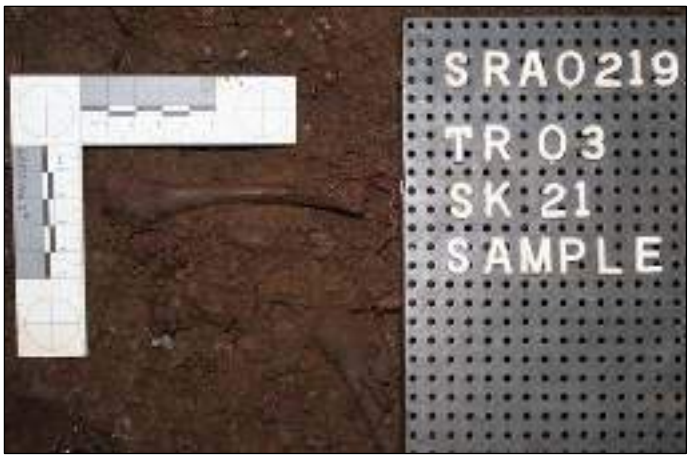

Plate 44: SK21 left femur in situ, for radiocarbon dating

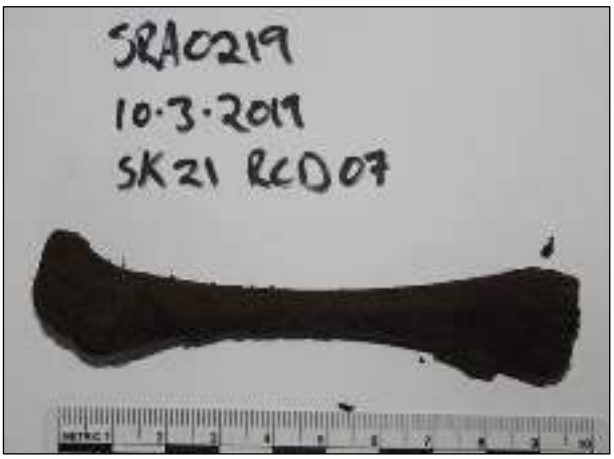

Plate 43: SK21 left femur for radiocarbon dating

SK22 **Plate 45**

The remains of this individual were identified 0.70m to the northeast of SK21 and was 0.25m below current ground level. The burial appeared to be orientated southeast-northwest, with the head to the southeast. The exposed bones, which were well preserved, included portions of the cranium, including the left frontal, and the right humerus.

The age-at-death of this individual was estimated at 40.2+/-2.33 foetal weeks, based on the right humerus (after Scheuer *et al.* 1980), but s/he could have been up to 1.5 months old (after Maresh 1970).

The length of the right humerus was 68.86mm.

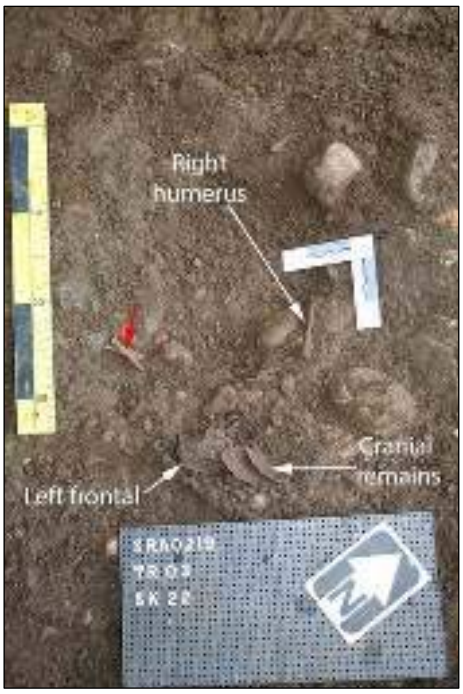

Plate 45: SK22 in situ, from SE

6.6 Human Remains Trench 4

Four 'Skeleton Numbers' were applied in Trench 4, and these (SK14-17) are detailed below. In addition, exposed deposits and/or features within the trench indicated the presence of a further six potential burials (no skeletal remains exposed, see **Section 5.5**). Disarticulated remains were also identified and recovered. None of the latter were removed from the site, apart from a single disarticulated bone that was selected for radiocarbon dating (see **Section 7.1**).

SK14 **Plates 46-48**

The skeletal remains of this individual were partially exposed close to the northeast corner of Trench 4. No immediate evidence of a coffin was apparent. However, a small vertical wooden peg was present immediately to the left lateral of the left humerus – it is possible that this is a wooden dowel. The burial was orientated southwest-northeast, with the head to the southwest. The individual was supine and

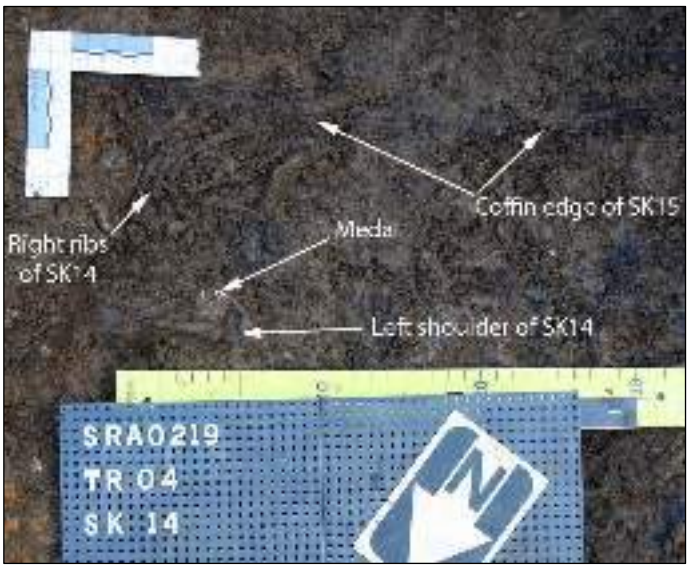

Plate 46: SK14 in situ, from NW (note outline of coffin of SK15)

the surviving bones were in an excellent state of preservation. It was 0.47m below current ground level. The exposed bones included a portion of the cranium (probably the occipital), the left mandible, the left clavicle and humerus, the scapulae, the left and right ribs, and some vertebrae. Although the burial was clearly supine, the right ribs were lying prone, as if 'flipped' over. It was difficult to ascertain the cause, although the evidence of ploughing in this area may be very relevant (**Section 5.5**). The ribs partially overlay the adjacent coffin of SK15: perhaps the latter disturbed the older burial of SK14. A medal was present on the left shoulder. The left humerus was selected for radiocarbon dating.

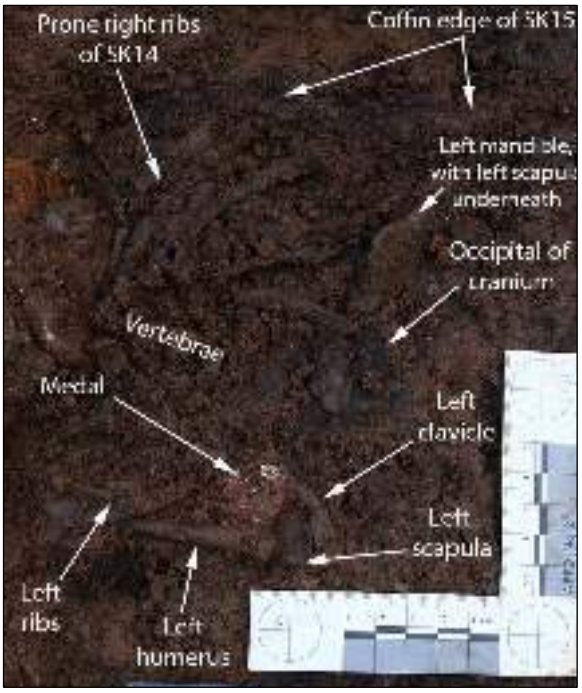

Plate 47: SK14 in situ, detail, from NW (note inversion of right ribs of SK14)

The age-at-death of this individual was estimated at *circa* 3 months, based on the length of the left humerus.

The length of the left humerus was 81.2mm.

Plate 48: SK14 left humerus for radiocarbon dating

SK15 **Plates 49-50**

No skeletal remains were exposed in this instance. However, a clear outline of what may be interpreted as a coffin was uncovered. It is location 0.54m below current ground level and is immediately adjacent (to the southeast of) SK14: the latter may have been truncated by the interment of SK15 but this is not definite. The coffin of SK15 is orientated northeast-southwest, but the location of the head is

Plate 49: SK15 in situ from NW (see also Plate 50)

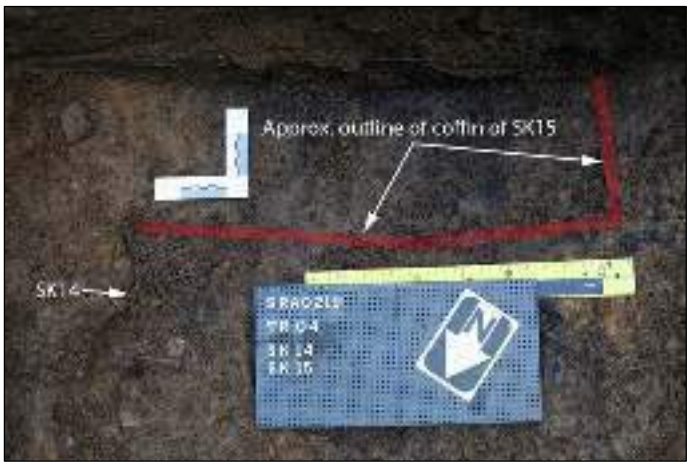

Plate 50: SK15 in situ from NW, amended copy of Plate 46 with outline of coffin highlighted

unknown. The minimum length of coffin exposed was 0.43m (the northeastern end of the coffin was not exposed), while the minimum width of the coffin was 0.19m (the side of the coffin was within the northwest-facing baulk.

The age-at-death of this individual is unknown. It is assumed to be that of a juvenile (<18 years) and possibly that of an infant (<1 year), although this is not definite. SK16 is located just 0.30m to the southwest and both are on the same alignment.

SK16 **Plates 51-52**

SK16 was located just 0.30m to the southwest of SK15, with the southeastern side extending into the northwest-facing baulk of the trench. The burial was identified through the presence of the remains of a coffin, with cranial remains exposed at one end. The burial was orientated southwest-northeast, with the head to the southwest. The maximum length of the coffin exposed was approximately 0.64m, suggesting this is the burial of an infant (<1 year, see SK20). Apart from a small area of the ectocranial (outer) surface of the cranium, no other skeletal remains were exposed. The burial was 0.46m below current ground level.

Plate 51: SK16 in situ, from NW (see also Plate 52)

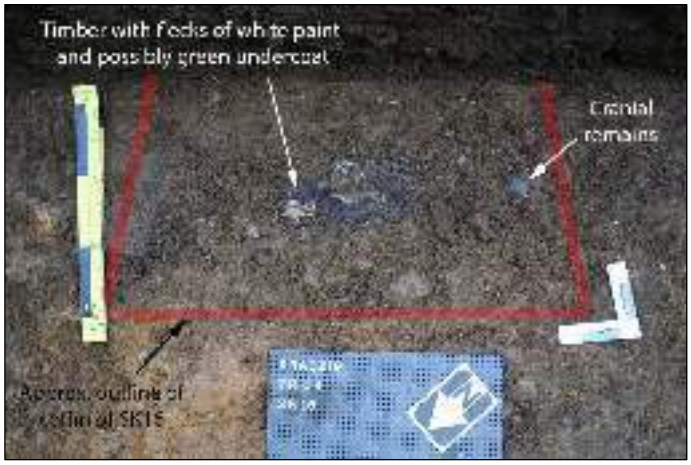

Plate 52: SK16 in situ from NW, amended copy of Plate 48 with outline of coffin highlighted

SK17 **Plates 53-56**

The skeletal remains of SK17 were located close to the centre of Trench 4. There was no immediate evidence of a coffin. The individual, located at a depth of 0.45m below current ground level, was buried supine and orientated northeast-southwest, with the head to the northeast. While the bones were generally well-preserved, there was erosion to the proximal end of the left humerus. In addition, the left ulna had been truncated (post-burial) and was uncovered in a disarticulated state with the broken end close to the distal end of the humerus and the proximal end facing distally (essentially broken and 'flipped'). The right side of the skeleton appears to have been truncated, possibly by ploughing (see **Section 5.5**). The left humerus was selected for radiocarbon dating.

The surviving humerus measured 77.45mm in length suggesting the individual was aged between at least 1.5-3 months, or possibly a little older, at the time of death.

Plate 56: SK17 left humerus for radiocarbon dating

Plate 53: SK17 in situ from NW

Plate 54: SK17 in situ from NW, detail

Plate 55: SK17 left humerus in situ, for radiocarbon dating

Disarticulated Skeletal Remains

A total of 128 disarticulated bones, fragments of bones, and teeth were recovered during the excavation of Trench 4. Many of these were recovered from the spoil that was excavated from Trench 4 (**Plates 57-58**), while some were identified in the ground and still in a disarticulated state (see below), during further hand excavations in the trench. As noted earlier, it was apparent that many of the disarticulated bones from Trench 4 had suffered post-mortem erosion, in contrast to the exposed bones in many of the *in situ* burials. For example, the right humerus (ID1039) of a young infant had significant erosion of the both the proximal and distal ends of the bone. This erosion was likely a process that was considerably accelerated by the actual disturbance of these bones from their original place of deposition, presumably from *in situ* burials in the immediate area.

Plate 57: Disarticulated bone from spoil of TR4, ID1001-18

Plate 58: Disarticulated bone from spoil of TR4, ID1027-63

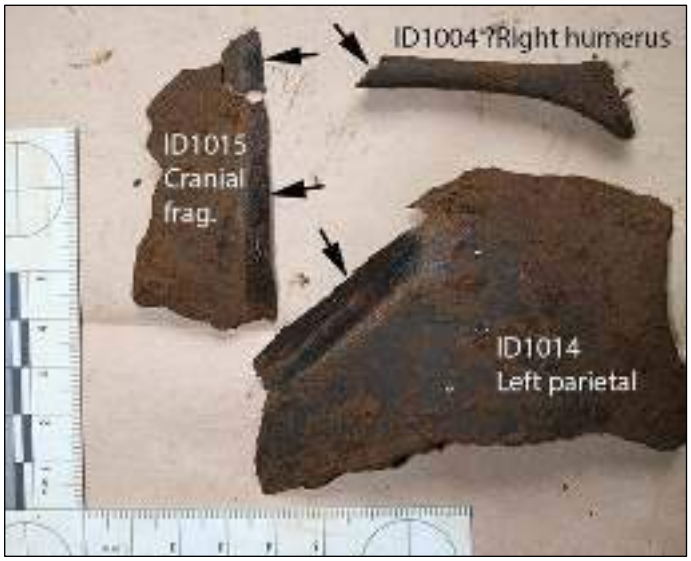

Plate 59: ID1014 (left parietal), 1015 (cranial fragments), and 1004 (possible right humerus), all with dry fractures

A small number of skeletal elements exhibited somewhat unusual breaks. At least two left parietals (the bones which form most of the left and right side of the cranium, ID1014 (**Plates 59-60**, **Figure 38**), and ID10158 (**Plate 61** and **Figure 39**) exhibited relatively sharp-edged breaks. Similar breaks were identified in another cranial fragment (ID1015 in **Plate 59**) and obliquely through a possible right humerus (ID1004 in **Plate 59**). However, while the edges are sharp, they are also clearly roughened, indicating these resulted from a post-mortem (after the time of death) event, and not ante- or

peri-mortem (before or around the time of death). Such breaks have been termed 'dry', in contrast to 'peri-mortem' fractures, 'mineralised' breaks, which occur on dried bone with little collagen, and 'recent' breaks, which occur around the time of excavation and afterwards (Knüsel *et al*. 2016, 172-173) (*nota bene* the convention of using 'break' for post-mortem events and 'fracture' for ante- and peri-mortem events originates in forensic science (see, for example, Wescott 2019)). Both peri-mortem fractures and dry breaks are distinguishable from the others by the fact that there is still collagen in the bone, albeit in declining quantities after death. The classic 'dry' breaks have been recorded from five months after death (Wieberg and Wescott 2008) to up to a year after death (Knüsel *et al*. 2016, 173). However, the timings may be significantly variable. For example, wetting of bone, including water saturation (such as was evident at the present site), can extend the period of plasticity in bones post-mortem (Wescott 2019). Notwithstanding the precise timing, it appears some bones were broken in the ground relatively soon after burial. It may be surmised that the breaks may be related to ploughing and/or subsequent gravedigging perhaps inadvertently disturbing older burials.

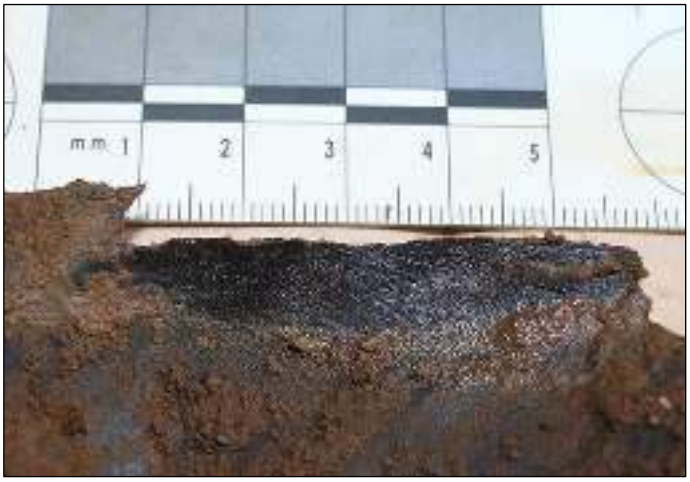

Plate 60: ID1014 (left parietal), close up of dry fracture

Plate 61: ID1058 (left parietal) with dry fracture, plus additional bones

Plate 62: ID1023, left radius, disarticulated within ground

Most of the disarticulated material (114/128 fragments) was recovered as loose bones from the spoil. However, some disarticulated remains were also uncovered within unexcavated ground. Fourteen bones, or fragments of bones, were uncovered within Trench 4 during archaeological hand excavation. All were from infant individuals, with the oldest individual aged

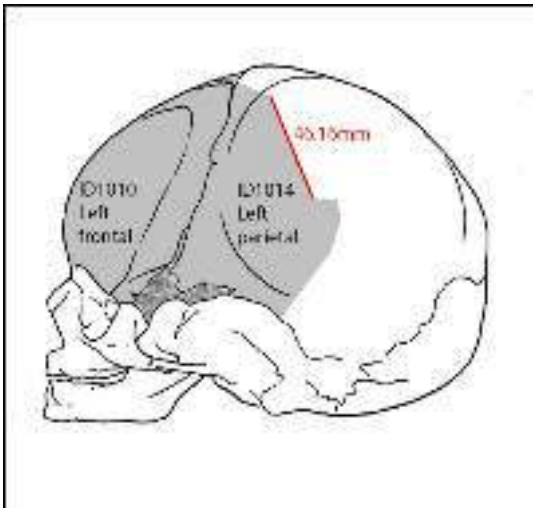

Figure 38: Schematised diagram showing location of dry fracture on disarticulated left parietal ID1014

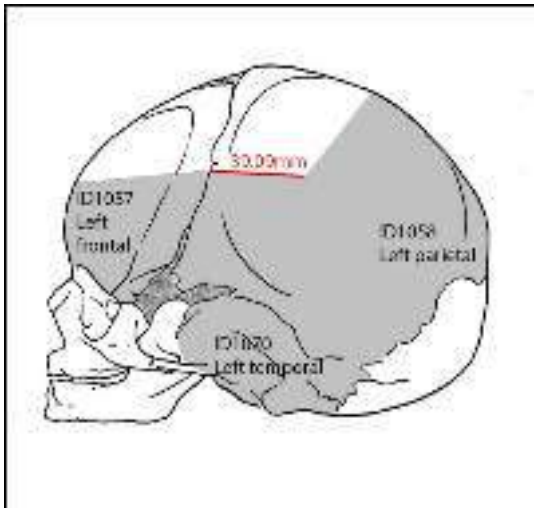

Figure 39: Schematised diagram showing location of dry fracture on disarticulated left parietal ID1058

Plate 64: ID1023, left radius, as seen in Plate 62, and ID1024, left humerus, which were recovered together but not articulated

Plate 63: ID1066-9 (right femur, left and right tibia, and unsided fibula), disarticulated bones as uncovered in Trench 4

approximately 3 months at the time of death. Fragments include a number of rib fragments (ID1019) from the northern end of the trench, a left radius and a humerus (ID1023-4, **Plates 62-63**), and a rib (ID1078) from C.17 at the northern end of the trench, which appear to be largely from a full-term infant, as well as a left tibia and a cranial fragment (ID1025-6) from C.17, which again may be from a full-term infant. In addition, a femur, a left and right tibia and an unsided fibula (ID1066-9), all from an individual aged approximately 1.5-3mths, were recovered at the northern end of the trench (**Plate 64**), while a right femur (ID1077), of an infant aged approximately 3 months at the time of death, which was recovered from the baulk near the south end of the trench. Some bones also appeared to occur as associated elements. For example, ID1023, a left radius, was recovered with a left humerus (ID1024, **Plates 62-63**), and the aforementioned group of leg bones (ID1066-9) were recovered together but in a disarticulated state (**Plate 64**). A number of cranial elements, recovered loose from the spoil heap, refitted together resulting in the identification of the incomplete crania of a minimum of two infants. These included the left and right frontals (ID1010-1) and the left and right parietals (ID1013-4) of an infant approximately 6 months old, and the left and right frontals

(ID1056-7), the left parietal (ID1058), and the left temporal (ID1070) of an infant of a similar age-at-death to the former (see **Figures 38**-**39**).

Plate 65: ID1020-1 left humerus and scapula, infant 6 months old, still articulated but truncated

Plate 66: ID1022 left ribs, infant 6 months old, still largely articulated but truncated

Two clumps of earth were also recovered from the spoil which contained bones that were still in an articulated state. These included a left humerus, scapula, and three left ribs (ID1020-2) of an infant aged approximately 6 months old at the time of death (**Plates 65-67**), as well as the left radius, three other left ribs, and a vertebral fragment (ID1064-5, 1076) of an infant aged between 3-6 months at the time of death (**Plates 68-69**). It is possible that these are actually from the same individual.

Plate 67: ID1020-2, infant 6 months old, bones recovered in an articulated but truncated

All the disarticulated remains were assessed as a single unit, in order to particularly determine the minimum number of individuals represented by the bones (both recovered from the spoil and uncovered in the ground). The evidence indicates the presence of at least six individuals, all infants aged <1 year at the time of death, in the disarticulated material, see **Table 3**.

Plate 68: ID1064-5, 1076, infant 3-6 months old, left radius, ribs, and vertebral fragment still articulated but truncated

Plate 69: ID1064-5, 1076, infant 3-6 months old, left radius, ribs, and vertebral fragment

Table 3: Skeletal elements used to determine MNI (minimum number of individuals)

ID number	Bone	Age-at-death
1025	Left tibia ('shin bone')	Probable full-term infant
1052	Left tibia	Very young infant
1050	Left tibia	1.5-3 mths
1069	Left tibia	1.5-3 mths
ID1002, 1049, 1066, 1077	Four right femora	All aged between 1.5-3mths
1070	Right tibia	6-9 mths

The tibiae indicate a minimum of five individuals: a full-term infant; three young infants; and an older infant. However, four right femora suggest there may actually be four individuals aged between 1.5-3 months, in addition to the full-term infant and the older infant. Therefore, the MNI may be as high as six individuals. It should be noted that the aforementioned two incomplete infant crania were estimated to be from two individuals of approximately the same age. However, one cranium (ID1056-8 and ID1070) was more incomplete than the other (ID1010-1 and ID1013-4), and the age at death of the former (at approximately 6 months) is simply an estimate. In essence, there is no substantial evidence of more than six infants in the disarticulated from Trench 4.

One disarticulated bone was selected for radiocarbon dating; a right tibia, from an individual aged between 6-9 months at the time of death.

6.7 Human Remains in Trench 5

The remains of a single *in situ* burial (SK18), with exposed skeletal remains, was identified in Trench 5, while two further burials were identified through the presence of apparent coffin timbers (see **Section 5.6**) No disarticulated human remains were present.

SK18 **Plates 70-72**

The remains of this burial were identified in the southwest corner of Trench 5, primarily through the presence of horizontal timbers with apparent white paint. The southwestern end of the probable coffin extended into the northeast-facing baulk. A right humerus was uncovered on one side of coffin. Assuming a supine burial, this suggests that this southwest-northeast burial had the head to the southwest. This was 0.45m below ground level. The right humerus was selected for radiocarbon dating.

Plate 70: SK18 in situ from SW

The right humerus was slightly incomplete at the proximal end. The surviving length was 74.18mm: it is unlikely to have been originally much more than 80mm. It was certainly smaller than the disarticulated left humerus (ID1020), whose age-at-death was estimated at 6 months. It is probable that SK18 was aged between 1.5-3 months, or a little older, at the time of death.

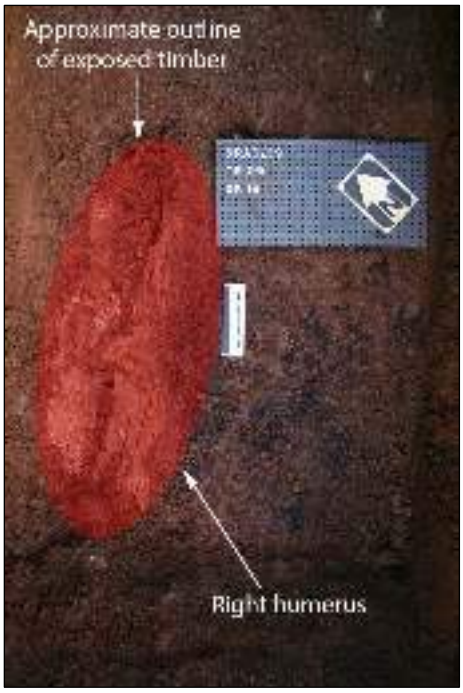

Plate 71: SK18 in situ from SW, with details highlighted

Plate 72: SK18 right humerus for radiocarbon dating

6.8 Human Remains in Trench 6

A single *in situ* burial, with exposed skeletal remains (SK23), was identified in Trench 6. A further five probable coffins were identified, though no skeletal remains were exposed (see **Section 5.7**). No disarticulated skeletal remains were present.

SK23 **Plates 73-75**

The skeletal remains of this individual were recovered along the northeast-facing baulk of Trench 6. It was 0.48m below ground level. No coffin remains were conclusively identified. The burial was supine and extended, orientated southwest-northeast, with the head to the southwest. The exposed bones included elements of the cranium, the mandible, the left ribs, and the left femur. The bones were in a relatively good state of preservation although the left femur was incomplete. The left femur was selected for radiocarbon dating.

The minimum surviving length of the left femur was 93mm, and the distal end was slightly incomplete. Certainly, this individual was over 1.5 months at the time of death, and could have been up to three months old. The mandibular symphysis was fused, which typically occurs in the first year of life. Indeed, a disarticulated fused mandible was recovered from TR4 (ID1063), with an estimated age-at-death, based on dentition, of 4-6 months (see above). This might suggest that SK23 was indeed *circa* 3 months old, if not a little older.

Plate 73: SK23 in situ from NE

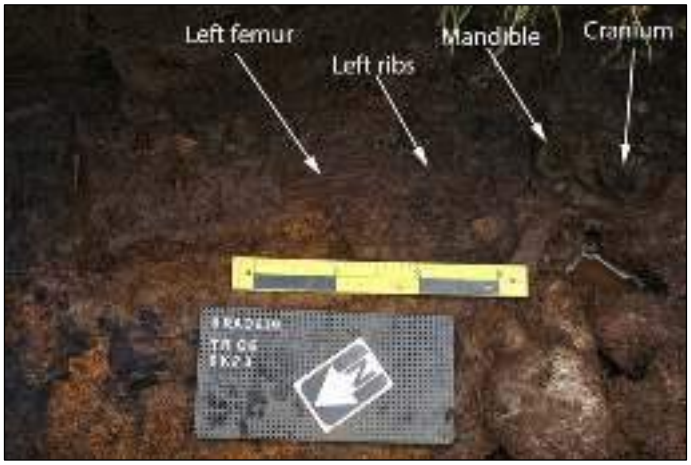

Plate 74: SK23 in situ from NE, detail

Plate 75: SK23 left femur for radiocarbon dating

6.9 Minimum Number of Individuals (MNI)

In total, the skeletal remains of 21 *in situ* individuals, with exposed skeletal remains, were identified, with an additional coffin (SK15) identified in Trench 4 but from which no skeletal remains were exposed. Archaeological evidence further indicates a number of other probable graves – indicated by coffin fragments –and possible graves – suggested by deposit type, shape and orientation (see **Section 5**). These include a possible single burial in Trench 1, six burials in Trench 4, two burials in Trench 5, and five burials in Trench 6. This indicates that potentially 36 *in situ* burials were identified during the present investigation. In terms of additional skeletal evidence, the disarticulated remains, recovered exclusively from Trench 4 provided evidence of six individuals. These bones may have originated from *in situ*, but truncated, burials previously identified or may indicate further additional burials.

The total MNI from the present investigation is 32; 21 *in situ* individuals and 11 coffins indicating probable burials. There are an additional four possible burials indicated by grave deposits and six individuals represented in the disarticulated remains bringing the total possible number of individuals represented in this excavation to 42. The ages-at-death of all 27 individuals represented by skeletal remains were less than one year at the time of death. The ages-at-death of those in the probable coffins and possible graves cannot be confirmed.

7. Analysis of Evidence

7.1 Radiocarbon Dating

After Professor Gordon T. Cook, May 2019, see also **Appendix G**.

On the 14th of March 2019, 13 samples were presented for analysis to SUERC Radiocarbon dating laboratory in East Kilbride, Scotland. Each sample was presented evidentially secure, appropriately packaged and sealed with an accompanying continuity log. The samples had been released from Irish jurisdiction with the permission of Mr J. Kelly, Coroner for Tipperary and their delivery to SUERC had been accompanied by an agent of the MBHCOI until their submission to the laboratory. Please see **Table 4** below for sample details.

Table 4: Details of 13 samples submitted to SUERC

Sample Number	Estimated age at death	Origin	Laboratory Ref	Analysis Ref
SK01	38.0 foetal wks, +- 2.08wks	Right femur	GU-51072	SUERC-85647
SK02	37.4 foetal wks, +- 1.87wks	Right femur	GU-51073	SUERC-85648
SK04	36.3 foetal wks, +- 2.08wks	Left femur	GU-51074	SUERC-85649
SK06	36.7 foetal wks, +- 2.33wks	Right humerus	GU-51075	SUERC-85650
SK07	40.7 foetal wks, +- 1.87wks	Right humerus	GU-51076	SUERC-85654
SK11	36.4 foetal wks, +- 2.12wks	Left humerus	GU-51077	SUERC-85655
SK21	c. 3 months	Left femur	GU- 51078	SUERC-85656
SK18	c.1.5-3mths	Right humerus	GU-51079	SUERC-85657
C17	c.6mths	Right tibia	GU- 51080	SUERC-85658
SK19	c.1.5-3mths	Right tibia	GU-51081	SUERC-85659
SK17	c.1.5-3mths	Left humerus	GU-51082	SUERC-85660
SK14	c.3mths	Left humerus	GU-51083	SUERC-85664
SK23	c.3mths	Left femur	GU- 51084	SUERC-85665

^{14}Carbon is radioactive substance, or isotope, contained within the atmosphere and is exchanged to the biosphere and via photosynthesis and the food chain and can be found in all living organisms. Once

the organism ceases to live the ^{14}C begins to decay by a quantifiable half-life, specifically the Libby half-life. It is this that is used to calculate radiocarbon ages. ^{14}C can be extracted via the protein collagen in bone in human remains.

The quantification of ^{14}C in an organism versus the atmosphere at a known point in time can give accuracy to this dating method. Since the 1960s this method has been used to date biological remains to century and millennia time frames; in more recent years this method has been proven successful in what is considered the modern era, in this case, post 1890.

The Industrial Revolution marks the first significant period of human influence on the natural ^{14}C/stable carbon ratios into the environment resulting from the burning of fossil fuels. This release of CO_2 into the atmosphere caused a dilution of the $^{14}CO_2$ activity creating what is known as the Seuss Effect. The consequence of this effect is that it is not currently possible to distinguish between a radiocarbon date from the seventeenth century and a sample that was formed during the period 1890-1950 whose activity was influenced by the Seuss Effect. This needs to be born in mind when looking at the calibrated dates as will be presented below. Nuclear programmes from the 1950s onwards in the form of weapons testing caused a significant and quantifiable increase in the ^{14}C in the atmosphere, this is referred to as the 'bomb curve'. These levels begin to decrease sharply, again in a quantifiable manner, from 1963/64 onwards with the test ban treaty. Comparison with these levels can provide the backdrop for ^{14}C dating evidence in the twentieth century.

In a case such as Sean Ross Abbey Mother and Baby Home Children's Burial Ground, where skeletal remains are those of neonates or infants, the bone samples can achieve high precision estimations on year of birth. The bone collagen in infants is formed from the mother's dietary intake, resulting in ^{14}C being relatively close to equilibrium with atmospheric levels. Atmospheric levels during the bomb peak after 1955 provides chronologically concise information. This can be seen in some of the samples returned in Sean Ross Abbey Mother and Baby Home. The same is not true of adult remains from this period; the turnover of collagen is much slower making the dateable collagen return results present over a number of years. This allows for more limited information than with infants, informing whether or not the person died during the nuclear era. This evidence and these processes provide us with confidence that this dating method was the most appropriate to use due in the specific context of the infant remains recovered during this investigation.

As all remains dated in this sample were of individuals of less than six months of age it is recommended that a delay of 1-2 years be applied to each date. This allows for the carbon to travel to the bone collagen through the process of human consumption of carbon via plants and its appearance in the blood and thus bone collagen. ^{14}C measurements will therefore represent the ^{14}C in the atmosphere 1-2 years previously.

In order to measure this collagen protein it must be isolated. Collagen, the organic fraction of bone, is extracted and prepared via a process of solubilising the bone by adding hydrochloric acid, heating to 80°C, and passing the resulting liquid through a filter. This is then freeze-dried until the collagen is extracted in crystalline powder form. The collagen is then combusted to graphite for measurement via accelerator mass spectrometry. Samples are run alongside the ^{14}C primary standard SRM-4990C for modern reference samples for comparison.

Stable isotope measurements were also taken of the samples as part of this process. Stable isotope and radiocarbon results combined allows for an assessment of sample suitability for dating. Collagen samples were deemed within the range of collagen that is accepted as unaltered and therefore were suitable for reporting.

All 13 individuals were aged from foetal to less than a year old and are feeding at a trophic level above their mothers. The stable isotope values of 12 samples represent a typical terrestrial resourced diet while sample SK01 isotope values suggests marine resources formed part of the mother's diet.

Table 5: Calibrated age ranges and estimated years of death for the thirteen bone samples

Lab Code	Sample	Calibrated Age Ranges (years AD)	Calibrated Age Range of Interest	Estimated Year of Death
GU-51072	SK01	1957-1957;1999-2002	1957-1957	.1958-1959
GU-51073	SK02	1959-1961; 1983-1985	1959-1961	.1960-1963
GU-51074	SK04	1647-1684; 1736-1805; 1935-1955	1935-1955	1936-1955
GU-51075	SK06	1662-1695;1726-1814; 1839-1842; 1853-1867; 1917-1955	1917-1955	1918-1955
GU-51076	SK07	1528-1544; 1634-1672; 1778-1800; 1942-1955	1942-1955	.1943-1955
GU-51077	SK11	1521-1592; 1620-1659	.	.
GU-51077	SK11	1525-1558; 1631-1711; 1720-1816; 1928-1953	1928-1953	1929-1955
GU-51078	SK21	1527-1553; 1633-1670; 1780-1800; 1944-1955	1944-1955	.1945-1955
GU-51079	SK18	1959-1961; 1983-1985	.1959-1961	1960-1963
GU-51080	C17	1956-1957; 2002-2007	1956-1957	1957-1959
GU-51081	SK19	1524-1559;1631-1670; 1780-1800; 1945-1950	1945-1950	1946-1952
GU-51082	SK17	1646-1680; 1763-1801;1938-1955	1938-1955	1939-1955
GU-51083	SK14	1640-1670; 1780-1800; 1945-1950	1945-1950	1946-1952
GU-51084	SK23	1646-1682; 1738-1750; 1762-1803; 1937-1955	.1937-1955	1938-1955

All samples present estimated years of death within the range 1918–1963. Four samples, SK01, SK02, SK18, and C17, are all clearly from the within the nuclear era (1956-1961) and also all present with later 20thCentury ranges. Based on the knowledge that the Mother and Baby Home at Sean Ross Abbey was in operation from 1931 to 1969 Professor Cook discounted this later age range. For the purposes of the final report of this investigation it is not possible to discount these dates in such a manner due to the possibility that this burial ground continued in use post-1969. However, when the dates are also correlated against the stratigraphic evidence and osteological evidence (**Sections 5** and **6**), the mid-twentieth century dates are further supported, giving these the highest likelihood. The same can be said of the earlier dates that are present in some samples. Site stratigraphy and the archaeological evidence does not support the possibility of seventeenth, eighteenth, or nineteenth century dates. Please see **Table 5** below for calibrated age ranges of each sample.

7.2 Artefactual Evidence

Throughout the excavation phase, objects or artefacts were identified within certain contexts. These artefacts can further inform the date of origin and the potential function of given deposits and features. A selection of significant artefacts is discussed here and detailed in **Table 6** below.

Discounting nails and timbers, indicative of coffins, only one artefact was found in association with a burial. This was a devotional medal at burial SK14/C.29, in Trench 4, found positioned on the left shoulder of the skeletal remains (**Plate 47**). Although corroded, with minor damage to part of the edge, the face depicts the Virgin Mary, while the rear shows an apparition scene (**Plate 76**). The style of the front depiction, with flowers to the left and portions of an inscription at the right is consistent with that of a '*virgo virginum'* medal from Lourdes, France. Similarly, the grotto scene on the rear face is also that commonly associated with Lourdes (**Plate 77**). The medal measures 20mm in diameter and 1mm in thickness. The association of this artefact correlates closely with the radiocarbon date range for this burial, in that this medal likely dates to the first half of the twentieth century. The medal was returned to the position on the skeletal remains in which it was found before the trench was back-filled.

As mentioned, coffin timbers and associated metal nails were encountered in at least 11 separate locations, as well as throughout the plough-soil (C.17) in Trench 4. These were recorded *in situ* and were unlikely to yield further information if removed. From those nails that were not within timber, an array of types had been used. However, all were wire or steel nails, or brads, with round and flat heads, and of various lengths. Animal bone was recovered from Trenches 2 and 7, one fragment in each, from the introduced orange clay (C.10) and backfill surrounding the pipe (C.63). These were both examined by the on-site Osteoarchaeologist.

Sherds of pottery were occasionally identified within the 'orange' introduced clay layers (i.e. C.10, C.43, C.79) and similar build-up layers (*i.e*. C.69). These include modern plate and terracotta pots and a rim from a glazed earthenware vessel. These indicate that the layers were deposited in relatively modern times and when accompanied by the animal bone and shell, exhibit a minor domestic refuse element within the introduced soils. At Trench 3, a ditch or gully appeared to have been infilled. Within

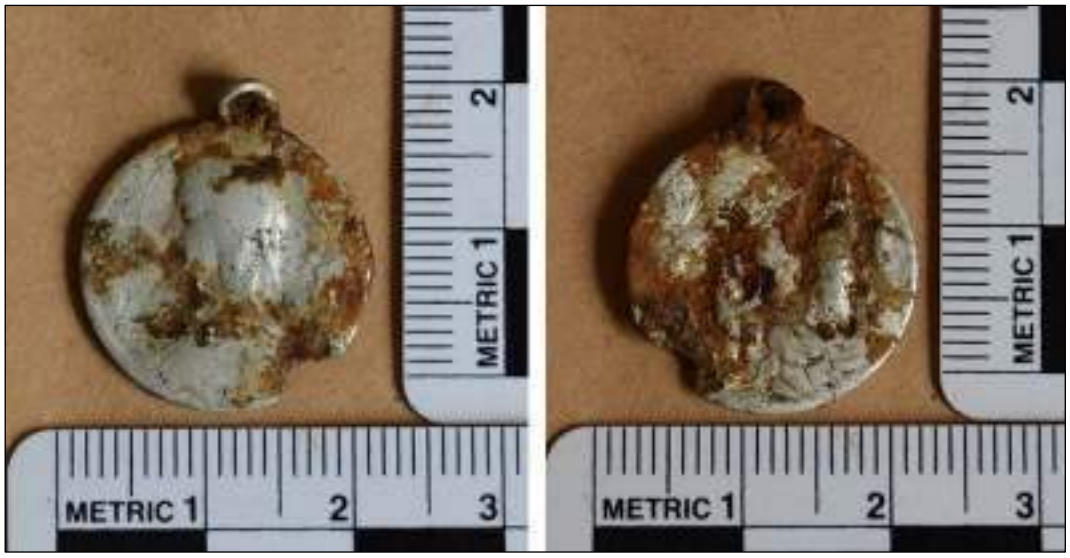

Plate 76: Devotional medal identified at SK14/C.29; front on the left, rear on the right

Plate 77: Comparable devotional/commemorative medal from Lourdes; front on the left, rear on the right

this material was two fragments of earthenware vessel and two pieces of glass bottle. Of the glass, the first was thick, with air pockets within, suggesting manufacture in the nineteenth century or earlier, while the second piece is finer and would appear to be part of a drinking glass, perhaps from the nineteenth century. Again, all artefacts indicate a date no later than the end of the nineteenth or beginning of the twentieth centuries. Similarly, a blue-print 'china' sherd was uncovered from the ploughed soil in Trench 4 and two late nineteenth/ early twentieth century pottery sherds from the back-fill over the pipe in Trench 7. These were all within disturbed contexts and therefore are likely residual in nature.

A ceramic waste-water pipe was found in both Trench 3 and Trench 7. From the alignment and measurement in the drain inspection (**Section 8**) this could be seen to be the same pipeline. However, the pipe itself is also identical in each trench – a 6-inch salt-glazed clay pipe. A collar join in this pipeline was located in Trench 7, where a brand mark 'H' within a double circle was identified (**Plate 78**). This is the mark of Hurlford Fire Clay Works, J & R Howie Ltd., in Ayreshire, Scotland. Founded in 1857, the clay works, through mergers in the 1960s and 1970s, eventually closed in 1978 (https://www.scottishbrickhistory.co.uk/hurlford-fire-clay-works-kilmarnock-history/). The pipe is therefore likely to belong to the earlier part of the 20th century, and although unlikely, re-use must also be allowed for.

Plate 78: Brand mark as seen in Trench 7 (left) and standard Hurlford brand mark (right) (from https://www.scottishbrickhistory.co.uk/howie-or-hurlford-waterdrainage-or-sewer-pipe/)

Table 6: Artefact details

Artefact Number	Trench/Area	Type	Description
SRA0219021001	2	Ceramic	Large sherd of blue-print plate
SRA0219021002	2	Animal bone	Fragment of scapula, probable pig, with butchery mark
SRA0219034301	3	Ceramic	Large terracotta base/body sherd
SRA0219034302	3	Ceramic	Glazed earthenware rim sherd
SRA0219034801	3	Ceramic	Earthenware sherd
SRA0219034802	3	Ceramic	Earthenware sherd
SRA0219034803	3	Glass	Thick base/body shard of glass bottle, green, with impurities within, thickness 9.5mm
SRA0219034804	3	Glass	Thin body shard of glass bottle, green/brown, thickness 2mm
SRA0219041701	4	Ceramic	Large sherd of blue-print plate
SRA0219041702	4	Metal	Devotional medal, probably nickel, C.29
SRA0219076301	4	Ceramic	Thick red earthenware with white slip glaze
SRA0219076302	4	Ceramic	White ware body sherd with blue on white slip glaze
SRA02190417	7	Animal bone	Fragment of hollow angular bone, likely fowl, C.63

7.3 Summary of Death Register for Sean Ross Abbey Mother and Baby Home

7.3.1 Infant and Young Child Deaths

There are a total of 1078 children on the death register of individuals who died at the Sean Ross Abbey Mother and Baby Home. It was possible to determine the age-at-death for 999 of these individuals. The significant majority were very young infants; 71.5% (714) were aged 3 months and under. The remainder were as follows: 15.5% (155) were aged four to 6 months, 8.4% (84) were aged 7 to 12 months and 4.6% (46) were over one year of age. In the latter group just eight were aged over two years at the time of death, representing 0.8% of the total. The figures clearly indicate that the overwhelming majority of the deaths (87%) occurred early in life, specifically in the first 6 months.

It was not possible to compare the death register with the number of living children in care in the Home over the relevant period. However, it is possible to see that the annual numbers of infant deaths were high in the early years of the operation of the Home. In 1936 and 1942 in particular, 92 and 80 infant deaths were recorded respectively, see **Table 7** below for an annual break down of the numbers of deaths of infant and young children that occur at the Home. Interestingly, and relevant to the radiocarbon dates for this investigation, four individuals returned dates from the nuclear era, post-1955. These individuals (SK01, SK02, SK18, and C17) were from periods when the rate of deaths had slowed to approximately one per month. Pre-1945 deaths were occurring at rates of one per week, with *circa* two per week in the peak years.

Table 7: Number of infants deaths that occurred per annum at the Sean Ross Abbey Mother and Baby Home

Year	Number of deaths	Year	Number of deaths	Year	Number of deaths
1931	4	**1944**	57	**1957**	13
1932	56	**1945**	56	**1958**	10
1933	55	**1946**	33	**1959**	6
1934	58	**1947**	23	**1960**	7
1935	76	**1948**	14	**1961**	4
1936	92	**1949**	16	**1962**	1
1937	52	**1950**	16	**1963**	6
1938	37	**1951**	14	**1964**	7
1939	21	**1952**	14	**1965**	5
1940	51	**1953**	14	**1966**	9
1941	47	**1954**	16	**1967**	10
1942	80	**1955**	14	**1968**	3
1943	46	**1956**	10	**1969**	3

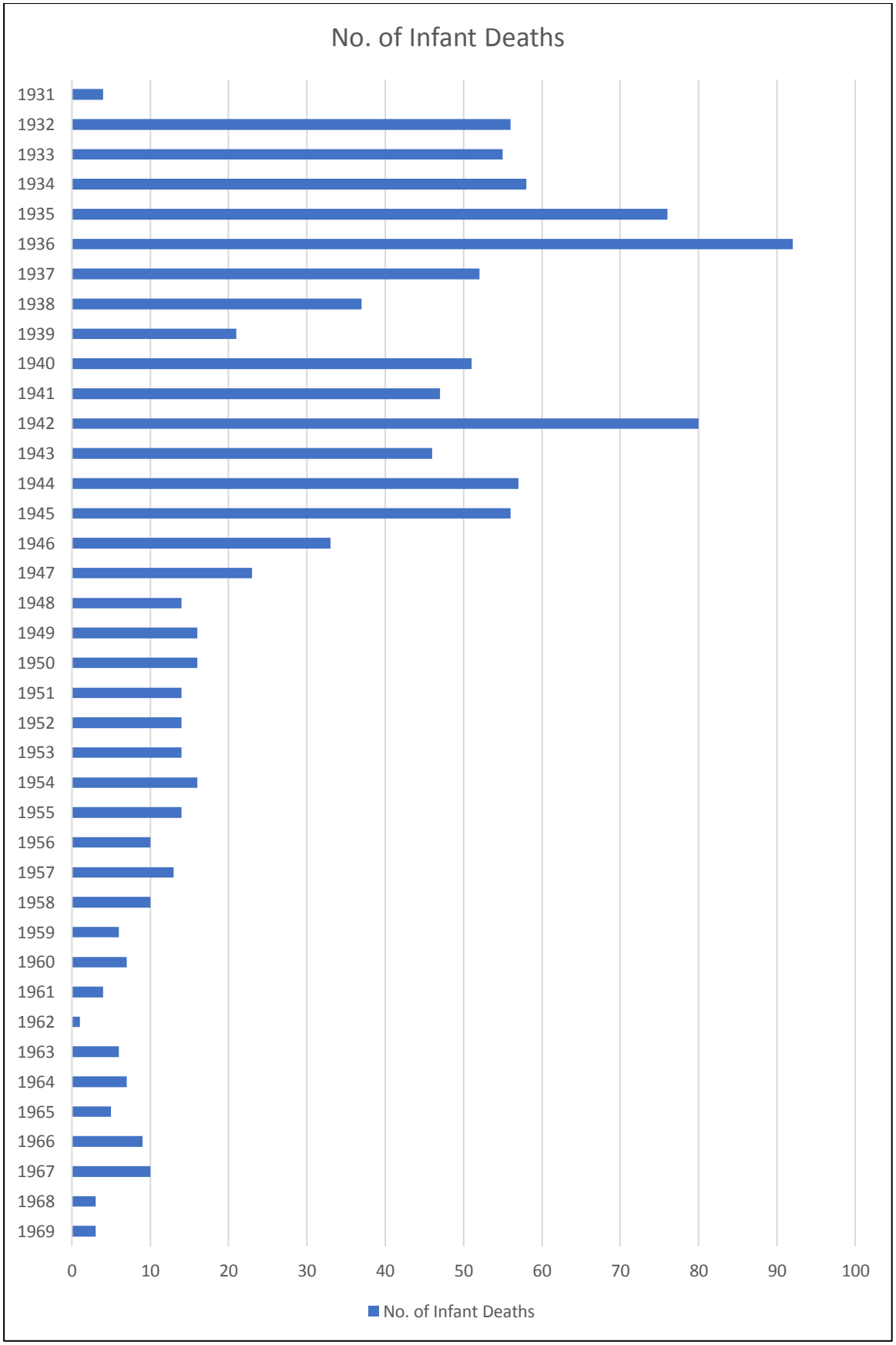

Figure 40: Number of infant deaths by year

7.3.2 Maternal Deaths

During the operation of the Sean Ross Abbey Mother and Baby Home, twenty-seven maternal deaths occurred. As mentioned above, two of these individuals appear to be buried in the Children's Burial Ground, see **Section 2.3**. No adult remains were identified or excavated during this investigation.

The early years of the operation of the Home recorded the highest number of maternal deaths, with 1932 being the most significant year (five) and 1937 returning the next highest number of deaths (four). The rate slowed down to an average of one per year from 1938 onwards, until 1965 when the last maternal death was recorded here before the Home closed in 1969. The age range of these individuals is from 14 to 35 years, with the majority being in the late teens and early 20s, and with the age group 20-24 years returning the highest rate, see **Tables 8** and **9**, and chart below (**Figure 41**).

Table 8: Number of maternal deaths that occurred per annum at the Sean Ross Abbey Mother and Baby Home

Year	Number of	Year	Number of deaths	Year	Number of deaths
1931	0	**1944**	1	**1957**	0
1932	5	**1945**	0	**1958**	0
1933	3	**1946**	0	**1959**	0
1934	2	**1947**	0	**1960**	0
1935	0	**1948**	0	**1961**	1
1936	2	**1949**	0	**1962**	0
1937	4	**1950**	1	**1963**	0
1938	1	**1951**	0	**1964**	0
1939	0	**1952**	1	**1965**	1
1940	0	**1953**	0	**1966**	0
1941	0	**1954**	3	**1967**	0
1942	1	**1955**	0	**1968**	0
1943	0	**1956**	1	**1969**	0

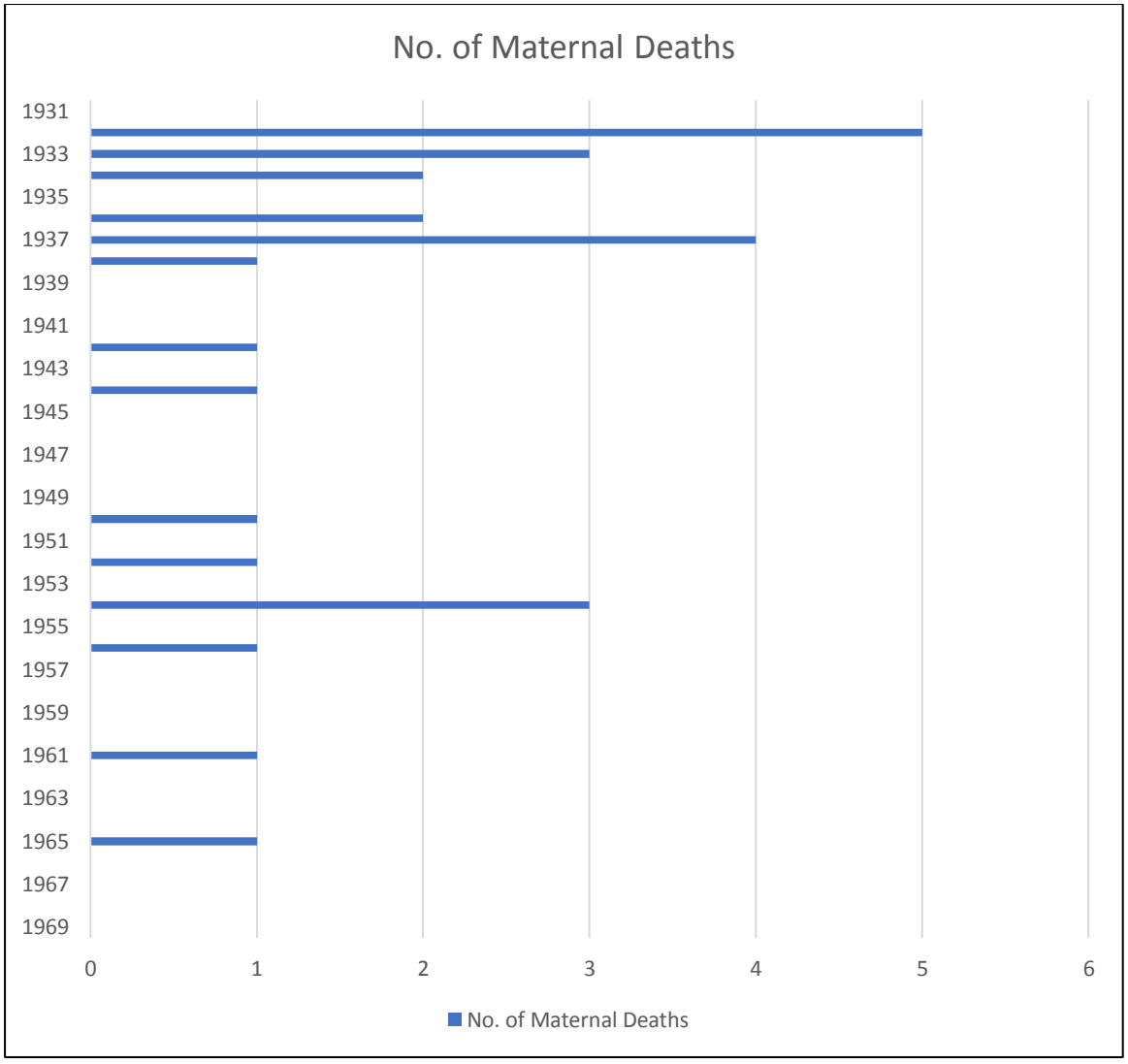

Figure 41: No. of Maternal Deaths by year

Table 9: Maternal Ages-at-death

Age	No. of Maternal Deaths
10-14	1
15-19	7
20-24	10
25-29	6
30-34	2
35-39	1

8. Utilities in the proximity of the Children's Burial Ground

Investigation of Utilities

To comprehensively understand the development of utilities, possible subsurface pipework and drainage in the proximity of the Children's Burial Ground an on-site inspection and survey was conducted alongside a review of development and planning permissions on the site of St Anne's Sean Ross Abbey since 1968. Tipperary County Council shared files relevant to this research. The results are presented here in chronological order of the evidence.

2019

While on-site, the MBHCOI initiated an independent drain inspection survey. The purpose of this survey was to determine the current positioning of the utilities/drainage system that is in proximity to the burial ground. There were two principal outcomes required of this survey: a) to create an evidential record of the current drainage system; and b) to trace the position of the disused pipe that intersects the south corner of the site.

The survey began at the manhole nearest the 'Nuns Graveyard' in the north west, labelled Manhole 1, see **Figure 42**. There is a full CCTV record of this survey available for inspection.

Current waste/foul water drainage system

The current system flows from Manhole 1 to Manhole 3 uninterrupted. At Manhole 3 the pipe joins an inlet from the southwest, coming from the direction of Saoirse Day Services/The Stables, and then continues directly northeast, running parallel to the burial ground. The fabric of this pipe work appears to be modern; an exact construction date is not possible. However, an examination of the planning records indicates that the pipework was upgraded in 1997. This appears to have included a diversion of the system, from Manhole 1 due south to the river bank, altered to turning 90 degrees at Manhole 3, to continue east, where it crosses Manhole 4, and meets Manhole 5, and turns 90 degrees extending north, following the river bank here. At Manhole 5 there is an additional access chamber that appears to have been inserted reportedly to carry electrical cabling however no cables are present.

Currently, the pipe fabric changes from clay to uPVC at Manhole 2 before it reaches Manhole 3, supporting the evidence that this section was upgraded when diverting the system. At Manhole 3 the pipe changes from uPVC to a 0.23m diameter concrete pipe.

Salt-glazed pipe

The survey of this pipe began at the river bank in the south, where the pipe has an access chamber that allowed for insertion of survey equipment. From the access chamber, the pipe appears to have

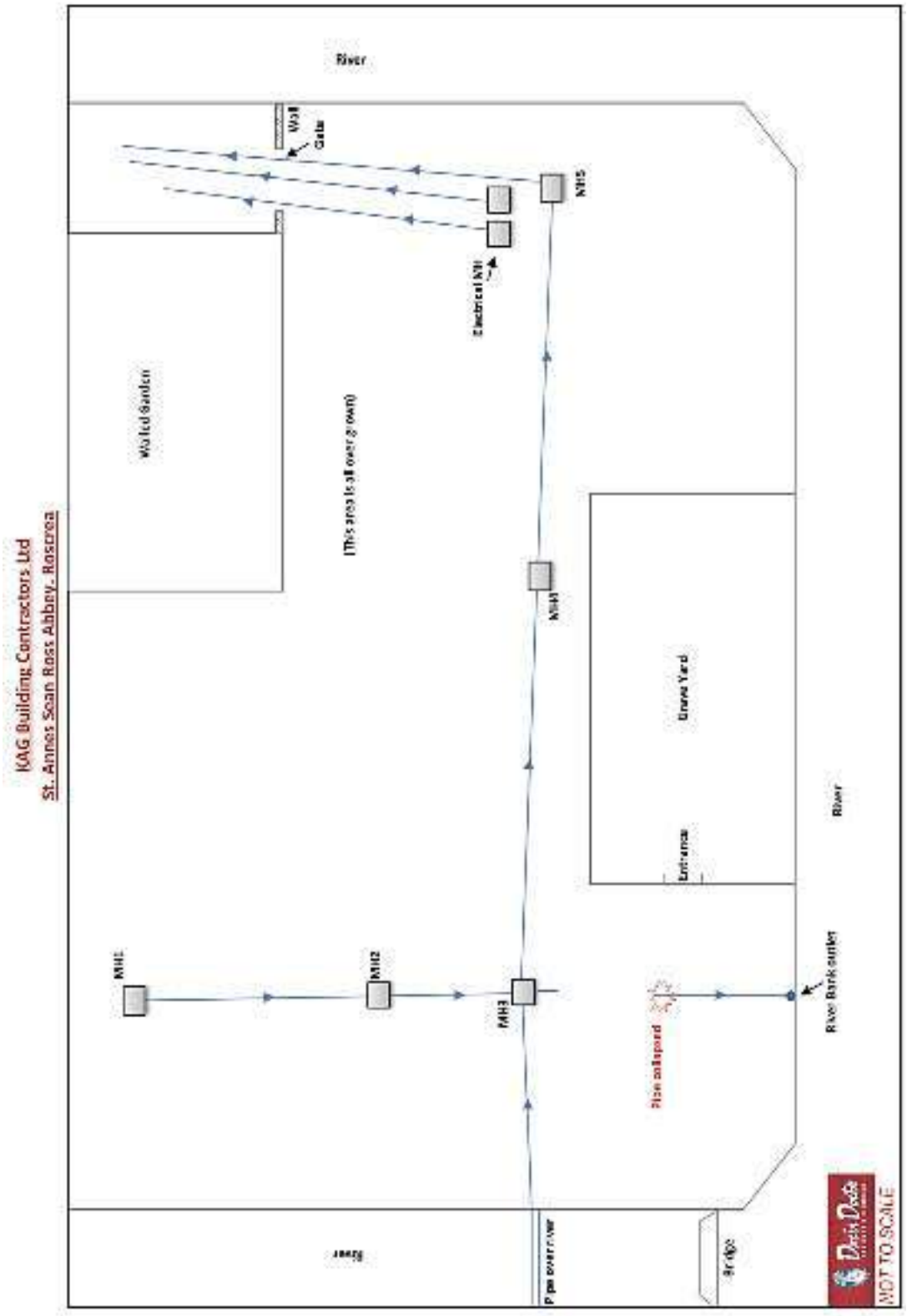

Figure 42:Schematic drawing of utilities in proximity to the Children's Burial Ground

continued along the river bank to east for at least the extent of the burial ground. This pipe is 0.10m in internal diameter and appears to be aligned with Manhole 3. Cracking begins to appear in the pipe at 9.50m from the river bank and it has collapsed approximately opposite the current entrance to the burial ground, c. 13.5m from the southern access chamber on the river bank. It was the drain surveyor's opinion that this pipe used to connect with the clay pipe extending from Manhole 1 and

was, at some stage, diverted, with Manhole 1 now running into the modern concrete pipe, see report at **Appendix H**.

2017

In 2017 Tipperary County Council (TCC) received a complaint in relation to possible waste water contamination of the site (PC-25 36917). This complaint alleged that that there were "issues with waste water treatment on the site particularly in the area close to the Angels Plot burial ground and the stables area across the stream on site" (O'Dwyer, TCC, 06/09/2017).

On foot of this, a thorough investigation was conducted by the Environment Section of TCC, consisting of a desktop review and on-site investigations. TCC reported that among the investigations conducted was a review of the 17 planning files that relate to the St Anne's Sean Ross Abbey complex from 1969-2000, and on-site dye testing was conducted of the current sewage network (*ibid*).

TCC reported that research of planning files revealed that prior to 1997 sewage was treated on-site via septic tanks and was then discharged to soakaways or adjacent streams (O'Neill, TCC, 05/10/2017). It is stated that "in Ireland, pre '75, the normal practice would have been to discharge treated septic effluent to soakaways" (O'Dywer, TCC, 06/09/2017). This research revealed that *circa* 1996 upgrading works had taken place to the existing system at that time. These upgrading works consisted of rerouting foul and greywater to a uPVC gravity main sewer. These works involved the joining up of a section of an old disused surface water (salt glazed) drain, that had previously discharged to the Verdanthill stream, to a new uPVC sewer. It was noted during the 2017 investigations that the 1996 "groundworks did not involve any drainage works that trespassed through the Angels Plot burial ground" (*ibid*).

This 2017 report by TCC states that the old salt glazed drain may have carried sewage (from septic tanks) to the stream in the distant past (*ibid*) and it was their opinion that while the drain does skirt the corner of the 'Angels Plot' it would have predated the existence of the plot. No direct evidence is provided to support this opinion as to why the pipe would have predated the plot, however, radiocarbon dating of remains above the pipe trench, conducted during current MBHCOI investigations, does evidentially support this presumption.

This particular line of 6-inch salt glazed pipe work is referred to on the 2017 TCC site investigation map as an 'old storm water drain', it is unclear why this is believed to be storm water. The pipes early relationship (1968) to a septic tank (Punch, 1997) suggests it is an early, now defunct, sewage waste pipe.

The Royal Commission into Sewage Disposal of 1898-1915 legislated for the requirement of certain dilutions of waste water into free-flowing streams and rivers. The position of the pipe outlet at a point on the stream where the dilutions are not satisfactory may have prompted the redesign to a point in the stream where the dilutions would have been greater (O'Dywer, TCC, 06/09/2017).

1996-1998

Tipperary County Council provided details to the MBHCOI from the planning files in relation to drainage works in the vicinity of the Children's Burial Ground from 1969-1998. Within these files, a

significant issue that was identified in relation to the foul water sewer contaminating the stream that circumnavigates the site to the south and north east.

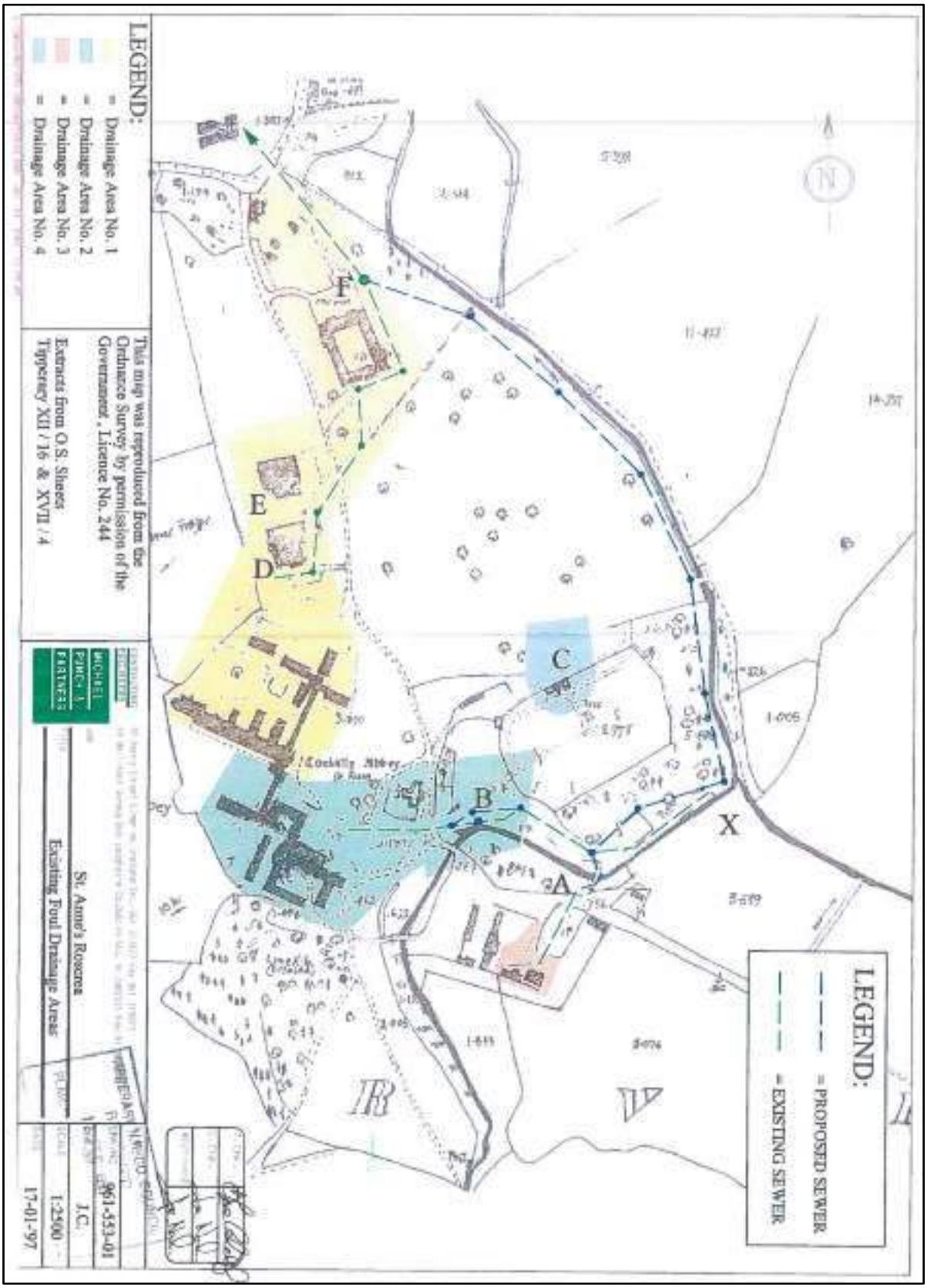

Figure 43: Extract from 1997 Report illustrating "Existing Foul Drainage Areas" showing tanks A, B and C, existing sewers and proposed sewers

A memo, dated 13th January 1998, reported the placing of a gravity sewer in the grounds of 'St Anne's Home', Roscrea. It is reported that these works were complete in mid-December 1997 and 'should now eliminate any potential to pollute the stream running through the estate and will provide sufficient waste water drainage for any future development at this complex' (O'Connor, TCC).

It appears that prior to 1997 there was a septic tank system that then flowed directly into the watercourse. A survey conducted in early 1997 mapped the foul drainage system and illustrated the existing and proposed drainage. At this time two septic tanks existed in proximity to the Children's Burial Ground, 'A' c. 32m to the south west across the stream and 'B' c.98m uphill to the north (**Figure 43**). At the time of this survey, 14th January 1997, both these tanks were reported to be 'undersized for present use' and connected to outflow in the watercourse (M Punch & Partners, 24th January 1997).

On the 3rd of June 1997, TCC served a Section 12 notice on 'St Anne's Home' to immediately commence the implementation of measures to prevent the discharge of polluting matters from the premises. The foul water sewers were being discharged into the watercourse going through the grounds and the council directed the institution to alter this immediately. This event, in all likelihood, accounts the subsequent upgrading works that appear in the concrete and uPVC pipework evident in the drain inspection.

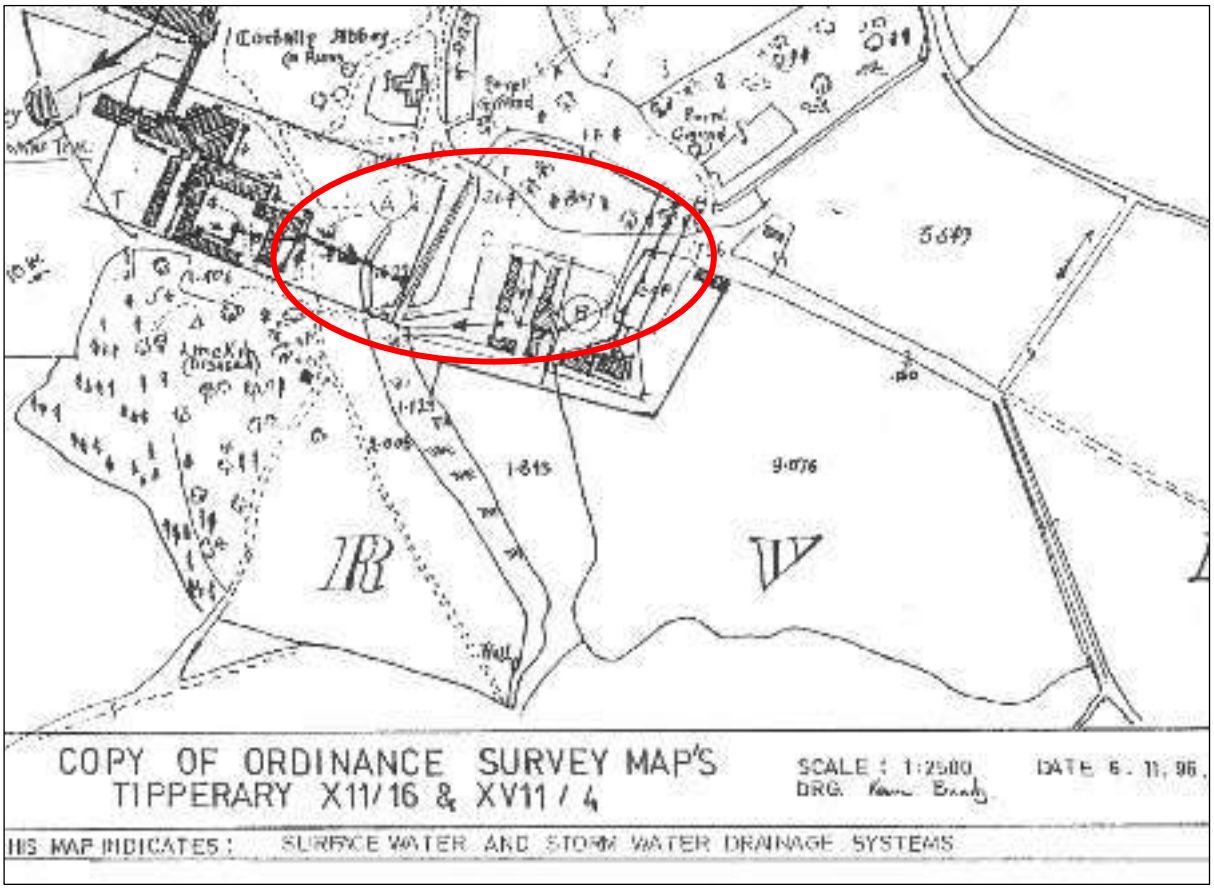

Figure 44: Extract from report of 'Foul Water Drainage at St Anne's Sean Ross Abbey Roscrea, November 1996'

In November 1996, the Maintenance Department of St Anne's Sean Ross Abbey compiled a report detailing the foul water drainage on-site. This report shows the position of septic tanks in different

locations to those in the 1997 report. In this 1996 report septic tanks A, B and C were all south of the stream within the grounds of the current 'Saoirse Day Services' complex (**Figure 44**). This is corrected in the 1997 report, see **Figure 43**.

1969

Planning file number PLC 1418, dated to 1969, also shows the position of this septic tank at location 3, which is uphill to the north of the Children's Burial Ground, number 3 of four located on site at the time (**Figure 45**). This provides evidence that the foul water from Septic tank number 3, uphill of the current Manhole 1, did enter the stream via the now defunct salt glazed pipe that skirts the current boundary of the Children's Burial Ground pre-1998.

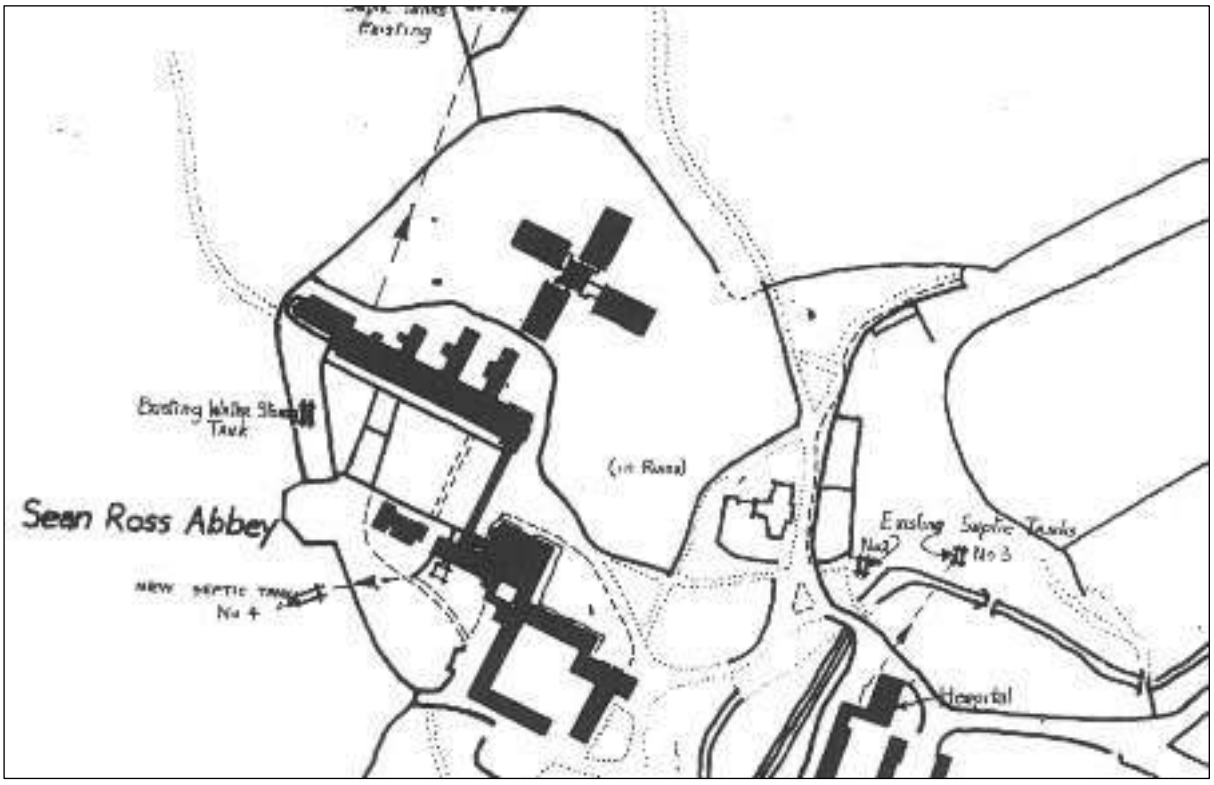

Figure 45: Extract from 1969 Planning file PLC1418 illustrating 'Location 3'

Summary

The evidence gathered here in relation to the current foul water drainage system indicates a high likelihood that the foul or waste water did enter the stream via the now defunct salt-glazed pipe. This pipe appears to skirt the current boundary of the Children's Burial Ground. This pipe was defunct by 1998. It is not possible to discern the exact date at which this pipe-line was originally constructed, although it must pre-date 1969. Radiocarbon dates from undisturbed burials in the strata above the trench for this pipe further refine the construction date securely pre-1955.

9. Discussion

Introduction

There were two principal matters under investigation during this excavation. The first was to determine the presence of burials at this site and the second was to determine that, if burials were present, what was their relationship to any utilities that may also be present at the site. The investigations outlined in previous sections have described the methodology designed to answer these questions and the results of the subsequent investigations. This following section will discuss the findings of the investigation and what may be determined about the burial practises at this location and site the history with specific reference to drainage and utilities.

Burial Practises

The evidence of burial practise reported here is based on the uppermost strata of graves and so inherent bias is present. In addition to vertical bias, trenches are limited in a horizontal sense also. Therefore, the results of test trenching are always simply indicative of the potential subsurface remains at any given site. However, despite this bias it is possible to determine a number of important factors in relation to burial arrangements and burial practice at this site, based on the results of the test trenching.

Burial Distribution

Evidence of burials were uncovered in all but one of the seven trenches excavated at the site. The exception was Trench 7, located at the current entrance to the site. However, while burials were uncovered in the other six trenches, the nature of the distribution was variable. This distribution is shown in **Figure 46**. This was primarily highlighted in Trench 1 and Trench 2, where both confirmed and possible burials were limited to a total of just seven (six actual burials with skeletal remains, plus one possible grave). In Trench 2, burials were only uncovered in the southwestern end, relatively near the present monument. None were uncovered in the remaining 13.1m of trench. In Trench 6, where a single definite burial and five probable burials were exposed, the single burial was near the southwest end, while the remainder were concentrated near the existing monument over 14m to the northeast. In contrast were the minimum of ten burials identified in Trench 3, a trench just 5.75m in length, and the four definite and six other probable/possible burials in Trench 4, which also had evidence of the disarticulated remains of up to six infants, in a trench just over 7m in length. Both trenches were located at corners of the southwestern end of the present site, suggesting particular concentrations in these areas.

Burial Distribution and Age-at-death

There is some evidence to indicate variation in terms of who was buried where. There was no evidence, from any of the skeletal remains recovered in this excavation, for any individual aged over 1 year. It was quite apparent that all six of the individuals uncovered to the northeast of the present monument were very young infants. In fact, all three infants in Trench 1 and one of the infants in Trench 2 were full-term infants (defined as an infant between 37-42 foetal weeks), while the remaining two infants in Trench 2 were likely very late pre-term (SK04 36.3+/-2.08 foetal weeks, SK06 36.7+/-2.33 foetal weeks). In Trench 3, at least one infant (SK11) was a possible pre-term infant and at least four others were full-term infants, while the remainder, with the exception of SK20 (possibly

6-12 months), were all less than 3 months old at the time of death. The four individuals in Trench 4 and the single burials in Trench 5 and Trench 6, where all infants, with no evidence of pre-term or full-term infants (**Figure 46**). This evidence may suggest that specifically, the area to the northeast of the present monument was reserved for the burial of perhaps still-births or those who died very close to the time of birth.

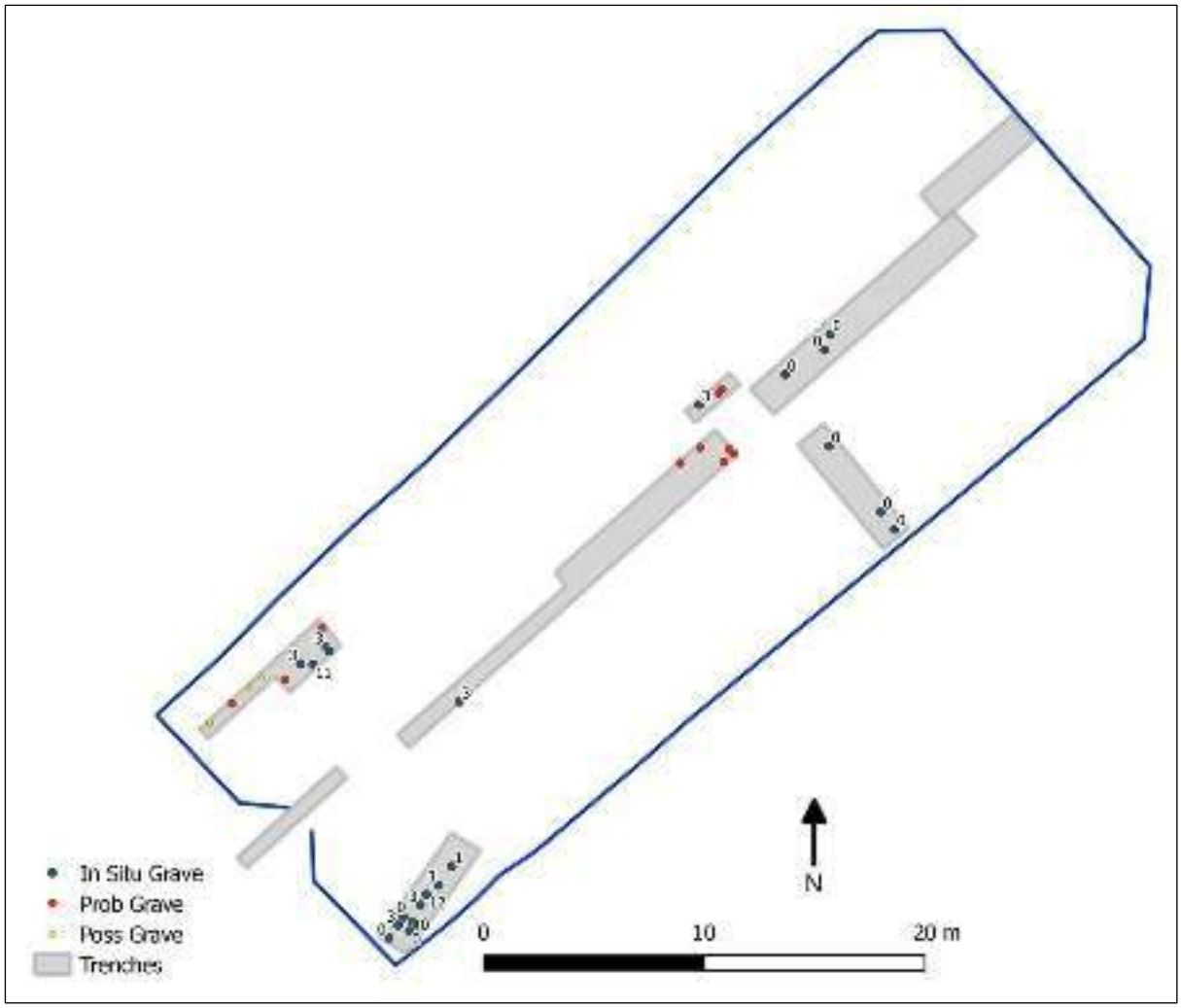

Figure 46: Distribution of burials; labels alongside in-situ burials give maximum age-at-death in months

Burial Organisation

The general lack of intercutting or truncation of burials may suggest graves were perhaps marked, however, there did not appear to be a consistent pattern in terms of burial plots. Perhaps the clearest evidence was in the two trenches which contained the most burials, Trench 3 (ten individuals) and Trench 4 (four individuals, plus six other probable/possible burials). In the former trench, certainly some individuals appeared to be in approximate rows: SK19 through to SK22 appeared to be in aligned in a row, albeit SK19 had her/his head at the opposite end of the grave to the other individuals. SK07, SK09 and SK10 also appeared to be approximately in another row (**Figure 47**). In Trench 4, SK15 and SK16 were also apparently aligned lengthways, with SK14 forming an approximately row widthways with SK15. There thus appears to be some evidence of attempts at organisation in terms of placing burials in rows but significant variations were also recorded.

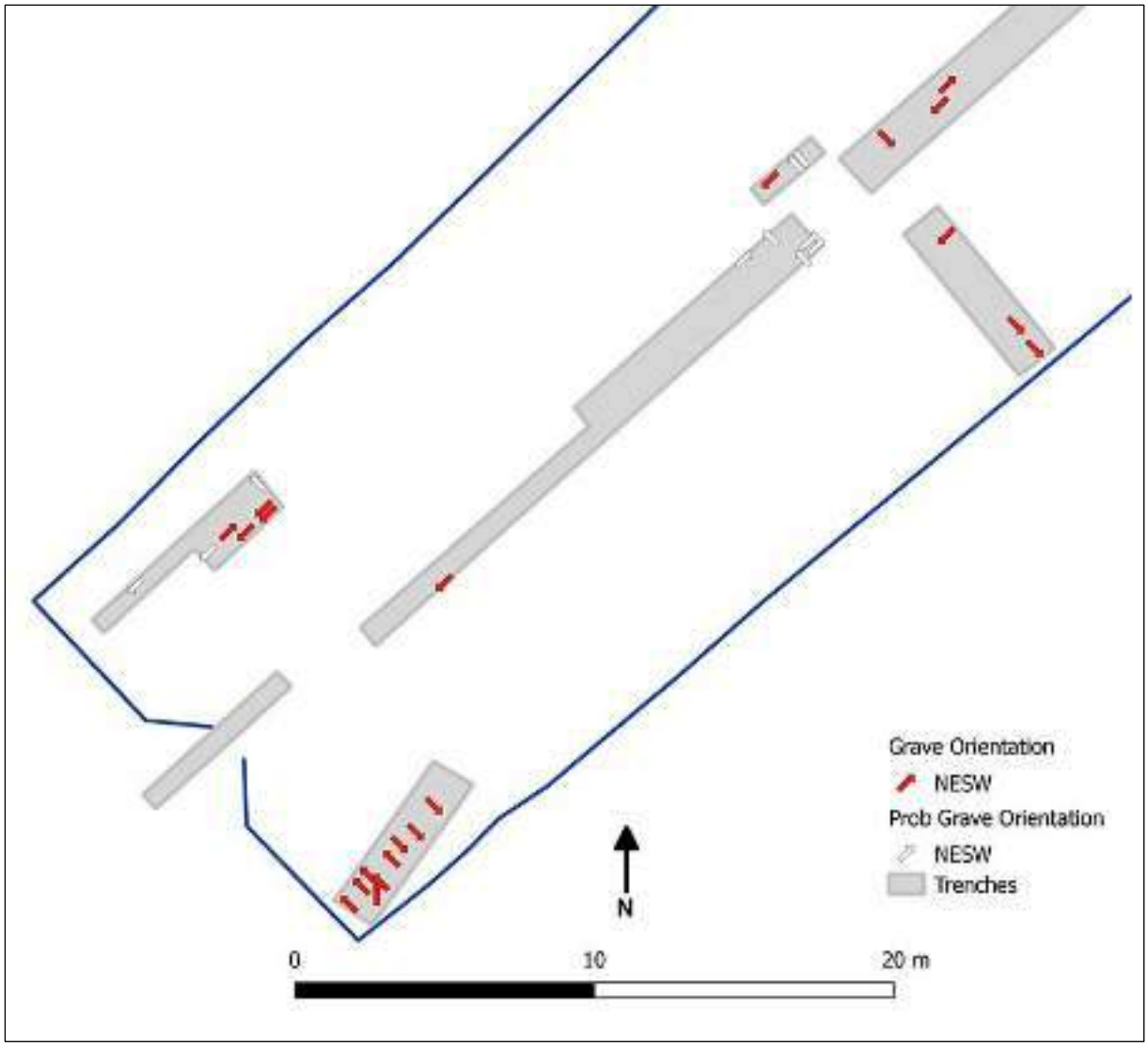

Figure 47: Burial organisation; orientation indicated, arrow is at head-end

It appears that where the 'head end' of the coffin was placed in the grave also exhibits variation. The lack of rigid organisation in terms of burial plots may follow on to the actual placement of the coffin. In the case of the burials at this site, the variation may be partly linked to whether the head and the foot of the coffin was identifiable. If the coffins comprised simple rectangular boxes, with no breast-plates or other markers, then the gravedigger may not actually know at which end of the coffin the head was.

Presence of Coffins

In terms of methods of burial, the vast majority of identified burials had evidence of coffins (**Figure 48**). This may have been in the form of the remains of coffin timbers surrounding and/or covering skeletal remains or by the presence of metal nails in the immediate vicinity of an *in situ* skeleton. There were exceptions SK02 in Trench 1, SK13 in Trench 3, and SK14 and SK17 in Trench 4. In these cases coffins may have decayed over time and perhaps nails were not always used.

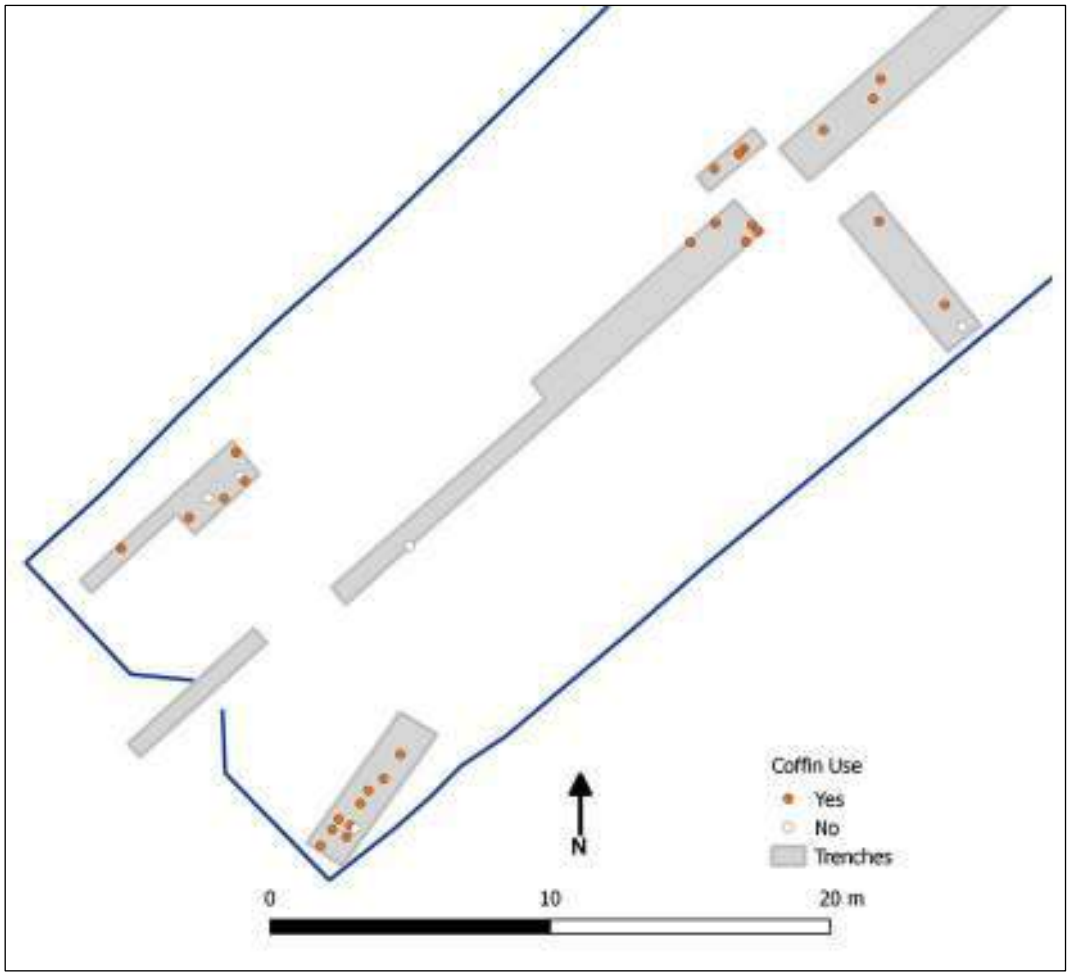

Figure 48: Distribution of burials with/without evidence of coffin use

Burial Position

Where possible to assess, all individuals appeared to be buried supine (i.e. lying on the back). Some of the skeletal positions reflected the fact that many were very young infants: SK04 was buried with legs bent out respectively to the left and right, as an infant would normally lie with on its back. SK01 may have been turned slightly on their left side, while the legs of SK12 appeared bent to the right side, almost in a foetal position. However, there was also evidence of what may be interpreted as accidental displacement of the body, likely during the processes of carrying the coffin to the site and the burial itself. The knees of one individual in particular, SK04 in Trench 2, would essentially have been tight against what was interpreted as the foot board of the coffin (**Plate 12**).

Disarticulated Remains

Disarticulated human remains appeared in just one trench, Trench 4, in the southern corner of the site. This assemblage provides evidence of a minimum of six infants. Trench 4 was also the only trench where remains clearly indicated disarticulation *before* the present excavations began. Some of the disarticulated bones that were found occurred in what appeared to be associated groups (such as leg bones ID1066-9), indicative of mechanical disturbance.

Many of the disarticulated bones were noted in particular for the degree of post-mortem erosion and breaking: in contrast, the exposed skeletal remains, in almost all *in situ* burials, were in an excellent

state of preservation. The disturbance of these bones from their original primary point of deposition (presumably a grave) would have significantly accelerated their disintegration. This can be a strong indicator of disturbance in the past. In addition, the sheer quantity of disarticulated bone in Trench 4 was in stark contrast to all other trenches. The circumstances of recovery indicate that most, if not all of the bones were loose within the upper levels of the soil. A number of dry breaks, identified in two crania and a long bone, were suggestive of truncation relatively soon after burial. This may have occurred during ploughing or grave digging activity. It has been noted that it is possible that graves were not individually and/or substantially marked and so, in the area of Trench 4 in particular, earlier burials may have been inadvertently truncated by subsequent gravedigging.

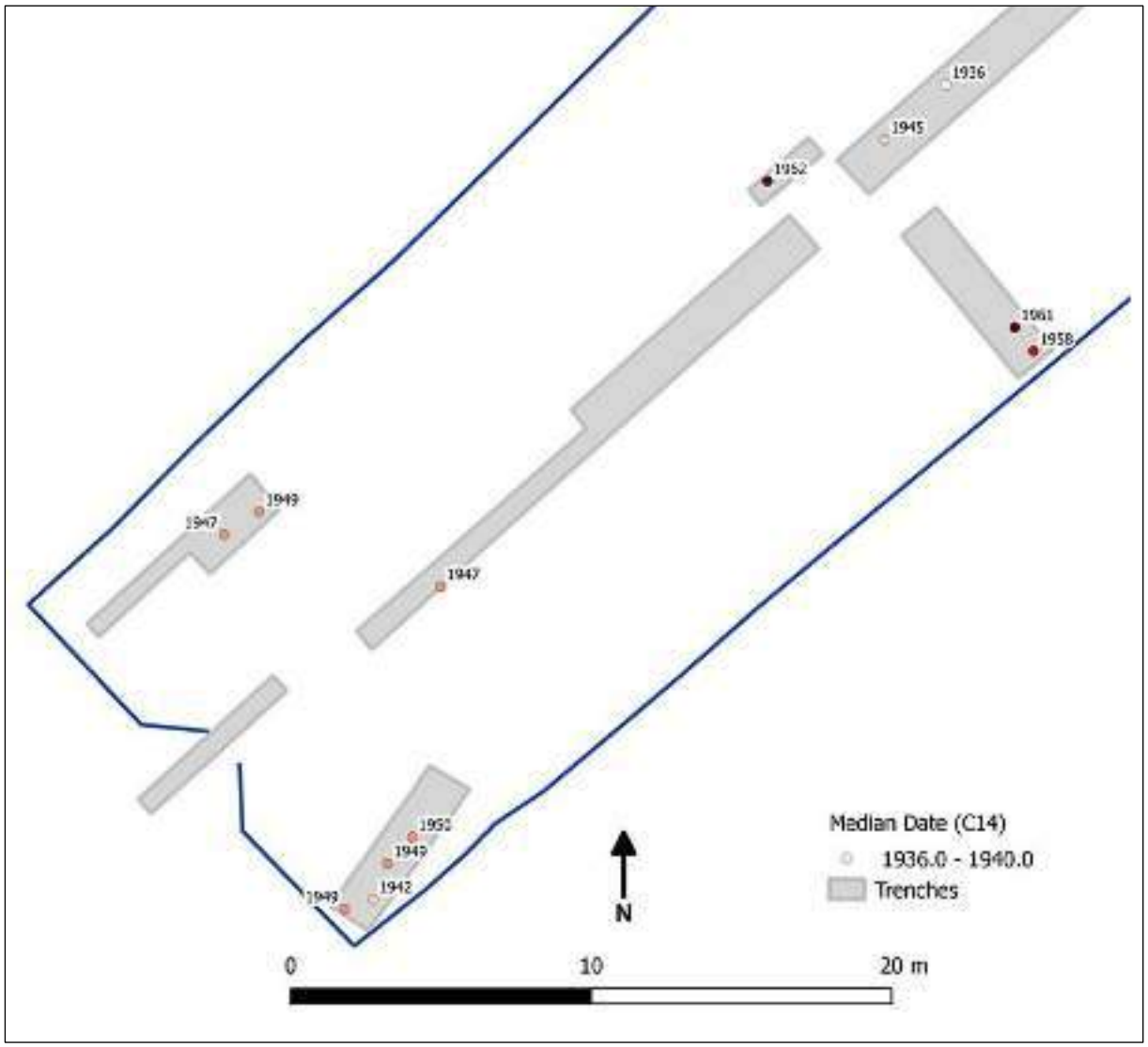

Figure 49: Distribution of median date of burials from radiocarbon dated samples

Radiocarbon Dating

Radiocarbon dating produced significant results (see **Section 7.1**). Burials in Trench 1 were radiocarbon dated from the late 1950s to early 1960s, while those in Trench 2 had dates spanning from 1918 through the mid-1950s. In Trench 3 the estimated years of death spanned from 1929 through to 1955, while in Trench 4 the span was 1939-1955. In Trench 5, very close to the extant

monument, SK18 returned a date of death of between 1960-1963, while SK23 in Trench, returned a date of 1938-1955. The median year of each of these date ranges is applied in **Figure 49**. Thus, some of the earliest burials may appear to be to the northeast of the existing monument. The 1960-1963 dates returned by both SK02 in Trench 1 and SK18 in Trench 5 may suggest a focus in this area in later years. The limited nature of the collection prevents significant interpretation, however, the estimated years of death returned by the radiocarbon dating were all within the timeframe of operation for the Mother and Baby Home at Sean Ross Abbey.

Utilities

The second of the principal matters requiring investigation was the potential presence of utilities, specifically in the form of drainage and waste-water drainage, at the site of the burial ground. It has been illustrated in **Sections 2.1** and **2.2** from historical mapping and aerial photography research, that the boundary of what is now known as the Children's Burial Ground was not always so clearly defined as it is at present. Specifically, the aerial photo dated 1974 (**Figure 6**) illustrates that the boundary that currently exists has not been persistent since the operation of the Home. This may account for the 6-inch salt glazed utility pipe that now intersects the southern corner of the current boundary.

An examination of the history of planning applications and the development of the drainage facilities on-site, sheds some light on the presence of utilities in close proximity to the Children's Burial Ground and has been presented in detail in **Section 8**. Investigations carried out on-site provide evidence for the absence of currently operational utility pipes traversing any part of the Children's Burial Ground; none that were detectable by geophysical survey, by test excavation or by drain inspection survey.

The drain inspection and the excavation did however locate a now redundant salt glazed waste-water pipe; this pipe was shown as present on the 1997 map accompanying the report, see **Figure 43.** This map confirms that at some point the pipe carried waste water from a septic tank. It is evident that as early as 1969 sewage was treated on-site, via septic tanks (**Figure 44**), and discharged to soakaways or nearby streams. The 2019 drain inspection clearly provides evidence that this utility pipe has been redundant for some time, the exact time-frame is unknown, however, it would appear from upgrade works carried out in around 1996, that it had once discharged directly into the adjacent stream.

The 1996 record of upgrade works explicitly states that the 'groundworks did not involve any drainage works that trespassed through the Angels Plot burial ground' (O'Dwyer, TCC, 06/09/2017. The location of *in situ* burials in the material filling this pipe trench indicate that the pipe was laid prior to the use of this space as a burial ground. These particular burials have been dated to pre-1955 by radiocarbon dating and so it does in fact support the contention that the insertion of this pipe predates the burial ground. This is further supported by the archaeological evidence that demonstrates no burials were disturbed by the insertion of this pipe. This utility pipe may have been related to septic tanks recorded on site in 1968 and again in 1996. There is a high likelihood that the pipe would have been in operation at the time that the Sean Ross Abbey Mother and Baby Home was in operation and may have been inserted to manage an increase in loadings from the increased population when the facility was opened. The pipe itself is demonstrably of a pre-1970s type, see **Section 7.2.** Combined with the stratigraphic evidence the pipe clearly pre-dates burial activity and also pre-dates the present boundary of the burial ground.

Other drainage that appears on site is that which is referred to in this report as 'field drains'. The test nature of the excavation did not allow for a full exploration of the extent of these field drains. However, the location of a burial stratigraphically above one such drain (SK23, estimated year of death 1938-1955) indicates that these drains pre-date the use of the site as a burial ground. Evidence of land reclamation works, in the form of introduced soil deposits, above naturally formed peat sub surface suggests that these drains were efforts to reclaim waterlogged areas of the site. Mapping evidence that illustrates a pathway to a flagstaff around the turn of the twentieth century further indicates that these reclamation works pre-date the twentieth century.

The cumulative results of the investigations conducted here do not support the disturbance or displacement of any infant burials in the pursuit of drainage of the area now defined as the Children's Burial Ground. The investigations presented here provide a cross-sectional understanding of the burial ground. While informative, they must not be used to establish the minimum number of individuals interred here. Similarly, age-ranges and other metrics of *in situ* remains should not be extrapolated to any wider interpretation. The marked locations of both adult graves were not investigated, and several well-preserved coffins restricted the overall sample that could be analysed. It should also be noted that only at the current entrance was a test trench permitted to extend beyond the existing boundary of the burial ground.

10. Conclusion

10.1 Condition of the Site post excavation

Extensive work was carried out to return the site to its original condition, in so far as was possible. All trenches excavated were infilled and levelled, first by machine and then by hand. All soil was returned to the trench from which it had been excavated. The entire site was reseeded with grass seed (**Figure 50**).

Figure 50: Aerial image of the site post-excavation, showing the back-filled and re-seeded trenches (3rd April 2019)

10.2 Summary and Conclusion

The Mother and Baby Homes Commission of Investigation (MBHCOI) requested that an investigation be conducted into the site known as the Children's Burial Ground in the grounds of St Anne's Sean Ross Abbey, Roscrea, Co. Tipperary. This burial ground was reportedly the site of the graveyard for the Sean Ross Abbey Mother and Baby Home that was in operation here from 1931 to 1969.

The MBHCOI was in receipt of information that indicated the potential for drainage to cross through the site. If such was the case, then either the graveyard had been disturbed by the insertion of this drainage or there were no human remains present at this location to begin with (with the argument being that evidence of burial would have been noted during the drainage works). Information had also been received by the MBHCOI that in the 1980s ploughing had taken place on site that did resulted in bone being brought to the surface. In response to this the MBHCOI requested that two principle matters be investigated at this site through the use of the field of forensic archaeology.

The first and primary matter requiring investigation was the question of whether buried human remains exist at this reported graveyard and the succeeding question; if remains exist here, have they been disturbed by the insertion of drainage though the graveyard.

The forensic archaeological investigation of this site was dealt with through the principle of a priority-based approach. This approach operates through first engaging in the least intrusive methods and moving towards producing a targeted response that allows the application of more intrusive methods in a strategic manner. The value of this type of investigation allows a site to be investigated through a

test or sample method that will not disturb the entirety of the site and specifically in this case, the human remains that have been interred here. This was deemed the most appropriate investigative response for this case.

Investigation

During the initial non-invasive stages of the investigation a geophysical survey was undertaken to investigate potential anomalies that may be isolated for further investigation. A complete desktop review was also conducted of the location to determine the site history through the aerial photography and mapping records that exist in Ordnance Survey Ireland and in the Planning files of the Environmental Section of Tipperary County Council.

The desktop review included cartographic analysis that identified the development of the site from the mid-nineteenth century to the twentieth century (1901), when a pathway to a flagstaff appears at the site prior to the opening of the Sean Ross Abbey Mother and Baby Home. The near-rectangular boundary of the present burial ground first appeared in mapping dated 1954; however, the 1974 imagery indicates that the site boundary had been altered or perhaps was not clearly visible on the ground. In this image, an additional boundary or feature appears at what is now the area to the northeast of the central memorial. It may have been a hedge, wall or line of trees. By the 1990s it can be seen that the current boundary is well-defined, and some planting has occurred on the periphery. The site appears unchanged from this to present day.

An independent survey of the waste-water drains in the vicinity of the burial ground was conducted by a drain specialist. This survey found that there had been upgrading and redirection of some pipe work in close proximity to the burial ground. This correlated with information from council planning files that saw the rerouting of waste water into a newly inserted main drainage pipe in around 1996. A salt glazed ceramic pipe was found on the geophysical survey and in the drain inspection survey that skirts the southern corner of the site. The drain inspection found this pipe to be now defunct. A more modern junction had been inserted to the northwest that reroutes this drainage to run parallel with the burial ground toward the northeast where it eventually joins the local drain network to the north of St Anne's Sean Ross Abbey building complex.

The geophysical survey identified a number of anomalies that informed the basis for the insertion of seven test trenches over significant anomalies or areas that indicated burial or other significant subsurface features. These trenches were selected also to achieve a cross-section of the site in order to determine the nature of the subsurface and potentially answer the matters under investigation; the potential for burials and indications of drainage. Each test trench ranged from 0.6m to 1.5m in width and from 2.6m to 20m length. This 78 m^2 represented just less than 10% of the total available area within the site boundary.

Excavation took place over four weeks in February and March 2019. The excavation took place under a warrant issued to N. McCullagh by Judge Y. Murphy of the MBHCOI dated 1st of February 2019. The site cordon and log was maintained by An Garda Síochána while human remains were exposed on site.

This type of test excavation is limited by its nature in that it is a test approach and not a complete excavation of the entire burial ground. As such the findings that result from this excavation cannot be applied conclusively to other matters. Evidence and stratigraphy that remains in the unexcavated parts of the site can only be inferred from the results of these test trenches. Equally, projecting the analysis of human remains from these test trenches to the remaining unexcavated 90% of the site would be to assume consistency across the entire site. The demographic profile of skeletal material recovered here relates only to those remains identified and samples recovered. The skeletal remains of other individuals, possibly of other age groups, in greater or lesser quantities, may be contained within the areas of the site not covered by this test excavation. There persists and unavoidable bias in the results of this test excavation approach.

Findings

The results of this excavation indicate that this site was at some point a wet, waterlogged or boggy location that was subsequently reclaimed by drainage works in the form of stone field drains and the introduction of organic material from an alternative location. This can be seen in the site stratigraphy where there is an orangish coloured silty clay deposit overlying the natural peat. This land reclamation predated the burials that were exposed during this investigation. Burials were found in the strata above both the stone field drains and the salt glazed drainage pipe that transects the southern corner of the burial ground.

Within the test trenches the skeletal remains of 21 infants were recorded. The evidence from the skeletal remains here indicates that all excavated infants were under the age of one year old with the majority of individuals in the early weeks and months of life. In the majority of burials there is clear evidence of timber coffins and suggestive evidence of coffins in most other cases. There were also coffined burials undisturbed by excavation that allow for the presumption of another 11 individuals this allows for and MNI of 32 individuals. Archaeological evidence and evidence from disarticulated skeletal remains indicates a further 10 possible individuals represented in the results of this excavation.

A number of the coffins present appear to have been painted white however there were no coffin- or name-plates in evidence here. There was an absence of grave markers or headstones and the distribution of burials does not appear to be consistent; however, some evidence exists for the linear organisation to these burials and in places there appears to be more significant concentrations of burials

Thirteen samples of bones were submitted for radiocarbon dating. The results from these dates, when correlated with the archaeological record, indicate a most likely mid-twentieth century date for each sample. The range of estimated years-of-death for these samples are in the 1930s, 1940s and 1950s. This clearly falls within the period of the operation of the Sean Ross Abbey Mother and Baby Home.

The register of infants deaths records a wide range of annual figures, for example, from one death in 1962 to 92 deaths in 1936. The peak of infant deaths occurred at the Home from 1932 to 1947 when the numbers of deaths occurring per year varied from 30 up to 90 individuals. After this period the

number of deaths occurring in a given year were greatly reduced, falling to single figures in the latter years of the Home.

The total number of infant deaths which recorded as having occurred here are 1078. Without complete excavation it is not possible to say conclusively that all of these individuals are buried within the present site of the Children's Burial Ground. There may have been dense concentrations of burials in other areas of the site that were not excavated. This excavation recorded evidence of a minimum number of 32 individuals and a further four possible graves and six disarticulated individuals across 10% of the ground surface. It was not possible to determine if other tiers or layers exist beneath these burials.

No young adult or adult remains were exposed during this excavation; however, there are two memorials to older individuals. These individuals are recorded in the maternal death register indicating that the burial ground was not exclusively designated for infants and young children who died while in the care of the Home.

These investigations took place as a direct response to two specific queries on behalf of the Mother and Baby Homes Commission of Investigation. These queries were answered in accordance with the limits of a test excavation approach. There are human remains, specifically those of young infants, present in this burial ground. The evidence indicates that the human remains that have been uncovered were not disturbed by the insertion of drainage works, field-drains or waste-water pipes.

11. References

Chamberlain, A. T. and Witkin, A. 2000. *Human Skeletal Remains from Cloghermore Cave, County Kerry, Ireland*. Unpublished Report for Client.

Couglan, J. 2015. *Corville House – Roscrea Through the Ages* [Online]. Available at: http://www.roscreathroughtheages.org/corville-house.html. Accessed 14/04/2019

Farrelly J. and O'Brien, C. (comp.) 2002. *The Archaeological Inventory of County Tipperary. Vol. 1 - North Tipperary*. Dublin: Stationery Office.

Farrelly J. and O'Brien, C. 2015. TN012-014001- [Online]. Available at: http://webgis.archaeology.ie/historicenvironment/. Accessed 10/02/2019.

Gwynn, A. and Hadcock, R.N. 1970 (Reprint 1988) Medieval religious houses of Ireland. Dublin. Irish Academic Press.

Healy, J. 1912. *Ireland's ancient schools and scholars*. Dublin. Sealy, Bryers & Walker.

Institute of Archaeologists of Ireland (IAI). *Codes of Practice of the Institute of Archaeologists of Ireland*. https://www.iai.ie/codes-of-conduct/.

Knüsel, C., Robb, J. and Tafuri, M. A. 2016. The Upper Cave: Taphonomic Analysis of the Treatment of the Dead. *In:* Elster, E. S., Robb, J., Isetti, E. and Traverso, A. (eds.) *The Archaeology of Grotta Scaloria. Ritual in Neolithic Southeast Italy.* Los Angelus: The Cotsen Institute of Archaeology Press UCLA.

Lewis, S. 1837. *A Topographical Dictionary of Ireland*. London

Maresh, M. M. 1970. Measurements from Roentgenograms. *In:* McCammon, R. W. (ed.) *Human Growth and Development.* Springfield: C. C. Thomas.

Moorrees, C. F. A., Fanning, E. A. and Hunt, JR, E. E. 1963a. Age Variation of Formation Stages for Ten Permanent Teeth. *Journal of Dental Research,* 42**,** 1490-1502.

Moorrees, C. F. A., Fanning, E. A. and Hunt, JR, E. E.. 1963b. Formation and Resorption of Three Deciduous Teeth in Children. *American Journal of Physical Anthropology,* 21**,** 205-213.

Museum of London Archaeological Service (MoLAS). 1994. *Museum of London Archaeological Service Archaeological Site Manual*. London, Museum of London.

National Inventory of Architectural Heritage. http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=TN&regno=22401211

Nicholls, K.W. (ed.) 1994. *The Irish fiants of the Tudor sovereigns during the reigns of Henry VIII, Edward VI, Philip & Mary, and Elizabeth I, 4 vols*. Dublin. Éamonn de Búrca for Edmund Burke Publisher.

NUI Galway, 2011. Connaught and Munster Landed Estates Database [Online]. Available at http://landedestates.nuigalway.ie/LandedEstates/jsp/index.jsp. Accessed 10/02/2019.

O'Brien, C. 2008. TN012-014002- [Online]. Available at: http://webgis.archaeology.ie/historicenvironment/. Accessed 10/02/2019.

Powers, N. and Sibun, L. 2011. *Standards and Guidance for Forensic Archaeologists*. Chartered Institute for Archaeologists (CiFA), UK.

Schaefer, M., Black, S. and Scheuer, L. 2009. *Juvenile Osteology. A Laboratory and Field Manual,* Amsterdam, Elsevier.

Scheuer, J. L., Musgrave, J. H. and Evans, S. P. 1980. The Estimation of Late Fetal and Perinatal Age from Limb Bone Length by Linear and Logarithmic Regression. *Annals of Human Biology,* 7**,** 257-265.

Scheuer, L. and Black, S. 2000. *Developmental Juvenile Osteology,* San Diego, CA, Academic Press.

Simington, R.C. (ed.) 1931. *The Civil Survey, AD 1654-1656. Vol I: county of Tipperary: eastern and southern baronies*. Dublin. Irish Manuscripts Commission.

Stout, G. 1984 The archaeological survey of the barony of Ikerrin. Roscrea Heritage Society.

Trinity College Dublin (TCD). 2013. The Down Survey of Ireland [Online]. Available at: http://downsurvey.tcd.ie/down-survey-maps.php. Accessed 06/02/2019.

Wescott, D. J. 2019. Postmortem Changes in Bone Biomechanical Properties: Loss of Plasticity. *Forensic Science International,* https://doi.org/10.1016/j.forsciint.2019.04.017.

White, T. D. and Folkens, P. A. 1991. *Human Osteology,* San Diego, Academic Press.

Wieberg, D. A. M. and Wescott, D. J. 2008. Estimating the Timing of Long Bone Fractures: Correlation Between the Postmortem Interval, Bone Moisture Content, and Blunt Force Trauma Fracture Characteristics. *Journal of Forensic Sciences,* 53**,** 1028-1034.

Williams, P. L. and Bannister, L. H. (eds.) 1995. *Gray's Anatomy. The Anatomical Basis of Medicine and Surgery,* New York: Churchill Livingstone.

12. Appendices

Appendix A: Qualifications and Experience of Contributors

Niamh McCullagh, BA MA MSc. MIAI, MCSFS, Director, Forensic Archaeologist

Niamh has been practising in the field of professional Archaeology since 1999 and became a specialist in Forensic Archaeology in 2007. The search for, and excavation of, graves under forensic standards is her primary area of expertise. As an independent professional consultant she remains the primary advisor to An Garda Síochána in such matters. She is also the Senior Forensic Archaeologist with the Independent Commission for the Location of Victims Remains and has lead numerous searches and recovery operations since 2010. Niamh directed excavations at the Tuam Mother and Baby Home on behalf of the Mother and Baby Homes Commission of Investigation and was subsequently invited to direct the Expert Technical Group to advise the Minister for Children and Youth Affairs. With an established and proven track record Niamh has provided assistance, advice and training to a number of police forces and government agencies in the UK and Ireland.

Niamh has a primary degree in Archaeology, a Master's degree in Theories, Methods and Practices of Archaeology (2002), a Master of Science in Forensic Archaeology and Crime Scene Investigation (2007) and is currently a PhD Candidate at Queens University Belfast. She is a member of the Institute of Archaeologists of Ireland, of the Chartered Society of Forensic Sciences and is listed in the Expert Witness Directory of Ireland.

Aidan Harte, BA MA MIAI ACSFS, Senior Archaeologist

Aidan Harte is a qualified archaeologist and geographer, with over 18 years' archaeological experience in Ireland, the UK and France. Aidan comes to the team as a License Eligible Archaeologist and thus expertise in the field of archaeological excavation as recognised by the Department of Culture, Heritage and the Gaeltacht. He is also a Senior Team member on a consultation basis with the Independent Commission for the Location of Victims Remains through his company Munster Archaeology. He has been involved in a number of excavations and subsequent recoveries with the ICLVR since 2010.

As a professional published archaeological consultant and surveyor/GIS analyst, he is a full member of the Institute of Archaeologists of Ireland since 2007 and is currently Vice-Chair of that Institute (IAI). He has also served on the Board of Directors for the Cork Historical and Archaeological Society (2013-2019). Awarded a licence to direct archaeological excavations in 2005, Aidan has lead excavations and surveys of over 35 archaeological sites, of various type, size and period, in a variety of locations and conditions. Aidan has excavated and recovered humans remains of various levels of preservation – from skeletal to soft-tissue – from a wide range of periods and locations. He is proficient in the use of GPS mapping systems, photogrammetry and the integrated use of GIS for archaeological and environmental data.

Linda G. Lynch, MA PhD MIAI, Human Osteoarchaeologist

Linda is a professional, licence-eligible, archaeological consultant and human Osteoarchaeologist with over 20 years' experience in Irish archaeology. She has a significant profile as an accomplished and published specialist. Linda comes to the team as an excavation expert but also as a leading professional in the field of Irish Osteoarchaeology. One of her major areas of research is in relation to juveniles. In 1998 Linda completed a Masters Degree focusing on archaeological neonate and infant remains, and has continued the interest since then. More recently, she has worked as the Osteoarchaeologist in the test excavations in the former Tuam Mother and Baby Home in Co. Galway and was also on the Expert Technical Group for the same site. In 2014 Linda was awarded a PhD in research that focused on human remains from various social strata in eighteenth and nineteenth century Ireland.

She is a member of the Irish Post-Medieval Archaeology Group and the Institute of Archaeologists of Ireland, where she served on the Board of Directors from 2006-2009 and is currently a Committee member with the Irish Association of Professional Osteoarchaeologists. Linda has published and lectured extensively, on skeletal remains dating from over 9000 years ago to the very recent past.

Appendix B: Warrant

Mother and Baby Homes Commission of Investigation

Commissions of Investigation Act 2004

Sections 8, 26 and 28

WARRANT

TAKE NOTICE THAT in accordance with Section 26 of the Commissions of Investigation Act 2004 (hereinafter 'the Act')

Niamh McCullagh

Of Cork in the County of Cork

Is a person appointed under Section 8 of the Act and is hereby Authorised to exercise the powers given under section 28 of the Act in relation to the premises known as the Children's Burial Ground located in the grounds of St Anne's (Sean Ross Abbey), Roscrea, Co Tipperary

Dated this 1st day of February 2019

JUDGE YVONNE MURPHY
CHAIRPERSON OF THE COMMISSION

Appendix C: Geophysical Survey Report

EMC Radar
Consulting

atlas
geophysical

Report to

the Independent Commission of Investigation

(Mother and Baby Homes and certain related matters)

on the Findings

from

the Geophysical Surveys

of the

Reported Graveyard within the grounds of

Sean Ross Abbey, Roscrea, Tipperary.

Date: 23rd February 2019

(Draft issued 5th February 2019)

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Purpose of the Geophysical Surveys

The Mother and Baby Home Commission of Investigation wishes to investigate the area reported to be a burial ground within the precincts of the former Sean Ross Abbey, Roscrea, Co Tipperary. The purpose of the investigation is to locate any graves within the area and also any utilities, if the latter are present. The graves were expected to be primarily of young children although some adult burials might also be present. Forensic archaeologists will carry out an investigation on the basis of the findings of this report.

Geophysical Methods Applied

Three geophysical methods of investigation were applied to the site. Ground penetrating (or probing) radar (GPR) and Magnetometry were used to investigate the area of the designated graveyard. In addition, electromagnetic location was used to determine the line of a former waste water pipe, now no longer in use.

The evidence from the two geophysical methods applied confirms the existence of burials and also of a substantial structure towards the North end of the site, probably of brick construction, but whose purpose is currently unknown. The results from the two methods are consistent. The detailed results, particularly with respect to variation with depth, were given by the GPR survey.

Summary of Findings

The site is characterised by large areas of disturbance, consistent with burials having taken place over a length of time. There is signal patterning in the vertical sections consistent with the presence of coffin remains both of child and adult proportions although it should be understood that this patterning might potentially also be produced by other subsurface features, particularly in the case of smaller burials (see also **GPR Detection of Burials).**

The primary evidence for the interpretation as burials rests on:

- the outline of pits in vertical section around the majority of these anomalies,
- the horizontal patterning of the groups of anomalies which indicates designated areas used for this purpose,
- the levelling visible in the 2-dimensional data over the top of the burial areas, as well as
- the degree of disturbance in the near surface.

The burial areas are mostly very shallow i.e. their upper surface lies within 40cm of ground level but there are also some slightly deeper burials in the central area to the South of the memorial cross. None of the burials are below 1.1m in depth. The juxtaposition of the base of at least one of the pits with the land drains visible in Figure 14 provides one explanation for the shallow nature of all of the burials. This image also illustrates that equally strong signals may represent more than one anomalous material. Burials, stone inclusions, field drains and other stone structures may only be distinguishable from each other on the basis of the patterning and not solely from one set of signals.

Taken together these factors suggest the presence of mass graves as well as individual ones and a long enough period of time for the difference in burial depth to emerge.

In the North section of the area, the magnetometer results show a strongly responsive anomaly of approximately linear outline. The responses are much stronger than any other material in the survey area and therefore dominate the North end of Figure 16. The strength of response is consistent with a brick built structure. The same feature can be seen in detail within the GPR data where it can be seen to form a curvilinear path across the site from the wooded area along the western edge towards site East. There is an associated rectangular structure immediately adjacent on the southern side and the footings appear to be unusually shaped and discontinuous. As such it appears more ornamental than would be expected for a waste water outlet.

A combination of observation, use of a cable avoidance tool (CAT) and signal generator (genny) and a flexitrace was used to verify that a known waste water pipe was no longer in use. It was tracked across the edge of the South end of the survey area. The GPR data indicates the presence of a possible chamber at the entrance to the survey area which may be the reason that it was not possible to insert the flexitrace any further along the pipe (cf. EML p24).

The Presentation of the GPR Data

In the commentary which follows, evidence from both 2-dimensional and 3-dimensional GPR is presented (see also **How GPR works**, p19). GPR is not an optical method and the 2-dimensional data, although it presents the same information as would an archaeological vertical section, cannot and does not present the data in the same visual format.

It is important to understand that signals returned to the radar antenna represent a change in materials rather than a specific material. The stronger the signal amplitude, the greater the change in the electromagnetic properties of the two (or more) materials. Although it is possible to observe that anomalous material is present, it is not possible to ascertain the nature of these materials because the strength of the signal is the product of the change between two or more materials. The strength of signal amplitude is given by the degree of black and white, grey indicates continuity of materials and a lack of anomalous material.

The 2-dimensional survey profiles have been assembled into a 3-dimensional data block from which horizontal plans, known as time slices, have been extracted at a range of depths. The precise depths have been chosen in function of changes in the data patterning. In the time slices which have been produced in colour, anomalous material is highlighted in black only. White indicates homogeneous material and pale green represents minor differences. The colour scale used is shown in Figure 1.

Figure 1: Amplitude Colour Scale

GPRs measure depth extremely accurately in nanoseconds time. Since radio waves do not travel at a constant speed but are transmitted at a velocity which depends on the material under investigation, this velocity has been calibrated on site to 0.09m/ns (see also **Velocity Calibration**). This velocity has been applied uniformly to the data in order to produce depths in metres and centimetres.

Orientation of the Survey Area and the Time Slices

All 2-dimensional data are depicted running from (site) South to (site) North from left to right. All time slices extracted from the 3-dimensional data show (site) West at the top of the page. Because of the orientation of the presumed burial ground, site North is approximately North East and site South approximately South West. The lower edge of each time slice lies on the same side as the adjacent stream and the main approach route (path) lies parallel to the left hand side of each time slice.

The magnetometer data has been corrected for orientation. The time slices have not been similarly adjusted in order to preserve easy measurement from the site grid for the forensic archaeologists to plan their trenches.

GPR Detection of Burials.

The success or failure of GPR in detecting burials depends on the method of burial, the electromagnetic properties of the surrounding environment and the period of time which has elapsed since the burial took place. Shortly after death, burials may be located by detecting the products of decomposition, specifically fluids and gases for which the electromagnetic properties are sufficiently different from the surrounding soil to be distinguishable by GPR. Over time, the detectability will diminish as fluids and gases dissipate into the soils around the burial.

Bones are not good targets for GPR as they do not remain inert. Mineralisation results from interchange between them and the surrounding soil so that, after a certain time, they become indistinguishable from their immediate environment on the basis of their electromagnetic response. The smaller the bones, the greater the problem since the size restrictions of the radar will also come into play (see also **How GPR works**).

However, two of the radar's most easily distinguished targets are air and water. In a dry environment such as below the floor of a church, air will become the principal content of any burial, making these detectable. Outdoors, as in this case, organic remains, pits and coffins tend to retain water in greater quantity or for a longer period than the surrounding soil. It is the differential water content which makes the burial detectable by the radar. Depending on the water content, the level of groundwater, recent weather patterns and the length of time since the burial, it is sometimes necessary to time surveys of this type so as to make use of the peak season of differential water content. Although that strategy was not an option in this case, the results show a satisfactory level of distinction in water content between the burial areas and the surrounding environment.

The Burial Evidence

The 2-dimensional data demonstrates a crowded subsurface which contains a certain amount of layering (cf the black and white horizontal stripes) but also the outline of pits and signal patterns consistent with coffin cross sections. In figure 2 there are at least two burial pit outlines, clearly delineated in line 25 and more faintly in line 30. Anomalies 1 to 3 lying within the first burial pit could potentially be the cross sections of three small wet coffins. They vary in size but all of them conform to the type of pattern corresponding to coffins containing waterlogged remains. This is not a definitive interpretation since any one of them could potentially be (for example) a large stone rather than a coffin but the presence of these

anomalies within the outline of a pit is strongly suggestive. Other anomalies are visible both within the pit outline and at its base. This suggests that there is a range of burial practices represented by this data. For example, either many of the coffins have disintegrated or not all of the burials were placed inside coffins.

Anomaly 4 is a signal pattern typical of the cross section of a buried adult coffin. It should be contrasted with anomaly 5 which is more typical of building material. It is possible that the burial pit seen in survey line 25 could extend as far as anomaly 4, the base of the feature is not clearly discernible beyond the area marked. Similar features are visible in the lower trace from survey line 30. Anomaly 6 is dealt with in the section on field drains.

The variation in burial practice is illustrated by survey line 24 (Figure 3). The first burial area marked in this survey line shows the outline of a burial pit, but the remainder of the data shows numerous signals which would be consistent with the presence of coffins of different sizes. The data in line 59 is similar. This also illustrates that much of the dark area towards the South of the site contains burials rather than building materials.

These areas correspond to many of the darkened areas in the time slices. Figure 4 shows the time slice extracted at the ground surface. The dark patches indicate the areas retaining more water than the average across the site, being the first indication of the position of some of the graves. Figure 5, extracted at c. 19cm, illustrates the top position of the shallowest graves, again on the basis of differential water retention. The exception is where the radar has crossed the adjacent path, to the South of the site, where the strong signals indicate the difference between the grass and the path material (Figures 4 and 5). On the East side of the site (towards the stream) there are graves which extend below the level of the small memorials placed at the side of the cemetery on the surface (Figure 5).

A broad swathe of slightly deeper burials appears at c. 40cm depth: see Figure 6. The layout is more systematic than the previous burial evidence and it is possible that this represents a different phase of use of the burial area. The beginnings of a large linear feature has also become visible at this depth, running in a (site) West/East line from the (0,0) position. This is discussed in Other Features: the Brick structure. Although the large linear feature looks as though it may continue to the eastern edge and possibly follow along it in a southerly direction, this does not appear to be the case. The 2-dimensional data is largely indeterminant due to the proximity of other material i.e. it could be consistent with the presence of small coffins with water content or it could be remains of a partially destroyed built structure.

Burial areas continue to be visible in the remaining time slices up to and including Figure 14, as discussed in Other Features: Field Drains. The two principal time slices illustrating the burial locations are provided in addition to this report in ROS-01 and ROS-02.

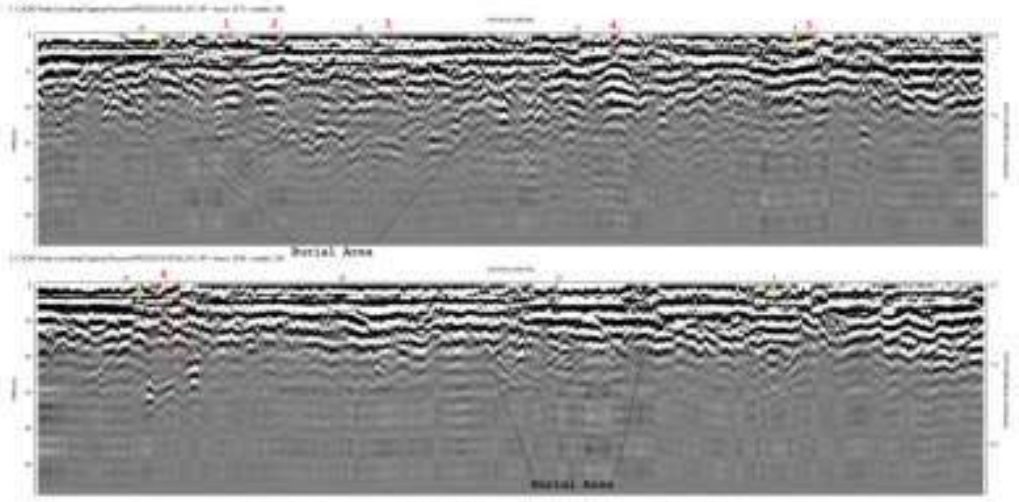

Figure 2: Survey Lines 25 and 30 showing burial areas and other features.

5

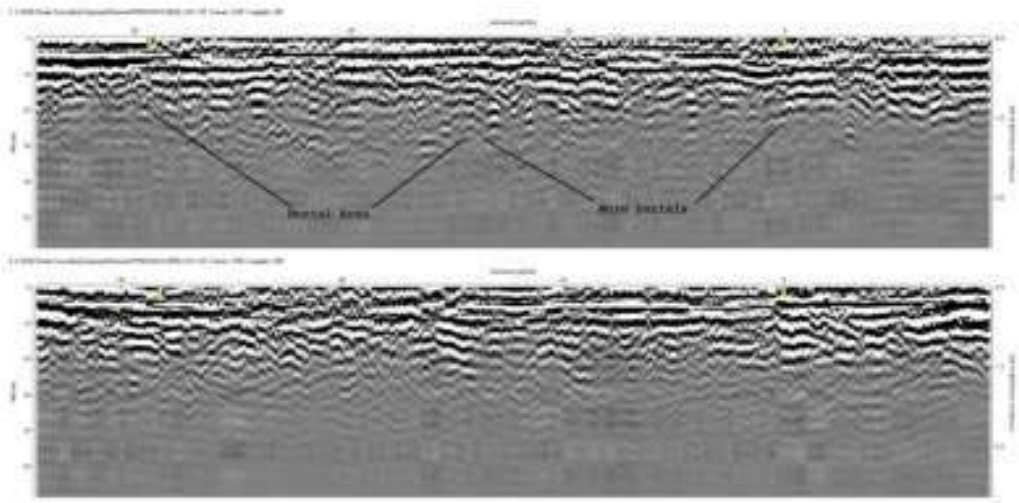

Figure 3: Survey Lines 28 and 59 showing burial areas.

6

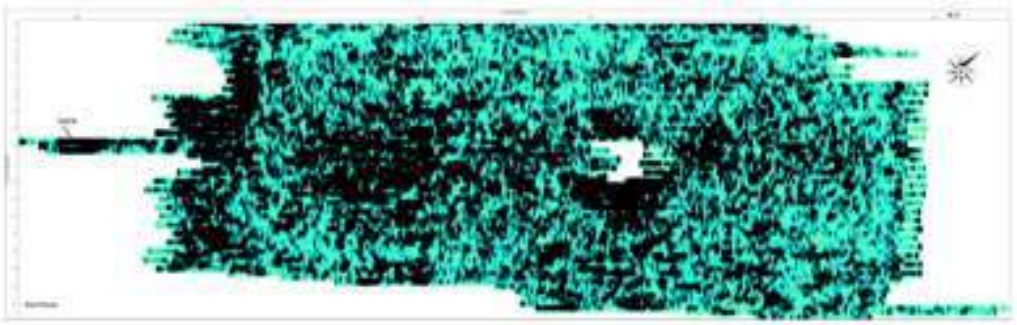

Figure 4: Surface Time Slice showing areas of differential water retention.

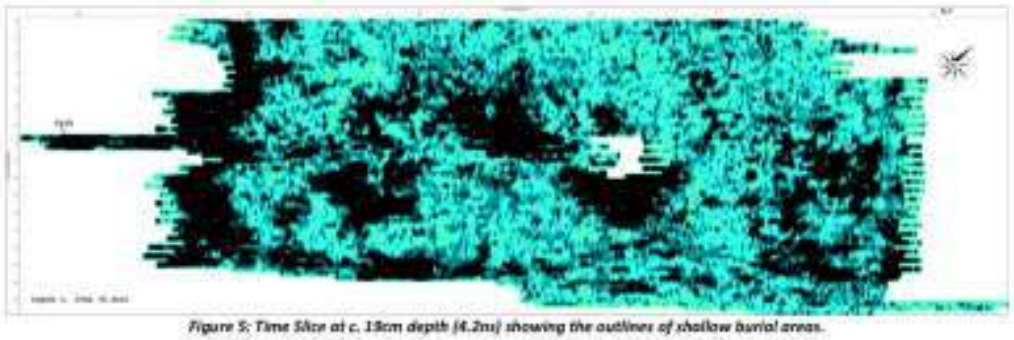

Figure 5: Time Slice at c. 18cm depth (4.2ns) showing the outlines of shallow burial areas.

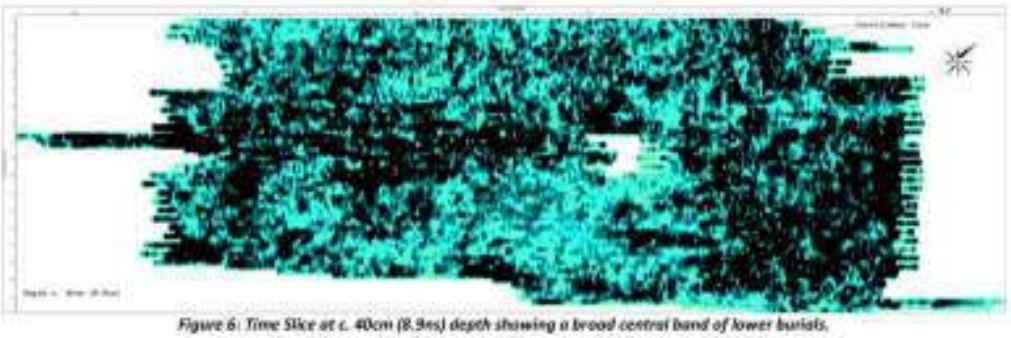

Figure 6: Time Slice at c. 40cm (8.9ns) depth showing a broad central band of lower burials.

Other Features: The Brick Structure

In addition to the burial areas within c. 50cm depth, a large curvilinear feature has also become visible (Figure 7). This is the same feature partially visible in Figure 6 as the beginnings of a curvilinear line. In Figure 7 the line is complete, and its position corresponds to that of the large anomaly in the magnetometer data (See Figures 16 and 17). The magnitude of the magnetometer response suggests that this is the remains of a brick structure.

The difference between this feature and the burial evidence is obvious when viewed in section. Survey lines 6 and 64 and also 13 and 45 illustrate this (Figures 8 and 9).

The adjacent rectangular outline visible in figure 7 also appears to be part of the structure. The underlying signals do not resemble the burial evidence and are more consistent with the brick structure. They appear to connect with that feature.

The question still remains as to whether the apparent continuation of the brick structure along the eastern boundary is genuinely part of the construction of the brick feature or whether this still represents potential burial material (Figure 7). Figure 10 illustrates survey line 72, the data collected along the line y = 16.5m in the time slices. The first part of the data is disturbed ground, potentially burials, below levelled off material (evidenced by the continuous black and white banding). At 1, there is a large anomaly which could potentially be the cross section of an adult sized coffin although, unusually, there is an echo effect directly below one half of it. Section 2 contains two similar anomalies without any echo effects. It is not possible to completely rule out building material in this location, however of the difference between area 2 and the material up to point 1. Directly to the North of area 2 is the signal pattern, marked as 3 in Figure 10, which indicates the position of the brick feature. On the other side of the brick feature, the signals suggest potential structural material. The probability is that there are burials to the South of point 1 and structural material to the North of 3 with area 2 in between being indeterminate in the absence of other supporting evidence.

Deeper down, at c. 69cm (15.2ns), the brick structure separates out into a series of near rectangular footings at regular spacing. The overall outline follows that of the layer above (Figure 11). This curvilinear outline does not suggest a purely functional purpose for the feature. Immediately adjacent on the South side are two small rectangular areas of strong signal (marked 1 and 2 in Figure 11). The evidence differs both from the main brick structure and also from the rectangular feature observable in Figure 7. The signals in these areas are much smaller and difficult to interpret. They could be structural remains but, if so, are badly damaged. They could also potentially be associated with burials. There is no obvious continuity with the rectangular feature definitely associated with the brick structure in Figure 7. Figure 7 has also been reproduced as drawing ROS-03 to accompany this report.

The areas of strong signal in the centre of the time slice appear to be associated with burials. The possible chamber marked on the South side is discussed in **Other Features: Possible Foul Water Chamber.**

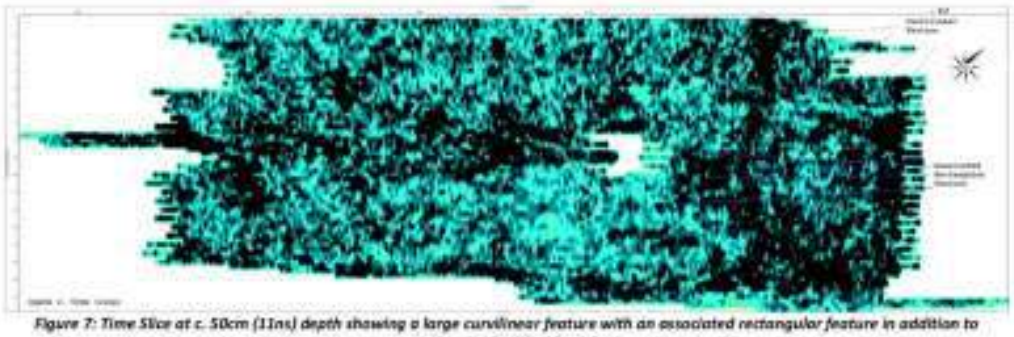

Figure 7: Time Slice at c. 50cm (11ns) depth showing a large curvilinear feature with an associated rectangular feature in addition to previously identified burials.

11

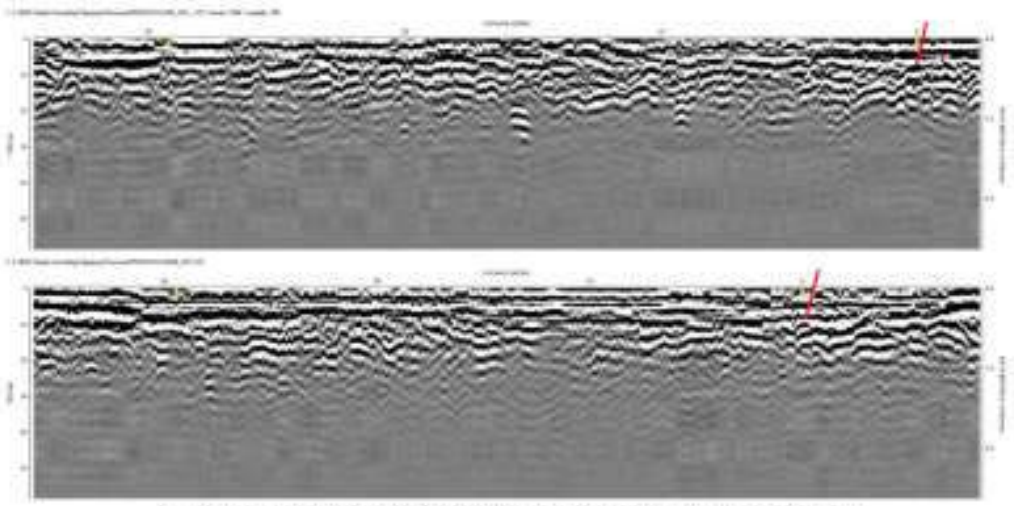

Figure 8: Survey lines 6 and 64 showing the structural feature close to x = 0 (indicated by red line).

12

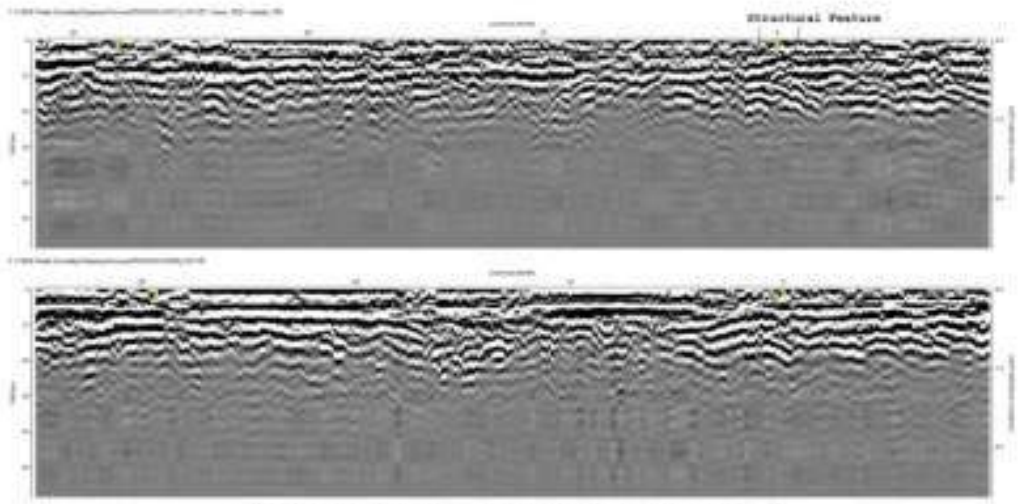

Figure 9: Survey Lines 13 and 45 showing the structural feature close to x = 0.

13

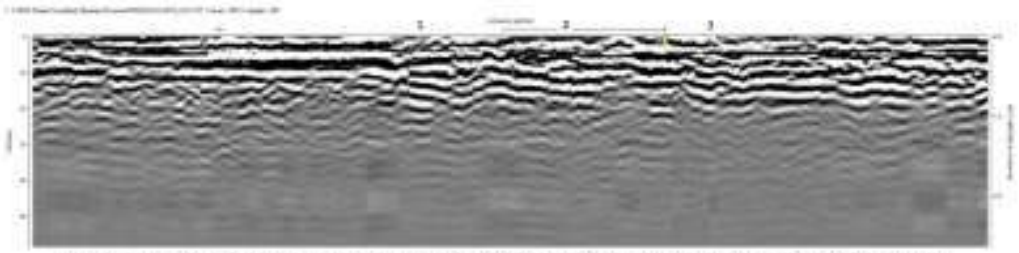

Figure 10: Survey line 72 showing the possible continuation of the brick structure along the eastern border of the cemetery.

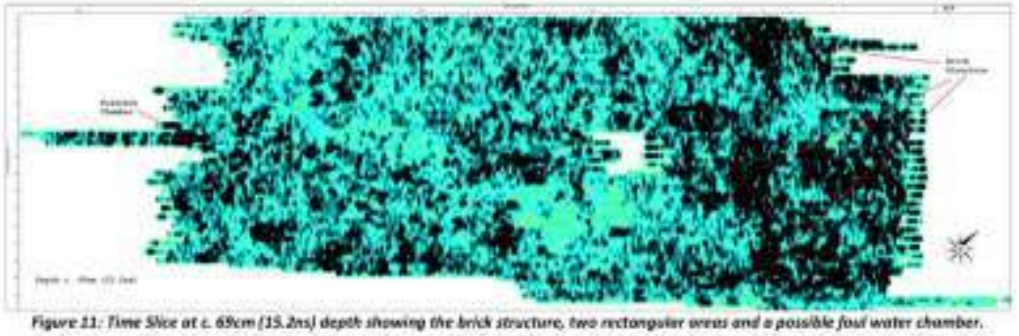

Figure 11: Time Slice at c. 69cm (15.2ns) depth showing the brick structure, two rectangular areas and a possible foul water chamber.

14

Other Features: Foul Water Chamber

The dark area, marked as a possible chamber on Figure 11, appears likely to be a chamber on the foul water system. Viewed in 2-dimensional data, there is a very strong banded signal in the near surface with echo effects directly below (Figure 12). Survey line 33 is longer than line 31 because extends over the area of the path adjacent to the cemetery.

This type of response would mark the chamber and where its manhole cover would formerly have been located. Although the existence of a chamber might have been what prevented the flexitrace from being inserted further into the foul water system, this chamber is not directly aligned with the path of the pipe which was traced during the survey. It lies a few metres to the North, within the area of the cemetery.

Other Features: Linear Features visible at c. 25cm depth

At approximately 25cm depth, two additional linear features were observed (Figure 13). One leads at a diagonal towards the North from the eastern edge. This is very shallow in nature and is formed by layers of material, overlying similar evidence to the obvious areas of burial. There are signals consistent with small coffins below. This can be seen in survey line 64 at x = -12.9m (Figure 8).

The other, fainter line runs from site West towards site East along x = c. -14m. The data shows a small hyperbola at this position, crowded among many other signals. It is not possible to determine what this feature represents.

Other Features: Field Drains

At a depth of a little over 1.25m, a series of lines across the survey area become visible (Figure 14). Both from vertical and horizontal viewpoints these appear to be field drains. The lines are incomplete and may therefore be blocked and/or damaged.

The shallow nature of the burials on site may be due to the placement of the field drains. The red "x"s in Figure 14 mark where the first burial pit visible in survey lines 24 and 25 meets the line of the field drain, restricting the depth to which the burials could be lowered (Figures 2 and 3).

Anomaly 6 in survey line 30, comprising three separate signals typical of pipes, is part of the field drain system. It is very likely that parts of the field drain system have been damaged by the use of the field for interment.

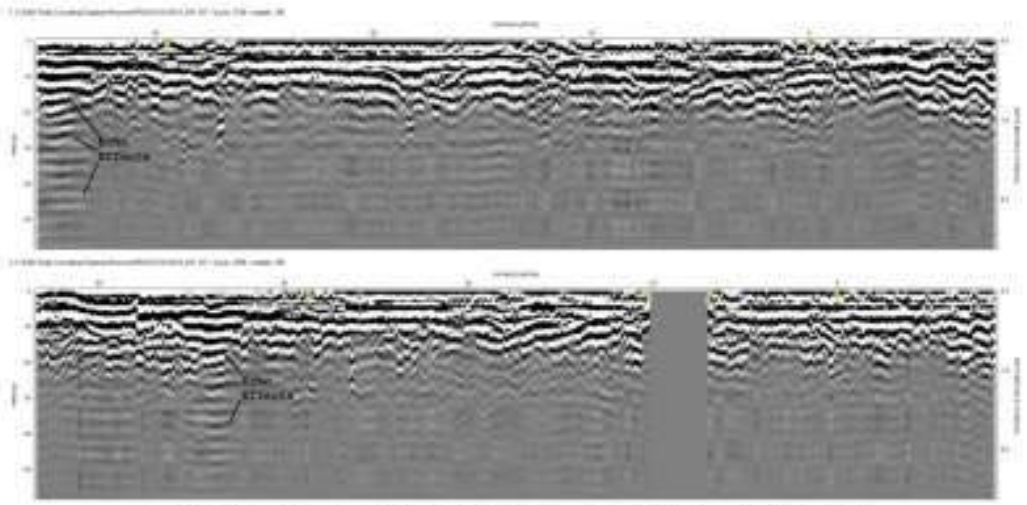

Figure 12: Survey lines 31 and 33 showing the evidence for a buried chamber in the foul water system.

16

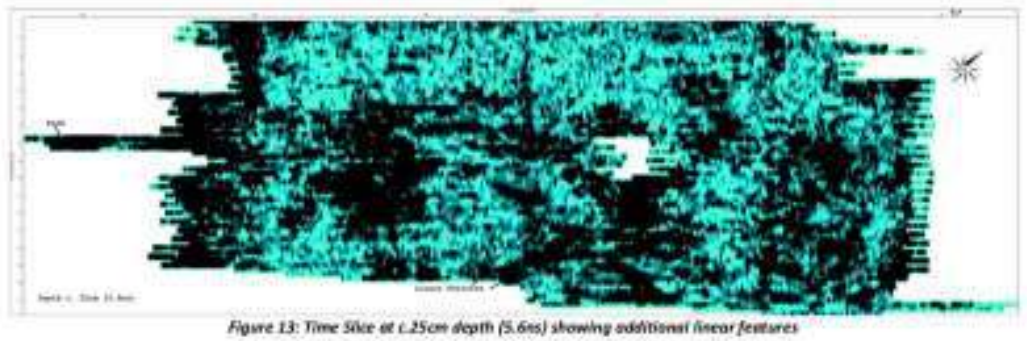

Figure 13: Time Slice at c.25cm depth (5.6ns) showing additional linear features

17

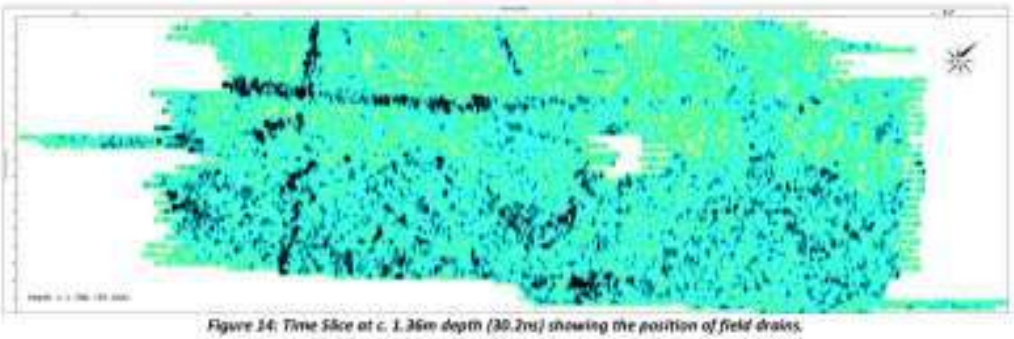

Figure 14: Time Slice at c. 1.36m depth (30.2ns) showing the position of field drains.

13

How GPR works

GPR works by emitting a series of electromagnetic pulses (radio waves) from the transmitter. Portions of these signals are returned to the receiver antenna each time a material with different electromagnetic properties is encountered. The signal is always from the change from one material to the next, never solely from one material. It is therefore not usually possible to characterise materials on the basis of signal strength alone.

GPRs can only resolve targets in function of the wavelengths emitted. There needs to be a space of 1 wavelength between adjacent objects for them to show as separate objects so that it is possible for certain features to be masked if they are in the vicinity of large amounts of other material. The blocks of signal visible in the 2-d data presented in this report are formed by a combination of 2 signals. The first of these indicates the movement of the signal into the material and the second the movement back out into the surrounding environment. Unless the object is equivalent to or greater than the size of the wavelength, these two signals cannot be separated. This is what forms what appear to be blocks of signal. They cannot be taken as indicators either of size or of shape.

Interpretation of the returned signals relies on understanding the subsurface conditions and the materials to which the GPR is responding. It is not always possible to distinguish between specific materials on the basis of signal strength (amplitude). In this survey, that means that individual large stones within the soil matrix may not be distinguishable from, say, a small coffin with water content as both could potentially produce signals of similar strength (amplitude).

GPRs measure very accurately in nanoseconds time. They cannot automatically measure depth in metres and centimetres because radio waves do not travel at a constant speed. The transmission velocity is determined by the electromagnetic properties of the material being surveyed. It is therefore necessary to calibrate transmission velocity for every site surveyed.

In order to be able to locate the detected features accurately, two parallel survey reference lines were laid out across the survey area, line 1 to the North of the site, at the (0,0) position and line 2 to the South. The data was collected orthogonally to these reference lines.

The position of the survey reference lines was established using RTK-GNSS. The survey datum was established at 52°56'50.98"N, 007°46'17.25"W. Survey lines were set between the following points:

52°56'50.98"N, 007°46'17.25"W and 52°56'50.72"N, 007°46'16.84"W

52°56'51.71"N, 007°46'16.21"W and 52°56'51.31"N, 007°46'15.59"W

GPR Equipment and Survey Parameters

The GPR surveys were carried out using a GroundVue 3 GPR in single channel mode and a 400MHz antenna. Burial depths were unknown but presumed to be less than 2m and the site was known to be wet. Since water slows down the transmission of radio waves and, depending on the electromagnetic properties of the soil, can result in loss of signal, this was the highest frequency of antenna which could be used. Before starting the survey, a meandering line was carried out across the site to ensure that sufficient depth penetration was achievable.

The position of the field drains, below the level of the burials (cf anomaly 6 in Figure 2) verifies that signal was not being lost within the depths of interest. This implies that the blank data below this level represents undisturbed, natural deposits.

The survey parameters were:

- A survey depth of 60ns, equivalent to 3m in dry soil or 2.33m in the site conditions;
- A sampling interval along the line of travel of the radar of 27mm;
- A transect spacing of 25cm between successive survey lines.

The sampling interval was set in order to maximise efficient data collection without prejudicing the detection of smaller targets. The transect spacing was set in order to optimise the images produced in time slice. This has been essential for the understanding of this particular site.

Velocity Calibration

As explained above in **How GPR works**, it is necessary to calibrate the transmission velocity of the electromagnetic pulses on site. The default image produced by a radar of any given target is a hyperbolic curve. The shape of this curve reflects the transmission velocity as well as the radar characteristics. Curve fitting has been used to determine the transmission velocity.

A total of 8 calibrations were made at data points across the site. Seven of these gave a value of 0.09m/ns and the eighth 0.085m/ns. The transmission velocity of 0.09m/ns has therefore been used to translate depths in nanoseconds into centimetres.

The Magnetometer Survey

Methodology

The method used for this particular geophysical investigation was magnetometry. The system used was a MXPDA five-sensor fluxgate magnetometer array manufactured by Sensys.

The sensing elements of a fluxgate magnetometer consist of one or more cores of magnetic alloy, around which are wound coils through which an alternating current can be passed. Variations in the electrical properties of the circuits with magnetization of the cores can be converted in to voltages proportional to the external magnetic field along the vertical core axis.

The Sensys MXPDA has a measurement range of ±8,000nT (nano-Tesla)

The sensors were mounted on a wheeled frame/cart c.0.25m apart.

The measurements acquired by the sensors are digitised and fed into a small ruggedized field computer (PDA) and saved for future download and subsequent analysis.

The Sensys MXPDA does not require a linear grid to be marked out prior to the survey. It acquires spatial information directly from an RTK-GNSS receiver mounted on the array frame.

For this survey a GeoMax Zenith 25 GNSS system was used that acquired NTRIP RTK corrections via GSM, removing the need for a static base-station.

The Zenith 25 is capable of measurement accuracy of ±10mm (X,Y) and ±25mm (Z)

The cart was manoeuvred across the survey area by hand in a series of parallel transects.

This is a rapid non-invasive survey technique, meaning no part of the equipment is inserted into the ground and that it is designed to cause minimum disturbance.

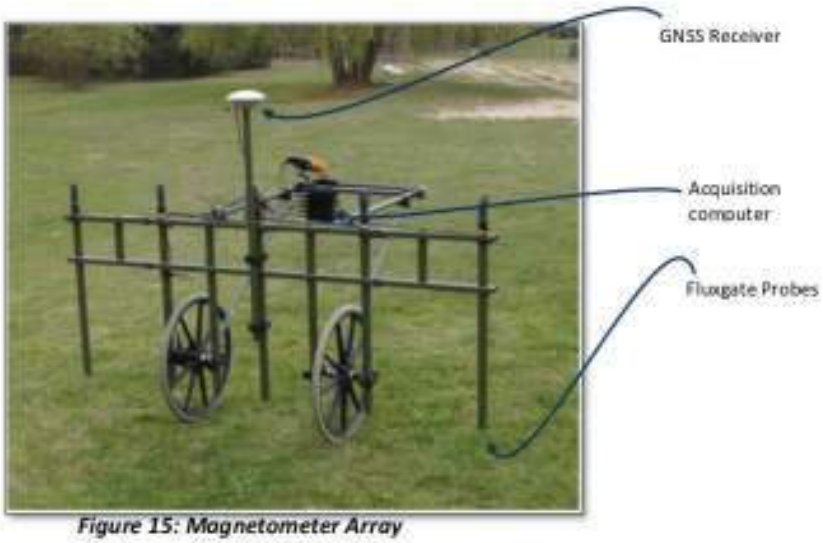

Figure 15: Magnetometer Array

The results of the magnetometer survey do not reflect the detailed results of the GPR survey as they measure different properties of the ground.

The dominant response surrounding the burial ground was identified as the effect of the chain-link perimeter fence on the magnetometer. The main area of burial ground can be divided into four discrete areas of response.

Area 1. The area northeast of the memorial cross shows a considerable magnetic anomaly. This response is typical of buried brick or masonry construction. These responses correspond with anomalies identified within the GPR data.

Area 2. The area beneath and surrounding the memorial cross shows an a poorly defined rectilinear anomaly. This may be associated with the responses observed in Area 1.

Area 3. The area immediately southwest of the memorial cross shows numerous strong responses which are typically c.1m in diameter. Three significant dipolar responses are seen in the data suggesting buried objects with a significant magnetic signature. Numerous subtle anomalies can also be observed in the data suggesting disturbed ground.

Area 4. The area near the entrance of the burial ground shows subtle responses probably associated with ground disturbance. A long rectilinear response can be seen along with a dipolar response possibly associated with a memorial in this location. The drainage pipe located in the EML survey can be seen as a weak rectilinear response in this area.

Figure 16: Magnetometer Results

22

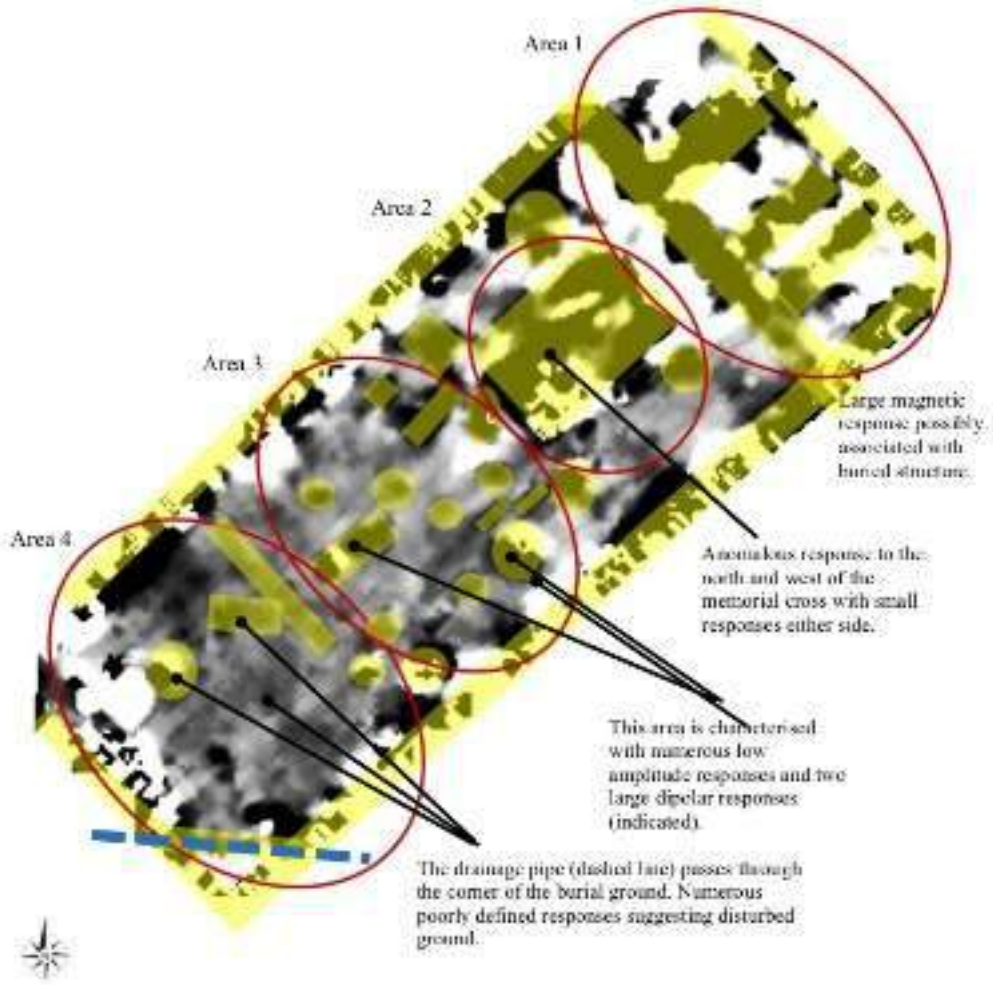

Figure 17: Annotated Magnetometer Results

The magnetometer results are provided in addition to this report in drawing ROS-04.

Electromagnetic Location (EML) Survey Methodology

EML is used to detect and trace sub-surface utilities comprising electrically conductive materials.

A Radio Detection RD8100 Cable Avoidance Tool (CAT) and associated signal transmitter (Tx5) were used in conjunction with a RadioDetection FlexiTrace, a 50m long, copper cored glass-fibre rod which is threaded into drains and ducts and enables accurate tracing.

The equipment was used in "active" mode using a transmitter to apply an artificially generated electromagnetic field to the FlexiTrace which was inserted into a disused drain that was found in the bank of the stream to the east of the site.

A single disused drain was traced from the stream and cutting through the southeast corner of the burial ground. The location was marked on the ground surface with biodegradable temporary marker paint.

It was not possible to push the FlexiTrace beyond the entrance of the burial ground suggesting the pipe has collapsed or the rod has entered an access chamber. The ease of threading the FlexiTrace to the point of refusal suggests it would be possible to use a drain inspection camera through this corner of the burial ground. This would also provide evidence as to why it was not possible to thread the FlexiTrace further into the pipework.

Date of the Geophysical Surveys

The surveys were carried out on 23rd and 24th January 2019.

Further Information

Any queries arising from the content of this report or the GPR survey to which it refers should be addressed in the first instance to Mrs Erica Carrick Utsi, EMC Radar Consulting.

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e-mail: erica@emcradar.co.uk

Appendix D: Context Register

Context	Trench	Description	Initial
1	1	Topsoil	AH
2	1	Deposit of brownish @ SE end	AH
3	1	Grey Sand & Pebbles	AH
4	1	Grey Clay NE-SW @ Centre	AH
5	1	Darker Silt & Stone NW of C.4	AH
6	1	Small mid brown, dep. 0.45"	AH
7	1	Grey Clay @ NW of C.5	AH
8	1	Bright Brown (orange) @ NW	AH
9	2	Topsoil	AH
10	2	Bright Brown (orange) @ SW	AH
11	2	Dark Peat under C.10	AH
12	1	Cut of linear filled by 5	AH
13	1	Nat Greyish Yellow clay	AH
14	2	Stony Linear SEE 34	AH
15	1	Original sod layer under C.8	AH
16	4	Topsoil	AH
17	4	Greyish mixed layer	AH
18	4	Orange Bright Brown @NE end	AH
19	4	Fill of Shallow Linear	AH
20	4	Linear cut	AH
21	4	Probably grave fill @ SW	AH
22	4	Probably grave fill NE of C.21	AH
23	4	Probable grave fill	AH
24	4	Triangular grave fill	AH
25	4	Grave fill w/coffin	AH
26	4	Central grave with SK17	AH
27	4	Coffined grave fill SK16	AH
28	4	Coffined grave fill SK15	AH
29	4	Grave fill SK14 w/medal	AH
30	4	Grave fill of unexposed	AH
31	4	Nat. S.S. Clay with roots	AH
32	4	Nat. S.S. Clay	AH

Context	Trench	Description	Initial
33	4	Nat. Peat layer	AH
34	2a	Collapsed wall in C.11	AH
35	2	Grey Clay Natural S.S.	AH
36	3	Clean Red re dep.? UNDER 43	LL
37	5	Fill1 of C46	NMcC
38	2a	Fill of Grave SW.04	AH
39	2a	Fill/Deposit surrounding SK05	AH
40	2a	Fill of Grave SK06	AH
41	2b	Deposit & cut @ N. end Tr26	AH
42	2b	Grey sandy gravel Tr.26	AH
43	3	Mixed Stones, layer over 36/redep.nat	LL
44	3	Natural peat deps. showing under C.36	LL
45	2a	Prob. Grave fill b/w C.39/C.40	AH
46	5	Cut off poss. Pile base of monument	NMcC
47	2B	Gravel directly on peat	AH
48	3	Mixed brown/grey mottled fill over all of trench	LL
49	3	Patch of grey gravelly clay S>S	LL
50	3	Topsoil	LL
51	3	Artificial cut, to find pipe	LL
52	3	Salt Glazed Pipe in TR3	LL
53	3	Gravel in SW facing section	LL
54	3	Primary stone fill over pipe	AH
55	3	Cut of Diagonal Linear	AH
56	3	Smooth grey/brown over 57	AH
57	3	Peat cut by C.51	AH
58	3	Mid fill in C.51	AH
59	3	Redeposited Nat upper backfill 51	AH
60	3	Thin brown layer under C.57	AH
61	3	Natural SS	AH
62	7	Topsoil	AH
63	7	Pipe backfill grey	AH
64	7	Pipe-trench cut	AH
65	7	Salt Glazed Pipe	AH
66	7	Gravel under T.S.	AH

Context	Trench	Description	Initial
67	7	Dark Silt	AH
68	7	Orange Build up	AH
69	7	Gravelly build-up layer	AH
70	7	Peat	AH
71	7	Layer	AH
72	7	Nat. SS	AH
73	7	2nd Upper fill in C.64	AH
74	6	Topsoil	AH
75	6	Drain Fill Stone @ S.end	AH
76	6	Possible N-S Fill N. of C.75	AH
77	6	Gravel spread, possible foothpath	NMcC
78	6	Fill of Drain Stone	NMcC
79	6	Orange	NMcC
80	6	Cut of drain	NMcC
81	6	Dark fill of coffin	NMcC
82	6	Cut of 81	NMcC
83	6	Cut contrary C.84	NMcC
84	6	Fill w/waxy texture, coffin @ SW	NMcC
85	6	Cut for 86	NMcC
86	6	Fill w/coffin travelling E. into baulk	NMcC
87	6	Cut for 88 w/truncated ledge	NMcC
88	6	Fill with square and coffin	NMcC
89	6	Cut for 90	NMcC
90	6	Fill w/coffin heading NE into Baulk	NMcC
91	6	Grey gravelly deposits	AH
92	6	Stone drain in section	AH
93	6	Upper fill of drain C.95	AH
94	6	Grave cut SK.23/C.76	AH
95	6	Drain cut filled by C75/93	AH
96	6	Natural Peat	AH
97	6	Natural Clay	AH
98	5	Topsoil	NMcC
99	5	Orange, introduced material	NMcC
100	5	Peat	NMcC

Context	Trench	Description	Initial
101	5	Burial fill at SW	NMcC
102	5	Concrete upper fill C.46	AH
103	6	Probable cut between C.86 and C.80	AH
104	6	Mixed fill of C.103	AH

Appendix E: Osteological Terms (Glossary)

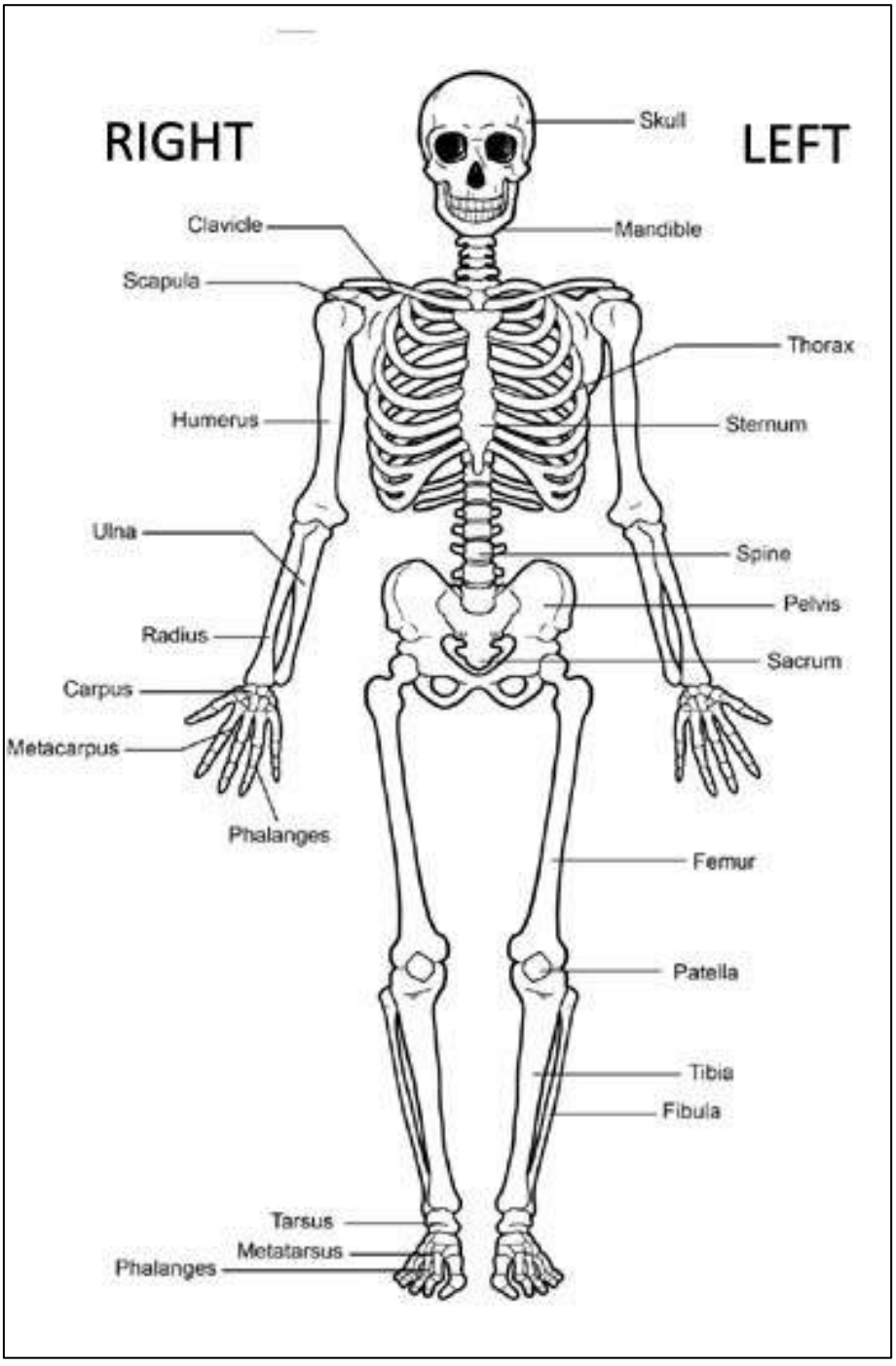

Figure 51: Skeletal diagram indicating primary bones of the skeleton

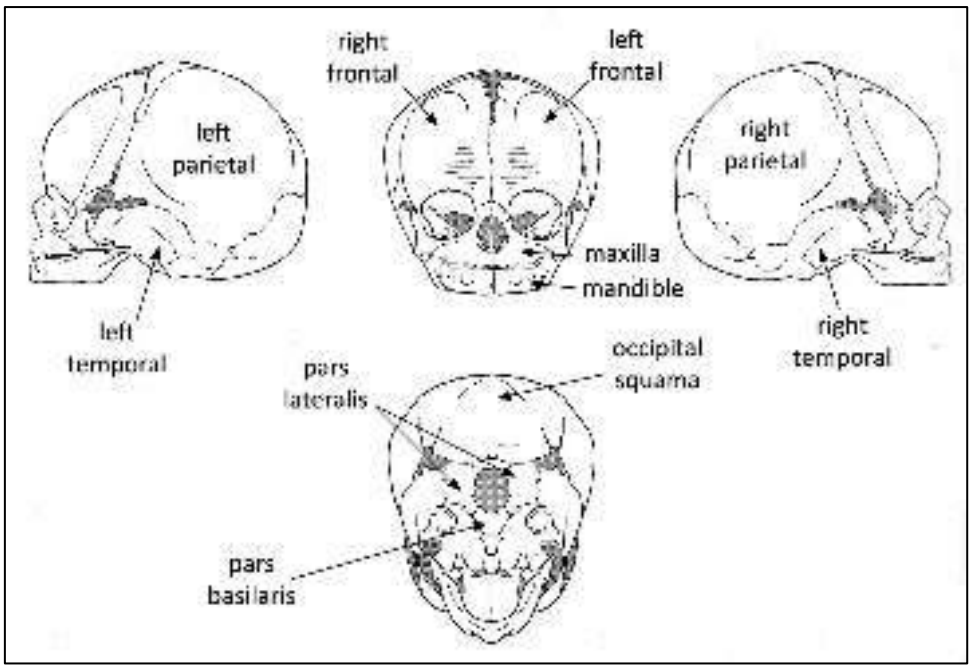

Figure 52: Infant cranium and mandible indicating primary skeletal elements

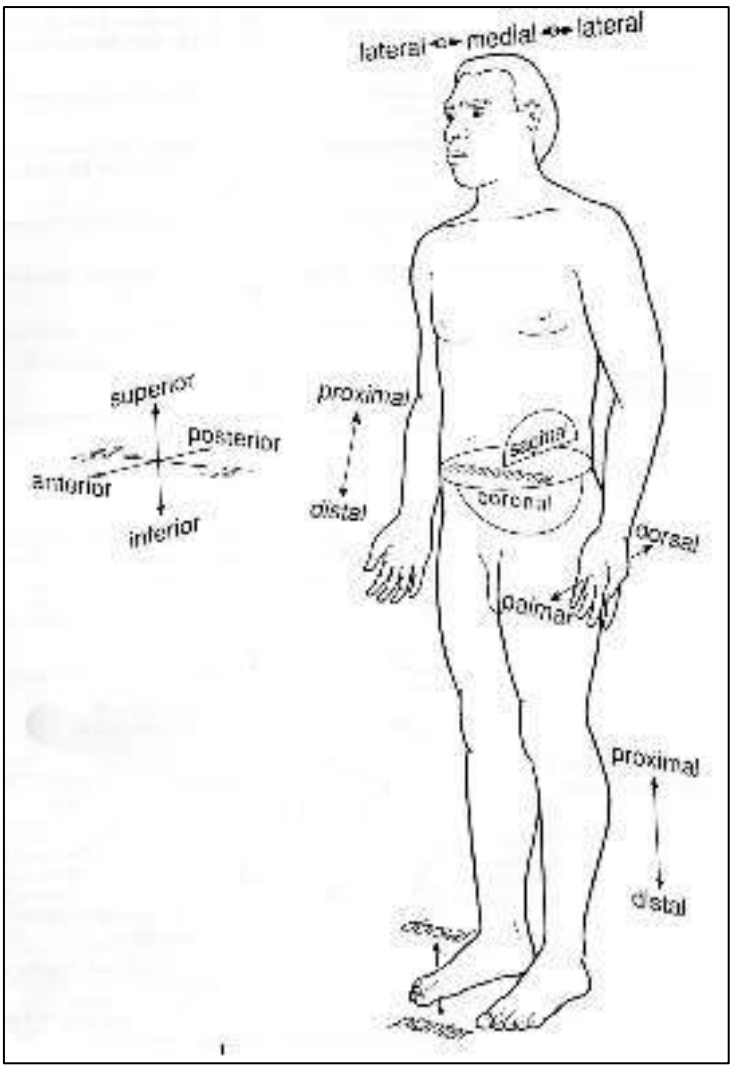

Figure 53: Anatomical directions (White and Folkens 1991, fig. 3.1, 29)

Appendix F: Disarticulated Osteological Catalogue

??	Unknown
GB	Burnt bone
GC	Calcified soft tissue
GT	Soft tissue
KK	Skeleton
WW	Unknown (faunal)
AI	Auditory: Incus
AM	Auditory: Malleus
AS	Auditory: Stapes
CC	Cranium
CE	Endocast
CF	Frontal
CH	Ethmoid
CL	Lacrimal
CN	Nasal
CO	Occipital
CP	Parietal
CS	Sphenoid
CT	Temporal
CV	Calvaria
CX	Vault Fragment
CZ	Zygomatic
QH	Hyoid
D1	Upper dI1
D2	Upper dI2
D3	Upper dC
D4	Upper dM1
D5	Upper dM2
E1	Lower dI1
E2	Lower dI2
E3	Lower dC
E4	Lower dM1
E5	Lower dM2
D?	? Deciduous tooth
DD	Deciduous tooth
DR	Decid. tooth root
DX	Decid. crown frag.
M1	Lower I1
M2	Lower I2
M3	Lower C
M4	Lower P1
M5	Lower P2
M6	Lower M1
M7	Lower M2
M8	Lower M3
X1	Upper I1
X2	Upper I2
X3	Upper C
X4	Upper P1
X5	Upper P2
X6	Upper M1
X7	Upper M2
X8	Upper M3
MC	Mandibular body
MM	Mandible
MR	Mandibular ramus
MS	Mandib. symphysis
MY	Mandibular condyle
XD	Demimaxilla
XP	Premaxilla
XX	Maxilla
PP	Permanent tooth
PR	Perm. tooth root
PX	Tooth crown frag.
QM	Manubrium
QS	Sternum
QX	Sternum frag.
QC	Clavicle
S?	? Scapula
SA	Acromion
SB	Scapula blade
SC	Coracoid
SG	Scap. glenoid cavity
SS	Scapula
SX	Scapula frag.
QR	Rib
VC	Cervical vertebra
VT	Thoracic vertebra
VL	Lumbar vertebra
VS	Sacrum
VY	Coccyx
VV	Vertebra
VX	Vertebra fragment
I?	? Hip bone
IA	Acetabulum
II	Hip bone
IL	Ilium
IP	Pubis
IS	Ischium
IX	Hip bone frag.
H?	? Humerus
HH	Humerus
HP	Humerus-proximal
HM	Humerus-midshaft
HD	Humerus-distal
R?	? Radius
RR	Radius
RP	Radius-proximal
RM	Radius-midshaft
RD	Radius-distal
U?	? Ulna
UU	Ulna
UP	Ulna-proximal
UM	Ulna-midshaft
UD	Ulna-distal
YC	Carpal
YY	Handbone
YS	Scaphoid
YL	Lunate
YQ	Triquetral
YI	Pisiform
YZ	Trapezium
YD	Trapezoid
YA	Capitate
YH	Hamate
YM	Metacarpal
YP	Phalanx (hand)
LS	Sesamoid
F?	? Femur
FF	Femur
FP	Femur-proximal
FM	Femur-midshaft
FD	Femur-distal
LL	Patella
T?	? Tibia
TT	Tibia
TP	Tibia-prox
TM	Tibia-midshaft
TD	Tibia-distal
B?	? Fibula
BB	Fibula
BP	Fibula-proximal
BM	Fibula-midshaft
BD	Fibula-distal
ZT	Tarsal bone
ZZ	Footbone
ZA	Talus
ZC	Calcaneus
ZN	Navicular
ZE	Medial cuneiform
ZI	Intermed. cuneiform
ZL	Lateral cuneiform
ZU	Cuboid
ZM	Metatarsal
ZP	Phalanx

ID	Trench	Context	Other Info	Bone	Code	Side	Age1	Age2	Age3	Details	No of frags
1001	4		Disartic TR4 26.2.2019	Tibia	TT	R	JUV	INF	6-9mths	proximal end slightly eroded, minimum L 90.12mm, estimated no longer than 100mm, submitted for RCD	1
1002	4		Disartic TR4 26.2.2019	Femur	FF	R	JUV	INF	1.5-3mths	complete L 92.45mm	1
1003	4		Disartic TR4 26.2.2019	Fibula	BB	?	JUV	INF		unsided shaft fragment, current length 64.64mm	1
1004	4		Disartic TR4 26.2.2019	Humerus	HH	R?	JUV	INF		inferior to deltoid to olecranon fossa, broken through obliquely from lateral inferior to medial superior, current length 56.47mm	1
1005	4		Disartic TR4 26.2.2019	Rib	QR	L	JUV	INF		1 complete left rib	1
1006	4		Disartic TR4 26.2.2019	Rib	QR	R	JUV	INF		x 2 medial ends	2
1007	4		Disartic TR4 26.2.2019	Rib	QR	?	JUV	INF		midshaft fragment	1
1008	4		Disartic TR4 26.2.2019	Metacarpal	YM	?	JUV	INF		1 unidentified metacarpal, L 15.17mm	1
1009	4		Disartic TR4 26.2.2019	Vertebra	VC	L	JUV	INF		x 1 left arch, unfused to body	1
1010	4		Disartic TR4 26.2.2019	Cranial	CF	L	JUV	INF	6mths	complete left frontal, matches with 1011, frontal arc 102mm, frontal chord 89.19mm	1
1011	4		Disartic TR4 26.2.2019	Cranial	CF	R	JUV	INF	6mths	complete right frontal, matches with 1010, frontal arc 102mm, frontal chord 86.09mm	1
1012	4		Disartic TR4 26.2.2019	Cranial	CS	R	JUV	INF		right greater wing, slightly incomplete	1
1013	4		Disartic TR4 26.2.2019	Cranial	CP	R	JUV	INF	6mths	anterior half of parietal, fits with 1011	1

1014	4		Disartic TR4 26.2.2019	Cranial	CP	L	JUV	INF	6mths	anterior half of parietal, fits with 1010, dry fracture	1
1015	4		Disartic TR4 26.2.2019	Cranial	CX	?	JUV	INF		2 fragments, which joint together, with dry fracture	2
1016	4		Disartic TR4 26.2.2019	Cranial	CO	?	JUV	INF		fragment of squamous	1
1017	4		Disartic TR4 26.2.2019	Cranial	CX	?	JUV	INF		x 6 small vault fragments	6
1018	4		Disartic TR4 26.2.2019	Cranial	CO	?	JUV	INF	6mths	pars basilaris, L 19.9mm, Sag. L 15.14mm, W 21.47mm, articulates with 1059, 1060	1
1019	4	?	42cm BGL, NMcC 26.02.19	Rib	QR	L	JUV	INF		x 2 medial ends and 1 shaft with lateral end	3
1020	4		no label, in bag marked 'Disartic TR4 26.2.2019'	Humerus	HH	L	JUV	INF	6mths	complete, L 89.19mm, probably the same as 1021, 1022	1
1021	4		no label, in bag marked 'Disartic TR4 26.2.2019'	Scapula	SS	L	JUV	INF	6mth?	complete but eroded, probably the same as 1020, 1022	1
1022	4		no label, in bag marked 'Disartic TR4 26.2.2019'	Rib	QR	L	JUV	INF		1st rib and the 4th or 5th rib, probably the same as 1020, 1021	2
1023	4	17	Disartic HR	Radius	RR	L	JUV	INF	neonate?	almost complete but slightly eroded at either end, current length 47.68, probable neonate	1
1024	4	17	Disartic HR	Humerus	HP	L	JUV	INF		very eroded, only possibly a proximal diaphysis of humerus	1
1025	4	17	Disartic 27.2.19	Tibia	TT	L	JUV	INF	neonate?	very slight erosion, present length 66.31mm, probably a neonate	1
1026	4	17	Disartic 27.2.19	Cranial	CP	?	JUV	INF	young	posible superior/anterior fragment at the anterior fontanelle	1

1027	4		Disartic 26.2.19	Rib	QR	L	JUV	INF	young	x 5 left ribs, almost complete	5
1028	4		Disartic 26.2.19	Rib	QR	R	JUV	INF	older	x 8 right ribs	8
1029	4		Disartic 26.2.19	Rib	QR	?	JUV	INF	older	x 7 shaft or lateral rib ends	7
1030	4		Disartic 26.2.19	Rib	QR	L	JUV	INF	young	x 1 left shaft	1
1031	4		Disartic 26.2.19	Rib	QR	R	JUV	INF	young	x 1 right shaft	1
1032	4		Disartic 26.2.19	Rib	QR	?	JUV	INF	young	x 2 lateral/shaft fragments	2
1033	4		Disartic 26.2.19	Clavicle	QC	L	JUV	INF	7-12 mths	complete, L 56.46, similar in size to 1034	1
1034	4		Disartic 26.2.19	Clavicle	QC	R	JUV	INF	7-12mths?	medial half, similar in size to 1033	1
1035	4		Disartic 26.2.19	Clavicle	QC	R	JUV	INF	young	incomplete at medial end	1
1036	4		Disartic 26.2.19	Vertebra	VC	L	JUV	INF	older	left arch of a cervical, unfused to body and arch	1
1037	4		Disartic 26.2.19	Humerus	HH	R	JUV	INF	6-12mths	complete but very slightly eroded at distal end, same as 1020?, current length 88.81mm	1
1038	4		Disartic 26.2.19	Humerus	HH	R	JUV	INF	3-6mths	proximal end incomplete, smaller than 1037, current length 74.83mm	1
1039	4		Disartic 26.2.19	Humerus	HH	R	JUV	INF	young	proximal end very eroded, smaller than 1038, current length 50.98mm	1
1040	4		Disartic 26.2.19	Scapula	SS	R	JUV	INF	young	quite complete, some erosion at all edges, similar to 1021	1
1041	4		Disartic 26.2.19	Metacarpal	YM	?	JUV	INF		unsided metacarpal, incomplete	1
1042	4		Disartic 26.2.19	Metacarpal	YM	?	JUV	INF		unsided metacarpal, L 17.44mm	1
1043	4		Disartic 26.2.19	Ulna	UU	R	JUV	INF	c. 3 mths	minus proximal and distal ends, may be similar to 1044	1
1044	4		Disartic 26.2.19	Ulna	UU	L	JUV	INF	c. 3mths	complete, L 73.83mm, similar	1

										in size to 1043 and matches 1045	
1045	4		Disartic 26.2.19	Radius	RR	L	JUV	INF	3-6mths	proximal end slightly eroded, current length 64.41, matches 1044	1
1046	4		Disartic 26.2.19	Radius	RD	L	JUV	INF	young	distal half, younger than 1045	1
1047	4		Disartic 26.2.19	Femur	FP	L	JUV	INF		proximal half, largest of 1047-49	1
1048	4		Disartic 26.2.19	Femur	FF	L	JUV	INF	young	similar size to 1049, slightly incomplete at proximal end, may match 1050 current length 89.69mm	1
1049	4		Disartic 26.2.19	Femur	FF	R	JUV	INF	young	similar size to 1048, slightly incomplete at distal end, may latch 1051, current length 89.79mm	1
1050	4		Disartic 26.2.19	Tibia	TP	L	JUV	INF	young	proximal half, may match 1048, slightly larger than 1051	1
1051	4		Disartic 26.2.19	Tibia	TT	R	JUV	INF	1.5-3mths	may match 1049, slughtly smaller than 1050, L 77.36mm	2
1052	4		Disartic 26.2.19	Tibia	TT	L	JUV	INF	very young	proximal 2/3, distal end eroded, smaller than 1051	1
1053	4		Disartic 26.2.19	Tibia	TT	R	JUV	INF	very young	proximal 2/3, distal end eroded, smaller than 1051	1
1054	4		Disartic 26.2.19	Cranial	CX	?	JUV	INF	young	x 13 vault fragments	13
1055	4		Disartic 26.2.19	Cranial	CX	?	JUV	INF	older	x 7 vault fragments	7
1056	4		Disartic 26.2.19	Cranial	CF	R	JUV	INF	older	fragment of superior glabella, 1056-58 and 1070 all appear to match	1
1057	4		Disartic 26.2.19	Cranial	CF	L	JUV	INF	older	complete except for superior portion, 1056-58	1

										and 1070 all appear to match	
1058	4		Disartic 26.2.19	Cranial	CP	L	JUV	INF	older	minus superior/anterior area, 1056-58 and 1070 all appear to match, dry fracture	1
1059	4		Disartic 26.2.19	Cranial	CO	L	JUV	INF	older	left lateral wing, matches 1060 and articulates with 1018	1
1060	4		Disartic 26.2.19	Cranial	CO	R	JUV	INF	older	right lateral wing, matches with 1059 and articulates with 1018	1
1061	4		Disartic 26.2.19	Cranial	CF	R	JUV	INF	1-3mths	frontal, frontal arc 87mm, frontal chord 79.75mm	1
1062	4		Disartic 26.2.19	Mandible	MM	L	JUV	INF	0-3mths?	anterior half of body, symphysis unfused, contains 1071 and 1072	1
1063	4		Disartic 26.2.19	Mandible	MM	-	JUV	INF	4-6mths	gonial to gonial, symphysis fused, contains 1073-1075	1
1064	4		Recovered still articulated in lump of earth, 27.2.19	Rib	QR	L	JUV	INF		3 ribs, maybe 4th, 5th, and 6th, latter complete, 1064, 1065, 1076 all artic. Together	3
1065	4		Recovered still articulated in lump of earth, 27.2.19	Radius	RR	L	JUV	INF	3-6mths	proximal end very slightly incomplete, current length 66.11mm, 1064, 1065, 1076 all artic. Together	1
1066	4	18	Disartic above SK14	Femur	FF	R	JUV	INF	1.5mths	L 86.9mm	1
1067	4	18	Disartic above SK14	Tibia	TT	R	JUV	INF	1.5-3mths	L 75.21mm	1
1068	4	18	Disartic above SK14	Fibula	BM	?	JUV	INF		shaft fragment	1
1069	4	18	Disartic above SK14	Tibia	TT	L	JUV	INF	1.5-3mths	L 74.92mm	1
1070	4		Disartic 26.2.19	Cranial	CT	L	JUV	INF	older	quite complete, 1056-58 and 1070 all appear to match	1

1071	4		Disartic 26.2.19	Tooth	E1	L	JUV	INF	0-3mths?	lower central deciduous incisor, root beginning to develop, within 1062	1
1072	4		Disartic 26.2.19	Tooth	E4	L	JUV	INF	neonate	lower deciduous first molar, crown half formed, within 1062	1
1073	4		Disartic 26.2.19	Tooth	E4	R	JUV	INF	4-6mths	crown of lower first deciduous molar, within 1063	1
1074	4		Disartic 26.2.19	Tooth	E5	R	JUV	INF	4-6mths	unerupted lower second deciduous molar, within 1063	1
1075	4		Disartic 26.2.19	Tooth	E5	L	JUV	INF	4-6mths	unerupted lower second deciduous molar, within 1063	1
1076	4		Recovered still articulated in lump of earth, 27.2.19	Vertebra	VL	L	JUV	INF		left arch unfused to body and arch, 1064, 1065, 1076 all artic. Together	1
1077	4		Recovered from baulk	Femur	FF	R	JUV	INF	c.3mths	distal end incomplete, similar in size to right femur of SK23	1
1078	4	17	N end of TR, lowest area	Rib	QR	R?	JUV	INF		possible right rib, in two fragments, disarticulated	2

Appendix G: Radiocarbon Dating Specialist Report

Radiocarbon Dating Report on Human Remains from Sean Ross Abbey to the Mother and Baby Homes Commission of Investigation

Author: Professor Gordon T Cook

Date: 9th May 2019

INTRODUCTION

This report relates to the radiocarbon dating of 13 foetal and infant bone samples (see Plates 1-13 below) submitted to the SUERC Radiocarbon Dating Laboratory by Aidan Harte on the 14th March 2019, on behalf of the Mother and Baby Homes Commission of Investigation in Ireland. The remains are from Sean Ross Abbey which operated as a mother and baby home between 1931 and 1969.

Plate 1: Right femur (Sample SK01) – estimated age of 38.0 foetal weeks ± 2.08 weeks. Our Laboratory Ref: GU-51072. Our Analysis Ref: SUERC-85647.

Plate 2: Right femur (Sample SK02) – estimated age of 37.4 foetal weeks ± 1.87 weeks. Our Laboratory Ref: GU-51073. Our Analysis Ref: SUERC-85648.

Plate 3: Left femur (Sample SK04) – estimated age of 36.3 foetal weeks ± 2.08 weeks. Our Laboratory Ref: GU-51074. Our Analysis Ref: SUERC-85649.

Plate 4: Right humerus (Sample SK06) – estimated age of 36.7 foetal weeks ± 2.33 weeks. Our Laboratory Ref: GU-51075. Our Analysis Ref: SUERC-85650.

Plate 5: Right humerus (Sample SK07) – estimated age of 40.7 foetal weeks ± 1.87 weeks. Our Laboratory Ref: GU-51076. Our Analysis Ref: SUERC-85654.

Plate 6: Left humerus (Sample SK11) – estimated age 36.4 foetal weeks ± 2.12 weeks. Our Laboratory Ref: GU-51077. Our Analysis Ref: SUERC-85655.

Plate 7: Left femur (Sample SK21) – estimated age of 3 months. Our Laboratory Ref: GU-51078. Our Analysis Ref: SUERC-85656.

Plate 8: Right humerus (Sample SK18) – estimated age of 1.5-3 months. Our Laboratory Ref: GU-51079. Our Analysis Ref: SUERC-85657.

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Plate 9: Right tibia (Sample C17) – estimated age of 6 months. Our Laboratory Ref: GU-51080. Our Analysis Ref: SUERC-85658.

Plate 10: Right tibia (Sample SK19) – estimated age of 1.5-3 months. Our Laboratory Ref: GU-51081. Our Analysis Ref: SUERC-85659.

Plate 11: Left humerus (Sample SK17) – estimated age of 1.5-3 months. Our Laboratory Ref: GU-51082. Our Analysis Ref: SUERC-85660.

Plate 12: Left humerus (Sample SK14) – estimated age of 3 months. Our Laboratory Ref: GU-51083. Our Analysis Ref: SUERC-85664.

Plate 13: Left femur (Sample SK23) – estimated age of 3 months. Our Laboratory Ref: GU-51084. Our Analysis Ref: SUERC-85665.

BASIC RADIOCARBON PRINCIPLES AND ASSUMPTIONS IN THE METHOD

Radiocarbon, or ^{14}C, is cosmogenic, *i.e.* it is produced as a result of cosmic activity. The primary cosmic radiation is predominantly high energy protons (up to 10^{18} eV), which interact with atmospheric gases producing neutrons, protons, α-particles, *etc*. The neutrons are thermalised and captured by atmospheric nitrogen in the upper atmosphere, resulting in ^{14}C production by the following reaction:

$$^{14}N(n,p)^{14}C$$

^{14}C is radioactive and decays by β^- decay (E_{max} = 156 keV) back to ^{14}N. The physical half-life is 5730 years. The Libby half-life, which is used to calculate radiocarbon ages, is 5568 years. The natural rate of production is not constant but is subject to short-term (century scale) and long-term (millennia scale) fluctuations. The short-term fluctuations are usually attributed to heliomagnetic modulation of the primary cosmic-ray flux (Stuiver 1961; Damon *et al.* 1989), *i.e.* changes in the solar sunspot activity where periods of high activity result in decreased cosmic ray incidence on the earth and hence a reduced ^{14}C production rate. The longer-term

fluctuations are attributed to geomagnetic modulation, *i.e.* the charged cosmic rays which create ^{14}C are deflected to a greater or lesser degree depending on the earth's dipole moment (Elsasser *et al.* 1956; Sternberg 1992). The ^{14}C produced in the upper atmosphere is rapidly oxidised to $^{14}CO_2$, which mixes with the stable CO_2 ($^{13}CO_2$ and ^{12}CO), resulting in an atom ratio for the three isotopes of approximately:

$$\begin{array}{ccccc} {}^{12}C & : & {}^{13}C & : & {}^{14}C \\ 10^{12} & : & 10^{10} & : & 1 \end{array}$$

With the onset of the Industrial Revolution came man's first significant perturbation of the natural ^{14}C/stable carbon ratios in the environment. The massive burning of fossil fuels which, because of their age, contain no ^{14}C has resulted in the release of only stable CO_2 to the atmosphere ($^{12}CO_2$ and $^{13}CO_2$), thereby diluting the $^{14}CO_2$ activity (Suess 1953, 1955). This dilution, commonly known as the Suess Effect, was measurable in post-1890AD tree rings and by 1950AD the atmospheric activity was reduced by about 2% and 3% in the southern and northern hemispheres, respectively. The consequence of this from a radiocarbon dating viewpoint is that it is not possible to distinguish between a sample (organism) that died in the 17th century and whose activity has undergone around 300 years of decay and a sample that formed during the period 1890 to 1950 whose activity is influenced by the Suess Effect.

From the early 1950s came the onset of major programmes of atmospheric nuclear weapons testing which caused a significant increase in the atmospheric concentration of ^{14}C such that by 1963 the activity in the northern hemisphere was approximately double the natural level (Figure 1). However, following a test ban treaty, the atmospheric concentration has continuously decreased from around 1963/64 onwards as the excess $^{14}CO_2$ has been taken up by the oceans and the biota.

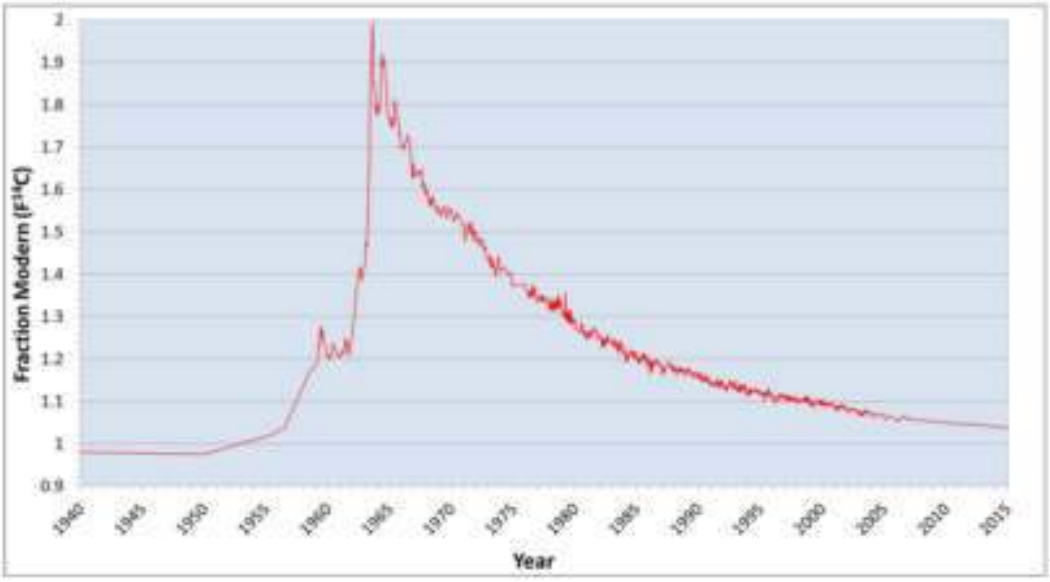

Figure 1: Atmospheric ^{14}C activity in the N Hemisphere during the period 1950–2015

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Regardless of the route of formation, ^{14}C becomes incorporated into the food chain via photosynthesis by the primary producers, according to the following reaction.

$$6CO_2 + 6H_2O \xrightarrow[\text{Photosynthetic pigments}]{Light} C_6H_{12}O_6 + 6O_2$$

Subsequent transfer through the food chain results in radioactive labelling of all living organisms.

$$\text{Plant carbohydrates} \xrightarrow{\text{Transfer through food chain}} \text{Animal life}$$

N.B. As a consequence of atmospheric nuclear weapons testing, any short-lived sample that has a fraction modern value greater than 1 must have been alive after 1955 (see Figure 1). However, a problem arises when dealing with human bone. The dateable fraction is a protein termed collagen (see below) which, particularly in adults, turns over relatively slowly (Hedges et al. 2007). Consequently, it is not the ^{14}C within bone collagen formed during the year of death that is measured but an integration of collagen from formation and turnover processes over a number of years. Therefore, in the absence of other information, the use of single ^{14}C measurements on bone collagen from juveniles and adults can only provide very limited information, i.e. whether or not the person died during the nuclear era (because their ^{14}C activity was enhanced relative to the natural equilibrium living value).

There is one exception in which dating of single modern-period (i.e. within the nuclear era) bone samples can produce high precision estimations of year of birth. This is where the skeletal remains are of new-born or close to new-born babies. The shape of the ^{14}C bomb peak has been well constrained through extensive measurements of ^{14}C activities (Levin *et al.* 1994; Levin and Kromer 1997; Manning and Melhuish 1994; McGee *et al.* 2004) and the rapid annual changes provide the potential for a chronologically precise methodology (This also applies to components of human remains that exhibit very fast carbon turnover). The bone collagen in infants is formed from the mother's dietary intake, and here, the ^{14}C will be relatively close to equilibrium with atmospheric levels. Broecker *et al.* (1959) derived an average value of <1 year for the period between initial fixation of carbon by plants and human consumption and a maximum lag of <6 months between carbon consumption and appearance in the blood. Therefore, a radiocarbon measurement made on the bone collagen should represent the ^{14}C activity of the atmosphere 1-2 years earlier than the year of death. The samples we analysed were all from children of <6 months of age and therefore a delay of 1-2 years should apply to them.

Under equilibrium conditions where the rate of production ≈ rate of decay, every living organism in the terrestrial biosphere is labelled with the same ^{14}C activity. On death, no more ^{14}C uptake occurs and only the decay process operates (see Figure 2).

$$^{14}_{6}C \longrightarrow {}^{14}_{7}N + \beta$$

This follows First Order Kinetics. For ^{14}C dating, re-arranging the first order decay equation ($A_t = A_0 e^{-\lambda t}$) for t gives:

$$t = \frac{1}{\lambda} \ln \frac{A_0}{A_t}$$

Where t = time elapsed since death, in years B.P. (Before Present, where present is the year 1950)

A_0 = equilibrium living activity
A_t = activity remaining after time t
λ = decay constant = ln2/5568 = 0.693/5568

A_0 cannot be measured directly as this is the equilibrium living activity. The A_0 activity is related to that of a reference standard whose activity is measured in the lab. A_t is the activity of the sample material now and is also measured in the lab. The primary standard used in radiocarbon dating is wood growing in the year 1890, which is pre-Suess and pre-nuclear weapons testing effects. The ^{14}C activity of this material was 13.56 dpm/gram of carbon (226 Bq kg^{-1} of carbon). This was measured in the mid-20th century and corrected for 60 years decay to the year 1950. This material was very limited and now a secondary standard is used. This is currently oxalic acid (termed Oxalic acid II or SRM 4990C) produced by the National Institute of Standards and Technology (Maryland, USA). This oxalic acid was synthesised from beet molasses in 1977 and 0.7459 x oxalic acid activity = 1890 wood activity = A_0 when both the wood and the oxalic acid are corrected for fractionation. SRM 4990C is commonly referred to as the primary standard.

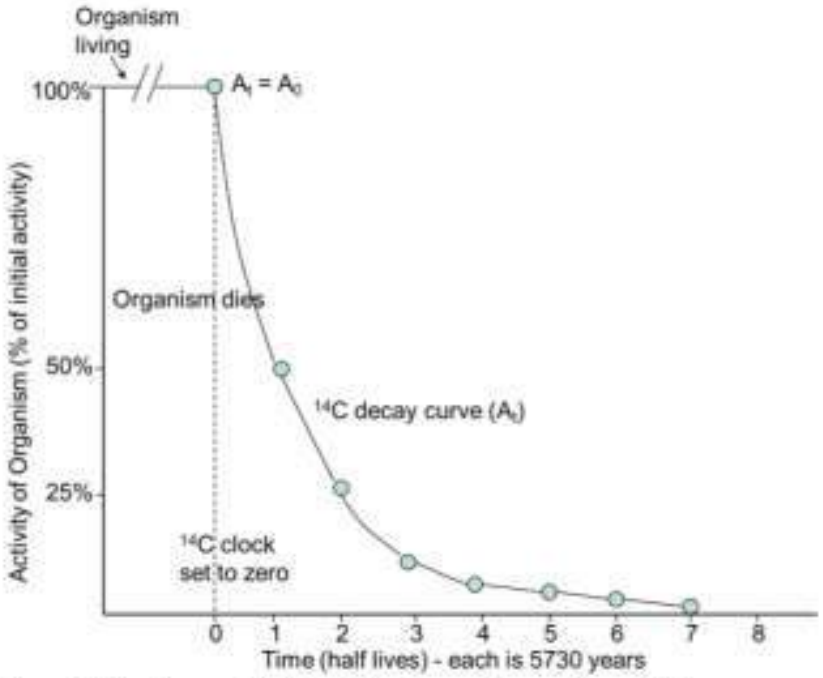


Figure 2: The decrease in ^{14}C activity of a sample organism with time.

Assumptions in the Method

There are 4 main assumptions in the radiocarbon method as follows:

1. The rate of production in the upper atmosphere has been constant throughout time.
2. The ^{14}C activity of the atmosphere and hence the biosphere, with which it is in equilibrium, has remained constant throughout time.
3. The rate of ^{14}C transfer between different reservoirs of the carbon cycle is rapid with respect to the average lifetime of ^{14}C.
4. The half-life is accurately known.

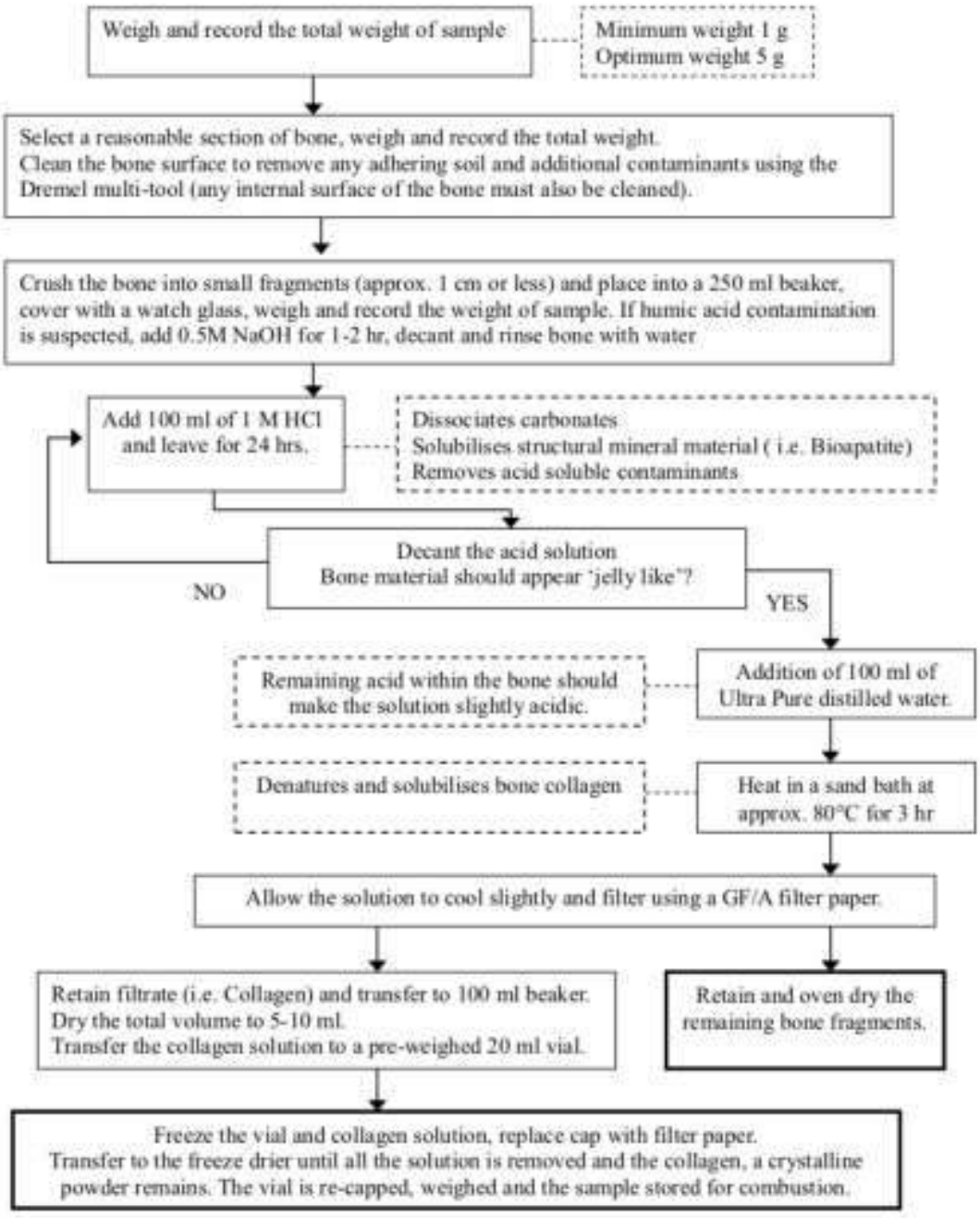
None are strictly correct!
For 1: Long term (millennia scale) and short term (century scale) fluctuations have occurred as discussed above.
For 2: The above variations in the rate of production will influence the ^{14}C activities of the atmosphere and biosphere. In addition, there can be changes in reservoir size, e.g. due to temperature changes causing increases and decreases in polar icecap cover.
For 3: The oceans are depleted relative to the atmosphere and hence organisms living in the oceanic environment will be depleted. They have a "reservoir age".

For 4: The original Libby half-life is still used to calculate ^{14}C ages, even although we know it to be incorrect.
For 1, 2 and 4: Dendrochronological curves and macrofossil samples from varved lake systems solve many of the problems. The dendrochronological curves are derived by radiocarbon dating 10-year spans of tree rings from absolutely dated tree ring sequences, which are continuous from present day to approx. 13,900 years BP (before present where present is 1950AD). Absolute age is plotted against radiocarbon age to produce a calibration curve against which radiocarbon ages of samples can be calibrated on a calendar year time-scale. Beyond approx. 13,900 BP these data are supplemented by the addition of the Lake Suigetsu macrofossil data, regarded as the only other *bona fide* atmospheric record, from 13,900 cal BP to the end of the range of the dating method (Reimer *et al.* 2013).
For 3: This reservoir effect has been measured in many locations. For the UK, the apparent age on death appears to be around the global average of 400 years but is variable through time (*e.g.* Ascough *et al.* 2004).

SAMPLE PREPARATION

Bone consists of two basic fractions. The inorganic fraction is primarily calcium phosphate with an apatite-like structure but incorporating a small percentage of carbonate (0.5-1% by weight) as a substitute for phosphate in the crystal lattice. The organic fraction is primarily a protein termed collagen.
Where the bone has not been cremated, our preferred procedure is to extract the collagen as a partially hydrolysed fraction (gelatin), followed by freeze drying.
Sub-samples were removed from each of the 13 bones, cleaned thoroughly and subjected to the collagen preparation process illustrated in the following flow diagram.

Preparation of bone collagen



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Conversion of collagen to graphite for accelerator mass spectrometry (AMS) radiocarbon measurement

Combustion of the collagen samples for radiocarbon dating was undertaken according to the method of Vandeputte *et al.* (1996). Approx. 20 mg sub-samples of collagen were weighed into quartz combustion tubes containing copper oxide as a source of oxygen and silver foil to mop up halides and other contaminants. The combustion tubes were then evacuated, sealed and placed in a furnace at 850°C overnight. The CO_2 produced during the combustion was cryogenically purified and 3 ml sub-samples were converted to graphite for subsequent AMS measurement using the method of Slota *et al.* (1987).

SAMPLE MEASUREMENT

Radiocarbon (^{14}C) Measurements

^{14}C measurements on the graphite preparations were undertaken using our 250 kV Single Stage Accelerator Mass Spectrometer (SSAMS), manufactured by National Electrostatics Corporation. This spectrometer features a high intensity sputter ion source with a 134-sample capacity. The SUERC Radiocarbon Laboratory does not have certification under the BS5750/ISO9000 Quality Assurance schemes, however, the laboratory takes part in all the major international inter-calibration studies and has been at the forefront in organising six of the last seven. In addition, we have a fully implemented Quality Assurance manual which details all the procedures employed in the laboratory and demonstrates how each sample is tracked through the laboratory. Details recorded include pre-treated sample yields, sample carbon graphitisation yields, etc.

The laboratory uses the primary ^{14}C standard, SRM-4990C, for all estimates of modern reference standard activity. Wheels of up to 134 samples, including standards, are measured and since measurements of such large numbers of samples can last several days, our procedures must cope with changes in measurement conditions. To this end, samples are measured to completion in groups of 10 in only a few hours, with Oxalic acid II primary standards spanning groups for inter-group consistency. Each group of 10 samples contains: (i) one Oxalic acid II primary standard, (ii) one humic acid secondary standard of less than 1 half-life in age (used in three international intercalibration exercises, with an overall consensus value of 3370 ± 51.5 y BP), (iii) **either** a modern secondary standard material from the Third International Radiocarbon Inter-comparison (TIRI Sample A which is a barley mash from the whisky industry with a consensus value from the study of $F^{14}C = 1.1635 \pm 0.0082$. N.B. When the activity is higher than the modern value it is expressed as a fraction modern ($F^{14}C$) rather than a radiocarbon age), **or** a background standard (interglacial wood, infinite age bone or geological carbonate depending on the type of unknowns being measured), and (iv) 7 unknowns. Such rapid analysis is relatively insensitive to longer-term drifts and changes are quickly apparent in the fast repeat measurements of individual samples, including primary and secondary standards. Operator intervention, to adjust the spectrometer or to change sample measurement parameters, can be immediate; each sample is automatically repeatedly measured in intragroup rotation until the sample total counting statistics and the scatter of the repeat $^{14}C/^{13}C$ measurements exceeds a quality threshold of typically 3‰, disregarding early inconsistent measurements as necessary.

Finally, time trends remaining in the completed data sets can be compensated for in subsequent data reduction and normalization.

Stable Isotope Measurements

Approximate 0.6 mg sub-samples of collagen were weighed into tin capsules for stable isotope analysis (^{13}C and ^{15}N and C/N ratio) using a Delta V Advantage continuous-flow isotope ratio mass spectrometer coupled to an IsoLink elemental analyser via a Conflo IV (Thermo Scientific, Bremen, Germany). The samples were combusted in a single reactor containing tungstic oxide and copper wires at 1020°C to produce N_2 and CO_2. The gases were separated in a 0.8 m GC column heated to 70°C. Helium was used as a carrier gas throughout the procedure. N_2 and CO_2 entered the mass spectrometer via an open split arrangement within the Conflo IV™ and were analysed against their corresponding reference gases.
For every ten unknown samples, in-house gelatine standards, which are calibrated to the international reference materials USGS40, USGS41, IAEA-CH-6, USGS25, IAEA-N-1 and IAEA-N-2, were run in duplicate. Results are reported as per mil (‰) relative to the internationally accepted standards VPDB and AIR with 1σ precisions of better than ± 0.1‰ for both $\delta^{13}C$ and $\delta^{15}N$. Any results for bone samples that have molar C/N ratios outside the range of 2.9-3.6 would be discarded as they would be deemed to represent collagen that has undergone post-depositional alteration (DeNiro, 1985).

RESULTS

We analysed the ^{14}C, $\delta^{13}C$ and $\delta^{15}N$, and determined the C/N ratio in the samples of collagen that were isolated from our samples referenced GU-51072 to GU-51084. The results are presented in Table 2 and the quality assurance results for the batch of analyses that included GU-51072 to GU-51084 are shown in Table 1.

QA Sample Type	Consensus Age (years BP) or Fraction Modern ($F^{14}C$) ± 1 standard deviation	Age (years BP) or Fraction Modern ($F^{14}C$) ± 1σ (this batch)
Humic acid	3370 ± 51.5 y BP	3382 ± 30 y BP
Barley Mash	1.1635 ± 0.0082	1.1622 ± 0.0041

Table 1: Radiocarbon QA results for the batch of samples containing samples GU-51072 to GU-51084.

The QA data demonstrate that results in the batch of analyses are accurate as both the mean Humic Acid and Barley Mash secondary standard values are well within error of the consensus values produced by the worldwide radiocarbon community. The data are also precise as the standard deviation on the Humic Acid values is 30 years while the standard deviation on the fraction modern values for the Barley Mash standards is 0.0041.

Analysis Code	Sample	Bone Id.	$\delta^{13}C$ (‰)	$\delta^{15}N$ (‰)	C/N Ratio	Fraction modern ($F^{14}C$) ± 1σ
SUERC-85647	SK01	Right Femur	-17.8	13.1	3.5	1.0909 ± 0.0032
SUERC-85648	SK02	Right Femur	-19.7	12.1	3.5	1.2142 ± 0.0031
SUERC-85649	SK04	Left Femur	-19.6	12.9	3.4	0.9743 ± 0.0029
SUERC-85650	SK06	Right Humerus	-19.4	12.6	3.4	0.9789 ± 0.0029
SUERC-85654	SK07	Right Humerus	-20.7	12.1	3.3	0.9700 ± 0.0029
SUERC-85655	SK11	Left Humerus	-18.9	12.1	3.3	0.9652 ±0.0025
SUERC-85656	SK21	Left Femur	-20.6	11.3	3.4	0.9695 ± 0.0029
SUERC-85657	SK18	Right Humerus	-21.2	9.6	3.3	1.2119 ± 0.0036
SUERC-85658	C17	Right Tibia	-20.5	10.2	3.3	1.0696 ± 0.0032
SUERC-85659	SK19	Right Tibia	-19.9	12.5	3.4	0.9687 ± 0.0029
SUERC-85660	SK17	Left Humerus	-20.2	11.4	3.3	0.9731 ± 0.0025
SUERC-85664	SK14	Left Humerus	-21.1	10.2	3.3	0.9701 ± 0.0025
SUERC-85665	SK23	Left Femur	-21.1	9.2	3.4	0.9735 ± 0.0028

Table 2. Radiocarbon and stable isotope results for the 13 bone samples.

The C/N ratios for the samples of isolated collagen are within the limits for collagen that is unaltered (accepted range is 2.9-3.6) and are therefore deemed suitable for radiocarbon and stable isotope measurements.

DISCUSSION

Given the age of these children, from foetal to a maximum of a very few months, they have been deriving their food from their mothers' dietary intake and so they are effectively feeding at a trophic level above their mothers. Therefore, the stable isotope ($\delta^{13}C$ and $\delta^{15}N$) values are fairly typical of diets that are very dominantly derived from terrestrial resources, apart from SK01. In this case, both the $\delta^{13}C$ and $\delta^{15}N$ values are elevated and would suggest that marine resources formed part of the mother's diet. This introduces a reservoir effect and has the effect of making radiocarbon ages anomalously old. It is not possible to allow for this during the nuclear weapons era and it is my opinion that the effect would be small anyway. Those samples with $F^{14}C$ values greater than 1 were calibrated using OxCal 4.3.2 (Bronk Ramsey 2017) and the post-bomb atmospheric Northern Hemisphere Zone 1 curve (Hua *et al*. 2013). Those with values less than 1 were calibrated using OxCal 4.3.2 and the IntCal 13 atmospheric curve. The results are shown in Figures 3 to 15 and the data are collated in Table 3. The results clearly demonstrate that samples SK01, SK02, SK18 and C17 are from within the nuclear era. For SK01, the result calibrates to either 1957 or 1999-2002 (Figure 3). This is a feature of this type of calibration where a value can correspond to a year (or years) on both the up- and down-slope of the curve. However, since the home only operated between 1931 and 1969, the more recent range can be ignored. Also, the probabilities associated with the age ranges should be ignored as they are a function of the steepness of the curve. Based on the earlier discussion that a radiocarbon measurement, made on the bone collagen of babies that are close to birth in age, should represent the ^{14}C activity of the atmosphere 1-2 years earlier than the year of death, this would put the year of death at between 1958 and 1959. Similarly, for SK02, the year of death would be between 1960 and 1963. For SK18, the year of death would be between 1960 and 1963 and for C17, the year of death would be between 1957 and 1959. For all other results which had $F^{14}C$ values less than 1, there are a number of age ranges that can be ignored since they are significantly too early. For those that fall within the correct time range, I would not be prepared to quote years of death that are more precise than are given in the calibrations. The year 1955 would certainly be the most recent that any could be

as beyond 1955, $F^{14}C$ values of >1 are the norm. SK11 is anomalous in that calibration produces two age ranges, both of which are much too early. We repeated this result and got a similar value. I note that SK11 has the highest $\delta^{13}C$ value apart from SK01 and this may be indicative of a small marine effect which can be accounted for in pre-nuclear era samples. I re-calibrated the $F^{14}C$ value using the mixed marine / terrestrial curve within OxCal 4.3.2 (Bronk Ramsey 2017). The percentage marine diet was calculated using a linear interpolation of $\delta^{13}C$ values between -12.5‰ for someone with a totally marine diet and -21.0‰ for someone with a wholly terrestrial diet (Arneborg *et al.* 1999). For GU-51077, I used a value of -19.9‰ (assuming about a 1‰ trophic level shift given that the baby was feeding at one trophic level higher than the mother). This value corresponds to 13 ± 10% on this plot. In addition, a ΔR value is also required to complete the calibration. ΔR is the local deviation from the global average surface water marine reservoir effect. I used a value of 0 ± 50 that would be fairly representative for the UK marine coastal environment. The calibration is illustrated in Figure 8a.

Lab Code	Sample	Calibrated Age Ranges (years AD)	Calibrated Age Range of Interest	Estimated Year of Death
GU-51072	SK01	1957-1957;1999-2002	1957-1957	1958-1959
GU-51073	SK02	1959-1961; 1983-1985	1959-1961	1960-1963
GU-51074	SK04	1647-1684; 1736-1805; 1935-1955	1935-1955	1936-1955
GU-51075	SK06	1662-1695;1726-1814; 1839-1842; 1853-1867; 1917-1955	1917-1955	1918-1955
GU-51076	SK07	1528-1544; 1634-1672; 1778-1800; 1942-1955	1942-1955	1943-1955
GU-51077	SK11	1521-1592; 1620-1659		
GU-51077	SK11	1525-1558; 1631-1711; 1720-1816; 1928-1953	1928-1953	1929-1955
GU-51078	SK21	1527-1553; 1633-1670; 1780-1800; 1944-1955	1944-1955	1945-1955
GU-51079	SK18	1959-1961; 1983-1985	1959-1961	1960-1963
GU-51080	C17	1956-1957; 2002-2007	1956-1957	1957-1959
GU-51081	SK19	1524-1559;1631-1670; 1780-1800; 1945-1950	1945-1950	1946-1952
GU-51082	SK17	1646-1680; 1763-1801;1938-1955	1938-1955	1939-1955
GU-51083	SK14	1640-1670; 1780-1800; 1945-1950	1945-1950	1946-1952
GU-51084	SK23	1646-1682; 1738-1750; 1762-1803; 1937-1955	1937-1955	1938-1955

Table 3. Calibrated age ranges and estimated years of death for the thirteen bone samples

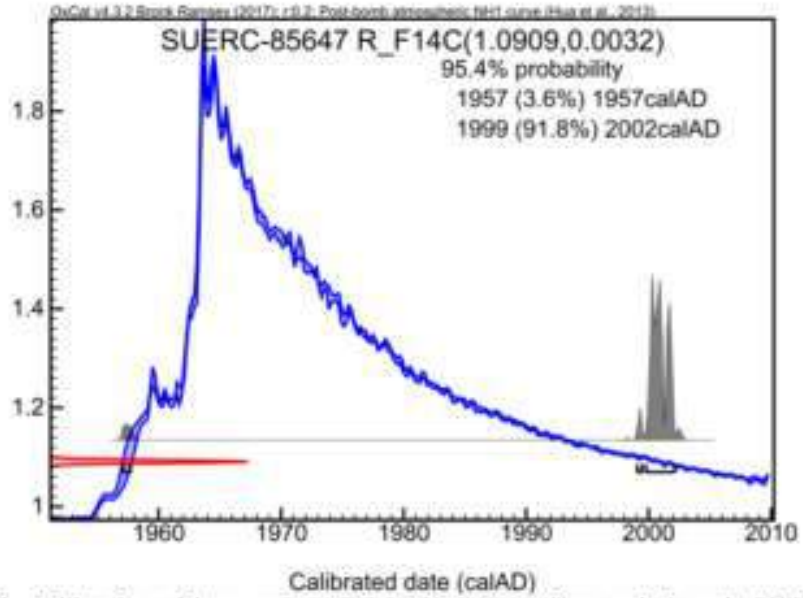

Figure 3: Calibration of bone sample GU-51072 (SK01) (Our analysis code SUERC-85647).

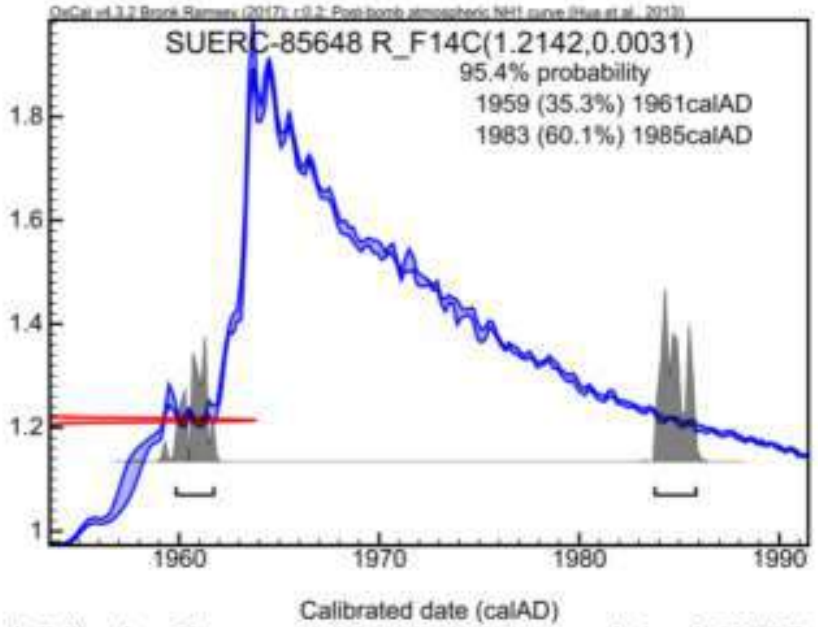

Figure 4: Calibration of bone sample GU-51073 (SK02) (Our analysis code SUERC-85648).

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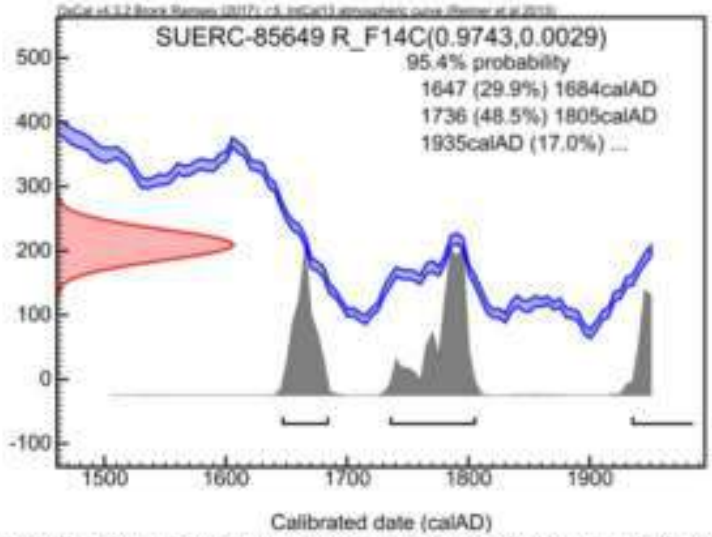

Figure 5: Calibration of bone sample GU-51074 (SK04) (Our analysis code SUERC-85649).

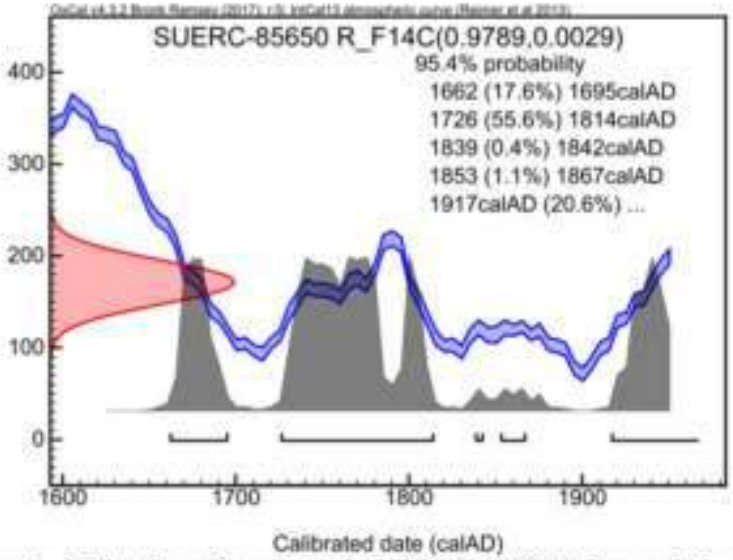

Figure 6: Calibration of bone sample GU-51075 (SK06) (Our analysis code SUERC-85650).

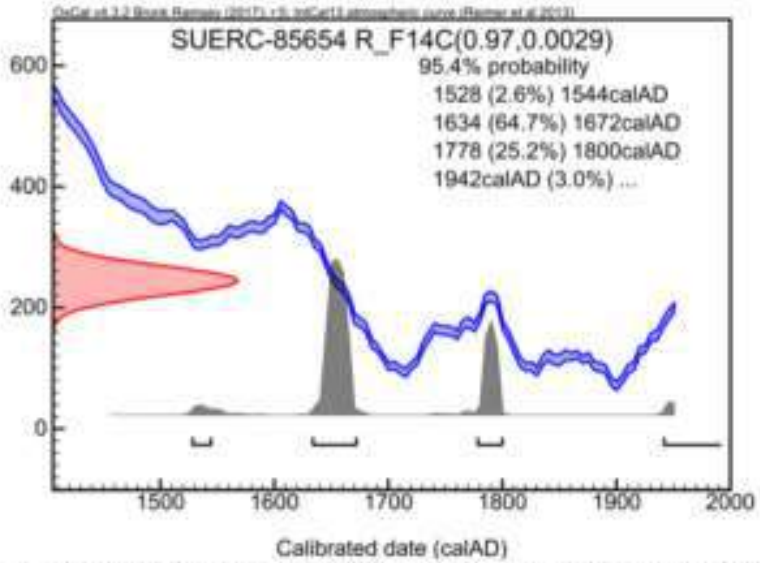

Figure 7: Calibration of bone sample GU-51076 (SK07) (Our analysis code SUERC-85654).

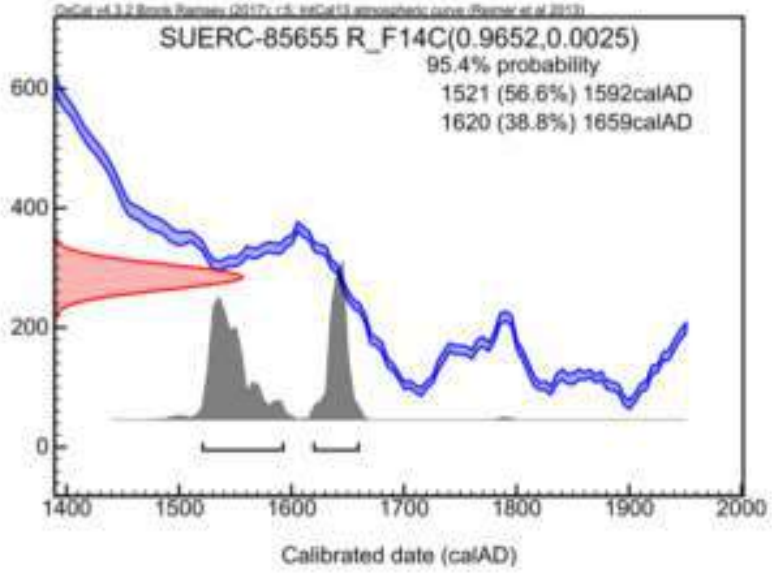

Figure 8: Calibration of bone sample GU-51077 (SK11) (Our analysis code SUERC-85655).

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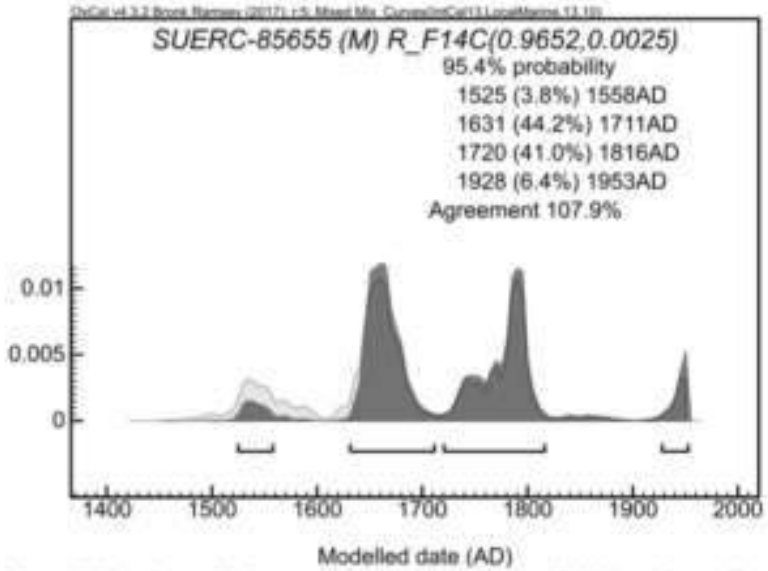


Figure 8a: Calibration of bone sample GU-51077 (SK11) using the mixed marine/terrestrial curve (Our analysis code SUERC-85655).

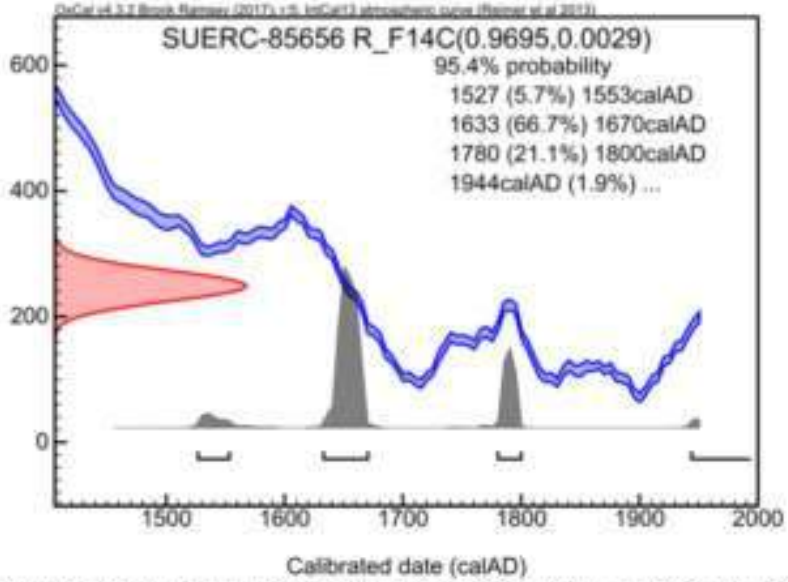


Figure 9: Calibration of bone sample GU-51078 (SK21) (Our analysis code SUERC-85656).

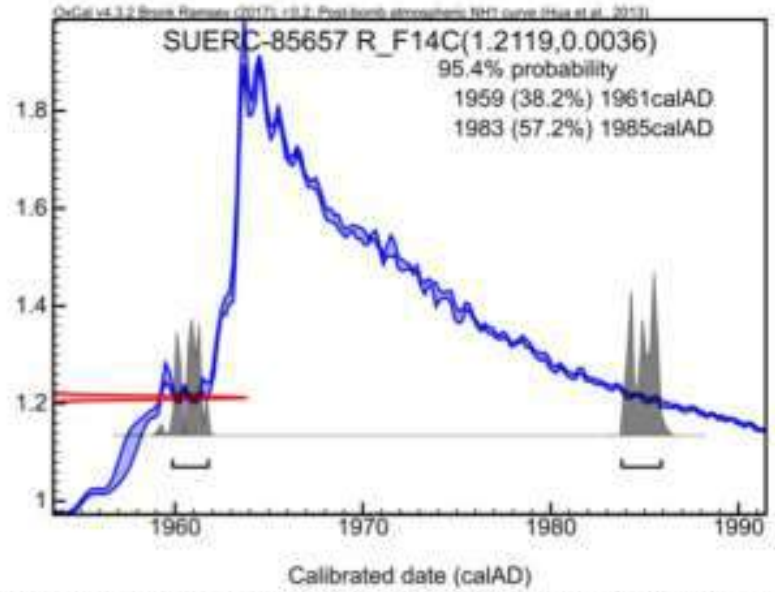


Figure 10: Calibration of bone sample GU-51079 (SK18) (Our analysis code SUERC-85657).

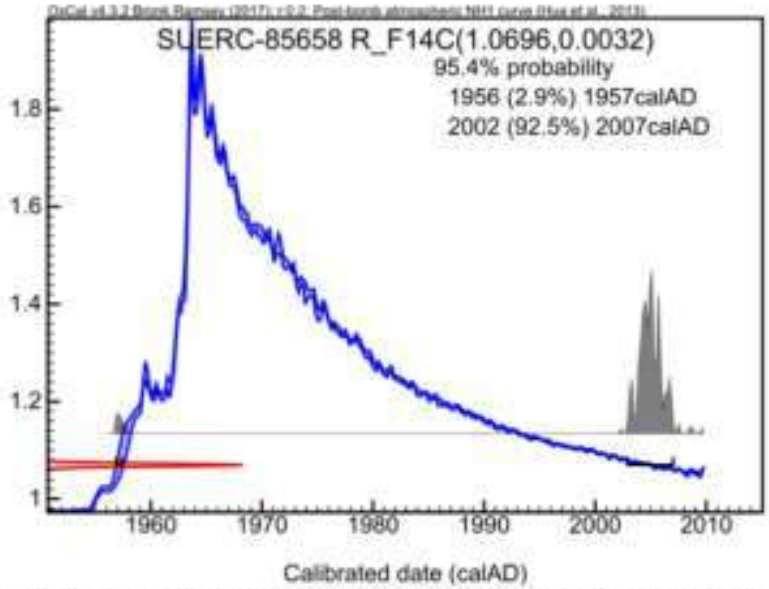


Figure 11: Calibration of bone sample GU-51080 (C17) (Our analysis code SUERC-85658).

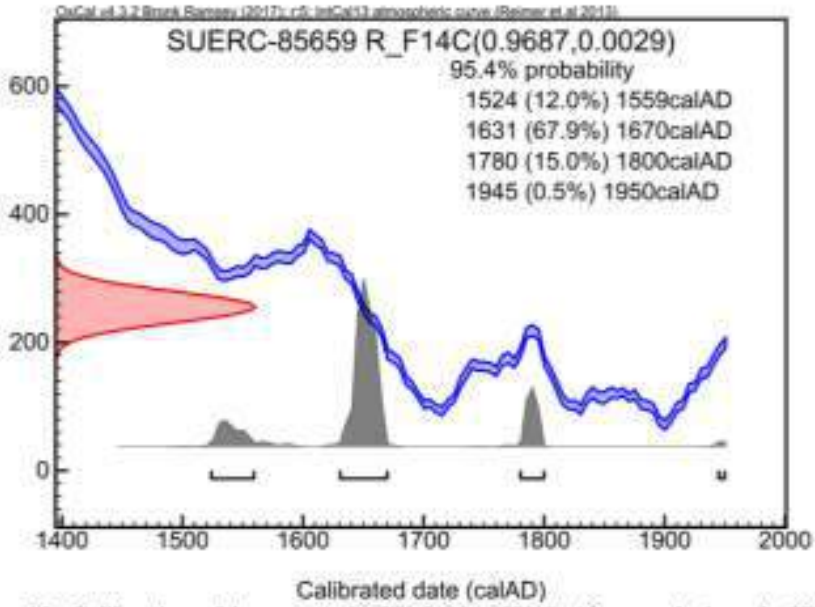


Figure 12: Calibration of bone sample GU-51081 (SK19) (Our analysis code SUERC-85659).

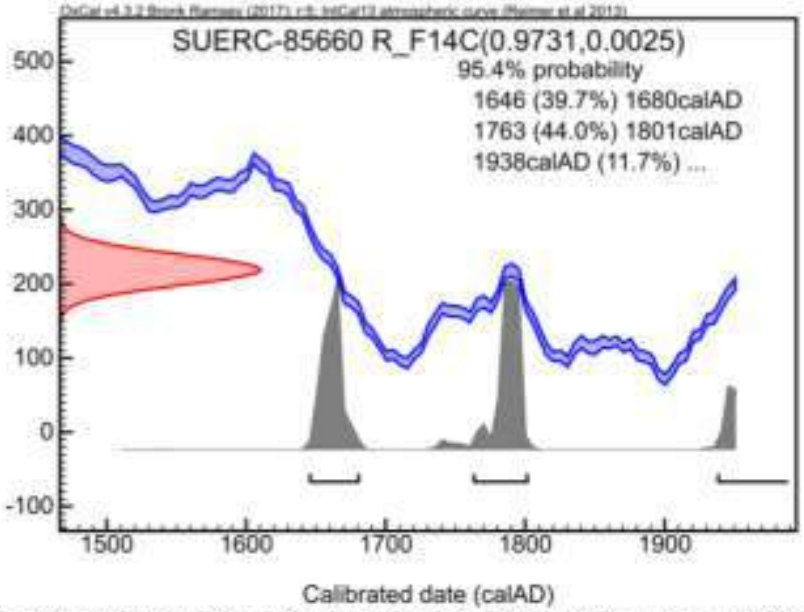


Figure 13: Calibration of bone sample GU-51082 (SK17) (Our analysis code SUERC-85660).

22

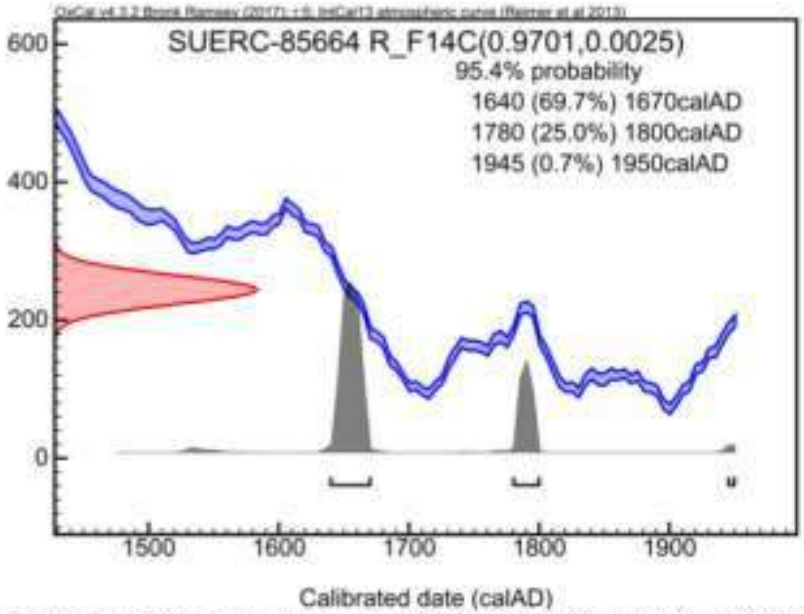


Figure 14: Calibration of bone sample GU-51083 (SK14) (Our analysis code SUERC-85664).

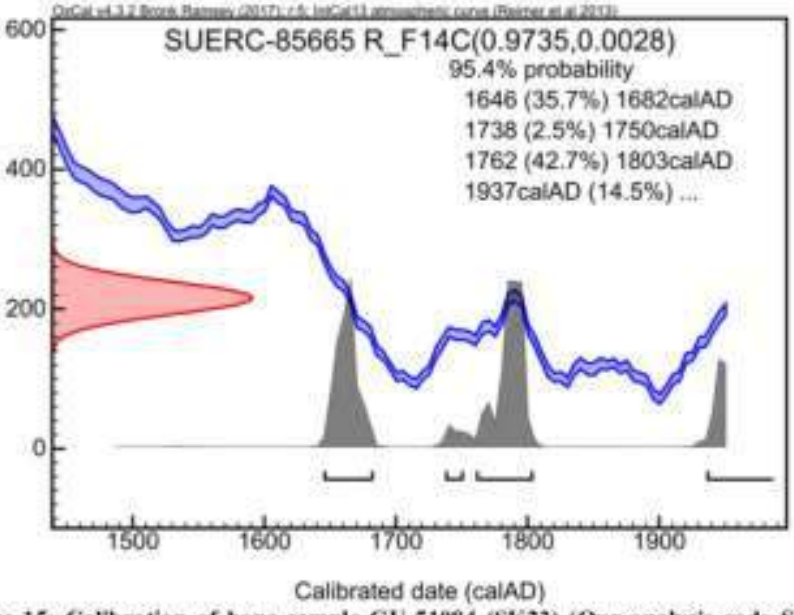


Figure 15: Calibration of bone sample GU-51084 (SK23) (Our analysis code SUERC-85665).

CONCLUSIONS

Of the thirteen bone samples from foetuses and babies of 6-months or less that were analysed, four produced $F^{14}C$ values that clearly places their years of death post-1955 and within the period that the Sean Ross Abbey Home operated. The others have values significantly <1 and all have multiple, possible calibrated age ranges, which is typical for fraction modern ($F^{14}C$) values around 0.97-0.98. These produce calendar age ranges in the pre-modern, 1650-1950 AD period as defined by Taylor *et al.* (1989). However, it is important to note that again, they all produce age ranges within the period when the Sean Ross Abbey Home operated.

REFERENCES

Arneborg, J., Heinemeier, J., Lynnerup, N., Nielsen, H.L., Rud, N., Sveinbjornsdottir, A.E. 1999. Change of diet of the Greenland Vikings determined from stable isotope analysis and ^{14}C dating of their bones. *Radiocarbon* **41**, 157-168.

Ascough, P.L., Cook, G.T., Dugmore, A.J., Barber, J., Higney, E., and Scott, E.M. (2004) Holocene variations in the Scottish marine radiocarbon reservoir effect. *Radiocarbon* **46**, 611-620.

Broecker WS, Schulert A, Olson EA (1959) Bomb Carbon-14 in human beings. *Science* **130**, 331–332.

Bronk Ramsey, C. (2017) OxCal V 4.3.2

Damon, P.E., Cheng, S. and Linick, T.W. (1989) Fine and hyperfine structure in the spectrum of secular variations of atmospheric ^{14}C. *Radiocarbon* **31**, 704-718.

DeNiro, M.J. (1985) Postmortem preservation and alteration of in *vivo* bone collagen isotope ratios in relation to palaeodietary reconstruction. *Nature* **317**, 806-809.

Elsasser, W., Ney, E.P. and Winckler, J.R. (1956) Cosmic-ray intensity and geomagnetism. *Nature* **178**, 1226-1227.

Hedges, R.E.M., Clement, J.G., Thomas, C.D.L. and O'Connell, T.C. (2007) Collagen turnover in the adult femoral mid-shaft: Modeled from anthropogenic radiocarbon tracer measurements. *American Journal of Physical Anthropology* **133**, 808-816.

Hua, Q., Barbetti, M., and Rakowski, A. J. (2013). Atmospheric Radiocarbon for the Period 1950-2010. *Radiocarbon* **55**(4), 2059-2072.

Levin, I., Kromer, B., Schoch-Fischer, H., Bruns, M., Münnich, M., Berdau, D., Vogel, J.C., Münnich, K.O. (1994) $\delta^{14}CO_2$ record from Vermunt. In Trends: A Compendium of Data on Global Change. Carbon Dioxide Information Analysis Center, Oak Ridge National Laboratory, U.S. Department of Energy, Oak Ridge, Tenn., U.S.A.

Levin, I., Kromer, B. (1997) Twenty years of atmospheric CO_2 observations at Schauinsland. *Radiocarbon* **39**, 205–218.

Manning, M.R., Melhuish, W.H. (1994) Atmospheric ^{14}C record from Wellington. In Trends: A Compendium of Data on Global Change. Carbon Dioxide Information Analysis Center, Oak Ridge National Laboratory, U.S. Department of Energy, Oak Ridge, Tenn., U.S.A.

McGee, E.J., Gallagher, D., Mitchell, P.I., Baillie, M., Brown, D., Keogh, S.M. (2004) Recent chronologies for tree rings and terrestrial archives using ^{14}C bomb fallout history. *Geochim Cosmochim Acta* **68,** 2509–2516.

Russell, N., Cook, G.T., Ascough, P.L. and Scott, E.M. (2015) A period of calm in Scottish seas: A comprehensive study of ΔR values for the northern British Isles coast and the consequent implications for archaeology and oceanography. *Quaternary Geochronology* **30**, 34-41.

Slota, P.J., Jull, A.J.T., Linick, T.W., Toolin, L.J. (1987) Preparation of small samples for ^{14}C accelerator targets by catalytic reduction of CO. *Radiocarbon* **29(2)**, 303-6.

Sternberg, R.S. (1992) Radiocarbon fluctuations and the geomagnetic field. In *Radiocarbon After Four Decades*, R.E. Taylor, A. Long and R.S. Kra, eds, Springer-Verlag, pp 93-116.

Stuiver, M. (1961) Variations in radiocarbon concentration and sunspot activity. *Journal of Geophysical Research* **66**, 273.

Suess, H.E. (1953) Natural radiocarbon and the rate of exchange of carbon dioxide between the atmosphere and the sea. In *Nuclear Processes in Geologic Settings*, W. Aldrich, ed., University of Chicago Press, Chicago, pp 52-56.

Suess, H.E. (1955) Radiocarbon concentration in modern wood. *Science* **122**, 415-417.

Taylor, R.E., Suchey, J.M., Payen, L.A., Slota, P.J. Jr (1989) The use of radiocarbon (^{14}C) to identify human skeletal materials of forensic science interest. *Journal of Forensic Science* **34**, 1196–1205.

Vandeputte, K., Moens, L. and Dams, R. (1996). Improved sealed-tube combustion of organic samples to CO_2 for stable isotope analysis, radiocarbon dating and percent carbon determinations. *Analytical Letters* **29,** 2761–73.

Appendix H: Drain Inspection Report

Drain Doctor South East
Knockeevan Clerihan Clonmel Co Tipperary
Mob 0872110909

Drain Doctor
DRAINAGE & PLUMBING

Inspection Report

KAG BUILDING CONTRACTORS LTD.

St. Annes Sean Ross Abbey

Roscrea

Dated: 07/03/2019

Inspection Report 07/05/2018

Drain Doctor South East
Kondeevan Clerihan Clonmel Co Tipperary
Mob 0872110009

Drain Doctor
DRAINAGE & PLUMBING

Summary Report

- THIS CCTV SURVEY WAS REQUESTED TO ESTABLISH IF ANY OF THE DRAINAGE SYSTEM TRAVELS THROUGH OR NEAR THE GRAVE YARD AT THE BOTTOM LEVEL
- THE SURVEY WAS STARTED BELOW THE NUN'S GRAVE YARD ON THE GREEN AREA (MAN 1). THIS PIPE RUNS THROUGH A GRASS COVERED MANHOLE CHAMBER ONTO MAN 2.
- AT MAN 2 THE PIPE CHANGES FROM CLAY TO PVC
- AT MAN 3 THE PIPE TURNS 90 DEGREES TO THE LEFT AND CHANGES FROM CLAY TO A 9 INCH CONCRETE PIPE WITH A CONNECTION COMING FROM THE RIGHT. THIS PIPE RUNS PARALLEL TO THE GRAVE YARD ONTO MAN 4 AND CONTINUES TO MAN 5.
- AT MAN 5 THE PIPE TURNS 90 DEGREES TO THE LEFT AND AWAY FROM THE GRAVEYARD. AT MAN 5 THERE ARE TWO FURTHER MANHOLES WHICH APPEAR TO HAVE BEEN PUT IN TO CARRY ELECTRICAL CABLING (THERE ARE NO CABLES IN SITU). THE PIPE WORK FROM THESE MANHOLES ALSO TURNS AWAY FROM THE GRAVEYARD.
- THE FINAL SURVEY BEGINS AT THE RIVER BANK. THIS PIPE IS MADE OF CLAY AND HAS A 100MM DIAMETER. THIS PIPE RUNS TOWARDS MANHOLE 3 AND HAS COLLAPSED APPROXIMATELY IN FRONT OF THE ENTRANCE TO THE GRAVE YARD. IT APPEARS THAT THIS PIPE USED TO CONNECT WITH THE OLD PIPE COMING FROM MAN 1 BUT AT SOME STAGE IT WAS DIVERTED AND NOW RUNS INTO THE CONCRETE PIPE.

Drain Doctor South East
Knockeevan Clerihan Clonmel Co Tipperary
Mob 0872110909

Report details

Drain Doctor South East
Address: Knockeevan, Clerihan
Clonmel
Tel: 0872110909 Fax:
Email: Johnorourke48@gmail.com
Survey Crew: John O' Rourke

Client Details

Client Name: KAG BUILDING CONTRACTORS LTD.
Client Ref: St. Annes Sean Ross Abbey
Address: Roscrea

Telephone:
Email:

Site Details

Site Contact: Paul
Site Address: St. Annes Sean Ross Abbey
Town Roscrea
PostCode
Telephone:
Email:

Drain Doctor South East
Knockcovan Clonhan Clonmel Co Tipperary
Mob 087 2110300

Survey details

Survey Date:	07/03/2019
Our Reference:	St. Annes Sean Ross Abbey
Use:	Surface water
Purpose:	Establish drainage pipe locations
Weather:	No rain or snow
Pipe Height/Diameter:	160mm
Pipe Width:	160mm
Pipe Size:	Medium
Pipe Shape:	Circular
Pipe Material:	Vitrified clay
Direction:	Downstream

Inspection Report 07/03/2019

Dean Drader South Ltd
Knockeown Clarihan Clonmel Co Tipperary
Mob 0872110909

Observations

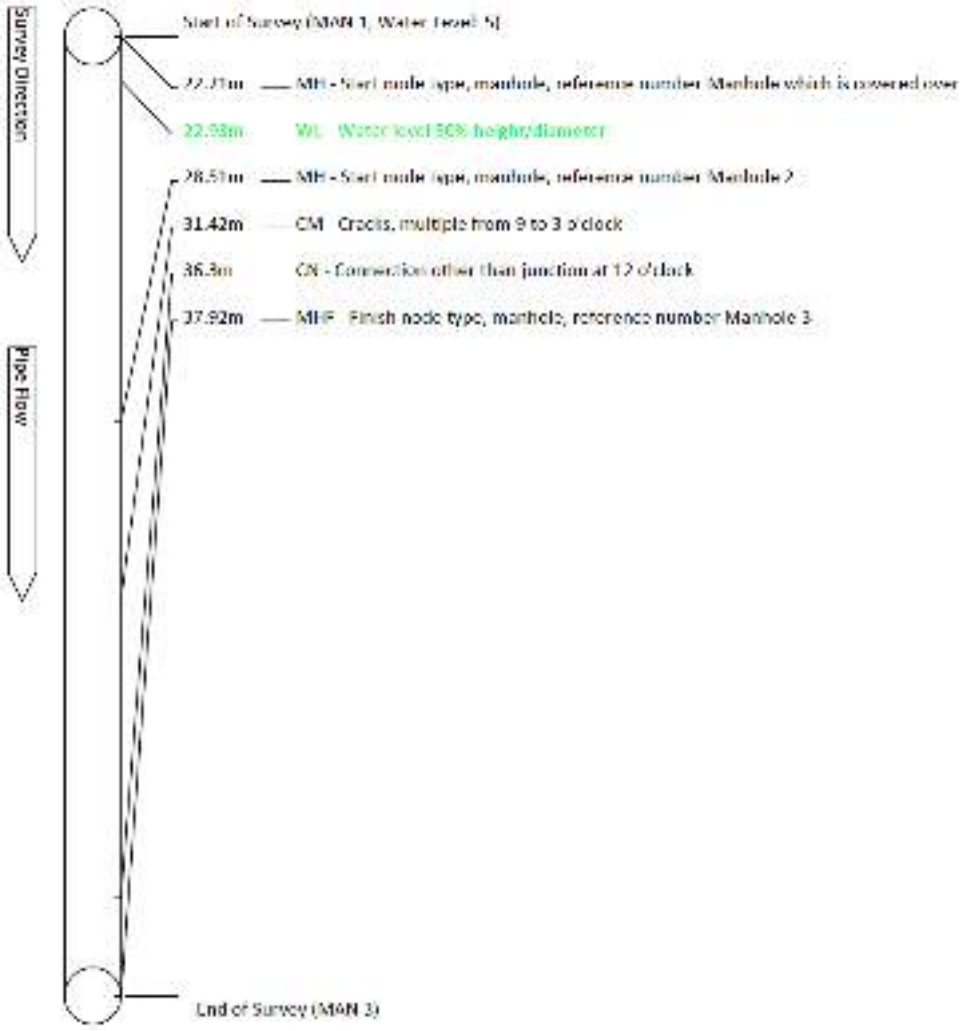
Crew:	John O'Rourke				
Survey Customer:	KAG BUILDING CONTRACTORS LTD.				
Job Ref:	St. Annes Sean Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St. Annes Sean Ross Abbey				
Start:	MH	Finish:	MH		
Depth at Start Node:	2000mm	Depth at Finish Node:	900mm		
Direction:	Downstream	Height:	150mm		
Length Surveyed:					
Material:	Vitrified clay	Size:	Medium	Shape:	Circular

Position	Code	Description/Remarks	Grade	Photo
0.00	ST	Start Node Type Man 1		
0.00	WL	Water Level 0%		
22.21m	MH	Start node type, Manhole which is covered over with grass	1	
22.93m	WL	Water level 60% height/diameter dia in pipe	2	
28.51m	MH	Start node type, manhole, reference number Manhole 2	1	
31.42m	CM	Cracks, multiple from 6 to 3 o'clock. Crack in pipe	3	
38.3m	CN	Connection other than junction at 12 o'clock, Pipe goes from clay to PVC	1	
37.92m	MHF	Finish node type, manhole, reference number Manhole 3	1	

Pipe Graphic

Crew:	John O Rourke		
Survey Customer:	KVE BUILDING CONTRACTORS LTD.		
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2018
Survey Address:	ST Annes Sean Ross Abbey		
Start:	MH1	Finish:	MH3
Depth at Start Node:	2400mm	Depth at Finish Node:	690mm
Direction:	Downstream	Height:	150mm
Length Surveyed:			

Material:	Vitrified clay	Size	Medium	Shape	Course



Drain Doctor South East
Knockeevan Clonhan Clonmel Co Tipperary
Mob 087 2110009

Observation Table

Crew:	John O'Rourke		
Survey Customer:	KAC BUILDING CONTRACTORS LTD		
Job Ref:	ST Annes Sean Ross Abbey	Survey Date:	07/03/2019
Survey Address:	ST Annes Sean Ross Abbey		
Start:	MH1	Finish:	MH4
Depth at Start Node:	2200mm	Depth at Finish Node:	660mm
Direction:	Downstream	Height:	150mm
Length Surveyed:			
Material: Vitrified clay	Size: Medium	Shape: Circular	

Code and Description			Grade	Joint	Cont. Defect	VALUE			Clock	
							mm		%	Clock	
Position	Code	Description				SWL	Ind	Mod		At/From	To
0.00	ST	Start Node Type Man 1									
0.00	WL	Water Level 0%									
22.91m	MH	Start node type, manhole reference number ...	1								
22.00m	WL	Water level ...% height/diameter	2						00		
28.51m	MH	Start node type, manhole reference number ...	1								
31.42m	CM	Cracks, multiple from ... to ... o'clock	3							9	3
36.3m	CN	Connection other than junction at ... o'clock, diameter ... mm	1							12	
37.90m	MH	Finish node type, manhole reference number ...	1								

Comments

AT 36.3M THE PIPE GOES FROM CLAY TO PVC – MINOR DROP IN PIPE.
MULTIPLE CRACKS IN PIPES.

Survey Details

Survey Date:	07/03/2019
Our Reference:	St. Annes Sean Ross Abbey
Use:	Surface water
Purpose:	Establish drainage pipe locations
Weather:	No rain or snow
Pipe Height/Diameter.	225mm
Pipe Width:	225mm
Pipe Size:	Medium
Pipe Shape:	Circular
Pipe Material:	Concrete
Direction:	Downstream

Inspection Report 07/03/2019

Drain Doctor South East
Knockcrivan Clerihan Clonmel Co Tipperary
Mob 08721 10909

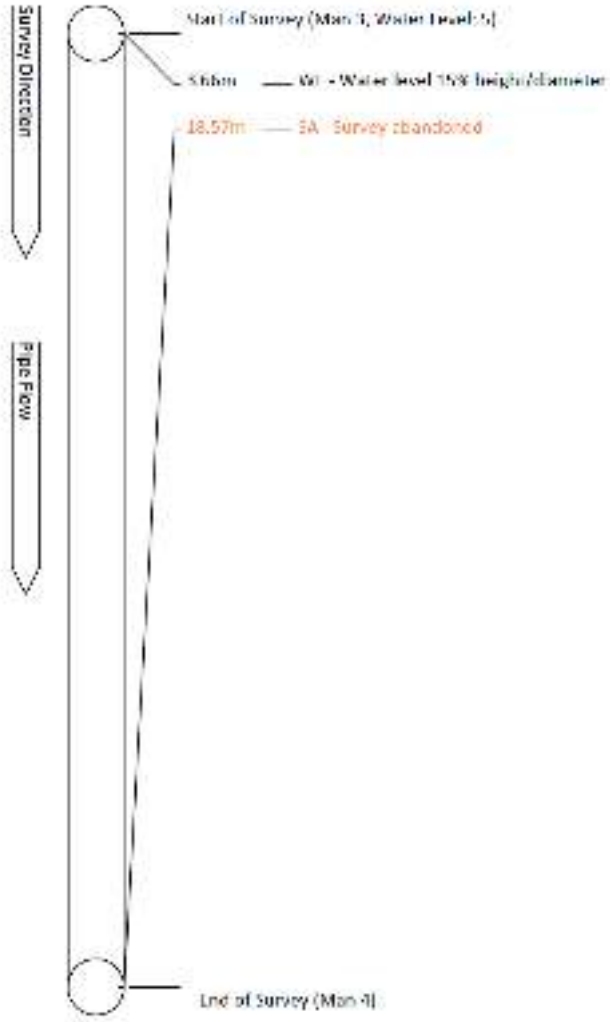
Observations

Crew:	John O'Rourke				
Survey Customer:	KNS BUILDING CONTRACTORS LTD				
Job Ref:	St. Annes Sean Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St. Annes Sean Ross Abbey				
Start:	MH3	Finish:		MH4	
Depth at Start Node:	650mm	Depth at Finish Node:		220mm	
Direction:	Downstream	Height:		225mm	
Length Surveyed:					
Material:	Concrete	Size	Medium	Shape	Circular

Position	Code	Description/Remarks	Grade	Photo
0.00	S1	Start Node Type Man 3		
0.00	WL	Water Level 0%		
3.66m	WL	Water level 15% height/diameter. Silt in the pipe	1	
10.57m	SA	Survey abandoned. Camera will not go up the pipe	4	

Pipe Graphic

Crew:	John O Rourke				
Survey Customer:	[illegible]				
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St Annes Sean Ross Abbey				
Start:	MH3	Finish:	MH4		
Depth at Start Node:	000mm	Depth at Finish Node:	220mm		
Direction:	Downstream	Height:	220mm		
Length Surveyed:					
Material: Concrete		Size: Medium		Shape: Circular	



Drain Doctor South East
Knockcevan Clonhan Clonmel Co Tipperary
Mob 0872192903

Observation Table

Crew:	John O'Rourke		
Survey Customer:	[illegible]		
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019
Survey Address:	St Annes Sean Ross Abbey		
Start:	MH3	Finish:	MH1
Depth at Start Node:	980mm	Depth at Finish Node:	2280mm
Direction:	Downstream	Height:	225mm
Length Surveyed:			
Material:	Concrete	Size	Medium
Shape:	Circular		

Code and Description			Grade	Joint	Cont. Defect	VALUE				Clock	
						Min			%		
Position	Code	Description				SWL	1"	Ave		AC From	To
0.00	S1	Start Node Type Man 3									
0.00	WL	Water Level 0%									
3.09m	WI	Water level % height/diameter	1						15		
15.54m	SA	Survey abandoned	4								

Drain Doctor South East
Knockcovan Clonmel Co Tipperary
Mob 087/2110900

Comment

PIPE FULL OF DEBRIS (SILT AND STONE) – THE PIPE HAD TO BE JETTED TO CONTINUE SURVEY.

Inspection Report 07/03/2019

Drain Doctor South East
Knockeewan Clerihan Clonmel Co Tipperary
Mob 0872110909

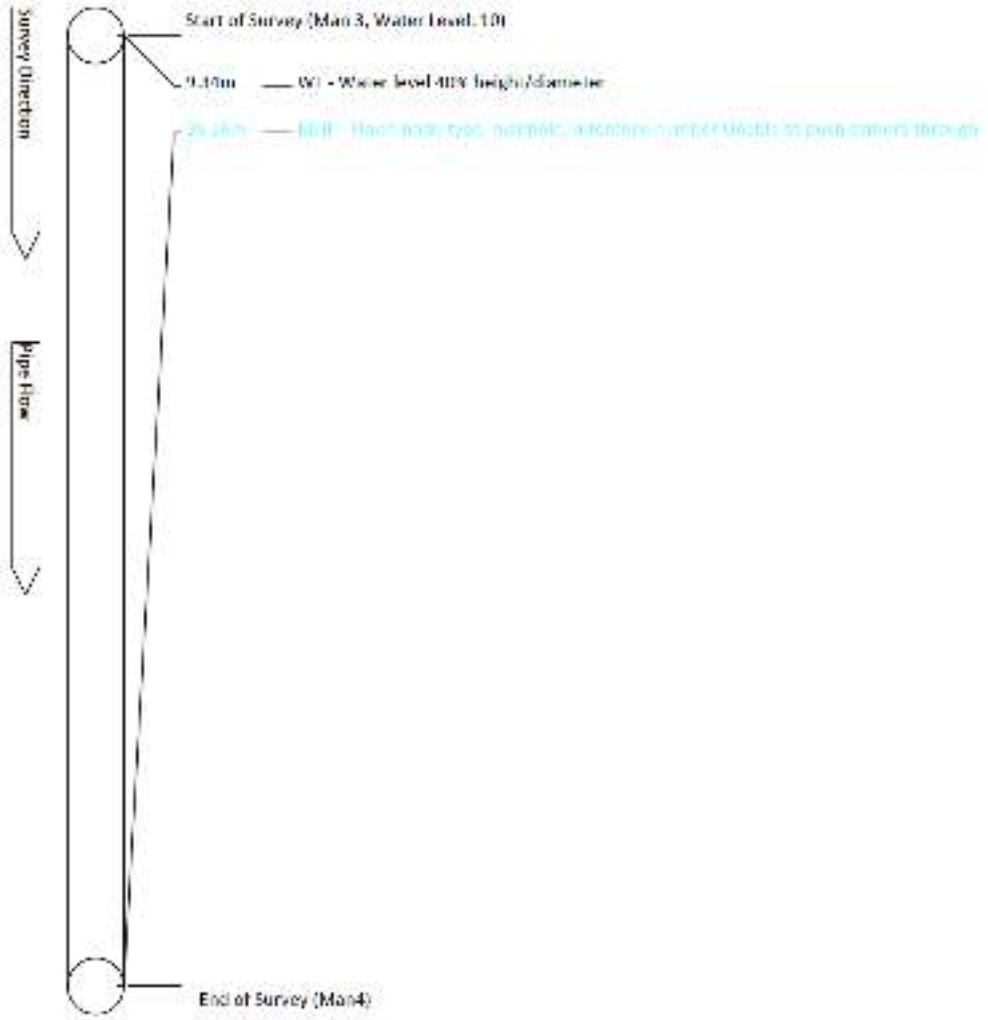
Observations

Crew:	John O'Rourke		
Survey Customer:	KMG BUILDING CONTRACTORS LTD.		
Job Ref:	Abbey	Survey Date:	07/03/2019
Survey Address:	St. Annes Abbey		
Start:	MH3	Finish:	MH4
Depth at Start Node:	600mm	Depth at Finish Node:	2200mm
Direction:	Downstream	Height:	225mm
Length Surveyed:			
Material:	Concrete	Size:	Medium
Shape:	Circular		

Position	Code	Description/Remarks	Grade	Photo
0.00	ST	Start Node Type Man 3		
0.00	WL	Water Level 0%		
35.22m	MHF	Finish node type, manhole, reference number Unable to reach manhole	1	

Pipe Graphic

Crew:	John O'Rourke		
Survey Customer:	KAG BUILDING CONTRACTORS LTD		
Job Ref:	Abbey	Survey Date:	07/03/2019
Survey Address:	ST Annes Abbey		
Start:	MH3	Finish:	MH4
Depth at Start Node:	660mm	Depth at Finish Node:	2200mm
Direction:	Downstream	Height:	225mm
Length Surveyed:			
Material: Concrete		Size: Medium	Shape: Circular



Inspection Report 07/03/2019

Drain Doctor South East
Knockeevan Clonhan Clonmel Co Tipperary
Mob 00721 10808

Observation Table

Crew:	John O'Rourke		
Survey Customer:	KAG BUILDING CONTRACTORS LTD.		
Job Ref:	Abbey	Survey Date:	07/03/2019
Survey Address:	St Annes Abbey		
Start:	MH3	Finish:	MH4
Depth at Start Node:	560mm	Depth at Finish Node:	2200mm
Direction:	Downstream	Height:	225mm
Length Surveyed:			

Material:	Concrete	Size	Medium	Shape:	Circular

Code and Description			Grade	Joint	Cont. Defect	VALUE				Clock	
							Mm		%	Ad/From	To
Position	Code	Description				SML	1st	2nd			
0.00	ST	Start Node Type, Mem 3									
0.00	WL	Water Level 0%									
35.22m	MHF	Finish node type, manhole, reference number ...	1								

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Drain Doctor South East
Knockavan Clonhan Clonmel Co Tipperary
Mob 087 21 [illegible]

Comments

Survey details

Survey Date:	07/03/2019
Our Reference:	St Annes Sean Ross Abbey
Use:	Establish drainage pipe locations
Purpose:	Other
Weather:	No rain or snow
Pipe Height/Diameter:	225mm
Pipe Width:	225mm
Pipe Size:	Medium
Pipe Shape:	Circular
Pipe Material:	Concrete
Direction:	Downstream

Inspection Report 07/03/2019

Drain Doctor South East
Knockeevan Clarihan Clonmel Co Tipperary
Mob 0872110009

Observations

Crew:	John O'Rourke				
Survey Customer:	KAG BUILDING CONTRACTORS LTD.				
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St Annes Sean Ross Abbey				
Start:	MH4	Finish:	MH5		
Depth at Start Node:	2200mm	Depth at Finish Node:	1900mm		
Direction:	Downstream	Height:	225mm		
Length Surveyed:					
Material:	Concrete	Size	Medium	Shape:	Circular

Position	Code	Description/Remarks	Grade	Photo
0.00	ST	Start Node Type Man 4		
0.00	WL	Water Level 0%		
36.22m	MHF	Finish node type: manhole, reference number Unable to reach manhole	1	

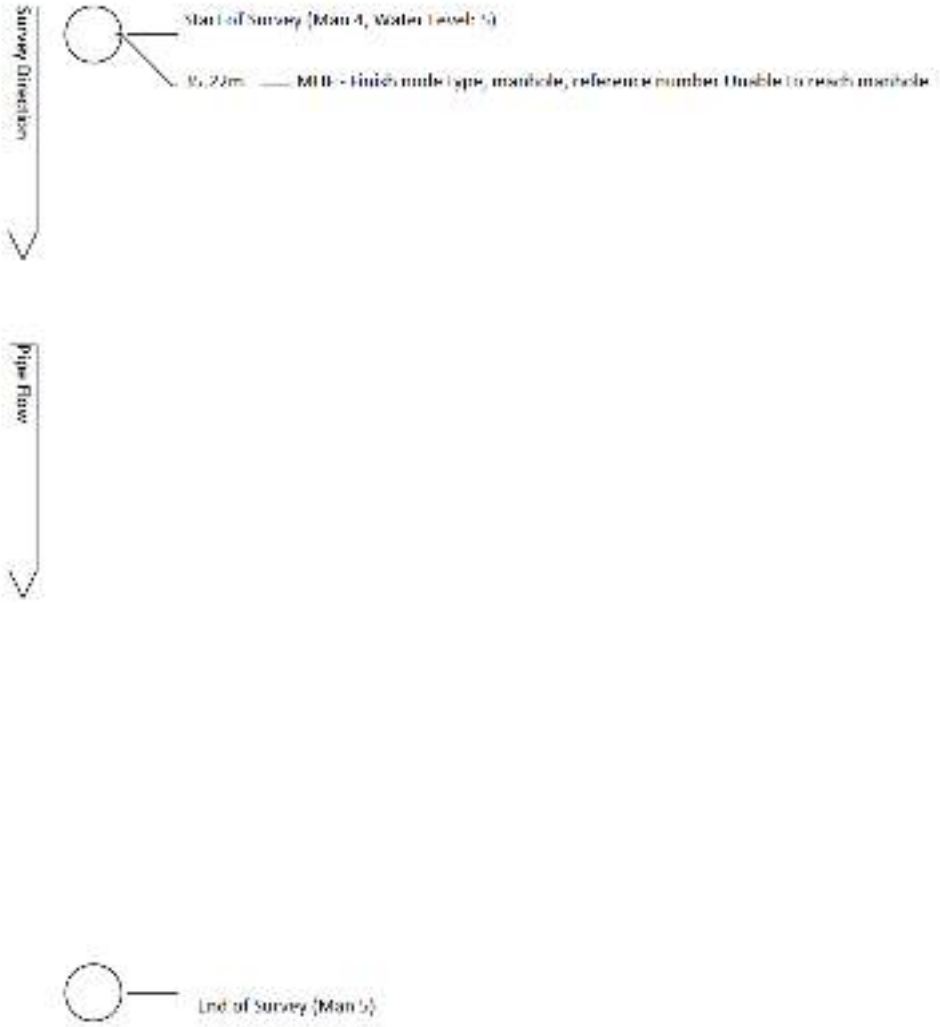
COMMENTS

WE WERE UNABLE TO PUSH THE CAMERA THE FULL LENGTH OF THE PIPE DUE TO DISTANCE BETWEEN MANHOLES. STARTED ANOTHER SURVEY AND CHANGED DIRECTION (MAN 5 – MAN 4) TO CAPTURE THE ENTIRE DUCT

Drain Doctor South East
Knockeowen Clonhan Clonmel Co Tipperary
Mob 05/2110408

Pipe Graphic

Crew:	John O'Rourke				
Survey Customer:	KAG BUILDING CONTRACTORS LTD				
Job Ref:	St Anne Sean Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St Anne Sean Ross Abbey				
Start:	MH 5	Finish:		MH 6	
Depth at Start Node:	2.60mm	Depth at Finish Node:		1.90mm	
Direction:	Downstream	Height:		225mm	
Length Surveyed:					
Material:	Concrete	Size	Medium	Shape:	Circular



End of Survey (Man 6)

Observation Table

Crew:	John O'Rourke		
Survey Customer:	RAG BUILDING CONTRACTORS LTD		
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019
Survey Address:	St Annes Sean Ross Abbey		
Start:	MH	Finish:	MH
Depth at Start Node:	2700mm	Depth at Finish Node:	1980mm
Direction:	Downstream	Height:	225mm
Length Surveyed:			
Material:	Concrete	Size:	Medium
Shape:	Circular		

Code and Description			Grade	Joint	Cont Defect	VALUE			Clock		
							Mm		%		
Position	Code	Description				SML	1st	2nd		As/From	To
0.00	ST	Start Node Type Man 4									
0.00	WL	Water Level 0%									
35.22m	MH	Finish node type, manhole, reference number ...	1								

Urban Doctor Smith Ltd
Knockeevan Dentan Channel Co Tipperary
Mob 08721 10909

Comment

SURVEY IS UPSTREAM - BACK TO MANHOLE

Survey details

Survey Date:	07/03/2019
Our Reference:	St Annes Sean Ross Abbey
Use:	Surface water
Purpose:	Establish drainage pipe locations
Weather:	No rain or snow
Pipe Height/Diameter:	225mm
Pipe Width:	225mm
Pipe Size:	Medium
Pipe Shape:	Circular
Pipe Material:	Concrete
Direction:	Upstream

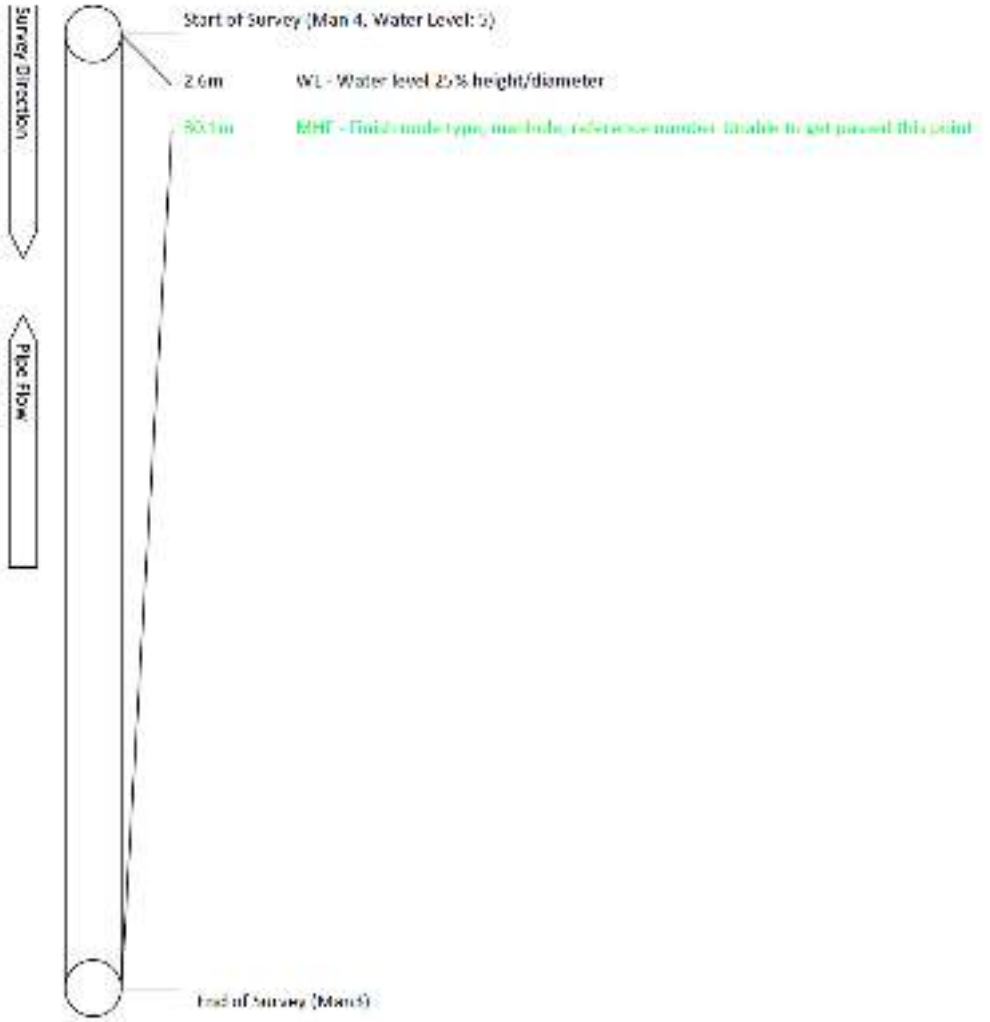
Observations

Crew:	John O'Rourke				
Survey Customer:	[redacted]				
Job Ref:	St Anns Sean Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St Anns Sean Ross Abbey				
Start:	MH4	Finish:	MH3		
Depth at Start Node:	2200mm	Depth at Finish Node:	600mm		
Direction:	Upstream	Height:	225mm		
Length Surveyed:					
Material: Concrete		Size:225	Medium	Shape:	Circular

Position	Code	Description/Remarks	Grade	Photo
0.00	ST	Start Node Type Man 4		
0.00	WL	Water Level 0%		
2.6m	WL	Water level 25% height/diameter. Dip in pipe	1	
30.1m	MHF	Finish node type, manhole reference number Unable to go past this point	2	

Pipe Graphic

Crew:	John O'Rourke				
Survey Customer:	KMS BUILDING CONTRACTORS LTD.				
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St Annes Sean Ross Abbey				
Start:	MH4	Finish:		MH3	
Depth at Start Node:	2200mm	Depth at Finish Node:		650mm	
Direction:	Upstream	Height:		225mm	
Length Surveyed:					
Material: Concrete		Size:225	Medium	Shape:	Circular



Inspection Report 07/03/2019

Drain Doctor South East
Knockeevan Clerihan Clonmel Co Tipperary
Mob 0872110009

Observation Table

Crew:	John O'Rourke		
Survey Customer:	KAG BUILDING CONTRACTORS LTD.		
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019
Survey Address:	St Annes Sean Ross Abbey		
Start:	MH4	Finish:	MH3
Depth at Start Node:	2200mm	Depth at Finish Node:	860mm
Direction:	Upstream	Height:	225mm
Length Surveyed:			
Material:	Concrete	Size	Medium Shape: Circular

Code and Description			Grade	Joint	Cont. Defect	VALUE				Clock	
							mm		%	At/From	To
Position	Code	Description				SML	1st	2nd			
0	ST	Start Type Node Mark 4									
0	WL	Water Level 0%									
2.6m	WL	Water level ...% height/diameter	1						25		
10.1m	MHT	Finish node type: Manhole reference number	0						35		

Drain Doctor South East
Knockeowen Clonmel Co Tipperary
Mob 0872110009

COMMENT

UNABLE TO PASS THROUGH SO SURVEYED IN OPPOSITE DIRECTION TO CAPTURE (SEE MAN 3 TO MAN 4)

Survey details

Survey Date:	07/03/2019
Our Reference:	St Annes Sean Ross Abbey
Use:	Surface water
Purpose:	Establish drainage pipe locations
Weather:	Rain
Pipe Height/Diameter:	225mm
Pipe Width:	225mm
Pipe Size:	Medium
Pipe Shape:	Circular
Pipe Material:	Concrete
Direction:	Upstream

Observations

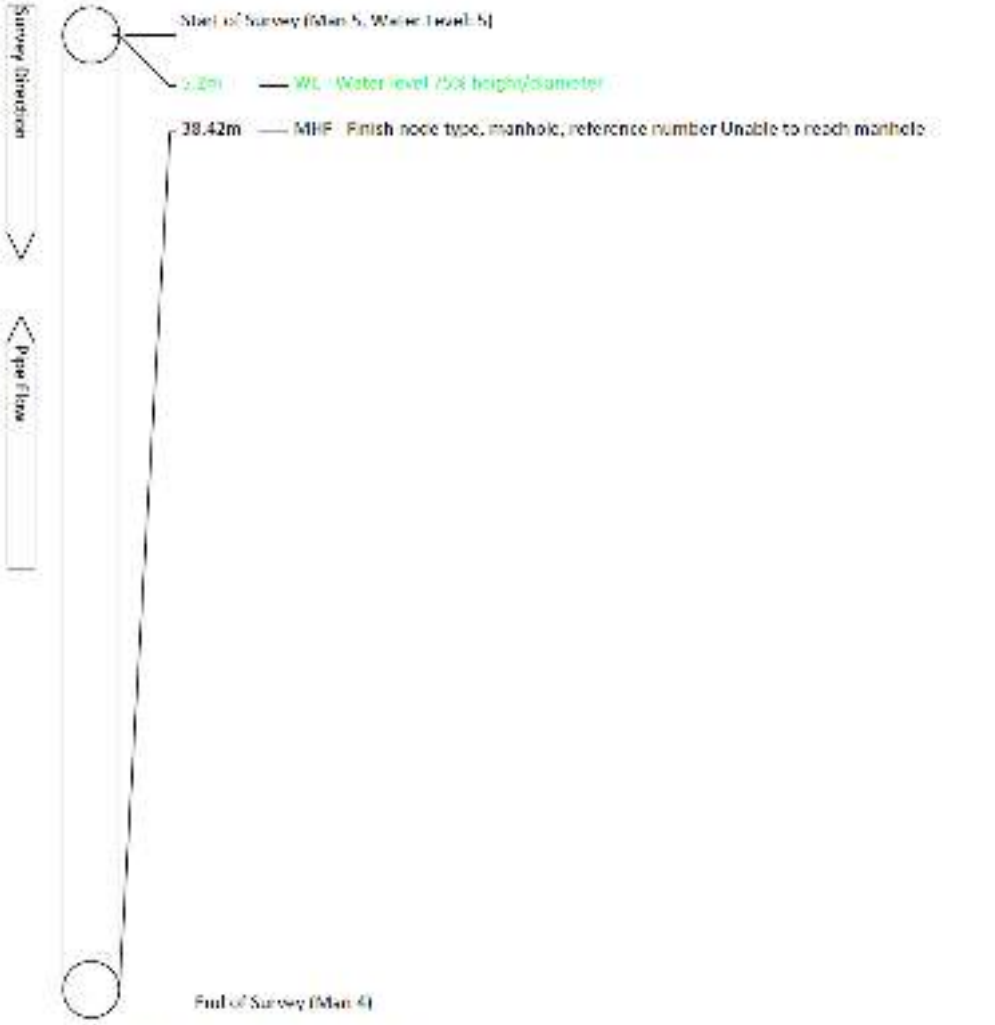
Crew:	John O'Rourke		
Survey Customer:	KAG BUILDING CONTRACTORS LTD.		
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019
Survey Address:	St Annes Sean Ross Abbey		
Start:	MH5	Finish:	MH4
Depth at Start Node:	1000mm	Depth at Finish Node:	2200mm
Direction:	Upstream	Height:	225mm
Length Surveyed:			
Material:	Concrete	Size:	Medium
Shape:	Circular		

Position	Code	Description/Remarks	Grade	Photo
0.00	ST	Start Node Type Man 5		
0.00	WL	Water Level 0%		
5.2m	WL	Water level 70% height/diameter, water running in pipe	2	
38.42m	MHF	Finish node type, manhole, reference number Unable to reach manhole	1	

[illegible]

Pipe Graphic

Crew:	John O Rourke				
Survey Customer:	[illegible]				
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St Annes Sean Ross Abbey				
Start:	MH5	Finish:	MH4		
Depth at Start Node:	1900mm	Depth at Finish Node:	2201mm		
Direction:	Upstream	Height:	225mm		
Length Surveyed:					
Material:	Concrete	Size:	Medium	Shape:	Circular



Inspection Report 07/03/2019

Drain Doctor South Ltd
Knockeevan Clenham Edenard Co Tipperary
Mob 0872110909

Observation Table

Crew:	John O'Rourke		
Survey Customer:	KAG FUELLING CONTRACTORS LTD		
Job Ref.	St Annes Sean Ross Abbey	Survey Date:	07/03/2019
Survey Address:	St Annes Sean Ross Abbey		
Start:	MH5	Finish:	MH4
Depth at Start Node:	1500mm	Depth at Finish Node:	2200mm
Direction:	Upstream	Height:	225mm
Length Surveyed:			

Material:	Concrete	Size	Medium	Shape:	Circular

Code and Description			Grade	Joint	Cont. Defect	VALUE			Clock		
							Mm		%	At/From	To
Position	Code	Description				SWL	1"	2nd			
0.00	SS	Start Node Type mm 5									
0.00 5.2m	WL WL	Water Level 0% Water level ...% Height/Diameter	2						75		
30.42m	MHF	Finish node type, manhole, reference number ...	1								

Comments

Survey details

Survey Date:	07/03/2019
Our Reference:	St Annes Sean Ross Abbey
Use:	Surface water
Purpose:	Establish drainage pipe locations
Weather:	No rain or snow
Pipe Height/Diameter:	100mm
Pipe Width:	100mm
Pipe Size:	Medium
Pipe Shape:	Circular
Pipe Material:	Vitrified clay
Direction:	Upstream

Drain Doctor South East
Knockeowen Clonihan Clonmel Co Tipperary
Mob 0872110209

OBSERVATIONS

THIS SURVEY STARTS ON THE SIDE OF THE RIVER BANK AND GOES UPSTREAM TO WHERE THE PIPE HAS COLLAPSED (APPROXIMATELY IN FRONT OF THE ENTRANCE TO THE GRAVEYARD)

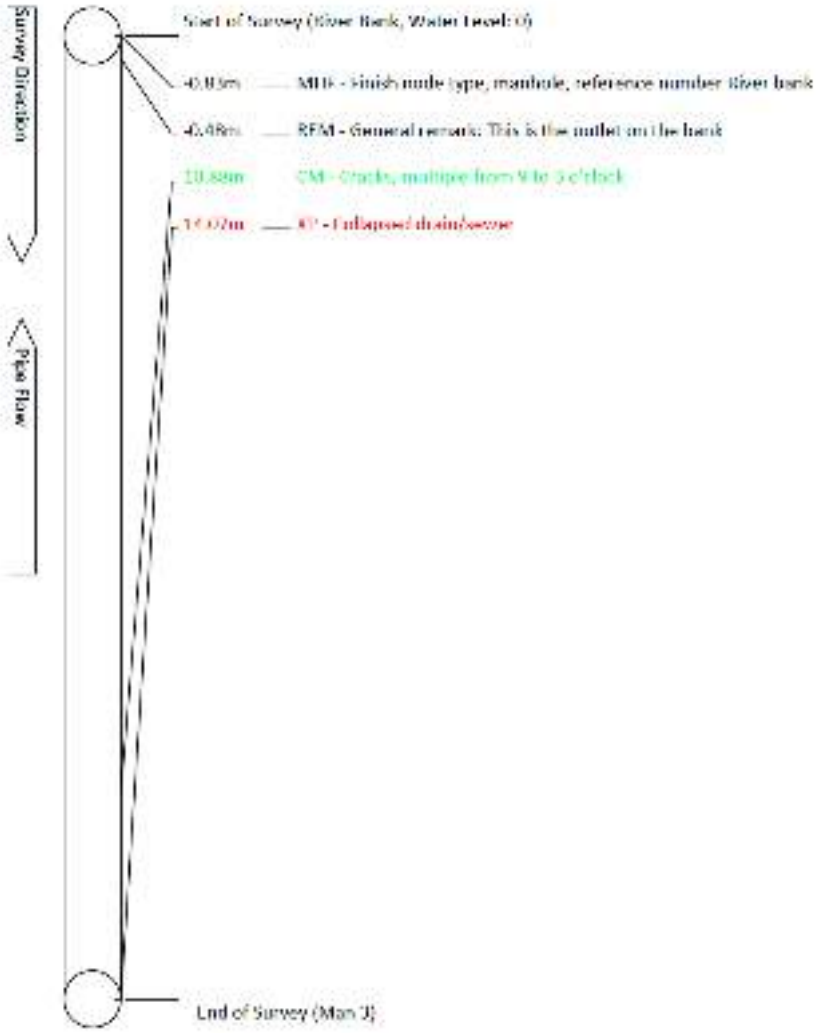
Crew:	John O'Rourke				
Survey Customer:	KAG BUILDING CONTRACTORS LTD.				
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St Annes Sean Ross Abbey				
Start:	River Bank	Finish:	MH		
Depth at Start Node:	500mm	Depth at Finish Node:	900mm		
Direction:	Upstream	Height:	100mm		
Length Surveyed:					
Material:	Vitrified clay	Size:	Medium	Shape:	Circular

Position	Code	Description/Remarks	Grade	Photo
-0.83m	MHF	Finish node type, manhole reference number River bank	1	
-0.40m	REM	General remark: This is the outlet on the bank	1	
10.39m	CM	Cracks, multiple from 9 to 3 o'clock, multiple cracks	2	
14.07m	XP	Collapsed drain/sewer. Pipe is not passable	5	

Drain Doctor South East
Knockcovan Clonhan Clonmel Co Tipperary
Mob 0872110009

Pipe Graphic

Crew:	John O'Rourke				
Survey Customer:	[illegible]				
Job Ref:	St Anncs Scan Ross Abbey	Survey Date:	07/03/2019		
Survey Address:	St Anncs Scan Ross Abbey				
Start:	River Bank	Finish:	MH3		
Depth at Start Node:	600mm	Depth at Finish Node:	600mm		
Direction:	Upstream	Height:	100mm		
Length Surveyed:					
Material: Vitrified clay		Size	Medium	Shape:	Circular



Inspection Report 07/03/2019

Drain Doctor South East
Knockeevan Clonhan Clonmel Co Tipperary
Mob 00/2110608

Observation Table

Crew:	John O'Rourke		
Survey Customer:	KAG BUILDING CONTRACTORS LTD.		
Job Ref:	St Annes Sean Ross Abbey	Survey Date:	07/03/2019
Survey Address:	St Annes Sean Ross Abbey		
Start:	River Bank	Finish:	MTD
Depth at Start Node:	500mm	Depth at Finish Node:	500mm
Direction:	Upstream	Height:	100mm
Length Surveyed:			
Material:	Vitrified clay	Size:	Medium
Shape:	Circular		

Code and Description			Grade	Joint	Cont. Defect	VALUE			Clock	
						Mm		%	AbFrom	To
Position	Code	Description			SML	1st	2nd			
-0.83m	MHF	Finish node type, manhole, reference number ...	1							
-0.48m	REM	General remark ...	1							
10.88m	CM	Cracks, multiple	2						0	3
14.07m	XF	Collapsed drain/sewer	5							

Report of the Confidential Committee to the Commission of Investigation into Mother and Baby Homes

October 2020

Contents

- Introduction
- Circumstances of Pregnancy and Admission
- Conditions in the homes
- The Birth experience
- Adoption and Consent
- Fostering and Boarding out
- The Adoption experience
- Exit and Aftermath
- Tracing
- Acknowledgment

Introduction

The Commission's Terms of Reference required it to establish a Confidential Committee to provide a forum for people who were formerly resident in the institutions under investigation or who worked in these institutions during the relevant period 'to provide accounts of their experience in these institutions in writing or orally as informally as is possible in the circumstances'.

The Confidential Committee was required to

(a) operate under the direction of and be accountable to the Commission;

(b) provide in its procedures for individuals who wished to have their identity remain confidential during the conduct of the Commission and its subsequent reporting; and

(c) produce a report of a general nature on the experiences of the single women and children.

The Commission was established in February 2015. The first hearings of the Confidential Committee were held in June 2015 but it was September 2015 before it was fully in operation. This was because staff had to be recruited; procurement processes had to be put in place for services such as advertising and IT; and arrangements had to be made for the payment of expenses to witnesses while maintaining strict confidentiality.

The Commission appointed Ms Lucy Scaife and Mr Kevin Healy as members of the Confidential Committee. They were assisted by Commission researchers Ms Roni Buckley, Ms Meg McMahon, Ms Sarah Lea and Ms Maeve DeSay. Ms Nóra Ní Dhomhnaill was appointed as Witness Support Officer.

Training

The Commission organised training for the committee members and the staff who were dealing with the former residents. The Commission is grateful for the assistance of Ms Norah Gibbons[1] who had been a member of the Commission to Inquire into Child Abuse (the Ryan Commission) and of the Acknowledgement

[1] Regrettably, Ms Gibbons died in April 2020 RIP.

Forum of the Historical Institutional Abuse Inquiry in Northern Ireland.[2] All staff members who were likely to interact with witnesses, for example, reception staff, were included in the training. The major emphasis was on preserving the confidentiality of the witnesses and ensuring that they were comfortable and had a satisfactory experience.

Advertising

After a tendering process, an advertising campaign was conducted in June/July 2015 in national and local press and local radio. A commission representative gave a number of interviews on local radio stations encouraging relevant people to come forward. Further advertising and media interviews took place in June 2016 after the Commission had chosen the representative sample of county homes. Information was provided to Irish organisations in the UK and the USA. Information leaflets and posters were provided to doctors' surgeries, the constituency offices of TDs and to the Irish Country Women's Association and all information was later available on the Commission's website.

Contacting the Confidential Committee

A dedicated Freephone number to call the Confidential Committee team was installed. This was the main way that people contacted the Committee although some used the email service which was available on the Commission's website and some got in touch by post. Some people contacted the Commission to express a desire to give evidence but thought that they were ineligible as they did not have any complaints. They were assured that the committee wanted to hear all the available evidence and was not confined to hearing complaints.

An information leaflet about the Confidential Committee was drawn up and provided to anyone who made an inquiry. This set out in detail exactly what the Confidential Committee could and could not do. A hard copy of the Commission's Terms of Reference was provided to anyone who requested it.

The commitments made by the Confidential Committee

The information leaflet explained the role of the Confidential Committee as follows:

[2] The Acknowledgement Forum had a broadly similar role to the Ryan Commission Confidential Committee http://www.childabusecommission.ie/rpt/03-01.php and the MBHCOI Confidential Committee. Its report is at: https://www.hiainquiry.org/sites/hiainquiry/files/media-files/Vol%2010%20-%20Acknowledgement%20Forum%20Report.pdf

> The main purpose of the Confidential Committee is to listen to the experiences of those who have spent time in Mother and Baby Homes. These can include mothers, children, nuns, workers, occasional workers (e.g. delivery men, painters etc.) and visitors to the home.

Applicants were told that the hearing before the committee would be heard in private and that the committee:

> may be suitable for you if you wish to have your experiences heard in a sympathetic atmosphere by experienced people and you do not want any person or institution to know that you are giving evidence to the Commission. The evidence you give will not be open to challenge.

The leaflet set out the core commitments of the Confidential Committee:

- We will treat everybody equally whatever their circumstances, age, disability, race, religion, beliefs, sexual orientation or civil status.
- We will listen to you and support you in telling us about your experiences.
- We will give you time to tell us your experiences.
- We will understand if you get upset when describing your experiences.
- We will not judge you.
- We will be honest with you about what we can and cannot do.
- We promise you will remain anonymous, even when we bring your experiences to public attention so that they can be understood and acknowledged by all.

Reports to the Authorities

The leaflet explained that no report on anything a person told the Confidential Committee would be made to the authorities except if the Committee had reason to believe that:

- A serious crime had been committed;
- A serious risk to a person's life existed; or
- Abuse of a child was ongoing.

It was explained that, in any of those situations, the Committee would be obliged to report the matter to the Gardaí or to the Child and Family Agency (Tusla). In fact a small number of reports were made.

What the Confidential Committee could not do

It was clearly explained that

- Neither the Confidential Committee nor the Commission itself could award redress or compensation;
- Neither the Confidential Committee nor the Commission itself could assist an individual in tracing relatives.

It was also explained that the Commission would not provide counselling but would provide a list of counselling sources if this was requested.

Applying to the Committee

Everyone who expressed a wish to speak to the Confidential Committee was issued with an application form. Some people requested that the form be sent to an address other than their home address and this was done. The application form asked for basic information about the person such as name, date of birth, contact details, the institution(s) in which they were resident, the years in which they were resident, how they wished to be contacted by the Commission (phone, email, post) and whether or not they wished to be accompanied at the hearing. They were also asked if they would need any special assistance because of, for example, problems with hearing, mobility or serious health problems.

It was made clear that all this information would be dealt with on a strictly confidential basis. Anyone who had a problem with the form could call the Freephone number.

Every witness who wanted to give evidence was facilitated. In November 2016, the Commission announced that the closing date for applications to speak to the Confidential Committee was 1 March 2017. In practice, the Commission did not enforce this deadline and continued to accept applications beyond that time and heard witnesses up to February 2020.

Organising the Confidential Committee meetings

All arrangements with the witnesses were made by the Witness Support Officer. She made the arrangements for the hearings, assisted with travel arrangements for the witnesses where required and organised the payment of expenses.

The majority of the witnesses were seen in the Commission's offices. Meetings were also held in Birmingham, Carlow, Cavan, Cork, Donegal, Dublin, Galway, Kilkenny, Laois, Leitrim, Limerick, London, Manchester, Meath, Monaghan, Offaly, Roscommon, Sligo, Tipperary, Waterford, Westmeath, Wexford and Wicklow. Those witnesses who said they would have difficulty travelling were seen in their own homes while others were met in disability accessible premises. A number of hearings were conducted electronically, in particular with USA residents. Some people who could not come to the committee submitted letters.

Confidentiality was rigidly adhered to in all these arrangements. All staff and all service providers in the Commission's office had signed confidentiality contracts (this included the Commission members). The arrangements for meetings were made in such a way as to ensure that witnesses did not meet each other. Hotels which were booked for hearings were booked in the name of a staff member and the name of the Commission did not appear in any public area.

Many of the witnesses were particularly concerned about maintaining confidentiality and specifically asked that their names not be known outside the Confidential Committee. As is clear from the report, many witnesses had never discussed their experiences with any other person; this included witnesses who had not told family members such as their husbands and/or their other (now adult) children. A few who were in this position subsequently told the Confidential Committee researcher that their experience at the Confidential Committee had given them the courage to go home and tell family members.

Arrangements were put in place to enable the Commission pay expenses to witnesses who came to the Confidential Committee. The officially preferred method of payment - electronic funds transfer - was not suitable for many of the people for a number of reasons, the most important of which was the need to maintain their confidentiality. It took some considerable time to get approval to open a bank account in the Commission's name and to get a cheque book. This was eventually issued in September 2015. Witnesses and persons accompanying them were reimbursed their reasonable expenses. In some cases, this included overnight stays in hotels which, again, were booked in the name of a staff member. The name of the person receiving expenses was known only to the Witness Support Officer and the second cheque signatory (either the researcher who had met the person or the Commission's solicitor or director; neither the solicitor nor the director met the people involved).

Numbers

A total of 886 people who seemed to be within the Commission's remit contacted the Commission and were sent information about the Confidential Committee. (Ten others also contacted the Commission but they had been resident in county homes which the Commission was not investigating.) The vast majority were resident in Ireland; 12% were resident in the UK and 3% in the USA with a small number in other countries. Of these, 673 completed the application form; 19 gave evidence to the Commission and not to the Confidential Committee and 550 met the Confidential Committee. Some people who met the Confidential Committee also gave evidence to the Commission. The 104 who completed the application form but did not meet the Confidential Committee were offered appointments but, for various reasons, did not take up the offer.

One of the 550 people who met the Confidential Committee was not in one of the scheduled institutions and so was outside the Terms of Reference. Of the 549 who were within the terms, 304 were resident as mothers; 228 were resident as babies/children and 17 were involved in other ways.

The mothers came from 12 different institutions; the children also from 12 different institutions but not the same 12 as the mothers. A small number of the mothers and children had been in more than one of the institutions. The 17 others were associated with seven different institutions.

The vast majority of the mothers who met the Confidential Committee entered the institutions between 1960 and 1989; not surprisingly, there was no one from the 1920s or 1930s and very few (five) from the 1940s. There were 13 from the 1950s and 13 from the 1990s. Virtually all were over the age of 45 when they met the Committee with almost 60% being over the age of 60.

The vast majority of the former child residents who gave evidence were in the institutions in the 1940s, 1950s and 1960s. There was one from the 1920s, eight from the 1930s, 14 from the 1970s and four from the 1980s.

How the hearings were conducted

At each hearing, there was one member of the Confidential Committee and one researcher. The researcher took notes of the hearing. Applicants could be accompanied by any adult of their choosing other than a person who was planning to

speak to the Confidential Committee or give evidence to the Commission. It was explained that the reason for this was 'to protect both individuals and the process, from allegations that each has been influenced in what they say by hearing the account given by the other'. Applicants could be accompanied by a legal advisor if they wished but the Commission would not cover the legal costs.

Witnesses were asked for permission to record their evidence on the clear understanding that the recordings would be used only as an aide memoire for the researcher when compiling the report and would then be destroyed. All such recordings were destroyed after the report was added to the Confidential Committee electronic repository of information.

The committee member asked questions in order to elicit further information but did not ever challenge the account given. There was no investigative questioning and no challenge or disbelief expressed. This was the case even when it was absolutely clear that the person's recollection was incorrect, for example, a witness who was in a small institution talked about the large number of babies there or a witness who named a particular person as being involved many years before that person actually worked in the institution. Some brought prepared statements and/or documentation. These were copied and the originals returned.

The length of the meetings varied considerably. Witnesses were given as much time as they wanted. They were offered refreshments and breaks.

Some witnesses contacted the Commission offices after their hearing because they remembered something else that they wanted to say. These calls were taken by the Witness Support Officer or the researchers who had been present at the hearing and the person's record was amended accordingly.

The information gathered by the Confidential Committee

An electronic repository of information was set up to record the information provided by witnesses to the Confidential Committee. This repository contains the application form of the witness and the account of the experiences described by the witness to the committee. The Commission proposes to redact the names and other identifying information before submitting this repository as part of the Commission's archives to the Minister for Children, Equality, Disability, Integration and Youth unless the particular witness wants the name retained. The person's full story is retained in this process.

Information about witnesses who came to the Committee was not accessible by anyone other than the Committee members, the researchers assisting them and the Witness Support Officer. Other staff, including the Commission members, did not have access. A number of witnesses to the Confidential Committee subsequently gave evidence to the full Commission. In these cases, the witnesses were asked for permission to allow the full Commission to see the Confidential Committee records. This permission was given in all cases.

The information gathered in this way was used to compile the Confidential Committee Report. This report is a compilation of what the witnesses told the Confidential Committee. It is expressed largely in the words used by the individual themselves. It does not identify the witnesses or the institutions involved.

Limitations of this report

This report outlines the experiences of those who chose to recount their experiences. They are not a representative sample of the residents of the institutions under investigation. The Commission has no doubt that the witnesses recounted their experiences as honestly as possible. However, the Commission does have concerns about the contamination of some evidence. A number of witnesses gave evidence that was clearly incorrect. This contamination probably occurred because of meetings with other residents and inaccurate media coverage.

Circumstances of Pregnancy and Admission

1940s

To begin with the 1940s: a witness born in a mother and baby home late in that decade, told the Confidential Committee that she discovered it was her birthmother's parents, her grandparents, having discovered that their daughter had been raped on her way home from school, who had put her into the home - and at one month old, she herself had been transferred from this Home into an orphanage.

The father of this next witness died when she was four years old, and her mother placed her and some others of her six siblings into an industrial school. When she left it, her mother had a domestic job arranged for her, which she started. Then at the age of 18, she developed a relationship and became pregnant - not divulging this to the birthfather or to anyone. However, when her employer noticed her condition, the local priest was told and arranged for her to enter a mother and baby home.

Four years later, the witness again became pregnant - with the father of the first child - but on this occasion her mother reported this to the Gardaí, who brought the witness in front of a judge. This judge 'demanded' to know who the father was, saying, the witness told the Committee: 'You'd better answer me now or I'll put you away where nobody will see you again'. The witness said she was transferred from the court to another home and then to yet another: back to where she had stayed during her first pregnancy.

Meanwhile a witness born in 1948 recounted that as a 'boarded out' child in early life, she suffered 'horrific' sexual and physical abuse until the age of 12 and was then sent to an industrial school. When she was 18 years old, she met her birthmother, to learn that never having revealed to the witness's father that she had had a child for him previously, she married him and went on to have nine more children. The reason for her deception, she told her daughter, was her fear that a revelation of the witness's existence 'would break up the family'.

This story was partially replicated when the witness herself married a man from a 'staunch Irish Catholic family' keeping from him for some time that she was 'illegitimate'. When she did tell him the truth it 'changed his view of her': 'He thought less of me and the marriage changed entirely'.

1950s

During the 1950s a 16-year old suffered rape, the perpetrator was a man with whom she went for a drink following an encounter with him. 'He must have put something in my drink, next thing I remember I was standing up and brushing myself off'. At the time she was working for a family and when it emerged that she was pregnant, it was this family who organised her entry to a mother and baby home where, she said, she was 'treated well'. (She had been fostered and believes she may have herself been born in a home.)

It was in the same era that a 22-year-old woman became pregnant with a man who worked nearby. 'He would pass the house every evening and we would have the chats - I was bold, I suppose!' It was her mother who noticed the pregnancy and she was sent to a neighbour's house while her brother arranged for her to go to a mother and baby home and drove her there. She had no say in the arrangements and never told the 'father' that he was one.

Another witness said her birthmother had lived in a 'two-roomed thatched cottage' and when she was eight months' pregnant, the witness's grandparents, who were 'supportive' of their daughter, drove her to the mother and baby home in a pony and trap. 'Unfortunately', the witness told the committee, they did not have the money to help their daughter keep the witness although, she said, her birthfather did pay £100 to the home. He was told it was for 'baby clothes'.

A pony and trap also featured in the story of another witness some years later in this decade. This man came to tell not just his own story but that of his birthmother, who, he told the Committee, was 11 years old when she was raped by a family member in the 1950s and became pregnant with him. She too was brought by horsepower to a mother and baby home to give birth and had remained with him in the home, he said,

until she was 16 years old, to be placed then in another institution while he was 'boarded out', sadly to suffer (along with another 'boarder') many beatings and sexual abuse at the hands of their 'boarded-out father'.

Three generations, three single mothers - it was in the mid-1950s that a witness, born in a mother and baby home, was later told by her mother that she had become pregnant having been raped by a priest. She said to the Committee that her own mother, the witness's grandmother, had also been born to an 'unmarried mother'.

When she was just 15 years old, this next witness told the Committee, she was returning home from a funfair when 'a boy of 17 or 18 years old grabbed me and had sex with me'. She said she had thought this was like 'kiss and chase' and didn't question it at the time as 'that happened regularly to lots of other girls'. In school, however, the nun 'noticed' her, called her mother in and she was taken to see a doctor, having 'no idea' for what reason - and not being privy to the conversation, didn't realise that the doctor's verdict was that she was seven months' pregnant. When this was repeated to her, the witness told the Committee she didn't understand what that meant - and when it was explained, she could not figure out how it had happened.

But soon, the parish priest was called to the house and after his visit, the witness was 'bundled' into the van of a local man who drove her, with her father, straight to the mother and baby home. (She had an aunt who was a nun and now believes that this nun had been involved in the arrangements.) All she knew, she said to the Committee, was that she had been 'plucked' out of her family and had never returned. 'Whenever I would come back to Ireland from the UK, I wasn't allowed to return home. I couldn't be seen'.

That 15-year old was not the only witness to testify that she had been entirely ignorant in sexual matters before falling pregnant. It wasn't until she was reading an article in a magazine that a 17-year old of that era was made aware of the facts of life - and having digested the article, thought she might be pregnant. She explained to the Committee that a local boy had 'forced himself' on her and when she went to him to break the news, his response was that if she was 'up the spout' she could 'go to the UK'.

Instead, she wrote to an aunt in the UK asking for help but her mother found out and it was she who confronted the birthfather who denied everything. A local priest came into the picture, organising accommodation for this girl in a hostel but a short time later

she was ‘just told’ she was going to a mother and baby home. In the meantime, her parents took the birthfather to court to claim for the loss of her earnings and to ‘get him’ for what he did, but they lost the case and had to pay costs. They also paid 30 shillings a week to the home for her keep and continued to pay after she left. She ‘carried that guilt for years’.

An 18-year old who had spent most of her childhood in a convent, became pregnant after a casual encounter with a man she met at a carnival. She too was uneducated in matters of sex and seven months after that encounter it was an aunt who noticed she might be ‘expecting’. As before, this witness did not know what the word meant - but the aunt brought her to a doctor who confirmed the pregnancy, recommending that she be sent to a mother and baby home. It was the aunt, with the brother of the witness, who drove her to the home.

In the last year of that decade, a woman sent to a mother and baby home at the age of 16, became pregnant by an older, married man (who, when he found out, wanted her to go to the UK.) Her mother had noticed she was pregnant, however, her mother died when the witness was eight months pregnant. The day after she died, a priest arranged for an ambulance to take the witness to a mother and baby home. After giving birth, she remained in the mother and baby home for four years and was then sent into another institution for the following nine years. This woman did trace her son - eventually - discovering that he had grown up in an industrial school.

1960s

Ignorance in matters of sex continued into the 1960s, with witnesses stating that girls and women were continuing to become pregnant without realising how or why. It happened to one witness, 15 years old, while she was staying with a relative in the UK. She told the Committee that she did suspect at the time that ‘what I was doing with my boyfriend wasn’t right’.

She split up with this boyfriend and returned home but when she told her mother about her condition, ‘my bag was packed and I was run out of the house’. She went back to the UK but a priest ‘became involved’ and the witness was returned to Ireland. A nun

collected her at a railway station to escort her to a mother and baby home, where, she said, on admission her clothes were removed, her hair was cut, and she was told: 'You're here for your sins'.

Then there was the 17-year old who grew up in industrial schools and 'had never seen a pregnant person. She told the Committee that she had had no idea what sex was, had never had any education about it and didn't realise she was pregnant (from her boyfriend of that time, two years older than she was) until almost the end of her pregnancy. She was working as a live-in 'domestic' at the time and it was this girl's employer who recognised her condition and who put her into a mother and baby home where she was, she said to the Committee, 'very frightened and ashamed'.

Many of these witnesses had been moved in and out of the different parts of the Irish care system throughout their younger lives. One who had been in a mother and baby home in 1960 to have her baby, had herself been born 20 years earlier in a mother and baby home and had been raised in foster care.

Now working, she and an older man had become friends; he would give her lifts home from work - and they had gone to the cinema together on occasion. One evening, however, he drove her down a laneway and raped her. She told no-one, she said to the Committee: 'Nobody would believe me anyway'. She had no idea she was pregnant until she saw a letter her boss's wife had left open, in which she had written of her suspicions that this was the case and it turned out she was five months 'gone'.

When she told the birthfather, he initially said he would 'do the right thing by her' but then vanished. She sought advice from her parish priest. He initially wanted to go with her to meet the birthfather with the intention of 'negotiating for the right thing' but then he himself started acting inappropriately, making a pass at her, telling her 'he wished it was his baby so he could look after her'. He also said to her that the birthfather had told him she 'had been with multiple men'.

She threatened suicide and her foster mother called for the help of another local priest. His intervention, however, was to roundly berate her for even thinking of harming herself or her baby and it was he who made arrangements for her admission to a mother and baby home, to which she was taken by ambulance. After her daughter's birth, she initially tried to keep her, and did for some time but then had to return to the

mother and baby home sometime after the birth as she couldn't cope without support. Her daughter was eventually adopted to the USA.

Another witness, born in the UK, became pregnant with an Irish boyfriend who was working there. He abandoned her on hearing the news, leaving her a letter saying he was moving back home to Ireland. She followed him and on disembarking the ferry, with no money and nowhere to go, a young man saw her dilemma and his 'kind' family took her in. She eventually secured a job and a flat along with another girl - and was put in touch with a professional woman. This woman offered her a live-in job in her house and also said she would help her when her baby was born. There were priests involved now, one brought her to stay in a mother and baby home where she gave birth to her son.

True to her promise, the women who had offered the witness a job came to visit her after the birth and confirmed her offer of a home and a job but the witness told her that the nuns in the mother and baby home would not allow this, insisting that her only option was to send her son for adoption either in Ireland or the USA. She opted for the USA because she felt her son would have a better life there.

One witness came for interview to give voice to her birthmother, now deceased, who had been born in a mother and baby home and raised in foster care. At the age of 19, this birthmother had been training to be a nurse - and in a relationship - when she became pregnant. She and her boyfriend intended to marry, but one night when she was due to meet him, a social worker turned up instead, and brought her directly to a Magdalen laundry.

Her mother, said this witness, went with this social worker because she assumed that because she had been raised in foster care, there was an entitlement by this state official, as she saw it, to move her involuntarily. The next day she was transferred from the laundry to a mother and baby home, where she had her baby and from there, he too, was taken to the USA. He was 20 months old.

This next disclosure was equally difficult to hear. A witness who went into a Home in 1964 at the age of 23, told the Committee that she had been abused by her father for many years after her mother had died. She then met a boy, and thought if she could have a baby with someone, she 'would have her own life'. However, when her father discovered she was

pregnant, he gave her 'the hiding of her life', wrapped cardboard around her stomach and forbade her to be 'seen outside'. A local priest made arrangements with this father for his daughter to go into the mother and baby home.

These accounts were also given:

- The first witness had been working in a summer job and took a lift in a car with a group of local boys. Two of them raped her.

- A girl spent her first six years in a children's home before she was fostered. She suffered rape at the hands of her foster father in the early 1960s and at the age of 16, was eight months' pregnant when a priest arrived at her school and brought her to a mother and baby home. She had had no idea she was pregnant.

- Next is a witness who had been sexually abused by her father. She had been placed in an institution at the age of two - and was also placed in psychiatric care for a short time. As an adult, she came to the Committee to describe how at the age of 16, she went to a dance, became drunk, and having accepted the offer of a lift home, passed out in the car. She woke to find herself in a barn, being raped by the driver; his friend was with him but she managed to run away before he too could attack.

- A 16-year old was raped by a local man who had dragged her into a field. She did not tell anyone about it at the time but her pregnancy was noticed by the woman for whom she was doing domestic work, and the witness did then tell her grandfather what had happened. Her family, however, felt they would be ostracised in their neighbourhood if they reported the rape because the perpetrator was a successful farmer.

  For the remainder of her pregnancy, this 16-year old spent most of her time hidden in a bedroom in her home. She was taken away by ambulance when her waters broke - being returned to the mother and baby home in which she had been born 16 years previously - and later, when friends and neighbours missed her in the area and asked where she was, they were told by her family she had been sent away to work.

- When another witness, 19 years old, became pregnant within a relationship, she told her mother and stepfather - the latter having an ‘important’ job. His reaction was that she ‘needed to get rid of the baby as it might ruin his career’. The reaction of the boyfriend, father of the baby, was one of distress - not for his girlfriend but for his own mother as she was a widow and this ‘would break her heart’.

  When the witness gave birth to her son, he was taken for adoption and her mother collected her from the mother and baby home, took her to the airport to go to an aunt and uncle in the UK, and warned her, ‘not to come back’.

- Meanwhile, a witness who had been born in a mother and baby home during this decade, came to offer the Committee the story of her birthmother who had been raped by a local boy. Although her mother had been 18 years old when this happened, she had been, according to what she told the witness, yet another who had been ‘very innocent’ about the facts of life, ‘we were green, I suppose’, she had said.

  On discovering she was pregnant, she had disclosed it to her grandfather - who had consulted a priest - whose first call had been to strongly urge the grandfather to ‘get her to marry’ the perpetrator. This grandfather said ‘no’ and held to that decision. Sadly, he died shortly afterwards and the grandmother couldn’t cope. The priest came on a Sunday. ‘I had no bag’, her birthmother had said to the witness, ‘just a brown paper parcel tied with twine and that was the way I was brought to the mother and baby home’.

- A witness (24 years old but like so many others of that era, not having much knowledge of sex) went to see her GP to find out what was going on in her body. He phoned the parish priest from his surgery and she was taken straight to the mother and baby home as she would be a ‘dreadful example to her siblings’.

- Another witness told the Committee she had ‘no knowledge of sex or what it might be’. She became pregnant at 19 with a man from her town who was seven years older than she was. The local doctor who had made this discovery, informed the witness’s mother, saying: ‘You’ll have to shift her out of here’, so the parish priest was telephoned and it was he who summoned an ambulance to bring her to the mother and baby home.

Then there was a witness who, at the age of 16, had been in a relationship with the birthfather for a year discovered that she was pregnant only when she was seven months into it. She told her boyfriend, who told his mother, who was friendly with the local priest.

Both sets of parents, with the witness, went together to meet the priest in his house. She told the Committee that he examined her internally, taking 45 minutes about it, saying that he 'needed to establish whether (she) had been sexually active for a while' - because if she had, he said, she 'would not be accepted into a mother and baby home'.

According to this witness, her mother called her 'a prostitute and a whore'. Three of her uncles were priests and her parents were worried about how her pregnancy would affect them. Both sets of parents were also very concerned, she said, about how 'an unmarried pregnancy' would affect the careers of the witness's brothers: 'Everyone was being thought of but me'.

As an indication of how desperate some women became in seeking solutions to the problems they faced when finding themselves pregnant in Ireland 'out of wedlock' - and how sexually naïve so many were even into their 20s - one 20-year old witness who found out she was expecting twins because she had 'fallen by the wayside with a casual encounter' told the Committee that she wrote to the Problem Page of a well-known magazine seeking advice and help from the 'Agony Aunt'.

Another witness told the Committee that at the age of 22 she became pregnant, having just finished nursing training and having been in a relationship with a married, older man since she was 15 years old. She decided she wanted to keep the child and went to see a doctor, who referred her to a priest, who put her in touch with a second priest who belonged to an adoption society. 'This', she said to the Committee, 'was where the entrapment started'.

With its involvement, it was arranged to send the witness to a home, with an assurance that it was a private nursing home for 'a better class of girl'; but on arrival and seeing not a private nursing home but a large mother and baby home, she said to herself: 'Abandon all hope when you enter here!' She described it as 'a madhouse'. She outlined the extreme lengths to which she then went to ensure her son would not be adopted, including placing him in a children's home 'until she could get back on her feet'. She later discovered, however, that despite her best efforts, he had been 'taken' without her knowledge or consent and she is still engaged, she told the Committee, 'in a lifelong battle' to discover how this came about and who was responsible.

As seen already, the Committee heard many accounts of women and girls who became pregnant because of deep, sex-related ignorance. One witness was 21 years old when she became pregnant with a doctor of foreign origin. He, however, was not allowed to stay in Ireland and had to go back to his own country. So while the witness's father threatened to 'send the IRA after him' it was her mother who arranged for her reception into a mother and baby home.

Another witness said that she was just 15 years old when she became pregnant for the first time - and again for a second time following numerous rapes she suffered from a family member who, she confessed to the Committee, had been 'badly' abusing her from when she was just 13 years old. When she told her family and the local priest of her first pregnancy, she was accused of 'trying to break up a family' and that it was 'her own fault'. Her father, she said, would 'try to sell me to any auld lad in the pub'. When in the mother and baby home she told the nuns about the abuse, 'they wouldn't listen to me'. Following the birth of her first child, she went to stay with an uncle who did inform the Gardaí about the abuse, but again, she said, 'nothing happened'. When she returned to her own home, she was 'badly beaten' and the abuse resumed.

Her second pregnancy - again from being raped by the same relative - resulted in another round of being 'badly beaten' by her father 'who wanted to kill the baby'. This didn't happen and she was sent to another mother and baby home from where she was sent to a hospital for the birth. (She was so ill and weak from the most recent beating, she said she was kept in this hospital for three weeks after giving birth, before being discharged back to the mother and baby home.)

This witness professed herself as 'happy' in both mother and baby homes because she felt 'safe' and she was reluctant to leave. Having been released, she did try 'many

times' to kill herself. Eventually, this witness emigrated to the United States where she lived for 20 years; back home, her first child was raised by her parents, the second child (she was told by the nuns in the second home) died.

The Committee heard a similar story from another witness, raped twice and becoming pregnant after both; the first was perpetrated by a neighbour, the second by a man with whom she went to a dance. When her father learned of the first pregnancy, 'he took out the leather'. On hearing of the second pregnancy, the family 'kicked me out and I was told never to come back'. Her admission to the mother and baby home was organised by the local priest, along with the doctor and her mother and like some others in similar circumstances, she described it as 'a refuge' and said she could not fault it at the time. This women's children were adopted and she herself moved to the UK.

1970s

A woman, concerned with her birthmother's history and plight, said that at the time of her conception in the early 1970s, her birthmother was resident in a psychiatric institution. She said she had spent 22 years consulting with solicitors, detectives and journalists, trying to find out how this could have happened.

However, in the midst of all the grief, suffering and loss reported to the Confidential Committee there were reports from some witnesses who said that they did find succour in the mother and baby homes and did go on to have decent, happy lives.
One such witness, 21 years old on finding herself pregnant by her boyfriend in the 1970s, phoned an adoption organisation for help and was given the names of two mother and baby homes. The nun who answered the phone in the first one she telephoned told her to 'come straight away'.

This witness, like a few others, came to the Committee because she wanted to offer a positive story, using the word 'refuge' (a designation along with 'sanctuary' and 'haven'

all employed by witnesses to describe homes which they considered provided solace.) It became clear that for many of them, this mother and baby home offered escape from terrible conditions at home. The father of this witness's child had been her boyfriend since she was 15 years of age. They went on to have another child, the witness said to the Committee; they later married, and are still happily so.

A witness, whose parents had both died when she was very young, was living with her aunt and uncle - she became pregnant following abuse by her uncle. One of her colleagues in the bar where she worked noticed her condition and brought her to a doctor - who contacted the sister of the witness and when she returned home that evening, she found her bags packed for her entry to the mother and baby home. She has never spoken to her sister since she found out that it had been her sister who had not only organised the mother and baby home but, she claimed that it was she who had also signed the papers authorising the adoption of her child.

Another witness told the Committee that her difficulties arose when she was 19 years of age and had become 'enthralled' by an older man. She became pregnant with him after their 'first and only' sexual encounter. This time, the family GP was 'nice' to her, referring her to an adoption agency. For six months, she remained 'terrified' of disclosing her pregnancy to her parents for fear of stressing them and in the meantime, the birthfather had disappeared from her life but not before revealing to her that he had impregnated other women before her. The plans she was making with an adoption agency to go to a mother and baby home were progressing when her worst fears were realised: the GP telephoned her mother to tell her what was afoot.

A witness met a man at a dance and was with him for a year when she became pregnant. She had been abused by her father and brother on a regular basis and was, she said, 'looking for an adult figure, and someone to love' her. She had planned to go to the UK with her boyfriend but on the day they were to travel, he told her there was 'only one ticket for the boat'. This witness said she was in denial about being pregnant but one day, on coming home from visiting her mother who was sick in hospital, found an ambulance waiting to collect her to go to a mother and baby home. She refused to get into it. At work, a colleague offered to help her but, 'rigid with terror' she would not accept and she now thinks that it was her mother who made the arrangements. Eventually, she was taken to a mother and baby home - and to add to her fears, had to field a visit from the Gardaí there; they told her they were 'making enquiries' about the birthfather. 'However,' she said, 'nothing came of that'.

It was in the early 1970s that a witness who had been a patient in a psychiatric hospital 'for about five or six weeks' discovered when she came out, that she was pregnant. 'I don't remember much about the hospital,' she said, 'but I have discovered I was found in a male patient's bed. I had been given electro-shock treatment and the drug, largactil', and having been found in that other patient's bed, she told the Committee, hospital staff put her 'in a 'straitjacket in a padded room'. This witness gave birth in a mother and baby home but her baby died 11 days later - and much later, she applied for and got her medical records from the psychiatric hospital in which she saw that the psychiatrist who had treated her had described her as a 'sexual deviant'. 'I was a 16-year old girl. Who calls a 16-year old girl a sexual deviant?'

Many witnesses did say that when they sought (or accepted) help, they could find it, whether in the mother and baby homes or elsewhere. One, for instance, told the Committee that 'some religious organisation' (the Quakers, she thought) had been instrumental in helping her to keep her child.

<u>Some extracts from witness accounts</u>**:**

- 'I was treated like a second-class citizen by my family; society had an obsession with hiding everything.'

- 'Nobody will want you now!*'* Said by the mother of a witness, 14-years old when her sister 'informed' on her, having noticed she was pregnant. The witness was then kept out of sight upstairs.

- Another witness was also 'hidden away at home' until arrangements were made to transfer her to a mother and baby home; a social worker driving her there, early in the morning, took the back roads so as not to be recognised'.

- A 28-year old woman, separated from her husband and living with her four-year old child in her parents' home, dated a man for one night and became pregnant. Her parents were 'very ashamed' when they found out - and called a priest. The priest, she told the Committee, 'then forced her to swear an affidavit' that the child was not her husband's. She was kept at home, hidden away and forbidden to speak, even to her child; she was not allowed to reply if the child spoke to her. Concerned about their reputation

for respectability, her parents were afraid that neighbours might hear her voice and she was kept in hiding until she was eight months' pregnant, then transferred to a home.

- *'*Get her put away!' From the father of a 19-year old, who had divulged her pregnancy to her mother.

- The birthfather of another witness's child was, she told the Committee, from 'the wrong side of town*'* and as soon as he found out [that she was pregnant] he ran. This witness's mother encouraged her to telephone his parents to tell them that she had lost the baby, while her aunts, who were nuns, became involved in her being sent to a mother and baby home. While in the home, 'unbeknownst' to her, she said, arrangements were made for her to be sent from the mother and baby home to the USA where she 'came under the wing' of a doctor until the birth and subsequent adoption of her child there.

- This from a further witness, another who was pregnant from rape: 'I was at a party when a man came in and put his hand over my mouth and raped me. I closed down completely', she told the Committee. 'I knew I would never marry. I could never give myself to anyone'.

- This from a witness born in a mother and baby home who was quoting her birthmother: 'the birthfather tried to abort the baby (the witness) with pills, vodka and a coat-hanger'.

- 'It was like giving away a packet of crisps -' from a witness who had, at 15 years old, become pregnant while she was involved with a man in his 50s. Having given birth to her son in a mother and baby home, she gave him up for adoption. This girl, homeless and living on the streets a year later, was raped - and finding herself pregnant again, went back to the same mother and baby home. She told the Committee that this time, she had 'more understanding' and left the home after six months, and forgoing adoption, took her baby with her.

- A 17-year old, who had grown up in state care, was raped and fell pregnant in the early 1970s while working in the UK. She told her sister with whom

she was living. This sister contacted an adoption agency and a trio, two men and a woman, arrived at their flat to take her - with another woman - back to Ireland. On the ferry, they assigned a number and a new name to her and when the ferry docked, the man waiting for them there drove both women to a mother and baby home.

In the mid 1970s, a 19-year old, who had been in a relationship for two years with the only son of a farmer, told the Committee that they wanted to get married but when it was discovered she was pregnant, 'the local priest, she said, 'wouldn't allow it', and she was placed in a mother and baby home. This woman became pregnant twice more to the same man and herself made arrangements to go back to the mother and baby home as her boyfriend 'would never acknowledge the circumstances'. All three of their children having been adopted, she remained in the relationship with this man for nine years, but then married another man, had five children with him and together they raised all five in their family home.

In 1974 a 20-year old woman, having been gang-raped in a park, was found by a man who brought her to the Gardaí. She was placed in a cell overnight and freed the following morning, having not been questioned. Living back on the streets, she was in extreme pain and thought she was going to die. A woman, finding her 'praying for her sins' in a church (because she believed the rape had been her fault) recognising her distress and degree of pain, brought her to a hospital where it was confirmed she was pregnant and her transfer to a mother and baby home was arranged. The birth was very traumatic but not just for her, she told the Committee, because the baby was born with the cord around its neck and did not survive.

A year later, 1975, a 20-year woman became pregnant, also as a result of rape, this time by a fellow-resident in the digs where they both lived. She did have a boyfriend at the time but had been afraid to reveal to him how her pregnancy had happened - she hadn't reported it to authorities because she had felt 'so ashamed'. Knowing he had never had sex with her and that the baby couldn't be his, her boyfriend ended the relationship. When her parents discovered her pregnancy, they were so upset by the whole situation, they refused to talk to her. A priest came to the house and then brought her to a mother and baby home.

Serious and serial abuse was described by this next witness. It was the late 1970s when at 17 years old, she became pregnant while in an 'abusive relationship' with a local boy - having been sexually abused by her father. She had been put into care - where she was also abused. Her mother had 'kicked her out' on discovering that she was pregnant, and she had been sleeping rough when the Gardaí picked her up and recognising her situation, told her she needed to go to a mother and baby home. She hated the home and remains 'extremely angry 'about her time there and her treatment by the nuns'.

A girl, whose alcoholic mother died by suicide when she was only 11 years old, was raised by grandparents who were horrified to find that when she was 14 years old (knowing 'nothing' she told the Committee, 'about sex or relationships') she was seven months pregnant with a local boy. 'When this was realised,' she said, they were 'furious' with her and 'deeply ashamed' and it was a social worker who drove her to a mother and baby home, 'not speaking a word to her during the entire journey'.

Real terror was felt by young women when they discovered they were pregnant 'out of wedlock'. For instance this 17-year old who had 'no knowledge of sex,' feared that her boyfriend 'would lose interest in her if she didn't give him what he wanted', had sex with him and finding she was pregnant, told the Committee that her first thought was: 'I'll have to get rid of it'. To that end, in the hope that she would miscarry, she took hot baths and when that didn't work, threw herself down the stairs of a department store, which didn't work either. She confided in her mother, and was told she could no longer stay in the family home and she was sent to a mother and baby home.

There were consequences for a 19-year old, walked home from a staff Christmas party by a colleague 'to make sure (she) got home safely,' but who subsequently raped her after another party held in her home. He had been the 'last to leave' her party and the rape took place in the context of his claim that she 'owed him for keeping her safe after the previous party'. Fearing she would be blamed and be 'looked down' on as 'a tramp' - she didn't report the rape. The worst happened and suspecting she might be pregnant, she went to a doctor, who confirmed she was. She did tell him how it had happened. His response: 'What was wrong with you, you're a big girl. Could you not have fought him off?' Her parents were distraught, her sister was angry: 'Shame on you, look at what you've done to Daddy!' and her

father's edict was that she could never bring 'it' home and that 'no-one was ever to know about 'it'. She told the Committee she was 'locked away' if visitors came to the house and was not allowed to go outside. She was so upset about all of this, she said, she cut off 'all her hair'. The witness's brother drove her to the mother and baby home, after the intervention of a priest.

> ***Brought to hospital after an accident, an 18-year old was discovered to be pregnant. She had been in a relationship with a man, who had left for work abroad. Her mother was informed of this unexpected development and contacted a priest, who from then on, visited the witness regularly in hospital, telling her she had to have the baby adopted to 'avoid causing embarrassment' to her family.***
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> ***She told the Committee she believes it was this priest who arranged, with her mother, for her to be taken by ambulance directly from this hospital where she was being treated for her injuries, to a mother and baby home and when she arrived, she was physically examined by two members of staff 'to check for diseases: girls like you could have anything'.***

In the mid-1970s, a 23 year old woman when she conceived with her boyfriend said 'but he didn't want me then'. Her older sister decided it would be best for her 'and for the family' if she 'went away'. Her sister set about organising her admission to the chosen mother and baby home, and she and her husband drove the witness to the Home, instructing her firmly that she '*would* come back home *without* her baby'. The couple left her at the door of the mother and baby home and drove away. She was then met by two nuns. 'I began to cry. Sister […] punched me in the back and said: 'You are here now and you will be here until you get rid of that child. You will be here again next year, you are only a prostitute anyway'.

In the 1970s a girl who was only 15 years old became pregnant with a man '10 or 15 years older' following a 'casual' encounter. She came from a very poor family where there were 14 children. She was living-in and working as a domestic in a convent at the time, and had 'no knowledge of sex or of where babies came from'.

The nuns, noticing her pregnancy, brought her to a doctor, and then took her home to her family on the understanding that she would be looked after there. However, her family organised that she should go immediately to a mother and baby home (where she was the youngest on the premises). When she arrived she had no clothes with her and the staff in the home did not give her any. The witness wrote to one of the nuns in the convent where she had been employed, asking for 'clothes and nightdresses'. She said, these kind nuns brought her 'lovely nightdresses'.

In the same decade, a woman, raped by an older man (she had thought he 'loved' her) 'blanked out' she said, what he had done to her. At four and a half months pregnant - not knowing this - she fainted. Her grandmother called the GP who confirmed a pregnancy. She said that her grandmother gave her a 'severe beating' and a few days later the witness found 'a packed brown suitcase' in the hallway and was taken to a mother and baby home, where, on arrival she was brought into an office and was told by nuns that she was there 'for her sins' and that she 'had to repent'. The birthfather said he would take her out of the home but did not.

In 1976, a woman who had become pregnant by a friend of her family, a wealthy farmer, 10 years her senior said her mother had been encouraging the liaison as it would bring 'status' to their family. Her mother had been 'ignoring' her complaints that 'this man was abusive and a drinker'. On discovering her daughter was pregnant, her mother brought her to an abortion clinic in the UK, although the witness was under the impression that she was merely seeing a doctor. When she realised the true purpose of the visit, she walked out, realising 'it was wrong'. For this insubordination, her mother 'beat her senseless' telling her: 'I will get it out of you one way or another'. Two days later, back home and by arrangement with a priest, the witness was driven by her mother and brother to a mother and baby home and she said that her father had never said 'Goodbye'.

A witness who went into a mother and baby home in the final years of the 1970s at the age of 17 years old, demonstrated how a few kind words can fuel resilience. She said that she had become pregnant by an older man for whom she babysat - and like so many others, did not understand what had happened to her. She spoke with the principal of her school (a nun) who was 'very supportive', encouraging her to complete her Leaving Cert before doing anything else, advising that she should remain at home.

This, it turned out, was not to be an option because after the witness told her parents she was pregnant, her mother wanted her 'out of the house'. The witness steeled herself to telephone one of the crisis pregnancy agencies, seeking advice and help. Even making this phone call took courage because, she told the Committee, she 'had to make sure' that no one in her remote town would find out. Help appropriate to her needs came her way, with an adoption society arranging for her to stay with a family far from home - a priest brought her there - and it was agreed that she should go into a mother and baby home to give birth.

At 22 years old, another witness who became pregnant with her boyfriend of six years went into the same mother and baby home. When she had told her parents of her pregnancy, they demanded she 'get rid of it' (while a priest 'roared and shouted' at her when they brought him to the house.) She took matters into her own hands and arranged to go into a mother and baby home, finding, she said, that 'they were very good' to her. The parents of this witness 'softened' once the baby was born - and eventually adopted the child as their own.

However, at the end of the decade, this next witness, who became pregnant in 1979 at the age of 22 years, following a one-night stand, encapsulated the position of women and girls within their families - even extended families - with the phrase: 'In those days you did what you were told'. When her father found out about the pregnancy, he stopped talking to her, despite their previous closeness, while both parents then informed the birthfather's parents who sent him abroad.

The catalyst for the witness came with a visit to their home by a friend of her sister who had also become pregnant 'out of wedlock'; the witness was not privy to the discussion but shortly afterwards, 'my suitcase was packed and put waiting for me in the hallway, and I was told I was going for a trip up the country', where the mother and baby home was, of course.

When she had her baby, and wanted to keep her, they sent the witness for psychiatric assessment as they could not comprehend why she would want to do that and when she refused to relent, they 'threw her out'. This story's end is even sadder because after three months of trying to organise some credible way to keep her daughter, she could not cope and 'reluctantly' went ahead with adoption, telling the Committee. 'You cannot live on love alone'.

1980s

A witness told the Confidential Committee that having had no sex education, she began 'secretly' dating a local boy when she was 16 years old. The relationship broke up but her mother, having noticed 'changes' in her, brought her to a doctor who confirmed she was six months pregnant. Mother and aunts, she said, 'took over' while she herself was 'oblivious' to what was going on in the background: 'I was in a bubble really, still going to school and acting normal. For survival purposes, I blocked out a lot'. She was staying with a friend while 'arrangements' were being made.

For the mother of this witness, history was repeating itself for she too had become pregnant when she was 16 years old. She was particularly anxious that the father of the witness learned nothing about their daughter's situation - he was an alcoholic and she feared his reaction, so he was told that his daughter wanted to become a nun and that the school was liaising with a convent in London for a three to four month exchange so she could figure out if she had a true vocation. The witness was 'dispatched' to the mother and baby home, and having had no discussion in advance about what would happen when she entered it, she went off thinking: 'It would all be sorted. The naivety!'

It was in the early 1980s that a 20-year old woman became pregnant with a man who sang with her in the church choir - it had been the first time she had sex and he had told her that it was his first time too and assured her that his family doctor had said a man 'couldn't impregnate a girl when it was his first time'. The woman's father had a high-profile job and he was concerned people would find out about his 'daughter's failings' and he blamed her when he didn't get a promotion. It was her mother who brought her to the mother and baby home.

This next witness had also become pregnant in the early part of this decade following rape by 'a group of men'. Although she was 25 year of age when this happened to her she had been she said, 'very sheltered' and was now 'very confused'. When she reported the rape to the Gardaí, the reaction was to give advice. 'We know the people involved', they said to her, telling her to 'stay away from them'. Although she told her father about the rape, 'he didn't believe me. Nobody believed me'. Her father dropped dead about six weeks later.

The witness told the Committee that her admission to a mother and baby home was organised by a neighbour, while her stepmother paid for it. This stepmother 'often asked me why I didn't have an abortion' and on one occasion when the witness phoned to ask her to come for a visit, 'she said she was too busy'.

This witness had been sexually abused by her music teacher for about two years when she was just 10 and 11 years old but had remained a virgin, still the case when, at 16 years of age in the early 1980s, she was raped by a 23-year old man after she got drunk at a party. Along with a baby, he gave her a 'very, very nasty STD'. She told the Committee that in addition to the rape being known in the mother and baby home, two hospitals knew about it too - and had to know that she'd been underage at the time, yet none of the three institutions reported the rape and no-one acknowledged to her that rape was a crime; as a result she felt it was not.

When a 29-year old witness was admitted to the mother and baby home in the mid-1980s, she described it as 'gorgeous'. Decades later she finally admitted to her 83-year old mother that she had given birth to a baby all those years ago, the mother's first question was: 'Who knows?'

A witness, who had been with her boyfriend since the age of 12 years, became pregnant when she was 15 years old. She kept this a secret, 'in denial and hoping it would work itself out' but her mother, noticing that she was sleeping a lot and had developed strange eating habits, took her to a GP who confirmed she was seven months pregnant, admonishing her with: 'Have you been a bold girl?'

On hearing the news, her father's reaction was: 'The little bitch kept it to herself for so long so we couldn't do anything about it'. The reaction of her school principal was that she could not return there because it would bring shame on the school, advising that the girl be sent to a different part of the country. The solution found was that a social worker would drive her to a mother and baby home.

During the 1980s, when a 15-year old schoolgirl discovered she was pregnant she was so terrified her parents would find out - 'they would have killed me and the baby, dead and buried!' - she contacted an agency and a social worker arranged for her to go to a mother and baby home 'for fear of

being seen'. She hadn't told her parents where she was going, they believed she had gone to England - and had filed a Missing Person's report with the Gardaí.

A witness opened her heart to the Committee, revealing how she felt at finding herself pregnant as a 19-year old 'and very immature at that' in the early 1980s: 'I didn't want a baby. Babies were for adults. I knew I was pregnant but my mind couldn't comprehend it. It was like an alien taking over my body'. Her family wanted the whole thing 'brushed under the carpet', she said, 'while her boyfriend's mother offered to convert their living room into a nursery. Despite the latter, her boyfriend, she said, wanted her to have an abortion as in: 'You can always have another baby but you can't have another me'.

When she continued to demur, he broke up with her, and via an agency, 'arrangements' were made, with a woman from that agency driving her to the mother and baby home. She has 'no recollection' of arriving there.

A student, pregnant from a rape at 20 years of age in the mid-1980s, did not report it ('where did you go with things like that in those days?') possibly because she did not realise she was pregnant until some months later when she went to her GP and got 'the biggest shock of my life'. Her university tutor and her manager, she said, were both 'completely supportive (and 'took over the whirlwind') organising her admission to a mother and baby home, but as an outpatient. 'It was like going over the edge'.

'She's gone on work experience down the country' was the excuse given by the family of a witness sent to a mother and baby home in 1980 having become pregnant with her boyfriend when she was just 14 years old. When she heard about the pregnancy, her mother was furious, she beat her daughter, brought her to a hospital to confirm the pregnancy and then drove her straight to the mother and baby home where she gave birth and had her child adopted. This witness got pregnant again two years after having her first baby adopted and on receiving this information the birthfather 'just disappeared'. This time she did not tell her family but contacted an organisation who supported people in situations like hers and it organised a private 'home stay' with a family. Her mother heard anyway and arrived to the home where she was staying to take her back to the mother and baby home. Despite this witness's full intention to keep this baby, after the birth she was left with no option or support but to let her too go for adoption.

A 16-year old, pregnant in the early 1980s with her boyfriend, told a priest, who told her mother. Her mother, father and a friend brought her straight to a mother and baby home. As a witness giving evidence to the Confidential Committee, she said: 'I was in shock. I had never been away from home', and then: 'The big door closed behind me'.

Sex education for an 18-year old in the early 1980s had been: 'I hope you don't let boys touch you'. The witness didn't realise she might be pregnant from her boyfriend until she burst her jeans while laughing. On learning of her condition, her mother forced her go to confession and she told the Committee that: 'all the priest wanted to know was, did I enjoy the sexual movement of him moving in and out of me'.

Despite all their travails and frequent reports of 'difficult' treatment in these mother and baby homes, many residents told the Committee that deep down they were relieved to get away from 'worse' situations at home':
'I had somewhere to go':

'I was grateful for some peace. When you're pregnant there's nothing on your mind but keeping yourself safe - (from a witness who appreciated getting away from a partner who was 'a heavy drinker and very violent'.)

'The mother and baby home was my saviour at a very hard time in my life: it gave me a chance to get used to being a mother. There were, and are, good people out there'.

A witness who went to a mother and baby home on her own initiative as an 18 year old, 'to save her parents' shame: I knew it was a home for girls in my situation and my own suggestion was that I would go away to hide the shame. The problem had gone away from my parents'.

From a woman who was 27 years old when she was in a relationship with a foreign national when she became pregnant. She told the Committee that she came from a house with many children and an alcoholic father, whose family received help from the St Vincent de Paul. She and her sister had been taken into care for a while - and when she returned home, she said she (deliberately) started sleeping with foreign nationals 'because their little bedsits were like hotels compared to my house. I wanted to get pregnant'. Inevitably, she did conceive, went to a social worker to get help and was

brought to meet ‘a woman who helped unmarried mothers’, who in turn brought her to a mother and baby home. ‘It was a roof over my head which I needed. I felt ashamed. I think they took £5 from me when I arrived.

It was to an adoption agency that a 19-year old turned. Pregnant with her boyfriend, she found he had arranged for her to go to England for an abortion but she refused to go. With the help of the organisation, she went into a mother and baby home but like another witness above, has ‘blanked out’ her memories of her stay there because ‘the experience was so painful’. What she does recall, memorably, is ‘a feeling of enveloping darkness’. The adoption agency then organised it so she could leave the mother and baby home and she transferred into a different area to live with a family for the rest of her pregnancy.

In 1983, a 20-year old gave birth to a baby boy in a mother and baby home following a gang-rape. Some two years later she was again raped by one of the original gang and again became pregnant but was fearful to go to the Gardaí because this man had also stabbed her. Following advice from ‘a local lady’ to ‘talk to the nuns’ she sought refuge in a mother and baby home but told the Committee that these nuns neither enquired into her history nor why she was seeking help - but did inform her that she had to agree to adoption before they would accept her. She was admitted, but following the birth of her second son the witness became determined to keep him and despite early difficulties involving foster care placements, she persevered and eventually took her children to live with her in the UK.

A witness described to the Committee her ‘very difficult’ upbringing and said that in 1984, when she was 21 years old, she became pregnant. One of the major problems was that she had been with two men before discovering her situation and therefore wasn’t sure which was the father. Instead of telling her parents, she went to an organisation that placed her with a host family first, and then organised it so she went to a mother and baby home. At 26 years of age, she again became pregnant when she was ‘very messed up’ and in poor health: she had lost her job and her flat at the time. She then went on to have a third child with the father of the second and all told, had resided in a number of mother and baby homes.

In 1985, a girl raised in state care, and now working as a cook in a boarding school, became pregnant after a ‘casual encounter’ with a local man two years older. When she told

him, he ordered her 'to get rid of the baby'. When she wouldn't agree, she told the Committee, 'he pushed me down the stairs in the hope I'd miscarry'. She didn't. She was sacked from her job, and arrangements were made for her to go to a mother and baby home.

This next witness gave the Committee a precis of how she became pregnant. Having 'gone with' a boy since she was 14 years old, she suspected she might be pregnant, but her GP (who did no tests) said she was 'fine…'. 'Reality hit' she said, when she started to get sick. Her mother and aunts took over (as has been seen in similar cases above) and brought her to a maternity hospital where it was confirmed she was five months' pregnant. The mother spoke with the school principal, who would not, despite pleas, let her remain to do her exams. This principal then addressed the pupils (with the witness present) about 'girls letting themselves go;' how they should be 'respecting their bodies;' and 'remaining pure'. Her mother then told her she was 'going down the country' with one of the aunts, who took her to a mother and baby home, 'it was just like going on a day out'.

Another witness who became pregnant in 1989 when she was 17, told how her mother used her 'contacts' around the country to 'sort' the situation and organise in advance for the baby to be adopted. She took the witness out of college (while still acting with her other children and the witness's father as though the witness was still a student) and organised her entry into a mother and baby home. Her mother continued the pretence with her father and siblings that she was still away studying.

Having had her child by C-section, the witness told the Committee, she was 'stiff and very sore' when she came home, this being explained to everyone by saying she had fallen off a horse. In her view, she said, her maternal instinct had been destroyed on the day she had to give up her son. She decided to be sterilised - and could not pick up a baby for 20 years thereafter. She married, and after her husband told her he wanted children they split up when it became clear there wouldn't be any.

She met her second husband and had explained to him at the outset that she couldn't have children. The witness later traced her son and at the time they met she had still not revealed his existence to her husband; when she did tell her husband, he was 'incredulous' on hearing about her son, asking how could she have done 'such a

selfish thing as give up a child?' She corrected him by saying that giving up her child was 'the most unselfish thing' she had ever done.

However, she did say to the Committee she very much regrets giving her son up and still resents her mother because of it - if she had kept her son, she thinks, she probably would have gone on to have more children. She also made the comment to the Committee that it was 'some kind of Karma' for her mother that neither she nor any of her siblings have children now, meaning that her mother has no grandchildren.

The parents of a 15-year old died when she was 14 years of age, and despite her relations doing their best to 'keep an eye' on her and her siblings, she became 'quite wayward'. She was impregnated by a man six years her senior, who then moved to the UK. A social worker came to the house and informed the witness she was going to a mother and baby home, admonishing her not to act 'like butter wouldn't melt in your mouth. The nuns will know what you're like'. An uncle drove her there and since she had never been anywhere but home, said 'it was like going to Spain'. Despite her young age and pressure to have her baby adopted, she persisted in her efforts not to go in that direction and managed to keep her child.

A social worker was involved in this next story too when a woman told the Committee she became pregnant at the age of 19 years with a boy 'who wanted no involvement'. Her parents, she said, 'went berserk' because they were concerned about what people would think' and about her father's social standing with his job in the community. The father brought in the local parish priest to talk to her; he 'ranted and raved' at her, told her that she was a sinner and no longer welcome in the church - and she believes it was he who made the arrangements for her to go to a mother and baby home, while it was a social worker who drove her there.

In 1985, when she was 18 years old, a witness became pregnant to an 'older guy' in the UK who was a member of the Church of England. Although she was sent to a home (her parents driving her there) they were 'largely supportive'. Her mother's initial response was to 'nearly to fall off her stool', while her father's was: 'Nobody died'. But within half an hour of her arrival, a nun who discovered this was to be a mixed-religion child, 'was on her knees to say a decade of the Rosary'.

This next witness, whose mother had been born in a mother and baby home in England while she herself had been raised in an industrial school, was 16 years old when she became pregnant by her boyfriend. He had a history of violence towards her and she finally left him because he had attacked her while taking drugs with some of his friends in the bedsit arranged for her by her social worker.

She contacted the social worker, emphasising to him that she wanted to keep her baby and his response was 'That's no problem. That's no problem at all'. He also told her, she said, of a place 'where she could live independently. They'll help you get an apartment and they'll help you with the likes of a carrycot and baby stuff. 'You'll be all right!' He made the arrangements, she travelled by train but when the train pulled into the destination station, standing on the platform was a nun 'and I knew straight away. I got a pain. I actually felt a weakness coming over me'.

This nun told her that the social worker had called ahead and was aware of her background: 'Sure you're one of our girls anyway, you're well able, you'll be grand. We'll get a little routine now, and you'll be grand'. 'I was conditioned to *yes sister no sister three bags full sister* and I was sitting there in the car while the nun drove and we got there and I saw it and I knew that the social worker had fucking lied to me'.

When an 18-year old woman told her boyfriend she was pregnant, his response was an unbelieving: 'sure you're on the pill, aren't you?' She had no idea what 'the pill' was and when they'd been having sex, he'd said to her: 'Don't worry, I'm shooting blanks, you can't get pregnant', which she didn't understand either. She went to a mother and baby home with the help of an adoption agency.

1990s

Then there was the witness who was 22 years old when she became pregnant in the early part of the 1990s with an older married man. When she told her adoptive parents, they refused to have her at home any longer; she felt this was a second abandonment and rejection and was 'hurt and angry' that they were sending her away.

Asked about the admission to the mother and baby home she said she hated it; her room was above the nursery and the cries of the babies upset her. (This witness told the Committee that two years later she again became pregnant having met another married man.)

It was also the early 1990s when a woman who was then 26 years old, got pregnant while having a relationship with a priest. Because of the pregnancy, she had to leave the town in which she grew up. 'I feel very stigmatised. There is a lot of pain around the fact that I was wrenched from my home - my emotional connection. When it became known to her family and the church that she was pregnant she went to live with her sister in a city, then made her own arrangements to go to a mother and baby home. The priest-father of her child brought her there. When her father died, she was warned not to come to his funeral.

Conditions in the homes

'I want people to know what went on in these institutions. The child is punished for what the mother did…'

The opening words of this section, above, were uttered by a woman during her interview with the Confidential Committee. She was born in one of these mother and baby homes during the 1950s, spent the first five years of her life there, and described conditions as 'horrific', saying that she had never had shoes, had slept in a bed with five other girls without pillows, sheets or blankets, (their bedding being old coats) and had been slapped by a nun for the crime of spilling milk from its container. She told the Committee that she had been sent to the gate of the institution to fetch it from a milkman but it had been snowing and her clothing was light. She was shivering so hard that some of it had spilled.

A witness recounted that during her time in the mother and baby home as a child she was destroyed from the cleaning products which afflicted her with 'terrible sores' on her skin. Witnesses reported that scrubbing of floors, stairs and steps (both as work task and punishment) had been imposed on residents from the 1950s into the 1970s in some mother and baby homes.

Some mothers reported having to do physically exhausting work up to the verge of giving birth, or very soon (as little as two or three days) immediately afterwards; one new mother gave an account of being shouted at and taunted while she was cleaning, post-birth stitches bursting, the cold stone of floor and staircase she had already cleaned now flooding with her blood.

Some referenced scrubbing as an inescapable part of their lives in the homes - saying that, while working, they were frequently and very closely supervised by a nun, some of whom would slap or punch them if they were judged not to be working hard or fast enough. Several witnesses from separate mother and baby homes told the Committee that the nun would deliberately 're-dirty' the cleaned surfaces. One related how she had just finished mopping a long corridor when the nun upended her bucket of dirty water and ordered: 'now clean it again!'

Some witnesses described that while working on their hands and knees, they were verbally abused about their status as 'fallen women'. Witnesses reported being called 'sinners' 'dirt' 'spawn of Satan' or worse. They related similar, sometimes identical stories from time spent in institutions where the type of work and living conditions, although based throughout the country in widely spaced geographical locations, seemed to be the same.

As seen above, the abuse described was not just verbal; some witnesses told of being slapped, beaten and punched, with nuns shouting at them that this was their penance for sinful behaviour. One witness came to the Committee to speak of her mid-1980s residency, testifying that she herself had not had a bad time in the mother and baby home, but had come to the Committee 'fighting for other women' who, like her, had been 'in the background, providing a beautiful service for those who couldn't have children'. During her contribution, she shared her opinion that children born in mother and baby homes had been 'like commodities' and that the nuns were 'like human traffickers'.

1930s

A witness born in a mother and baby home in this decade told of spending the first 'seven or eight' years of her life there. She came to the Committee with her story of childhood deprivation in this institution - no toys, no visitors, Christmas not celebrated, schoolteachers who 'didn't care about children from mother and baby homes and grouped them all together at the back of the class'. This woman was nevertheless accepting of her lot, including her classroom status, 'because there were so many of us [it meant] there was a type of safety. I didn't mind'. (Her birthmother, the Committee heard, had had to work in the home for a year after the birth to keep her there, 'otherwise,' the witness told the Committee, 'she would have had to pay a hundred pounds'.)

On the day she was fostered, this witness recalled being dressed in a new coat and also told the Committee that when she arrived at her foster home, she was so unfamiliar with 'being around men' she didn't speak for the first month.

Some years later, when she was ‘14 or 15 years old,’ her foster mother told her she was being sent back to the home because she was ‘becoming fond of boys’. In the end, though, she was sent, not to the mother and baby home but to a hospital run by the nuns; she worked there for the next 12 years, ‘living in’ (for instance having to ‘sign out’ should she wish temporarily to leave the precincts.) She did add that while the work was hard, the nuns were ‘nice’ to her and overall, contrary to what the Committee heard during some of its hearings, she characterised her eight years in the home as ‘happy’; on the other hand, for her, foster-care was ‘lonely’.

A woman, who was born, in the 1930s came to the Confidential Committee to say that she suspects the Birth Certificate she holds may relate to the wrong person and therefore, she has no idea what her exact date of birth is, or how old she is. She knows she was put into the home in 1938 where she remained for two years until transferred to an orphanage for the next eight years before being fostered at the age of 10.

A male witness came to relate his own story, starting when he was born in a mother and baby home at the beginning of this decade, 1931. He told the Confidential Committee that his birthmother had also been born - and raised into adulthood - in an institution from which she eventually ran away; but then, she had told her son, being ‘inexperienced and not knowing where to go,’ she had sought help from a Roman Catholic priest. She said the priest raped her.

The witness said that his mother then wrote to the Archbishop of her diocese to inform him of the assault, but the action that ensued was that she was brought back to the original care institution by Gardaí - and was then punished [by the nuns] for running away; this consisted of having her hair cut off. When it was discovered in that institution that she was pregnant, she was transferred by ambulance to the mother and baby home where the witness was born.

1940s

A witness born in a hospital in 1947 and then transferred to a mother and baby home wrote to the Committee, informing it of his memories of the home where he had stayed, without his mother, until he was six years of age. (He also wrote about his experiences

of being boarded out later on in this report.) His memories included repeated attempts to escape from the mother and baby home along with his pal. Here is what he wrote:

> *My memories are of my attempts to escape with my pal from the abuse we were suffering - every day we got out of the room, we climbed up, using the big iron gate, on to the big stone wall that surrounded the place, but the drop to the outside was too deep and we knew we would break our legs if we jumped down. We would try to get the attention of someone passing outside, but they would ignore us.*
>
> *The caretaker would come with a ladder to bring us down and the nun would come, grab me by my left ear and drag me inside. I was then locked in to a dark room for a day, or sometimes two.*
>
> *I was never sent to school.*
>
> *I used to wet the bed at night, and every morning, the nun would hit me before she grabbed my left ear and dragged me to the wash basins. Sometimes I would trip and fall but she would continue to drag me by the ear.* This left ear, he wrote, would regularly produce a discharge (otorrhea) an affliction that has persisted throughout his life: *Doctors told me that my ear suffered permanent damage. If I get a cold I lose my hearing in my left ear.*
>
> *It was almost impossible to get a night's sleep there as the nun was constantly coming in to the dormitory, shouting and roaring to get me and many other boys out of bed to go to the toilet. If the bed was wet already boys would be beaten there and then - there was near constant noise throughout the night with children crying. The nun would then be roaring at us to shut up and go to sleep.*
>
> *I still have nightmares about the place and I wonder how they could be so cruel to little children in a religious country. I sometimes wake and think I'm back there.*
>
> *I was not able to eat most of the food put in front of me and I regularly felt hungry - the food came out on a plate and what I left behind was brought out to me the next day again.*

One woman, who had come to the mother and baby home at the age of 20 in 1949, had a generally 'good, if lonely', experience there. She described to the Committee

how ‘the girls there were well fed’ and how ‘everything they needed was there’. Her work was in the kitchen, she said, ‘making breakfast and dinner for the men, the farmers and priests working in and around the premises; ‘You just had to work and keep your mouth closed’. She was, she said, very lonely, since she was not allowed to talk to anyone, and so was too afraid ever to do so. Nevertheless, she said, she had ‘made a home’ of her institution: ‘I had nothing else and didn’t know what was going to happen’.

There was another group, who also came to the Committee and whose memories leaned towards the positive: as categorised by one witness, these were the girls whose families could afford to pay for their residencies. Their stays in mother and baby homes (while being far from luxurious or easy) were by all accounts less punishment-prone or humiliating than those whose families could not pay and found themselves in the front line of fire.

This group of women had been ‘put in’ to shield them from society also to buffer their families against the prevailing ‘fallen woman’ and ‘shame’ stigmas. Based on many accounts of conditions in the homes, they received far more latitude than most residents.

What also became evident to the Committee was that while the prevailing culture in mother and baby homes all over the country was harsh, there were exceptions in some, where even in the early years they could be said to run a more forgiving regime than most of the others. (Even here, though, there were drawbacks, one witness’s complaint was that when resident under one of these more benign regimes, she ‘never saw meat, and got a boiled egg at Christmas’.)

The quality of food on offer in mother and baby homes was a recurring source of grievance even amongst the group of mothers who professed themselves grateful for ‘sanctuary’. One member of this group, like the others cataloguing her appreciation of having ‘a roof over my head, a place to sleep and food’, (despite the latter being, in her estimation, ‘Slop!’) adding: ‘You didn’t have to worry about your weight!’ ‘Stew’, offered a second witness, ‘was soup and a few potatoes’. A third told the Committee that an ‘ordinary’ resident’s breakfast consisted usually of ‘lumpy porridge’ taken, under fear of punishment, in strict silence, while the nuns enjoyed, she said, ‘a fried breakfast and eggs’.

A man born in the mid-1940s into a mother and baby home, who could offer few memories of his time there, did remember that a nun 'had placed his hand into boiling water in the laundry for being bold'. He told the Committee that he spent nearly five years there before being sent to an industrial school.

This next witness came to the Confidential Committee to give evidence of his birthmother's story. She had told him she had been thrown out of the mother and baby home just weeks after she gave birth to him because she had attacked a nun on discovering a safety pin going through his penis…

A man born into a mother and baby home in 1947 reported that he had remained there until he was five years old, describing the home as 'a revolving door'. Characterising himself as a 'loner', he recalled there being a lot of children with him during his time there but that he never found out what became any of them, telling the Committee they would all 'disappear' after six months. He described where he lived during his time as physically 'very decrepit with an open toilet that wouldn't flush'. Prone to wetting himself, he spoke of being locked into a room for 'misbehaving' and told the Committee that he now continues to suffer from a lifelong fear of enclosed spaces.

During his time, he did make friendships with other children but could never hold them because 'they would suddenly disappear'. He recalls 'being put in a glass case while strangers would come and look at me'; this viewing was followed by being 'sent to the playground' where he would be 'observed'. He said he didn't understand this until much later. He was fostered out 'at the age of five or six years old', recalling that he was so upset he had refused to talk 'for days' in his new home. This man did meet his mother again when he was 13 years old, subsequently having sporadic but 'difficult' contact with her. She was by then 'with the Magdalens' in a laundry.

Another witness who had been born in a home in 1948 said to the Committee that his birthmother had told him that, as well as doing odd-jobs and looking after others in the home while she'd been resident there, one of her tasks had been to clean the toilets with a toothbrush.

A man, born in the same year, recalled having been quarantined with other children, all suffering from chicken pox. He needed a drink of water and asked for it; but because 'they' told him he would have to wait until dinnertime, he went to the toilet and drank

from that. Evidence from this man continued to be graphic. It included being 'let out into a field to play' and when out there with others, using (little balls of) 'pig shit' with which to play marbles; when they got back inside, 'the smell on your hands would be bad', he said, but 'they' wouldn't countenance cleaning them before dinner.

There was no sense in the home, he went on, of being 'wanted' because 'you were the product of an evil union and being made suffer for the sins of your parents.' He recounted the backs of his hands being hit with sticks and that the main sustenance for children was 'goody', a blend of hot milk, bread and sugar, which could cause severe diarrhoea. He said that he was 'always' hungry and that he suffered very badly on 'bath night' (held on one night a week) because 'they' would lace the bathwater with Jeyes Fluid, which caused him great pain: 'My scrotum would be burning'.

Some witnesses spoke of the threat of being sent to a Magdalen Laundry being hung over them. One mother who had taken one of the dirtier jobs, that of sluicing nappies, so she could be nearer to her daughter in the nursery, was thereby close to her for two years until her baby was transferred to a secondary nursery where she was no longer allowed to see her.

She told the Committee that she broke the rule by sneaking in to see her daughter only to be horrified at seeing her 'in a completely soiled condition' and took it upon herself to clean and change her. Her transgression was discovered and she was threatened with a transfer to a laundry. She, unlike many others who came to the Committee, had not been intimidated by this or any other threats, explaining that 'I was able to stand up for myself'. It was possibly because of this resilience that she and her daughter survived many ordeals, not least an outbreak of gastroenteritis amongst the babies, many of whom died.

During this outbreak, she was asked by a doctor to breastfeed babies other than her own to prevent infection spreading through bottles. She did so, while managing to prevail on the Reverend Mother to have her own child 'taken out and away from others' and to this day, believes that this saved her daughter's life.

While relating her experiences during the early 1940s in her mother and baby home, a woman told the Committee that she had been placed there at three months old having been born 'elsewhere' and had stayed for eight years.

Understandably, her early memories are not all that clear but she does remember 'rows and rows' of very high beds with children in them. She certainly remembers being charged, sometime later, with the 'minding' of two small toddlers - and on one occasion, lining them up along with 'rows of children, big and small' for a bath which was 'huge and sunken, with 'boiling' water. Of these eight years, one of the 'good' memories she retains is of when she was minding the two children and she was standing beside a stove and indulging in the 'rare treat' of eating bread and jam.

Other than these two toddlers, she told the Committee she had 'no pal, no recollection of attending school, no memory of having toys to play with or - sadly, of ever having experienced Christmas or birthdays.'

During this decade some of the witnesses said that they lived with the fear of punishment and they described the culture within which they lived as not just punitive but recriminatory.

Two witnesses came together as sisters to tell of their mother's experience, also in a home in the mid-1940s. Their mother had stayed with her baby boy until he died at two years of age and had blamed the nuns for his death because the place was wet and she believed that her son got TB from being on wet ground. She also told the witnesses that one of the nuns had 'knocked the baby out of my arms'.

The Committee heard from many women who were young (some not even in their teens) when they were placed in mother and baby homes because of a pregnancy following rape or incest. In general, these witnesses said to the Committee, that however young, however badly injured physically or psychologically by rape or incest a resident was, how she fell pregnant didn't matter. The nuns and nurses in the homes showed very little empathy and understanding and the women were there to atone for their sins.

A witness told the Committee that she'd had to knit garments for the babies, mentioning that one of the saddest tasks she

was given was that of ironing the little dresses for the babies 'to get them ready for when people were coming in to see them'.

On top of the treatment they received at the hands of their carers, many mothers told the Committee that their most searing memory of their time in a mother and baby home was that of the screams of women looking through a window, through which she could see her child being driven away to a destination unknown; for many, there had not been a chance to say goodbye.

1950s

Three short stories from the 1950s:

- The first deals with being in a home during that decade and of being beaten by the 'priest chaplain' when this male witness was four or five years old. He came to the Committee to tell about his birth and remaining in the mother and baby home for some years.
- 'When I was having my baby', said one mother, 'the medical professionals knew that I had had a previous baby and one of the nurses gave me a clatter'.
- A 25-year old pregnant woman reported that she was 'forced to climb a ladder to clean windows', despite suffering from vertigo.

Then a witness, born in a home during the 1950s, recounted what his birthmother had told him about an episode during her residency in what she had described to him as 'an atmosphere of fear and terror the whole time, hardship and humiliation'. One of her companions, she said, had been punished for some transgression by being locked up in isolation. Feeling sorry for her, his mother had tried to take her a glass of water but was caught in the act by one of the nuns, who said: 'Who's in charge here?' slapping the glass out of her hand and, the witness said, then forced her to pick up the broken pieces and ordered her to clean and polish the corridor. This story had a good ending for both the witness and his mother when the witness's aunt came to visit the pair and, alarmed by what she saw and heard, arranged for both to be taken out of the home.

A witness told the Committee that when she was born, her birthmother was told by the nuns that her baby would be 'taken' and that she herself could 'work off her sin for the next three years'.

The witness learned that her mother's response to this information was that if that happened she would 'go to the top of the building with my child and commit suicide' the response to this being that she was 'badly' beaten by one of the nuns. On hearing of this, the witness's maternal grandmother took the two of them out of the home.

She told the Committee that she had worked out why the subsequent relationship between herself and her mother did not work out. 'She had walked into hell, had decided to blame me for her being there, and could not accept me'.

A witness now in his 70s, told of how he started life in a home in the 1950s, was subsequently in a county home, and thereafter in an industrial school. His life had been shaped, he said, in an 'extraordinary' way, by 'the isolation and abandonment' he felt he had suffered as a child.

A second man, born in the same year, told the Committee that his mother was 33 years old when she gave birth to him. This man had learned that when she was seven months pregnant with him, his mother's brother and sister had cycled 20 miles, with her on the handlebars, to deliver her to a county home from where she was transferred to a hospital, hence to the mother and baby home where she was to give birth to him. She subsequently spent a year there, unable to leave because, in his words, 'she didn't have the money to get out earlier'.

His first memory of meeting her was when he was an adult and she was in a Magdalen Laundry. The second was when she was in her 70s and still living there and it was during that meeting, she confessed to him that she had been unable to bond with him as a baby when they were both in the home, because her time had been taken up with

the requirement to mind other children. She died in that laundry. It was only after she was gone, when he himself was 70 years old, he discovered he'd had a sister born in the same home as himself, but who had died (he was told) at 10 months old. He said to the Committee, that he is 'not all that sure that she did' die and his search for further information continues.

One witness, born into a home back in 1942, told the Committee that even as an adult she 'feels fearful when seeing images of nuns'; another, pregnant at 19 years of age in the late 1950s, said: 'The very sight of nuns was to be forever frightening'.

1960s

Some witnesses described unkindness in mother and baby homes during all decades under review and not just in the early years. In 1967, for example, a woman who had been made pregnant during a rape went into a home at the age of 16. She recounted to the Committee how her father had taken her to court to force her into having her baby adopted but the judge ordered that she could keep the baby if she agreed for the child to remain in the home while she 'got back on her feet'. In the home, this girl visited her baby every day to tend to him and to do 'whatever else was asked of me to help with the baby's keep'. 'In that home' she said, she was 'physically and mentally abused by the nuns' and was told she 'was not fit to keep her baby'. When she married two years later, she took her son home.

Another witness from this decade recalled watching a child being beaten up: 'The child was kicked, and she fell, and the blood was pouring out of her head; the nun was hitting her, swiping her… she was unconscious and was carried off'. The witness does not remember ever seeing that child again.

'The deaths of babies were covered up', said some witnesses, with mothers being told, 'it's taken care of'. One witness who reported this to the Confidential Committee also said: 'Mothers were not told where the baby was, or given any records. One young girl whose baby died at two months old wanted to see where her child was buried and was told by the nuns that 'she shouldn't know'.

A son came to tell the Committee about what had happened to his mother when he was born (she too had complained about the food: 'Terrible! Cabbage, bacon and lumpy semolina' - and had described to him how she was made dig potatoes in the frost while wearing wellingtons without any socks). The son's own story included his attendance at school from his foster home (where he told the Committee he had been happy), but that it was a different matter at school, where he was taunted as 'the county home bastard' which he found very hurtful. Then he was moved to a different foster home, in which he was treated, he said, as a labourer.

The Committee heard a lot about the difficult practices in the homes - one of the most distasteful for one witness was working with what are now called feminine hygiene products. At the time in question, the early 1960s, residents in these homes customarily made their own sanitary towels ('from rags' one witness said) while the work of collecting them after use and laundering them, was assigned to a resident or sometimes more than one.

A witness to whom this task was given told the Committee that she also had to wash her hair with laundry soap in the home, and said she found the days 'long and boring' especially when the women 'would sit around the tables sewing and knitting while reciting the rosary'.

No matter what congregation or religious order was in charge, or where its institutions were located, a remarkable similarity of regimes in most homes was described by the stream of individual witnesses of all ages and from all parts of the country who came to the Confidential Committee.

At this point, while outlining conditions for - and treatment of - women and their children in mother and baby homes, it might be illuminating to gather together a short digest of quotes and information given to the Committee. The decades from which the quotes are taken are not in chronological date order.

- 'The nuns were tuned out of life'.
- 'They had no connection with people, nothing positive'.
- 'They would poke at you as you went along, they would push you along if you weren't walking fast enough'.

- ‘There was Confession every week and we were reminded to confess what we had done but told we wouldn’t receive absolution’.
- ‘Any girls who tried to run away were brought back by the Gardaí’.
- (My mother) ‘suffered terrible in there. She saw so many babies dying - no crying, no funeral, no parents arriving. She would breastfeed other babies and would steal milk from the kitchen for her own baby -’
- ‘My mother was put back washing sheets two days after giving birth’.
- ‘Local farmers would come to the home looking for a wife…’
- ‘You were given less food after you gave birth, you were starving’.
- ‘I remember seeing trollies with dead people (on them) being wheeled around’.
- ‘As punishment for having a row over a toy on Christmas Day, I was put into a room with a corpse in the corner’. This witness was left in this room, he said, ‘for six hours’.
- ‘I had to care for a nun who had cancer’.
- ‘I was pregnant from rape and I told the nuns I might have syphilis and that there was a danger my baby could be blind, deaf and dumb. I was sent for a test but not given any results’.
- ‘It was clear that we were there to suffer’.
- ‘My mother came in to see the baby and one of the nuns asked her: ‘Why would you want to see something like that?’
- ‘I was told by a nun: ‘God doesn’t want you… ‘You’re dirt’.

For some, the ‘headgear’ (the bonnets worn by members of some orders), was also a source of great fear. Some were huge, they said, their shape not unlike windmills, lending considerable height to their wearers.

For women and girls whose residency in mother and baby homes was paid for by themselves or their families (private patients), one ‘ordinary’ witness after another described how they knew that for this class of client, (‘the posh girls’, as they had been

dubbed by one witness) the diet was of a higher quality and the work less taxing. One witness from this group did concur with this view: 'There was a class system operating. I think I was treated slightly better than the others because I was from a good family'.

The Committee also heard from others in this category, whose tasks were:

> 'I churned the butter which was for the nuns…'
>
> 'We made apple tart for the nuns'.
>
> 'I had experience as a tailoress and I was given a bale of material to make skirts for jumble sales and clothes for the nuns' nephews and nieces'.
>
> 'My only complaint was that I was put to work for no money, making cards for Knock'.
>
> 'We were 'sewing lace onto the hems of nuns' slips'.

Then there was the witness who told the Committee that she had come to the mother and baby home from a very poor family that had included 12 children. She said that in the home, she found the food 'beautiful' and the place 'very warm', but a week after giving birth, despite coming from a city background and with no knowledge of farming, she was put to work on the farm, milking cows and feeding chickens and was 'hit' by the nuns for not doing this work correctly.

It was still in the 1960s when, like many others who came to the Committee, a pregnant 19-year old admitted to a home, 'was 'made to feel like a sinner and a fallen woman' adding, 'after enough exposure to such criticism, you began to believe it'. Set to work in the kitchen, she remembered 'making beautiful food for the nuns', while she and her fellow-residents ate 'like cattle'.

Not all witnesses were mothers or babies. Several individuals who had worked in the homes or who had had some interactions with them, applied to come before the Confidential Committee to tell of their experiences there and what they had observed**.**

For example, a psychiatric nurse came to the Committee to tell her story that while on night duty in her hospital 'in or around 1963-65' she was approached by a senior staff member who asked her to convey a young, pregnant girl, waiting in the hospital's

admissions unit, to a mother and baby home; her family had arranged for her reception there as she was close to giving birth.

The transfer was made in an ambulance. When she and her patient got there, she explained to the nun receiving them that for this mission, she had been assigned a 'red card'. This meant, she told them, that she was not permitted to leave the girl's side at any time even briefly. However, this nun called another and the nurse was told that from that time on, the home would now look after the patient. This nurse told the Committee that although she continued to protest and to explain her patient's 'red card' status, she was escorted to the canteen by four nuns for 'something to eat' before her return journey and having eaten, was directly led to the front door of the home where there was a taxi waiting for her, her final appeal to see her patient refused.

'The very next day', again at work in the hospital, this witness found it 'heart-breaking' to hear that her patient was already back in the hospital, without her baby. Yet she admitted to the Committee that she experienced a modicum of relief that she hadn't been fired for abandoning a 'red card patient'; she had explained what had happened with the nuns to her Matron and she, with one of the hospital doctors, telephoned the home. The nuns refused to talk to them, she said, characterising them as 'intimidating' and 'a law unto themselves'.

1970s

'You could almost feel the tears in the walls'.

A woman told the Committee that she was 17 years old when she entered the mother and baby home in the early 1970s, finding it to be a 'mix of hospital, school and jail, full of grief and despair and of disturbing things, including, she said, 'women screaming, a woman who had lost her mind, and a room with small white coffins'. She also recalled the presence of 'a nurse known to drink whiskey and a nun who would play with her false teeth'.

An 18 year old when she came to a home characterised the nuns there as 'verbally abusive'. After giving birth, 'it was drummed into my head that I couldn't be a good

mother, that I was not able to keep her' - one nun hammering at me that 'It wouldn't be good to keep her, that I had no experience, was never getting married, and would never get a house'.

'You were reminded every day that you were a sinner' - the words of a witness who in the mid-1970s, became pregnant when she was 17 years old. Her job was to clean the parquet floors in the home and: 'One nun would dirty the floor after I cleaned it. I would have to clean it again'.

On the day of arrival in the home, in the 1970s, at 24 years of age, this next witness had her hair cut off and was allocated the task of handwashing sheets, thick towels and other clothes, under the supervision of a nun who would 'shout at us to go faster'. She was not allowed to go outside the home or have any visitors or phone calls, telling the Committee that 'only the posh girls were allowed out'. Each week she received a package from a relative, 'but the nuns would take things from it before passing them on'.

'There was one nun who was terrible to the mothers', she continued: 'She would shout at them. One Christmas I was going to go home. I had packed my bags. My sister and partner had come to collect me. Five nuns stood in my way and wouldn't let me leave. They said they would get the Gardaí to come and arrest my sister and partner if they attempted to take me'.

Another mother, pregnant at just 15 years of age, entered the same home a few years later, one of the youngest there at the time. She was put to work in the convent where the nuns lived and told the Committee that sometimes she 'would feel weak from the work and pass out'. Although a teacher was brought in to help her with her studies, she had 'little or no contact with anyone else. I was being punished in there for what I had done'.

Some witnesses who came before the Committee did so specifically to relate positive experiences in homes, saying that they wished to add some balance to the stories, or simply to have it noted that while they had to work hard to atone for their sins, it wasn't all bad.

For instance, an 18-year old who had been resident in the same home as that 15-year old and at around the same time, said that she came to the Confidential Committee

because ‘with all the negativity, I just wanted to try to balance it out. There were some things done right, there were some nice nuns. We got somewhere to go…’

Another felt somewhat the same. She had grown up in institutional care and described her institution as a ‘home from home’ and said that being there ‘felt like being a child again, being minded’. She had ‘meals and good company, it was sociable, communal and familiar’. This witness gave birth to four children in this home, coming in and out from 1970 until 1977; she gave her first three children up for adoption but told the Committee that on her fourth pregnancy, knew she couldn’t let that happen again as ‘I knew I would have to face my demons’.

> ***In 1973, a woman, 23 years old at the time, returned to the mother and baby home having already been through two pregnancies (her parents had raised her first child as their own, her second was adopted.) On discovering she was pregnant for the third time, however, her father had wanted her to have an abortion and when she refused, she was thrown out of home, with a priest now involved in organising her re-entry into the mother and baby home. Her work there was ‘washing floors’ and in the laundry, ‘stirring clothes’; but every Saturday morning, she could leave the home for work in her old job.***

However, this witness refused to give birth in the home as the midwife there ‘had a bad reputation for leaving girls in labour by themselves without pain relief’. After her third child, a daughter, was born, she was allowed to leave the home to visit the infant, who had been fostered - and then, eventually, adopted. This woman later married and had other children in her marriage.

Among the positive stories were:

- A witness, who was brought up in a number of industrial schools, was 17 years old when she arrived into the mother and baby home in the 1970s and when asked by the Committee to describe conditions there, had no complaints: ‘Sure you were brought up with it’, describing the home as ‘lovely’ her experience as ‘comforting’ and the nuns as ‘nice’, telling the Committee that they helped her to get a job: ‘I needed someone and they were there for me’. She spent her time, she said, ‘cleaning the home - but I

couldn't say we were slaves or anything'. Arrangements were made for her to have regular pre-natal check-ups at a maternity hospital and overall, she said, the experience was a good one'.

- A similarly positive experience was described by the second woman, 21 years old when she arrived into the same home. She said to the Committee that while other people's stories were 'harrowing', for her the home was a 'refuge' (a term commonly used by witnesses who had expressed their experiences as 'good', or 'positive'.)

  This witness did explain that since she was older and more experienced than many of the women in the home; with most residents being between 16 to 18 years of age at the time, 'I would have been among the oldest there and the experience might have been easier for me'.

- The third story in this sequence involves a woman who had resided in the same home as the other two. She became pregnant at the age of 26 and entered it in the late 1970s, coming to the Confidential Committee to tell her story because she was eager to portray the 'good side' of the mother and baby home experience: 'It was not the horrors seen on TV', adding that: 'The nuns were not monsters'. She described the Reverend Mother, for example, as 'very kind' and - echoing home life difficulties referred to by the 21-year old above -added: 'my family were worse', and: 'Society had an obsession with hiding everything'.

As demonstrated by those three stories, many of the witnesses who testified that their experiences of homes had been comparatively positive, did so because, they told the Committee, on coming into them they had escaped from difficult or chaotic home lives, poverty, poor housing, beatings, alcoholism and incest.

Another witness, revealed she too had had a difficult home life where she had been exposed to conditions which she regarded as 'more severe' than at the mother and baby home. For her, the home was 'warm and comfortable' but while she found the nuns 'cold', this did not bother her. As a resident, this woman said, her tasks every day were 'cleaning and making religious objects such as scapulars'.

As for the food, she was pleased to be given 'hot food every day, and on Sundays we got roast chicken, potatoes and mushy peas, with jelly for dessert - and we were given Easter eggs on Easter Sunday'.

Even within the strictest of regimes in these homes acts of kindness were described. During her three and a half years of residence in one of the most regimented of these homes, one witness told the Committee about 'one kind nun' who gave her chocolate bars to give to her child; and it was the same nun who 'secretly' took a photograph of the woman's baby, which the witness still has.

'I had no other option', said a witness, 18 years old when entering one of these homes. 'But it was absolutely fine. Maybe I was one of the luckier ones', she went on, 'I think I was in the nicer side of the place'.

This woman told the Committee that she received ante-natal care, had a room to herself, and left the home every day to attend a typing course. 'The nuns', she added, knew in advance that she was putting her baby up for adoption (so there was no pressure on her as there was for many others.) 'I don't blame anyone for what happened', she said, 'I felt I had to provide some balance. No-one dragged you in there off the street. People mixed up their own shame with that of others'. Her view was that 'no one made you give up your baby'.

Even the entry mode into the more relaxed regime of one of these homes was spoken of as 'easier' than the norm pertaining elsewhere. It was relatively civilised when a 17-year old was brought to this place by her parents, all three were taken into the 'parlour' for the witness to be given the 'quota' of jobs she would be required to do. 'You had a few jobs to do', she said to the Committee, 'and then you were free to do what you wanted'.

This woman remembered 'no antagonism or judgment' saying: 'I would say I met some enlightenment in the home'.

On the other hand, a girl, only 14 years of age when she was raped and became pregnant, described the home to which she was sent as: 'Horrible'; she had to 'feed babies, morning and evening, clean and scrub floors, we were like slaves'. She told the Committee about 'a room at the top of the building, 'without staff present' but with

'approximately 50 babies in cots. They were not supposed to be known about', she said. 'They were all very quiet'.

1980s / 1990s

A witness, 17 years old when she entered a home during the 1980s, described the nuns there as 'kind' adding, however: 'the women were still made to feel that they had fallen from grace and had brought shame on their families'. One whom she described as 'a jolly character' would wake the woman and girls for breakfast and after their chores (cleaning
still featured prominently) they had 'a few free hours during which they would knit baby clothes'.

There was a smoking room, and a non-smoking room with a TV, in which one of the nuns would watch TV with them. However, as so many other witnesses did, she too pointed out that the nuns 'ate differently' from the residents.

Another woman who entered the same institution in the 1980s, described it as 'welcoming and warm, a home away from home, of which she had 'fond memories'. She experienced a 'deep sense of peace' on arriving, especially 'being among other girls in the same situation' - and divulged that during the Cheltenham Racing Festival, the residents could go into the nearest town to place bets.

This witness had been a university student when she became pregnant and she told the Committee that the nuns bought all the books she needed to help her with exams: 'it was the making of me; afterwards I was determined to make something of my life.'

It was from this institution, the Committee heard from many witnesses, that a nun would drive their pregnant charges *en masse* to a hospital for ante-natal checks. 'We were called *the unnuptiates'* said one, 'and the nun would tell us when we were approaching (the hospital) and we would bend down and throw our coats over our heads'.

This witness came before the Committee to offer a personal perspective on her experience that was not all that much different to that of other witnesses, but wishing

nevertheless to offer context: 'I would like to think someone is speaking up for the nuns', she said, 'I want to be sure they're getting the kudos for getting it right'.

She told the Committee that she 'was glad to have found the mother and baby home, to escape the judgment of the public, the way they judged you. You were an absolute slut if it happened to you'.

During her time in a mother and baby home, this woman's companions included a girl of 14 years of age and the oldest resident, who, she said, 'suffered from mental difficulties and appeared not to be aware of her surroundings, or what was going on at all'. Within that same home, a separate witness described seeing a pregnant 13-year old 'clutching a teddy bear and sucking her thumb'.

An undercurrent of the accounts given by many witnesses indicated not just what they had personally suffered during their mother and baby home residencies but also confirmed the prevailing attitude towards 'fallen' women and their 'illegitimate' children within wider society in Ireland during these decades.

A woman, 17-years old, described living in the mother and baby home as 'a break' because she was 'getting away from a worse situation,' a sentiment reiterated by another who told the Committee: 'It was a bit of a relief to get out of the family home'.

Another witness who had been placed in a home following a rape, recalled a girl dying there during childbirth. This witness told the Committee that the girl's parents 'would not take her home, even in death…'

In the mind of this next witness, there is no doubt that the attitudes of these nuns mirrored those of the families who banished pregnant girls and women into these homes. She reported that within the home into which she went at 16 years of age: 'All who were there, were there to hide'. Some of the married women were there because of an extra-marital affair. Some of the girls had been beaten by their parents before being brought in, some had been raped by their fathers. One had been suffering

beatings by her mother - her father was raping and abusing her - and she came to the home with her hair chopped off and with chunks of flesh missing from her scalp.

Another man born in a home came to the Committee - again to bear witness on behalf of his birthmother who had been 17 years old when she became pregnant and went into a mother and baby home. She told him that she had been 'degraded' from the moment she went in, being called 'a dirty woman', 'a fallen woman' and 'a scarlet woman' - while having to bear 'constant verbal abuse about sin and shame'.

Another, born in a home, testified that when eventually she met her birthmother and asked her: 'was it awful?' the reply had been: 'No. It was my penance'. Another mother told the Committee she was so malnourished in the home that all her teeth fell out.

Many witnesses divulged that while resident in these homes, they had no contact with their families or, indeed, the outside world - although some did write letters, closely monitored and censored before being released for posting. Replies, should they come, were dealt with similarly.

> ***15 years old when she became pregnant by her brother, a witness said to the Committee that when leaving home, she was told by her family she was being sent to boarding school, while other family members were informed she was going away as she had scarlet fever.***
>
> ***Her memories of the mother and baby home 'swing in and out;' she does not remember the birth of her baby, for instance, but 'thinks' she had a baby boy.***
>
> ***What she does remember is being sent to a psychiatric hospital to receive shock therapy - and, vividly, the sound of women in the home screaming during the night. 'They would be gone by the morning so I thought they were being killed. So I was waiting to be killed'.***

This witness returned home after having her baby - and discovered that her brother was now in a seminary - and went back to school.

Another woman, 19-years old when she came to this home, told the Committee that as punishment for complaining about the food in the home in a letter she had written to her granny, she was forced to eat it in front of a nun, who pronounced: 'You can eat your words'.

The work assigned to a girl who was 17 years old when she fell pregnant in the latter years of the 1980s, included cleaning out the rooms of the girls whose parents were paying for them to be there. 'I had to dress and change their beds, make sure that their babies were looked after, buy sweets for them in the home's tuck shop and deliver their letters to the post office.' She also told the Committee that one woman working in the kitchen had been in the home for a long number of years because she had nowhere else to go - and had been frequently reminded of that; she said that an 11-year old was there for the same reason.

The changing times did mean that a witness who became pregnant at the age of 20 could describe the food routine in her institution, which was small, as positive. For example: 'After cleaning in the morning' you had breakfast - orange juice, toast and cereal. Lunch was a bowl of soup or a sandwich. Dinner was standard'.

Nevertheless, for this witness, the conditions were far from utopian. She described living in the home as (still) like being in a 'concentration camp'. Phone calls, for example, were monitored and every morning she felt 'like Cinderella; you had to clean your room and the stairs - and all the fires had to be cleaned before breakfast. You couldn't have any food until you cleaned'. If there was any practice demonstrating how greatly the regime in a home differed from those in the past it's this: when this witness missed dinner, she ordered takeaways.

A woman who was in one of the homes from where many residents' stories from earlier years were difficult to hear, was, nevertheless, eager to have her story heard as she felt it was important to say that this home was 'organised and well run, similar to that of a boarding school'. The women were provided with clean clothes and the home itself was 'very hygienic'. She did recall some babies dying during her time there.

She confirmed a detail, like that reported by another witness, that for those women who didn't want their families to know they were pregnant and living in a home, this one, as with others, facilitated letters to be mailed from the UK. Then adding her own positive view of her experience, she added that she had left the home 'with skills, knowing how to look after babies, knowing how to feed and handle them, knowing about hygiene'. She also told the Committee that the nuns in the home helped mothers get jobs and that they gave references. Speaking of the prevailing societal view at the time, she also told the Committee that while residents could leave the home and 'head down the town', no-one wanted to. They were there to conceal their pregnancy.

The downside for her, was that there was no preparation given 'for the impact of giving up your baby' but she firmly believed that apart from that detail, 'without the nuns, many mothers would have been out on the streets' and in her opinion, 'it was the *families* that were hard on the mothers… and men. Men got away with it. Society doesn't think about all the men that got those girls pregnant'.

This witness's indignation was palpable. However, she was one of the few witnesses to bring up the subject of birthfathers' behaviour, attitudes and seeming lack of personal responsibility in this manner, 'there was always a slur on you. The men just walked away and got on with their lives while you're left haunted.'

In 1983, a witness of mixed race, pregnant as a result of an assault at the age of 20 (having already given birth to a son following a rape when she was 16 years old) sought refuge, with her first son, in a mother and baby home. When she arrived, she said, the nuns did not ask why she needed help or anything about her history; they simply took her son from her and put him,' she said, 'in an annexe of the home' away from her. This was an area specifically set aside for children who were unlikely to be adopted because of abnormalities or deformities. In her son's case, she believed that he was placed there because he was of mixed race. She recalled that a nun would call him 'filthy' and 'Little Black Man'.

While giving her evidence, she said the nuns suggested to her that she had prostituted herself, and went on to advise her: 'to refrain from exchanging sexual favours for money'. The witness said that her son who had been placed in the annexe was badly affected by his stay there. Her second son was placed in the nursery immediately after he was born and she was permitted to see him only for feeding at set times, thus, she believes, severing a bond between mother and son and when making plans to leave,

she was advised that since she had not done such a good job with her first child, she shouldn't keep this new one. This witness's difficulties continued in the wider community after leaving the home with both sons, but, following some time in foster care for them, she eventually took them away from Ireland to live in the UK.

One woman, who had had a good experience in a mother and baby home, refused to allow her father to take her home, choosing to remain there with her second child as she needed the help of the nuns and 'could not cope with the shame on the outside'.

In the mid-1980s the changes and improvements that had been happening little by little in mother and baby homes became more apparent and by the 1990s, in one home, previously a source of a stream of complaints from some witnesses, women were being allowed to keep their own names and were offered weekly training courses. One witness took a course in the art of stained glass. A witness, who went in to a home at 21 years of age, was anxious to highlight its 'good side', reporting that all the conditions were 'good'. She had her own bedroom and freedom to go out when she wanted. She too took one of the FAS courses, this one in art and pottery and was paid £50 per week while she learned. She told the Committee, that while adoption of her child was discussed, there was no pressure, and there were no repercussions when she decided to keep her baby.

Another witness said that it was pretty obvious that it was a 'factory for girls up from another part of the country, having kids and going home as though nothing had happened;' while a highly positive perspective of her experience in a home was given by a woman who entered it in the 1990s at the age of 26. She described it as 'a sanctuary, a safe haven, a saving grace - I could be relaxed and carefree; and as a very distressed pregnant person, I never felt I was being judged. I felt I was being cared for as a pregnant woman in crisis'. The home was probably not perfect but was the next best option and was run in the way that mother and baby homes should have been run all along.

The Birth experience

The accounts offered by many witnesses to the Confidential Committee spoke of common experiences during stays in mother and baby homes. Many also said they faced into labour and giving birth without having any information at all about what faced them. Some, not expecting it, were shocked to discover what labour entailed when it arose; these girls and women, some up to late teens and even beyond into their 20s, came to a home in complete ignorance of the facts of life, even of 'where and how the baby gets out'.

These facts had never been discussed with them by anyone in their own homes, schools or in the institutions. Some of them had only 'behind the bike shed' speculation with friends who were equally uninformed so labour and what followed came as a shock. Some of these women told the Committee, it was not just the acute pain, but what was being done to them by their 'carers' (sometimes medical professionals), outlining for the Confidential Committee how grossly they had been verbally insulted, degraded and even slapped during the process of giving birth.

Even of those who had known what to expect in terms of the natural process of birth, what was additionally dreadful for them, they said, was the complete absence of pain medication. This, some alleged, had been deliberate since their birth pains were represented by some nuns (and nurses) as 'punishment' - retribution by God for becoming pregnant out of wedlock. One interviewee, screaming for relief, said she was told to look at the crucifix on the wall. Pain relief was given in some hospitals and in a few homes.

The overall experience of birth, was described by some as so traumatic that there were lifelong physical repercussions, while others were traumatised psychologically. For instance one witness vividly described how 'her insides were nearly dragged out of her' during delivery - with no pain relief - and how nurses, as well as nuns were 'rough' - and liberal with the insults they cast on her and the names they called her. Another said that after her birth experience she was left 'dizzy, anaemic, with post-natal bleeding and a mental state of high anxiety, ending up with a post-traumatic stress disorder,' adding that 'you never get off the floor' after such an experience.

‘I never saw a doctor’ was a constant refrain, as was another about not being given time properly to recover from the physical and emotional stress of birth, let alone a very difficult one - or the experience of having your baby ‘whipped away’ without giving you, as a new mother, a chance even to see, touch or hold him or her. Instead, very many said, they were quickly put back to work, some of it exceptionally heavy, as in scrubbing stone floors on hands and knees, or working on the land, and being verbally abused while at it.

Those whose babies had been bound for adoption right from the start told the Committee how frustrating it was to be forbidden to cuddle or even hold their new babies, even when feeding them in a nursery specifically designated for babies going to new mothers and fathers. Others told of nurseries in some mother and baby homes, where damaged, feeble, ill, sometimes those of mixed race - and ‘the handicapped’ babies (as the terminology of the time had it) were all housed together since the nuns believed they had little prospect of being chosen as adoptees.

Immediately after birth in some homes, ‘wet nurse’ breastfeeding of other women’s babies was in some cases encouraged, while in other homes, the birthmother could bottle feed her own child (along with many others) provided she abided by the rule sequence - *feed, change, put down*. Many told the Committee that bonding was not encouraged.

Some witnesses reported to the Committee that this approach in the homes meant lifelong difficulties in bonding with subsequent children; a few said that their maternal instincts had been destroyed.

1940s

A witness told the Confidential Committee that ‘One night in 1942’, she was feeling very sick in the home and feared she might have wet the bed. She was 21years old at the time and was afraid that the nuns ‘would kill her’. Eventually a nurse came and told her she was in labour. Her stay in the labour ward was for three days and nights, with no pain relief and no-one with her. Then a doctor arrived and ordered the nurses to

‘strap her’ as it was to be a breech birth; she said she was in agony, as they ‘turned’ the baby.

Later in the 1940s, a witness who had become pregnant at the age of 18 and, like many, had received no pre-natal care, was transferred to a hospital for the birth but unfortunately, her baby was stillborn. She told the Committee that the doctor was ‘cold’ and simply said to her: ‘Your baby is dead’.

1950s

In this decade, the situation around pain relief or doctors’ presence did not change very much. A witness came to the Committee on behalf of her mother who had not told her parents she was pregnant until she was eight months ‘gone’. Her mother had told her there was neither doctor nor pain relief available to her during labour and when she was giving birth, her legs were tied to the bed and one of the nuns sat on her chest to get her to push.

The first time another witness ever saw nuns, she said to the Committee, was in the mid-1950s. She was in labour when she was brought to the mother and baby home. The witness was 14 years old when she became pregnant, knew nothing of what was happening to her body or about childbirth and although in serious pain from the onset of labour, was given no pain relief. The nun with her during the process told her: ‘You’ve had your fun, this is payment’. The baby weighed nearly 10 pounds.

It was also during that decade that a 12-year old girl was raped by a family member and when her pregnancy was discovered, sent to a mother and baby home. ‘I was washing the floor. I had pains. I was told I was having a baby. My waters broke. I thought I had spilled something or I had wet myself. I was brought to a room and I was put in a bed. There was clear glass in the door, I was screaming in pain. I got out of the bed because I was in so much pain but I was told to get back into the bed. The baby was born. The nun told me to give the baby a name and I did. My baby died. I was never told what happened. I was told I was going home and that I wasn’t to talk about it anymore. My mother told me my baby was dead. I don’t know anything after that’.

This next witness, 18 years old at the time she gave birth told the Confidential Committee that she had 'no ante-natal care, no doctor, no pain relief'. It was a breech birth and the nun looking after her had had no experience of dealing with this situation and within the hearing of the witness, went into an adjoining room to ask the mothers there 'to get down on your knees to pray for her because she's going to die'. She did not die, but, the Committee heard, she still feels upset about how 'cruelly and inhumanely' she was treated.

Also 14 years of age, when the waters of this next witness broke in another mother and baby home, she said she 'got an awful fright and didn't know what was happening'. She had a 'terrible labour experience', and was not prepared at all, thinking that her baby would come out of her navel. Her 'delivery room' was, she said, 'a mattress on the floor'. She received no pain relief and every time she tried to get up, was pinned back down by the ankles and told to pray. There was another girl going through the same experience beside her, she said; this girl 'had an epileptic fit' and on seeing this, the witness thought the same was going to happen to her.

Another witness was equally terrified when her waters broke in the home; the nurse administered an enema - and 'made her' sit on a commode. In the interim, she was spoken to 'derogatorily', with the nurse telling her… 'It's good enough for you; you tasted the sweet, now taste the sour! Christ suffered on the cross for you'. She eventually gave birth to a baby girl and was told how lucky she was. 'Nobody wants to adopt boys'.

As reported by a witness who also gave birth in the 1950s, 'there was a building down from the main home known as 'the mattress room' where women were sent if they were screaming during labour.

Witnesses said that 'derogatory' talk was common in homes during the process of childbirth during these decades. One nun's comment made to a 16-year old going through the throes of labour and birth was: 'You didn't feel it going in, but you'll feel it coming out!'

This to a woman who was experiencing a prolonged labour, much of it alone in a 'dark room with bats flying around outside in the courtyard' without pain relief, without a doctor at any stage and with those who did come to tend to her:

'completely unsympathetic'. For instance she was told she was now 'paying' for her 'five minutes of pleasure'. In the same harsh spirit, 'You're paying for your fun' was what was thrown at a 16-year old going through a difficult labour.

1960s

A doctor was called to attend the delivery of a baby of a 20-year old in a mother and baby home during the 1960s. The witness said that he had 'a face like thunder because he was so annoyed he had to come'. She had been going through labour, alone, for two days in a 'waiting ward' where she was given nothing to eat. This doctor put her to sleep for a forceps delivery and when she awoke, she told the Committee that he 'stitched her without giving her any pain relief,' and that she 'would never forget the pain'.

Still having been given nothing to eat for a further three days, she was forced to walk, but had suffered nerve damage to one of her legs and could not do so - and was placed 'on bed rest' for three weeks, adding that having 'spent so much time in bed, my legs were like knitting needles'. (This witness later discovered that this doctor had cut 'right through her rectum' and that for years afterwards, she was unable properly to defecate.)

Another witness, a woman who had been in a home in 1965 when she was 16 years old and having had no medical care prior to her labour, 'passed out from the pain' and told the Committee that 'a bowl was placed on the floor so that the blood would not splatter'; she described the birth scene as 'being like the calving of a cow'.

It was also in the early 1960s that the waters of a 16-year old girl broke when she was using the toilet in the home to which she had been admitted. She did not know what was happening, and was 'made' get a bucket of water to 'clean it up'. If she made any noise she was 'hit with a belt' she said and she, like many others, was told she was 'paying for her sins…'

A rape victim, 18 years old when she was admitted to the 'hospital part' of a mother and baby home to give birth, describing it as a place where 'a light shone from the ceiling'. When she went into labour she had been 'placed on 'a table', was given 'no painkillers or injections' and, she said, because she had a small frame, 'they cut her with an ordinary knife'. This woman, referring to the pain and treatment she went through as 'torture', said, like many others, that she had had 'no idea what to expect' from the time she went into labour.

Another 18-year old gave birth in a mother and baby home and after it, one of the nuns brought in the 'bloodied sheets' and told her to clean them. She told the Committee that the nuns in this home referred to the women in their care as 'unclean'. (During childbirth, this witness was attended by a midwife who 'slapped her across the face' when she screamed, said she was an 'an unclean bitch' and told her to: 'Get on with it'.)

In 1967, a witness who was 19 years old went into labour while polishing floors in a home, but was 'instructed' by the nun to continue. When the pain got worse she was moved to a small room and, still in labour, was 'locked in, alone, for the night'. By the time someone came to check on her, she told the Committee, her baby was crowning and she was 'barely able to walk'. There had been no doctor present for the birth and she was ordered to breastfeed her baby as 'they couldn't afford to buy milk'.

The baby of another witness, 20 years old when she entered a 'prolonged' labour, was eventually delivered by forceps in the hospital annexe of the home and both remained there for 10 days following the birth. She said she was 'looked after well, given salt baths and when better, was returned to the main house, while her daughter was sent to the home's nursery. This meant, however, that she was allowed to visit the child only to bottle-feed her.

Her baby unfortunately succumbed to gastroenteritis and was removed to a hospital. She was then, quickly, transferred to a second one, where she died at two months old. The witness, who had been allowed to visit only twice, was told only that her daughter had had 'an infection'. One of those visits had been at a time just before her baby died and, she reported to

the Committee, she was 'grey, just waiting to die. I never got the chance to know her'. Her daughter was buried in an Angels' Plot in a cemetery.

A baby son was born to the next witness. 'He was 'born blue' and didn't cry 'but they didn't seem bothered about that, put me in a bed and gave me something to eat'. This baby died in a hospital at eight weeks old and the witness later found out that he had been there for the three weeks prior to his death. When she tackled a nun about this, she was dismissed with a curt: 'Your baby is in heaven'.

The Committee heard many stories about the onset of labour - the breaking of waters - an 'unknown terror' for many. At 19 years of age, this witness described waking up during the night in 1965 to find her waters breaking and 'having drowned the place', not having any idea what was happening to her. All she knew was that she was 'in awful pain'. She had been told to 'call [X]' that night should 'something happen' but had no idea what that meant. When she still hadn't seen anyone by 1.30 on the afternoon of the next day, she crawled down the stairs to get help, but when, on seeing her, a nun was 'unpleasant and dismissive' the witness started to shake uncontrollably. It was recognised she was now in shock, heaters were brought into a room and she eventually gave birth and breastfed her daughter for three weeks, between periods of work in the fields, picking potatoes.

A year before that, 1964, a 16-year old got the 'fright of her life' when the same thing happened to her and her waters broke. She was standing beside her bed in the mother and baby home and was so scared of reprisals for wetting the floor, she tried to mop it.

But there were some positive witness accounts of the birth experience interspersed with these stories. A 24-year old in a home in 1962 told the Committee that her experience was 'good', that the nuns treated her well, and that they liked her. The consequences, however, had not been so positive because she was another who had, following orders, acted as a wet nurse to many babies and as a result, unfortunately, was unable to breastfeed the children she had had later, as her breasts 'were destroyed', so much so that a Master of a maternity hospital she attended warned her 'never to breastfeed again'.

Given her circumstances, another witness managed to find something positive in her experience. She had spent her childhood in an orphanage and had later worked in a Magdalen laundry, where the nuns discovered she was pregnant and sent her to a home. She was 21 years old. By the time she entered a hospital for the birth, she was suffering from toxaemia and high blood pressure and - contrary to the experiences of others who came to the Committee telling of being admitted to hospitals where staff 'looked down' on 'the unmarried' - this woman said the staff she encountered in her hospital were 'nice' to her 'and didn't treat me any differently to other women'.

A witness who gave birth in the late 1960s in a home had little memory of it but what she did recall, she reported, was that she'd been 'badly torn, stitched from hole to hole, like they were trying to stitch back your virginity'. She was 16 years old.

Another 16-year old, pregnant from rape, who came in to a home, was in labour for 24 hours, was not allowed out of bed during this time and was told to 'stop screaming' as she was 'frightening the other girls'.

A witness was born in a mother and baby home in the late 1960s and was adopted from there. She came to the Committee on behalf of her birthmother to relate what had happened to her while giving birth to the witness. She told her daughter that her hands and (open) legs had been tied to the bed and she screamed for pain relief while a nun, sitting, knitting, at the end of her bed told her: 'you have to go through this pain for your sins'.

A very different experience was reported to the Confidential Committee by a witness who, pregnant with twins, was in a home in 1968 and recalled being 'well treated'. When seen by a doctor there, she was transferred to a hospital where within a couple of days, her waters broke. Both babies, however, were breech and quite large for twins, each weighing more than five pounds. Sadly, her first daughter died during delivery and she was anaesthetised for the delivery of the second. She recalled a nun telling her she was so sorry one of the babies had died as they had 'taken such good care' of her, and this witness said she had 'felt protected by the home' as she was 'one of the people who had no one to stand up for them'.

In 1968, a pregnant 18-year old went into labour while working in the mother and baby home, had no idea what was happening and was put into the home's labour ward while believing that her baby was going to come out of her belly button. She spent 'hours' there sitting on the bed 'with a pan under her' and with no-one coming when she called. She was getting off the bed when a nurse came in, 'was very coarse' with her and 'slapped her on the cheek for getting up'. The midwife (a named nun) came in and questioned this nurse as to why she had not been called earlier as the witness was 'so far along' and, she said, 'the nurse lied'. (This witness is angry that her son was diagnosed with a serious birth defect only when he was 40 years old.)

This next witness, self-described as 'clueless about labour' (she was 21 years old but believed at the time that 'the baby would come out of her backside') was cleaning in the mother and baby home when she went into labour and was brought to the labour ward, where the presiding midwife had a reputation for being 'very stern'. The witness told the Committee that this midwife kept telling her to 'hurry up' while continuing to 'push her onto her side' - and when she screamed in pain, admonished her to 'be quiet!' She was placed in stirrups, her legs were 'pulled' and she was being 'bashed on the bum'. When born, her baby was taken away immediately. However, a doctor came in, and the witness recalls 'them pushing on her stomach for the afterbirth'.

Apart from being brought her dinner, the witness told the Committee, she was 'left alone'. She said she was moved to a new section after New Year's Day and received 'better treatment' there. She also told the Committee that throughout the birth process, she felt that the midwife was 'in a hurry to get away as it was Christmas time' - and that after dealing with this birth, would be on holiday.

'Now another little piglet born into the world!' was the comment of a nun, one of three officiating at the birth of the baby of a witness, when her baby emerged.

It was in this decade of the 1960s that the mother of a pregnant 15-year old colluded with a nun in the mother and baby home that her daughter would be induced early (she was to give birth in a nearby hospital) so she could be home for Christmas and keep up the pretence that she was away in a boarding school.

The witness had not been told what was to happen during labour and was very frightened. Her waters were broken in the hospital two days before labour began but she has no memory of that, of getting any pain relief or of the labour. She told the Committee that hospital staff were very judgmental of her and that having delivered, she had to walk from the delivery suite back to her room and kept passing out - only to be told: 'Cop yourself on!' Having given birth, she was finally brought home (where the 'episode' was never to be mentioned again) then sent back to school.

Similarly, the family of another witness persuaded the authorities in both a mother and baby home and a hospital to induce their 17-year old daughter a month early; 'I had an aunt coming home and it had to be done before she came'. The request was facilitated.

Like others, this next witness had been confined to her bedroom at home as soon as her pregnancy became known. In her words, when induced in hospital, her labour and the birth were 'horrific: I was hooked up to drips, there was blood everywhere, I was screaming and roaring, I think I passed out'. The next morning, an ambulance arrived and I got in with my baby and another girl and her baby, and we went to the mother and baby home. When we arrived, 'a nun was at the back of the ambulance and she put her hands out for the babies. I thought she was going to help me out of the ambulance but she took my baby and that was the last I saw of him. I was only a few days in the home, the baby was left in the nursery and I was brought home. I had been off the scene for months. People were told I had had a tumour'.

The relative who collected a witness (28 years old when she gave birth) did not recognise her when collecting her from the mother and baby home. After the birth, she had developed a severe toothache with huge swelling on her face; the nuns had placed her in a room in the convent part of the home. The swelling on her face continued to balloon to the extent that she was unable to speak or swallow, while her chin extended into her neck and continuously-running saliva drenched her, 'so I was wet all the time'. She asked for a doctor but this was refused and when she cried out for help to the nuns, 'they would either ignore me, tell me to say a prayer or to 'look at the cross above you'. 'I was dying and no one was taking a tack of notice of me'. A friend in the home brought her baby up from the nursery so she could say goodbye to him, 'so I put a medal on him', she told the Committee, 'and wrapped a blanket I had bought for him around him'.

Like the relative who had collected this witness, when she was brought home, her family didn't recognise her and although they didn't think she would survive overnight, were ashamed to call an ambulance in case it became known that she had been in a mother and baby home. Instead, they called a locum doctor, who on seeing her, assumed she was deformed - and when the family eventually revealed where she'd been, 'he began to swear and said he was going to report [on this] but the witness's mother begged him not to; he gave the witness 'an enormous injection and informed her she had 'a massive abscess and a massive infection' and that if he had not been called, 'you would have died. You would not have lasted the night'.

Again and again, the Confidential Committee was given examples of how, during these decades in Ireland, single mothers were denigrated not just by their families, schools, churches, places of work and fellow citizens in general, but by those given care of them in mother and baby homes and even in maternity hospitals.

One witness, raped when she was 19 years old, was in a mother and baby home from which residents were regularly brought in groups for ante-natal check-ups to a hospital. She reported that when on arrival the group would alight from their vehicle, the married women would laugh and in their hearing, make comments such as 'Look at the whores!' The witness told the Committee, that on one occasion, the matron of this hospital said to her: 'I've six married women here giving birth; I'm not wasting my time on you'.

An 18 year old was with her sister in the visitors' lounge in a home when her waters broke. The witness begged her sister to take her home but the nun told this sister to leave. At 10pm that night a nurse told her to get up on the table, the witness told the Committee that she asked: 'Where's the baby coming from?' and she thought she was going to die that night. The nurses, this witness said, 'were far worse in their treatment than the nuns, speaking derogatorily to the girls and saying: 'You're all the same'.

Another witness was 25 years old when she gave birth in a hospital having gone there from a mother and baby home - and was told her baby was 'spastic'; when she saw him, he was in an incubator and, she was told, he couldn't now be adopted.

The witness then had to bring him to a clinic for treatment and exercises and was later told that he had progressed so well, 'it was a miracle' - and that he could now 'get the go ahead for adoption'.

1970s

In 1976 at 14 years of age this next witness arrived in a mother and baby home. A nun explained to her what was involved in giving birth, and, she recalled, 'it was like being called into the headmistress's office'. In later years, she became very upset to read on her file that one of the nuns had written that she had been 'sleeping around since the age of 12' and had 'planned her pregnancy'. The witness insisted that both allegations were 'absolutely untrue'.

It was in the 1970s that a witness, in the course of giving her evidence about her own experience, told the Committee that she felt she should report something she saw happening to another woman in her mother and baby ward. She said that she saw this other woman being told that her baby had been stillborn - but then 'saw a nun take this baby from the ward with a towel over the baby's face. But, at the end of a corridor', she said, 'the nun took the towel from the baby's face' and the witness could see that 'the baby was alive and crying'.

That mother, she said, left the mother and baby home believing that her baby had died. She also described to the Committee how people visiting the home to look at the children designated for adoption, 'picked babies like you would choose sweets in a candy shop'. As a consequence, the witness told the Committee that she used to hide her own baby in 'the room for disabled babies' so that no-one would pick him.

Another 20-year old who was pregnant in this era remembers an old gynaecologist who had arthritis. When the gynaecologist went to examine you, 'the fingers would stick into you'. This witness was given no pain relief when giving birth, because this gynaecologist said to her that they 'wanted me to feel every pain'. While a younger colleague of this gynaecologist observed that the witness needed a C-section ('I was only tiny. I'm skinny now but I was tiny'), the response of the older one was: 'she's

from (the named) home, she's an unmarried mother. She can have it this way, she'll remember it and she won't ever do it again'.

'It was the most horrendous experience', the witness went on, recalling women in labour, 'screaming for hours and they (the nuns) wouldn't come and we'd all be petrified that something was going to happen… We'd all be banging on the doors - and they might come when they decided'.

This next witness was 16 years of age when she was admitted to a home in 1975. She told the Committee that she fell down the stairs in the home, went into labour early as a result, and was sent, alone, on a bus to a hospital to give birth. The witness said that she is very angry about this and recalled an image of herself sitting on the street alone, in labour, weeping, not knowing where to go to get to the hospital. Her baby, she said, was very underweight when born and remained in hospital for nearly a year.

There were a few witnesses who gave 'happy' accounts of their birth experiences in mother and baby homes during these decades and this one goes part of the way.

In 1978, a woman who gave birth in a home, told the Committee that she believes now that 'times had changed' and that there was 'evidence of a bit more humanity'. Her labour was 'difficult and prolonged', she said, leading to her being brought to hospital by ambulance (with, incidentally, the nuns around her 'panicking when the paramedics called her by her real name) and when she arrived, 'the staff were very nice to me'. She did receive pain relief and once her daughter was born, was given a chance to see her.

But the story is not all good. The nuns had warned her not to bond with her baby and the witness had to undergo years of counselling to cope with the effects of that. Her experience in the home 'defined the person I became and my entire life'. She was in her 60s when interviewed.

> ***Another witness later in this decade again testified, as so many had, that neither she nor the other women in the homes were given pre-natal information about labour, contractions or childbirth. Once a month, a doctor came in, an 'awful', ignorant man. 'He never spoke to you, you just lifted your clothes and he examined you. He made you feel you were***

picked off his boots. So the only information you had was Chinese whispers from other girls, which was very frightening: How can a baby come out of there?'

A 19-year old entered a mother and baby home in 1970. She told the Committee that despite having had some 'classes', she went into labour not recognising it; 'I didn't take on board that I was having a baby'. When she did give birth: 'I was so happy I could have gone through the roof; I hadn't realised how maternal I was'. But soon afterwards, she said, her son was 'whipped away - before he caught my sin'.

Another witness said that in a home during this decade, the residents had not been given any information or ante-natal care other than being 'lined up every week and weighed like cattle'.

Another witness reported that her labour began at 1.00 am but she was afraid to wake the midwife because 'she was cantankerous'. In the meantime, however, she began to haemorrhage badly: 'Pieces of my placenta were falling out of me'. The midwife came at 8.00 am to deliver the baby, in the process hurting the witness, who reacted by screaming - but like the report of the woman earlier, was also told: 'Be quiet!' This time, the nurse-midwife added: 'You've had more than that up there!' When the baby was born, he weighed 4 pounds 15 ounces, he was not breathing and he was immediately transferred to a hospital where he remained for two months.

Still in the 1970s, a 17-year old 'didn't know what to do' when her waters broke. When she started labour, she was told by a nun: 'This is your punishment. Remember what will happen tonight, never have another baby before marriage'. She was not given any pain relief and was told by the nurse who delivered the baby: 'That's the last time you're going to see him, he's gone now'.

Another girl who fell pregnant at the age of 15 (and like so many, 'knew nothing about sex') was admitted to a mother and baby home during that decade. She told the Committee that when she went into labour, the Reverend Mother said to her: 'Get up on that bed! You've never had a problem getting up on something before'; another nun, she said, then 'came at me with a fistful of lube and told me to 'open my legs, that I had had no problem opening them before!'

Like others, this witness said she never saw her baby and no-one told her whether it was a boy or a girl. She was collected by an aunt on the day she had given birth,

which was one day after her 16th birthday, via a side door of the mother and baby home, and was sent back to school the following week.

Then came the witness who'd been pregnant with twins when she had been admitted to a hospital to give birth. She made the familiar remark about staff there 'judging' her because 'I was an unmarried mother'. Both of this woman's twins were breech, the second died 12 hours after birth. However, she said to the Committee, she still wished to 'balance out' the negativity about mother and baby homes, saying that 'some of the nuns in this home were nice'.

When moved from her first mother and baby home to another, a 17-year old victim of rape told the Committee that she found the conditions in the second one 'extremely' harsh - and that she had been verbally abused by nuns. She found childbirth 'very painful' but was given no pain relief while going through it - and overheard this question and answer during a conversation between a nun and the doctor present:

'What will we do with her, Doctor?'

'Make sure she doesn't have any more!'

This young 1970s rape victim had no pain relief while being stitched - 16 internal, 16 external - didn't see her baby after the birth, didn't know whether it was a boy or a girl. Three days later, she was put back to work in the home. Her mother had arranged work for her in a convent but she was crying all the time and her 'head was gone'. The mother then signed her into a psychiatric hospital where she remained for 15 months. But: 'I've never been right,' she said to the Committee, 'I'm haunted by these memories. I can't forget it. It destroyed me'.

Like her, this next witness has never forgotten what a nun said to her when she was going through labour in 'extreme pain' (again no doctor, no pain relief, very little checking-up on her progress). Engraved on her memory, she told the Committee, is a comment made by a (named) nun while she was going through the birth process: 'If you felt it going in, you'd feel it coming out'.
When this next witness screamed in pain while in the last stages of a 16-hour labour in the home, she was forbidden to do so again - and the nurse 'produced a crucifix'. Still

with no pain relief, she told the Committee, she was ‘cut with a scissors’ to facilitate the birth and was then stitched. She bled heavily after the birth and allied procedures however, she said, the nurse ‘pulled her out of the bed’. She had no aftercare, was simply told to take ‘salty baths’ but,’ she said, she was ‘given tea and toast’.

A woman who had been in a home in 1972 at the age of 20 recounted seeing a girl in labour there being told to ‘open your legs like you did nine months ago’. She herself said she had received no medical examinations until the birth process was well underway and there was never any discussion about what to expect. She was scrubbing floors when she realised labour had started, but was told by the nun that until she had completed the job, she could not leave’. This labour lasted, she said, for two days while she was alone for most of the time, clinging to a statue of Our Lady, and with no pain relief. Another woman, 30 years old, told the Committee that she had to attend Mass while in labour.

On first seeing the baby son of a witness who was 19 years old when she gave birth to him in the home, the comment of her mother, the baby’s grandmother was: ‘Saint Damien the Leper!’

In the mid-1970s, another witness (who was three days in labour when giving birth in a home at 14 years of age) was another, she told the Committee, who was ignorant of what was coming: ‘I didn’t know if it was going to come out my ear. The only solace was, if the handicapped girls could do it, I could too’. Still in labour, she was transferred to a hospital where ‘they tried everything to pull it out of me’, describing the use of forceps and suction - ‘and a scissors to cut me. I could feel it opening’. She added that staff in the hospital ‘were not kind’ to her and that after the birth, she was ‘dumped’ on an examination table in the corridor and left alone for 24 hours before the nuns came to collect her. This witness subsequently suffered gynaecological problems and had a hysterectomy when she was 29 years old.

That witness was one of many who reported gynaecological and other medical complications in later life arising from difficult childbirths during their stays in mother and baby homes. One woman, who was 19 years old when admitted to a home, told the Committee that she is ‘having flashbacks to this day’. During her time in there, she said ‘she knew nothing and nothing was explained, she was left alone during almost her entire labour and was examined only on arrival in the labour ward and then once more. She said she was ‘eating the blankets with the pain’.

To this day, she said to the Committee, she still 'suffers from nightmares, wakes up eating her blankets', and has been left with gynaecological problems and the mental effects of the traumatic experience.

> ***A witness, pregnant from rape at the age of 19 in the mid-1970s, described her memories of the mother and baby home as 'horrific', including having to deal with the conviction of one nun that this was not her first pregnancy. She thought I was a 'repeat offender'. This was because of a scar the witness had from having her appendix out; this nun, however, 'believed it was there from having had a C-section'.***
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> ***The witness told the Committee that she 'felt like a piece of meat. I was bleeding and I think I would have been left to die had I not been from a well-off background. They made that quite clear'.***
>
> ***Eventually she was rushed to hospital and having been given '40 stitches', was given a blood transfusion (and developed hepatitis) and when she was returned to the home, the nuns made her bathe in Dettol. But she bled for two months - was still bleeding when she left the home, and eventually attended a maternity hospital in Dublin where the doctor, on examining her, found that half of the after-birth had been left inside and asked her: 'what butcher did this to you?'***

Amongst the numerous reports and comments to the Confidential Committee about post-birth stitching and the way some of it was executed, one woman, in a home in 1978 at the age of 19 years, included this narrative. She said she had done 'everything possible' to make sure she did not give birth in the home and instead went to a large hospital where, she said, she 'gave birth alone, didn't utter one sound, and was stitched afterwards' adding, however, 'it didn't feel right'. When she was pregnant with her second child, she said her doctor had been 'horrified' at her condition and remarked: 'maybe someone was trying to prevent you from having sex?'

1980s

Early in the 1980s, the Committee was told by a witness that at 17-years old, having given birth to her baby, she was being stitched by a male nurse, when in her hearing, he made a jocose comment about her to his female colleagues who were also there: 'She'll be tighter now than she was before'. They laughed.

In the decade of the 1980s, although the overall 'unplanned pregnancy' situation had improved at least a little for some, it was not the case for all. According to one witness, 'hiding the shame' was still the scenario for many unmarried mothers and their families; for instance when being brought to a hospital for a check-up, the unmarried were, according to one witness, required to enter through the side or back doors. Another report to the Committee in that context said that one girl found it necessary to wear a wig to hide her identity and shame. With 'shame' still endemic, a witness, 15 years old when she was raped and made pregnant in the early 1980s, remembers 'a lot of shame' in the atmosphere permeating the mother and baby home. 'They would put on films and make you watch videos of live abortions. The message was that we were 'good' for not having an abortion but we were 'sinners' for getting ourselves pregnant.

In the same decade one witness testified that while she was undergoing a check-up, those giving it: 'weren't very nice. They weren't far off putting a bag over your head. One nurse,' she said 'was particularly wicked and would verbally abuse [us]: 'Look at them all, bunch of bitches, trollops! 'Whore' was the favourite word down there'.

The positive changes were now becoming evident however. A woman, 29 years old when resident in a home, told the Committee that her experience in the mother and baby home was 'very positive'. She spoke highly of the home and specifically of two of the nuns who were looking after her.

The Committee heard from a woman who was 26 years old when she was admitted to a mother and baby home in this decade. However, shame and embarrassment had reared their heads again in her case and the witness's mother would not allow her to have ultra sound examinations during pre-natal check-ups, for fear her identity would be revealed. The witness reported that nevertheless she received 'good medical care' during her stay in the home and that that her experience in the home was a positive one.

This next witness was transferred to a hospital from the mother and baby home to give birth; she told the Confidential Committee, that she did so wearing a metal washer on her wedding finger to pretend she was married. The pretence included her fictional husband, 'a truck driver', who was 'out of the area'. Having been collected by a nun in a taxi to return to the home with her child, she was 'afraid' to look at her daughter, but the taxi driver told the nun to 'let the little girl hold her baby' and she did. However, when they arrived back at the home, nun and baby entered through the side door, while the witness entered alone through the main door.

A 16-year old gave birth in a hospital where she was treated well and 'the same as other mothers' whom she described as 'warm, friendly and kind' to her. She said one of the nurses tried explaining to her that the baby would be adopted but in this regard, the witness felt that they were treating her like she 'had a womb but no brain'. She became pregnant again a short time later and as she had on the previous residency in the mother and baby home, went into premature labour and was again sent back to the hospital where she suffered a breech birth; it was too late to give her an epidural anaesthetic but she was given gas and air - and a rosary beads. She went into shock, however, and was given the Last Rites. She and her child both survived - the latter subsequently spending nine weeks in an incubator.

'You had to ring a bell when you went into labour and the taxi would be called', said this next witness and 'the cruellest thing was that you would travel in it alone'. If you couldn't afford the taxi-fare from this home to the hospital, she recalled you went alone on the bus. In this witness's case, on arrival at the hospital, she was rushed to theatre as her baby's heart had stopped. The emergency had been called too late. He had died before being delivered full term. The witness was granted her request to see him, but hadn't realised he would be discoloured for lack of oxygen and turned away from him, something she has regretted ever since. Her father, the birthfather and her brother assisted in bringing the baby home to be buried. He has a marked grave. But her father put only the surname on his headstone.

Another witness recalled for the Committee three kindnesses shown to her when her baby son died at birth, his shoulders having 'become stuck' during his birth. She had remained in

hospital for 'about a week' and spent a further five or six weeks recuperating in the home. Her parents collected her and brought her home. They visited the grave with her once, and the witness visits every year, while her time in the mother and baby home is still not spoken about openly, never in the family home.

The first kindness came from one of the nurses who had delivered her baby. She took two photographs of him and they are still in his mother's possession.

The nuns then gave a grave although she was too ill to attend his funeral, and a local undertaker donated a coffin.

Adoption and Consent

A number of workers who had been assigned to a mother and baby home in a professional capacity for some years during the 1970s and 1980s came to speak with the Confidential Committee about 'the culture of adoption' prevalent in mother and baby homes.

They voiced the opinion that this culture was 'systemic' and 'a belief system', in that adoption was promoted as the 'better option' and that in any event, by having come into a mother and baby home in the first place, the expectation was thereby that women would see this 'better option' as the only realistic one and therefore would select it. In addition, these professionals said, this pressure to adopt was strengthened by default because in the mother and baby homes there was 'no talk around pressure on the women to *keep* their babies'.

One social worker told the Committee that she found the 'social work piece' now to be 'ahead of the institutional piece', the main brief 'to ensure that women were allowed to take as much time as they needed to be fully informed' of decisions concerning their babies. 'The nuns were irritated by this', she said 'but they knew change was coming' and, anxious not to be 'left with babies that couldn't be adopted', were pushing to get mothers to sign *Permission to Place* forms.

It was now possible, she told the Committee, 'if you were strong-minded to keep your baby but culturally it was still hard'. While her job was to explore options and establish trust, she was struck by how 'emotionally closed down' these women were. There was still some way to go, though - there was as yet no post-adoption counselling, for instance, and the secrecy surrounding most women's stays in a home continued to permeate the attitudes of families and of Irish society in general.

Sometimes, they added, having opted for giving up their babies, mothers could have a change of heart after the child was born; but it was 'very difficult' to switch choices at that stage, not only because the process was probably already in train, but because it usually meant that the new mother had to plead with her family, who were in most cases expecting adoption to have taken away 'the problem', to allow her to come home

with her child. She would also have to ask for support, moral and financial, for both of them.

From the time pregnancy was discovered, or was about to 'show', many women and girls were banished from view, staying out of it all the way through giving birth and its immediate aftermath. Customarily at the behest of families (or, rarely, on their own initiative if they were more mature) they were sequestered behind the walls of mother and baby homes, coming home - if they were allowed home - with no baby to be seen or even mentioned, the story for neighbours and wider family carefully prepared. As already mentioned, these daughters were 'going to or returning from boarding school' or from 'work experience' in distant towns; from 'working in England' - or from 'living with an aunt and uncle for a few months in London' - or elsewhere, remote from her home.

It did happen that a mother could disappear altogether by being banished for good by her family with a one-way ticket to the UK or the USA and a 'don't come back' edict ringing in her ears.

> ***It is probably worth reiterating a particularly novel scenario invented by one family in cooperation with a daughter's school: she, they told everyone, was on an exploratory trip to a UK convent. It and the school being run by the same order, she was checking out the terms and conditions involved in 'entering' to research her vocation.***
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> ***And of course when again she was to be seen back at school and around the place, there was a very simple and credible explanation: the trip had been worthwhile because she had discovered, before it was too late, she hadn't a vocation after all.***

Those professionals who came to the Committee insisted that they never saw women having their babies taken without their explicit consent. They added there were some women, conflicted about which choice to make, who abandoned their babies in the home because they were unable to choose, a quandary illustrated by the story of one new mother who had faced it.

This mother had left the mother and baby home without her child who, after a year in the home, was placed with a family. However, she changed her mind: she wanted the baby placed in an orphanage so she could visit. Before that could happen, though, she changed her mind a second time and decided to take the infant back. By this stage, these professionals pointed out, this child had spent a year in the home, six months in an adoption placement, and had then gone to live in a flat with the mother and her boyfriend. Then, following a third change of mind, the child was placed in a nursery to wait for an adoption to go through.

The baby had four different placements within its first two years. When this mother finally signed consent papers, an Adoption Order was made by the courts, which made a fifth placement.

The professionals who came to the Committee indicated that some of those who had rowed back on their original decision to choose adoption and had attempted to keep their children, were the ones who were subject to the greatest pressure. These pressures became intolerable because they were not just from the nuns in the homes, but from what was, in practice, an alliance of authorities, including their families (in many cases assisted by priests) all members of which were angry at the change of heart and adamant that adoption had been the first and was now the only choice.

In some cases, this pressure was couched morally: ('You're being selfish; your baby will have a great life with a lovely family and will get a great education. What can someone like you offer?') Some women reported a baby being 'snatched' from their arms before final adoption papers were completed; while other witnesses reported that they had not been told in advance that after birth, their babies had been tagged for adoption in nurseries and were available for 'viewing'.

There were many stories voiced by women about not being given adequate (or any) warning of an imminent handover, and not being given the opportunity even to say 'Goodbye'. All these women and girls professed themselves 'heartbroken'.

Some women who came to the Confidential Committee testified that they willingly gave up their babies for adoption, signed all papers necessary and got on with their lives. This, they told the Committee, had been the definite plan from the time they discovered they were pregnant and residency in a mother and baby home had been merely a necessary stop along the way.

In earlier times, with rare exceptions, most of the men and boys who fathered these children were nowhere to be found after their girlfriends gave them the 'bleak news'; acknowledging fatherhood of 'illegitimate' offspring, even when the sex was consensual, was not common in Ireland during those years, however the pregnancy had occurred, and in the end a large number of these mothers were left alone to suffer and struggle while making their 'choices'.

1940s - 1950s

A witness born in 1944 in a home - and who grew up in state care - came to the Committee to recount what his birthmother had told him, disclosing that for four years, she had said, in an effort to ensure he would not be adopted, she had paid the nuns in the mother and baby home to care for him as she did not want him to be 'farmed out' and believed that by having him in a home where she could visit him, she was 'doing the right thing'. She also believed, he said, that when he was later sent to an industrial school, that he would receive a good education, (and she 'had had no idea' she said, 'that it was such a terrible place'.)

During all this time, he told the Committee, his birthmother wrote to him, sent him money, and regularly promised to take him out of the school: 'But this never happened'. No happy ending here, unfortunately: when mother and son finally met in later life, he said, 'she was a stranger to me', and that the connection between them subsequently was 'very tenuous'.

Then there was the witness, who came to the Committee to say that in 1949, she was born in a mother and baby home, and following an unsuccessful fostering placement, also grew up in State care. She recounted how her mother had told her that while they were both in the home, a couple from the USA had travelled from there to 'view' her in her nursery but were 'refused permission to adopt because the nuns didn't like them'.

She was two and a half years old when she was (again) 'dressed up' for another couple visiting who were there looking for a foster child. She said that was the last she and her birthmother saw of each other until they were reunited later in life, this coming as a surprise, she said, because: 'Throughout my childhood, I had been told that my

mother was dead'. Her fostering broke down and she was then placed, through the courts, in an industrial school at the age of five. This witness lived in that institution until she was 16 years old. In any event, she and her mother eventually met, the latter saying that she had had no idea where her daughter had gone or what had happened to her.

The witness filled her in about what had happened - including the news that her foster parents had apparently made an application to adopt her but this had been refused since the child's birthmother 'could not be located'. This, the Committee was told by the witness, had been a 'blatantly untrue' invention, because, she explained the nuns had 'sent her mother to work in the UK and had always known where she was' mainly because she had kept contact, hoping to 'get her daughter back' once she was married. This ambition had been blighted because her mother had been told simply that 'this would not be possible'.

Making the decision on whether or not to choose the adoption 'option' caused great distress, even agony, to very many women, a huge number of whom told the Committee that although the 'giving away' of their children could not now be undone, they are still highly conflicted about whether the decision they made at the time (or gave in to having it made for them) was the right one.

A parish priest decreed to a woman's parents that their daughter must not come home after giving birth to her son in a home. Her father collected her and brought her, not to their home, but to her sister's, and from there she was sent directly to the UK, where she remained with her brother and another sister for more than seven years. She has 'no idea' what happened to her son, she told the Committee, and presumes he was adopted, but doesn't remember signing papers and if she did, insists she had no idea that she was signing him away. She was 21 years old when she had him.

Some birthmothers did fight bravely but, at such a vulnerable juncture of their lives, many, thinking of their families as well as their babies (never mind their own emotional welfare and stability) were unable to stand up to the pressures imposed.

A witness born in 1949 who had been adopted to the USA from the mother and baby home successfully traced her birthmother in later life. She found her mother reluctant to speak in detail of her time in the home - except to say that after giving birth to the witness, she had spent four months with her.

Her birthmother said that her adoption had been organised entirely by correspondence, through 'Catholic Charities' - and that the adopters had never been to Ireland. Her parents, she said, had paid $1500 to adopt her, had verified they could 'provide for her' and gave assurances that she would be 'raised as a Catholic'. She told the Committee that they had been required to continue paying 'donations' until she was 16 years old. It was 'by accident' she discovered she was adopted. She said she had 'grave concerns' that her birthmother was not aware what she was signing when completing the paperwork as she was illiterate at the time.

That birthmother was just one of a number who said they were illiterate at the time they had allegedly signed adoption papers. This next witness also told the Committee that she couldn't read or write. She was raised in state care, was assaulted by a priest and having fallen pregnant, she went into a mother and baby home in 1956, to have her daughter. Like others in this sequence, she insisted that to her knowledge, she 'hadn't signed any documents'. In any event, she said, during the 12 months she had spent in the home looking after her baby, 'there had been no talk of adoption'.

After that 12 months, she had returned to the institution in which she had been living prior to admission to the home - leaving her daughter behind to be cared for. Later, she got a job, moved into a flat and then went back to the home to collect her daughter. She was not there, and no-one would say where she had gone.

The witness then went to the adoption agency she presumed had been involved in taking her child out of the home, but it claimed to have no record of a relevant adoption. (However, when this daughter traced the witness in later life, it emerged that the witness and her adoptive family had been living relatively close to each other.) This mother went on to have another pregnancy, resulting in twins and they too, were born in a home. When she asked for them, she was told that they, like her daughter 'were gone'. To her this phraseology meant that they had died at birth. Some years later, these twins traced the witness just as her first child had.

Earlier in the 1950s, a 16 year old girl became pregnant, she said, having been raped by a priest. She too went into a home and had her baby there, and then: 'A nun took my baby away', she said to the Committee, 'and that was the last I saw of him. It was terrible the way they took the child away without telling you (this was going to happen).' As in previous stories, this witness said she later saw an adoption record which appeared to have her signature on it. 'I couldn't have signed it', she told the

Committee ‘because at the time, I didn’t know how to read or write’. She acquired these skills she said, only after leaving the home.

> ***One witness told the Committee that at the time of her birth, her adoptive father was working for an order of nuns, who suggested to him that he adopt a baby girl. He told her that ‘he drove to a chapel yard where he met two nuns who arrived in a taxi and handed me over’.***
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> ***This woman told the Committee she had no idea she had been adopted until she was applying for a passport in 2011, although her husband knew because this had been revealed to him by her adoptive parents. Not only that, but she discovered that ‘for many people in the locality’, her status ‘was well known’, something she continues to find upsetting. ‘Terribly shocked and hurt’, was how she described her reaction to this news. She confronted her adoptive father, who said they didn’t tell her ‘because they considered me to be theirs’.***
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> ***‘Jesus, Mary and Joseph, who am I?’ she said to the Committee: ‘Everybody knew and I didn’t know a thing. It changed me to tell you the truth’.***

An 18-year old who entered a home to give birth, also in the 1950s, had been taken into an orphanage, when she was six years old, together with her five siblings, when their mother died. When, at 18 years of age it was found she was pregnant, she ‘didn’t know what the word meant’; and when the doctor recommended she go into a mother and baby home, she didn’t know what that was either. Having given birth to a baby boy, she remembers being called to the office of the Reverend Mother and being told to sign a ‘single-page’ document, the contents or meaning of which, she told the Confidential Committee, ‘was not read or explained’ to her. All she was told, she said, was: ‘Your son is going to be adopted’. She did what she was told and signed.

Her son was three and a half years old, before one of the nuns said to her ‘it’s happening’; she didn’t have time to say goodbye, but did have time to run upstairs and watch him leave from the window. ‘Being parted from him broke my heart’. She wrote

subsequently to her father and brother asking for help but never heard back from either. This woman said she believed the State should apologise to the women who were coerced into adoption or, like her, were uninformed when they consented to the process as, she said, this had caused “unspeakable damage”.

Another witness came to the Committee to say that the life of her birthmother, who gave birth to the witness in a home in 1950 when she was 23 years old, ‘was made hell’ because she had refused to sign adoption forms for the witness in favour of yet another couple who had travelled from the USA to view her. ‘To put it crudely’, this witness said, ‘the home had lost out on a sale’. For such stubbornness, said the witness, her birthmother ‘was forced to stand in front of a statue to pray for guidance for so long that she passed out’. But this is another of these stories that ends kindly because neighbours of the birthmother’s family told the nuns that they would take in both mother and baby and ‘after payment of a fee’, both were ‘released’ into their care.

One witness said that in the home, she was told that her daughter was ‘going to be leaving’, so, sadly, she wrote her a note expressing her love and attached it to the child’s nappy. Out of the blue she was then told ‘‘your money has been stopped from the Government’’ - and that to get it back, she had to go downtown ‘to sign for it’.

She was brought, she said, to an ‘old shop’ in the town, and told to sign a document ‘partially covered’ by the person who offered it to her so she couldn’t see what she was signing. She now believes these were adoption papers. When she got back to the home, she found that her baby was gone. This mother was persistent, however, and sometime later, after she had left the home, she telephoned it to look for information as to where her baby had gone. The nun, who had sent her downtown to that ‘old shop’, was abrupt, claiming: ‘there are no babies here, never mind adoptions! Now don’t call back!’

Years afterwards, the witness recognised the voice of this nun when she was giving a radio interview. She telephoned again, but was again treated tersely: ‘You are mistaken. This was not a mother and baby home’. Undeterred, however, she went physically to meet this Sister - who initially denied that the witness had ever been in the home. This witness did not give up easily and directly confronting the nun, ordered her to ‘find my daughter’ while informing her that she herself was searching. Her daughter was found.

1960s

In the mid-1960s, a woman of mixed-race parentage was adopted into a white family and struggled right from the beginning with 'knowing I was different'. When she was in school, the other children would taunt her, calling her by the names of characters in the popular TV series *Roots* (about the slave trade and the struggles of African slaves sold to America). In later life, from the perspective of this adoptee and many others, the flaws and failings in the adoption system rose to confound her when she became seriously ill. Investigations showed that the illness was related to her racial background, and because she does not know the identity of her birthfather she is unable to investigate it any further.

Having been raised in an orphanage, this next witness was raped, became pregnant, and went into a home. Two supportive sisters living and working in the UK, had finally saved enough to pay her fare to come to the UK, with her baby, to live with them. They came to visit her in the home to give her the good news. 'But the nuns overheard this conversation', the witness told the Committee, and one morning, shortly afterwards, she was ordered to dress her baby and was brought, with the baby, to an adoption agency. The baby was separated from her and she was locked into a room, from where she could hear her child was being given to a couple - she could hear the child crying and in distress but she couldn't get out of the room to go to him. She told the Committee that she 'hadn't consented in any way' to her child being taken away from her.

> ***One witness, having resisted all pressures and brought her baby home recounted that while walking along a street with the child, both had been ordered into the car of a priest - he had drawn up alongside her, ordered her to get in, and when she did, drove straight to a home. On arrival, she and the baby were separated and the pressure immediately began for her to sign adoption papers. The witness was locked into a room and told she would stay there until she signed the adoption papers for her baby.***
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> ***She told the Committee she 'kicked and kicked' that door and 'wouldn't stop kicking and yelling,' demanding release, to see***

her baby, and that her father should be called. She kept it up until eventually the priest arrived back and tried again, through the locked door, to get her to sign papers, even shoving the papers under it, enticing her with a promise she could leave as soon as she signed, then changing tack and calling her a 'selfish whip! But she continued to yell, protest and clamour for release.

Eventually her father was summoned and he took her home with her baby. A short time later, she left her child with her mother and father while she went back to work in the UK. Not long afterwards, however, she got a panicked phone call from her parents: this priest had been calling to the house, threatening guardianship proceedings against her. She came home to collect her daughter.

Another witness told the Committee that she gave birth in a mother and baby home in the late 1960s and described the following. Having said to a nun in the home that her plan was to go to England with her baby to stay with her sister, the response to the witness was: 'That doesn't happen here. You'll do what we tell you and that's it. You're not keeping that baby. You're going nowhere with that baby. You're going home and the baby is going somewhere else'. The witness told the Committee that after that conversation, the nun contacted the sister of the witness to tell her that the witness had decided to have her baby adopted. 'This', the interviewee said, 'was not true'.

She was then, she said, 'brought to a room with a chair and a desk where I was told to sign the piece of paper put in front of me' and when she refused to comply, she said, she was 'dragged down the corridor by the nun to an office where I was *made* to sign the paper'. After this, she and another mother from the home were brought to what she thinks was a solicitor's office where she 'swore an oath and signed another document and paid the solicitor half a crown'.

Later again, along with her baby, she was brought to 'another place'. Where the nun said to her: 'You'll be off now in a minute, so put that child down in the basket'. The witness would not do this and again insisted: 'I'm keeping my baby'. However, this nun took the infant from her, placed her in the basket, ordering: 'Off you go now!'

This story has a sequel. Many years later, this witness received documents related to her child's adoption and read letters in her name which stated she was putting her child up for adoption. 'I did not write those letters', she told the Confidential Committee, 'and did not get anyone else to write them for me'.

This next witness claims she was blackmailed. One day, in the early 1960s when she was 16 years old and having given birth to a baby in a mother and baby home, she was told by the nuns that her grandmother was dying and that she should go and visit her. When she arrived home, she found that her grandmother was not dying. She also found that it had been her mother, in concert with the nuns in the home, who had arranged for her to be absent so that her baby could be taken quietly. 'I think of my baby as having been kidnapped', she said to the Confidential Committee.

Later, her parents wrote to her in the UK, where she and her boyfriend, her child's birthfather, were 'trying to get things together' so they could get the baby back and set up home. In that letter, her parents wrote that she had 'one week' *to sign adoption papers or the baby will end up in an orphanage.* 'That', she said, 'was blackmail'.

This next witness, who gave birth to a baby boy in 1965, was told from the start that her baby would be going to the USA and was never allowed to touch him or speak about him. Like many others, she has no memory of ever signing anything, nor was anything explained and as the years passed, she 'sometimes questioned whether she had even had a child'. However, her son traced her and it transpired that he had not gone to the USA as she had been told, but had been adopted locally.

> ***Then there was the witness who discovered that her daughter's name on her Baptismal Certificate was her adoptive name, despite the adoption not having taken place until months after the sacrament was held.***

> ***But here is a witness who had a 'happy upbringing with very caring (adoptive) parents' who nevertheless told the Committee: 'You had to accept that at one stage you weren't wanted'.***

The birthmother of another witness became pregnant while being treated in a psychiatric hospital. This witness was told by a nurse who had taken care of her

mother in the unit, that she had been 'too ill to understand what was happening around her, or to sign papers;' the witness is convinced that none had been signed. She added, 'the Adoption Board didn't inform me that my mother had been a psychiatric patient'.

Another witness said that before her daughter was taken away, she had a photograph of her daughter taken and took a lock of her hair, and when she got home, she hid both in 'her mother's cupboard'. A few weeks later, however, she realised that they were gone and told the Committee that 'a sibling had taken them. It was the cruellest thing done to me. That was all I had'.

On a more positive note, a witness, adopted locally in the 1960s, told the Committee that he had had a 'happy upbringing' with parents who had always said to him that he was special, because they had picked him. 'You were loved twice', they said, explaining that his birthmother had loved him enough to make the sacrifice of giving him up.

This birthmother, when he did meet her later, disclosed to him that she had also given birth to his 'two natural half-siblings' whom she had also placed for adoption. She hadn't been able to face them, she had said, because they had been conceived as a result of rape. He told the Committee that his natural father 'didn't want a relationship with his mother' and so she was sent by her family to the mother and baby home. But then, adding to a mystery inherent in this man's story, was the 'strong feeling' he said he had always had, that he had been a twin: 'But I have a letter that says my mother wasn't carrying twins and there is no record of twins being delivered'.

However, during their meeting, his birthmother told him that 'the remains of the stillborn baby' had been placed 'in the graveyard with the nuns'. 'I looked for a death certificate', he told the Committee, 'but I understand it wasn't the practice to issue a death cert for a stillborn child'. This witness told the Committee that he had come for interview because he was convinced that 'somewhere there is a record of my stillborn sibling'.

A witness was 24 years old when she had her baby in a home. She had hoped, she told the Committee that the birthfather would 'come up with a plan' for them to keep the baby but this did not happen.

The nun in charge told her she 'knew of a farmer looking for a good wife' but the witness insisted she would marry only the birthfather, so the nun began the adoption process telling her that the adoptive couple were 'two doctors', so the witness signed the consent forms.

She then discovered that her baby had not been adopted by doctors but by her own neighbours - assisted by the local priest. For some time afterwards, the witness, said to the Committee, when at Mass, she would see her little girl with the neighbours, her child's adoptive parents, when they attended at church. She had to watch her grow little by little, until they moved away sometime later.

A witness, 17 years old when she gave birth in a mother and baby home in the early 1960s, told the Confidential Committee that she was 'mentally tortured' and 'horrified' that she had given her child up for adoption - and equally tortured with worry that her husband and children might find out that she had given birth to this baby or had even been in a home. She had attended counselling, she said, but had never indicated the core reason for her distress to the counsellor. Having been in a home and giving birth was never mentioned during the sessions.

In fact, before coming to the Confidential Committee, she said that she had not told a single person about her baby and now felt that 'her whole life was a lie', that she had been 'keeping secrets from the people she was supposed to love and care about'. 'I feel like a fake, she said, 'it's a terrible thing I've done. It never goes away'.

Having given birth in a home, an 18-year old was afraid to tell her parents she wanted to keep her daughter. An adoption was organised and one day with no prior notice, she was ordered to dress the baby for the handover. 'It was all organised by this adoption agency; I had to hand her in like a parcel'. Six months later, her parents brought her to a solicitor's office and: 'My father put a pen in my hand and made me sign my signature'.

One witness was 19 years old when she gave birth in 1967 in a home. She had had no idea her child would be taken - and certainly not in the way he was. Three weeks after he was born, a nun came into the nursery and 'snatched' him from her. Another

nun came to talk to her because she was 'totally distraught' but the witness 'punched her and tried to yank her veil off'. Her mother collected her from the home two weeks after that, took her to the airport to send her to an aunt and uncle in the UK and told her 'not to come back'. The witness insists she never signed an adoption consent form.

A witness had to ask for assistance, when she was unable to spell the Christian name, when she was 'told' to write it on the document she was given to sign. Having become pregnant at the age of 15, she told the Committee that her baby was registered for adoption under false names, both Christian and surname, her name also inserted incorrectly, none having any connection to the real names. These 'made-up names' were used, she was told at the time, so that she could not be traceable as having had a child, a subterfuge, she said, that had been at the behest of her mother and aunt. She returned to the home in 2004 in search of information, to be told that 'no baby boy' had been born in the home on that date. When she mentioned to the two nuns who were talking to her about having had to sign the false names on the documents to facilitate her son's adoption, the response was that 'they didn't know what she was talking about,' and 'bundled her out the door'. This witness concluded this section of her evidence by saying to the Committee: 'there was a crime committed by the nuns because they registered me and my baby in another name' adding that she had also reported the matter to the Gardaí.

The Committee noted that during the interview given by another witness, the word 'shame' was used nearly 20 times. She was 22-years old when she gave birth to her child. At the time she became pregnant she said that her overwhelming feelings were of shame - and consciousness of her parents' fears that the neighbours might find out - these feelings have permanently endured. They have prevented her from telling her subsequent marital children, grandchildren, or even friends, about her having had a baby in a mother and baby home and choosing adoption.

This next witness traced his birthmother who had been 17 years old in 1969 when she gave birth to him in a home. When this happened, she told him, her parents had brought her to a solicitor's office in a town and had ordered her to sign adoption papers, but she had refused and they left the office. The witness said that his adoptive mother told him that there had been 'some uncertainty and delay' in his adoption procedure in comparison to what she had experienced with the witness's previously adopted two siblings. Her husband had been told that this time they were getting a girl

and they were also told that when they came to the home to pick her up, they were to have the number plates on their car covered up. They complied with this, but when they arrived, 'were brought into a room and handed a boy'.

His adoptive mother had photographs taken of her new son, and asked that they be sent to the witness's birthmother. They weren't. The witness said that his adoptive mother had also offered to meet his birthmother but this offer was not allowed by the priest who was organising the process.

> ***A possible explanation as to why these adoptive parents had been asked to cover their car's registration number was expressed by a mother who, at another time had been watching through a window in the home as a car took her baby. As she watched, she said to the Confidential Committee, she was told 'that wasn't the car of the adoptive parents'.***
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> ***That mother said that in her opinion, she had been told that to prevent any attempts she might make in the future to trace her baby.***

But here is a woman who was 26 years old in 1969 when she went into a mother and baby home to have her daughter. She told the Committee that she had had 'a very positive experience;' that going into the home and having her child adopted was the best and only option she had at the time. The birthfather had promised marriage but had let her down and her mother had threatened that if she returned home with a baby, she would be thrown out.

Although she had a good job, she admitted that she had gone into 'a very dark place' when she discovered she was pregnant and felt she had 'nowhere to turn'. In desperation she had sought the help of the priest who had been due to conduct her marriage. He had made contacts with relevant agencies and she was 'very grateful'. In the home, she told the Committee, they too were, 'very understanding of my situation'.

She did acknowledge that she had 'grieved bitterly' when leaving her child after giving birth to her and had been unprepared for the fact that it was going to be so emotionally

difficult. She did accept, she said, that at the time, adoption had been the best option for her daughter because she had not wanted her to be 'in the limbo of fostering', so even though it 'felt like a death' to her, she agreed to sign the final consent forms.

She also commented that 'families were hard on birthmothers and that 'society doesn't think about all the men who got those girls pregnant!' Although she did express a negative view of the nuns' 'lack of understanding about how difficult adoption was emotionally for birthmothers', she was less concerned about that - ('the nuns were trying to save the child from bad circumstances') - than she was about the 'villainising' of adoptive parents, of 'portraying them as snatching children away from their mothers'.

Another witness, a 21-year old mother, resisted all pressures to sign adoption papers and, defying all odds, while lugging a buggy went to 'the place where my baby was being minded' took the child, brought her to the UK and married the birthfather.

1970s

This next witness was extremely distressed during her meeting with the Confidential Committee when relating her experience of having her baby in a home in the mid-1970s at the age of 19, explaining that she had had no other option. She has had no further children because, she said, she was 'too scared to go through again what she had gone through' and she had a lot of regrets about the adoption. 'Reeling' is how she described the feelings she had about the entire experience and especially about the way the institution in which she gave birth, dealt with the adoption. Firstly, she was told to dress the baby and did so in clothes her family had crocheted. She was then instructed to go to the bathroom and get herself dressed. When she returned, her baby was gone. She contacted the adoption agency asking if she could take her baby back, and was told it was too late.

'No-one ever spoke about my child at home'. This next witness, who was 18 years old when she gave birth in the mid-1970s, had given up her child 'because I knew I was unable to mind a child and I was conscious of not ruining my boyfriend's career'. On

one occasion, she burst into tears at the family dinner table because of her sadness, 'but everyone carried on as though nothing was happening'.

> ***A witness, 19 years old in the mid-1970s, had made a similar plan to escape with her baby from the home but when putting it into action, a nun tried to stop her. 'I said: 'You'll have to kill me to stop me. She sneered at me and said: 'we'll see how far you'll go'. But then to her astonishment this nun gave her £4 and the witness left with her baby.***

This next witness gave birth to her son in 1970 when she was 21 years old. When she was back in the family home, the parish priest put pressure on her to give the baby up for adoption, warning her that 'no bastard child will enter my school'. Subsequently, 'one day, some women carrying documents' arrived at her home - she had no idea who they were. 'They gave her no choice' she said but forced her to sign the documents. This witness told the Committee that she had no idea where her child is and 'no one would tell her'.

Then there was the witness, 15 years old in 1972, when she gave birth to her child; 'one day', she said, 'one of the nuns sat me down for lunch' and by the time she got back to the nursery her baby was gone. When she left the home, 'a priest visited her, put papers in front of her and told her to 'shut her mouth and sign'. He never asked her if she understood what she was doing and she had no one to support her.

In 1974 a witness, who had a son in a home when she was 20 years old, said she had signed adoption papers before leaving as she 'knew it was the only way she could get out'. But when she got home, she telephoned to inform the nuns she had no intention of signing the final papers as she intended to keep her baby - and was met, she said to the Committee, with 'a litany of abuse'.

This nun then arrived at her house and tried to convince her that her son had 'gone to a good home' and even offered to give her the £10,000 that the adoptive family had put together to keep the baby. However, the witness stuck to her guns and refused to sign - and two days later, she was told her baby was 'ready for collection' but that she had to collect him at the back door of the home.

In 1976, a 16-year old who, a year earlier, had given birth to a child in a home and had given him up for adoption at three weeks of age, was back again. She had been living on the streets, had been raped and was now pregnant with her second son. This time, she wanted to keep her child and told the Committee that she had convinced a taxi driver to pretend he was her uncle so she could take her baby out. This worked and six months later she and her son left the home.

With the exception of one of her sisters, the family of this next witness, who took home the baby to whom she had given birth in the mid-1970s, were 'charmed' with her. She said, 'the neighbours loved her too'. While in the mother and baby home awaiting birth and having signed the first two adoption forms, she had refused to sign the third, final one. 'I said I will bring up my own child', and from then on 'it became a battle for me to hold on to my child'. The nuns, a social worker and a priest all met with her 'to force me to sign her away'. This was before her baby was born - and she said, the pressure to sign the papers continued after the birth. This witness has remained single all her life and speaking about her daughter, she said 'I live for her. She is my rock'.

A witness spoke to the Committee about being 19 years of age and pregnant in a home in the late 1970s and seeing nuns 'getting physical' with residents, wrestling babies from them in the nursery while the mothers were 'roaring that they wanted to keep their babies'.

However, one of the jobs given to this witness in this home was to look after the children who would never be adopted because they had physical or intellectual issues. 'It was like Chernobyl. They were in a room on their own. I was traumatised by it. I will remember them until I go to my grave'.

1980s

In the 1970s and 1980s, professional workers who were studying and working in mother and baby homes did sense that attitudes to unmarried mothers had begun to shift a little, especially as social workers continued to promote options other than adoptions.

However, the pace of change could be glacial. In 1985, for instance, a birthmother overheard this from the woman who was feeding the baby to whom she had just given birth in the home: ('You were discouraged from feeding your own baby', she said), but she heard this surrogate feeder say to her baby: 'Your mammy doesn't love you and she's leaving you…'

> ***Immediately after giving birth in 1980 in a hospital, the infant daughter of an 18-year old woman was taken straight from this hospital to adoption while the witness went back to the home. The witness told the Committee that in her view there was no acknowledgment of the bond between a mother and her child that 'begins even before birth'. 'I grew up on a farm', she explained, 'I watched cows having calves and I know the bond that exists even in the animal world'. When she returned home shortly after giving birth, even though they had never discussed it, her mother, she said, 'could have kissed the ground that I had dealt with it and that was that'.***

This witness was told that her baby's adoptive parents wanted to meet her but her own parents would not allow this - and she was given half an hour to write a letter to her son before she left the home without him. Up to the last minute before she left, she said, she 'held out hope' that when her parents came to collect her they would take her and the baby home with them, but this did not happen.

The witness said that when she finally signed the papers she felt like 'someone had carved her up the middle'. She went back to her studies in college, outwardly behaving 'as if nothing had happened' but she wanted to emphasise to the Committee that 'she needed a template to survive the experience and move on with her life'.

1990s

Progress in the loosening of attitudes continued to be slow and as the 1990s dawned, a witness who had her baby in a home at the age of 17 told the Committee that she

wanted it to be known that ‘the same things were still happening:’ Her parents wanted ‘the whole thing’ kept secret, they had ‘a friend who worked in social services who was making the arrangements, and there were no choices offered, nor were any discussed’.

She had hoped that when her mother saw the baby it would be different, but that didn’t happen and the witness said that the ‘friend from social services’ did tell her she had the choice to opt out of the proposed adoption, but her parents had made it clear that this was not possible. For instance, none of her siblings had been told about the pregnancy so all believed the lie that when she went into the mother and baby home, the witness had ‘gone away to study’. Up to the day of her appearance before the Committee, the witness said, only one of her siblings knew that she had given birth to a baby.

So her job from the time she had given away her baby, she deduced, was simply ‘to return to her life after the birth, to act as though nothing had happened - and to carry the secret to this day’.

Fostering and Boarding out

This section describes the experiences of children who were boarded out or fostered from mother and baby homes or county homes from the 1920 to the 1950s. Boarding out and fostering are fully dealt in the Commission's main report.

Female Experience
1930s / 1940s

> ***This witness was not just resilient and optimistic, she was observant. She knew how, in a few words, to paint a picture for the Committee of what that era felt like: 'there was no joy, no happiness, it was a time of war, it was tough in Ireland, no-one playing outside, it was gloomy.***
> ***'There were no coloured doors'.***

A woman born in a home in 1942 was sent to a foster mother ('a lovely woman' was how the witness described her) staying with her from the age of four until she was nine years old. But this foster mother became ill so the witness was taken back to the home for about a month and then sent to live with nuns. This experience could not have been more different from her previous one, particularly as 'one nun there would light into me every day. She was evil incarnate'.

'Fostering for money' was an issue for another witness. She had suffered 'significant physical and psychological abuse in her foster home, which had 'a lifelong effect on her'. Her foster parents, she said, believed that foster children 'were the lowest form of life', and were 'caring' only to make money. This woman told the Committee that she was an alcoholic by the time she was 16 years old, when she was taken out from this fosterage and sent to an institution, describing the move as 'like going to heaven in comparison to where I had been'.

The following witness told the Committee that she still has scars on her legs from being beaten with 'sticks' by members of both families with whom, one after the other, she

had been boarded out in the mid-1940s. Having been born into a home, her childhood, she said, 'was terribly unhappy'. When the nurse came to do inspections, she 'never asked me what was going on - and my foster families made me wear wellies to hide the blistering on my legs'.

There were other types of oppression too, insults, taunting - the lies - that for years afterwards left mental and emotional scarring, not immediately visible, on many children.

> ***Born in the early 1940s this witness described for the Committee a childhood where physical and mental abuse were regular features of life with her 'boarded out' family, by whom she was 'beaten with a leather strap and a sally switch'. If she was 'bold' she said, she would also be told that she was being sent back to the home and was ordered to 'go and pack your case'; then, with it beside her, she would be left waiting, 'standing at the fireplace all day'.***
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> ***At Christmas time, she would hang her stocking on the fireplace but on Christmas morning would find in it 'only a lump of coal'. She never received a Christmas present, and like another witness in this report, was not permitted to sit at the table with the family, or in her case to use their cups and plates. She was given a tin mug. When having her period, she was given only old rags to use and had to wash and reuse them.***
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> ***Unexpectedly, this story ends kindly. When she was 16 years old, this witness left the family and got a job working in an orphanage, where, she told the Committee, 'the nuns were lovely to me'.***

The next witness told how her new foster parents, a teacher and his wife who was 53 years old at the time, took her from the home in 1944. The fostering, she told the Committee was arranged by a solicitor. When thinking about it in later life, she suspected it was organised because her foster mother 'was anxious to have someone to look after her in her old age, and felt the need for 'a servant girl'. She remembers

the foster mother saying to her that ‘no nice boy would want you’, and when she got to see her notes from the home, there is ‘no mention’ of her being either adopted or fostered: ‘I just slipped off the radar’.

In her foster home, she said, she had to share a bedroom with her parents until she was 13 years old and that ‘they would often have sex while I was in the room’.

To judge by the stream of similar accounts of beatings and abuse of all kinds heard from witnesses in the care of the state in the 1940s, it represented a cruel decade for foster children. This next witness stayed in the mother and baby home in which she was born in 1944 until she was eight years old and was then brought to stay with an ‘older couple who were nice to me’.

Tragically, her ‘nice’ foster parents died and she was moved to her second foster family, ‘missing a lot of school from then on’ because she was ‘working out in the fields’. She would ‘cut the turf and mind the children and be beaten’, while two brothers of this family ‘tried to assault me sexually’.

The next witness told how there were six ‘natural’ children in the family where she was placed at the age of three. She was there for ten years, she told the Committee, working as a skivvy - while being raped and sexually abused. This abuse, she said, was started by one of the sons from the time she arrived and she told the Committee that she was also ‘taken’ by neighbourhood men in cars.

Her ‘skivvy’ work entailed ‘unloading turf, all the housework, and working on the family farm. The inspector, she said, would call ‘very occasionally’ and she was ‘dressed up’ for him when he did call. Once, a neighbour gave her money for ‘helping out’ - but her ‘boarded out’ mother took it from her. She had a teddy bear, the only present she had ever been given and it had been from her birthmother. Her ‘boarded out’ mother took it from her.

Allied to the ‘early life’ experience of the previous witness, was the broadly similar one lived by the woman who was boarded out in 1948 from a home at the age of five months and who stayed with her boarded out family until she was 12 years old. One of her comments to the Committee was that ‘the older you get, the angrier you get’. Her story is that her foster parents were ‘totally inappropriate’ to foster her - the woman was 70 and her husband was 80 years old. They would keep her at home from school

to ‘mind’ them - and along with a 12-year old boy (who was also ‘boarded out’ with them) all three ‘sexually and physically abused’ her. In addition, she said, this couple ‘would allow other men to come to the house and pay ten bob to rape me’. She was moved from this home to a children’s home when she was 12 years old. When the nuns there realised how far behind she was educationally, she was ‘put to work, morning and night and had to ‘hand over her earnings’ to them’.

When this witness married and went on to have her own family, she had ‘serious difficulties in bearing children because of the ‘internal trauma and abuse’ she had suffered and has now ‘only one living child’. Bearing witness to the resilience of the human spirit, she left Ireland to train as a nurse in the UK and her fury with this family is equalled only by her anger towards the state, telling the Committee that this family ‘had never been vetted’ and that during her time with them, there were no checks made on her. She said, if there had been, it might have been discovered how she was ‘being used as a child prostitute’.

At the age of eight in 1945, this witness did not want to leave the home as she had been ‘very happy’ there, but abruptly found herself boarded out with a family and immediately, from that age, being subjected to ‘extreme sexual abuse’ from ‘various members’ of it. She told the woman who would come to inspect the house, ‘but she never listened’. She also told her ‘boarding out’ mother, but she ‘didn’t listen’ either. Later she tried to bring one of the ‘natural children’ in the house to court for his part in the abuse, but ‘the Gardaí wouldn’t touch him’.

She was ‘rarely’ allowed to attend school and never did any exams. ‘My young life was ruined’, she said to the Committee, ‘and that’s all I can remember of the past’. She does remember, however, that on his deathbed’, her boarding-out father said to her: ‘We should apologise for what we did’.

This former foster child reported to the Committee about being ‘whipped’ by her foster brother until ‘blood was running down my legs’. She told the Committee that in addition to these ‘regular beatings,’ she had also been ‘regularly’ abused sexually by another of her foster brothers in their home - and on one occasion, as a result ended up in hospital. She suspects now that she might have been having a miscarriage

but is unsure about that because at the time 'I hadn't a clue about periods or anything'.

'There's no words there for me to tell you how bad it was,' said this next witness to the Confidential Committee - one of several who testified that she had never before spoken about the sexual and physical abuse she suffered in her childhood: 'Telling people would hurt too many, this is the first opportunity I've had to say how it was for me without affecting anyone'.

In the mid-1950s she had been 'taken in' from the home in which she'd been born by her maternal aunt and the aunt's husband - although she was never formally adopted. From the ages of 3 to 13 years, this uncle sexually abused her; From then on, he switched to abuse 'of a physical nature'. 'There were so many times I wanted to die. As a young child I prayed that he would be killed, because of the terror I would have'. When she was making her first holy communion, this child thought she was dying 'because she was 'sinful'. She fainted after receiving. 'Developmentally', she concluded, 'that was my life, not much room in it for anything else'.

This next witness was fostered from a home when she was two years old in the late 1950s. She told the Committee that her foster parents had a 'dysfunctional relationship and that there was 'violence and mental abuse' in the home. She is angry that children were 'farmed out' to such unsuitable parents, despite weekly visits from an official. On one occasion she asked her foster mother why she was fostered, this woman replied: 'Well I couldn't get a dog so I got you'.

This evidence was in stark contrast to that of the witness who came to the Committee to say that she was fostered and later adopted by 'a good, ordinary, decent family' and had a 'happy, normal childhood'.

This next witness was five or six years old when fostered out from a home in the early 1950s 'from one hell hole into another'. Her foster family were farmers 'and they turned me into a work horse and a wild animal. My father would rape me every chance he got, and my mother would beat me; she would lock me in a room and cycle off, and my father would take me out of the room and into his room'. This witness does not remember eating any dinner in that house, 'only porridge and jam' - they turned me

into a wild savage and with two others on that farm who had suffered similarly, at the age of 9 or 10 she was sent to a convent: 'We were all crazy'.

The witness was transferred into a psychiatric hospital at the age of 13, because she had hit back when one of the nuns in the convent hit her. Poignantly, this witness told the Committee that 'the only place I ever felt loved as a child, was in that mental hospital', where the nurses 'were nice to me and gave me cigarettes'.

Male experience
1920s / 1930s

A man, born in the late 1930s, spoke about the general ethos for children in Ireland in the decades under review and not just for those in care: 'You grew up in fear all the time. You were afraid of school. I served mass - I was afraid of the priest. You had fear all the time'. (Not just of 'the priest' but of the Master, the Nun and the Christian Brother).

Another coming from a man born in 1947 who was called 'a bastard child' in school, always 'felt like an outcast' and whenever asked questions about his family: 'I was all the time telling lies'.

A third quote taken from the testimony of a witness who had also been born in that decade: 'The psychology of being a bastard is deep in the Irish psyche and has stayed with me throughout my life'.

Given how many witnesses were heard, and at such length, as already implied this report cannot be exhaustive or give full details of all disclosures to the Confidential Committee.

Inevitably, though, there were major similarities in the disclosures as witnesses reported how they were treated while in care. The Committee heard that it was not just the cruelty, mental and physical or the sexual abuse and brutality that caused the deepest wounds - horrific as they were - but what cut even deeper was ignorance and indifference to individual suffering and needs.

A ninety year old man came to speak to the Confidential Committee of having been in state care during much of his childhood. It was unusual but not unknown that while he had been born in a mother and baby home in Ireland in the late 1920s, much of this care was in the UK where he was sent when he was four years old, having been moved around between institutions somewhat those first four years.

This witness was just a year old when sent to be 'boarded out' from the home, to live in the community with a woman who would, under inspection and supervision, look after him as her own and when the time came, send him to school. He had few memories of that period because three years later, when he was four years old, he was sent to an orphanage in the UK (and continues to attend its reunions.) From there he was again 'boarded out' this time for five years and from there, was finally sent to a 'training farm', where everything changed for him and, he told the Committee, his life became 'extremely rough'.

He suffered the physical assaults common to these reports, but what was most upsetting was that he was treated and 'thought of' as a 'lesser human being' by the family who ran this farm; they made their attitude to him clear by leaving him, for example, to eat his Christmas dinner alone in the kitchen, while they celebrated theirs in the dining-room of the house they 'shared' with him. Although having developed 'identity issues' throughout this peripatetic existence of being shuffled around with no say in any of it ('what am I doing? I'm no-one. I'm no-where') this man found structure in his life by joining the British army; he trained as a nurse, and then 'ran a hostel for alcoholics'.

Another witness discovered he was 'illegitimate' only when his daughter, on his behalf in the mid-1990s, began a tracing search for his mother and found his birth certificate and he also discovered he had had three sisters and two brothers with his birthmother - who had died, unfortunately, five years before this revelation. While he told the Committee that he was 'sad he had never met his mother' he believes that it is good not to dwell on the 'terrible things of the past', far better to 'live in the day'. To do otherwise, he said, 'is a cancer of the brain'.

A man born in the Ireland of the 1930s, told the Committee he was fostered through a number of foster homes from the age of 14 months. He was placed as a 'farm labourer' at the age of 16, where he was compelled to live in a shed on the land for a number of years before he joined the army.

1940s

Witnesses described how as children in abusive settings they were left to cope alone without any help from their families or the state bodies. Some men, who had been boarded out as children joined the army in either Ireland or the UK. Many went on to marry but could not cope with the intimacy of that institution, or had trust issues: 'The marriage broke down'; 'the marriage didn't last'; 'there were difficulties in the marriage' were common refrains in the interview room. In later life, some sank into alcoholism or drug use in an effort to blot out the recurring nightmares of their early experiences.
This next piece of evidence given to the Confidential Committee came from a man whose mother was 18 years old when she gave birth to him in a home in the late 1930s. He learned much later that for some time she sent money to cover his upkeep. From his birth home, he was transferred to a second one and then was sent to a foster home.

Growing up there, he said he never got Christmas or birthday presents and 'I didn't know what Santa Claus was'. But his life changed when he met his wife. 'I didn't know what true love was until I met my wife'. He was not only very happy with her, but by getting to know her family, 'learned about how family operated. His wife's family 'embraced' him he said, and 'when that door opened, the love oozed out. I'd never seen this before. Had never got hugged, never got kissed'.

This wholehearted, generous outpouring of love served also to illuminate the barrenness of his earlier life. Referring sadly to it with what might also have been even a small tinge of bitterness, he said to the Committee: 'We were fostered out for money'.

This next witness was traced by a sibling but he wanted to have a relationship with her only 'if she is kept secret'. She hasn't contacted their birthmother, fearful that it would be 'too much of a shock for her'.
Meanwhile, a snippet of how one small adventure paid off for a witness who had tried to run away from his troubles but was caught by the Gardaí and returned. He subsequently managed to stow away on a boat and ended up in Wales. He went on to work in manufacturing and learned a trade through the Open University.

This next boy, however, born in a home in 1940 was placed 'inappropriately' he said, with a foster mother and father, aged, respectively, 67 and 72 years old. Their home had neither electricity nor water, and his main job, he said, was to ferry buckets of

water into the house. He remained at this posting until he was 16 years old and 'all things considered, he said, 'did quite well'.

When he was leaving (National) school, his headmaster asked him what he was going to do about his education, encouraging him 'to keep learning'. Unfortunately, before he could get the results of the Civil Service exams he sat, his foster mother fell and broke her hip so he gave up the notion of a (white-collar) career and took a job with a local butcher.

This next witness verbalised a portrait of profound sadness and loneliness. He was born in 1940 and when he was two and a half years old, he was sent from the home 'to fill the gap' for parents whose son had been tragically killed. Then he was sent to an orphanage when he was four years old, remaining there for years, 'with occasional visits back to the couple' with whom he had been living.

He would be 'overjoyed' when sent to see them but was then 'totally confused' when he had to go back to the orphanage, as he had thought he was their son and couldn't understand 'why I didn't remain with them. I thought there was something wrong with me. I was forsaken'. (That word, he told the Committee, was the only one that could illustrate that feeling of 'loss and loneliness'.) In the 1970s and 1980s when he discovered the true details of his past, this man suffered a breakdown. He had married, he said, but his wife 'knew nothing of it'.

This next witness was fostered by an older couple. Their son was 'threatening' to the witness. On one occasion when they were cutting turf together he told the witness he 'was going to put him in a bag and throw him into the bog'. He told the Committee that his foster mother was 'nicer' to him, citing as evidence that while he was being whipped by the son, the belt leaving welts and marks all over his legs and bottom, she would urge her son 'to leave him alone'. This son, he said, was also 'cruel' to the animals on the farm, for instance kicking them, and he was also aware that he was 'molesting children'.

Despite the fact that the family received an allowance for him he had very few possessions - shoes to wear only for going to Mass and at all other times he wore wellingtons. No-one knew what he was going through as he was not allowed to visit the neighbours and forbidden to talk to anyone; he 'fared poorly' in school where the

teachers were ‘horrible’ to him, regularly ‘hitting’ him - and in any case, he was frequently taken out of class by the foster family to work on the farm.

This witness stayed on that farm until he was 31 years old. Although he was ‘always tempted to leave’ he said, he had become ‘institutionalised’ and ‘fearful of the unknown’. He did marry and have his own children (and would never allow his foster brother into his own home.) He discovered when he scrutinised documents relating to his birth, that after his birthmother left the home where she had given birth to him, she had spent most of her life in a Magdalen laundry.

> ***In the matter of being ‘a bastard’ and being judged in Ireland by where you were born rather than the person you are, the man born into a home in the 1940s won’t easily forget a taunt he suffered in a pub. He was with friends celebrating his imminent wedding when a man sidled up to him, leering: ‘You’d better invite me to the wedding. I’m your father!’***

In 1945, a baby was ‘boarded out’ from the home when he was ‘seven or eight’ years old to ‘very bad, very hard’ people, who were ‘very wealthy and Catholic’ and who had four natural children, all older than he was, ‘doing no work on the farm’. He told the Committee that the work he had to do on this farm ‘would nowadays be considered as slavery and if you opened your mouth, you would get a whip across the face’.

He would be given only ‘leftovers’ to eat - and would often subsist on the ‘potato skins thrown out for the pigs’; he was not allowed to use the toilet in the house, and would he kept out of school to work on the farm, his foster family writing ‘sick notes’ to the master. Sometimes he did manage to get away to visit his foster sister’s home and she was ‘good’ to him. Eventually, he escaped to the UK, where he trained in a trade and went on to ‘make a good life’ for himself.

There were two major escape hatches for distressed men and boys during this era and it is striking how many of them told the Confidential Committee how they stepped through the first one to ‘join the army’ both here and in Britain, speaking warmly of the experience. These witnesses contrasted their old lives with this new one, where they now had food, warm clothing, a bed, and structure added to their lives, that up to then in many cases had been chaotic, full of all kinds of physical suffering and with fear and hopelessness in equal measure dominating thoughts about the future.

The other hatch opened onto the mail boat on the Dublin docks, or its equivalent elsewhere in the country, taking escapees across the Irish Sea and into the UK. It was availed of by many, including girls, especially if they had relatives settled there who were willing to offer transitional help.

Britain offered not just bigger territory, but a far larger population within which to hide and gain anonymity even during the war and post-war periods where frugality and food rationing ruled. So the way of life during those years wasn't easy. On balance, however, when set against institutional suffering in the Irish state care system, even living under the Blitz and the lean years afterwards was preferable - with the prospect of personal freedom and independence beckoning those who had never experienced either. Some fell by the wayside, of course, but many, for the first time in their lives, were at least cognisant of the opportunities, big and small, that came their way. Some grasped them, some didn't (or couldn't.) Even if only on the surface, they now enjoyed the privilege of being able to make personal choices.

This next witness, who was born in the late 1940s, had 6 siblings in his foster family, the progeny of his foster parents. This new child was expected to fetch water from the well in the middle of the night if his foster father felt like a cup of tea - and had to supply tea for him and his friends who would come to play cards. He would be fed the potatoes that were given to the pigs. In the mornings before school, he would take the hens' eggs, place them in the fire and take them with him to school. His teacher noticed this and would give him sandwiches and milk - but if he was late home from school, the father would whip him.

In 1963, he was moved to another foster family and suspects this was because it was noticed that he was being maltreated in the first one. This new family were wealthy dairy farmers, with two sons already in University. He was paid £1 a week, and 'put sleeping in a shed, working from six in the morning [before school] and until midnight (after school) pulling turnips, bringing in the cows, washing, milking and feeding them, delivering the milk door-to-door. On one occasion, he was told to go into town on a bike to fetch groceries; a Garda noticed there was no light on the bike and summoned him to court. The foster father 'fined' him, taking his weekly £1 from him to 'teach him a lesson'.

This witness was another who escaped all this by joining the army and didn't know himself: 17 pounds a week, 3 meals a day, a bed, a uniform, and work finished every

day at 4.30 in the afternoon'. In 1998, he eventually did meet his mother, forging 'a good relationship' with her until she died.

Another witness eventually moved to UK but not before his life beforehand, as related to the Committee, had encompassed almost all of the worst elements of state care. This man said he had come forward 'quite reluctantly' to tell his story and 'nearly didn't'. He was born into a home in 1945. At the age of 'about three' he was fostered out but then returned to the home when the couple had their own child. This couple, he said, 'didn't feed me but didn't harm me'. At the age of eight and a half years old, he was sent to his second foster home, where there were sons and a mother but no father.
One of the sons, 'about 45 years of age', regularly 'came into the bed' of the witness. A second was a 'bit of a fiddler too', and a third was 'an alcoholic'. At school, the witness was 'treated like a piece of shit and was caned every day'. 'Even the other children would line up after school to beat me.

In this second foster home, he was again 'not fed properly' and would 'eat anything I could get my hands on, even the pigs swill'. 'Everyone in the village knew I was malnourished but didn't care as I was seen as the devil's child'. This was the witness, who was only once during his fostering given new clothes - for his confirmation - 'and they were taken back off me as soon as the ceremony was over and returned to the shop'. Nothing was ever explained to him about what was dangerous about working on the farm 'and I was put in many dangerous situations, with live cables and the like'; he had 'a number' of accidents.

There were eyes and ears everywhere in this Ireland of the Forties: 'I would go to confession in the village and the next day the policeman would know everything I said and would punish me. 'I would be blamed for anything that went wrong in the village - the policeman would kick me in the hip'. He has 'no memory' of any inspections of the foster home. Perhaps the unkindest cut of all came courtesy of his foster mother: over the years, she had regularly promised him: 'if you are good and do all our chores, your mother will come and visit you'. This witness told the Committee that every Sunday, he would wait in anticipation of his birthmother coming to visit him, but 'this never happened'.

By doing odd jobs 'on the side' he eventually managed to save enough money to 'get on a cattle boat and start a new life in England'. By the time he traced his birthmother,

she was dead. He told the Confidential Committee that he had never wanted to know anything about his birthfather as 'the men of Ireland used to get away with murder. They were never to blame'.

> ***In the 1950s, a male witness was placed with a couple who were under the age of 30. They emigrated and raised him abroad - never going the legal route of adopting him. As a child he was also exceptionally lonely because both parents were 'golf fanatics' and so he spent 'all' his time alone.***
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> ***This witness is 'very angry and distressed' because of his childhood and past, saying that his 'adoptive' father was an alcoholic and a 'very violent man' and because he believes these people should not have been allowed to 'remove him from the country of his birth and his cultural heritage'.***

Born in a home in 1946, this witness's only memory of his mother and baby home, he told the Confidential Committee is of his being 'walked out of it' by a nun when he was nearly five years of age and bound for 'boarding out'. In his new home, this little boy was, from the beginning, 'beaten every single day', thrashed for not doing things the right way - 'but I had never been shown the right way'. The father in the family was a 'chronic alcoholic' and the worst beatings were inflicted on this child when his father had been drinking on a Friday night. The family had a farm and from a young age, the child was made work 'very hard'. For a period he had 'no shoes, and 'I would have to walk for hours to get to school'.

This regime lasted until he was 12 years old - when he was moved to a second 'boarding out' family. But he was similarly beaten there and ended up running away. Then his luck seemed to change when, while 'on the road', he was picked up by a man, a member of a film crew, who paid for his first night in a hotel and gave him the fare to get to London (via the ferry). He was free of the day-to-day horrors of boarding out, but the long-term effects of the constant beatings and the other aspects of his life up to that time, proved to be profound; he became an alcoholic, and although he did marry twice, both wives left him because of the drinking and he has little contact with his children. He has now been sober for 10 years, he told the Committee, and has worked as a labourer and in the security industry, but overall, he said, he has led 'a very nomadic life', even moving from the UK to the USA 'on a whim'. This man never

managed to meet his birthmother but the saddest sentence in his narrative was: ‘I miss her every day’.

Stories of serious physical abuse by foster families resulted not just in psychological scarring but in life-altering physical injuries and they continued with this next account from the witness who was fostered, also at five years old. His new “parents” were three unmarried siblings who lived on a farm and who ‘severely’ beat him and, he told the Committee, threw him down the stairs. This series of assaults resulted in a ‘fused’ ankle which has left him with a bad limp, a frozen shoulder, and arms that cannot properly bear weight.

When the severity of the abuse was discovered, he was moved to another foster home where he was ‘very well taken care of’, too late. While looking for work after his second foster mother died when he was 18 years old, he found it difficult to find any as he was now seen as ‘a cripple’ with employers telling him: ‘You’ll be no good to us’. He is angry with the state for not protecting him from the abuse he suffered. He is also upset about the fact that ‘the circumstances of my birth came up throughout my life - having to tell people I was illegitimate has been very hurtful’.

The spectre of land inheritance rose for a time in the case of this next witness, who had been fostered with an elderly couple with no children of their own, and whose farm was let to their nephew, who resented the witness, fearing that he would ‘get in the way’ of inheriting the place. Although life was not easy, he did manage to get on very well at school and ‘was never singled out for being a foster child’.

Some years later, however, he was moved into another farming family where there were fleas in the room where he slept, and ‘mice crawling along the roof; there was no heating or running water and he had to drink from a stream and use the fields as a toilet. Sometimes the food he was given was infested with maggots. He couldn’t study properly, because there was no electricity, his books were ‘filthy with soot’ and his school work deteriorated significantly.

This witness never received a penny for his ‘labours’ on this farm. He is emotionally scarred as he feels he has never ‘belonged’. He also feels the loss of ‘proper education’ and it makes him angry. In addition, he told the Committee, that he believes that it is because he had to drink dirty water that he now suffers from hepatitis B.

This next witness said that he remained in the home until he was six and a half years old, and was fostered out to a couple who could not have children of their own and wanted ‘someone to take over the farm’. They had responded to an ad in a local newspaper seeking foster parents ‘and when they came to the home, I smiled at my foster mother and she knew she wanted me’. When first he arrived at his new home, however, he was ‘frightened’ by it, never having seen a dog before, or farm animals (even pictures of them) but cheered up and from then on he had a ‘happy upbringing’ and enjoyed ‘the freedom of being outside on the farm. ‘I was born a second time’.

His difficulties arose, not on the farm, but everywhere else; when still at school, although some of the teachers were ‘very supportive’, he said, he was ‘not allowed to mix with other children in the playground and had to take his lunchtime at a time different from that of other children. Later, at work, he experienced ‘verbal abuse’ and ‘being called a bastard’. The discrimination spread later to dancehalls, where, because of his family status being well known (and obviously well-discussed) in the area, he ‘would struggle to meet girls’.

He did marry and have his own children, but always worried how they might be affected by his past as to this day, he still gets ‘a certain number of digs’. Unfortunately, throughout, his birthmother refused to sign adoption papers, so while his parents had wanted to adopt him - his foster mother praying ceaselessly to Padre Pio for both him and his birthmother - the witness himself was conflicted about the situation. On the one hand, he would have liked her to sign the papers because ‘it would have made his life easier’, not least because he ‘would have inherited more land’.

On the other, it did make him aware that his birthmother ‘wanted him’ and he intuited her fear that he ‘wouldn’t look for her if she had signed’. His foster parents were very supportive of his quest to find her, accompanying him to the UK when he eventually tracked her down and went to meet her. Just in time, because she died not long afterwards. He has erected a headstone in her memory where she lived.

Another foster child’s farm placement was also a source of gossip in the parish. It also involved land. The farming couple were elderly and before leaving for school, the witness had chores to do, milking and feeding the cows, (seasonal) sowing of potatoes and cabbages, filling barrels with water for cement. While his foster mother tried to

have him adopted, his foster father refused as he wanted his nephew to inherit the land.

However, the witness went to work for his foster mother's brother, and while he received no payment for his work there, that man left him his farm in 1972. His foster mother bought him a car to enable travel between both tracts of land. So all in all, unlike others who had suffered by being placed with farm families, things worked out for this witness, although he said 'stigma, complete with ugly comments' still applied, and not just to him. One day he overheard a neighbour chatting to his parents and then, casually, mid-chat: 'Sure you're only raising a bastard!'

This next man came to the Confidential Committee 'because I wanted to get it off my mind'. He spent two years in the home and then was sent to another, then juggled into and out of 'different foster homes, in one of which he was forced to 'sleep where the pigs slept because I was wetting the bed'. 'There was no light', he went on, telling the Confidential Committee that on one occasion while in the pigsty, 'a rusty nail went through my forehead'. The foster parents he said merely 'washed the wound and put a plaster on it'. No mention of a doctor. Nor did he ever see a doctor in his next port of call, an industrial school to which he was sent at the age of 11 years, by a judge. 'The teachers were fine, some of the staff were great, but some would hit you for no reason and some would call me 'an imbecile'. I wasn't an imbecile, I was depressed. I had a pain in my mind. I think that's worse than any pain, I felt like a lesser boy. It's lonely growing up without a family'.

He met his mother once, when he was still five years old. 'She brought me to her parents and they didn't say a word'. He never saw her - or them - after that. As an adult, having worked part-time for 30 years, he continues to suffer from depression, anxiety - and to add to his difficulties now, agoraphobia.

A positive fostering experience was described by the next witness to the Committee. The mother of the witness, having remained in the home with him for a year, then emigrated to the US. He was fostered out to a farming couple in their late fifties and always knew his true position, but said he had a 'happy upbringing' and that they regarded him as 'their son' and for company, he also had a foster brother.

This witness believes, he said, that in later life, his 'heavy' involvement with the local GAA, both as a player and an administrator, helped him within the community in that

he was ‘accepted’. He believed that ‘the media’ was ‘forgetting about the good that was done’ and that ‘the nuns were being criticised unjustly’. This man said that he had no sense of being let down. He believes he had lived in ‘the Ireland of the times’ and that being fostered had never impacted on his life. He did help his foster parents on the farm but never considered they were ‘taking advantage’ of him, never felt stigmatised and has always been very open about his origins and the fostering. ‘I wouldn’t swap it’.

A man who was born in a home in 1952 was brought into a room ‘to be tested’ when he was seven years old. Two weeks later he was put into the back of an ambulance ‘and taken to a special school’ for children with learning disabilities. The witness was then ‘boarded out’ from this school with a family to serve as ‘companion and minder’ for their intellectually disabled son - his bed during this posting was ‘two kitchen chairs’ put together. At 12 years of age, he moved to another home, and at the age of 13 years, he was taken out and given the job of cleaning ‘a disused hospital, wherein he was ‘handling dirty used medical equipment with no gloves or protection. He would start work at 5.00 am and go on to school at 8.30 am. Then, he would work every evening. He had to give his money to ‘the priests’. Every summer he was sent to work for a farmer where there were no toilets or running water.

This witness told the Committee he ‘was beaten in every placement he was in’. Insulted too - in one, for instance on asking for help in preparing his ‘family tree’, the response was: ‘That’s easy, your mother was a whore and you’re a bastard’. ‘To this day, this man said, ‘I suffer the effects, often waking at night, screaming and shouting’.

A witness with a disability came to the Confidential Committee to say that ‘he doesn’t know what it is like to be treated well’, ‘you are nothing because you come from one of the homes’; explaining that all his life he was mimicked by others for being disabled for instance, being called ‘Christy Brown’.
Another witness told the Committee that his cousins would mock him, saying ‘you’re not entitled to anything, you’re adopted, you should be grateful someone took you in’.

A man who was boarded out in 1953 wrote to the Commission about his experiences of being boarded out, including the day he left the mother and baby home. (His experiences in the mother and baby home is recounted in the section on the conditions in the home)

I was put into an ambulance - nobody said anything to me about what was happening. I am a farmer - I was loaded like a beast and brought off. I cried a lot and was especially distressed at leaving my pal, whom I depended on totally. I looked out the window of the ambulance for the whole journey and I remember arriving at a long road with two big piers and a big gate with spikes. I thought I was going to another prison.

(The person we are calling Missus) *met me at the gate - I didn't know who she was and she took me in. She was a nice woman. I had a room but* (Mister) *was an alcoholic who went to the pub every day.*

The day after I arrived he had me out working in the fields and that was most of my life from then on. I was only allowed to go to school on days when it was impossible to work on the farm, he would leave out the work I had to do every morning before he went to the pub and he would come home drunk. He was always cross and giving out, even if I had done the work. He would lash out if I was near him and Missus would try to intervene to save me.

I often worked through the night so that the work would get done and I would not be punished - I would get no sleep at all. I often got soaked but had to keep working without getting to change into dry clothes or footwear.

The few times I was allowed to go to school I was not able to keep up or I would not have by homework done so the Master would've put me outside the door as punishment. The children would come at me and ask me why I had [his name] *but was living in a home with a* (different name) *but I couldn't answer because I did not know why.*

When the teachers were gone home, some lads would attack me and even though I tried to fight them, I often went home with a black eye. Missus would complain to the school but they only beat me worse afterwards. They would follow me and force me to fight again so, as result I would be late home from school and would be abused for this by Mister. Even when I was playing hurling I was singled out to get belts more than the other children. I was never protected from this by the trainers.

I continued to wet the bed for nearly ten years after I went to Mister and Missus's. Missus never gave out to me as she knew it was because of the abuse I suffered in the

mother and baby home. She would often ask me in the morning who I was talking about when she heard my nightmares.

I was well into my twenties before Missus explained my background to me. I got my birth certificate then and eventually met my mother. I was shy all my life and never had any close friends. I never married and always stayed on my own.

The Adoption experience

Legal adoption is the process by which a parent/child relationship is established between persons unrelated by birth whereby the child and the adoptive parents assume the same rights and duties as children and parents in 'birth families' and the birth mother relinquishes her rights over the child. Adoption in Ireland was introduced by the *Adoption Act 1952* which came into effect on 1 January 1953. It quickly became the most likely outcome for 'illegitimate' children and the most significant exit pathway for children in the institutions being investigated by the Commission. The vast majority of foreign adoptions took place in the period 1945-1969.

Adopted to the United States

Some of the babies adopted from homes were sent to the United States and had happy childhoods with caring families. However, the 'adoption experiences' of these following witnesses have varied tales to tell. They range from the mid-1940s until the 1960s.

This first adoptee categorised her childhood as 'extremely unhappy', was sent to the USA with a boy from the home in which both were born, 'he was to become my adoptive brother'. She told the Committee, their adoptive father 'never wanted her and made his feelings about that known'.

There was a third adoptee in the household, an older girl who had been adopted from within the States before the other two arrived and she, the witness said, was 'favoured', while their father always referred to the witness as 'homely' and 'stupid', and her mother had always introduced her to others as 'my adopted daughter' which made her feel 'different from other children'. Her parents, she said, never told her that they loved her.

When she was in her early teens, her adopted brother 'attempted to molest me', she said, adding that 'this sexual assault was the biggest thing that happened to me'. She thought he was going to kill her, she said, and thinks that this was the cause of her

being ‘afraid of boys’ for most of her life, that all through school, she wanted to be ‘invisible’ and that at the age of 14, she ‘began to have suicidal thoughts’. In addition, she said she ‘could not bear to be around people’ and so a series of retail jobs couldn’t work out for her and she left each of them in very short order. Her adoptive grandparents were the only ones ‘who ever showed me love’ and when they died, she spiralled further downhill, abusing alcohol and prescription medicine, suffering acute attacks of psychosis, and being treated with electric shock treatment.

She now suffers from agoraphobia and wishes she could come to Ireland ‘but how can I when I can’t go out the front door?’ She did marry in the US, she told the Committee, and had two sons, one of whom, tragically, died only in recent years. The other, who is divorced, now lives with her to help her cope with her agoraphobia along with the ‘health issues’ of her husband. This woman ‘doesn’t remember ever being happy’ amending that a little: ‘Perhaps when I married and had my children? But I’m not sure even then’. She concluded her evidence with this: ‘I wish I was not taken away from my country. I wish I could be in Ireland. I wish my mother could have kept me and raised me in a loving family’, adding: ‘I love my Irish heritage’. She celebrates this, she said, ‘every Saint Patrick’s Day’.

The second adoptee-witness had remained in the mother and baby home for five years in the mid-1940s before being adopted to the United States and although there was a huge difference between the tone of his interview and that of the woman above, his had its own poignancies.

His adoptive parents, he said, had paid ‘between £750 and £1000 to adopt him’, and his adoptive father had used his ‘connections’ with the American Embassy in Ireland to assist with the visa application. The witness was then brought to Dublin to obtain that and to have a medical check. Then, along with a nun, he was driven to Belfast airport ‘because’, he said, ‘there would be ‘fewer questions asked’ in that ‘getting illegitimate children out of Ireland was difficult at the time’.

This man’s adoptive family was ‘Irish Catholic’, lived in California and already had a natural son who was older than the witness. On arrival in the United States, the witness had his tonsils extracted, was circumcised, had warts removed - and was enrolled in a Catholic school.

As a sidebar to this story the man told the Committee that the nun, who had accompanied him to Belfast, 'held his hand all the way' because he was 'scared of being on a plane for the first time'. His fear was 'that the toilet would suck him down'. The conclusion of his evidence to the Committee was: 'I was never without want', he said, adding: 'from a materialistic point of view'.

The experience of this third witness is that she never felt that 'being adopted was a bad thing: it was sort of cool being adopted in another country!' She was giving evidence, she said, primarily to ensure that what had happened to her birthmother around the issue of her adoption 'was never going to happen again to other women and children. 'My mother was put out on the street with a broken heart, left to pick up her life. She never recovered'. She said: 'My parents told me they had sent the nuns a lot of money. There is no piece of paper saying that my mother relinquished her rights. I definitely believe that I was sold'.

A witness was adopted from a home to the USA in 1961 (having been born in 1958) and spoke in great detail to the Committee about the extreme abuse he suffered at the hands of both his adoptive father and a close family relative for many years. His adoptive father physically abused him and he was sexually abused by the family relative. This relative, he said, was instrumental in organising his adoption and he exerted huge influence and control on all aspects of the witness's early life. The witness's experience is now the subject of litigation.

1940s / 1950s

A witness who was born in a home in the 1940s was adopted to the USA. She had been told that her birthmother had died in childbirth, but she had discovered that this had been a lie and when her own child was born, curiosity to trace her birthmother was born too, so she came to Ireland to search. Having arrived in Ireland she met two nuns from the home where she had been born; one read 'snippets' from a file 'but refused to hand them over' and she felt she was being treated as though she was 10 years old.

With the help of a genealogy website, she found a match with someone who proved to be her cousin and in this way, also found her mother. She went back to the USA and wrote from there, received no reply, and came back again to Ireland where she left 'notes' at her mother's house - but her birthmother telephoned her at her hotel, asking her to stop contact as her husband and children didn't know of her existence. However, the witness did persist and they did eventually meet, her mother taking her out to dinner and giving her a birthday present. In 2016, the witness brought her own husband and children to Ireland to meet her birthmother and this 'was very positive'.

Nothing is simple in this world, however, and the witness told the Committee that her adoptive mother is resentful about this reunion.

Another witness, adopted into a family in the USA, and treated 'well' by her adoptive family, nevertheless faced constant jibes from classmates that 'her mother had died because she was bad'. When she told her adoptive mother about this, it was explained to her that she had been adopted by her new family because her mother had died in childbirth. She feels, she told the Confidential Committee, that this information had been couched in a way to prevent further questions and expressed concern that her parents had received no counselling or advice as to 'how to handle an adoption'. In consequence of the way she had been told, however well-intentioned this had been, 'every scrap of confidence I had, went'.

Later, because of 'anxiety and nervousness', she dropped out of college, and by the time she gave her evidence to the Committee, she had been treated for depression and self-harming and had spent time in a psychiatric hospital where she had been placed on heavy medication. It was only when she was in her mid-twenties when she discovered that her birth mother was not dead.

Years later she set about trying to find this mother. 'Anything I found out has been in spite of the system' she told the Committee, saying that in 1993, she had sought information from a nun and, she says, was given 'false' information that her mother had been from the (wrong) county: 'She was as cold as ice, it made me feel ten times worse, it was her whole demeanour - I was the offspring of a fallen woman'. But with the help of her husband, she narrowed down the search, coming up with nine women of the same name and with the approval of a dedicated agency, wrote a letter to each of the nine in turn until, one day, her mobile phone rang when she was in a grocery store carpark.

Her birthmother, she said, ‘was nervous, blunt and direct’ during that phone call telling the witness, ‘I didn’t bond with you, I moved on’. The witness’s shock at having made contact after such a long search, she told the Committee, was such that she ‘stayed in bed for two days’. She now phones her mother every month ‘and the relationship is improving’ but she had to ‘build up’ that trust: ‘Her DNA is running through me and my children but we don’t know each other.’

One witness had been slated for adoption to America but her birthmother had refused to sign adoption papers. Later, the witness’s mother said to her daughter that she regretted not signing the adoption papers, because the witness ‘may have had a better life’ if she had, ‘times’ being hard at home and the witness’s stepfather being ‘fond of the drink’. This witness said, however, that while she always knew, growing up, that she was different and ‘felt that stigma’, and while she did have her ups and downs ‘I had my Mammy’.

‘Things were very good’ for a woman who was adopted into her family in 1957 until her adoptive mother died when she was 11 years old. After the death of her adoptive mother, she saw her adoptive father abusing his niece - while also discovering that he had been in prison because of ‘inappropriate issues with young men’ while in the army.

In the garden shed where he ran ‘workshops’ for young boys, she saw him abusing them too. Obviously having realised that she knew what was going on, he threatened her that she would be ‘taken away’ if she ever spoke of these things. She told the Committee, that when she was 15 or 16 years old, men who ‘worked with her father’, began calling to the house with the message: ‘Your daddy sent me to see you’. Her additional issue with this man, her adoptive father, was that he had told her that her birth mother had died in childbirth, but that was a lie. The witness has since traced her birth mother.

When a witness was two months old in 1955, she was adopted into a family with two natural children. Being mixed race, with her new family being ‘fair and pale-skinned’, she always ‘felt different’, especially as she and her family faced ‘open racism’ in their neighbourhood, with neighbours coming to the house, asking her mother ‘why she had brought a black child home?’ and arguing that ‘she should be taken back to the orphanage’. After a while, her parents were unable to take the sustained pressure and did take her back, but after a couple of days, came and took her home again.

Disputes with the neighbours continued, however, with her adoptive mother constantly 'getting into fights' about her. She told the Committee that her family had been given 'absolutely no guidance or support' as to how to deal with this situation and fully acknowledged that despite all these difficulties and pressures, they did their best for her and gave her a 'good upbringing'. However, she said, she 'still feels like an alien'.

This witness, born in 1959 in a home, found out she was adopted at the age of 'seven or eight' and 'thought it was a disease'. She finally met her birthmother in 1992, to find that she had always been unwell, was suffering from depression and has always had difficulty acknowledging the witness: 'You'd love to hug her and hit her at the same time'.

Then there was the witness, who in the mid-1950s had a 'very difficult childhood' with a 'very strict adoptive mother' who would not let her associate with any other children and who beat her. Her adoptive father was blind. When the witness met her birthmother in later life, her birthmother told her that her birthfather had been a priest who had raped her. The two lost contact 'for a while' and during that period, a half-brother contacted the witness, with the news of who he was, and not only that, but that he had a twin - both born of the witness's birthmother. The birthmother had told the witness that she was the only child. When the witness confronted her about this falsehood, the birthmother said she had thought the twins 'were dead'.

This next witness, adopted six months after she was born in a home in the mid-Fifties, does not believe that any vetting of her adoptive parents or their home was done to ensure that they were suitable to adopt herself and the other five children who were in the house. Her adoptive mother, she said, was a witch'. She was critical about the 'lack of accountability' of adoption agencies and adoption placements and when she arrived at her new home, there was no space for her and she had to sleep in a drawer. When this witness was 17 years old, she married the first person who told her he loved her. 'It was a terrible marriage'.

The 'morass of lies and deceit is very unsettling,' another witness told the Committee. She said that her adoptive parents were given 'incorrect information' about her; although they knew about her background, 'they were lied to, to stem further investigation'. On the other hand, this witness's situation was complex: she believes,

she said, that had her birthmother (a widow with 10 children) kept her, she, the witness, 'would have had a very difficult life'.

While her own children 'struggle' to understand how their grandmother could have given up her baby, the witness regards herself as being 'one of the lucky ones' in that she *had* a mother (in her adoptive mother) while her sister, also adopted, did not.

For many years, this birthmother had not revealed the existence of these two adopted children to the 10 of her 'natural' brood, but eventually, contact was made and all 12 of the birthchildren met together, which 'went very well, except for one sibling'. While she now has an ongoing relationship with her birthmother, her adopted sister, the witness told the Committee, had been looking for a 'mother figure' but 'they just didn't gel'.

When she was seven months old, this next witness said, her birthmother's father (her widowed grandfather) adopted her, being permitted to do so only after a 'hard fight' with the authorities. With him she had, she said, 'an excellent life' and while growing up, referred to him as 'Dad'. He died, however, when she was 12 years old and she then moved to a life less happy with her mother and stepfather, the latter, she said, being 'very abusive' towards her mother and 'hating' her. She felt 'totally lost' while her mother had gone on to have a further 11 children with this man. This witness left school, in effect, after her Inter Cert, attending for only one day a week after that. She got a job in a textile firm and worked there for 26 years.

1960s

At the beginning of the 1960s, a woman at two years of age was adopted by a farming couple into a 'beautiful home'. Things were not straightforward for these parents, however, because the neighbours would make 'cruel' comments about their new arrival. 'They didn't know how to handle this and received no support for their situation'.

At school, the witness was sad and lonely, even suicidal, because she felt different from her peers - who would tease her. She also suffered from 'rage' towards her adoptive mother, blaming her for 'taking me away from my birthmother'. This witness

started drinking at the age of 12, and 'trying to fill the hole', became an alcoholic. 'Wanting to be loved', she also, in her own words, 'was promiscuous and was taken advantage of a lot'.

She married 'an abusive man' at the age of 17, but ran away from him and the marriage after having her third child. She has had therapy and counselling for her problems and has been sober for more than 20 years now, but continues to ask: 'What's wrong with me? 'I think I died the day I left my mother'.

A witness 'felt compelled' to come to the Confidential Committee to 'break down the wall of secrecy'. He was adopted when he was three years of age and explained that even as a child, he suffered 'feelings of loss, low self-esteem and abandonment, huge lows, feelings of annihilation, and anxiety' - and confessed that as an adult, even going for a job interview hadn't caused the level of anxiety he felt coming to the Commission to speak about his childhood.

He put all this sadness and negative feelings down to 'the lack of nurturing at the start'. He also told the Committee that he broke down in tears when he went back to visit the home in which he was born and saw all the little headstones. 'I kept thinking they're dead and I'm not'.

A witness born in the late 1960's said she discovered she was adopted on the day she was with her mother and brother at a school and overheard a nun asking incredulously: 'So what you're telling me is they're not really brother and sister?'

This is a story about a girl and her brother who were adopted into a family, involved in a schismatic Catholic group with headquarters in another country but with premises in Ireland. 'They seemed to have adopted me', the witness said, 'to purify me from the perspective of their religious ethos'. 'I was bad blood, and I wasn't to be like my mother'. This 'purification' could be classed as torture and makes for difficult reading as the witness was subjected to severe physical beatings, was starved and then intermittently force- fed: 'If I vomited I was made eat the vomit. I remember my brother being made eat poo because we were hungry'.

She was tied up, put under the stairs, made 'kneel on the stairs for a long time seeking forgiveness' - and her head was scalded 'with water from a hot kettle'. Although her

brother was hospitalised ‘because of abuse’ and she had been hospitalised for ‘a head injury’ (but not from that scalding, ‘I had all blisters. I have scars on my hands from defending my face. All the abuse was carried out by my mother’.) She remembers ‘eating the pages of books because of anxiety’, she told the Committee, and this was followed by her mouth being ‘washed out with soap’.

Adding to all this, she was sexually abused by her adoptive grandfather - when she was ‘three, four and five years old: ‘I remember the feathered quilt and the smell in the room. I remember pain. I remember not wanting to go up there’. This man, she said, also abused his own daughters ‘and other cousins. My understanding was that we were sent up to him by aunts’.

It is extraordinary, certainly by present day standards, to understand that by this witness’s account, since ‘social workers were involved’ with this family, why she and her brother were not rescued and taken away by them. ‘The government or somebody should have checked if we were alright’, this witness said to the Confidential Committee. This witness attempted suicide when she was 13 or 14 years old - and then, as she grew older, in an attempt to avoid the abuse: ‘I ran away several times. I often slept out in the open, in sheds or behind buildings. When I was 15 or 16 years old, I left one night and never went back’.

The next witness raised the socio-economics of child placements. She was adopted at three months old into ‘an educated professional family’. She questions the motive for transferring children between socio-economic groups and ‘whether there were agendas’ operating here. Speaking of herself, she told the Committee that her life has been ‘profoundly affected’ by ‘her background and start in life’ and ‘all the unanswered questions and uncertainty’ she had to deal with during her early experience.

She has ‘very strong views’ on the obstacles faced by adoptees in attempting to access their own records, emphasising ‘the seriousness of not knowing one’s own story’ and of ‘being treated like a commodity and as different to other people’. She also has a singular perspective on adoption itself: ‘splitting your identity in two, life before adoption and life after, is entirely deceptive and undermines your sense of self. The very idea that you became something better after your adoption is offensive to your birth family’.

Unfortunately, in 1965, the mother of a witness died shortly after giving birth to her in a mother and baby home, having haemorrhaged. The witness was adopted at the age of three months, but didn't know this until she was 11 years old, like other witnesses who came to the Committee. She discovered this 'through talk at school'. She then created a fantasy about her birthmother - that she had been a 'princess'.

Her adoptive mother, she told the Committee was far from the vision of mothers she had created in her head, 'people thought she was my grandmother' and this witness felt very isolated as she had no siblings, cousins or friends, although she loved her adoptive father: 'he was a wonderful man', it is her mother who was 'the disciplinarian'. Nevertheless she does believe she was 'given a good life' and was 'well provided for'. When she had her own children, the effect on her was 'profound' they 'being the first (living) blood relatives I had'.

A small number of witnesses of colour came to the Committee. All spoke of their difficulties while growing up within what was until recently a monocultural population.

This witness was adopted at nine months old. The other daughter in her family would refer to her, using the N-word, she was 'stared at constantly and always felt nobody liked her. She couldn't wait to get away - and did - to the UK, at 17 years of age, where she went to college. She then went on to the USA where she still lives.

But this witness feels rootless: 'I always wanted to be somewhere else, lied about my identity my whole life and still do. I've never been able to say I'm Irish - I don't believe I'm from there'.

Another witness of mixed race said she was adopted from a home at eight months old, to a couple who were 'extremely old, poor, and struggled to put food on the table. The house was in 'poor condition, with water running down the walls'. Her adoptive mother was ill and would regularly spend time in hospital - and in any event, the witness 'did not get on' with her. She believes that she was adopted into such 'an unsuitable' family because 'it was presumed that nobody else would want me'.

This next woman's adoptive parents were, she told the Committee, 'substantially' wealthy, but the mother was 'emotionally' and 'sometimes physically' abusive. She regards the situation into which she was placed to have been 'a nightmare scenario' and cannot understand how anyone could give a child to someone like that - 'you'd have to be psychologically assessed now. I feel I was sold like a piece of meat' or 'bought in a supermarket,' especially when her mother would make comments such as: 'You weren't worth it!

Another witnesses told the Commission about her 'wonderful' adoption. Born in a home in the early 1960s, she became the only child of a couple in their late 30s. She was sent to a private school, given dance and piano lessons and 'could not speak more highly' of her adoptive parents.

She had 'one concern'. She had, she said, spent her 'summer months' in the town of which both her natural mother and adoptive parents were natives. Her concern was, she told the Committee that 'I could have ended up marrying my own brother!'

1970s

Social workers featured in a lot accounts from witnesses, some by their absence or lack of action when, according to disillusioned witnesses, action was warranted.

This next story pertains to the 1970s and the witness who came to the Committee saying that her adoptive parents split up when she was two or three years old. Years later, she discovered that her adoptive father had been in a relationship with the social worker who had arranged her adoption and they continued to be together for years after he left her adoptive mother, before marrying another woman. She believes that this affair may have started before she was adopted, and feels that her adoption had been a (vain) attempt to shore up the marriage of her parents. This witness is 'very angry' that in her professional capacity, this social worker put her into a family where she had to know personally how 'unstable' it was.

About adoption itself, the witness told the Committee (echoing what other adoptees expressed in essence) that ‘you belong to two families but you don’t belong’. She added, ‘it’s only now I’m able to say: ‘I’m adopted’ without my face going blood red’.

The group of professionals who had come to speak to the Committee about the ‘culture of adoption’ in mother and baby homes (see section on adoption and consent) did not confine themselves to that topic but went on to discuss the somewhat depressing situation pertaining to children who were not adopted - and who would never find homes for all kinds of reasons.

They explained to the Committee that as part of a ‘community social work team’ in the late 1970s and early 1980s, in the home they selected for study, there were three separate nurseries, one for new-borns, one for children aged three to six months, and the nursery in the ‘special care building’ where the toddlers were kept. There was also a special room for older toddlers who were considered to have some form of birth defect. They were kept in cots, in their pyjamas, and fed pureed food, despite their ages. (One witness reported to the Committee that she had been in the vicinity of that room on one occasion and had been struck by ‘how quiet’ it had been.)

There was a belief that adopters wanted only perfect children and this group was told in the course of their study, that what was wanted was ‘a child of good progeny’ and that a psychiatrist would come to the special care building ‘to do a report’ if there was ‘a history’ in the child’s family: a ‘report had to be done for the adoptive family before the child could leave’. These workers told the Committee that children were ‘held up’ for a long time for unnecessary reasons, one witness describing it as an ‘archaic practice’ and an ‘unhealthy caring situation, cocooning them in institutions’.

Other observations by these witnesses included:

- one boy with an intellectual disability had his situation ‘worsened’ by the way he was treated in the home.
- The adoption agency would consider ‘the smallest thing’ as making children unfit for adoption, something like a cough or a chest infection. They said they had also noted that the adoption agency doctor would extend their times for ‘absurd’ reasons.
- If they, these workers in social care, did not intervene to have a child adopted, they didn’t know, they said, ‘where the children would have ended up - but were ‘met with resistance’ when they did try to intervene.

Those children of whom they spoke, many of them languishing in that ‘quiet room’ in the mother and baby home, were those who probably never made it through to be able to come to the Committee to tell of their fostering or adoption experience.

This next witness said: ‘I’ve no horror stories, thankfully!’ He had been born, later again than the previous witnesses, in a home and had been adopted at seven months old. He had always known he was an adoptee but apart from experiencing ‘a small level of detachment’, he told the Committee, he was fine with his new situation, although, ‘if you are not with your original family, being adopted affects you to some degree’.

His parents told him in later life, that as an infant when he arrived at his new home, he had a habit of banging his head against his cot, leading them to believe that this had arisen from him having been left alone in the mother and baby home cots (he had been born in one and transferred to another) too long by himself. Overall, though, this witness testified that he had enjoyed a ‘good upbringing in a happy home’.

When growing up in the USA, into which he had been adopted by a ‘Catholic family’, a young boy fantasised greatly about his birthmother, creating wonderful images in his mind of who she might have been.

However, he was completely disillusioned when he discovered a letter from her to his adoptive parents demanding ‘more money’ in exchange for her consent to adopt. Even sadder was that up to then he had been under the impression that he was an orphan. From then on, the witness, said, he felt like he had been ‘sold for silver’.

In later life, this witness started to search for his mother, going so far as to appear on a radio station, local to what he believed was her home place. In doing so, he upset the status quo in the locality, with some people professing disquiet about him ‘going public’ with his search, leading him to conclude that ‘there was still a stigma’. Then in going through the files and archives of County Council records and those of Social Services offices, he found himself described

as 'illegitimate' and an 'inmate'. His mother had died before he found her.

Finally, ending this section with two positive experiences of adoption brought to the Confidential Committee.

In the 1970s, this first witness was adopted by a family where there were five natural siblings. She said she had a 'very happy' upbringing and was made aware at an early age that she was adopted. She believes, she told the Committee, that in her home, the fact that she was one of the middle children in terms of age helped to make her feel 'wanted'.

This second woman, born in a home in the mid-1980s, said she had had an 'excellent' experience with a family who fostered her after the three years she had spent in the home, and later adopted her when she was 17 years old. Her birth parents, she told the Committee, were mixed race, from Ireland and Africa. When she was young, she had health issues and she believes that this explains her parents' delay in changing her status in their home from 'fostered' to 'adopted 'as they wanted to keep her in the health care system for as long as possible'. 'They always explained about my colour', she said. 'I didn't really have any bad experiences, just the odd comment'.

There was a natural daughter in the family, and the witness became close to her - as she was to her adoptive parents. She has some information about her birthparents but has never traced them: 'My mum and dad always said they were happy to help if I ever wanted to and I put my name on the Adopted Person's Register, but I've heard nothing. You hear a lot of bad stories so I'm cautious about tracing my mother. I am also curious. I don't think you can totally prepare for it' (meeting birth parents). She now has her own apartment and lives close to her adoptive parents and her sister.

Exit and Aftermath

'Part of me died the day my son was taken. I became a sad, empty shell of a girl'.

'It was the end of my prison sentence when my Mum took me home'.

1950s

This witness was 13 years old when she was removed from her foster family. Her experiences of boarding out are described earlier in the report.

She was 13 years old when her stepfather, married to her 'real' mother in the UK, brought her over there, for the sole purpose, she believes, of abusing her. She became pregnant twice. With the first, she had an abortion, her second child was adopted. (Her birth mother had a further five children with her stepfather and the witness believes she 'knew what was happening' to her but 'did nothing'.)

She spent time in a remand home because, she said, she was regarded as 'a bad girl'. She told the Committee that her social worker had said to her that 'if you were a nicer girl I would have got you a job in Marks and Spencer'. This social worker, she said, 'never asked her who was abusing her'.

She had a second abortion when she was 17 years old - and then she got married so she could get away from her stepfather. That marriage was short-lived. The witness married again and had two children, but this husband was 'extremely violent" and she was scared of him. He died at the age of 44. She said that the two children she had with him knew nothing of her early life, for instance about the baby she had put up for adoption, who would have been their half-sibling. Then she met and married a 'lovely man'. He died of cancer.

'It's lovely to talk to you', she said to the Confidential Committee before leaving the Commission's premises, 'because you bury it'.

A woman who had been adopted to the USA came to the Confidential Committee to speak of her search for her roots in Ireland. She was born in a home in 1957, and was adopted to the USA when she was three years of age. She later discovered that after she was born her birth mother went to the USA and was working as a nurse there when 'she met another man', and became pregnant for the second time. She went into labour one night when she was alone and had no phone and no-one to call for help and sadly, that baby died soon after birth. The witness's mother then developed pneumonia and a short time later, died tragically.

The witness came to Ireland in 1983 to research her history, not knowing that her birthmother was dead. However, her research did bear fruit in the late 1990s when she managed to connect with newly discovered Irish relations, her birthmother's family; they gave her the information she had wanted, and she is now 'on good terms' with this new family. This witness also discovered during her search that she was a twin - her twin brother having died at birth in the home.

In 1959, a 15 year old became pregnant following a sexual assault by a friend of her father's. The parents of the witness adopted their granddaughter and brought her up as the witness's sister, a ruse families frequently employed to head off stigma and parish condemnation. It required adherence to utter secrecy by the parties who knew the full story, including the birthmother. This witness had 'a nervous breakdown' when she came back home after giving birth.

Another witness who had also given birth in 1959, when she was 21 years old, did not wish to give her baby up for adoption. She agreed with the nuns that she would temporarily place her daughter in foster care until she could marry the birthfather when their child could then be classified as 'legitimate'. That marriage took place in 1960. When their daughter was returned to her, this man didn't want her and consequently, 'ill-treated' both his wife and the baby, so badly that the witness felt she had to give the child back to the foster carers. Despite this, the witness went on to have six more children with this man before he left her to marry again, thereby 'committing bigamy'. She told the Committee that at the time, she 'would have married *anyone'* to get her child back.

The mother of this next witness had died just before the witness gave birth to her son in a home at the age of 16. She was 'very unwell' after the birth. She was in recovery for six weeks, stayed in the home for four years and spent the next nine years in a

laundry, by this time having become ‘so completely institutionalised’ that when she left there, she couldn’t cope with the nursing home job that had been arranged for her and had to return to this laundry. She spent more time there before finally moving to a city.

Soon afterwards, she married and had seven children with her husband; but, she told the Committee, it is not a ‘happy marriage’ because her husband is an alcoholic. They remain together ‘because you have no choice’. She has since traced and met her first son, to find that he had a ‘difficult’ upbringing in state care, and suffers from alcoholism and other health problems. However, she said, ‘he has become close with his half siblings’.

It was also in the 1950s that a 19-year old, due to be married to her boyfriend, discovered she was pregnant when she went to the family doctor for a check-up. Like so many witnesses around that age (and younger but even into their 20s), she too told the Confidential Committee that she’d had no knowledge of the ‘facts of life’.

This doctor called an ambulance right away, which took her to a mother and baby home - her parents were unaware of this and she herself believed she was being taken to hospital. When her fiancé tried to visit her he was not allowed on the premises; it was customary in that home, she said, that ‘when workmen came to the home, the women were locked away’.

The nuns she said, pressured her to have her baby adopted but this woman’s parents stepped up and ‘fought to get me out of the home’ so she could keep her baby and go home. She told the Committee she ‘doesn’t know how they did it’. Despite everything ending well from her perspective, the witness said the home had left ‘an imprint’ on her, and that the whole experience had been ‘very distressing’. She did marry the birthfather and went on to have a further 11 children with him.

A witness, who gave birth to a daughter in 1956, left her child in the home ‘while she got herself set up to look after her in the outside world’ she said. She subsequently had twins, but all three of her children were adopted, without she said, her permission or involvement. (This happened before she met and married her husband. She told him she’d had an accident and could not have children with him.)

She and her husband ended up running a very successful business in the UK and in later years, all three of her children have traced her, and reunited with her first daughter with whom she is 'in constant touch'.

This next witness had 'deliberately' stayed on in the home with her daughter after the child was born, long enough so that her daughter would have learned to walk and be toilet trained, and so in the witness's view, would be independent and thereby 'safer' from ill treatment when the witness had to leave her behind in the home. The plan was that the witness would go out to work 'so she could make a plan to keep her'.

She put the plan into action while continuing to visit the child in the home but time moved on, and came the day when she was told by the nuns that they could no longer keep her daughter. The subject of adoption came up again at that point but the witness maintained her stance and refused to contemplate it. She ensured she made enough money to pay the home for her daughter's keep there. She met a man, they married and he went with her to the home to collect her daughter, and then he 'raised her as his own'.

This couple went on to have seven more children, but as the nuns had always warned her that 'the sins of the mother will be passed on', she told the Committee that she had been 'very strict' in rearing that first daughter. As a small addendum, she told the Committee that when she and her fiancé told her father they were getting married, his response to her future husband was: 'You're a better man than me for wanting to marry *her*!'

Another witness had thought she would be leaving the home with her baby, but was simply told: 'You're leaving today' and was immediately sent, without him, to a solicitor's house to be a live-in housemaid. She spent five years there, receiving 'only a few bob here and there' to mind the children and do the housework: 'When I left, I left in the same clothes I arrived in'. She was in such despair about losing her child and her own position in life, she went to the banks of a river and was contemplating throwing herself in, when a man who was fishing nearby saw what was happening and, 'stopped me'. She 'ended up' marrying him, she told the Committee. They had more children, but she had never told him, or them, about her son before, sadly, her husband died.

Her first son traced her and after their first meeting, she opened up about everything to her daughters, and all her children now enjoy a ‘great relationship and ‘it’s all a great relief’. The witness said that when she was attending her own mother’s funeral, she felt there was still a stigma: ‘The priest passed me by, refusing to shake my hand’.

This next witness had her son in 1955 when she was 15 years old. Her father collected her from the home after her son had been ‘taken’ for adoption. He brought the witness straight to her sister’s house where she was ‘hidden away’ until they could organise ‘what should happen next’. Her (married) sister had just had a baby and being near this child gave the witness, she said to the Committee, ‘some comfort’ at the time.

Her father then organised a job for her as an ‘au pair’ for the next year and a half. He then arranged for her to go to the UK to study nursing on a one-way ticket. The memory of that ‘secret son’ went with her into her nursing training and her subsequent marriage. He was in her thoughts when her two other children were born, through her divorce and remarriage. Then in recent years, he traced her. She had to tell her second husband about him. She had always worried about this husband’s reaction should he find out about her first son’s existence - but, to her huge relief, he was ‘very understanding’.

However, she told the Committee, ‘the trauma of leaving home at the age of 15 years and never returning, will never leave me’. She also said that she regrets many things, not least that she kept that secret for so long - especially since her daughter died without knowing that she had a half-brother. Had her son not traced her, she said to the Committee, she would have taken the secret with her ‘to the grave’. Having met him, though, it wasn’t plain sailing for her - she now felt, she said, ‘exposed to the world, my secret was out’. In addition, some of her siblings, never having known of this nephew’s existence, had, in her words, ‘difficulty processing it’. But a ‘strong relationship’ between witness and first son was established and continues.

1960s

A witness who gave birth in a home in the 1960s told the Committee that when she and her daughter left the institution, she went to her family home, while the baby went to live with the witness's uncle and his wife. But the baby became very ill and was hospitalised. When she recovered, and was discharged: 'Myself and my mother brought her home on the bus'.

A witness then told the Committee that although she 'lives a Christian life' she cannot not go along with the Roman Catholic Church because of her 'experiences' of being in a home in 1964. She had eventually traced her daughter but she found that her child, who had been adopted into the USA, had died at the age of 37. The witness has suffered from 'memory blanks' and puts this down to 'forgetting what you can't handle'.

In 1965 a witness gave birth to a daughter in a home following a 'very traumatic' upbringing during which her mother suffered from psychiatric issues and her father was an alcoholic who abused her. On turning 18 years in 1983, this daughter successfully traced the witness and telephoned her. Her daughter had become pregnant and, with her adoptive parents both dead, she was seeking advice from her birthmother. However, they then had no further contact until 20 years later.

Another witness married and had two more children after her exit from a mother and baby home. However, issues developed with her husband because of her continuing unhappiness about the adoption of her baby son and after 20 years, her marriage ended because her husband could (no longer) support her ongoing efforts 'to challenge the authorities about what had happened to' her, 'a battle', she said, 'that changed and defined my life'. She remained adamant, she told the Confidential Committee, that she had 'signed nothing' and yet her son was taken in 1968. Since then, she said: 'I have spent my life fighting to expose the wrongs that were done'. She also lost all connections with her family. As for her first son, she did trace him but described their relationship as 'acrimonious'.

In 1967, when an 18-year old left the mother and baby home, her boyfriend collected her and drove her straight to the institution where the child had been sent to await adoption. The nuns, however, called the Gardaí and they were not allowed to take their child. The witness's relationship with her mother (who had refused consent to a

marriage with this boyfriend) had broken down so she cut ties there and followed him to the UK, where they did marry and have further children together.

This witness went for counselling after her (estranged) mother died in the early 2000s, but found herself still unable to forgive the lack of family support. She then set about tracing her daughter, with a successful outcome and they corresponded for a year before arranging to meet. However, when that time came, the daughter's birthfather, 'shocked' at this prospect because he had been kept in the dark about the process (he accused the witness of being 'sly' she told the Committee) nevertheless went along to this first encounter with his daughter, but while his wife wanted to shout from the rooftops with joy, he remained, she said, 'very uncomfortable about the situation'. This witness and her daughter, now married with her own children have an 'ongoing close relationship' and this daughter has now met her new siblings and they have met her children.

This next witness gave birth to a son in a home in 1968. Her son was adopted. Having left the home, the witness married 'within a year', and over the next 20 years, gave birth to six more children. She did tell her husband of her mother and baby home experience, revealing the existence of another child, but at the time, did not tell her children or anyone else, as she was 'too ashamed'. This marriage 'broke down' after those 20 years, but when her son turned 21 years, she and a daughter (who by then knew about her half-brother), made enquiries about finding him, but 'got nowhere'. The witness renewed the search having attended a lecture about adoption, and it was at about this time she was told that her son was also searching. Their reunion 'went very well and her son told her that his experience of adoption had been 'very positive'.

Another witness told the Committee she believed that her son's adoption papers had been forged. She married some time later and had five more children never telling them about their half-brother - until a work colleague asked one of them: 'Did your mother ever trace her baby?' 'The burden had been lifted', she said. Her husband was very supportive and the whole family then assisted with the tracing. 'It worked out', she said, 'and they've all since met and have a 'strong relationship'.

Still in the 1960s, an 18-year old gave birth, her baby was adopted, and four years later, she decided to tell everything to the man she was to marry. He was supportive, the marriage went ahead and they had four children. They had

both kept the secret from everyone, including the children they had together.

Her husband died in the 1980s. Years later, just two years before coming to the Confidential Committee, the witness decided that it would have been unfair to keep the secret from her children any longer, and certainly didn't want them to find out after her own death. She wrote each of the four a letter, having to call on all her courage to do so because she feared they would ostracise her. However, that didn't happen and, she said, 'there 'hasn't been much discussion about it since'.

A witness, who had had a 'casual' encounter with a local in the mid-1960s - she was 19 years old, he was of a similar age - became pregnant. She disclosed this to her parents. They 'dropped her off' at the gates of the home, 'no kiss, no goodbye'.

After giving birth, she told her parents she would not return home if she was forced to put her child up for adoption. Like some other parents in similar circumstances, they agreed that they themselves would adopt her daughter, but with a very serious stipulation - this would happen only if the witness signed her over and never, *ever* disclosed that she had given birth to her. When speaking to the Committee, the witness was upset because, she said, her daughter had only recently discovered the true story of her birth.

Her own story was that after yielding her daughter to her parents, she had gone to the UK and had met and married a man of foreign origin, who, when she revealed her history, 'threw her into a puddle', then 'abandoned' her. However, he returned after six months and they had two children together - but the marriage did break up and the witness went on to have a further two children with a new partner, whom she described as 'a diamond'. 'God will never forgive me for what I've done', this witness said.

This witness, aged 21 years in the early 1960s, had been with her baby son in a mother and baby home for 'approximately a year and a half' when a nun approached her with her son in her arms. 'He's being taken', she said, and was gone. The witness now lives outside Ireland. Her 'natural' daughter has traced her half-sibling. He is living in Ireland, is mentally ill and addicted to alcohol.

Another mother said, ‘it was cruel to have had him in the home with you for fifteen months, and then have him taken away’. She realised she had no choice but to give up her son for adoption. Having done so, she was transferred to a laundry directly from the home. ‘Just told this was happening and being given a false name. It was a live-in, unpaid job’. Her son, she said, ‘could not walk properly because he had been kept in a playpen for too long’, and her main memories of the home were: ‘Fear of the nuns, the control they had over you, depression, loneliness, sadness’. In later life she traced her son and discovered that his adoptive parents had sent money to the home for many years after he had been given to them. ‘You feel your baby was sold and you were there working for nothing’. ‘I still get the creeps when I see a nun in uniform’.

It was 1964 when the next witness, 23 years old, gave birth to a son in a home. She was very soon sent ‘with her baby and three nuns’ to an agency to hand him over for adoption. Immediately after she came home, she met her boyfriend, the birthfather, who apologised to her ‘for the way he had acted’ and asked her to marry him. She said she would if they could get their baby back - and contacted the priest who had organised the adoption. However, this priest she said, told her that her son was already gone (failing to tell her she had more time to consider her options before she signed the final papers.) She signed her consent.

The pair did marry and had four more children together. However, the husband died and it was then that the witness began the process of tracing her son - discovering that when he was a teenager, he had emigrated, with his adoptive family to Australia. Birthmother and son corresponded via ‘letter and phone over a period of five or six years’ until, she told the Committee that tragically, her son had died.

When this next witness’s husband died, she discovered she had been living in a ‘bigamous’ marriage. She had had four children with him. As for her own backstory, her mother had died when she was just 16 years old, her father, who had died more than 20 years before she came to the Committee, had abused her sexually and had been ‘brutally violent’. When her father found out she was pregnant, he gave her what she termed ‘the hiding of her life’ and forbade her to be seen outside before going on to sign adoption papers on her behalf. She has since traced the son she had had in a mother and baby home but as things stood when she was speaking to the Committee, he had not wished to meet her.

A witness came to give evidence to the Confidential Committee detailing her 'very traumatic upbringing', including sexual abuse by her father. With her siblings, she had been taken into state care for a period. She gave birth to her baby, a daughter, who went for adoption from the home in 1965.

Having left the home she began a new relationship and had a son who also went for adoption. In 1975, she told the Committee, she married again and had four more children.

Her first and second children, half-siblings, contacted each other and then contacted her and, both aware of the history of abuse within their mother's family, needed jointly to ask her if she would take a DNA test because they were anxious, they said, to confirm whether they are the children of their grandfather, or not.

While still in the home, this next witness had been threatened by her family that she would be 'put out on the road' if she didn't sign adoption papers for her son; she did sign and was then told that her child was going to the USA. She married a year later and went on to have seven children with her husband within the next nine years. Then her husband died and six of her children were placed in institutional care in the 1980s.

In later years, a social worker worked on her behalf to trace her first son but came back to her with the news that not only had he *not* been adopted to the USA but that he had been adopted to a family living near where she herself had lived; unfortunately, he had died in an accident seven years before the search had started. The witness told the Committee that she has 'blanked out' a lot of what has happened to her, but sometimes, she said, 'the memories come flooding back'. What's more, she has had the opportunity to read a medico-legal report on herself. It diagnosed her, she said, as 'suffering from suicidal tendencies and nightmares'.

In 1990, 25 years after leaving the home, a witness told how she received an astonishing telephone call from the nuns there to come back, as there was 'news' for her. On getting there, she was 'utterly shocked'. Her daughter, equally

shocked, was there too. Neither had been told in advance of the other's presence.

'Things initially went well despite the shock' the witness told the Committee, but the relationship did break down and during the 15 years prior to the witness's interview mother and daughter had not been in contact. On her part, the witness said, she 'doesn't feel she has the right to interfere in her daughter's life'.

The next witness was 16 years of age when she fell pregnant, and late at night was brought to a home by her father in a taxi. While there, she was told by the nuns that her grandfather had died and one of them gave her £1 'to get the bus home'. When she got to the house, it was in darkness and there was no-one there (her father was in the UK) but she locked herself in, afraid to turn on the lights in case 'people' figured out that she had returned home. She now fully intended to stay there and never to go back to the home.

When her father arrived home, he agreed to let her stay and later, when it became clear that birth was imminent, drove her to a hospital. (He wanted to adopt the baby but the witness refused to give her up.) She married a local man but did not tell him about her daughter, allowing him to believe that the baby was her sister. The couple went on to have four children, with the witness working locally, and relying on the St Vincent de Paul for help. The daughter of this witness was 15 years old when she discovered that the man she thought of as her father, was not her father.

This next witness moved to the UK having giving birth to a son in a home. The birthfather of this woman's child was a man from another country with whom she had been in a relationship. She left, she told the Committee, because she 'couldn't cope with life in Ireland'.

In the UK, she had 'a shotgun wedding', as she described it, with another man and gave birth to their child, another son. This man, she discovered, was violent, and fearing he would murder her, she left the marriage. She then married again and had a third son, but in later years, her husband, who had come to the UK from abroad, returned to his country of origin. She didn't go with him, she told the Committee, because by then she had grandchildren and wanted to remain 'close' to them.

In the meantime, the son who had been born in the home (and still lived in Ireland) traced her and she came across to meet him here. However, she said: 'Too much, too soon' he moved to the UK and went to live with another of her sons. He was drinking heavily at the time and, she told the Committee, 'he had a lot of issues' although 'while he was very angry, I was very happy'. This son has now married in the UK (his wife telephoned the witness to apologise for his past behaviour) and he has spent time with the witness. 'He is now' she said, 'a different person'.

It was the late 1960s when this next witness had her baby in a home, where, she said, her treatment was 'fine, overall'. She always knew her child would be adopted because neither she nor her family had the means to raise her. She married 15 years later and had two further children; her husband, she told the Committee, knew about this first daughter. Reflecting on her experience in a mother and baby home, she said that 'the hardest part was 'not knowing where her daughter was and if she was safe'. Because of this, throughout her marriage and motherhood, she 'has found it difficult to be emotionally close to them', fearing all the time that 'someone would come and take them'.

At the time she got pregnant, she said, she had 'no option' but to go into the home: 'No-one else would look after you'. Her first daughter traced her and they met for the first time just a year before the witness came for interview; her main reaction to the reunion, she said to the Committee, was 'relief' - on two counts: firstly, that her daughter was safe, and secondly that she had 'got on well in her adoptive home'.

Next is a witness who had been fostered and who told the Committee that in 1961, she had been raped by 'an older man' and became pregnant. She had been 'delighted' she said, when her foster mother came to the home to take both her and her child back home. Within days, however, she was being 'completely ostracised' by this foster mother who was 'increasingly unhappy' with the situation. The nuns called her back into the home together with her daughter, telling the witness she was 'being selfish' - asking her what kind of life she could offer her daughter?', and after some months of resistance, the witness agreed to her child's adoption.

Afterwards, she went to the UK to stay with an aunt, married soon after, and had two more children, but said 'there was no love in it'. (Her husband had told her, she said, that if she had kept her baby, he 'would have had nothing to do with her'.) That

marriage broke down and she married again, this time with a 'supportive' husband and at the time of her interview, they had been together for more than 40 years.

1970s

In the mid-1970s a witness suffered from such severe depression, after her experiences in a mother and baby home from which her son was adopted, that she had been unable to leave her house for many years. The burden grew heavier when she learned that for those years, her son's adoptive parents had sent photographs of him to her via the mother and baby home's address. They were never forwarded.

It was also in the mid-1970s when a woman who was 26 years old and pregnant having suffered a rape, gave birth to a daughter in a home. The two met in later life and while they had 'difficulties' over the years, are on good terms now, the witness told the Committee. Part of the problem between them was that for many years, her daughter believed that the witness had given her up for adoption because she was of mixed race.

It took a long time to complete this birthmother's tracing of this daughter because 'the adoption agency was not helpful, and put 'a barrier between her and her daughter' while also advising her that the process 'would take a long time'. She discovered, however, that both she and her daughter had been trying simultaneously to trace each other and, she told the Committee, 'are now on good terms'.

> ***Another mother who gave birth in the early 1970s had no option but to allow her child to be adopted. Almost immediately after leaving the home, she told the Committee, she became addicted to alcohol. She began the search for her child in the year 2000, but discovered he had taken his own life in 1994.***
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> ***As for herself, having married an 'abusive and violent' man, she divorced him - and while she subsequently had a long-term relationship, is now single and living with 'her dogs and***

cats'. She came to the Committee to tell her story, she said, because: 'Not everything has a happy ending'.

'Two or three' days after giving birth, also in the mid-1970s, this next witness signed a consent to have her baby adopted: 'It was dictated to me what to write. I didn't have a clue what I was signing'. She never married or wanted to, 'for someone to have control over me; I could never give myself to anyone'. 'They made sure that one way or another, you would be punished'.

Meanwhile, a group running a homeless shelter arranged with a mother and baby home to take in a 17-year old woman who became pregnant in the mid-1970s. She and her siblings had spent most of their childhoods in care. This witness kept her son despite 'constant' pressure from the nuns to go the adoption route. She took him to live with her for 18 months in a squat, married the birthfather and had five more boys with him. But, she told the Committee, she had developed an eating disorder because of the small amounts of food she received when in care and during her stay in the home, and now struggles to control her weight being fearful she will 'run out of food'.

During her pregnancies, she was 'afraid to let the public nurse into the house', worried that her children would be 'taken'. She has lost contact with the first son she fought so hard to keep, because he was taking drugs and has become, she told the Committee, a dealer.

In the late 1970s, having given birth in a home another witness said that, without knowing what she was signing, at 17 years of age, she consigned her baby son into the care system. She had two later children with the birthfather, 'a very violent man' who during one attack broke both her eye sockets, her nose, jaw and elbow.

She left him after that attack, living for a year in 'safe houses', then went on to have two further children with a second partner but that relationship did not last. Because of 'severe depression and anxiety' she told the Committee, she 'cannot work'; and revealed to it that she has 'attempted suicide in the past'.

This next witness and her sisters were all sexually abused by their father over a period of years. The witness reported her father to the Gardaí, but then had to leave home before his release from prison as she 'knew he would kill her'.

She went to live in a Laundry, never reintegrated with her family, but became pregnant in the 1970s when she was 18 years old and living with a married man who spent half the week with her and half with his wife. She eventually had six children with him and was in a mother and baby home on three occasions, her first baby dying shortly after birth. She never saw this infant, but did see the 'orange-coloured onion box' in which her child was buried.

Of those six children, one had died, her twins (who suffered from intellectual disabilities) had been adopted, and the witness was rearing the remaining three. (They, however, she told the Committee are also lost to her in a way: 'They now live in a city and are on drugs'). The adoptive father of the twins 'died young' and their adoptive mother remarried. When the witness went to meet this mother and her new husband, she said that the husband 'sexually assaulted her and asked her to take the twins for a month'. She 'could not cope with this', she said, and 'hasn't seen anyone in that family since'.

Prison features in the account of this next witness's journey through her life. In the 1960s, she was 15 years old when she suffered a sexual assault and became pregnant. Her parents went to the Gardaí but the perpetrator spent only one night in prison and then her family, who had adopted their grandchild and were raising her as their own daughter, took this man to court, suing for maintenance. Years later, the witness sought 'justice' for her daughter by trying to have her included in her birthfather's will; but she was advised that her daughter had no rights since she had been legally adopted - but a financial settlement was, however, reached.

This witness had her first child in a mother and baby home in 1970, but acquiesced to the demands that she should consent to adoption and gave up her child. She married in 1979 and had three more children with her husband, who, she said, was 'physically abusive' (he ended up going to jail at one stage, she said, because 'he had to go out robbing to support his family', but he left the marriage, and has since been with a new

partner.) The witness also told the Committee that one of her daughters has 'health issues' and she believes that this represents 'some kind of retribution' for her having given up her first baby.

Another witness said that at the onset of labour, she took a bus to a maternity hospital as she was afraid that should she give birth in the mother and baby home, 'my baby would be taken away from me'. After giving birth, she and the baby went to live with her boyfriend's mother. They later married and he was violent to her. She said that she had sex again with her husband 'only because she wanted a companion for her first child and didn't want her to grow up alone;' she had not had sex since then, finding the thought of it 'repulsive'.

She got a 'decent job', additionally working weekends in bars and restaurants to save for a mortgage; and with those savings and some help from her family, managed to buy her house. However, she became an alcoholic and suffered from mental health issues, at one point spending a year and a half in a psychiatric hospital. Her daughter became a single mother when she was 18 years old. Her son began taking drugs when he was 13 years old. He is now a heroin addict and has served two 'lengthy terms of imprisonment,' incarcerated for the first time when he was 18 years old.

'If I had a dream', she said to the Committee, 'it would be just me, my daughter and my granddaughter living together. I hate men. I am always waiting for something bad to happen. All my life I never had help from anyone, anytime I would go looking for help it wouldn't be there'.

After giving birth to their child in a home in the middle of the 1970s, this mother initially made every effort to avoid contact with the birthfather 'because he was violent and aggressive', but did go on to marry him and they had three more children together. When he died five years later, she confided to the Committee that 'it was a release and everything calmed down'. She got a job in a local factory, spent time at home rearing her children, and now minds her grandchildren.

Another witness, who gave birth in a home during the 1970s, told the Committee that a priest, 'in his 30s' sexually abused her 'regularly - multiple times', there, saying to her: 'It doesn't matter because you're already pregnant. You do this and I'll pray for your soul'. She exonerated 'an older chaplain, who was not abusive', but when she left the home this younger one traced her. He called to the house, then drove the witness and

a friend of hers to a bar. She told the Committee that 'he tried to get rid of' her friend: 'But we went to the bathroom and escaped'.

'I'm angry', she told the Committee, 'I'm angry at how the people that wore the cross of Jesus described us when they're supposed to have love in their hearts for everything and everybody. I'm angry at what they done to other girls, took away their babies, how they made you feel. I'm angry at the Catholic church'.

- 'My boyfriend moved away with his entire family' (when this witness's pregnancy was discovered.)
- 'My mother said if she found any photos of the baby she would burn them'.
- 'To this day I can't pick up a baby. I might contaminate them. I was a leper'.

This next mother, who became pregnant, at the age of 17 in the early 1970s, was told that her baby son had gone for adoption. Having left the home, she re-connected with the birthfather, figuring that this was the only way to have her child returned to her. She had two more children with him.

She herself had been fostered from the age of seven years old and had been abused and raped by her foster father. Maltreatment continued within her marriage with her husband 'severely' beating her and all three children (including a one-year old) in its course. Her two eldest children, she told the Committee, do not speak to her now because of the physical abuse they suffered, because they continue to believe she allowed it to happen. Her search for her first child concluded when she discovered 'he had been in the home the whole time'.

Another witness from this decade married the father of her 'home baby' (without revealing to him that he was the father) - she told the Committee that she had gone on to have five more children with him and because of what had happened to her during her first birth, she had 'dreaded' each labour. She said she then noticed how much better she had been treated in general during these later births and that there had also been an improvement in the levels of medical care provided.

Another woman told the Committee that she finds it too upsetting 'even to *think* back to that time in the home; she had bonded with her baby for three months before she had to 'hand him over'. She did marry and have other children - but both birthmother and

adopted son had begun searching for each other for many years, until (not long before the witness came for interview) they were reunited. Their relationship, said the witness, 'has gone from strength to strength', the only drawback being her husband's 'reluctance to engage, so 'I have to hide when meeting my son'.

A 16-year old girl gave birth in a home in the mid-1970s and after she left, married a man who beat her, broke her nose and caused her to have two stillborn babies. He was violent with his children, attacked the witness on the street outside their house and during the marriage, raped her repeatedly. She then went with another man who also treated her badly. But when she came to the Committee, she said she had been with a 'nice' partner for four years.

> ***With her baby set for adoption in the early 1980s, a 17-year old girl was made to feel she had 'blackened' the family name. 'My sister tortured me, was pure nasty' and as an escape, she began to drink heavily: 'People don't act in a self-destructive manner for no reason'. She suffered from PTSD and depression for 10 years and had 'a number of breakdowns - everything I had ever repressed just exploded'.***

Also in the early 1980s, a 17-year old girl who had her baby in a home was forced by her mother to have the baby adopted. This witness and her boyfriend had been together since they were 10 years old, 'really loved each other' and had wanted to keep their baby. But a short time after the baby was given away, the witness's mother began 'attempting suicide in different ways.' The witness found her 'with her head in the oven, with slit wrists, having taking overdoses'.

Her mother did die by suicide two years after the baby was adopted and it was only then that the witness discovered that her mother had been in a Magdalen laundry when she was younger and believes this may have been the cause of all this distress, especially why her mother had reacted so badly to the witness's pregnancy.

Some quotes taken from the testimonies of witnesses:

- 'I had a panic attack when I decided to sleep with my partner for the first time; it brought back memories of a previous rape'. 'At that time they didn't call it 'rape'.

- ‘The adoption process knocked my confidence; I lived on anti-depressants’.
- ‘The people I knew fell away’.
- ‘I had a back-street abortion because I couldn’t face going through it again. I wanted to ask the Pope for forgiveness’.
- ‘You will get over losing a man but you won’t get over losing a child’.
- ‘The social worker said I had the choice of running away with my child ‘or else we’ll take the child off you’. (From a witness who was living with her child’s violent birthfather.)
- ‘I’ve grieved the loss of my family, even though they’re not dead’.
- ‘I was given away by my mother so I wasn’t going to give my baby away’.

The next witness, who was engaged to be married, had her baby at home in 1970 and they were both taken to a mother and baby home. However, she suffered a post-partum haemorrhage, and had to go to hospital for transfusions and was then taken to a nursing home. All she was told about her son was that he had been ‘taken’ - she had no idea where. Her father did not speak to her for a year after she had her baby because she had ‘let down the family’, her boyfriend/ fiancé would not resile from his position that he was not the birthfather, so clearly she was not bound for marriage. However, she did marry in 1974 ‘to take away the stigma’ and went on to have children. She is now divorced.

‘Looking for her son’ she told the Committee, ‘took over her life’. She found herself for instance, buying newspapers to check if any child had died so she could try and figure out if it could be him. She traced him eventually, met him in 2002 and although her ex-boyfriend ‘to this day’ does not accept his paternity, ‘meeting her son has given her peace of mind. She has a good ongoing relationship with him and is glad to know he’s had a good upbringing and a good life’.

In a home with her baby in 1970, this next witness was told that her son ‘was the devil’s child and would die’ - and then ‘they took him away’. Having left the home, she decided to go to England to look for him (someone had told her that was where he had been sent) but during a medical examination it was discovered she was again pregnant. She went back to the home and gave birth to another son. She did meet

the first son but many, many years later. He had 'problems with alcohol' and they do not have much contact now. Her second son does not want to see her.

A witness told the Committee that she is still in contact with a nun who was 'very kind' to her when she was 'kicked out' of home and sent to a laundry. She married and divorced and said that her 'past was used against her' during the proceedings.

The next witness had a daughter in a home in 1973 who was adopted to the USA. The witness later took a nursing job abroad where she met her husband; she told him straight away about her backstory and how she could never have more children because of her deep fear of them being taken away from her. He was very understanding and they adopted a son.

Back home, the mother of the witness spotted an ad in the local paper; it had been taken out by the daughter she had given up and who was now searching for her. They met together with the daughter's adoptive family but the witness commented to the Committee that 'once the tie is severed, there's no going back' and in any case, she said, 'the relationship with her daughter is strained - in relation to her adopted son'.

Another witness told the Committee that she wanted to keep her baby but whose parents would not allow it 'because of the neighbours'. She too went on to be a nurse for 35 years. She had another child in 1990, this one she kept and reared. Her adopted daughter traced her in 2015 and they have remained 'close' ever since.

A witness who had been 15 years old when having her child, said that she had just simply 'handed him over' to be adopted, without any real understanding of what she was doing. Her parents had placed her in a laundry when she was 12 years old, because she had been 'wild and unmanageable' at home. A year after she had left the home, she was raped while living on the streets and, falling pregnant again, returned to the home, determined this time to keep her child.

She and her six-month old son went to live with an uncle for a time but he sexually abused her and would 'lock her into her room'. She escaped from him and within 'another couple of years' had met another (older) man and had two more children with him. But he too, it turned out, was abusive and the relationship ended. The witness began to suffer from mental health difficulties and then fell into alcoholism - but at the time she spoke to the Confidential Committee had been sober for several years. She

has not sought to trace her first son as she feels it is for him to find her. She has a strained relationship with her second one, while continuing to 'feel worthless' and to 'struggle with day to day life'.

To reward her daughter (in advance, before her new baby was adopted) the mother of this next witness gave her the gift of a bracelet 'for being a good girl' when all she wanted 'was her baby back'. Her sister, meanwhile, revealed to her that she too had had a baby 'secretly' in the UK but had had the child adopted there, advising the witness that she should 'just move on and forget about it'. Her father did make enquiries about keeping the child but was told 'she was settled with a new family'.

Her mother increased the pressure on the witness to send her child for adoption but the witness was adamant this would not happen. She told the Committee, when the nuns in the home saw she was not for turning, they accepted her decision and were 'helpful', supplying her with what she might need for the baby. The accommodation she had secured for herself and her daughter didn't work out and she ended up in a squat before eventually moving back home. Her mother would not let her stay, however, as yet another sister had now had a baby and this mother would not deal with more than one child in her house.

A witness who fell pregnant at 22 when she had been 'seeing' an older man since she was 16 years old, said that when she broke the news to her mother and father their initial response was wanting her to 'get rid of the baby'. When she returned home after the birth, a nun from the home where her son had been born sent her a picture of him.

The witness told the Committee that when her mother saw this picture, she was 'over the moon'; when her father saw it, he said he 'wanted the child home'. These parents ended up adopting her son and while the witness said that 'at the start' she was affected by 'the whole experience' she got to the stage where she would 'always tell people about her son and never made a secret of it'.

From that same year of 1978, a witness, who at 20 years old gave birth in a home, had to face into 'years of counselling' because 'I had done what I was told by allowing the

decision to have my child adopted made for me by others, including my family. It was taken out of my hands even before I entered the home. It was done and there was no discussion about it'. After her daughter was born, she went back to work 'as though nothing had happened' and for 20 years never spoke about it, refusing to discuss it even with her brother on the one occasion he tried to. She also 'disengaged', she told the Committee, even from 'friends she had made while in the home as they were just a reminder of that time'.

Unfortunately, she became an alcoholic, although managing to function, but at one stage, was 'called aside' at work, joined a support organisation and in sobriety began to consider tracing her daughter. They have now met but the witness commented that she feels 'very much on the edge' of her daughter's life. This witness never went on to marry, and believes that her experience 'impacted on relationships I've had since'. She does accept that while adoption was the only option at the time, she continues to 'feel strongly' about the decision being made without her involvement.

As an interesting aside to this story, the witness had been working in a state body when she became pregnant and on confiding in her supervisor, the latter (who, she said was 'very supportive') arranged for her to be certified as absent from work 'on sick leave' so she would not have 'unmarried mother' entered on her personnel file.

This next witness struggled with addictions to alcohol and other substances. Her first child was adopted immediately after she gave birth to him in 1979, at 16 years old. In 1981 she had a son with the same birthfather, and it was he who also fathered her third child, this one, a daughter, after the couple married in 1984. Tragically this third child died after 'a misdiagnosis and receiving the incorrect medication' and the witness commented to the Committee that having giving birth to three children, she now had only one. She said looking back, that leaving her first son in the hospital, was in many ways worse than the death of her daughter, as 'there was no closure in it'.

Yet another witness told the Committee that she too has 'struggled with alcoholism to block things out'. The daughter she gave up for adoption - now divorced - has refused to let the witness see her grandchildren, informing her that she has to 'earn the right to see them'. This witness has also 'lost some friends 'because my parents had warned them to stay away' - but she does acknowledge that her parents have been 'very good to her daughter and treated her very well'.

After this next witness gave birth at 16 years of age, her baby daughter was put up for adoption by the witness's family - who were, she said to the Committee, 'dysfunctional, acrimonious and violent'. Back at home, without her baby, she said, she was 'a total mess and suffering from post-natal depression'. Her mother did send her to the doctor, but was terrified she would reveal 'the secret'. From the doctor's surgery, the girl was referred on to a psychiatric hospital and she confided what had happened to her to the doctors there, but on learning this, her mother took her out of the place and she was beaten.

About a year later she met someone else, became pregnant again, the birthfather vanished again, and again her mother brought her to the home, where she was admitted as 'a second offender'. She gave birth and yielded to pressure to give up this baby too. She married at 21 years of age and went on to have nine miscarriages - which led to 'severe' problems in the marriage, she told the Committee, 'and a separation from her husband'. She attributes her gynaecological problems to (mis)management of her second birth.

Meanwhile, in later years having been 'given the run-around' when trying to trace her two adopted daughters, she hired a private investigator who found both within 'a couple of weeks'. Sadly, one has died since, following 'an overdose', but she has 'a good relationship' with the other one.

1980s

The stigma attached to being a single mother, 'when it is said that no-one would want you, a seed of doubt is sown and it stays with you'. This is from a witness who gave birth in a home in 1981, kept her daughter, brought her to the UK with her and worked there, before moving back to Ireland.

Thinking back to her time in the home, she now accepts that while she wanted to get out of there as soon as she entered it, 'there were some women there who did not have any choice and were 'relieved' that someone was taking the baby'.

This next witness ‘fought and fought and fought’ to keep her baby to whom she gave birth in 1982 at 17 years old. Then with the help of her father who had visited her one day, she achieved her goal. ‘Only for him’, she believes - ‘the baby would have been taken’. Her father continued to support her in keeping her child, but, she told the Committee, once home, ‘the attention I got from people wasn’t good - at Mass the priest wouldn’t give me Communion’.

‘You’d think it was someway enlightened in the 1980s, but it wasn’t’ - this from a witness who nonetheless accepted that while there was a (slightly discernible) change in society’s view of ‘fallen’ women, it was hit and miss.

Having given birth in 1981 when she was 20 years old, this woman had come under pressure to have her daughter adopted but had insisted that this was not to happen, although she had been worrying about how she would manage, not least financially. When she did get home, however, she found that her ‘welfare cheques’ had been sent there in error and had mounted to £450: ‘This was a lifeline and meant I could keep my daughter’.

When she moved to a city with her daughter, a neighbour gave her details of part-time work and ‘a friend would watch the child’ while she was out. As for family, however, she told the Committee that when she and the baby went to visit the family home from time to time, her father would come to collect them from the train station but would throw his coat over the baby’s head to hide her.

Despite going on to have a rewarding professional career in the UK, the next witness confessed to the Committee that she still ‘feels bad’ about having her baby adopted, and having given in to the ‘secrecy’ insisted on by her family - who, when she was leaving for her new life, told her not to come back. ‘I hadn’t robbed, stolen or murdered, I just made a stupid mistake’, but, she said, I still battle with ‘shame’ and ‘guilt’ and ‘proving that I wasn’t just some stupid young girl who got pregnant’.

She has made ongoing attempts to reunite with her daughter but the response to date has been painful because up to the time she spoke to the Committee, her daughter had not wanted to meet her.

‘Running all the time and cannot settle’ is how this woman, who at the age of 18, gave birth to a boy, whom she had named and had baptised, before he was ‘taken’, described her life. Four months later, she, her sister and her sister’s husband went to

take him back to the family home, but the witness then had 'rows and arguments' with her parents who were trying to force her to marry the birthfather. In the end, they adopted the little boy, raising him as the brother of the witness and it wasn't until later years that he discovered the truth.

This witness had three more children by three different men, but none of these relationships worked out and she is single now. Her relationship with her three children is 'difficult' and she feels she has 'struggled all her life' on her own.

'I lost my mother 30 years ago', said this witness who became pregnant when she was 15 years old. Her mother was very concerned about 'what the neighbours would think', she said but eventually, influenced by the witness's father, gave in and allowed mother and baby to come home. The relationship between them has 'remained difficult'.

With both parents deceased, another 15-year old went to stay with an aunt having given birth to a son in 1986 - but this aunt had five children already so she moved back to the family home, living with her baby in a mobile home in its back garden. Despite her age and lack of family support, she said to the Committee, she had no official visitors checking up on her.

She went on to have another child by another man and he too, like the birthfather of her son, vanished on hearing the pregnancy news. She has since married and is happy, worked when her two children were young, went back to education when she was 35 years old, got a diploma, and continues to work. 'Everything is in the past now but I think how easily things could have turned out differently and I would not have my son'.

'It was the outside world that made things difficult' said a witness who at 17 years of age, became pregnant and had a daughter in a home. On learning she was in a home, her father was supportive, came to fetch her and bring her home.

But the witness herself wanted to stay a bit longer as she needed the help of the nuns, being unable to face the 'shame' on the outside. Her father tried to console her, telling her she was 'to keep the baby and not to worry about it'. Contrary to what the Committee heard from some witnesses, she said

that 'the nuns in the home were 'very nice' about her wanting to keep her baby and even gave her 'some items' to take with her.

On the contrary, though, she reported that on discovering that she was keeping her daughter, her social worker 'didn't want anything more to do with her'.

This next witness became pregnant while in university, never told her boyfriend - and in any case, the relationship had no future; he was of a different religion and her family would not have tolerated a union. The decision about the adoption of her child (a son, born in 1983) was taken out of her hands. She told the Committee she had been 'profoundly affected' by the whole experience, did not have sex for 16 years and went on to suffer multiple problems - with alcohol, with severe depression, and not least with anorexia.

Seeking help, she did contact the home where she had been confined but the nuns referred her to the priest who had attended her there; they spoke at length about her distress and when she was leaving him, he embraced her, told her she was 'beautiful' and attempted to kiss her.

'Everything kicked off' when this next witness had her second child, having given birth to the first in a mother and baby home in 1985. This second child, she said, was 'gorgeous' but she could not cope and had to seek counselling. She eventually traced and met her son in 2014, but saw herself as 'a kind of aunt figure' in his life. She is 'very appreciative and thankful' to anyone who has loved and cared for him over the years, in particular his adoptive family.

On the advice of social workers, a birthmother placed her baby son (born in 1987) in foster care while she 'got her head straight'. She continued to visit her son, 'but he didn't know who I was. It broke my heart'. Recognising that he was bonding with his foster family, she took him back, went into a home with him, remaining there for two years while she attended college. (During this period she would make occasional visits back home to her family but 'had to hide upstairs'.)
She and her son were given council housing but 'it was in a very rough area - where it was made clear I wasn't wanted'. They left and stayed with various friends for a while until she got housed again when her son was three years old. She did 'odd jobs' while

being back in college to complete a degree; she later secured a ‘good’ job and moved to the UK.

She told the Committee that social workers had exerted considerable pressure on her to have her son adopted, telling her ‘she had nothing to offer him’; her father, too, insisted she give him up, saying he would pay for her education if she did, but would ‘cut her off financially’ if she didn’t. He kept his promise, she kept her son. She has never married or had other children and believes this is as a result of what she has been through. She still feels she has been stigmatised, not helped by her son having been diagnosed with ADHD, undetected while he was in school, and his teachers attributing his behaviour to her ‘being a single mother and unable to cope’.

This next witness was raped by a friend of her boyfriend and became pregnant when she was 24 years old and living abroad. Her boyfriend was not supportive - and neither was her family ‘who put a lot of shame and stigma’ on her and gave her the message repeatedly that she was ‘not fit to be a mother’. Her relationship with them, ‘forever fractured’, she went into a home where she gave birth to a son in 1989.

Having been led to believe that she could still get her baby back despite signing papers, she agreed to have him fostered. While initially she visited him in his foster home, she ‘hardly recognised him’, and ‘began to feel that she was intruding on the foster family’. She went back to University, married in 2000 and had other children but told the Committee she could never enjoy her pregnancies because of her earlier experience.

Contact has been made with her son, she told the Committee, but their reunion ‘has turned her life upside down;’ her siblings are unhappy with her for bringing ‘it’ all back up, believing she was putting their mother ‘in a bad light’, and as for her son, he has struggled with his mental health, blames the witness, and is resentful of her other children. She now believes, she said, that ‘adoption is as irrevocable as death’.

When she was 16 years old, a witness’s desire to keep her baby was thwarted, she said. She went into a home to have her baby. This was in 1989 when, as other witnesses noted during this decade, circumstances and attitudes did seem (slowly) to be changing, yet, she told the Committee she was given ‘no option to keep my baby, or offered any choices’ in

the matter. Her experience, she said, had 'impacted and affected every aspect' of her life and has left 'an indelible mark'.

Despite returning to school and having been a very good student, she became 'of no use. I couldn't concentrate'. She dropped out of college and married at the age of 22, because she said, she was looking for security and 'someone to love me'. Her husband has been a huge support to her, but in her view, she has never 'fulfilled her potential in her career'. To enable later tracing, she remained in constant contact with social workers throughout; she and her daughter have since met and have a 'strong relationship'. She remains 'very aggrieved' she said, that she was not offered any counselling at the time she was pregnant and giving birth at such a young age. 'Everything was in the best interests of the child but they forgot that I was a child too'. 'At that time I would have to justify why I would want to keep my child, now you would have to explain why you would give your child away'.

1990s

A mother told the Committee about what happened to her in the early part of the 1990s. She had been in two homes and spoke about the aftermath of her birth to twins, and her relationship with the children's father, who was of foreign origin. She was 26 years old and the birthfather was living abroad. When she discovered she was pregnant, went to visit him to discuss the matter. He wanted her to have an abortion and although reluctant to do that, she did agree to attend a gynaecologist. When making the appointment, however, she discovered that he had already made it. He was a priest, a member of a religious order and not long ordained. She said he had spoken to her about 'possibly' leaving the priesthood but she told the Committee that she will never forgive herself for getting involved with him: 'I have lived with the shame and guilt about doing such a naïve and stupid thing. I knew this was controversial'.

Back in Ireland after that visit to him, she moved into a mother and baby home to wait out her pregnancy and contrary to the descriptions given by so many women and girls of the conditions they suffered in earlier decades, she described this home as 'a haven and a sanctuary' where she 'never felt she was being judged', but was 'cared for as a pregnant woman in crisis'. 'I'm glad I managed to find it, I had to do the footwork myself'.

She gave birth to twins and afterwards, their birthfather regularly came to visit her and their children while she remained in the home. However, she told the Committee, 'he raped me'. She said, 'he also threatened to circumcise the children with a breadknife'. She stopped him from having access to the children, but he went to court and got an Order for Supervised Access and she moved with the babies to a different home, one offering her an individual flatlet.

However, pressure to have her children adopted was again coming from her family, who had always wanted her to take the adoption route because of the stigma not just the witness herself but them too. When her pregnancy became known, she had to leave her home town. She 'might', she said to the Committee, 'get a visit from family members once a year'. 'I was on my own'. She worked part-time for several years but found - and still finds, she said - that it is 'very difficult' to make ends meet. Initially, she had had enough money to buy 'cots and clothes' for her children, funded by her weekly Unmarried Mothers' Allowance, along with the extra £50 a week she had been granted by the birthfather's Order. When she came to give evidence to the Committee, she told it she was now 'on the dole'.

This next witness, at 21 years of age, had a daughter in 1994. She came from 'a very middle class area' but one where the neighbours 'staunchly disapproved' of her pregnancy. Her mother had died after a long illness, her boyfriend had disappeared and when she told her father he was gone and she would not be marrying him, he would not allow her to stay in the family home.

He, she told the Confidential Committee, then told her younger siblings to 'toughen up and forget about' her, which, she said, 'they did'. She also told the Committee that during the following six years, when she and her daughter were living in 'charitable' housing, her siblings were 'bought houses and given credit cards' by her father. She told the Committee that this is something about which she is 'extremely bitter to this day'. She realised that she could not raise her daughter in that environment so her

father gave her enough money to buy a house in a very remote part of a rural county, where they lived a ‘very isolated existence’ and where the little girl experienced ‘difficulties and bullying’ in school because of her background.

They stuck it out for a further six years, then the witness sold the house and moved back to a city, where she again took up work (she had always worked but it was always ‘low-income’ employment, so she had found it very difficult to get off social welfare.) At the time of her interview with the Confidential Committee, she and her daughter were living in ‘a garden flat’ in her father’s house and she said that her daughter now ‘feels the stigma of having been born to a single mother’. As for her father, she believes he now feels guilty.

In 1996, an 18 year old woman had ‘just started college when she became pregnant. She thought at the time that she would be supported by her parents, but such support was not forthcoming - their expectation was that this baby, when it was born, was for immediate adoption - but that, the witness said, ‘was not going to happen’. She secured help from a social worker, went her own way and stuck it out with her son.

There was a breakthrough, however, when eventually her family invited her to come home for Christmas. Some contact resumed although she still had to support herself and her son. She secured accommodation for nine years, returned to college and then got a job. Her relationship with her mother was ‘adversely effected’ but her mother now has a relationship with the witness’s son and the witness sees this as ‘an indication of her mother’s ‘regret’ about the way she treated her.

A quote from yet another witness of this period: ‘The priest asked (the witness’s future husband) ‘are you sure you know her? Do you know she had a baby and gave her up?’

Or this one: ‘I remember having this chubby little guy, I used to call him Jumbo, and he was mine and I used to feed him, change him and then one day he was done up like a Christmas tree and he disappeared’.

‘Thank God for the UK’, said a witness, one of those who had left Ireland for ‘across the water’ shortly after leaving the mother and baby home, having given birth there at the age of 17. She has had two 15-year marriages, and yet felt she should tell the Confidential Committee that her experience in a mother and baby home still causes

her ‘grief and despair. Everything that happened in Ireland I’ve been surviving’, she said, ‘the pain lasted for years and I’ve been left with emotional scars for which there is no relief’. ‘I still carry the 17-year old with me’.

In describing their lives after leaving the mother and baby home many women who came to the committee spoke of difficulties in later life. Even those who had married and had other children disclosed that they had suffered from deep feelings of isolation, lack of self-worth and loneliness as well as shame and anger.

Tracing

Witnesses came to the Committee to tell of their experiences in mother and baby homes and afterwards - but also felt it necessary to round off their narratives with the story of how they got on with tracing. For a good proportion of these seekers, unfortunately, even when the search was successful, it was too late. For others, a birthmother, when found, was still suffering from feelings of 'shame and blame' and had not revealed their secret to their husbands or natural children and were fearful of doing so. As for the birthmothers, some deeply yearned to contact their lost children but some had worked so hard to move on from what had been deep trauma, when a son or daughter came calling, they simply did not want to know.

'A social worker was assigned to me and I got a phone call saying that my parents had been found, but my father was dead, then I was told he was alive, then I was told he was dead again'.

'Every place I tried to look for information, I got no response - Irish Government, nuns, adoption agency…' this was a statement from a witness adopted into America in the early 1960s and who began to trace her birthmother when she was 18 years old.

The Committee did encounter a few who, having successfully traced birth families, subsequently rued not paying attention to the adage: 'be careful what you wish for'.

Take this witness, born in the late 1960s into a home and then, with her six siblings, was raised in care. When her tracing of these siblings was successful: 'They were not at all what I had been expecting, and I wish now I'd never found them' she said to the Confidential Committee, adding that she had been 'horrified by the appearance of some of my brothers' and now has 'no real relationship' with any of them.

On the other side of the equation, some of the children born in mother and baby homes and subsequently fostered or adopted, searched for their birthmothers, only to be, in their view, hindered, not just by the officialdom of those early years, but by the lingering sense of stigma felt by these mothers who did not want to be traced. Some mothers, having 'moved on', simply did not want to be discovered. Some children never discovered the identities of their birth parents at all.

‘I was the skeleton in the cupboard’, one witness said to the Committee who had found documents in his foster parents’ home, some of which contained his birthmother’s name, enabling him to start the search. He did make contact with some of his extended family ‘but they were not forthcoming with information’. He also discovered that his grandfather had ‘provided for him’ in his will, but he had never been told of this...

A woman, born in 1942 and later transferred to a home with her mother, was later brought up in state care, but also worked in a Magdalen laundry. She began trying to trace her mother when she was getting married, as she wanted to source any medical records available for when she had children. She began her tracing by going back to the home, but with no tangible success, although she was told by one of the nuns: ‘You look like your mother!’

At one stage, this witness had been told there that her mother had been a prostitute and ‘was now deceased’. She didn’t believe this but continued her search by using a specialist agency and eventually, was told that her mother was living in a certain suburb; but she had spotted the actual address on her birthmother’s file. She went there ‘without prior notice’ discovering that while her mother had lived at that address for 61 years, she had just recently died. When she did get the records, she told the Committee that they were in ‘an appalling state, with a lot of information either scribbled out or incorrect’.

A man, born in a home and later boarded out to foster care, told the Committee that he began to search for his files in 1963, but was ‘denied them’ until he finally got them in 2014 through his solicitor; they contained all the information he needed. A year later in 2015, he discovered that he had had a sister born in the same home, who had died when she was 10 months old. (The totality of what those files revealed about her is that she died of ‘convulsions’.) He has not been able to source information about where she might be buried; and he continues to harbour the suspicion that she had been adopted and may even be still alive.

This next witness, another male, came to the Confidential Committee to tell it that he had grown up in state and foster care until he ran away at 16 years of age. He ‘always wanted to know about (his) mother’, and he did manage to get her birth certificate and using the details on it, did get to trace her ‘30 years ago’. They met and she told him she had married his birthfather - but had never told him about the witness. During that

meeting, she made the witness 'swear not to tell any other relatives' while she was still living. Before this meeting took place, the witness's birthfather had died, unaware of his son's existence. When his mother died, the witness did not get to attend her funeral as he only heard that she had died when the funeral was already over.

A witness born in a home in the late 1950s began to trace his mother in 1995 but when he contacted the agency that had handled his adoption, was told 'you're in a queue'. This agency finally handed over his birthmother's address in 1997, but also told him that she had died. He became very angry, stating for the benefit of the Confidential Committee that his mother 'had never moved house' and that he believes this agency 'waited until she was dead' before telling him that they knew where she was. He described the Catholic Church and the Irish system as an 'abusive, sinister mafia'.

Similarly, another male witness whose search for his birthmother had been successful ('I brought her flowers and photos. We went for dinner') was told by her that she had had another baby with the witness's birthfather five years earlier, and in the same home. That baby, he was told, had died. He had obtained certificates of birth and death for this child 'but I don't believe it'. He told the Committee that 'he has lived with the hope of finding his sibling but his biggest fear is that 'he was one of the babies buried without any proper records. I don't believe that certificate we got. I think the child was taken and sold by the church. I'm convinced there was something'.

A witness born in a mother and baby home, (like her mother before her), told the Committee, she was constantly asking: 'Where's my mummy?' and as soon as she finished school, went to the home where she had been born, knocked on the door and asked to speak 'to the head nun'. 'They slammed the door in my face'. She went to the home again, 'four or five times' seeking information, 'but they were very rude to me'.

Then a social worker found someone who was also searching for the witness's mother - he turned out to be the witness's half-brother and together, they traced their mother to an address in the UK. When the witness asked her birthmother: 'Would you like me to stay in touch with you?' The 'very cold' answer was: 'I'd rather not'.

A witness told the Committee that she 'occasionally' looks at photographs on Facebook of her half-brothers and sisters 'who do not know of my existence'. As a child, she had been

told that her parents had been killed in a car accident and it 'came as a total shock to her to discover she had been born in a mother and baby home'. Her adoptive mother, she found out, had gone to the home seeking information on her behalf but was reminded by a nun that (during the adoption process) she had taken a vow never to trace the child's natural mother.

The witness did manage to get her file from the home 'but it was heavily redacted'. However, by going through records and phone books she did trace both of her parents, their addresses and families. She and her birthmother had three phone conversations, she said, during which she learned that the pregnancy had resulted from a rape by the witness's father. During all three calls, she added, her mother had been 'courteous' but finally told the witness that she was not interested in a face-to-face meeting or in establishing a relationship.

A birthmother, who had given birth to a son in a home in the early 1950s, decided to trace him when she was 70 years of age - starting with agencies and Government departments where she found 'reluctance' to help her. On contacting the home in 2004 in search of information about him, she was 'abruptly' informed that he had died.

She had kept her home informed of her current address in case he had wished to contact her. She (later) found out:

- that her son had travelled from America to find her and had been told by these nuns that 'they couldn't help him', with one nun telling him that his mother had 'abandoned' him when he was two weeks old and that 'her whereabouts were unknown'.
- that he had paid these nuns 'a large sum of money' to have his ashes buried in the grounds of this home in case his mother came looking for him; the witness was not told this by the nuns on either occasion she had been in the home seeking information.
- that his adoptive parents had also paid a sum of money to the home in connection with his adoption and 'made annual donations'.

When this next witness, born in a home and then adopted in the mid-1960s, began to trace her mother, she encountered the kind of delays and barriers frequently mentioned by other witnesses bound on the same mission. In addition, she was critical of a social worker 'who behaved as though the witness was causing her mother 'great distress' because of this search, and told the Confidential Committee that this social worker had failed to pass on letters she had written to her mother - which she felt was 'cruel' - as was the fact that she wasn't told 'for two months' that her mother 'had responded'. However, this one ended well. The witness was reunited with her mother and said she gets on 'wonderfully' with her, and with her half-siblings.

Another witness described how her mother was 'very angry' at being found. She complained to the witness that 'she had been guaranteed secrecy and didn't want to go back to revisit the past'.

Sometime later, however, the witness told the Committee, her mother did make contact and they had a couple of 'pleasant' meetings - but these have now ceased because her mother was moving in with (another) daughter and said 'she would find it very hard to keep the secret'.

Having been raped and made pregnant by her foster father and put into a home to give birth in the early 1960s, this next witness relayed another story relating to a social worker, who, she said served as social worker for both herself and the son to whom she gave birth - 'assigned' to both throughout their lives. 'She never connected us', the witness told the Committee.

As an adult, this witness, trying to trace his birthmother, approached the mother and baby home in which he had been born also in the early 1960s, but, he told the Committee. 'They showed me only a copy book that showed she had paid in full while she was in the home'.

In 2002, another witness (born in a home in the mid-1960s) began the process of tracing her birthmother and was given the relevant telephone number to call by an agency. Having left messages on an answering machine for several months, she was then contacted by a nun 'who was extremely rude and unhelpful'. As a result, she

‘stopped tracing efforts for a year’ then resumed, contacting the original agency and explaining what had previously happened with that nun.

From then on, with agency personnel making the contacts on her behalf, she told the Committee that she was ‘bombarded with information and family involvement’, discovering, for instance, that nine years before she discovered her birthmother’s identity, she had died from contracting Hepatitis C from contaminated blood products. But she did meet her mother’s sister before she too died.

> ***This next witness was advised by the same agency as the one above, and ‘made sure’ that the file they had on her included her wish that should her son approach it while he was trying to find her, he should be given ‘full assistance’.***
>
> ***But later, she learned from her son himself that when he did come to Ireland from the US to trace her, he had gone to the home where he was born and was told by a priest who lived nearby that she had died.***
>
> ***On returning to the US and in conversation with an Irish couple he knew, he mentioned what had happened. They advised him not to believe this priest but to contact the agency directly. He took the advice and from both his own and his birthmother’s points of view, got terrific results, which meant that they were put in touch with each other and the witness flew to the US to meet him. He collected her from the airport and they went for a walk on the beach together and later on, she spent a six-week holiday there with him. She told the Committee that this agency had been of ‘great assistance’ in helping with this successful reunion.***

To get her birth certificate, a witness had to go to a solicitor to ‘swear an affidavit’ that she would not contact her birthmother unless it was through a named agency. Personnel there, however, informed her that this agency’s responsibility was towards the mother. ‘It failed to recognise’, the witness said to the Committee, ‘that they also had a responsibility towards the child’.

This agency did, she said, ‘send a letter’ to the witness’s mother on her behalf. (She herself was simultaneously tracing, she said ‘for the sake of her own children’ in order that ‘they can know their lineage’.) But in contrast to the successful tracing outcome for the last witness, this witness’s mother phoned the agency to say she didn’t want any further contact.

‘Files are there one day and not the next. The agency through which I was adopted no longer existed. I got documents and details in a piecemeal fashion’, - this witness faced many barriers in trying to locate her birthmother. One of the nuns mentioned in her file had ‘no memory’ of the witness when the witness contacted her. Of mixed race and born in the 1960s, she had been adopted and came to the Committee to talk about her experiences, particularly about her belief that while she could agree with the right of a birthmother to privacy, her own right to information about herself should be in balance with that; ‘at the very least I should have a right to access medical information so I can pass it on to my children’.

The trace was ultimately successful, but, sadly, the meeting with her mother was not: ‘she was hostile and had not wanted to be found;’ and she described her mother to the Committee as ‘cagey’ and ‘wanting to know what I wanted…’ Sometime later her birthmother’s other daughter contacted her to tell her to ‘cease associations as it was too upsetting’. The witness complied.

This man’s adoptive parents ‘had pretended’ they were his adoptive sister’s birth parents and had written their names on her birth certificate ‘to try and camouflage the whole thing’. The tracing process took between five and six years and, the witness told the Committee, ‘there was no paper trail’, but his birthmother was found; what helped, he said was that ‘the social worker had disclosed information. He wrote his mother ‘a very straightforward letter’. I said *things had happened in the past and things were different now…* ‘She wrote back’, he told the Committee, with ‘a very sorrowful letter’. However, he wrote again, telling her that her letter *was the best Christmas present I ever got!*

When they did meet, in a hotel in 2011, he discovered his birth parents had married and that he had three sisters - information that his adoptive mother had never passed on to him. His mother also told him she’d *had to* have him adopted because of ‘social shame’ but had been unable to talk about her time in the mother and baby home because ‘she is totally traumatised by it. Whatever the wall of secrecy - she can’t deal

with it'. He now meets with her on a regular basis and they talk on the phone every week or two. They go to the theatre together and he has visited her at Christmas.

This next woman was born into a home in the early 1970s, was adopted and had 'always' wanted to meet her birthmother. Fate took a hand in the process when, unexpectedly, she got a letter from one of the nuns in the home where her mother gave birth to her. The letter said, as follows:

> *Your mother wants to meet you but it wouldn't be a good idea as she is profoundly retarded. She lives in sheltered accommodation and a carer lives with her.*

This nun continued by telling the witness that her birthmother had also given birth to a baby boy and had *drowned him in a bath. Don't give her your address,* the letter concluded, *she'll be pestering you for the rest of your life and you'll have to look after her and she never looked after you.*

The witness ignored the advice and wrote to her mother. They 'exchanged letters for about a year', then they met, whereupon the witness found: Her mother was not retarded. She was not living in sheltered accommodation with a carer. She was living with her partner. The baby boy had not been drowned in a bath but had died of a kidney disease. The witness's mother died a year and a half after they met.

> ***A witness, trying to find his mother, commenced formal tracing in 2006 and discovered, through the Adopted Persons Register that he had a brother. He said to the Committee that he has issues about how this register works: 'If I hadn't contacted them to see if there were any hits, I wouldn't have been told about my brother. I am very grateful to the person that pieced it together. I was told that the register is not designed for siblings to meet. People should know that'.***

When she turned 18 years, this adoptee, born in a home in the mid-1970s discovered during her efforts at tracing that her birthmother had herself been born 'out of wedlock' and placed in state care until she was 17 years old. This witness found her attempts to access her files and her own birth certificate to be 'a very negative experience'. She was told by a relevant authority that it would take three years before she would be

allocated a social worker, but was given ‘non-identifying details’ on the proviso that she ‘would not undertake any private investigations’. Then she was given ‘a blank A4 sheet out of a printer’ to this effect and signed it.

In continuing her efforts, she met a nun who had known her mother; this nun told her that her mother had ‘gone to live in Germany and had a happy life’. However, when she did obtain the files she found that this account was at odds with what was written in them. In addition, she became angry about the way these notes about her mother had been written - citing, for example, ‘the suggestion that as a teenager, her mother had been ‘man mad’.

To continue her quest, this witness had to ‘go before a board of people’ which she found ‘traumatising, it was numerous social workers versus me’, during which she was told that her own file was ‘very traumatic’. Plus, she said to the Committee, she was told she would be ‘allowed’ to have her original birth certificate only if they could ‘ensure that she was sound of mind’. This witness never met her birthmother. She discovered that two of her siblings had died when they were babies but no-one can tell her where they are buried. She has been met with ‘a wall of silence’ she said, and ‘there are no hospital records’.

This next witness, whose child was adopted in the mid-1980s, spent time in a home before giving birth to a daughter. She began the tracing of her child quite early on but at the time of coming to speak to the Confidential Committee, has yet to meet her. At the outset, a social worker told her that she had: ‘no entitlement’ to meet her daughter; that ‘her daughter would not like her’, that ‘making contact could take years’, and that she had ‘no rights’. Despite all this, however, to the witness’s delight, a meeting was eventually arranged - but her daughter ‘cancelled at the last minute’, writing to the witness that she was ‘not ready’. They kept in contact by letter for a while, but that ‘petered away’.

The witness then discovered that her letters to her daughter were being ‘scanned for appropriateness’ before being passed on by the adoption agency. ‘We had to *vet* them’, was the word used when she found out that the letters not deemed to be ‘appropriate’, had not been sent on. She was told she was ‘heaping’ too much on her daughter. She was ‘distraught’, about all of this, she told the Committee, because her letters had ‘explained everything’. ‘I had been obsessed for almost 30 years’, she said, ‘but in the past year I’ve let it go. For myself, I had to get over it, what will be will be’.

Coming immediately after the last story, this one is a counterbalance. Just as the experience of the woman above illustrated the wish of a mother who had been separated from her child to re-connect, this man's story also illustrates the wish of a child to know his mother, not just that but the desire to know who he is: 'You couldn't know where you were going if you didn't know where you came from'. Walking down the street, he said to the Committee, 'he would think: *Any one of these people could be related to me'.*

Born in the early 1980s and then adopted, this witness began to trace his mother when he was in his 20s, acknowledging that his adoptive parents were 'very supportive' of the endeavour. He, unlike some others, also said that he had found the agency he went to 'very helpful', although he did add: 'I can imagine, if I couldn't get information, how frustrating that would be! The not knowing'.

The process, he said, had been explained to him, along with the possibility of a time delay: 'It's not a simple process where you can just open records'. He was lucky, his mother had registered soon after he had turned 18 years of age and a match was soon found. But after this success, he said to the Committee that he 'had been hoping for a deal that would include time to settle and register what was happening' and that happened, with letters and photographs exchanged until, finally, he and his mother started to phone each other.

They met at the agency premises. He found this first meeting 'very natural' and described his mother as 'warm' but said he still struggles with the notion of her being only 16 years old when she became pregnant with him: 'I can't get it out of my head that she was so young'.

He had worried, initially, that by conducting the search for his birthmother, his actions could be perceived as him 'not considering myself as part of my adoptive family, but I'm not looking for another mother'. He said, speaking about his own sense of relief: 'I never felt I had a bloodline, that was a hurdle I had to cross. Meeting my mother helped, otherwise I had felt I was floating', adding the experience meant he could call the place where he lived, 'home'.

His birth and adoptive mothers have met each other and he greatly appreciates that the former 'doesn't have a sense of entitlement to meet me. She handed me over in

good faith that my adoptive mother is now my mother. 'It was a healing process for her, I think, she would die a sad woman if she'd never met me'.

Laden on top of this very positive experience, though, was the meeting he had later with his birthfather, facilitated by his birthmother. They met in 2012, when the witness discovered, sadly, that his father suffers from depression and addiction. He also went on to meet his half-brother, 'also difficult', he said, because up to then, this half-brother had had no idea about the witness's existence. He keeps contact, however, with this newly discovered birth family, feeling that he has a 'moral duty' to those who had given birth to him.

> ***Having given birth to her in a home, a witness gave her daughter for adoption in the late 1980s and later made contact with her through the adoption agency. The contact began as was customary, with an exchange of letters and photographs. When they met, they discovered that the witness's daughter had been in the same class in school as her cousins; and that the gift brought by the witness to give to her daughter to mark their first meeting, had been purchased in the shop where her child's adoptive mother worked.***

In some cases, having successfully traced each other, a mother and the child she had given for adoption did not, or could not, maintain their relationship. At nine years old, this witness's daughter wrote to her through a social worker, leading to an exchange of cards and gifts. They met in 2008 and kept contact for a while - but then her daughter moved abroad and following a visit home in 2016, cut all ties on a *don't call me, I'll call you* basis. 'I have loved this child for 35 years', said the witness to the Confidential Committee: 'It was like getting your heart broken all over again'.

'He sat in my kitchen so many times and lied to me', a witness said of a priest who had told her that the family who had adopted her daughter had emigrated to the US. They hadn't, and having successfully traced this daughter, they haven't yet met. The witness told the Committee that quite separately, her daughter's adoptive brother, having also been traced, had held 'an unsuccessful meeting' with his birthmother and she believes that this has engendered wariness in her daughter about meeting her. At

the time of telling her story to the Committee, this mother and daughter were 'exchanging Christmas and birthday cards'.

This next mother, bent on tracing her adopted son, told the Committee that the nuns she approached looking for information, wanted to 'interview' her first. 'I had to play a game and be a good girl' to get information on my child. It took everything in me not to slam the nun against the wall!'

Before a birth mother traced her child she said that: 'the only life I could give her was a life undisturbed…' The witness said that her attempts to trace her daughter had been frustrated by letters not being passed on and she had gave up. But later, this daughter (who had waited, until after her adoptive mother had died) reversed the process and traced her. Mother and daughter found each other and are now 'strongly bonded' and meeting regularly: 'I was very aware when she came to meet me, she didn't know me from Adam, and I'd loved her all my life'.

This next witness featured in an earlier section when she came to the Committee to tell of her fostering with an elderly couple during which she endured a life of 'extreme' abuse. When she was 35 years old she met her mother once again, her siblings too and went on to write a book about her childhood and experiences. 'But', she told the Committee, her siblings were not happy about this book. Her parents, she also discovered, had married after the witness's birth (and had gone on to have nine more children.)

This next witness was adopted to the USA in 1951 and ever since her early 20s has been trying to trace her records, as her adoptive parents had destroyed any records they held. In 2013, the witness undertook tracing research when on a visit to Ireland and went to the home in which her birthmother had been born and was given access to her birth records by the nuns there. However, when she returned to Ireland in 2015 and again went to the home, she found that the files they had been holding were now missing a 'significant number of documents' and when she enquired as to where they were, she told the Committee that 'the nun avoided answering her questions'.

This next witness overcame all the obstacles thrown in his tracing path using determination, persistence, and the odd white lie. He was taken to a home, with his mother, having been born in 1949 and was later fostered at four and a half, having also spent a year and a half in another home. This witness told the Committee that he

‘always had had concerns about his identity’. As soon as his own son was born, he felt ‘compelled’ to begin the process of tracing his birthmother. He managed to get his ‘long form’ birth certificate in 2001, but it took a further year to find his baptismal cert. He then decided he would ‘put things off due to the stigma attached to it all’.

He took up the search again in 2011 and following fruitless enquiries with various organisations, was eventually allocated a social worker, who began the process of liaising with the relevant bodies. During this process, he said to the Committee, he was ‘asked a lot of questions that would discourage you from trying to trace’ but was determined to keep going, and did - and in time, arrangements were made for him to meet his seven half-siblings, none of whom had known anything at all about him, nor he about them. He also discovered that the documents he was getting ‘contained specific inaccuracies’ which, he believes, were deliberate attempts ‘to frustrate tracing, and’ he said, ‘he had had to lie’ to access his own records. In 2012, his social worker organised a meeting with his birthmother, who, up to then, had continued to protest that she was *not* his mother. ‘However’, he said, ‘the minute they met, she admitted to everything’, which was a ‘huge relief’ to him - and now they have an ‘ongoing close relationship’.

When this next witness, born in a home in 1956, turned 21 years of age, her adoptive parents passed on to her all the information they had been given about her background when they adopted her. This triggered a desire to trace her birth parents and her husband said he would help her; he had heard a radio programme about a specialist agency in this field and had noted its details. It transpired, though, when they started the process, that her adoptive parents had been ‘lied to’ about her background, with the nuns giving them ‘incorrect information’, so when the witness got her birth cert, she was shocked to discover she had been searching in the wrong geographical area.

By the early 1990s, she had been assigned a new social worker who was successful in tracing a niece of the witness. This niece revealed the whereabouts of the witness’s mother and in due time, this mother contacted the agency. When they met, the witness discovered that the information about her birthfather had also been incorrect, this, she figured, was because of his ethnicity, reasoning that his background could have (in the opinion of the nuns at the time), hindered her prospects of adoption. As the years passed, the witness eventually met everyone in her extended family and continues to have a ‘strong’ relationship with her mother.

The Committee heard from a witness who went to a social worker and was given one of two files held, while informing her that despite previously having been told that her mother had died in childbirth, she was alive. This social worker then left the other file open so that the witness could read a letter that her mother had written to her, telling her 'how heartbroken she had been to leave her' and how 'she hoped that she (the witness) was happy'. In 1991/92 this witness wrote to her birthmother via the social worker but in her reply, her mother said 'she would rather die' than have her husband find out about the witness's existence.

Time can work in your favour and this happened for this witness. Later, she discovered that her birthmother's husband had died and initiated contact by phoning her to sympathise. She also managed to contact her half-siblings through internet searches. In consequence of all this, 'a family gathering' was organised for 'all to meet stateside' her mother and family live in the USA. The witness has now been 'welcomed into this family'.

> ***'Maybe you make decisions at significant moments in your life', said a woman who had been born in a home in 1957 - and who had decided to start her tracing journey just after her 40th birthday. The tracing worked but the relationship stuttered after a few 'pleasant' meetings' because of the witness's birthmother's 'obsession with secrecy'.***

The tracing experience was equally fraught for this next witness, born in a home in 1959 and whose upbringing with her adoptive parents was 'very traumatic', to the extent that she ended up in a Magdalen laundry at the age of 14. Her initial attempts to trace her birth family via contacts with the nuns in the home, went nowhere, and it was a priest who ended up arranging for her to meet her birthmother. This mother had divulged that she and the birthfather of the witness had married; they had had six more children together, none knowing of the witness's existence.

The news did break within the birth family and the witness told the Committee that she 'had been blamed for the breach of secrecy', despite her insistence that she had not been the one to perpetrate this; in any case, the entire family rejected her. She was now, she said, in 'complete estrangement' from her family. To rub salt into the wound, she went on to discover that she had, unknowingly, grown up living very close to this birth family. She said that (other than from that priest who had made the first contact)

she had had ‘total lack of support’ around it and feels that ‘some form of counselling’ might have helped the situation, because, ‘the difficulties persist’, she said.

They persist too in the situation involving a witness who, born in a home in 1961, ‘had always wanted to trace and meet’ her birthmother and to that end, contacted the nun who had been involved in arranging her adoption. This nun had remained in ‘good’ contact with her adoptive family. It was she who, like the witness above, along with a priest who was a friend of the birthmother’s family, organised the first meeting between the witness and her birthmother.

However, the birthmother did not show up, explaining later that since she had not told her family about the witness, due to ‘other family commitments’ at the time of the meeting, she had been ‘unable to get away’. The witness told the Committee that she had been ‘extremely upset’ by this no-show as it had made her feel that she was being ‘rejected all over again’.

A further meeting was arranged, this time in the birthmother’s family home, but it was less than satisfactory. The witness was disappointed to find her birthmother asking her to pose as her cousin, ‘should any of the family return home’. It was a short meeting’, she said, adding that while her birthmother, ‘did seem eager to keep in touch’, the witness herself soon became ‘heavily involved’ in caring for her adoptive mother and thereby lost contact, although she did speak with her half-brother over the phone. They had not yet met as of the time of her interview with the Committee. As for her birthmother: ‘We just weren’t meant to be, in this life’.

Secrecy is a feature of this next story too. This witness (born in a home in 1962) was 45 years old when he first met his birthmother after a ‘couple of attempts’ to trace her, rendered ‘difficult’ because he had no birth certificate. After that first meeting, he told the Confidential Committee, they met again but ‘only three or four times’, and there hasn’t been any contact ‘in many years’.

The authorities cannot be blamed in this case because it is the witness himself who has broken contact. His own children, he said, were unaware he had been adopted, and he wanted to keep that from them, feeling it is still ‘a taboo subject’ and he doesn’t want to burden them with any stress, such as that he experienced, growing up. ‘I’ll take this to the grave with me’, he said to the Committee, ‘not to shatter their lives’.

Born in 1963 in state care, the witness gave birth to a son in a home. When she made contact with him for the first time many years later, she discovered that he had had a difficult life with an adoptive mother who was an alcoholic, and had received only a 'poor' education. Her son was suspicious of her motives in contacting him, she told the Committee, believing she could be looking for organ donation.

This witness was born in the UK in 1959, but later spent time with his mother in a mother and baby home in Ireland in 1965, from where he was taken to be raised in state and foster care. He told the Committee that she had wanted to keep him with his two younger brothers, but alleges that all three were 'wrongly removed' from her through a Court petition claiming she was 'an addict'. (He said she did suffer from alcoholism but only after her children had been removed from her and she had moved back to the UK.) When he was eight years old, he was told she had died. His birthfather was from a distant country.

This witness said that he has 'always' been seeking to find information about his background. When he sought records from the home in 1980, he was told that all records had been 'lost or destroyed'. However, he told the Committee, when a TV company became interested in covering his search, its researchers had managed, in a short space of time, to access more information than he had in 30 years. Contact was eventually made with his stepfather's family in the UK, and he learned that this stepfather had attempted to have him and his two brothers brought back to the UK, but that the application had been 'denied by the authorities'.

A witness, born in a home in 1965, told the Committee that he 'lost 23 years' when his birthmother could have been in (his) life', but she wasn't. To find her, he had gone back to the home seeking records and information but was told they 'had nothing'. It wasn't until he became 'very ill,' that a social worker was able to trace his mother and they finally met in 1999. She has since died. However, he said to the Committee, he was 'hidden even in death, not acknowledged at her funeral'.

This next woman had a son in a home in 1966. She told the Confidential Committee that she had 'always' wanted to find him but felt for many years that 'because (she) had signed a piece of paper saying (she) would never look for him, was

bound by that'. Notwithstanding, she had 'left messages for him' all over adoption boards. When she knew he had turned 18 years of age, she registered with an adoption agency saying she wanted to meet him. This adoption agency turned out to be the same agency he registered with when in his 30s, saying he wanted to meet her. They were not matched.

The son then found his mother on Facebook and sent her a message - but the witness didn't notice the message for over a year. She then replied to his message but for some reason, he couldn't receive it. They were eventually matched through this adoption agency, had their first meeting there, and thereafter, continued to meet privately, their relationship going 'from strength to strength'. 'The only drawback', she said to the Committee, was that her husband 'refuses to discuss the matter' so 'I have to hide our meetings from him'.

Another witness who had her son in a home in 1967 began to trace him in the year 2000. When, as so many others had found, she was thwarted in her searches and requests for files and information, she went to an Irish minister and also to 'some other politicians'. In 2013, she rang the relevant state agency, again requested her files, and was told 'it would take eight years'. She then went to the European Parliament to speak about her experience.

Along the way, she had been told by a social worker that 'all the files were in a shed' (in a named village) and that 'there could be vermin eating through the boxes' and that in any case, 'they didn't have the resources to go through the files'.

For the next six months, the witness told the Committee, she phoned this social worker's office 'every Tuesday and Thursday' looking for her records - and kept calling until a match was found. It was only then she discovered that in parallel, her son had been battling for nine years with another, bigger, state entity to get his files. 'They have an incredible knack of keeping you apart for as long as possible', this mother said. Files found on all sides, the witness and her son then wrote to each other for about six weeks, 'exchanging information' before finally meeting later that year of 2013. They have an ongoing relationship.

A witness who was born in a home in 1968 and who had ‘a very happy adoption’, came to the Committee outlining a very different experience. Having contacted a register in the pursuit of her medical information because one of her children was having ‘health issues’, she was ‘overwhelmed’ with the amount of information she was given by a nun, who had asked her to come and talk to her because she would be ‘closing all the files’.

When they met, the witness discovered that her birthmother had died very recently. This nun then proceeding to relay *all* the background information in the files, (despite the witness having requested *only* what was relevant medically to help her child.) The witness, who clearly hadn’t known very much about her mother’s background, found the depth and detail of what she was being told ‘overwhelming and inappropriate’ with everything she had been told previously about her own identity ‘changed within minutes’.

The social worker, contacting her afterwards to find out how she had got on, was ‘shocked’ to hear about the way she had been given all this information. This social worker then instantly assigned a (dedicated) social worker to help her. She told the Committee that she has been ‘deeply affected’ by the whole process, and ‘the more she delves into the past, the uglier it gets’.

Once she started tracing her son (she gave birth to him in a home in 1970) this next mother didn’t have too much difficulty with the tracing process itself, but once she and her son met, she found it tricky to negotiate those waters; ‘there are boundaries that need to be respected around adoption and there is little guidance or expertise in this area’. She had held off on the tracing process until her own birthmother had died: ‘My parents carried grief about what they did to me, having me give my son away…’

She and her son finally met in 2006, and following that meeting, she did a course with a specialist agency, telling the Committee that she had met ‘some lovely women there who helped me to open up’. She continues to meet her son ‘a few times a year’ but said: ‘It’s very hard for a birthmother to get it right. You’re trying to make up for lost years but you don’t want to overwhelm them. I don’t know if adoptees can fully trust their birthmothers, there is a whole area of sensitivity’. For instance, when she tried to explain to her son that she hadn’t wanted to give him up, ‘he totally withdrew and was unable to cope with that information’. ‘It’s much more complex than I thought it would be’.

A woman who had a son in a home in 1971 told the Committee that she began tracing in 2011 with the help of a social worker. However, it transpired that her son did not want to meet her at that time. Then, about five years later, she received a call from him and they now meet up 'about once a year'. She said that his adoptive family is 'secretive' about the fact that he is an adoptee and she struggles with this, and also with the fact that her son calls them 'Mum' and Dad'. She does recognise, though, that 'they are lovely people'.

Like many other witnesses who spoke to the Committee about the frustration involved in searching for records and files, this witness, who gave birth to her daughter in 1973, said when she travelled back to the home to request the paperwork, 'it was like somebody had come along with a black marker and erased everything'.

She told the Committee that her daughter had been adopted to the USA, but as far as the witness knew, there hadn't been any attempt on that side to start a trace. As for her, while not opposed to the tracing process itself, she had already got 'so much grief' from her family due to her pregnancy, she hasn't done it.

Another witness who did begin the process of tracing had had a daughter in 1976. Her husband had encouraged her to search for her daughter and she went along to a counselling session run by a specialist group. However, she told the Committee, she had been unable to stay for the full group session as she 'didn't want to hear their stories, it was too sad and it did me no good'.

Only a few months after putting her name on the register in 2006, the witness received a phone call from an agency to say that contact had been made with her daughter. The witness wrote to her and then told her other two daughters (from her marriage) that they had a half-sister. 'They were very shocked'.

Birthmother and daughter exchanged photos; and she told the Committee that when writing a letter, she would 'check the dictionary to make sure everything was correct'. She didn't want to 'rush' her daughter, she said, for fear of 'losing her again'. They met in the agency offices. The agency personnel had instructed her: 'not to cry, not to hug, not to bring gifts'. But her daughter had brought a gift for her. They hugged. They were 'immediately comfortable' with one another and chatted for a few hours. They now continue to meet regularly, although the witness told the Committee that she 'never puts pressure on her daughter to meet'.

This next witness said that from the beginning, she said, she had been open to her son tracing her, and would regularly update her contact details held by the relevant adoption agency. The agency rang her one day to tell her that her son, now aged 22 years, had been in touch and wanted to meet her. The witness immediately travelled to meet him. Neither she nor her son had had any counselling prior to this meeting, she told the Committee, and during that first encounter she was careful, keeping in mind that while she was 'hoping for a relationship with him, his adoptive mother was now his mother'.

They met again sometime later, but this time she worried about him, feeling he might be suffering 'some kind of a breakdown'. Afterwards, she phoned the adoption agency, expressing her concerns and asking the nun there to 'look into it'. This nun, she said, 'went directly to the adoptive parents, telling them that the witness 'had concerns that their son was on drugs'. Naturally, the parents told him and after this, he sent her an email saying he 'wanted nothing more to do with me'. Since then, the only contact she has had with him, is to send 'the odd card at Christmas or on birthdays'.

Acknowledgment

As seen above, some witnesses did acknowledge to the Committee that over the years, improvements had been made to the conditions pregnant women had to face in the homes but up to the latter decades of the 20th century, the lifting of cultural disdain for 'fallen' women and their 'bastard' offspring - and acceptance of them as full members of society - was slow to gain widespread currency.

There were mothers who told the Committee that over the years they had managed to bury the experience of their younger lives by strength of will, many within the UK to which they had re-located. They reported how they had made a success of their lives, post-mother and baby home, having put their earlier experiences to one side.

For all kinds of personal and public reasons, some witnesses still felt it was necessary to tell their stories, sometimes against their own families who, petrified by shame, mortification, fear of parish scandal and neighbours' blame, had jettisoned them at a time when help and solidarity were most needed.

However, in all groups, the depth and honesty of what witnesses revealed to the Committee about what had happened to them having left the mother and baby homes, was startling. To tell these stories and have them noted by the Irish state, took courage, and of that there was plenty.

The Committee is very grateful to all those who came forward to tell of their experience in the mother and baby homes. For some it was the first time they had revealed their feelings and thoughts of their time there. The Committee wishes to acknowledge how difficult that was for them.

Thank you.

Part V: Archives

Introduction

The Commission's Terms of Reference include a clause which states

> In order to assist public understanding the Commission should provide in its reports an outline of the archival and other sources of most relevance to these issues and the nature and extent of the records therein, together with the challenges and opportunities in exploiting these sources for the purpose of further historical research or examination.

This part lists the sources used by the Commission to compile this report. The Commission has created a digital database from the registers of institutions, which is the key source for institutional chapters, and the data that is provided in the **Executive Summary**. It was also used at various points in writing the **Social History**. This database is being transferred to the Child and Family Agency (Tusla) under the *Commission of Investigation (Mother and Baby Homes and certain related Matters) Records and another Related Matter Act 2020.*

The other major sources are not the property of the Commission - they remain under the control of government departments, local authorities, religious organisations and other bodies. The Commission does not hold original documents from any of these repositories. Access is determined by legislation - in the case of government departments or local authorities - or it is at the discretion of the organisation.

In **Part 1: Social History**, detailed footnotes are provided. Many of the sources used in that part were also used for the institutional and specific issues parts. Some sources were used exclusively for the Social History part. These are mainly from published sources but some are from individual archives and they are not repeated in the lists given here.

The main sources for **Part 2: Individual Institutions** are the institutional records of the institutions investigated by the Commission and the files provided by the Department of Health. The Department of Health files frequently cover a number of institutions or a range of issues. In the institutional chapters, the main Department of Health files used are listed.

The other significant sources are the local authority records and records held in diocesan archives. The reference codes for these files are given where they are available but the Commission is aware that changes may be made to these codes. For example, the Commission is aware that some material consulted in the Cork City and County Archives

has been assigned new reference codes since the Commission examined the material. It is possible that this has occurred in other archives as well.

Department of Health files

The Introduction to the Report contains a description of how the Department of Health provided files to the Commission. This is a complete list of all the files provided. These files are already departmental files for the purposes of access by researchers. The original files are all held by the department or its successor, the Department of Children. The department scanned the files and provided scanned copies to the Commission.

A small number of files were not relevant to the Commission's work. For example, some files were received which were titled 'St Patrick's' which actually dealt with industrial schools. The names of the files are as given by the department. In some cases, the file name includes the name of a person or persons: this has been indicated by […]

'Clandillon' files

- RM-ARC-0-489765: Ms Clandillon Papers - Notebook No. 45.
- RM-ARC-0-489766: Ms Clandillon Papers - Notebook No. 45 1947, 48- 49 - 50
- RM-ARC-0-489306: Ms Clandillon's Books - Notebook No. 3
- RM-ARC-0-489252: Ms Clandillon's Notebooks - Notebook No. 28 - Longford
- RM-ARC-0-489317: Ms Clandillon's Notebooks - Notebook No. 9
- RM-ARC-0-489327: Ms Clandillon's Notebooks - Notebook No. 16
- RM-ARC-0-489326: Ms Clandillon's Notebooks - Notebook No. 18 - Kildare
- RM-ARC-0-489281: Ms Clandillon's Notebooks - Notebook No. 40 - Wexford 1, 1964,67,70 & 76
- RM-ARC-0-489304: Ms Clandillon's Notebooks - Notebook No. 47
- RM-ARC-0-489260: Ms Clandillon's Notebooks - Notebook No. 39 - Westmeath
- RM-ARC-0-489308: Ms Clandillon's Notebooks - Notebook No. 21
- RM-ARC-0-489709: Ms Clandillon Papers - 22-2-6 – Data on boarded out papers 1975 - 1978
- RM-INA-0-489385: Ms Clandillon's Papers Extracts Child Care Services Main Policy File W7-1
- RM-ARC-0-489332: Ms Clandillon's Notebooks - Notebook No. 38 - C. Waterford
- RM-ARC-0-489299: Ms Clandillon's Notebooks - Notebook No. 5 Carlow
- RM-ARC-0-489314: Ms Clandillon's Notebooks - Notebook No. 19
- RM-ARC-0-489432: Child Care Legislation Unit 22.2.18 Clandillon Papers-Reports on boarded out children Longford 1944 -1956

- RM-ARC-0-489411: Child care legislation unit Clandillon Papers 22.2.2 Children boarded out in Co Wicklow by the Dublin Board of Assistance 1953-54
- RM-INA-0-489221: Ms Clandillon's Notebooks - Notebook No. 12 Cork South
- RM-INA-0-489214: Ms Clandillon's Notebooks - Notebook No. 34 – Offaly
- RM-ARC-0-489247: Ms Clandillon's Notebooks - Notebook No.10
- RM-ARC-0-489259: Ms Clandillon's Notebooks - Notebook No. 6 - Cavan
- RM-ARC-0-489401: Childcare legislation unit 22.2.13 Clandillon Papers-Reports on boarded out children Waterford 1936-1971
- RM-ARC-0-489250: Ms Clandillon's Notebooks - Notebook No. 37 Waterford
- RM-ARC-0-489422: Child care legislation unit 22.2.52 Clandillon Papers-Reports on boarded out children Co Wicklow
- RM-ARC-0-489771: Ms Clandillon Papers - Reports on boarded out children - Louth
- RM-ARC-0-489769: Ms Clandillon Papers - Waterford 1943 - 1974
- RM-ARC-0-489413: Child care legislation unit 22.3.27 Ms Clandillon Papers-Reports on boarded out children North East –Various 1971-1981
- RM-ARC-0-489423: Child care legislation unit 22.3.26 Ms Clandillon Papers-Reports on boarded out children Offaly - Various 1961-1980 […]
- RM-ARC-0-489408: Child care legislation unit 22.2.9 Ms Clandillon Papers-Reports on boarded out children - Kerry 1949-1964
- RM-ARC-0-489772: Ms Clandillon Papers-Reports on boarded out children – Westmeath 1940 - 1955
- RM-ARC-0-489429: Child care legislation unit 22.2.19 Clandillon Papers-Reports on boarded out children Dublin
- RM-ARC-0-489425: Child care legislation unit 22.3.21 Clandillon Papers-Reports on boarded out children Tipperary - […]
- RM-ARC-0-489424: Child care legislation unit - Clandillon Papers-Reports on boarded out children Cork 1950-1981
- RM-ARC-0-489693: Clandillon Papers - Reports on boarded out children
- RM-ARC-0-489431: Child care legislation unit - Clandillon Papers-Reports on boarded out children Limerick 1949-1967
- RM-ARC-0-489768: Ms Clandillon Papers Child Care Legislation Unit Clandillon Papers - 22.2.1 Limerick Papers 1944 - 53 Boarded out children
- RM-ARC-0-489419: Child care legislation unit 22.2.63 Clandillon Papers-Reports on boarded out children Clare
- RM-ARC-0-489774: Ms Clandillon Papers-Reports on boarded out children - SEHB 1968 - 1972

- RM-ARC-0-489421: Child Care Legislation Unit - Clandillon Papers-Reports on boarded out children Cork-Kerry
- RM-ARC-0-489406: Child Care Legislation Unit 22.2.64 Clandillon Papers-Reports on boarded out children WHB 1975
- RM-ARC-0-489233: Ms Clandillon's Notebooks - Notebook No. 30 – Louth
- RM-INA-0-489227: Ms Clandillon's Notebooks - Notebook No. 31 – Meath
- RM-INA-0-489223: Ms Clandillon's Notebooks - Notebook No. 32 – Monaghan
- RM-INA-0-489209: Ms Clandillon's Notebooks - Notebook No. 35 - Sligo
- RM-ARC-0-489258: Ms Clandillon's Notebooks - Notebook No. 7 – Clare
- RM-ARC-0-489322: Ms Clandillon's Notebooks - Notebook No. 41 – Wicklow
- RM-ARC-0-489271: Ms Clandillon's Notebooks - Notebook No. 4 – Carlow
- RM-ARC-0-489257: Ms Clandillon's Notebooks - Notebook No. 8 – Co. Clare 1
- RM-INA-0-489220: Ms Clandillon's Notebooks - Notebook No. 33 – Offaly
- RM-ARC-0-489295: Ms Clandillon's Notebooks - Notebook No. 51
- RM-INA-0-489850: Ms Clandillon Papers-Reports on boarded out children- Clare - 1950-1970
- RM-INA-0-489849: Ms Clandillon Papers / Reports on boarded out children – Offaly 1944-1972
- RM-ARC-0-489767: Ms Clandillon Papers - Notebook No. 44
- RM-ARC-0-489402: Ms Clandillon Papers Madonna House Department of Local Government and Public Health Reports 1936-1937
- RM-ARC-0-489334: Ms Clandillon's Notebooks - Notebook No. 2 – Dublin
- RM-ARC-0-489405: Child care legislation unit Clandillon Papers –Reports 22.4.1 Misc. Papers 1972-1981
- RM-ARC-0-489404: Child care legislation unit 22.3.35 Clandillon Papers - Reports on boarded out children – Limerick […]
- RM-ARC-0-489773: Ms Clandillon Papers - 22.4.4. General Papers 1941-1951
- RM-ARC-0-489360: Child care legislation unit 22.3.29 Clandillon Papers - Reports on boarded out children Mayo […]
- RM-ARC-0-489356: Child care legislation unit 22.2.44 Clandillon Papers - Reports on boarded out children Co. Wicklow 1951-1953
- RM-ARC-0-489255: Ms Clandillon's Notebooks - Notebook No. 50 Co. Kerry
- CCL-INA-0-485567: Clandillon Papers - Reports on boarded out children – Co. Wicklow BOC 1950-52
- RM-ARC-0-489682: Clandillon Papers - Reports on boarded out children Mayo – […]

- CCL-INA-0-485562: Clandillon Papers - Reports on boarded out children Mayo 1966-1977
- CCL-INA-0-485550: Clandillon Papers - Reports on boarded out children Cavan - 22.3.13
- CCL-ARC-0-504254: Clandillon Papers - Reports on boarded out children Cork 1969 - 1978 Clandillon Papers
- RM-ARC-0-489331: Ms Clandillon's Notebooks - Notebook No. 20 - Laois
- RM-ARC-0-489416: Child Care Legislation Unit 22.3.20 Clandillon Papers - Reports on boarded out children Tipperary – Various Cases
- RM-ARC-0-489297: Ms Clandillon's Notebooks - Notebook No. 43
- RM-ARC-0-489278: Ms Clandillon's Notebooks - Notebook No. 26
- RM-ARC-0-489418: Child Care Legislation Unit 22.3.36 Clandillon Papers - Reports on boarded out children Limerick […]
- RM-ARC-0-489328: Ms Clandillon's Notebooks - Notebook No. 22
- RM-ARC-0-489276: Ms Clandillon's Notebooks - Notebook No. 25
- RM-INA-0-489224: Ms Clandillon's Notebooks - Notebook No. 13 S Cork
- RM-ARC-0-489270: Ms Clandillon's Notebooks - Notebook No. 49
- RM-ARC-0-489320: Ms Clandillon's Notebooks - Notebook No. 27
- RM-ARC-0-489244: Ms Clandillon's Notebooks - Notebook No. 36 Tipperary N & S
- RM-ARC-0-489254: Ms Clandillon's Notebooks - Notebook No. 1
- RM-ARC-0-489273: Ms Clandillon's Notebooks - Notebook No. 48
- RM-ARC-0-489333: Ms Clandillon's Notebooks - Notebook. 24 - Limerick
- RM-ARC-0-489237: Ms Clandillon's Notebooks - Notebook No. 15 Kerry
- RM-ARC-0-489311: Ms Clandillon's Notebooks - Notebook No. 17 (Part 1 & 11)
- RM-ARC-0-489311: Ms Clandillon's Notebooks - Notebook No. 17 (Part 1 & 11)
- RM-ARC-0-489778: Ms Clandillon Papers - UK-Ireland repatriation scheme 1939 - 1950
- RM-INA-0-489387: Child care legislation unit 22.2.40 Clandillon Papers / Reports on boarded out children Co. Wicklow BOC 1949-1951
- RM-ARC-0-489386: Childcare legislation unit 22.3.15 Clandillon Papers / Reports on boarded out children 1975-1977 […]
- RM-ARC-0-489369: Childcare legislation unit 22.3.16 Clandillon Papers / Reports on boarded out children Wicklow 1954-1978
- RM-ARC-0-489415: Child care legislation unit 22.2.16 Clandillon Papers / Reports on boarded out children Tipperary S.R. 1948-1973
- RM-ARC-0-489409: Correspondence Ms Clandillon 1950S -60S-70S

- RM-ARC-0-489701: Ms Clandillon Papers
- RM-INA-0-489219: Ms Clandillon's Notebooks - Notebook No. 11 N Cork
- RM-ARC-0-490806: Clandillon Papers 22.2.11 Reports on boarded out children Carlow 1951-1974
- RM-ARC-0-489407: C.A.R.E. Ms Clandillon's Papers
- RM-ARC-0-489414: Child care legislation unit 22.2.26 Clandillon Papers / Reports on boarded out children Laois 1951-1974
- RM-ARC-0-489324: Ms Clandillon's Notebooks - Notebook No. 29 - Limerick
- RM-ARC-0-489371: Child care legislation unit Clandillon Papers 22.3.3 Laois - Infant intelligence scale records 1962
- RM-ARC-0-489699: Ms Clandillon Papers - Loughan House
- RM-INA-0-489230: Ms Clandillon's Notebooks - Notebook No. 14 Donegal
- RM-ARC-0-489363: Child care legislation unit 22.2.47 Clandillon Papers / Reports on boarded out children Co. Wicklow BOC 1946-50
- RM-ARC-0-489358: Childcare legislation unit 22.3.34 Clandillon Papers / Reports on boarded out children Tipperary - Various cases
- RM-ARC-0-489373: Childcare legislation unit - 22.3.35 - Clandillon Papers / Reports on boarded out - Donegal
- RM-ARC-0-489391: Childcare legislation unit 22.2.56 Clandillon Papers-Reports on boarded out children Annual reports 1939-1945
- RM-ARC-0-489389: Childcare legislation unit 22.3.14 Clandillon Papers-Reports on boarded out children British and N.I. referrals 1976 - 1980
- RM-ARC-0-489934: Ms Clandillon- Index cards […]
- RM-ARC-0-489868: Ms Clandillon- Index cards […]
- RM-INA-0-489851: Ms Clandillon - Index cards - M […]
- RM-ARC-0-489706: Ms Clandillon Papers - Circular 23-70 - Children in care of Health boards
- RM-ARC-0-490773: Ms Clandillon Papers - Irish Times articles "children in court" - letters on report
- RM-ARC-0-489777: Ms Clandillon Papers - Half yearly returns for children in care 1978-1981
- RM-ARC-0-489397: Ms Clandillon Papers Cherish meeting Sat 26/10/74 Dun Laoghaire
- RM-ARC-0-489433: Childcare legislation unit Clandillon Papers 22.3.2 Correspondence with unmarried mothers 1955-62
- RM-ARC-0-489705: Ms Clandillon Papers - Catholic marriage advisory council

- RM-ARC-0-489702: Ms Clandillon Papers 22.3.12 - Galway - Various cases
- RM-ARC-0-489370: Ms Clandillon Papers - Dept. of H & SS & Sco[t]tish home & Health Dept. documents
- RM-ARC-0-489368: Ms Clandillon Papers Carers in the community
- CCL-INA-0-485573: Ms Clandillon Papers - Read - not - not registered - not indexed
- RM-ARC-0-489430: Childcare legislation unit 22.3.7 Clandillon Papers – Individual - family cases Dublin […]
- RM-ARC-0-489704: Ms Clandillon Papers - Places of detention for children
- RM-INA-0-489388: Ms Clandillon Papers Task force - Options in admin, child care
- RM-ARC-0-489776: Ms Clandillon Papers - statistical extracts from half yearly - returns of B-O children 1971-1981
- CCL-INA-0-478957: Clandillon Papers - M118-9-18
- RM-ARC-0-489715: Ms Clandillon Papers - Training on social work
- RM-ARC-0-489410: Ms Clandillon Papers H Bds area and population table
- RM-ARC-0-489367: Ms Clandillon Papers material for meeting of [EHB staff] 1973
- RM-ARC-0-489691: Ms Clandillon Papers - Talk at opening of training course for directors of community care, IPA 29-5-77
- RM-ARC-0-489687: Ms Clandillon Papers - Voluntary & community organisations in Dublin 2 - Social services
- RM-ARC-0-489694: Clandillon Papers - Dublin cases 1972-1980
- RM-ARC-0-489695: Ms Clandillon Papers – […] Social work adviser Dublin groups 1971 - 1972
- RM-ARC-0-489698: Ms Clandillon Papers - Family therapy network
- RM-INA-0-489392: Child Care Legislation Unit Clandillon Papers-22.2.5 Children at nurse in Dublin districts on 30th September 1951
- RM-ARC-0-489372: Ms Clandillon Papers Sample of all mother and child forms
- RM-ARC-0-489380: Ms Clandillon Papers L Division information on services for mentally retarded and m. ill children list of special residential centres
- RM-ARC-0-489354: Ms Clandillon Papers Proposed guidelines - children (residential homes) starting in employment
- RM-ARC-0-489377: Ms Clandillon Papers AIM Seminar Jan 1974
- RM-ARC-0-489365: Ms Clandillon Papers Trainee S.Ws
- RM-ARC-0-489376: Ms Clandillon Papers - Press cuttings
- RM-ARC-0-489357: Childcare legislation unit 22.3.8 Clandillon Papers Individual-Family cases Donegal - Various cases
- RM-ARC-0-489364: Ms Clandillon Papers […] - Press cuttings

- RM-ARC-0-489374: Ms Clandillon Papers Health board maps
- RM-ARC-0-489383: Ms Clandillon Papers Home helps circular 20/4/72 Home help services in Europe and U.S.
- RM-ARC-0-489355: Childcare legislation unit 22.2.45 Clandillon Papers-Reports on boarded out children Co. Wicklow BOC 1952
- RM-ARC-0-489362: Childcare legislation unit 22.2.41 Clandillon Papers-Reports on boarded out children Co. Wicklow BOC 1950
- RM-ARC-0-489393: Childcare legislation unit 22.3.9 Papers-Reports on boarded out children EHB […]
- RM-ARC-0-489399: Childcare legislation unit 22.2.14 Clandillon Papers-Reports on boarded out children Kildare 1950 - 1971
- RM-ARC-0-489685: Clandillon Papers-Reports on boarded out children – Meath […]
- CCL-INA-0-485556: Clandillon Papers-Reports on boarded out children Co. Wicklow BOC 1951
- CCL-INA-0-485565: Clandillon Papers-Reports on boarded out children Dublin 1975-76
- RM-ARC-0-489724: MS Clandillon Papers-Reports on boarded out children - Wicklow 1958-1971
- RM-ARC-0-489690: Clandillon Papers-Reports on boarded out children - Westmeath – […]
- RM-ARC-0-489689: Clandillon Papers-Reports on boarded out children – Midlands - Various families
- RM-ARC-0-491791: Clandillon Papers - Reports on boarded out children - Miscellaneous papers 1974-1981
- RM-ARC-0-489717: MS Clandillon Papers - Reports on boarded out children – Limerick 1952-1970
- RM-ARC-0-489697: MS Clandillon Papers - 22.2. 32 Clandillon Papers-Reports on boarded out children - Meath
- RM-INA-0-489384: Child Care Legislation Unit 22.2.22 Clandillon Papers-Reports on boarded out children - Cork 1950 - 1965
- RM-ARC-0-489703: Clandillon Papers-Reports on boarded out children - Roscommon – […] 1977-1979
- RM-ARC-0-489420: Child Care Legislation Unit 22.2.12 Clandillon Papers-Reports on boarded out children Kilkenny 1952-1965
- RM-ARC-0-489721: Ms Clandillon Papers / Reports on boarded out children - Offaly-Various 1973-1979

- CCL-INA-0-485560: Clandillon Papers-Reports on boarded out children Dublin BOC in Co. Wicklow 1947-1951
- RM-INA-0-489382: Child Care Legislation Unit Clandillon Papers-Reports on boarded out children - Wexford 1951-1977
- RM-ARC-0-489712: Ms Clandillon Papers - Reports on boarded out children - Wexford Various - 1963 - 1980
- RM-ARC-0-489713: Ms Clandillon Papers Reports on boarded out children - Carlow 1964 - 1972
- RM-ARC-0-489722: Ms Clandillon Papers / Reports on boarded out children - Kildare – […]
- RM-ARC-0-489714: Ms Clandillon Papers - Reports on boarded out children - Laois
- RM-ARC-0-489696: Clandillon Papers-Reports on boarded out children - Kerry […]
- RM-ARC-0-489686: Ms Clandillon Papers - Reports on boarded out children - Mayo 1940-1959
- RM-ARC-0-489710: Ms Clandillon Papers Reports on boarded out children - EHB - Supervision of BOC 1975-1976
- RM-ARC-0-489718: Ms Clandillon Papers / Reports on boarded out children - Tipperary N.R. 1948-1957
- RM-ARC-0-490807: Clandillon Papers 22.2.33.Clandillon Papers-Reports on boarded out children Galway
- RM-ARC-0-489725: Ms Clandillon Papers - Reports on boarded out children - ISPCC cases 1973-1977
- RM-ARC-0-489683: Ms Clandillon Papers - Reports on boarded out children - Co. Wicklow
- RM-ARC-0-489719: Ms Clandillon Papers / Reports on boarded out children - Sligo – […] 1974-1975
- RM-ARC-0-489723: Ms Clandillon Papers / Reports – Individual - Family cases - on boarded out children - Kerry
- RM-ARC-0-489727: Ms Clandillon Papers / Reports on boarded out children - Roscommon 1943 - 1955
- RM-ARC-0-489426: Child Care Legislation Unit 22.2.59 Clandillon Papers-Reports on boarded out children Kildare 1976
- RM-ARC-0-489716: Ms Clandillon Papers - Reports on boarded out children - North Cork 1951 - 1962
- RM-ARC-0-489688: Ms Clandillon Papers / Reports on boarded out children - Barnardo's

- RM-ARC-0-489707: Ms Clandillon Papers - Reports on boarded out children - Cavan 1944-1956
- RM-ARC-0-489692: Clandillon Papers / Reports on boarded out children – […]
- RM-ARC-0-489720: Ms Clandillon Papers / Reports on boarded out children - Meath […]
- CCL-INA-0-485571: Clandillon Papers / Reports on boarded out children Cork
- RM-ARC-0-489684: Clandillon Papers / Reports on boarded out children
- RM-ARC-0-489708: Ms Clandillon Papers - Reports on boarded out children - Kilkenny 1976
- RM-ARC-0-489775: Ms Clandillon Papers - boarded out children Statistics 1948 - 1981
- RM-ARC-0-499218: Clandillon Papers / Reports on boarded out children-Waterford
- RM-ARC-0-489711: Ms Clandillon Papers / Reports on boarded out children - Kerry
- RM-ARC-0-489428: Child Care Legislation Unit 22.2.65 Clandillon Papers-Reports on boarded out children NWHB 1976-1978
- RM-ARC-0-489726: Ms Clandillon Papers / Reports on boarded out children - Annual reports 1943 & 1944
- RM-ARC-0-489856: Ms Clandillon- Index cards […]
- RM-ARC-0-489942: Ms Clandillon- Index cards - […]
- RM-ARC-0-489866: Ms Clandillon- Index cards - […]
- RM-ARC-0-489989: Ms Clandillon- Index cards
- RM-ARC-0-489858: Ms Clandillon- Index cards - […]
- RM-ARC-0-489860: Ms Clandillon- Index cards – […]
- RM-ARC-0-489853: Ms Clandillon- Index cards – […]
- RM-ARC-0-489944: Ms Clandillon- Index cards – […]
- RM-ARC-0-489986: Ms Clandillon- Index cards
- RM-ARC-0-489939: Ms Clandillon- Index cards – […]
- RM-ARC-0-489984: Ms Clandillon- Index cards
- NATARCH-ARC-0-409782: 1950-62: Monaghan: Children & unmarried mothers in institutions - returns
- RM-ARC-0-489700: Arrangements for reception of children in emergency & Waterford community service centre
- CCL-INA-0-478958: Foster mothers - Westmoreland Lock Hospital
- RM-ARC-0-489400: Ms Clandillon's papers Wicklow county Children Acts 1908 - 34 representations from […] regarding non payment of reward for child placed at nurse

- RM-ARC-0-491361: Cork North general returns of children and unmarried mothers in institution[s]
- CCL-INA-0-485551: Capitation rates for residential homes and special schools - 1982
- RM-INA-0-496698: FOI Appeal to the High Court (FOI Act section 37(3) and Adoption Act 1952 section 22(5)
- RM-ARC-0-489403: Ms Clandillon's papers explanation of boarding out and foster care IASW document no 1 child interest group
- RM-ARC-0-490075: Public Assistance Authority returns

Immunisation files

- INACT-INA-0-527161: Enquiries regarding poliomyelitis vaccination
- INACT-INA-0-527156: General arrangements for 1962 polio vaccination scheme
- INACT-INA-0-527155: Enquiries regarding poliomyelitis vaccination - correspondence up to December 1958
- INACT-INA-0-422760: Arrangements for 1964 - 1965. Poliomyelitis vaccination scheme.
- INACT-INA-0-458021: Oral polio vaccination. Medical inspectors reports on schemes.
- INACT-INA-0-462670: Returns of poliomyelitis vaccinations. 1964-.
- INACT-INA-0-471919: Tipp (N.R.) Oral polio vaccination. Employment of additional staff.
- INACT-INA-0-443292: General. Returns of polio vaccinations.
- INACT-INA-0-422759: Arrangements for 1963-64. Poliomyelitis vaccination scheme.
- INACT-INA-0-527158: Arrangements for 1960 polio vaccination scheme
- INACT-INA-0-527157: General arrangements for 1961 polio vaccination scheme
- CH1-INA-0-491251: Arrangements for the supply of oral polio vaccine
- INACT-INA-0-463638: Rubella vaccination scheme. Annual returns for year ended 31st December, 1976.
- INACT-INA-0-463653: Rubella. Supplies of vaccine. From July 1975.
- INACT-INA-0-463641: Rubella vaccination scheme. Annual returns for year ended 3ust December, 1977.
- MED-INA-0-506116: Institut Merieux Irl Ltd “Absorbed diphtheria tetanus pertussis vaccine B.P. Pasteur Merieux”
- INACT-INA-0-463640: Rubella vaccination scheme returns for year ended 31st Dec 1975.

- INACT-INA-0-463646: Rubella vaccinations: annual returns for year ended 31st December, 1978.
- INACT-INA-0-463645: Rubella vaccinations. Annual returns for year ended 31st December, 1979.
- INACT-INA-0-463642: Rubella vaccination scheme. Returns for year ended 31 December 1973.
- INACT-INA-0-463644: Rubella vaccination scheme. Returns for year ended 31.12.72. 31st December, 1972.
- INACT-INA-0-463643: Rubella vaccination scheme. Returns for year ended 31st December, 1974.
- INACT-INA-0-463654: Rubella. Supplies of vaccine. From Sept 1973 to October 1974.
- NATARCH-ARC-0-415922: 1958-59: Vaccination against poliomyelitis
- INACT-INA-0-443238: General series: child health services. Immunisations.
- INACT-INA-0-471695: Therapeutic substances act, 1932. Submissions & directives thereon regarding issue of permits to doctors under act to enable them to import poliomyelitis vaccine (Salk)
- INACT-INA-0-463652: Rubella. Supplies of vaccine. From beginning of scheme to September, 1973.
- INACT-INA-0-434358: Donegal. Oral polio vaccination scheme. Staffing.
- INACT-INA-0-458020: Oral polio vaccinations. Returns by health authorities. 31st December 1968.
- INACT-INA-0-458023: Oral polio vaccinations. Returns by health authorities. 31st December, 1971.
- INACT-INA-0-428072: Complaints regarding operation of polio vaccination services
- INACT-INA-0-429868: Cost benefit study for proposed measles immunisation programme
- CH6-IMP-0-55683: Vaccine usage 20/10/1997
- CH6-IMP-0-55638: MMR Vaccine 07/11/87
- CH6-IMP-0-55623: M.M.R. - Problems with vaccine 1992
- CH6-IMP-0-55618: Measles - Costing for measles immunisation programme 1985-1986
- CH6-IMP-0-58894: National vaccine stock management group - HEBE
- CH6-IMP-0-55616: Measles - extension of immunisation campaign
- CMO-IMP-0-78413: Immunisation in childhood fact sheets and reports

- CMO-IMP-0-78414: Concerned parents group oral submission to the Joint Committee on health and children on immunisation 23rd November 2000
- INACT-INA-0-473816: Type of vaccine used in each community care area - Measles.
- INACT-INA-0-451643: Measles immunisation.
- CH6-IMP-0-55649: Documents-circulars relating to vaccinations-infectious diseases
- CH6-IMP-0-55601: Information from pharmaceutical companies - vaccine distribution
- CH6-IMP-0-55614: M.M.R. - Proposal to introduce M.M.R. Vaccination 1987-1989
- CH6-IMP-0-55637: Requests for immunisation records
- CH6-IMP-0-61870: MMR Vaccine 27/04/2006
- CH6-IMP-0-55646: Vaccination information
- CH6-IMP-0-55633: Report of adverse reaction to DPT vaccination in Midwestern Health Board and related matters
- CMO-IMP-0-78424: National immunisation committee
- CMO-IMP-0-78423: National immunisation committee
- INACT-INA-0-433795: Diphtheria vaccinations, annual returns for year ended 31st December 1979.
- INACT-INA-0-434903: Dublin C.B. Fees for immunisations against diphtheria & pertussis.
- INACT-INA-0-433789: Diphtheria vaccinations. Annual returns treated during year ended 31st December, 1976.
- INACT-INA-0-457393: Number of diphtheria tetanus & pertussis and diphtheria-tetanus immunisation of children under 2yrs during year ended 30st Dec '82.
- MED-INA-0-493649: Whooping cough press cutting etc. re whooping cough, vaccination against the disease etc.
- MED-INA-0-493636: Wellcome Ireland Ltd Diphtheria vaccine TAF B.P. EEC PMP Regulations 1975
- HPU-INA-0-503783: Immunisation: measles, mumps & rubella - payments.
- CMO-IMP-0-78419: Immunisation compensation
- CH6-IMP-0-56269: Polio vaccination campaign 1977 - volume 2
- CMO-POL-0-9671: MMR (Measles, mumps, rubella) correspondence in relation to immunisation
- CMO-POL-0-9675: H I B Immunisation programme - miscellaneous papers
- INACT-INA-0-451640: Measles consideration of including measles vaccination in depts programme.
- INACT-INA-0-448883: Letter of 23 Deire Fomhair, 1975 re supply of live (oral) polio vaccine.

- INACT-INA-0-433793: Diphtheria immunisations. Returns for year ended 31st December, 1973.
- INACT-INA-0-433792: Diphtheria immunisations. Returns for year ended 31st December 1974.
- HPT-INF-0-119870: National immunisation register
- MED-INA-0-500612: Wellcome Ireland Ltd., Tetanus vaccine (adsorbed)
- CH1-INA-0-491406: Rubella: annex to file b311-30 proposed rubella vaccination scheme. replies to letters and circular of 24/8/1971
- CH1-INA-0-491407: Review of returns for infectious diseases and vaccinations
- CH6-IMP-0-56219: Vaccine safety- research and impact on the immune system
- CH6-IMP-0-56214: Oireachtas committee - consideration of vaccination issues
- INACT-INA-0-451642: Measles immunisation programme immunisation
- CH1-INA-0-491000: Meetings with Imomeasles immunisation
- MED-IMP-0-28921: Infanrix penta - D.,T.,P., HEP. B., Polio vaccine
- MED-IMP-0-28923: Infanrix hexa - D.,P.,T., HEP. B., polio & haem. 'Flu B vaccine'
- INACT-INA-0-451645: Consideration relevant to recommending measles immunisation as part of the department's programme of vaccination and immunisation measles.
- CH6-IMP-0-55709: Oasis Information project childhood immunisations
- CH6-IMP-0-55705: alleged use of Tribovax animal vaccine in children in 1973
- CH6-IMP-0-55643: Vaccination uptake - queries - volume 1
- INACT-INA-0-457401: Number of rubella vaccinations for year ended 31st Dec 1983
- INACT-INA-0-462776: Review of mass measles immunisation programme
- INACT-INA-0-448884: Letter of 23 October, 1973 to C.M.O.s re immunisation and vaccination services.
- INACT-INA-0-474240: Use of quadruple vaccine.
- CH6-IMP-0-544607: Documents/circulars relating to vaccinations/infectious diseases - volume 2
- ENV-INA-0-532279: MMR Immunisation 06/12/01
- ENV-INA-0-532208: 2 - in 1 vaccine report of adverse reactions
- INACT-INA-0-451641: Measles immunisation - replies from DCC/MOHs
- INACT-INA-0-453927: Miscellaneous. Correspondence regarding measles vaccination.
- INACT-INA-0-433794: Diphtheria immunisation. Fees - diphtheria immunisation, Corr with the Irish Medical Association.
- INACT-INA-0-457400: Number of rubella vaccinations during year ended 31.12.82.

- INACT-INA-0-428481: Control of sale of certain anti-abortion vaccines (strain 19 vaccines) under Animal Remedies Act, 1956.
- CMO-IMP-0-31993: RH + Immunisation 21/06/2001
- CH6-IMP-0-103471: MMR vaccine - volume 4
- CH6-IMP-0-103472: MMR vaccine - volume 5
- CH4-INF-0-30424: VCJD & oral polio vaccine issue
- CH6-IMP-0-103450: MMR (measles, mumps, rubella) vaccine - volume 2
- CH6-IMP-0-55626: M.M.R. - returns of M.M.R. I vaccine 1992
- CH6-IMP-0-55619: M.M.R. - Supplies of vaccine
- CH6-IMP-0-55665: Vaccine branch UCD 07-01-32
- CH6-IMP-0-103500: Vaccine branch UCD - Volume 2
- CH6-IMP-0-55621: M.M.R. Vaccine - adverse reactions - volume 1
- CH6-IMP-0-55636: Vaccinations - adverse reactions, reporting arrangements.
- CH6-IMP-0-86596: Development of rubella vaccine - use of aborted foetus
- CH6-IMP-0-103512: MMR Vaccine - volume 3
- CH6-IMP-0-55629: Development of rubella vaccine - use of aborted foetus
- INACT-INA-0-443218: General schemes. Diphtheria immunisation - register for recording particulars carried out by districts medical officers.
- MED-INA-0-544281: Inactivates (Salk) polio vaccination - reorganisation of schemes
- MED-INA-0-500496: HOECHST Ireland Ltd., Diphtheria tetanus vaccine
- MED-INA-0-503286: EEC PMP Regulations 1975 Wellcome Ireland - Poliomyelitis vaccine
- MED-IMP-0-29955: Prevenar - Pneumococcal saccharide conjugated vaccine, adsorbed
- MED-INA-0-502912: Smith Kline & French Labs Ltd., Poliomyelitis vaccine
- CMO-INA-0-525544: Immunisation box 2 of 3 (papers, reports & publications)
- CMO-INA-0-525543: Immunisation (loose papers, reports, publications etc. on immunisation) box 1 of 3 boxes - box file
- MED-IMP-0-28924: Hexavac - Combined D.,P.,T., HEP. B., polio, & haem. 'flu B vaccine'
- MED-IMP-0-28047: Triacelluvax: 3 - in - 1 vaccine
- CH1-INA-0-491437: Vaccination query 23/06/1998
- HPU-INA-0-506414: Immunisation: measles mumps and rubella - general information.
- CH1-INA-0-491253: Review of vaccinations and immunisation policy and control of certain infectious diseases

- INACT-INA-0-463651: Rubella. Proposed extension of schemes. 1) Vaccination. 2) H.A.I. (haemagluttinating inhibiting) testing.
- SUE-INA-0-507941: Child immunisation. 23/09
- MED-INA-0-502841: Wellcome Ireland diphtheria and tetanus vaccine
- MED-INA-0-505972: Institut Merieux Ireland Ltd "Merieux Measavax (measles vaccine live BP)"
- CH1-INA-0-491256: Review of the department's policy on vaccination and immunisation
- HPU-INA-0-506517: Health education bureau, research, child immunisation in Ireland
- MED-INA-0-506086: Institut Merieux Ireland Ltd "measles rubella vaccine"
- MED-INA-0-489359: Therapeutic Substances Act, 1932 submission and direction thereon regarding issue of permits to doctors under above act to enable them to import oral poliomyelitis vaccine.
- CMO-INA-0-525545: Immunisation (loose papers, reports, publications etc. on NDSC) box 3 of 3 boxes
- INACT-INA-0-458022: Oral polio vaccine returns.
- INACT-INA-0-457959: One day conference on (1) sexually transmitted disease. (2) Immunisation and vaccination programmes 29th March 1972.
- INACT-INA-0-445888: Information requested by W.H.O. on the measles vaccination practices in the countries of the European region.
- INACT-INA-0-430280: Council Of Europe. Partial agreement P H Committee compensation for damages caused by vaccination.
- CH6-IMP-0-55630: Measles-rubella immunisation campaign 1995
- CH4-INF-0-17940: Primary childhood immunisation programme
- INACT-INA-0-420394: 1996 - Total Health Board - Community drugs vaccine
- INACT-INA-0-458018: Oral polio vaccinations. Returns by health authorities 31st December 1969.
- CH4-INF-0-31776: Medeva oral polio vaccine (use of albumin) - letter of 20th March onwards
- GMS-IMP-0-4868: Vaccines 11/11/92
- CH6-IMP-0-84802: Expert group on vaccine quality
- CH6-IMP-0-55599: expert group on vaccine quality
- HPU-INA-0-504009: immunisation: evaluation.
- HPU-INA-0-503881: immunisation: measles immunisation.
- INACT-INA-0-458019: Oral polio vaccinations. Returns by health authorities 31st December, 1970.

- CH6-IMP-0-55659: Implementation of Hurley report national immunisation it project
- HPT-INF-0-114342: EU working party on public health - childhood immunisation
- CH6-IMP-0-56222: Immunisations - additional posts in S.H.B.
- CH6-IMP-0-56207: Western Health Board - Additional posts in immunisation & vaccination.
- HPU-INA-0-503758: Immunisation: 1989 campaign - measles, mumps & rubella.
- HPU-INA-0-503765: Immunisation: evaluation.
- HPU-INA-0-506462: Attitudes and behaviour of mothers towards immunisation
- CH6-IMP-0-55710: Thimerosal in vaccines
- CMO-INA-0-525536: JCV 1 Vaccination (papers, reports and publications)
- HPU-INA-0-506525: Market research bureau of Ireland Ltd., MRBI report, attitudes and behaviour of mothers towards immunisation
- HPU-INA-0-506429: Immunisation: measles-rubella immunisation programme 1995.
- CH1-INA-0-491401: Miscellaneous discussions with M.O.H.s on issues relating to vaccine damage
- CH6-IMP-0-103569: Revised primary childhood immunisation programme - volume 7
- CCL-IMP-0-64745: Clinical trials - correspondence with Commission on vaccine trials. temporary file
- PIU-INA-0-497066: Task force, vaccines & viral diseases: draft interim report.
- INACT-INA-0-474437: Vaccination against poliomyelitis supply of polio vaccine in 1962 & 1963 etc.
- FOI-INA-0-530411: FOI-2000-341 Copies of correspondence minutes of meetings and other materials relating to trials of vaccines carried out on children in children's homes or otherwise in care in the 1950s 1960s and 1970S
- CMO-INF-0-93751: Draft report of the vaccine damage steering group - November 2008
- IDS-INA-0-480042: Effects of whooping cough vaccine
- CMO-IMP-0-78403: Vaccines (miscellaneous papers 1997 - 1998)
- CH6-IMP-0-55658: National immunisation steering committee meetings
- CH4-IMP-0-103642: Implementation of immunisation report - volume 5
- ECT-IMP-0-50006: National immunisation project
- CH1-INA-0-491248: 1) Polio surveillance study: 2) Question of use of live virus poliomyelitus [sic] vaccine
- HRU-INF-0-120152: Value for money & policy review of immunisation programmes - project initiation document (PID) papers
- CH6-IMP-0-56031: Vaccine trials inquiry list of archived files to be searched

- CCL-IMP-0-43218: Child abuse - AVPA-Clinical
- CH6-IMP-0-56033: Vaccine trials inquiry list of current community health files
- MED-IMP-0-65044: Proquad - MMR Varicella vaccine
- MED-INA-0-500506: HOECHST Ireland Ltd., D.P.T. Vaccine
- ECT-IMP-0-97539: Proposal for the development of a pandemic vaccination programme information system
- INACT-INA-0-463639: Rubella vaccination scheme annual returns 1980
- CH6-IMP-0-56032: Vaccine trials inquiry list of off site files to be searched
- CH1-INA-0-490995: Follow up of serious adverse reactions to measles immunisation and reports on new measles cases
- CMO-INA-0-525544: Immunisation box 2 of 3 (papers, reports & publications)
- CCL-IMP-0-64745: Clinical trials - correspondence with commission on vaccine trials. Temporary file
- INACT-INA-0-459448: Polio vaccination publicity.
- INACT-INA-0-459448: Polio vaccination publicity.
- MED-INF-0-32140: Vaccination of children in institutional settings 1960-61, 1970 and 1973
- CH6-IMP0-103587: Vaccine user group - main file (E.H.B. & dept. of Health) - Volume 2
- CH6-IMP0-55652: Vaccine user group - main file (E.H.B. & Dept. of Health)
- CH6-INF0-59556: Fees paid to general practitioners under immunisation and maternity and infant care scheme - by HSE area
- CH6-IMP-0-56253: Medeva oral polio vaccine- use of albumin from VCJD sufferer- O
- INACT-INA-0-459839: Press conference on vaccinations and immunisations.
- CH6-IMP-0-55657: National vaccine stock management group - volume 1
- CMO-INF-0-104274: Pertussis (whooping cough) vaccine damage – […]
- ENV-INA-0-532733: Clinical trials involving children in the 1960s and early 1970s
- MED-IMP-0-544455: Vaccines user group - pharmacist file
- CMO-INF-0-107461: Immunisation - newspaper cuttings in relation to vaccination against childhood diseases such as measles-rubella
- CMO-POL-09872: Immunisations 02/01/91
- CBP-IMP-0-122434: Compensation for vaccine damage
- CH6-IMP-0-103566: Implementation of immunisation report - volume 2
- CH6-IMP-0-103568: Implementation of immunisation report - volume 3
- MED-INA-0-535916: Alleged vaccine damage - whooping cough- […]

- MED-INF-0-84408: Vaccination of children in institutional settings 1960-61, 1970 and 1973 1-1 – 31/12/2001 - volume 4
- MED-INF-0-84406: Vaccination of children in institutional settings in 1960-61, 1970 and 1973 – 11/1/1998 - 31-12-1999 - volume 2
- ENV-INA-0-532700: Rubella - vaccination file - volume 3
- MED-INF-0-84407: Vaccination of children in institutional settings 1960-61, 1970 and 1973 1-1- - 31/12/2000
- MED-INF-0-46835: Vaccination of children institutional settings 1960-61, 1970 and 1973
- CH6-IMP-0-56030: Laffoy vaccine trials inquiry
- MED-IMP-0-108083: Vaccine trials - 2010 onwards
- INACT-INA-0-459449: Polio vaccine. Question of control of importation.
- MED-IMP-0-135205: FOI May 2015 vaccine trials […]

Other Department of Health files

- CCL-INA-0-485547: Cork South Board of Public Assistance: Children in Sacred Heart Home, Bessboro.
- CCL-INA-0-488268: Sacred Heart Convent, Bessboro, Blackrock, Cork.
- CCL-INA-0-488712: Report dated 8/10/1969 by the manager Cork Health Authority on the services provided for unmarried mothers, with particular reference to the establishment of a Placement Committee for the placement of children for legal adoption.
- CCP-IMP-0-45492: Sacred Heart Home Bessboro: Inspectors' Reports.
- CCP-IMP-0-45687: Eastern Health Board: Miss Carr's Home, Northbrook Road, Ranelagh, Dublin 6.
- CCP-IMP-0-45958: Eastern Health Board: St Patrick's Home, Navan Road, Dublin 7.
- CCP-IMP-0-46212: Children sent abroad for adoption.
- CCP-INA-0-481814: Adoption Grants: Sacred Heart Adoption Society.
- CCP-INA-0-482135: Review of Children's Residential Homes 1984.
- CCP-INA-0-482240: Cross Border Adoptions.
- CCP-INA-0-483137: Denny House.
- CCP-INA-0-483891: Denny House.
- CCP-INA-0-489126: Mother and Baby Homes: Future Policy.
- CCP-INA-0-490832: Opening of Home for Mothers (unmarried) in Dublin.
- CCP-INA-1052-494455: Westbank Children's Home, Greystones.

- CCP-PER-0-497174: County Galway: County Home, St Brendan's, Loughrea, Children and Unmarried Mothers in Institution, Inspectors' Reports.
- FOI-INA-0-530411: Request for: Copies of all correspondence, documents, minutes of meetings and other materials relating to trials of vaccines carried out on children in children's homes or otherwise in care in the 1950s, 1960s and 1970s.
- HPO-INA-0-425641: Catholic Protection and Rescue Society of Ireland: Provision of Accommodation for Unmarried Mothers.
- INACT-INA-0-422596: Árd Mhuire, Dunboyne, Co. Meath: Home for Unmarried Mothers.
- INACT-INA-0-426512: Children and Mothers in special homes: Annual Returns.
- INACT-INA-0-429074: Cork North: Inspector's Report on Children and unmarried mothers in Institutions.
- INACT-INA-0-430895: Co. Wicklow: Inspectors' Reports on Unmarried Mothers and children in County Home.
- INACT-INA-0-432660: Denny House, 83 Eglinton Road, Donnybrook.
- INACT-INA-0-433567: Denny House, 83 Eglinton Road, Donnybrook: Correspondence.
- INACT-INA-0-434275: Donegal: Children and Unmarried Mothers in Stranorlar County Home.
- INACT-INA-0-435427: Dublin: Regina Coeli Hostel, Appointment of Clerk of Works.
- INACT-INA-0-435466: Dublin: St Patrick's Home, Navan Road, Disposal of part of site.
- INACT-INA-0-435467: Dublin: St Patrick's Home, Navan Road, Sister-in-Charge.
- INACT-INA-0-437877: Erection of a special home for: unwanted babies; unmarried mothers; day centre for handicapped children at Callystown, Clogherhead. […], Letter from North Eastern Health Board.
- INACT-INA-0-438132: Mother and Child Section: Estimates Brief, 1958-1959.
- INACT-INA-0-442791: Galway: Half yearly returns of children maintained in approved schools and institutions under Section 55.
- INACT-INA-0-444981: Homes for unmarried mothers: Ard Mhuire, Dunboyne.
- INACT-INA-0-445784: Infectious Disease: Outbreak in Sean Ross Abbey.
- INACT-INA-0-446217: Institutional Services: Bon Secours Nursing Home, Tuam, county Galway.
- INACT-INA-0-447861: Kerry: Children and Unmarried mothers in Institutions, Inspector's Reports.

- INACT-INA-0-448082: Kildare: Children and unmarried mothers in Institutions - Inspectors' Report.
- INACT-INA-0-448785: Leitrim: Unmarried Mothers and Children in Institutions - Reports.
- INACT-INA-0-450268: Midland Health Board: St Peter's, Castlepollard, county Westmeath, 1969-1977.
- INACT-INA-0-450360: Maintenance Rates: Ard Mhuire, Dunboyne - Home for Unmarried Mothers.
- INACT-INA-0-450464: Manor House, Castlepollard: Inspectors' Reports.
- INACT-INA-0-450465: Manor House, Castlepollard: Reconstruction and equipment.
- INACT-INA-0-451522: Mayo: Children and Unmarried Mothers in Institutions: Inspectors' Reports.
- INACT-INA-0-454197: Miss Carr's Home, Northbrook Road, Dublin: Residential accommodation for deserted wives, unmarried mothers and their children.
- INACT-INA-0-461556: Regina Coeli and Morning Star Hostels: Improvement schemes, payment file.
- INACT-INA-0-463707: Sacred Heart Home, Bessboro, county Cork: Scheme of Improvements.
- INACT-INA-0-463708: Sacred Heart Home, Bessboro: Grants from Hospitals Trust Fund.
- INACT-INA-0-464099: Sean Ross Abbey, Roscrea: Inspectors' Reports.
- INACT-INA-0-464172: Section 35, Capitation Rate: Homes for unmarried mothers (Castlepollard, Bessboro, Roscrea).
- INACT-INA-0-465923: St Anne's Adoption Society, Cork: Repatriation of Unmarried Mothers.
- INACT-INA-0-467764: St Patrick's Infant Hospital: Estimates 1978.
- INACT-INA-0-467773: St Patrick's Hospital: Fatal Accidents, Sudden Deaths, Suicides and Attempted Suicides.
- INACT-INA-0-467774: St Patrick's Home, Kells Road, Kilkenny: Report and Accounts for the year 31st December 1986.
- INACT-INA-0-467775: St Patrick's Home, Kells Road, Kilkenny: Report and Accounts for the year 31st December 1987.
- INACT-INA-0-467776: St Patrick's Home, Kells Road, Kilkenny: Report and Accounts for the year 31st December 1988.
- INACT-INA-0-467777: St Patrick's Home, Kells Road, Kilkenny: Report and Accounts for the year 31st December 1989.

- INACT-INA-0-467778: St Patrick's Home, Kells Road, Kilkenny: Report and Accounts for the year 31st December 1990.
- INACT-INA-0-467779: St Patrick's Home, Kells Road, Kilkenny: Report and Accounts for the year 31st December 1991.
- INACT-INA-0-467780: St Patrick's Home, Navan Road.
- INACT-INA-0-467782: St Patrick's Home, Pelletstown: Improvements and alterations, Fire precautions and Telephones.
- INACT-INA-0-467784: St Patrick's Home, Navan Road, Dublin: Inspectors' Reports.
- INACT-INA-0-474129: Unmarried Mothers and their Children.
- INACT-INA-0-475557: Waterford: St Joseph's County Home, Dungarvan, Inspectors' Reports, Children and unmarried mothers in institutions.
- INACT-INA-0-475920: West Cork: Inspectors' Reports on Children and unmarried Mothers in Institutions.
- INACT-INA-0-476463: Wexford: Children and unmarried mothers in Institutions - Inspectors' Reports.
- INACT-INA-0-476832: Wicklow: Complaint regarding Westbank Orphanage in Greystones.
- INACT-INA-0-538518: Maintenance Rates: Ard Mhuire, Dunboyne, Home for Unmarried Mothers.
- INACT-INA-0-538765: Sligo: Children and Unmarried Mothers in Institutions, Reports.
- INACT-INA-0-538770: Capitation Rates: Homes for Unmarried Mothers, Bessboro.
- MHS-INA-0-490058: Laois: Children and Unmarried Mothers in Institutions, Inspectors' Reports.
- MHS-INA-0-490144: Mayo: Returns of Children and Unmarried mothers in Institutions.
- MHS-INA-0-490145: Laois: Returns of Children and Unmarried mothers in Institutions.
- MHS-INA-0-490147: Mayo: Returns of Children and Unmarried mothers in Institutions.
- RM-INF-0-53391: Leitrim: Returns of Children and Unmarried mothers in Institutions.
- RM-INF-0-53393: Limerick County: Newcastle West, Children and Unmarried Mothers in Institutions, Returns.
- RM-INF-0-53403: Longford: Children and Unmarried Mothers in Institutions, Returns.
- CCL-INA-0-504255: Question of Assignment of duties in connection with boarded out et cetera children to Public Health Nurses.

- CCL-PER-0-497807: Boarded Out Children: Maintenance and Clothing Allowance.
- CCP-IMP-0-45535: Papers Relating to Memorndum [sic] for Government re Adult Victims of Past Abuse.
- CCP-IMP-0-45753: Birth Records of Adopted Persons.
- CCP-IMP-0-46076: Press Cuttings on Adoption.
- CCP-IMP-0-1052-45897: […], Foster Child: Eastern Health Board.
- CCP-INA-0-481717: Research Projects on Adoption.
- CCP-INA-0-481936: Grants to Adoption Societies: General File.
- CCP-INA-0-482049: Ally: Organisation for Unmarried Mothers.
- CCP-INA-0-482058: Adoption Grants: CPRSI.
- CCP-INA-0-482265: Adoption Grants: St Attracta's Adoption Society.
- CCP-INA-0-482272: Adoption Board: Annual Report 1986.
- CCP-INA-0-484758: Commission to Inquire into Child Abuse Act, 2000: Statement Delivered at First Public Sitting of Commission to Inquire into Child Abuse, held on 29th June 2000.
- CCP-PER-0-497175: Cork South: General, Boarded Out Children, Returns et cetera.
- CH1-INA-0-490896: Maternity and Infant Care Scheme: Discussions with IMO et cetera.
- CH1-INA-0-513319: Meeting with Church of Ireland re: Family Planning, 29 May 1978.
- CH6-IMP-0-55744: Maternal and Early Child Health: A Strategy for Health and Social Gain, MWHB Report.
- FIN-EST-0-543051: Sale of Lands at St Patrick's Home, Navan Road, Dublin 7.
- FIN-POL-0-64893: Review of Capitation Rates 1978.
- HPO-INA-0-481253: Pro[…?] 1981.
- HPO-INA-0-483552: Regina Coeli Hostel: Fire Precautions Works.
- HPO-INA-0-NATARCH-ARC-133-486895-483370: Sisters of the Sacred Hearts of Jesus and Mary, Sean Ross Abbey, Roscrea: Backlog of Maintenance, Mental Handicap.
- HPU-INA-0-485761: Open Door: An Introduction to Foster Care in the Republic of Ireland.
- IDS-INA-0-496903: Milk for Mothers and Children: Miscellaneous Correspondence.
- INACT-INA-0-422005: Ante Natal and Post Natal Statistics: Memorandum on General Care for Mothers and Infants.
- INACT-INA-0-423524: Balrothery: Boarded Out Children, General.
- INACT-INA-0-425870: Cavan: Children in Foster Homes: Returns.

- INACT-INA-0-426511: Children Amendment Act 1957 Section 2: Placement by private individuals of children for Adoption, Inspections.
- INACT-INA-0-426516: Children in Donegal boarded out by Dublin Health Authority: Reports.
- INACT-INA-0-426520: Children's Home Tuam Maintenance Charges.
- INACT-INA-0-426789: Clare: Boarded Out Children, General.
- INACT-INA-0-426795: Clare: County Home, Ennis, St Joseph's: Inspector's Reports.
- INACT-INA-0-427434: County Monaghan: County Home, Castleblayney, St Mary's, Inspector's Reports.
- INACT-INA-0-429552: Cork: Boarded Out Children, Returns.
- INACT-INA-0-433429: Parliamentary Question 12 put down by Deputy Patrick M Cooney.
- INACT-INA-0-434202: Donegal: Boarded Out Children, General.
- INACT-INA-0-434267: Donegal: Boarded Out et cetera children, Returns.
- INACT-INA-0-434384: Donegal: Stranorlar County Home, Mechanical Services, Boilerhouse.
- INACT-INA-0-434932: Dublin County Borough: Registration of Maternity Homes.
- INACT-INA-0-435095: Dublin Health Authority: Children Boarded Out in North Cork.
- INACT-INA-0-435111: Dublin Health Authority: Boarded Out Children, General.
- INACT-INA-0-435233: Dublin Health Authority, Rathdown: Children in Foster Homes, Returns.
- INACT-INA-0-435235: Dublin: Inspectors Report on Boarded Out Children.
- INACT-INA-0-435326: Dublin: Boundary Walls between Regina Coeli Hostel and St Brendan's.
- INACT-INA-0-435392: Dublin: Legion of Mary, Application for grant under Section 65 of Health Act, Morning Star Hostel, Regina Coeli Hostel.
- INACT-INA-0-435426: Dublin: Regina Coeli Hostel, Progress Reports.
- INACT-INA-0-442506: Galway: Boarded Out Children, Inspector's Reports.
- INACT-INA-0-442718: Galway: Boarded Out Children, General.
- INACT-INA-0-442719: Galway: Boarded Out Children, Inspector's Reports.
- INACT-INA-0-442989: General Enquiries regarding the placement of illegitimate children and deprived children et cetera.
- INACT-INA-0-443836: Health Act 1953: Memo on General Medical Care for Mothers and Infants, Statistics re Ante Natal Care.
- INACT-INA-0-445779: Infant Mortality.

- INACT-INA-0-446875: ILO: Convention Number 103 Concerning Maternity Protection, Revised 1952.
- INACT-INA-0-447854: Kerry: Boarded Out Children, Inspectors' Reports.
- INACT-INA-0-448232: Kilkenny: Boarded Out Children, Inspectors Reports.
- INACT-INA-0-449396: Limerick Health Authority: Boarded Out Children, General.
- INACT-INA-0-449569: Limerick: Boarded Out Children, Inspectors' Reports.
- INACT-INA-0-449965: Longford: Inspectors Report on Children in St Joseph's Hospital, County Home.
- INACT-INA-0-451288: Maternity Homes: Annual Returns for years ended 31 March 1968.
- INACT-INA-0-451317: Maternity and Infant Care Scheme: Draft Leaflets on services available for unmarried expectant mothers, and under Maternity and Infant Care Scheme.
- INACT-INA-0-451827: Meath: Boarded Out Children, Inspectors Reports.
- INACT-INA-0-453996: Miscellaneous: Memorandum on Free Milk, Boarded Out Children, Unmarried Mothers et cetera.
- INACT-INA-0-455743: Mid Western Health Board: St Anne's, Sean Ross Abbey, Roscrea, county Tipperary.
- INACT-INA-0-457782 Offaly: Children and Unmarried Mothers in Institutions, Inspectors Report.
- INACT-INA-0-459722: Post of Inspector of Boarded Out Children vacated by Miss Fitzgerald Kennedy: Appointment of Miss M E Murray.
- INACT-INA-0-461329: Rathdown: Boarded Out Children, General.
- INACT-INA-0-461559: Regina Coeli Hostel: Specification for Mechanical and Electrical Contracts.
- INACT-INA-0-469756: St Patrick's Home, Navan Road: Telephone and Fire Alarm Systems Loan.
- INACT-INA-0-469769: St Patrick's Infant Dietetic Hospital, Temple Hill: Provision of Staff Accommodation.
- INACT-INA-0-471904: Tipperary South: Minor Staff, County Home, Cashel, St Patrick's.
- INACT-INA-0-472063: Tipperary North Riding: Children in Foster Homes, Returns.
- INACT-INA-0-472101: Tipperary North Riding: Reconstruction and Improvement of County Home.
- INACT-INA-0-472118: Tipperary South Riding: Boarded Out Children, General.

- INACT-INA-0-475224: Waterford Health Authority: Boarded Out Children, Inspector's Reports.
- INACT-INA-0-478140: Boarded Out Children, General: Managers meeting of 15 October 1969. Proposal to amend Section 56(1) and Section 55(5) of the Health Act 1953.
- INACT-INA-0-535828: Council of Europe: Social Measures regarding the Placing of Children in Community Homes or Foster Families. Report of Coordinated Social Research Fellowship 1971.
- INACT-POL-0-499217: Boarded Out Children: General.
- MHS-INF-0-18157: Southern Health Board: Child and Adolescent Psychiatric Services, In Patient Unit, Beesborough [sic] House.
- MHS-OMA-0-490105: Staffing of County Homes.
- NATARCH-ARC-0-402710: Orwell Road, Rathgar, Dublin.
- NATARCH-ARC-0-403408: Monaghan: Inspection Report on Boarded Out Children.
- NATARCH-ARC-0-403780: Galway: General, Children hired out, boarded out and at nurse.
- NATARCH-ARC-0-403856: St Philomena's Home, Stillorgan, county Dublin: Approval for Maintenance.
- NATACH-ARC-0-404692: Maternity and Child Welfare: Catholic Protection and Rescue Society, Recoupment File from 1 January 1945.
- NATARCH-ARC-0-404806: Section 35: Manor House, Castlepollard, Approvals and Special Cases.
- NATARCH-ARC-0-406261: Cork West: Returns, Children in foster homes, boarded out, hired out and at nurse.
- NATARCH-ARC-0-408479: Cork South: Children boarded out, hired out et cetera, Returns of March 50 to September 1954.
- NATARCH-ARC-0-409418: Sligo: Children in Foster Homes, Returns.
- NATARCH-ARC-0-410026: Galway: Clifden Hospital, Children born in the hospital, or admitted for treatment from Children's Home, Tuam.
- NATARCH-ARC-0-521019: Miscellaneous re Child born in Mohill, at residence of Midwife, Catholic Protection and Rescue Society.
- NATARCH-ARC-0-525670: Cork Loose Papers Pre 1947.
- NATARCH-ARC-0-527027: Registration of Deaths Memorandum Book for the use of the Chief Resident Officer of Manor House in the Registrar's District of Castlepollard, Superintendent's District of Delvin, County of Westmeath, to enable him or her to record with accuracy the particulars concerning Deaths in the Institution, required to

be entered in the Register Book of Deaths, as directed by the 26 Vic., cap.11, sections 3 and 36.

- NATARCH-ARC-0-527035: Registration of Births Memorandum Book for the Use of the Occupier of Manor House in the Registrar's District of Castlepollard, Superintendent Registrar's District of Delvin, County of Westmeath, to enable him or her to record with accuracy the particulars concerning Births in the Institution, required to be entered in the Register Book of Births, as directed by the Births and Deaths Registration Act (Ireland) 1880, section 1 and 38.
- NATARCH-ARC-0-527051: Waterford Loose Papers Pre 1947.
- NATARCH-ARC-0-527067: Galway Loose Papers: Boarded Out Children Pre 1946.
- NATARCH-ARC-0-527135: Laois Loose Papers Pre 1947.
- PH-INF-0-94212: Maternity and Infant Care Statistics, 1984-1987.
- PH-INF-0-94292: Statutory Instruments 1930-1960.
- PH-INF-0-94295: Statutory Instruments 1961-1975.
- PH-INF-0-94296: Statutory Instruments 1976-1983.
- RM-ARC-0-507430: Galway: Re admission of children or adults to a public institution without consent of the Local Authority, As to power of District Justice or other Judges in this matter.
- RM-ARC-0-521027: Maternity and Child Welfare: Catholic Women's Aid Society, South Cork.
- RM-INA-0-535397: Draft circular on services for Boarded out children and those placed under the Children Acts 1953.
- RM-INF-0-53390: Boarded Out Children Maintenance and Clothing Allowance.
- RM-INF-0-53396: Boarded Out Children Maintenance and Clothing Allowance.
- RM-INF-0-53397: Dublin Health Authority: Boarded Out Children Returns.
- RM-INF-0-53401: Dublin Health Authority: Boarded Out Children Returns.
- RM-INF-0-53404: Dublin Health Authority: Boarded Out Children Returns.
- RM-INF-0-543524: Publications and Reports About Boarded Out Children, 1897-2000, Reformatory and Industrial Schools System 1934-1936, and Madonna House 1996.
- SND-INA-0-510407: Maternity Services: General File.
- SND-INA-0-516193: Anatomy Act 1832: Miscellaneous.
- SND-INA-0-526186: Mid Western Health Board: Maternal and Early Child Health, A Strategy for Health and Social Gain.
- SND-INF-0-64574: An Midhe: Reports on Boarded Out Children and Children at Nurse.

- CCL-IMP-0-42833: Adoption/Domestic/Liaison with Other Agencies/Crisis Pregnancy Agency
- CCL-IMP-0-46295: Child Abuse, Adult Victims of Past Abuse, Individual Funding: […]
- CCL-IMP-0-53340: Child Abuse, Adult Victims of Past Abuse, Individual Funding: […]
- CCL-IMP-0-74687: Child Abuse, Adult Victims of Past Abuse, Litigation: […].
- CCL-IMP-0-74764: Child Abuse, Adult Victims of Past Abuse, Litigation: […].
- CCL-IMP-0-74768: Child Abuse, Adult Victims of Past Abuse, Litigation: […].
- CCL-IMP-0-74785: Child Abuse, Adult Victims of Past Abuse, Litigation: […].
- CCL-IMP-0-74802: Child Abuse, Adult Victims of Past Abuse, Litigation: […].
- CCL-IMP-0-74804: Child Abuse, Adult Victims of Past Abuse, Litigation: […].
- CCL-IMP-0-74809: Child Abuse, Adult Victims of Past Abuse, Litigation: […].
- CCL-IMP-0-74814: Child Abuse, Adult Victims of Past Abuse, Litigation: […].
- CCL-INA-0-478954: Reformatory and Industrials Schools Capitation Rates.
- CCL-INA-0-485503: Approval of persons appointed as authorised to perform duties under the Children Acts 1908-1957.
- CCL-INA-0-485525: Waterford: Children in Approved Institutions, Returns for 30 September 1969.
- CCL-INA-0-485553: Legislation: Correspondence re: Adoption Number 2 Bill, 1987.
- CCL-INF-0-46157: Adoption-Legislation-Consultation on Adoption Legislation-Submission-Oral Consultation Volume 5: Adoption Parents, Natural Parents, Siblings and Birth Mothers.
- CCL-INF-0-46159: Adoption-Legislation-Consultation on Adoption Legislation-Submissions-Oral Consultation Volume 7: Access to Birth and Medical Records, Age Limits for ICA and Other Issues.
- CCP-IMP-0-17180: Adoption Board, General: Annual Report 1998 and 1999.
- CCP-IMP-0-30460: Adoption, Domestic: Correspondence on Individual Cases.
- CCP-IMP-0-32300: Child Abuse, Adult Victims of Child Abuse, Western Health Board, St Joseph's Industrial School, Letterfrack, county Galway: […].
- CCP-IMP-0-32307: Child Abuse, Adult Victims of Child Abuse, Western Health Board, St Joseph's, Letterfrack, county Galway: […].
- CCP-IMP-0-32435: Child Abuse, Adult Victims of Child Abuse, Midlands Health Board, Oblate Fathers, St Conleth's Industrial School, Daingean, county Offaly: […].
- CCP-IMP-0-32519: Child Abuse, Adult Victims of Child Abuse, Western Health Board, Irish Sisters of Charity, Benada Abbey Industrial School, Ballymote, Sligo: […].

- CCP-IMP-0-33166: Child Abuse, Adult Victims of Child Abuse, South Eastern Health Board, County Home Enniscorthy: […].
- CCP-IMP-0-33169: Child Abuse, Adult Victims of Child Abuse, South Eastern Health Board, St Joseph's, Ferryhouse, Clonmel, county Tipperary: […].
- CCP-IMP-0-33170: Child Abuse, Adult Victims of Past Abuse, Litigation: […].
- CCP-IMP-0-45405: South Eastern Health Board: Maintenance of Children in Care.
- CCP-IMP-0-45743: Legislation: Drafting of Adoption Bill 1986 and reaction to it.
- CCP-INA-0-481796: Implementation of Annual Budgets for Children's Residential Homes.
- CCP-INA-0-482051: Barnardo’s Core Funding.
- CCP-INA-0-482132: Adoption Grants: Catholic Protection and Rescue Society of Ireland.
- CCP-INA-0-482163: Adoption Contact Register, Volume 5.
- CCP-INA-0-482173: Adoption Grants: Central Council.
- CCP-INA-0-482249: Eastern: St Patrick's Infant Hospital, Blackrock, county Dublin.
- CCP-INA-0-482316: Adoption Board: Annual Report 1982 and 1983.
- CCP-INA-0-482320: Adoption Board: Annual Report 1984.
- CCP-INA-482323: Adoption Board: Annual Reports 1953-1981.
- CCP-INA-0-482325: Adoption Board: Annual Report 1985.
- CCP-INA-0-482353: Cherish: An Association for Unmarried Mothers, Volume 1.
- CCP-INA-0-482355: Review Committee: Questionnaire to Adoption Agencies.
- CCP-INA-0-482361: Adoption Board: Correspondence with […].
- CCP-INA-0-482591: Cherish: An Association for Unmarried Mothers, Volume 2.
- CCP-INA-0-482684: Adoption Grants: St Anne's Adoption Society.
- CCP-INA-0-482721: Federation of Services for Single Parents and their children, Volume 2.
- CCP-INA-0-482831: Federation of Services for Unmarried Parents, Volume 4: January 1985.
- CCP-INA-0-482833: Adoption Grants: St Patrick's Guild.
- CCP-INA-0-482836: Adoption Grants: St Brigid's Adoption Society.
- CCP-INA-0-482879: Review Committee: Case for an Adoption Authority.
- CCP-INA-0-483935: Proposed Research: Project on Foster Care.
- CCP-INA-0-483978: Adoption Grants: St Clare's Adoption Society.
- CCP-INA-0-488013: St Therese's Adoption Society: Cancellation of Registration.
- CCP-INA-0-489126: Mother and Baby Homes: Future Policy.

- CCP-INA-0-489154: Adoption Survey.
- CCP-INA-0-489381: Dr Barnardo's Child Care Service.
- CCP-INA-0-496027: Foster Care Regulations.
- CCP-INA-1052-483112: Foster Care: Representations and General Enquiries, 1998
- CCP-INA-1052-483142: Eastern: Maintenance of Children in Care.
- CCP-INF-0-31861: Adoption/Domestic/Registered Adoption Agencies/Cunamh.
- CCP-INF-0-36590: Adoption/Domestic/General/Adoption of Children sent outside of the State for Adoption: Justice Morris Judgement.
- CCP-PER-0-497171: Dublin Health Authority: Children Boarded Out in Cork South.
- CCP-PER-0-497173: Dublin Health Authority: Children Boarded Out in County Kildare.
- CH1-INA-0-491397: Wellcome Ireland Limited.
- CWP-IMP-0-39183: Adoption/Board/General/Provisional Adoption Statistics for 2001-2002.
- CWP-IMP-0-106735: Adoption/Legislation/Adoption Statutory Instruments.
- ENV-INA-0-532703: Therapeutic Substances Act, 1932 Research Licence: Professor P.N. Meenan, University College Dublin.
- FIN2-EST-0-543212: Disposal of 93 acres of land at Castlefarm, Dunboyne, county Meath with Dunboyne Castle and outbuildings.
- FIN-INF-0-75390: Review of Capitation Rates.
- FIN-INF-0-75391: Review of Capitation Rates 1984.
- HPO-ARC-0-403975 Cork South Inspector's Reports, General: Children boarded out et cetera.
- HPO-ARC-0-406848: County Home, Killarney: Inspector's Reports on Children.
- HPO-INA-0-425267: Carlow: Children in County Home, Inspector's Report.
- HPO-INA-0-448286: Kilkenny: Health Acts 1947-1954, Maternity and Infant Services.
- HPU-INA-0-506612: Singled Out: Single Mothers in Ireland.
- INACT-INA-0-421491: Amending of Children Acts, 1908-1941.
- INACT-INA-0-425187: Care Report on Deprived Children: Report to be sent to National Social Service Council for their Consideration.
- INACT-INA-0-425268: Carlow: Children in Foster Homes, Inspectors' Reports.
- INACT-INA-0-425868: Cavan Boarded Out Children: General, Part 1.
- INACT-INA-0-426509 (1): Children Acts, 1908-1957: Exemption of Premises from Inspection.
- INACT-INA-0-426515: Children in Care under Section 55 of the Health Act, 1953: Free travel to parents and families of children in Institutions.

- INACT-INA-0-426822 Clare: Children in Foster Homes, Returns.
- INACT-INA-0-427439: County Monaghan: Registration of Maternity Homes.
- INACT-INA-0-427443: County Offaly: Registration of Maternity Homes Act 1934, Reports, Registrations and Cancellations.
- INACT-INA-0-427468: County Sligo, MCW: Registration of Maternity Homes.
- INACT-INA-0-427513: County Westmeath: Registration of Maternity Homes.
- INACT-INA-0-428760: Cork County Borough, Maternity Homes Act: Appointment of Authorised Officers.
- INACT-INA-0-428946: Cork Health Authority: Children Boarded Out in North Cork.
- INACT-INA-0-429090: Cork North: Children in Foster Homes, Returns.
- INACT-INA-0-429427: Cork South: Children in Foster Homes, Inspector Reports.
- INACT-INA-0-429496: Cork West: Children in Foster Homes, Returns.
- INACT-INA-0-429613: Cork: Half-Yearly Returns of Children Maintained in Approved Schools and Institutions Under Section 55.
- INACT-INA-0-430462: St Ita's County Home, Newcastle West: Inspectors Reports.
- INACT-INA-0-430735: County Clare, Maternity Homes Act 1934: Reports, Registrations and Cancellations.
- INACT-INA-0-430889 County Wexford: Children Boarded Out, Inspector's Report.
- INACT-INA-0-432197 Iar Mhidhe: Boarding Out […].
- INACT-INA-0-432411 Daughters of Charity, Navan Road, Cabra, 1983.
- INACT-INA-0-432610 Deficits: St Patrick's Infant Hospital, Dublin.
- INACT-INA-0-434318 Donegal: General Returns of Children in Foster Homes.
- INACT-INA-0-434320 Donegal: Half yearly returns of children maintained in approved Institutions under Section 55 of the Health Act 1953.
- INACT-INA-0-434322 Donegal: Inspectors Reports on Boarded Out Children.
- INACT-INA-0-435090 Dublin Health Authority, Rathdrum: General, Children's Acts Inspector.
- INACT-INA-0-435103 Dublin Health Authority: Adoption, Expenses incurred in connection with children placed for adoption.
- INACT-INA-0-435119 Dublin Health Authority: Children boarded out in Carlow, Reports.
- INACT-INA-0-435121 Dublin Health Authority: Children boarded out in county Wexford.
- INACT-INA-0-435145 Dublin Health Authority: Inspectors reports on children boarded out by the Dublin Health Authority in county Mayo.

- INACT-INA-0-435428 Regina Coeli Hostel: New Building Demolition Works, Estimated PC [Price Costing] Items.
- INACT-INA-0-435429 Regina Coeli Hostel: Mechanical and Electrical Services.
- INACT-INA-0-435505 Dublin Loans: Regina Coeli Hostel, Restoration of Rosary Block, and Night Shelter at Usher's Island, Loan.
- INACT-INA-0-435925 Dublin Health Authority: Arrangements for Inspection of Boarded Out Children and Children At Nurse, Appointment of Children's Officer.
- INACT-INA-0-437747 Enquiries from Health Boards: Charges Additional to Capitation Rates.
- INACT-INA-0-437758 Enquiries: Establishment of Homes for illegitimate children.
- INACT-INA-0-437800 Enquiry from CARE Galway Branch, in regard to children maintained under the Health Act, 1953, in Galway institutions.
- INACT-INA-0-442726 Galway: Child Welfare Services.
- INACT-INA-0-442727 Galway: Children in Foster Homes, Returns.
- INACT-INA-0-444689 Health Act 1953: Approval of Maternity Homes for purposes of Section 25.
- INACT-INA-0-445191 Hospital Statistics: List of Voluntary and Local Authority Institutions and Private Maternity Homes.
- INACT-INA-0-446644 Irish Association for Abandoned Babies.
- INACT-INA-0-447859 Kerry: Children in Foster Homes, Returns.
- INACT-INA-0-447977 Kerry: Registration of Maternity Homes.
- INACT-INA-0-448217 Kilkenny Social Services: National Conference on Problems of Unmarried Parent.
- INACT-INA-0-448238 Kilkenny: Children in Foster Homes, Returns.
- INACT-INA-0-448530 Laois, Maternity and Child Welfare: Registration of Maternity Homes Act 1934, Reports, Registrations and Cancellations.
- INACT-INA-0-448545 Laois: Children in Foster Homes, Returns.
- INACT-INA-0-448546 Laois: Children in Foster Homes, Returns.
- INACT-INA-0-448721 Leitrim: Children in Foster Homes, Returns Volume 3.
- INACT-INA-0-448740 Leitrim: Half yearly Returns of children maintained in approved schools and Institutions under Section 55.
- INACT-INA-0-449380: Limerick, Maternity and Child Welfare: Registration of Maternity Homes Act 1934.
- INACT-INA-0-449422: Limerick Health Authority: Registration of Maternity Homes.
- INACT-INA-0-449571: Limerick: Children in Foster Homes, Returns.
- INACT-INA-0-449958: Longford: General, Boarded Out Children.

- INACT-INA-0-449962: Longford: Half yearly returns of children maintained in approved institutions under Section 55.
- INACT-INA-0-449984: Longford: Registration of Maternity Homes.
- INACT-INA-0-450147: Louth: Children in Foster Homes, Returns.
- INACT-INA-0-450148: Louth: Children in Foster Homes, Inspectors Reports.
- INACT-INA-0-450307: Magdalen Home, Donnybrook: General File.
- INACT-INA-0-451235: Maternity and Child Welfare: Magdalen Home, 83 Eglington Road, Donnybrook, Recoupment File.
- INACT-INA-0-451285: Maternity Homes Act, 1934: Kilkenny.
- INACT-INA-0-451286: Maternity Homes Act: Appointment of Departmental Inspectors.
- INACT-INA-0-451287: Maternity Homes: Annual Returns for year ended 31 March 1958 and Subsequent years.
- INACT-INA-0-451306: Maternity and Child Health Services, Amendment Registers 1964: List of items which a doctor may prescribe for his own use, article 10 of agreement, Irish Medical Association views.
- INACT-INA-0-451315: Maternity and Infant Care Scheme: Consideration of Peel Report on Domiciliary Midwifery and Maternity Bed Wards and Comparison with Irish situation.
- INACT-INA-0-451479: Mayo: Boarded Out Children, General.
- INACT-INA-0-451521: Mayo: Children in Foster Homes, Inspectors' Reports.
- INACT-INA-0-451593: Mayo: Registration of Maternity Homes.
- INACT-INA-0-451644: Measles: Prevention Control.
- INACT-INA-0-454002: Mother and Child Health Service Estimates 1951-52: Appointments to be dealt with by Local Appointments Commission.
- INACT-INA-0-454075: Miscellaneous: Registration of Maternity Homes, Appointment of Authorised Officers.
- INACT-INA-0-454516: Monaghan: Boarded Out Children, Inspectors Reports.
- INACT-INA-0-454556: Monaghan: Half yearly Return of Children maintained in Approved Institutions under Section 55 of Health Act.
- INACT-INA-0-457779 Offaly: Boarded Out Children, Returns.
- INACT-INA-0-457780 Offaly: Boarded Out Children, Inspector's Reports.
- INACT-INA-0-457781 Offaly: Boarded Out Children, General.
- INACT-INA-0-457783 Offaly: Children in Foster Homes, Returns.
- INACT-INA-0-457810 Offaly: Half yearly returns of Children Maintained in approved institutions under Section 55, Health Act 1953.

- INACT-INA-0-459720: Post Natal Care for Mothers.
- INACT-INA-0-461557: Regina Coeli Hostel: Demolition Works.
- INACT-INA-0-461558: Regina Coeli Hostel: Demolition Works, Premises to replace Rosary House, Appointment of Consultants.
- INACT-INA-0-461624: Wexford: Registration of Maternity Homes.
- INACT-INA-0-461626: Registration of Maternity Homes: Tipperary South Riding.
- INACT-INA-0-461896: Repatriation of Unmarried Mothers.
- INACT-INA-0-462519: Residential Homes for Children 1984, Correspondence File.
- INACT-INA-0-462737: Review of Capitation Rates.
- INACT-INA-0-462740: Review of Capitation Rates 1982.
- INACT-INA-0-462741: Review of Capitation Rates 1983.
- INACT-INA-0-462743: Review of Capitation Rates 1985, 1986 and 1987.
- INACT-INA-0-463053: Roscommon: Replies to Questionnaires re Child Welfare Services and School Health Examination Services.
- INACT-INA-0-463064: Roscommon: Boarded Out Children, Inspectors' Reports.
- INACT-INA-0-463105: Roscommon: Half yearly Returns of Children maintained in Approved Schools and Institutions under Section 55.
- INACT-INA-0-463867: Sale of Workhouse Lands at Tuam to Galway County Council for housing purposes.
- INACT-INA-0-464314: Services for Unmarried Mothers: Enquiries.
- INACT-INA-0-464642: St Mary's, Delvin, county Westmeath: Annual Accounts for Year Ended 31 December 1988.
- INACT-INA-0-464916: Sligo: Half yearly Returns of Children Maintained in Approved Institutions under Section 55.
- INACT-INA-0-464975: Sligo: Children in Foster Homes, Returns.
- INACT-INA-0-464976: Sligo: Children and Unmarried Mothers in Institutions, Reports.
- INACT-INA-0-467816: St Patrick's Infant Hospital, Dublin.
- INACT-INA-0-468472: Statistics of Children in Institutions, boarded out et cetera.
- INACT-INA-0-471871: Tipperary North: Children and Unmarried Mothers in Institutions, Inspectors Report.
- INACT-INA-0-471922: Tipperary South Riding; Boarded Out Children, Inspectors Reports.
- INACT-INA-0-472009: Tipperary South: Maternity Homes Act 1934.
- INACT-INA-0-472072: Tipperary North Riding: Children in Foster Homes, Inspector Reports.

- INACT-INA-0-472092: Tipperary North Riding: Half Yearly Return of children maintained in Approved Institutions under Section 55.
- INACT-INA-0-472103: Tipperary North Riding: Returns of children in Foster Homes et cetera.
- INACT-INA-0-472105: Tipperary North Riding: Roscrea District Hospital, Inspector's Reports.
- INACT-INA-0-472121: Tipperary South Riding: Cashel County Home, Repairs, Improvements and Additions.
- INACT-INA-0-473575: Trim County Home Improvements: Loan.
- INACT-INA-0-474324: United Nations Organisation: The Status of the Unmarried Mother.
- INACT-INA-0-475197: Waterford County Borough: Registration of Maternity Homes.
- INACT-INA-0-475200: Waterford District Hospital: Maternity Accommodation.
- INACT-INA-0-475458: Waterford: Children in Foster Homes, Returns.
- INACT-INA-0-475469: Waterford: County Home, Dungarvan, Inspectors Reports.
- INACT-INA-0-475495: Waterford: Half Yearly Return of Children maintained in Approved Institutions under Section 55 of the Health Act 1953.
- INACT-INA-0-475529: Waterford: Registration of Maternity Homes.
- INACT-INA-0-476152: Westmeath County Council: Medical Officer, St Mary's Hospital, County Home, Mullingar.
- INACT-INA-0-476179: Westmeath: Boarded Out Children, General.
- INACT-INA-0-476180: Westmeath: Boarded Out Children, Inspectors' Reports.
- INACT-INA-0-476457: Wexford: Boarded Out Children, Returns.
- INACT-INA-0-476525: Wexford: Half Yearly Returns of children maintained in Approved Schools and Institutions under Section 55.
- INACT-INA-0-476811: Wicklow: Half Yearly returns of Children maintained in Approved Schools and Institutions.
- INACT-INA-0-476892: Wicklow: Registration of Maternity Homes.
- INACT-INA-0-478070: County Home Scheme, New District Hospital.
- INACT-INA-0-529405: Therapeutic Substances Act, 1932: Messieurs Cooper Ireland Limited, Dublin and Messieurs Burroughs, Wellcome and Company, London.
- INACT-INA-0-529407: Therapeutic Substances Act, 1932: Messieurs Burroughs Wellcome and Company, Dublin and Messieurs Burroughs Wellcome and Company, London.

- INACT-INA-0-529408: Therapeutic Substances Act, 1932: Messieurs Burroughs Wellcome and Company, Dublin and Messieurs Burroughs Wellcome and Company, London.
- INACT-INA-0-535943: Wicklow: Boarded Out Children, Returns.
- INACT-INA-0-537998: Maternity and Child Welfare: Catholic Rescue and Protection Society.
- INACT-INA-0-538773: Waterford: St Joseph's County Home, Dungarvan.
- INACT-INA-0-541585: Miscellaneous: Consultative Child Health Council, Sub Committee on Reduction of Infant Mortality in Dublin.
- INACT-INA-0-541594: Dublin: Children in Foster Homes, Reports.
- INACT-INA-0-543582: County Cork: Registration of Maternity Homes Act 1934, Reports, Requisitions, Cancellations.
- INACT-INF-0-499216: Wexford: Children in Foster Homes, General.
- LA-INF-0-97525: Department of Health: Appointment of Inspectors.
- MED-INA-0-493636: European Economic Community Proprietary Medicinal Products Regulations 1975: Wellcome Ireland Limited, Diphtheria Vaccine Toxoid Antitoxin Floccules British Pharmacopia.
- MHS-INA-0-490104: Meath: Reconstruction and Improvement of County Homes.
- NATARCH-ARC-0-400522: Legal position of the illegitimate child.
- NATARCH-ARC-0-401263: Loch Gorman (Garman): Inspection of Children Nursed Out, 1934-1940.
- NATARCH-ARC-0-401289: Maternity Hospital, Castlepollard, county Westmeath, 1934-1944.
- NATARCH-ARC-0-401679: Unmarried Mothers: Report of Mrs Crofts on Visit to England.
- NATARCH-ARC-0-402827: Cork South: Children Boarded Out and in Institutions, Inspector's Reports.
- NATARCH-ARC-0-403811: Clare General: Children in Foster Homes, Returns.
- NATARCH-ARC-0-404289: Waterford: General, children Boarded Out et cetera.
- NATARCH-ARC-0-404302: Longford: Inspectors' Report on boarded out children.
- NATARCH-ARC-0-404307: Mayo: Inspectors Reports on children, boarded out and hired out and at nurse.
- NATARCH-ARC-0-404309: Repatriation of Pregnant Unmarried Irish Women.
- NATARCH-ARC-0-404325: Leitrim: Report on Boarded out Children et cetera.
- NATARCH-ARC-0-404559: Ceat[h]arlach: Boarding Out of Children, […].

- NATARCH-ARC-0-404593: Inspectors under the Children Acts employed by Public Assistance Authorities.
- NATARCH-ARC-0-404973: Boarded Out Children: Maintenance and Clothing Allowance.
- NATARCH-ARC-0-405279: Cavan: Children boarded out, hired out et cetera. Returns from Local Authority.
- NATARCH-ARC-0-405453: Carlow: Returns of Children in Foster Homes, Boarded Out, At Nurse, Hired Out.
- NATARCH-ARC-0-405692: Laoighis: Inspector's Report on Children, Boarded out, nursed out and Hired out.
- NATARCH-ARC-0-406247: Tipperary North Riding: General, Children in Foster Homes, Returns.
- NATARCH-ARC-0-406363: Cork North: Children in Foster Homes, Returns.
- NATARCH-ARC-0-406436: Limerick: Children in Foster Homes, Returns.
- NATARCH-ARC-0-406849: Cill Dara: Proposal re boarding out of […], at present in County Home.
- NATARCH-ARC-0-407337: Donegal: Boarded out Children and nurse Children back to September 1954.
- NATARCH-ARC-0-407701: Ciarraide: Proposal to board out […].
- NATARCH-ARC-0-407703: Cill Choinnigh: Application of […] for two boarded out boys.
- NATARCH-ARC-0-407803: Gaillimhe: Seeking approval to handing over of child […]
- NATARCH-ARC-0-407927: Ó Fáilghe: Returns of children boarded out, hired out, and nursed out, half year ended 31 March 1948.
- NATARCH-ARC-0-407936: Portlairge: Sending […] and her children to Killarney County Home.
- NATARCH-ARC-0-408378: Louth County: General, Children and unmarried mothers in Institutions, Reports.
- NATARCH-ARC-0-408573: Kildare: Children boarded out […] Returns.
- NATARCH-ARC-0-408584: Mayo: Children in Foster Homes, Returns.
- NATARCH-ARC-0-408587: Meath: Children and Unmarried Mothers in Institutions, Inspectors Report.
- NATARCH-ARC-0-408833: Louth: Children and Unmarried mothers in Institutions, Returns.
- NATARCH-ARC-0-409206: Wexford County: General, Children and unmarried mothers in Institutions, Returns.

- NATARCHM-ARC-0-409494: Waterford: General, Children in Foster Homes, Returns.
- NATARCH-ARC-0-409501: Cork South: Children and Unmarried mothers in Institutions, Returns of.
- NATARCH-ARC-0-409528: Kerry: Children in Foster Homes, Returns.
- NATARCH-ARC-0-409589: Mayo: Children and Unmarried Mothers in Institutions, Returns.
- NATARCH-ARC-0-410679: Wicklow: Children in Foster Homes, Returns.
- NATARCH-ARC-0-410684: Balrothery: Boarded Out Children, Inspectors Reports.
- NATARCH-ARC-0-410945: Meath: Unmarried mothers and children in Institutions.
- NATARCH-ARC-0-411099: Cork North: Returns of Children in Institutions, Unmarried Mothers.
- NATARCH-ARC-0-411791: Tipperary North Riding: General, Children in Foster Homes, Returns.
- NATARCH-ARC-0-411889: Children's Home, Boley, Monkstown, county Dublin: Inspectors Reports.
- NATARCH-ARC-0-412645: Galway: General, Children hired out, boarded out and at nurse.
- NATARCH-ARC-0-413002: Galway Central Hospital: Death of child […].
- NATARCH-ARC-0-413521: General: Dublin Board of Assistance, Children in Foster Homes.
- NATARCH-ARC-0-413639: Leitrim: Children in Foster Homes, Returns.
- NATARCH-ARC-0-414435: Wicklow: Children in Foster Homes, Returns.
- NATARCH-ARC-0-415759: Dublin Board of Assistance: Children boarded out in county Longford.
- NATARCH-ARC-0-415991: Rathdown Board of Assistance: Children boarded out in county Kerry, Inspectors' Reports.
- NATARCH-ARC-0-513641: An Cabhán: Report of Inspector on Boarded Out, Hired Out and Children registered under Children Acts 1908-1934.
- NATARCH-ARC-0-516714: Mayo: Children and Unmarried Mothers in Institutions, Returns.
- NATARCH-ARC-0-521021: Maternity and Child Welfare: Society for the Protection of Destitute Catholic Children, Recoupment File, Yearly Claims.
- NATARCH-ARC-0-522938: Dun nGall: Appeal of […], boarding out of third child. Continuing allowance for child over 16 years.

- NATARCH-ARC-0-527028: Registration of Births: Memorandum Book for the use of 'Occupier' [Chief Resident Officer] of St Peter's Maternity Hospital, county Westmeath.
- NATARCH-ARC-0-527034: Registration of Births: Memorandum Book for the use of 'Occupier' [Chief Resident Officer] of St Peter's Maternity Hospital, in the Registrar's District of Castlepollard, County of Westmeath.
- NATARCH-ARC-0-527036: Registration of Births: Memorandum Book for the use of 'Occupier' [Chief Resident Officer] of St Peter's Maternity Hospital, in the Registrar's District of Castlepollard, County of Westmeath.
- NATARCH-ARC-0-527037: Registration of Births: Memorandum Book for the use of 'Occupier' [Chief Resident Officer] of St Peter's Maternity Hospital, Castlepollard, county Westmeath.
- NATARCH-ARC-0-527038: Registration of Births: Memorandum Book for the use of 'Occupier' [Chief Resident Officer] of St Peter's Maternity Hospital, Castlepollard.
- NATARCH-ARC-0-527039: Registration of Births: Memorandum Book for the use of 'Occupier' [Chief Resident Officer] of St Peter's Maternity Hospital, in the Registrar's District of Castlepollard, Superintendent Registrar's District of Delvin, county of Westmeath.
- NATARCH-ARC-0-527040: Registration of Births: Memorandum Book for the use of 'Occupier' [Chief Resident Officer] of St Peter's Maternity Hospital, in the Registrar's District of Castlepollard, Superintendent Registrar's District of Delvin, county of Westmeath.
- NATARCH-ARC-0-527043: St Peter's Maternity Hospital, Castlepollard.
- NATARCH-ARC-0-527046: St Peter's Maternity Hospital, Castlepollard, county Westmeath: Registration of Births Memorandum Book.
- NATARCH-INA-0-448166: Kilkenny: Children in Foster Homes, Returns.
- NATARCH-PER-0-504141: Clandillon Papers, 22.2.1: Limerick Papers, 1944-1953.
- PEU-INA-0-495508: Maternity Statistics.
- PEU-INA-0-495640: Hospitals and Homes in Ireland, 1991.
- RM-ARC-0-489427: Free Legal Advice Centres.
- RM-ARC-0-521041: Child Adoption: Proposed Legislation.
- RM-INF-0-53392: Louth: General, Children in Foster Homes, Returns.
- RM-INF-0-53394: Wicklow: Boarded Out Children, Returns Volume 2.
- RM-INF-0-53402: Westmeath: Boarded Out Children Returns, Part B.
- RM-INF-0-64573: Limerick: Ms Clandillon's Notebooks, Notebook Number 23.
- RM-INF-0-82807: Lughbhaid: Boarded Out Children et cetera, Inspector's Report.

- RM-INF-0-82896: An Clár: Inspector's Report on Boarded out and hired out children and Children at nurse.
- RM-INF-0-531766: Miss Clandillon's Notebooks: South Tipperary 1952, November and December.
- RM-INF-0-535323: Rathdown: Children Boarded Out, 1945-1946.
- RM-PRO-46876: RM [Records Management] Project: AIRR [Access to Institutional and Related Records] Strand: Miss Clandillon's Notebooks, Shorthand Translation.
- FIN-EST-0-543373: Sale of Lands at Dunboyne, county Meath.
- HPO-ARC-0-417548: Maps of Workhouses.
- INACT-INA-0-421093: Adoption.
- INACT-INA-0-423525: Balrothery: Children in Foster Homes, Returns.
- INACT-INA-0-424395: Boarding Out of Children Regulations 1954: Review of Possible Revision 1973.
- INACT-INA-0-430455: County Home, Clonakilty: Inspector's Reports.
- INACT-INA-0-435122: Dublin Health Authority: Children boarded out in county Kilkenny.
- INACT-INA-0-442728: Galway: Children in Foster Homes, Returns.
- INACT-INA-0-445638: Incidence of Pertussis.
- INACT-INA-0-448083: Kildare: Children in Foster Homes, Half Yearly Returns.
- INACT-INA-0-449902: Longford County: Maternity Homes Act, Appointment of Authorised Officer.
- INACT-INA-0-454808: Mother and Child Health Service: Draft scheme for areas other than the four county boroughs.
- INACT-INA-0-464974: Sligo: Children in Foster Homes, Returns.
- INACT-INA-0-467762: St Patrick's Infant 1983 Allocation File.
- INACT-INA-0-467763: St Patrick's Infant Hospital 1984 Allocation File.
- INACT-INA-0-467792: St Patrick's Hospital, Temple Hill: Remuneration of […].
- INACT-INA-0-467795: St Patricks Hospital, Temple Hill: Remuneration of Medical Staff.
- INACT-INA-0-467812: St Patrick's Infant Allocation 1979.
- INACT-INA-0-467813: St Patrick's Infant Allocation 1980.
- INACT-INA-0-467817: St Patricks Infant Hospital, Temple Hill: Remuneration of Nuns.
- INACT-INA-0-467820: St Patrick's Infant Hospital 1985 Allocation File.
- INACT-INA-0-467821: St Patrick's Infant Hospital: Estimates 1977.
- INACT-INA-0-469827: this file could not be opened.

- INACT-INA-0-475223: Waterford Health Authority: Boarded Out Children, Inspector's Reports File.
- INACT-INA-0-476836: Wicklow: County Home, Rathdrum, Inspector's Reports.
- MED-INA-0-500610: European Economic Community Propriety Medicinal Products Regulations 1975: Wellcome Ireland Limited, Diphtheria Vaccine.
- NATARCH-ARC-0-408105: Donegal: General, Foster Homes, Section 2 (4) Children's Act 1908, Proposed Exemption.
- NATARCH-ARC-0-409844: Boarded Out Children: Proposed passage of boarded out children to Australia, […].
- NATARCH-ARC-0-415527: Children Boarded Out in West Cork by the Dublin Health Authority.
- NATARCH-ARC-0-513635: An Cabhán: Return Boarded Out Children, September 1947.
- NATARCH-ARC-0-521099: Carlow: Loose Papers, Boarded Out Children.
- NATARCH-ARC-0-521105: Laois Loose Papers: Boarded Out Children.
- NATARCH-ARC-0-525667: Boarded Out Children: Wicklow Pre 1947.
- NATARCH-ARC-0-525669: Wexford Loose Papers Pre 1947: Boarded Out Children.
- NATARCH-ARC-0-525672: Cork Loose Papers Pre 1947: Boarded Out Children, Cork.
- NATARCH-ARC-0-525674: Kerry Loose Papers Pre 1947: Boarded Out Children, Kerry.
- NATARCH-ARC-0-525678: Dublin Loose Papers Pre 1947: Boarded Out Children.
- NATARCH-ARC-0-527063: Cork Loose Papers Pre 1947: Boarded Out Children and Minutes, Skibbereen Union.
- NATARCH-ARC-0-527136: Roscommon Loose Papers Pre 1947: Health, Boarded Out Children, Miscellaneous and Minutes.
- NATARCH-ARC-0-527137: Tipperary Loose Papers Pre 1847: Health, Boarded Out Children, Miscellaneous and Minutes of Cashel Union.
- NATARCH-ARC-0-527519: Westmeath: Boarded Out Children, Returns Part A.
- NATARCH-ARC-0-527520: Cavan: Boarded Out Children, General Part 2.
- CBP-INF-0-49129: Anatomy Act, 1832: Volume 3.
- CCL-IMP-0-45657: Barnardo's Adoption Advice Service.
- CCL-INA-0-478890: Boarded Out Children: General.
- CCL-INA-0-478953: Reformatory and Industrial Schools: Rates of Capitation, Maintenance Grants.
- CCL-INA-0-488258: Residential Care: General.

- CCL-INA-0-488272: Residential Care: General.
- CCL-INA-0-488317: Adoption Contact Register: Representations Received.
- CCL-INA-0-488940: Cura: Help for girls with unwanted pregnancies.
- CCL-INA-0-489056: Joint Review of Management, Financing and Staffing of Residential Homes with Department of Health and Education: Handouts.
- CCL-INA-0-498247: Discovery: Disabled Persons Maintenance Allowance, Residential Homes, Child Abuse, Limerick Boarded Out Children, National Rehabilitation Board, Inspectors Reports for St John of God Hospital in Stillorgan, and Dublin Rape Crisis Centre.
- CCL-INA-0-498248: Discovery: Accidents and Incidents in Hospitals, Mental Health Services, Child Sexual Abuse, St Mary's in Delvin, Foster Mothers
- CCL-INA-0-498251: Relevant Files for Laffoy Discovery: Adoption, Child Abuse and Child Care.
- CCL-INA-0-498253: Discovery: Children At Risk, Children and Unmarried Mothers in Institutions, and Child Care.
- CCL-INA-0-498255: Discovery: Social Service Inspections, Child Care and Neighbourhood Youth Projects.
- CCL-INA-0-498261: Discovery: Child and Youth Development, Residential Care, Boarded Out Children.
- CCL-INA-0-498267: Discovery: Sexual Abuse, Child Abuse, Redress, and Inspection of Aglish House.
- CCL-INA-0-498270: Discovery: Accidents and Injuries in Hospitals, Nursing Forum, Child Abuse, Loughan House and Inspections of Boarded out Children in county Meath.
- CCL-INA-0-498272: Discovery: Mental hospitals and mental health facilities, Inspections of Boarded Out Children in county Longford, Kilcornan House, Children in Care, Hostels managed by Fr Peter McVerry and the Arrupe Society, Children in Institutions and Children placed in employment, and Accidents and Incidents in Hospitals.
- CCL-INA-0-498274: Discovery: Child Care Services, Foster Care, […] and illegitimate children cared for by her, Social Work Cases, Fostering of German children in Ireland, and Child Abuse at St Joseph's School, Kilkenny.
- CCL-INA-0-498285: Discovery: Child Abuse, Residential Institutions Redress, Our Lady of Lourdes Hospital in Drogheda, Regina Coeli and Gastro Enteritis.
- CCL-INA-0-498286: Discovery: Incidents in Hospitals, Pope John Paul II Centre in Galway.

- CCL-INA-0-498291: Discovery: United Nations Convention on Rights of Child, Irish Foster Care Association, and Regulations on Children in Residential Care.
- CCL-INA-0-498292: Discovery: Barnardo's, Bessboro Inspections, and the North Eastern Health Board.
- CCL-INA-0-500388: Discovery: Poverty and Children in Care.
- CCL-INA-0-500389: Discovery: Adoption Contact Register, Traveller Children, Crannog Nua High Support Unit in Dublin, Estimates, Adoption Board Annual Reports, and Barnardo's.
- CCL-INA-0-500396: Discovery: Boarded Out Children, Children in Care, and Child Welfare.
- CCL-INA-0-500403: Discovery: Child Care, Child Sexual Abuse, Non Fatal Offences Against the Person Bill, Dublin Rape Crisis Centre, Foster Care, Criminal Law Bill, Adoption Submissions, Irish Society for the Prevention of Cruelty to Children, and the Mid Western Health Board.
- CCL-INA-0-500404: Discovery: Child Abuse and Child Welfare.
- CCL-INA-0-500407: Discovery: Adoption Contact Register, Traveller Children, Crannog Nua High Support Unit in Dublin, Estimates, Adoption Board Annual Reports, and Barnardo's.
- CCL-INA-0-500410: Discovery: Child Care, Residential Care and Poverty.
- CCL-INA-0-523143: Review of Services provided under the Children's Acts, and Section 55 and 56 of the Health Act 1953.
- CCP-IMP-0-32237: Child Abuse/Adult Victims of Child Abuse: Eastern Health Board, Artane Industrial School, […].
- CCP-IMP-0-32291: Child Care Legislation Unit/Child Abuse/Adult Victims of Child Abuse/Litigation: […].
- CCP-IMP-0-33171: Child Care Legislation Unit/Child Abuse/Adult Victims of Child Abuse/Litigation: […].
- CCP-IMP-0-34782: Child Care Legislation Unit/Child Abuse/Adult Victims of Past Abuse/Clinical Trials/Clinical Trials Conducted in Institutional Settings.
- CCP-IMP-0-45466: Placement of Children in Residential Care Regulations: Summary of Submissions Received.
- CCP-IMP-0-46007: Adoption Board: Annual Reports, 1991, 1992, 1993.
- CCP-IMP-0-46037: Dublin Corporation, Maternity Homes Act: Appeal by Miss McAlpine against the City Manager's Refusal to Register her premises as a maternity home.

- CCP-IMP-0-46130: Miss Carr's Children's Home, Northbrook Road: Allegations of Sexual Abuse.
- CCP-INA-0-481769: Children Act 1908: Health Boards as Fit Persons.
- CCP-INA-0-481800: Federation of Services for Single Parents and their Children Volume 3.
- CCP-INA-0-482129: Maternity and Child Welfare: Denny House, Magdalene Home, 83 Eglinton Road, Donnybrook.
- CCP-INA-0-482254: Adoption Grants: PACT.
- CCP-INA-0-482259: Federation of Services for Unmarried Mothers and their Children Volume 1.
- CCP-INA-0-482734: Capitation Rates for Residential Homes.
- CCP-INA-0-482780: Adoption Grants: Rotunda Girls Aid Society.
- CCP-INA-0-483150: Foster Care: Nursery Rescue and Protestant Children's Aid Society.
- CCP-INA-0-483818: Adoption Contact Register.
- CCP-INA-0-483845: Representations re Foreign Adoptions.
- CCP-INA-0-488139: Clare: Boarded Out Children, Inspectors Reports.
- CCP-INA-0-489108: Children's Homes, Special Schools et cetera: General Correspondence.
- CCP-INA-1055-481689: North Eastern: St Clare's, Stamullen, county Meath.
- CCP-PER-0-497172: Half Yearly Returns of Children Maintained in Approved Schools and Institutions.
- CH1-INA-0-491196: Child Health Services: General Information, 1980-1991.
- CH1-INA-0-491461: Replies to Questionnaire re Child Welfare Clinic Service and School Health Examination Service.
- CH6-IMP-0-56100: Diphtheria Tetanus and Pertussis Studies: Orphanages, 1960-1973.
- CWP-IMP-0-38220: Children at Risk-Vulnerable Young Mothers-General-Reports of T[een] P[arenting] S[upport] I[nitiative].
- DCYA-1_GPD-INF-0-201774: Inter Departmental Committee on the Magdalene Laundries 2011-2013.
- DCYA-2_GPD-INF-0-201775: Inter Departmental Committee on the Magdalene Laundries 2011-2013.
- DCYA-3_GPD-INF-0-201770: Inter Departmental Committee on the Magdalene Laundries 2011-2013.

- DCYA4_GPD-INF-0-201776: Inter Departmental Committee on the Magdalene Laundries 2011-2013.
- DCYA5_GPD-INF-0-201777: Inter Departmental Committee on the Magdalene Laundries 2011-2013.
- DCYA6_GPD-INF-0-201778: Inter Departmental Committee on the Magdalene Laundries 2011-2013.
- DCYA7_GPD-INF-0-201779: Inter Departmental Committee on the Magdalene Laundries 2011-2013.
- DCYA8_GPD-INF-0-201780: Inter Departmental Committee on the Magdalene Laundries 2011-2013.
- DCYA9_GPD-INF-0-201781: Inter Departmental Committee on the Magdalene Laundries 2011-2013.
- DCYA10_GPD-INF-0-201782: Inter Departmental Committee on the Magdalene Laundries 2011-2013.
- ed006406_CCP-INA-0-489186: Boarding Out of Children Regulations, 1954.
- ed006406_INACT-INACT-0-443909: Health Act, 1953: Boarding Out of Children Regulations, 1954.
- ed006407_CWP-INF-0-529323: Commission to Inquire into Child Abuse, Vaccine Trials Division: Book H, Sisters of the Sacred Heart of Jesus and Mary, Midland Health Board.
- ed006407_CWP-INF-0-529324: Commission to Inquire into Child Abuse, Vaccine Trials Division: Book I, Sisters of the Good Shepherd, North Eastern Health Board.
- ed006407_CWP-INF-0-529325: Commission to Inquire into Child Abuse, Vaccine Trials Division: Book J, Sisters of the Sacred Heart of Jesus and Mary, Southern Health Board, Dr Eithne Conlon.
- ed006408_CWP-INF-0-529321: Commission to Inquire into Child Abuse, Vaccine Trials Division: Book F, Northern Area Health Board, Daughters of Charity.
- ELD-INA-0-507015: Homes Run by Good Shepherd Sisters: St Mary's Homes.
- ENV-INA-0-532701: Rubella.
- FIN2-EST-0-543210: Purchase of Lease on Dunboyne Castle, county Meath.
- FIN-INA-0-478867: Residential Children’s Homes 1983.
- FIN-INF-0-74715: Child Care Services: 1991 Allocations.
- GMS-IMP-0-34913: Mother and Infant Services Under Health Act 1970.
- HPO-INA-0-420050: St Patrick's Infant Allocation 1986.
- HPO-INA-0-470246: Sudden Infant Deaths: Pathology Facilities at Temple Street Hospital.

- HPO-INA-0-523900: Donegal: Children and unmarried mothers in Stranorlar County Home.
- HPO-INA-0-1059-482686: Western Health Board: General Practitioner Development Fund, 1996.
- HPO-INA-0-1617-481965: St Anne's, Roscrea: Fire Precautions Work.
- INACT-INA-0-425115: Capitation Rates: Homes for Unmarried Mothers, Bessboro.
- INACT-INA-0-425269: Carlow: Children in Foster Homes, Returns.
- INACT-INA-0-425900: Cavan: Inspector's Reports on Boarded out children.
- INACT-INA-0-427189: County Donegal: Stranorlar County Home, Laundry and Incinerator.
- INACT-INA-0-427230: County Home Inspector Report: Forms.
- INACT-INA-0-427264: County Kerry: Boarded Out Children, General.
- INACT-INA-0-427509: County Westmeath: Maternity and Infant services.
- INACT-INA-0-427726: Commission on Reformatory and Industrial Schools: Final Draft of Report, Check on facts therein relating to services for deprived children under the Health Act 1953 and Children's Acts.
- INACT-INA-0-429075: Cork North: Inspectors reports on Boarded out Children.
- INACT-INA-0-429430: Cork South: County Home and Hospital, Chaplain.
- INACT-INA-0-429439: Cork South: Reconstruction and Improvements of County Homes, St Finbarr's, Cork.
- INACT-INA-0-429526: Cork South: St Finbarr's Hospitals, Provision of Residence for R[esident] M[edical] S[uperintendent] and other works, Loans.
- INACT-INA-0-430445: County Donegal: Payments under subhead H.
- INACT-INA-0-430457: County Home, Longford, St Joseph's: Inspectors Reports.
- INACT-INA-0-430481: County Home, Stranorlar, St Joseph's: Inspectors Reports.
- INACT-INA-0-430483: County Home, Thomastown: Main File.
- INACT-INA-0-434157: Donegal: Stranorlar County Home, Stage II A and B.
- INACT-INA-0-434260: Donegal: Appointment of Children's Officer.
- INACT-INA-0-434285: Donegal: County Home, Stranorlar, Improvements.
- INACT-INA-0-434370: Donegal: Reconstruction and Improvement of County Homes.
- INACT-INA-0-434378: Donegal: Stranorlar County Home, Extras and P[rice] C[osting] Sums.
- INACT-INA-0-434379: Donegal: Stranorlar County Home, Appointment of Architects, Consulting Engineer, Quantity Survey and Clerk of Works.
- INACT-INA-0-434380: Donegal: Stranorlar County Home, Furniture and Equipment.
- INACT-INA-0-434381: Donegal: Stranorlar County Home, Improvements Loan.

- INACT-INA-0-434382 Donegal: Stranorlar County Home, Improvements, Progress Reports.
- INACT-INA-0-434383: Donegal: Stranorlar County Home, Mechanical Services.
- INACT-INA-0-434385: Donegal: Stranorlar County Home, Outbreak of Fire.
- INACT-INA-0-435078: Dublin Health Authority: Boarded Out Children, Inspector's Reports.
- INACT-INA-0-435462: Dublin: St Kevin's Hospital Canteen.
- INACT-INA-0-442505: Galway: Boarded Out Children, General.
- INACT-INA-0-442853: Galway: Registration of Maternity Homes Act 1934.
- INACT-INA-0-443008: General file on Comprehensive County Homes Scheme.
- INACT-INA-0-448081: Kildare: Boarded Out Children, General.
- INACT-INA-0-448107: Kildare: Inspectors Reports on Boarded Out Children.
- INACT-INA-0-448171: Kilkenny Conference: Ireland and the Unmarried Mother, National Conference at Kilkenny November 1970, Minister's Speech Documentations.
- INACT-INA-0-448233: Kilkenny: Boarded Out Children, General.
- INACT-INA-0-448287: Kilkenny: Matron County Home, Thomastown.
- INACT-INA-0-448541: Laois: Boarded Out Children et cetera, Inspectors Reports.
- INACT-INA-0-448542: Laois: Boarded Out Children, General.
- INACT-INA-0-448718: Leitrim: Boarded Out Children, Inspector's Reports.
- INACT-INA-0-449379: Limerick C[ounty] B[orough]: Inspectors Reports, City Home and Hospital.
- INACT-INA-0-449398: Limerick Health Authority: Children in Institutions, Inspectors Report.
- INACT-INA-0-449400: Limerick Health Authority: City Home and Hospital, Children and Unmarried Mothers, Inspector's Reports.
- INACT-INA-0-449877: Longford: Boarded Out Children, General.
- INACT-INA-0-449929: Longford: Boarded Out Children, Reports.
- INACT-INA-0-449930: Longford: Children in Foster Homes, Returns.
- INACT-INA-0-450368: Maintenance Rates: Homes Conducted by the Sisters of Charity St Vincent de Paul.
- INACT-INA-0-451310: Maternity and Child Health Services: Consideration as to whether Cervical smear Test should be included in part of the Services.
- INACT-INA-0-451520: Mayo: Children in Foster Homes, Returns.
- INACT-INA-0-451670: Meath: Boarded Out Children, General.
- INACT-INA-0-451829: Meath: Children in Foster Homes, Returns.

- INACT-INA-0-452453: Mentally and Physically Defective Children under care of: St Patrick's Guild, Nursery Rescue and Protestant Children's Aid Society.
- INACT-INA-0-454004: Miscellaneous: Mother and Child Health Service, Estimates 1951-1952.
- INACT-INA-0-454517: Monaghan: Boarded Out Children, Returns.
- INACT-INA-0-455744: Mid Western Health Board: St Anne's, Sean Ross Abbey, Roscrea, county Tipperary, 1964-1970.
- INACT-INA-0-457963: Opening of Home for Unmarried Mothers in Dublin.
- INACT-INA-0-458262: Our Lady of Consolation, Tullamore: Proposed Nursing, Maternity Home.
- INACT-INA-0-458310: Our Lady of Lourdes Hospital, Midleton County Home: Inspectors Reports on Children.
- INACT-INA-0-460334: Proposed arrangements to facilitate parents to visit children in institutions: Enquiries.
- INACT-INA-0-460534: Proposed rehabilitation home for mothers at Kilmacow, county Kilkenny.
- INACT-INA-0-460546: Photocopy of Proposed Section 65 Grant to Irish Sisters of Charity, St Mary Magdalen Home, Donnybrook.
- INACT-INA-0-461625: Registration of Maternity Homes Act 1934: St Rita's Nursing Home, 68 Sandford Road, Ranelagh.
- INACT-INA-0-462736: Review of Capitation Rates, 1987 and 1988 and 1989 and 1990 and 1991.
- INACT-INA-0-462744: Review of Capitation Rates: 1980.
- INACT-INA-0-463065: Roscommon: Boarded Out Children, General.
- INACT-INA-0-463072: Roscommon: Children in Foster Homes, Returns.
- INACT-INA-0-463073: Roscommon: Children in Foster Homes, Returns.
- INACT-INA-0-464726: Sligo: Boarded Out Children, General.
- INACT-INA-0-465642: Special Homes conducted by the Sisters of the Sacred Heart of Jesus and Mary.
- INACT-INA-0-466126: St Clare, Stamullen, County Meath.
- INACT-INA-0-466242: St Finbarr's Hospital, Cork: Resident Medical Superintendent.
- INACT-INA-0-466697: St John's Hospital, County Home, Enniscorthy: Inspectors Reports.
- INACT-INA-0-468355: Standards for Purposes of Administration of Maternity Homes Act 1934.
- INACT-INA-0-468648: Stranorlar County Home: Mechanical Services.

- INACT-INA-0-469293: St Kevin's Hospital, Laundry Arrangements.
- INACT-INA-0-470241: Submission on nursing and maternity homes, Maternity and Neo Natal Services Committee, and Hospital and Specialist Services Committee.
- INACT-INA-0-471890: Tipperary North Riding: Registration of Maternity Homes.
- INACT-INA-0-471968: Tipperary North Riding: Maternity and Infant Services.
- INACT-INA-0-472004: Tipperary South: County Home, Cashel, Inspectors Reports on Mothers and Children.
- INACT-INA-0-472017: Tipperary South: Boarded Out Children, Returns.
- INACT-INA-0-472067: Tipperary North Riding: Children in Foster Homes, General.
- INACT-INA-0-472142: Tipperary South Riding: Half Yearly return of children maintained in Approved Schools and Institutions under Section 55.
- INACT-INA-0-472147: Tipperary South Riding: Maternity and Infant Services.
- INACT-INA-0-475205: Waterford Health Authority: Children Act 1934, Section 10, Arrangements for Reception of Children in Emergencies.
- INACT-INA-0-476823: Wicklow: Boarded Out Children, General.
- INACT-INA-0-476824: Wicklow: Boarded Out Children, Inspectors Reports.
- INACT-INA-0-476854: Wicklow: General, Children's Acts Inspectors, Children's Officer.
- INACT-INA-0-507630: Adoption Contact Register Volume 2.
- INACT-INA-0-536754: Cork South: General, Returns of Children in Foster Homes.
- INACT-INA-0-537997: Dublin Board of Assistance: General, Boarded Out Children.
- INACT-INA-0-541595: St Philomena's Home, Stillorgan, County Dublin: Approval for maintenance of mentally defective children.
- INACT-INO-0-458996 : Payment of Section 65 Grant to Sisters of Charity, Lower Sean McDermott Street.
- MED-IMP-0-39512: Laffoy Commission: Request for Information on the Operations of the Therapeutic Substance Act 1932.
- MHS-INF-0-42480: Laffoy Commission.
- NATACH-ARC-0-405305: Registration of Maternity Homes Act 1934: Returns for year ended 31-3-49.
- NATARCH-ARC-0-400780: Mother and Child Welfare: Female Orphan House.
- NATARCH-ARC-0-401032: Cill Dara (Ab): Boarded Out Children.
- NATARCH-ARC-0-401762: Cork South: Miscellaneous.
- NATARCH-ARC-0-402336: South Cork County Home and Hospital: Inquiry regarding […].
- NATARCH-ARC-0-402865: Meath: General, Children's Acts Inspectors.

- NATARCH-ARC-0-403458: Ilgh (ab): Complaints re The Manor House, Castlepollard.
- NATARCH-ARC-0-404277: Boarding Out of Children from Sean Ross Abbey.
- NATARCH-ARC-0-404430: 1944-1957: Dublin, Children in Foster Homes, Reports, General.
- NATARCH-ARC-0-404836: Westmeath: Boarded Out Children, Children sent to Industrial Schools.
- NATARCH-ARC-0-407915: Miss Litster's report on Mothers and Children in the County Home Castleblayney.
- NATARCH-ARC-0-407942: Replies to Circular P24-48: Children Returns of births, deaths et cetera of illegitimate children in Public Assistance Authority Institutions during year 31 March 1947.
- NATARCH-ARC-0-408498: Dublin: Children Boarded Out, Returns.
- NATARCH-ARC-0-408603: Wexford: Children in Foster Homes, Returns.
- NATARCH-ARC-0-408832: Limerick Health Authority: Returns of Children and Unmarried Mothers in Institutions.
- NATARCH-ARC-0-410763: Homes for Unmarried Mothers.
- NATARCH-ARC-0-411131: Galway: Children and Unmarried Mothers in Institutions, Returns.
- NATARCH-ARC-0-411752: Cork North: General, Returns of Children and Unmarried Mothers in Institutions.
- NATARCH-ARC-0-411768: Galway: Children and Unmarried Mothers in Institutions, Returns.
- NATARCH-ARC-0-412403: Miscellaneous: Registration of Maternity Homes Act 1934, Annual Returns for year ending 31st March 1953.
- NATARCH-ARC-0-413869: Health Act, 1953: Accommodation for Unmarried Mothers, County and Others Homes.
- NATARCH-ARC-0-520610: Donegal Board of Health: Letters and Minutes 1922.
- NATARCH-ARC-0-525693: Cork Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-525697: Galway Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-525712: Cork Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-525952: Kilkenny Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-526219: Cork Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-526289: Cork Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-526312: Donegal Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-526446: Galway Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-526814: Cork Loose Papers: Pre 1947 Health.

- NATARCH-ARC-0-527139: Cork Loose Papers: Pre 1947 Health Miscellaneous Box.
- NATARCH-ARC-0-527546: Kilkenny Loose Papers: Pre 1947.
- NATARCH-ARC-0-527941: Cork Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-527988: Cork Loose Papers: Pre 1947 Health.
- NATARCH-ARC-0-527989: Cork Loose Papers: Pre 1947 Health.
- NATARCH-INA-0-488646: Residential Care: General.
- PEU-INA-0-495642: Hospitals and Homes in Ireland 1980.
- PMD-INA-0-494776: Dublin (Cherry Orchard): Appointment of Montessori Teacher also National School Teacher, St Patrick's Home.
- PMD-INA-0-520403: Dublin: St Kevin's Hospital Maternity Unit, Temporary Medical Officer, Neo Natal Department.
- PMD-INA-0-1057-494428: Kilkenny: County Home, Thomastown, Medical Officer.
- RM-ARC-0-520964: Clare County Council: 1922 Health.
- RM-ARC-0-520968: Clare County Council: 1921-1922, Health.
- RM-ARC-0-520970: Clare Board of Health: 1922.
- RM-ARC-0-520977: Gratuity of £805.2.1 to […].
- RM-ARC-0-521022: Mother and Child Welfare: St Patrick's Guild.
- RM-IMP-0-48201: Record Management Renewal Project: A[cess] [to] I[nstitutional] [and] R[elated] R[ecords] Strand, Requests for Information not covered by Freedom of Information Act or Discovery Orders.
- RM-INA-0-504798: Discovery: Adoption, Child Care, St Augustine's School in Dublin, Health Lottery Funds, Child Welfare, Social Work.
- RM-INA-0-504801: Discovery: Dublin Rape Crisis Centre, Child Care, Child Abuse, Residential Facilities, Legislation, Marriage Breakdown, Funding, Discipline in Schools.
- RM-INA-0-504803: Discovery: St Anne's Hostel in Dublin, Foster Care, Child Care, Legislation, Child Abuse, Focus Ireland, Residential Facilities.
- RM-INA-0-504805: Discovery: Fairy Hill Home, Child Abuse.
- RM-INA-0-504806: Discovery: Child Abuse, Child Care, Foster Care, Adoption, Residential Facilities.
- RM-INA-0-504809: Discovery: Child Abuse, Child Care, Residential Facilities.
- RM-INA-0-504840: Discovery: Child Care, Legislation.
- RM-INA-0-504849: Discovery: Social Work, Adoption, Child Care, Residential Facilities, Child Abuse, Foster Care.
- RM-INA-0-504853: Discovery: Child Care, Galway Rape Crisis Centre, Child Abuse, Adoption.

- RM-INA-0-504885: Discovery: Adoption, Child Abuse, Child Care, Foster Care, Nazareth House in Sligo.
- RM-INA-0-504889: Discovery: Residential Facilities, Child Care, Child Abuse, Mother and Baby Homes, Homeless Children.
- RM-INA-0-504891: Discovery: Child Care, Rape Crisis Centres, Homeless Children, Boarded Out Children, Child Abuse.
- RM-INA-0-504896: Discovery: Child Abuse and Child Care.
- RM-INA-0-504898: Discovery: Residential Facilities, Social Work, Child Care, Child Abuse.
- RM-INA-0-504908: Discovery: Child Care, Child Abuse, Residential Facilities.
- RM-INA-0-505351: Discovery: Child Care, Child Abuse, Unmarried Mothers, Boarded Out Children, Disabled Persons.
- RM-INA-0-505352: Discovery: Child Care, Rape Crisis Centres, Homeless Children, Boarded Out Children, Child Abuse.
- RM-INA-0-505355: Discovery: Residential Facilities, Social Work, Child Care, Child Abuse.
- RM-INA-0-505358: Discovery: Adoption, Child Abuse, Child Care, Foster Care, Nazareth House in Sligo.
- RM-INA-0-505360: Discovery: St Anne's Hostel in Dublin, Foster Care, Child Care, Legislation, Child Abuse, Focus Ireland, Residential Facilities.
- RM-INA-0-505362: Discovery: Child Abuse, Child Care, Residential Facilities, Mother and Baby Homes, Homeless Children.
- RM-INA-0-505364: Discovery: Boarded Out Children, Violence Against Women, Child Care, Adoption.
- RM-INA-0-505366: Discovery: Social Work, Adoption, Child Care, Residential Facilities, Child Abuse, Foster Care.
- RM-INA-0-505372: Discovery: Child Care, Child Abuse, Residential Facilities, Adoption.
- RM-INA-0-505374: Commission to Inquire into Child Abuse: Discovery Material.
- RM-INA-0-505376: Discovery: Young Homeless, Child Care, Adoption, Rape Crisis Centres, Child Abuse, Residential Facilities
- RM-INA-0-505377: Discovery: Child Abuse, Child Care, Foster Care, Adoption, Residential Facilities.
- RM-INA-0-505379: Discovery: Child Care, Legislation, Bessboro, Residential Facilities, Social Work.
- RM-INA-0-505381: Discovery: Child Abuse, Adoption, Fairy Hill Home.

- RM-INA-0-505384: Discovery: Mater Dei Counselling Service, Child Care, Foster Care, Child Abuse.
- RM-INA-0-505385: Discovery: Child Abuse, Adoption, Residential Facilities, Foster Care. Discrimination against Women.
- RM-INA-0-505387: Discovery: Child Care Services, Foster Care, […] and illegitimate children cared for by her, Social Work Cases, Fostering of German children in Ireland, and Child Abuse at St Joseph's School, Kilkenny.
- RM-INA-0-505467: Discovery: Homelessness, Child Abuse.
- RM-INA-0-505475: Discovery: Management Advisory Committee and Chief Executive Officer Group Meetings, Child Care, Residential Facilities, Child Abuse, Social Work.
- RM-INA-0-505478: Discovery: Child Abuse, Sexual Abuse, Legislation, Residential Facilities, Boarding Out.
- RM-INA-0-505479: Files Scheduled.
- RM-INA-0-505483: Relevant Schedules.
- RM-INA-0-505484: Relevant Files for Laffoy Discovery: Adoption, Child Abuse and Child Care.
- RM-INA-0-505486: Discovery: Child Care, Child Abuse, Residential Facilities.
- RM-INA-0-505487: Relevant Schedules.
- RM-INA-0-505489: Relevant Schedules.
- RM-INA-0-505491: Relevant Schedules.
- RM-INA-0-505498: Discovery: Child Abuse.
- RM-INA-0-505499: Discovery: Mental and Physical Disability, Foster Care, Child Abuse.
- RM-INA-0-505505: Relevant Schedules.
- RM-INA-0-505511: Relevant Schedules.
- RM-INA-0-505521: Relevant Schedules.
- RM-INA-0-532177: Survey of Children in Care, 1978 and 1979.
- RM-INA-0-532179: Children in Care Survey, 1983 and 1984.
- RM-INF-0-53395: Maternity and Child Welfare: Catholic Protection and Rescue Society.
- SND-IMP-0-9415: Section 12, Finance Act 1967.
- SND-INA-0-507516: Maternity Services and Paediatrics: Reports, articles et cetera.
- SND-INA-0-521778: St Patrick's Infant Dietetic Hospital, [Temple Hill], Blackrock: General file.

Files in the National Archives of Ireland

A number of Department of Health and other departmental files were accessed in the NAI files by the Commission's researchers. Notes were taken from some and photocopies were made of others or parts of others. These notes and photocopies are held electronically by the Commission.

The files involved are:

- HLTH-A8-61: Dublin: General - Unmarried Mothers. 01 Jan 1945 - 31 Dec 1945.
- HLTH-SA8-115: Staffing arrangements at Pelletstown.
- HLTH-L50-38: St. Patrick's Home, Navan Road: proposed use of a portion of the Home to accommodate mentally handicapped children. 01 Jan 1961 - 31 Dec 1963
- Records of the Dublin Union and the Dublin Board of Guardians-Assistance.
- HLTH-A11-256: Superannuation - Dr Costello
- HLTH-A104-2: Annual deficits in St Peter's Maternity Hospital, Castlepollard
- DFA-10-P99: Home for unmarried mothers at Besboro, Cork, 1945
- HLTH-H27-2-3: Sean Ross Abbey Maternity Home: Minor Improvements Scheme. Main Planning File. Contingency No. 273. 01 Jan 1944 31 Dec 1960
- HLTH-H31-8-4: Castlepollard Hospital Payment file.
- HLTH-A104-2: Annual deficits in St Peter's Maternity Hospital, Castlepollard.
- HLTH-M34-60: Dublin County Borough Mother and Child Welfare Regina Coeli Hostel.
- HLTH-H10-70-1: Hospitals Construction: Dublin. Report on Inspection of Regina Coeli Hostel.
- HLTH-M34-58, Volume 1: Dublin County Borough Maternity and Child Welfare Registration of Maternity Homes Act 1934.
- HLTH-M34-58, Volume 2: Dublin County Borough M.C.W. - Registration of Maternity Homes Act 1934 Reports. Registrations and Cancellations.
- HLTH-M33-9: Cork County Borough: Suggested mother and child services scheme.
- HLTH-M34-58 (volume 2): Dublin County Borough M.C.W. - Registration of Maternity Homes Act 1934 Reports. Registrations and Cancellations.
- JUS-90-4: Criminal Law Amendment Committee 1929-1934.
- TSCH-S5931: Illegitimate Children (Affiliation Orders).
- TSCH-S6430: Registration of Maternity Homes.
- HLTH-H27-2-3: Sean Ross Abbey Maternity Home: Minor Improvements Scheme. Main Planning File. Contingency No. 273. 01 Jan 1944 31 Dec 1960
- JUS-90-4: Criminal Law Amendment Committee 1929-1934.

- HLTH-MA124-38: Arrangements for Inspection of Mothers and Children in Co. Homes and Special Institutions also foster homes. 01 Jan 1957 31 Dec 1958
- JUS-90-4: Criminal Law Amendment Committee 1929-1934.
- TSCH-S5931: Illegitimate Children (Affiliation Orders).
- HLTH-A20-47: Louth: D.H. Dundalk. Inspector's Report - Mothers & Children. 01 Jan 1949 31 Dec 1949
- HLTH-A128-429: Maternity and Child Welfare Scheme
- 2007-18-12: Minister for Local Government and Public Health Sanction Books, 15 January 1924-30 December 1924.
- HLTH-M34-58, Volume 1: Dublin County Borough Maternity and Child Welfare Registration of Maternity Homes Act 1934.
- JUS/90/93/17; JUS/90/93/18; JUS/90/93/19; JUS/90/93/20: Files relating to the lead up to introducing legal adoption.
- DFA/5/345/96: Foreign adoption files.

Other sources

Oireachtas Library

- AW395704572: Commission on the Relief of the Sick and Destitute Poor, Including the Insane Poor, 1927 – Minutes of evidence

Dublin Diocesan Archives, Archbishop's House, Drumcondra

- DDA-AB8-b-LII-A: Adoption (general information)
- DDA-AB7-b-Lay organisations: Lay organisations (uncatalogued)
- DDA-AB8-b-XIX: Catholic Social Welfare Bureau
- DDA-AB8-b-XXI-79-12-14: Lay Organisations: Regina Coeli
- DDA-AB8-b-XXI-79-12-8: Lay Organisations: Regina Coeli
- DDA-AB8-b-XXI-79-12-13: Lay Organisations: Regina Coeli
- DDA-AB8-b-XXI-79-12-19: Lay Organisations: Regina Coeli
- DDA-AB8-b-XXI-79-12-3: Lay Organisations: Regina Coeli
- DDA-AB8-b-XXI-22-7-1-5: Lay Organisations: Catholic Rescue and Protection Society of Ireland
- DDA-AB8-b-LII-A-45-5-4-(1): St Patrick's Guild.
- DDA-AB8-b-XIX: Catholic Social Welfare Bureau
- DDA-AB8-b-LII-C-1-110: Confidential Irish Adoptions
- DDA/AB8/b/XVIII/11A/11/14-20 Foreign adoptions

- DDA-AB7-b-Lay organisations: Lay organisations (uncatalogued)
- DDA-AB8-b-LVII-592: Pastoral letter 1967

Other diocesan archives

Cork & Ross Diocesan Archives

- St Anne's Adoption Society Minutes and correspondence (38 boxes).
- The History and Development of St Anne's Adoption Society.

Galway Diocesan Archives

- Bishop Eamonn Casey papers
- Bishop Michael Browne papers

Killaloe Diocesan Archives

- Chapter book of the diocese
- Bishop Fogarty Papers

Meath Diocesan Archives

- Material relating to Castepollard and Dunboyne
- Castlepollard baptismal register

Tuam Diocesan Archives

- P39/7/4 Miscellaneous general administration, Kilmeena
- P54/7/9-1 Scandal in the parish
- P25/7/6-1 Scandal in the parish
- P2/6-4 Scandal Wesport parish
- Tuam baptismal register 1937-61
- Conference book

RTÉ

- Gay Byrne Show – Anne Lovett letters
- RTE, Prime Time, *Anatomy of a scandal* (Tanya Sillem – Producer) 9 June 2014.

One Family, formerly known as Cherish

- Administrative records, 1972-1988
- Counselling case files 1974-1986

Adoption Authority of Ireland

- Board minutes, 1953-1998.

Catholic University of America, Washington DC

- National Council of Catholic Charities
- Monsignor John O'Grady Papers

Institutional records

In each institutional chapter, a description is given of the sources used including the main Department of Health files used. In the case of a number of the institutions, for example, Regina Coeli, The Castle and Miss Carr's Flatlets, all the sources are mentioned in the chapter. Here there is a more detailed description of the sources used for the larger institutions.

Dublin Union/Pelletstown

The records of the Dublin Union and the Dublin Board of Guardians-Assistance are held in the NAI. The 30 volumes, designated BG79-G-158 - BG79-G-186, Indoor Relief (Admission) Register of the Dublin Union which cover all admissions into the Dublin Union from November 1921 until August 1938 were used to identify unmarried mothers and their children entering the Dublin Union. The names and other available information were typed into the Commission's database. Notes and photocopies were made of the relevant parts of the minutes of the Board of Guardians/Board of Assistance.

The originals of the Pelletstown institutional records are held by the Child and Family Agency (TUSLA). They were on an electronic records management system to which the Commission was given on line access. The relevant information was then typed into the Commission's database. These records (itemised) consist of:

11,453 mothers' cards;
7,548 mothers' medical charts;
14,573 children's cards;
5,985 children's medical charts;
1,941 miscellaneous records (social workers reports);
18 Indoor Admission and Discharge Books covering the period April 1942 - March 1985;
5 Records and Particulars Books of Maternity Home Books which cover the period June 1935 - November 1980;
1 Register of Girls Admitted to St Patrick's covering the period 1939-1957;
3 Death Registers covering the period 1938-1976;
5 various Admission Books, covering the periods December 1940 - October 1942, July 1954 - December 1960, October 1973 - June 1976, July 1980 -1988;
1 Maintenance Book covering the period 1953-1967;
1 Cash Receipts Book covering August 1950 - March 1956;
4 Miscellaneous Volumes covering 1955-1961 and September 1978 - January 1986;

10 Indoor Assistance Registers covering the periods September 1939 - September 1942, March 1943 - March 1947, January 1948 - March 1951, 1961-September 1973;
6 Pelletstown Registers, 1903-1936 (Mothers and Children).

Documents provided by the Daughters of Charity

The Daughters of Charity retained paper copies of some of the original Pelletstown records and made hard copies of these available to the Commission. These were used to assist in the compilation of the Commission's database.

The Daughters of Charity also provided the Commission with a range of documents including personnel files on the Sisters who worked in Pelletstown; documents relating to administration; and documents dealing with vaccine trials which had originally been prepared for CICA. Documentation about transfers of children to other institutions, particularly St Philomena's, was also provided. The Daughters of Charity also provided correspondence between themselves and the board of assistance. The discovery provided by the Daughters of Charity included some of the EHB visiting committee (which visited and reported on the various hospitals and institutions in its area, including Pelletstown) reports. These are all in hard copy.

Tuam

The Tuam institutional records are held by the Child and Family Agency (Tusla) in Galway. The Commission made digital copies of all these records, listed (comprehensively) below. These are uncatalogued.

- Galway County Homes and Home Assistance Committee Minute Books
- Children's Home, Tuam, Co. Galway: Children
- Galway County Council: Register of Nursed Out Children
- St Nicholas Adoption Society Registers
- Children's Home, Tuam, Co. Galway: Mothers
- St Nicholas Adoption Society: Adoption Files
- Galway Board of Health: Maternity Home Register for Children's Home, Tuam, January 1935 to July 1941
- Galway Board of Health: Maternity Register for Children's Home, Tuam, 1941-1944
- Galway Board of Health: Maternity Home Register for Children's Home, Tuam, 1944-1948

- Galway Board of Health: Register of Patients treated in Maternity Wards, Children's Home Tuam, From February 1948 to January 1955
- Galway County Council: Maternity Home Record Book, Children's Home, Tuam, January 1955 to 1961
- Galway County Council: Indoor Assistance
- Galway County Council: Registers of Boarded Out Children
- Galway County Council: Maternity Registers
- Galway County Council: List of Maternity Hospitals
- Galway County Council: Register for Unmarried Mothers Pre 1977
- Galway County Council: Index of Adoptive Parents up to 1974
- Register of Admissions: Children's Home, Glenamaddy, 24/3/1923 – 29/6/30
- Children's Home, Glenamaddy: Indoor Admission and Discharge Book, December 1921-March 1923
- Children's Home, Glenamaddy: Indoor Admission and Discharge Book, October 1923-September 1925
- Children's Home, Glenamaddy: Indoor Admission and Discharge Book, September 1925-March 1928
- Indoor Admission and Discharge Book: Children's Home, Tuam, January 1930-January 1938
- Register: Tuam Home, April 1936-November 1948
- Indoor Admission and Discharge Book: Children's Home, Tuam, February 1938-March 1946
- Galway County Council: Admission and Discharge Book, Tuam Home, April 1946-August 1961
- Register: Children's Home, Tuam, 23/11/48 - 4/8/61
- Children's Home, Tuam, Co. Galway: Half Yearly Returns of Children, 1930-1943
- Children's Home, Tuam, Co. Galway: Half Yearly Returns of Children, 1931-1940
- Children's Home, Tuam, Co. Galway: Half Yearly Returns of Children, 1933-1948
- Children's Home, Tuam, Co. Galway: Half Yearly Returns of Children, 1943-1949
- Children's Home, Tuam, Co. Galway: Half Yearly Indoor Assistance List, 1939-1944
- Central Hospital, Galway: Laboratory Reports concerning patients in Children's Home, Tuam
- Galway County Council: Correspondence relating to Children's Home, Tuam
- Galway County Council: Consent forms for the medical or surgical treatment of children in Children's Home, Tuam
- Galway County Council: Legitimate Children in the Children's Home, Tuam

- Galway County Council: Mothers and children in the Children's Home, Tuam, 1952-1960
- Galway County Council: Mothers and children in the Children's Home, Tuam, 1956-1960
- Galway County Council: Admissions of unmarried mothers and children to the Children's Home, Tuam, and their subsequent maintenance
- Galway County Council: The payment and maintenance in respect of children in the Children's Home, Tuam, 1944-1959
- Galway County Council: Maintenance of mothers and children in the Children's Home, Tuam, 1950-1957
- Galway County Council: Children in the Children's Home, Tuam, 1950-1960
- Galway County Council: Tuam Home, Miscellaneous
- Galway County Council: Unmarried Mothers Files
- Galway County Board of Health: Children's Home Tuam Admission Files
- Galway Poor Law Union: Workhouse History Sheet, 26/3/1907-2/12/1919
- Loughrea Poor Law Union: History Sheets, Children at Nurse
- Galway County Home: Boarded Out Children Files
- Galway County Home: Register of Boarded Out Children
- Galway County Council: Adoptions in the United Kingdom
- Register: Loughrea County Home, April 1930-March 1936
- Galway County Council: Register of Cases Attended by Midwife
- Galway County Council: File concerning the adoption of children and the removal of children from the Children's Home, Tuam
- Galway County Council: Adoption Cases
- Galway County Council: Miscellaneous Social Work Cases
- Western Health Board: File concerning cases of illegitimate children
- Western Health Board: Unmarried Mothers Files
- Western Health Board: Boarded Out Children Files
- Western Health Board: Adoption Cases
- Western Health Board: Adoption of children from St Clare's Home, Stamullen, county Meath
- Western Health Board: Placement Register, 1983-1986
- Western Health Board: List of Adoptions, 1981-1986
- Western Health Board: Index of Adoptive Parents
- Western Health Board: Register of Adopters and Children Placed for Adoption

- Western Health Board: Adoptions in the United Kingdom
- Western Health Board: Register of Paperwork, Adoption
- Western Health Board: Overseas Adoption
- Western Health Board: Overseas Placements
- Western Health Board: Tracing Files
- Western Health Board: Closed Tracing Cases
- Western Health Board: Miscellaneous Social Work Files
- Health Service Executive, Social Work Department, Western Area: Adoption Files
- Health Service Executive, Social Work Department, Western Area: Tracing Files
- Child and Family Agency: Tracing Files

In addition, the Commission was given a copy of a database which a health board/HSE social worker constructed from the documentation contained in a small box of records relating to American adoptions which took place between 1951-1958.

The Admission Registers record the admission of every new resident to Tuam. Each new resident was assigned a unique register number. Those whose maintenance was paid by Galway County Council were recorded in blue or black pen. Those whose maintenance was paid by Mayo County Council were recorded in red pen. The date of admission (or date of birth in the institution), name, age, sex, marital status-child's 'legitimacy', occupation (if any), religious denomination, disability (if any), place of birth (children's Glenamaddy admissions only), date of birth (children's admission only), address prior to admission, name and address of nearest relative, date of discharge or death, cause of death (Glenamaddy only) and place of discharge (Glenamaddy register only) are all recorded in the register. The admission register also records a resident's previous register number in the case of their re-admission (for example, from hospital or unsuccessful boarding out). There is a column for the name of the resident's spouse if not in the institution; however in the case of Tuam, this column was never used for that purpose. Instead, it was used to record the name of the parish priest of the resident. Another column not used is one titled 'No. of children if not in Institution'. Another column is named 'Observations on condition of Inmates when admitted'. There is a page missing from the Admissions Register covering the period August to November 1933. The Commission has been able to use other institutional records to establish the names of those on the missing page.

When born in the institution, a new admission record for the child was created in the register. The mother's register number was recorded in the column for the child's nearest relative. It

was also recorded if the child was 'illegitimate' or 'legitimate'. In the case of a mother entering Tuam with a child or multiple children, their details were recorded directly below that of the mother and their register number was the next sequential figure to the mother's. As with children who were born in Tuam, their status as 'legitimate' or 'illegitimate' was recorded. Children found abandoned or deserted who were admitted to Tuam were described as foundlings and were recorded as such. Sometimes, the location at which the child was found was recorded in the admission register.

The maternity registers recorded a pregnant woman's admission to the maternity wing of Tuam, the mother's register number, as previously assigned in the Admissions Register, her name, address, age, date of reception to the maternity wing, her condition on reception (that is, pregnancy, advanced pregnancy, recently delivered), number of previous pregnancies, name of her husband, occupation of her husband and the name and address of the medical attendant (if any) of the mother while in Tuam. It goes on to record information on the labour and birth of the child; date and hour of delivery, whether the delivery was normal or abnormal (that is, forceps delivery, breech labour, delayed second stage), whether sepsis or other complication developed and their particulars (for example, ante-partum haemorrhage, vaginal fistula or if they were sent to hospital for delivery), sex of infant, weight of infant at birth, whether full term or premature and the degree of prematurity and whether the child was born alive or stillborn. The register also records any information on a miscarriage of a woman in Tuam, information on a death of either mother or infant (solely within the maternity wing) and the discharge date of both mother and child and their condition from the maternity wing.

There are two types of children's registers - both are titled 'Half Yearly Return Children'. The first type, of which there are three volumes, records the presence of a child in Tuam at the end of a month on a bi-annual basis. These volumes cover the period from April 1931 to September 1959. There are separate records of children maintained by Mayo and Galway County Councils. Again, as in the Admissions Register, the Mayo children are recorded in red pen and the Galway children are recorded in blue or black pen. This register records the child's register number (as in the Admission Register), their name, age on admission, date of admission, whether 'legitimate' or 'illegitimate', age on the date this was being recorded, sex, state of health (for example, normal, delicate), whereabouts of parents (for example, mother went to Magdalen, unknown, near Tuam, mother dead, working in Galway). Two columns are assigned for observations by the matron and the medical officer. The matron's column is not used; the medical officer's column records, for example, 'mentally deficient', 'normal', 'anaemic', 'abscess near ear'. A final column is headed 'Orders by the Board or Committee' but this was not used. On occasion, this register also records admissions to Clifden District

Hospital and the Central Hospital, Galway. These children are not included in the Tuam Admissions Register, so there is no evidence that these children were ever in the Tuam Children's Home.

The second type of children's register, of which there are three volumes, recorded the admissions and discharges of the children on a month to month basis. These volumes begin in January 1930 and end in December 1959. As in other registers, the children maintained by Galway county council were recorded in either blue or black pen and those maintained by Mayo county council were recorded in red pen. The page is divided into two sections. The top section relates to children admitted in the given month and the bottom relates to the children discharged in the same month. Both sections record the children's registration numbers (as in the Admission Register), their name, date of birth, their status as 'legitimate' or 'illegitimate', age, sex, and their date of admission-discharge. In the admissions section it records the reason for the child's admission (for example, destitute), the whereabouts of their parents, the Matron's observations (for example, 'clean and well cared', 'healthy and well', 'suffering from inflammation of eye'), the medical officer's observations (column not used) and the orders of the board, also not used. The discharge section records the reasons for discharge (for example, 'sent home to parents', 'sent to Galway Hospital for surgical treatment', 'taken by mother' or 'died'). It records the details of the person to whom they were discharged, their address and if, and by whom, they were accompanied on discharge.

The Mother Returns record the mother's name, age, date of admission to Tuam, occupation, her means (for example, 'destitute', 'means'), proposed contribution (to child's maintenance) by mother, if any, name and address of nearest relative and name and address of putative father. It includes a section for proceedings against the putative father; 'Is mother willing to swear information against putative father and state means if known'. This was usually answered with 'signed statement enclosed' or 'signed statement sent' or 'made no statement'. These registers also record whether the child died and the date of the mother's discharge, plus the name of the child and information on proceedings on the same line (for example, 'proceedings withdrawn 13/09/1944', 'no further actions', 'put[ative] father gone to England. Proceedings to be taken on return'). The final column records any further observations such as 'referred to solicitor', 'Await report of H.A.O'; [Home Assistance Officer] 'Try to get address of putative father'.

There are two types of Billing Registers; the Indoor Assistance List (March 1939 - March 1962) and the Indoor Admission and Discharge Book. Both registers were used to track the numbers of women and children in Tuam and to send bills for their maintenance to the

appropriate County Council. The Indoor Assistance List records the entries by register number, name, age, the number of days they were in Tuam in each month (for example, 15 days in March, 30 days in April and 5 days in May). It records the Galway county council maintenance cases in blue/black pen and the Mayo county council maintenance cases in red pen. It also records the date of discharge or date of death of the individual if it occurred during these months. The second type of Billing Register, the Indoor Admission and Discharge Book of which there are six volumes, covers the period from October 1923 to August 1961. This register records the admission and discharges of both mothers and children on a monthly basis; the date of their admission or discharge, their name, age and register number; whether they were married or unmarried and in the case of a child, whether they were 'legitimate' or 'illegitimate'. A death in Tuam was recorded in the final column of the discharges. It differs from other registers in that, in the earlier years, all the residents were recorded in the same colour pen, with a note indicating if they were maintained by Mayo county council, but in later years they adopted the practice of using blue/black for Galway and red for Mayo.

All of this material was used in compiling the Commission's database.

Sisters of Bon Secours

The Sisters of Bon Secours told the Commission that their archive contained 281 boxes and there were only two boxes that related to Tuam. Some of these were created in the years subsequent to the closure of the home. The Sisters supplied the Commission with historical accounts and personal letters that make reference to the Tuam home including statements to CICA. These are in hard copy.

Galway County Council

The extant minutes of the Galway Board of Health are held by Galway county council. There is almost a complete set for the period 1922-1941 but there are some gaps and there are no surviving minutes for the year 1937. The Commission has examined the managers' orders for the period 1942-1961. The comprehensive list is listed here:

- GC-CSO2: Galway County Council, County Secretary's Office: Manager's Orders
- GC-F: Galway County Council: Finance
- GC-1-03: Galway County Council: Minute Book, 1917-1925
- GC-1-05: Galway County Council: Minute Book, 1932-1942
- GC-1-06: Galway County Council: Minute Book, 1943-1952
- GC-1-07: Galway County Council: Minute Book, 1951-1956
- GC-1-08: Galway County Council: Minute Book, 1956-1959

- GC-1-09: Galway County Council: Minute Book, 1959-1962
- GC-2-1: Galway County Council: Attendance Book, Council Members, 1945-1950
- GC-3: Galway County Council: Finance Committee Minutes, 1899-1950
- GC-WS-CS-12: Galway County Council: Water Services, Capital Sewerage Schemes, Maps, Plans Drawings e.g. as constructed drawings
- GC-WS-WS: Galway County Council, Water Services: Water Supplies and Extensions
- GC5: County Galway Board of Health and Public Assistance, Archives Collection 1922-1949
- GC6: Galway County Board of Health and Public Assistance: County Galway Hospital and Dispensaries Committee, 1922-1942
- TTC-1: Tuam Town Commissioners: Minutes
- CC-CC-13-2-0001: Bishop's Palace Grounds, Tuam
- CC-2-6-0054: Hospital Charges
- RT-COE-3-0337: Tuam Water Improvement 1947
- Uncatalogued: Files relating to water, drainage and sewerage for county Galway
- Uncatalogued: Registers of Insurance

Notes and photocopies were made of the relevant material. These are held electronically.

Kilrush

The Commission has not found any extant institutional records for the Kilrush nursery. They do not seem to have survived.

Clare County Council Archives

- Minutes of Kilrush Rural District Council.
- Minutes of Clare County Board of Health.
- Minutes of Clare County Council.
- Minutes of Kilrush Board of Guardians.
- Minutes of County Nursery and District Hospital Committee.

St Senan's Church, Kilrush

The baptismal records of the parish church of Kilrush, St Senan's, from 1922-1932 were made available to the Commission's researcher. The Commission did not copy these records.

Bessborough

The Bessborough institutional records are held by the Child and Family Agency (TUSLA) in Glanmire, Cork. The Commission made digital copies of these records. The institutional records include:

- **Bessborough home Admission Books**: The admission books cover the period July 1922 to January 1998 and recorded admissions of women and children to the Bessborough home. This collection has survived relatively intact. Omissions are infrequent and relate to short periods in the earlier admission books. The earliest admission books were compiled by county; this was presumably done for billing and accounting purposes. In the 1930s, the admissions began to be recorded chronologically. All admission books were hand-written and recorded details such as a woman's name, age, address, occupation, house name, date of admission and discharge and discharge pathway. Additional information relating to the name and date of birth of the child, the reputed father, the woman's parents and siblings, her education and work experience were also recorded. The admission books also recorded maternal and infant deaths which occurred in Bessborough.
- **Bessborough maternity hospital Admission Books and Maternity Books**: The maternity and hospital admission books cover the period from May 1934 to August 1987. This collection is incomplete. The surviving records are for the periods May 1934 - April 1937; May 1944 - March 1957; October 1961 - September 1964 and July 1980 - August 1987. The earliest Maternity/Hospital admission books recorded a woman's name, address and house name as well as her date of admission and discharge. The name, date of birth and date of discharge of her baby were also recorded. Short notes such as 'came in labour', 'obstruction from birth' and 'slow and difficult labour' were also included. The later maternity admission books recorded details relating to a woman's parents (and if they knew she was pregnant) along with details of a woman's occupation and referral. Some hospital admission books recorded babies' birth weight and the dates on which the PKU test and BCG anti-tuberculosis vaccination were administered. The admission books also recorded maternal and infant deaths which occurred in Bessborough.
- **Registration of Births, Bessborough maternity hospital**: The Registration of Births Book relating to the Sacred Heart Hospital Bessborough covers the period December 1930 - May 1986. This collection is complete. The register books were supplied to the institution by the Registrar General and recorded the name, sex and date of birth of children born in the hospital along with the name, address and occupation of the mother. The date of the registration of births was recorded along

with the initials of the registrar for South Cork. It appears that births were registered in bulk at intervals of around two months in the 1930s and fortnightly from the 1940s.

- **Records and Particulars Book, Bessborough Maternity Hospital**: The *Registration of Maternity Homes Act* 1934 required the keeping of various records. The Records and Particular Books relating to the maternity hospital cover the period September 1935-July 1987. This collection is complete. These books recorded the details of women admitted to the maternity hospital including her name, age, address, date of admission, condition on admission and the number of previous pregnancies. Additional information recorded the name and sex of the woman's baby, date and hour of birth, details relating to the delivery, birth weight, whether born full term or premature and whether a child was born alive or stillborn. The name of the medical attendant, generally the institutional medical officer, was also recorded. Further information recorded the person into whose care the child was removed from the hospital.
- **Private Patients Admission Book**: A Private Patients Admission book recorded the admission of private fee-paying patients to the maternity hospital in the period February 1951-January 1971. This book also recorded financial details relating to these patients. Private patients were billed for their hospital stay and medical treatment as well as costs relating to laundry services, baptism, certificates and clothes. In cases where private patients did not pay their Bessborough bill in full, their accounts were transferred to the relevant local public assistance-health authority. It is clear from other admission books and registers that private patients were being admitted to Bessborough since the 1930s. Although no other Private Patients Admission Books appear to have survived it was possible to identify private patients in the general admission books and associated records as they were designated the letter 'P' and were not associated with a public assistance/health authority account. Baptismal registers relating to Bessborough assisted the Commission in establishing the number of private patients admitted to the Bessborough hospital from 1930 to the late 1940s.
- **Maternity Hospital ante-natal records**: Records relating to the ante natal care of women and children in the maternity hospital are available for the period 1946-1999. The collection is relatively intact. However, ante natal records for the years 1948-53; 1959-63; 1985-86 and1995 are missing. The earlier records recorded a woman's name, age, date of birth, date of admission and condition on admission. Other information included medical test results, a summary of labour, observations on labour and a list and dosage of drugs given where applicable. Additional information

recorded details relating to the baby including the name, sex, date of birth, condition at birth, date of discharge, weight at birth and on discharge, diet on discharge and the dates of any medical tests undertaken and vaccinations received. The records contain comprehensive weekly observations on the baby's health and development. By the 1970s the range of information recorded was expanded to include information on the type of delivery, head circumference, date of baptism, feeding schedule and bacteriological reports. The ante-natal records also recorded maternal and infant deaths which occurred in Bessborough.

- **Death Register**: The *Registration of Maternity Homes Act 1934* required that all registered maternity homes compile a register of deaths. There is only one surviving death register for Bessborough; it covers the period February 1934-January 1953. This register recorded most but not all maternal and infant deaths which occurred in Bessborough in the period. Recorded details included the name, age, address and date of death of the deceased along with the cause of death and duration of illness. Deaths were notified to the registrar for South Cork at regular intervals. The Commission has found that the number of deaths recorded in the surviving death register falls short of the number of deaths notified by the Bessborough authorities to the General Register Office. The age at death of most children and infants recorded suggests that the register related, in the main, to deaths in the Bessborough home. The wording 'Bessboro Home' is written in the header section of most pages in the death register. However, a section of the register covering the years 1938-39 recorded some deaths which occurred in infants who were just days old. The heading on these pages state that the deaths were recorded in the 'Bessboro Home and Hospital'. The Commission is of the opinion that these were neo-natal deaths that occurred in the maternity hospital and not in the Bessborough home. The section covering the years 1938-39 related to infant deaths which occurred both in the Bessborough Home and the maternity hospital. From 1940 the register does not record the deaths of new-born infants. The Commission considers it plausible to assert that at that juncture the Bessborough authorities began to record deaths which occurred in the Sacred Heart Maternity Hospital in a death register reserved solely for that section of the institution. This would explain the discrepancy in the number of deaths recorded in the death register in the years 1934-53 and the number of deaths notified by the Bessborough authorities in the same period. In the absence of a complete set of death registers, the Admission Books, Maternity/Hospital Admission Books, Records and Particulars Books, Ante-natal Records and Baptismal Registers proved invaluable to the Commission in establishing the extent of infant mortality in Bessborough. The Commission recorded every note, handwritten or otherwise, that

suggested that a woman or child had died in the institution. The Commission crosschecked every suspected death against records held by the General Register Office.

Other records held by the Child and Family Agency (Tusla):

- **Records of the Sacred Heart Adoption Society**: Records relating to the Sacred Heart Adoption Society comprise adoption application files; Adoption placement files; Adoption orders files; Minutes of the Adoption Society; Foreign applications files and Foreign adoption files. The combined records span the years 1953-98. The records facilitated the Commission in identifying domestic and foreign adoption of Bessborough infants and children which were facilitated by the Sacred Heart Adoption Society.
- **Records of the Catholic Women's Aid Society**: They comprise: Record of payments to foster parents books for the years 1920-45; Index of babies placed for fostering and adoption for the years 1937-71; and a small number of miscellaneous documents relating to the society. Prior to the introduction of legal adoption in Ireland in 1953, the lay run CWAS played a significant role in finding nurse mothers for 'illegitimate' children in Cork. Over half of all infants who were fostered through CWAS were born in Bessborough. The birth mother paid a fee of £60 to CWAS who in turn paid the money to nurse mothers in 12 quarterly instalments. The records of payments to foster parents books take the form of basic double entry accountancy. Money received from the birth mother was recorded on the right and monies paid out to nurse mothers was recorded on the left. The CWAS records assisted the Commission in identifying infants born in Bessborough and their exit pathway from the institution into the nursed out system via CWAS.
- **Records of St Anne's Adoption Society**: Registers relating to St Anne's Adoption Society were available for the years 1954-99. The registers recorded details of women who were repatriated from the UK to have their babies adopted in Ireland. The registers facilitated the Commission in identifying women who were admitted to Bessborough under the auspices of St Anne's Adoption Society and to capture the exit pathways of their babies from Bessborough, which generally took the form of legal adoption.

Cork Diocesan Archives: St Anne's Adoption Society: correspondence files

***Cathedral of St Mary and St Anne*, Cork**

- Bessborough Baptismal Registers, 1930-2010: The Commission located a complete set of baptismal registers relating to Bessborough for the period December 1930 to January 2010. As the registers are church records, they are not kept with the Bessborough records held by Tusla. The baptismal registers are kept at the Cathedral of St Mary and St Anne (North Cathedral), Cork. The registers recorded a wealth of information including a child's name, date of birth, date of baptism, mothers name and address, name of the priest and godparent (usually one of the other mothers in Bessborough), date of discharge and discharge pathway and details of any subsequent marriage. The registers also noted if a child had died and the date of death. Interestingly, the registers also recorded the Board of Assistance responsible for the child's maintenance in Bessborough and private patients were designated the letter 'P'. This information facilitated the Commission's efforts to establish the number of private patients admitted to Bessborough from 1930 to the late 1940s.

Cork City and County Archives

The relevant records (catalogued) of the Cork local authorities (the Boards of Guardians, South Cork Board of Health and Public Assistance/Cork Health Authority/Southern Health Board) are:

- Registers of boarded out children 1925-73;
- Cork Board of Assistance payment records for boarded out children 1959-72;
- Registers of children at nurse 1912-65;
- Health authority adoption registers 1935-99;
- Minutes of meetings
- Managers orders

These local authority records facilitated the Commission in identifying the exit pathways of children from Bessborough through the boarding out system and through informal adoption (pre 1953) and legal adoption (from 1953). The registers of children at nurse allowed the Commission to identify children who were placed in the nursed out system from Bessborough by their mothers who did not engage the services of the CWAS.

Cork City and County Archive also held 150 boxes of uncatalogued public health records. A perusal of one box revealed correspondence relating to infant mortality in Bessborough. The Commission sent an archivist to the Cork archives for several months to catalogue this collection for analysis.

Below is a detailed list of material consulted:

South Cork Board of Public Assistance Records:
Creation dates: 1924-1963: 96 volumes and 512 files.

- CBPA-SO-M: South Cork Board of Assistance Minute Books, 1924-57. 28 volumes
- CBPA-SO-GF: South Cork Board of Public Assistance Files, 1925-63. 157 boxes
- CC-PA-MO: Cork County Council Public Assistance Manager's Orders, 1942-60. 70 volumes
- CC-CO-M-11-26 Cork County Council Minutes, 1922-60. 16 volumes
- CC-MO Cork County Council Manager's Orders, 1942-60. 16 volumes
- CC-NO-M Cork County Council North Cork Minutes, 1942-60. 13 volumes
- CC-NO-MO Cork County Council North Cork Asst Co Manager's Orders, 1942-60. 35 volumes
- CC-SO-MO Cork County Council South Cork Asst Co Manager's Orders, 1942-60. 18 volumes
- CC-CS-Files County Secretary's Office Files, c1900-1968 [mainly 1913-47]. 39 files
- CC-CS-LB County Secretary's Office Letter Books 1922-28. 12 volumes
- NCBPH-NCBPA North Cork Boards of Public Health and Public Assistance, 1927-42. 20 volumes
- LG II (SCBPA) South Cork Board of Public Assistance Files, 1923-63. 159 files
- BG Board of Guardian Records, 1922-25. 30 volumes
- CP-CY-SJ-2-29-31 (1921-1947): St Joseph's Cemetery Collection.
- CP-CY-SJ-3: St Joseph's Cemetery Collection; Register Book of Burial Plots and Burial Rights Therein.

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Files held by Cork City and County Archives which were of direct relevance to the chapter on the Bessborough Mother and Baby Home are as follows:

- CC&CA BG-42-A-110 Bandon Board of Guardians Minute Book, 10 June 1922.
- CC&CA BG-42-A-110 Bandon Board of Guardians Minute Book, 29 July 1922.
- CC&CA BG145-A-2 Schull Poor Law Union Minute Book, 1 November 1921-15 October 1923.

- CC&CA, BG-69-G- Cork Board of Guardians Indoor Relief Registers, 1840-1923.
- CC&CA, CA-PA-MO-SO-6: South Cork Manager's Order No. 813-47; 23 June 1947.
- CC&CA, CA-PA-MO-SO-7: South Cork Manager's Order No. 598-48; 10 June 1948.
- CC&CA, CBPA-LGII, Box 15: Secretary, South Cork Board of Public Assistance to Mother Martina, Bessborough, 20 July 1928.
- CC&CA, CBPA-Orders-SC-Box 6: Cork South Manager's Order No. 507, 30 March 1943.
- CC&CA, CBPA-SO- Files, LGII-91-2, Dr Robert Condy to J.F. Wrenne, 5 January 1944.
- CC&CA, CBPA-SO-8-M- 26 March 1930.
- CC&CA, CBPA-SO-8-M- 31 December 1930.
- CC&CA, CBPA-SO-8-M- 26 November 1930.
- CC&CA, CBPA-SO-8-M- 9 April 1930.
- CC&CA, CBPA-SO-LGII, Box 15: Flora Burton, Department of Public Welfare, Boston, to Miss M.J. Cruise, [This is the spelling used in the original] Middle Abbey Street, Dublin, 24 May 1926.
- CC&CA, CBPA-SO-LGII, Box 15: Welfare Department, Liverpool, to the Sacred Hearts Home, Bessborough, 19 January 1927.
- CC&CA, CBPA-SO-M-10- 12 September 1934.
- CC&CA, CBPA-SO-M-10- 14 September 1932.
- CC&CA, CBPA-SO-M-10- 27 June 1934.
- CC&CA, CBPA-SO-M-10- 5 December 1934.
- CC&CA, CBPA-SO-M-13- 12 June 1935.
- CC&CA, CBPA-SO-M-13- 23 October 1935.
- CC&CA, CBPA-SO-M-15- 10 June 1937.
- CC&CA, CBPA-SO-M-15- 4 August 1938.
- CC&CA, CBPA-SO-M-15- 10 June 1937.
- CC&CA, CBPA-SO-M-15- 23 March 1937.
- CC&CA, CBPA-SO-M-17- 22 August 1938.
- CC&CA, CBPA-SO-M-18- 11 July 1938.
- CC&CA, CBPA-SO-M-18- 12 September 1938.
- CC&CA, CBPA-SO-M-20- July- December 1939.
- CC&CA, CBPA-SO-M-5- 1 June 1927.
- CC&CA, CBPA-SO-M-5- 1 June 1927.
- CC&CA, CBPA-SO-M-5- 4 May 1927.

- CC&CA, CBPA-SO-M- 9 January-December 1931, and CBPA-SO-M-10, January-December 1932.
- CC&CA, CBPA-SO-M-9- 22 April 1931.
- CC&CA, CBPA-SO-M-9- 25 March 1931.
- CC&CA, CBPA-SO-RB-01: South Cork Board of Public Assistance, Records of Business, October-December 1942.
- CC&CA, CC-CBPA-Orders-N.C. Box 1: January to December 1944. North Cork Board of Assistance Manager's Orders, Order No. 759, 26 September 1944.
- CC&CA, CC-PA-MO-SO-10: South Cork Manager's Order No. 1,219-51; 3 August 1951, and Order No. 1,436-51; 29 August 1951.
- CC&CA, CC-PA-MO-SO-11: South Cork Manager's Order No. 933-52; 7 July 1952.
- CC&CA, CC-PA-MO-SO-4-Box 6: Cork South Manager's Order No. 42-45, 30 Jan 1945.
- CC&CA, CC-PA-MO-SO-9: South Cork Manager's Order No. 138-50; 4 February 1950.
- CC&CA, Orders-NC-Box1, January-December 1944: North Cork Manager's Orders No. 570, 26 July 1944.
- CC&CA, South Cork Board of Public Assistance Files, LGII, Box 41, June 1934.
- CC&CA, South Cork Board of Public Assistance, LGII, Box41: Miss Butt, Secretary, St Joseph's Home for Mothers & Babies, Clapham Road, London to Mrs Crofts, Department of Local Government and Public Health, June 1934.

Congregation of the Sacred Hearts of Jesus and Mary, Chigwell Convent, UK.

The Congregation of the Sacred Hearts of Jesus and Mary facilitated the Commission in accessing the congregational archive in Chigwell, London (see Chapter 17). The Commission was given access to the collections:

- Sisters of the Sacred Hearts of Jesus and Mary Council Minutes, 1904-37.
- Annals of the Order (Diaries of the Mother General), 1919-99.
- Council minutes.
- General Chapter 1933: Report of the Superior General.
- Correspondence: J. A Shaw and Co Solicitors, Mullingar, to Mother General, Chigwell, regarding Castlepollard, 14 Feb. 1952.
- Roscrea annals, 1969-85

Irish Defence Forces, Military Archives,

V190 #72: Aerial Photography, Cork-Douglas-Blackrock, 1951.

The Commission was given access to historical aerial photography taken by the Irish Air Corps in the mid to late twentieth century. The earliest collection included a high resolution photograph of the Bessborough Estate and hinterland from February 1951.

Society of African Missions, Provincial Archive, Blackrock, Cork

The Commission was given access to the Society of African Missions, provincial archive, to examine documentation relating to St Joseph's Cemetery, Cork. The Society of African Missions owned and operated St Joseph's Cemetery before being handed over to Cork Corporation in 1947.

Sean Ross

The Sean Ross institutional records are held by the Child and Family Agency (TUSLA) in Waterford. The Commission made digital copies of these records. There are over 14,000 records, all uncatalogued. The institutional records include:

- **Indoor Registers** Admission Books by county, covering the years 1931-1969. These appear to have been used for the purpose of billing.
- **Admission Books:** These recorded admissions to Sean Ross from June 1931 to May 1968. They record details relating to a woman's name, age, address, occupation and date of admission along with her child's name, date of birth and discharge details for both mother and child. The later volumes include a woman's 'house name' along with information regarding her family, the putative father and the family doctor. These are handwritten records. They recorded whether a baby was born alive or stillborn, if an infant subsequently died and the date of death.
- **Private Patients Book:** This covers the years 1959-69. Details recorded were a woman's name, address, date of admission, date of discharge and a record of payments received. Record of payments included a charge for a woman's stay at a weekly rate, charge for her baby's stay at a weekly rate as well as charges relating to blood tests and birth and baptismal certificates. The later entries include details relating to infant discharge pathways.
- **Nursery Admission Book:** This is for the period September 1957 to November 1966. It recorded details such as the name and address of the mother as well as the name, date of birth, weight and some discharge details relating to her child.
- **Maternity Register:** This recorded admissions to the Sean Ross maternity hospital (which was called St Gerard's) for the period October 1933-March 1939. It contains an index of all admissions in this period along with details relating to a woman's

name, address, age, date of admission. Entries recorded in the later years include handwritten medical observations on the expectant woman.

- **Records and Particulars Books:** There are 12 volumes covering the period April 1935 to November 1969. There are two gaps in this record: November, December 1962, and March 1966. The books recorded admissions to the maternity hospital and contain details relating to the name, age and address of women along with a note on their discharge pathway. The early volumes are handwritten notebooks. The later volumes are registers with column headings such as name, address, age and date of admission of a woman along with observations on her 'condition on reception'. The books also recorded details of the birth including the date and hour of birth, the sex and weight of the baby, the name of the attending doctor and whether the baby was premature, full-term, born alive or still-born.
- **Birth Registers:** there are ten volumes covering the period December 1933 to May 1964.
- **Death Register:** This covers deaths in the maternity hospital in the period March 1934 to November 1967. It recorded the name, date of death, home county, sex, cause of death and age of death of infants who died. The recorded age on death strongly suggests that the deaths recorded in this register related to deaths that occurred in the maternity hospital only and do not relate to deaths that occurred in the Sean Ross home. Maternal deaths which occurred (all appear to relate to deaths associated with complications of childbirth) in this period are recorded in this register also. In the absence of a complete set of death registers, the other records mentioned and the baptismal register facilitated the Commission in establishing the extent of infant mortality in Sean Ross. The Commission recorded every note, handwritten or otherwise, that suggested that a woman or child had died in the institution. The Commission crosschecked every suspected death against records held by the General Register Office.
- **Miscellaneous Registers**: These include a Baby Weight Book, 1966-71; Birth Certificates Received, 1966-69, Discharge Details, 1963-66, Children admitted and Boarded Out, 1936; 1943; 1944-45: Contains a list of children from County Clare who were admitted to and boarded out from Sean Ross in this period. The register also includes medical reports relating to children prior to boarding out.
- **Adoption Ledgers/Adoption Orders/Adoption Placements/American Adoption Files**

  There are four volumes arranged as follows:

  Volume 1: An index listing the names of adopted children, 1952-66.

Volume 2: A register of adopted children, 1952-66. This register recorded a child's name, date of birth and date of adoption along with the name and address of the 'adopters' and the child's adoptive name.

Volume 3: A register of children placed for adoption in the US from Sean Ross, Bessborough and Castlepollard in the years 1951-60. This register contains an index listing names of children who were placed for adoption in the US. The register recorded a child's name and date of birth along with the name and address of the adoptive parents in the US.

Volume 4: A register of children placed for adoption in Ireland from Sean Ross, Bessborough and Castlepollard in the 1950s and 1960s. This register recorded a child's name and date of birth along with the name and address of the mother. Details relating to the child's adoption such as the name and address of the adoptive parents, date of adoption, adoption order number, and the name and address of a referee were also recorded.

The Adoption Orders comprise 12 volumes and contain applications for adoption orders as well as copies of Adoption Orders issued by An Bord Uchtála. Each Adoption Order has a unique reference number and recorded details relating to the name and address of the adopters the child's date of birth and name prior to adoption, the child's name on adoption and the date on which the Adoption Order was approved.

The Adoption Placement files comprise five volumes and recorded the name, 'house name' and address of the birth mother along with her child's name and date of birth, the name and address of the adopters and the date of placement.

The American Adoption Files contain documentation relating to children adopted in the US such as consent to adoption forms, signed by birth mothers and witnessed by a Notary Public, along with signed and witnessed release forms giving custody of a child to adoptive parents in the US. This collection also contains medical and financial information relating to adoptive parents in the US, correspondence between adoptive parents and the authorities at Sean Ross, affidavits in support of adoptive parents, assessment of prospective adopters and their homes undertaken by US agencies such as the Catholic Home Bureau, correspondence between the authorities at Sean Ross, the Department of External Affairs and the American Embassy, Dublin, along with documentation produced by the United States Department of Justice Immigration and Naturalization Service.

Congregation of the Sacred Hearts of Jesus and Mary, Chigwell Convent, UK.

See Bessborough above

Killaloe Diocesan Archives

- Fogarty Collection, Box 35 1-9-B-6: Fogarty Correspondence
- Sacred Hearts of Jesus and Mary, Box 31 1-8-A-2: Correspondence regarding adoptions

Tipperary County Council, Civic Offices, Nenagh

The Commission examined archived local authority records of North and South Tipperary in the Civic Offices, Nenagh, Thurles Library and Tipperary County Archives, Clonmel. Three collections which were of interest to the Commission were identified, listed below. These, however, did not have much information of relevance.

- North Tipperary County Council Minutes, Volumes 1-47
- North Tipperary County Council Manager's Orders, Volumes 1-117

Thurles Library, The Source, Cathedral Street, Thurles Townparks

- TL-LG-22: Tipperary North Riding Board of Public Assistance Minutes

Tipperary County Archives

- Tipperary South Riding County Board of Public Assistance Minutes, 1924-1942
- South Tipperary County Council Manager's Orders, 1942-2012.

Castlepollard

The Castlepollard institutional records are held by the Child and Family Agency (Tusla) in Letterkenny. The Commission made electronic copies of these records. The Records and Particulars Books/Birth Registers for St Kevin's Maternity Hospital, Castlepollard record information relating to babies born in Castlepollard including: child's date of birth; Christian name; sex; name of father (all blank); mother's name; father's occupation (all blank); mother's date of birth; mother's address prior to admission; year of marriage (all blank); number of previous children (generally blank) and initials of the recording officer.

They consist of:

Admission Books: There are three volumes covering the years 1935-49; 1943-57 and 1955-70. The Books recorded admissions to the Castlepollard Home and were arranged by county of origin. They recorded a woman's date of admission, register number, name, age, address and date and place of discharge. They also recorded the name, date of birth and

date of baptism of her child along with the child's date of discharge. Infant deaths and date of death were also noted.

Records and Particulars Books/Maternity Registers of St Peter's Maternity Hospital: The Records and Particular Books comprise six volumes covering the years 1943-71. Records for the years 1948-50 inclusive are missing. They recorded admissions to St Peter's Maternity Hospital, Castlepollard, and details relating to a woman's name, age, address, date of admission and condition on admission (pregnant, in labour). Dr B Cullen, Westmeath, is named as the attending physician in all cases. Details relating to infants included date and hour of birth, sex, the type of delivery (normal, breech, forceps), details of any complications during the birth, weight at birth, whether full-term or premature, and whether the child was born alive or stillborn. Some instances of whose care the child was discharged to were also noted.

Ante-Natal Records: There are nine volumes covering the years 1939-66. The records are handwritten notebooks and captured details of a woman's age and house name, dates of admission and discharge along with notes on her medical history, medical condition on admission to St Peter's Maternity Hospital and test results (blood, urine Rh). They also contain notes on the woman's labour and medical examination of her new-born infant. Details of maternal and infant deaths were also recorded.

Private Patients Register: There is one Private Patients Register which is for the period July 1961 to March 1970. This is a handwritten notebook which recorded details of a woman's name, address and date of admission along with the name, dates of birth and discharge of her baby. The register also recorded financial details relating to costs associated with the maintenance of the woman and her child in Castlepollard including amounts paid, method of payment (cash or cheque) and the outstanding balance. Some women recorded in the Private Patients Register were transferred to a local authority health board account after admission.

Babies Register: A Babies Register recorded births in St Peter's Maternity Hospital, Castlepollard, in the period March 1942 to January 1954. The register takes the form of a handwritten notebook. It recorded details such as a woman's name, address and date of admission along with the name and date of birth of her infant. Still-born infants were also recorded.

Indoor Register; County Leitrim: An Indoor Register relating to Leitrim County Council was included with the Castlepollard records and relates to the years 1936-76. Most admissions recorded here relate to the years 1936-70 and contain details such as a woman's name, age, occupation, religion and previous address along with the name, sex and date of birth of her child. Some details relating to the date of discharge and discharge pathway were also recorded.

Baptismal Register: A typed copy of a Baptismal Register recorded baptisms at St Michael's Church, Castlepollard, in the period 1 January 1935 to 12 November 1994. Details recorded include a child's name, date of birth and date of baptism.

Adoption Orders: The Adoption Orders comprise five volumes and were composed alphabetically. This collection contains scanned copies of Adoption Orders, which recorded details of a child's adoption such as name prior to adoption and name on adoption along with details of the birth mother and the adoptive parents. Files relate to adoptions from the late 1950s to the 1970s.

Death Register: This is a typed spreadsheet recording deaths in Castlepollard, (infant, maternal, congregational) in the period 17 April 1935 to 16 October 1970. The age on death of infants and children range from a few hours to two years old. This suggests that infant and child deaths recorded here were deaths which occurred in both the Castlepollard Mother and Baby Home and St Peter's Maternity Hospital. This record appears to record details from an original death register and includes the name, cause of death, date of death and age on death of the deceased along with the place of death, who notified the death and the name of the Registrar for the Castlepollard district.

Congregation of the Sacred Hearts of Jesus and Mary, Chigwell Convent, UK.

See Bessborough above.

Castlepollard

Department of Health

Records and Particulars Books/Birth Registers – St Peter's Maternity Hospital, Castlepollard

- NATARCH-ARC-0-5727028 June 1967-March 1970
- NATARCH-ARC-0-5727034 April 1952-March 1956
- NATARCH-ARC-0-5727036 July 1948- April 1952
- NATARCH-ARC-0-5727037 March 1970-January 1971

- NATARCH-ARC-0-5727038 November 1964-June 1967
- NATARCH-ARC-0-5727039 April 1956-February 1961
- NATARCH-ARC-0-5727040 March 1961-November 1964
- NATARCH-ARC-0-5727043 August 1947-September 1949
- NATARCH-ARC-0-5727046 July 1949-July 1951

The Records and Particulars Books/Birth Registers for St Peter's Maternity Hospital, Castlepollard record information relating to babies born in Castlepollard including: child's date of birth; first name; sex; name of father (all blank); mother's name; father's occupation (all blank); mother's date of birth; mother's address prior to admission; year of marriage (all blank); number of previous children (generally blank) and initials of the recording officer.

Maternity Registers – St Peter's Maternity Hospital, Castlepollard

- NATARCH-ARC-0-527043 August 1947-July 1949
- NATARCH-ARC-0-527046 July 1949-June 1951

Meath Diocesan Archive

- DM-MBH-C-8-9

Bethany

The institutional records (uncatalogued) of Bethany are held by PACT (Here2Help). They were digitally copied by the Commission. There are four registers:

The **Admission-Discharge Register** from 29 March 1922 to 3 May 1946: This register is the continuation of the admissions register of the Dublin Midnight Mission (which is not relevant to this inquiry). It lists the woman's name; age, religion, birth-place; her most recent address; how long she had been in Dublin - though this is generally blank; her occupation; dates of admission and discharge, and her destination when discharged.

The Bethany Baby Records covers the period 7 May 1922 to 25 August 1970; This lists babies' names; date of birth; whether they were born in the home or admitted after the birth; date of christening, vaccination details; date of leaving the home; where they went and if they were readmitted to Bethany.

Records and Particulars Book of Maternity Home (or Hospital) known as Bethany Home 1936-1956 and Records and Particulars Book of Maternity Home (or Hospital) known as

Bethany Home 1956-1971: This was the standard official register that all maternity homes and hospitals were required to keep under the *Registration of Maternity Homes Act 1934*. It gives the woman's name, age, date of admission, condition (not always completed), date of discharge, state of health, removal of child, particulars of the person removing a child and particulars of person to whose care a child was removed, plus a general column for observations. It appears that Bethany completed this official record and also continued to maintain its individual admission book until 1946, when it began to rely solely on the official register and the Bethany Baby Book.

Representative Church Body Library

The minutes of monthly meetings of the management committee of the Bethany Home from 8 January 1924 to 8 January 1937, and from 12 May 1944 to 14 January 1966, are held in the Representative Church Body (RCB) Library in Braemor Park. The library also holds copies of some annual reports of the Bethany Home; these give some details about the mothers and babies, records of donations, subscriptions and an annual financial statement. The RCB Library also holds a register from Zion Church of Ireland Parish, which includes separate pages with entries for the baptisms of babies born in Bethany Home, c.1935-1949. These give the dates of baptism, the child's Christian name, parent's (mother's) name; they give no entry under 'abode', or 'quality, trade or profession'.

- MS 264.1: Bethany Home Minute Books
- MS 264.2: Bethany Home File
- P.288.2.1: Zion Church of Ireland Register of Baptisms

Irish Church Missions

The Commission has also consulted the records of the Irish Church Missions (ICM) to the Roman Catholics held by the ICM. They include:

- ICM-CF-0001-0793: Children's Fold: Correspondence
- Uncatalogued: The Banner of Truth/The Banner of the Truth/Irish Church Missions News Seasonal Reports

Wicklow County Archives

- WLAA-BOH-M: Minutes of the Wicklow County Board of Health, 1924-1942

Denny House

Most of the institutional records relating to the Magdalen Asylum/Denny House are held by PACT (Here2Help). The institutional records (uncatalogued) were digitally copied by the Commission. They include:

- Magdalen Home: Monthly Meeting Committee Minute Books
- Magdalen Home: Case Committee Books
- Magdalen Home Annual Reports
- Magdalen Home Report Books
- Magdalen Asylum Mother and Child Case Books
- Magdalen Home: Baby Books
- Magdalen Asylum/Denny House: Case files
- Denny House Discharges
- Denny House Synopsis of admissions and discharges
- Records and Particulars Book of Maternity Home or Hospital known as Magdalen Home, 1961-1982
- Magdalen Home: Interview Book, 1990-1994
- Magdalen Home: Case Committee Notes, 1952-1973
- Church of Ireland Register of Baptisms solemnized in Magdalen Asylum Church, 1869-1983

The Nursery Rescue Society Archives

PACT also holds the records of the Nursery Rescue Society which was affiliated with Denny House. These records (uncatalogued) include:

- Nursery Rescue Society: Minute Books, 1909-1989
- Nursery Rescue and Protestant Children's Aid Society: Annual Reports, 1914-1978
- Nursery Rescue and Protestant Children's Aid Society: Case files
- Nursery Rescue and Protestant Children's Aid Society: Entered Institutions
- Nursery Rescue and Protestant Children's Aid Society: Surrender Forms
- Nursery Rescue and Protestant Children's Aid Society: Children's Ledger, 1945-1972
- Nursery Rescue Society: Agenda Book, July 1938-December 1943
- Notebook on children under the care of the Nursery Rescue and Protestant Children's Aid Society, 1965-1975
- Nursery Rescue Society: Little Fortfield Journal, September 1915-October 1921
- Nursery Rescue Society: Little Fortfield Girls and Babies, 1916-1919
- Nursery Rescue Society/Protestant Adoption Society: Pre-1952 Adoption Agreements, 1943-1952

- Nursery Rescue Society/Protestant Adoption Society: Adoptions case files
- Nursery Rescue Society/Protestant Adoption Society: Adoptions Northern Ireland, UK, USA, Canada, and Australia
- Nursery Rescue Society/Protestant Adoption Society: Adoptions and administrative records, 1944-1990.

Dunboyne

The Dunboyne institutional records are held by the Child and Family Agency (Tusla) in Drogheda. The records received by the Commission take two forms, Registers and Files.

The Registers have no uniform pattern of information; they are a series of handwritten notes filed by date of admission. However, they typically include:

For the mother: name, address, date of birth, date of admission, date of discharge, by whom she was referred, next of kin, exit pathway, previous pregnancies, whether or not there was a living infant;

For the child: first name, date of admission, date of birth, date of discharge, place of birth, exit pathway, child death, date and place of baptism.

A short social history is sometimes included, along with notes regarding adoptions, visits to the hospital, letters and photos received from the women admitted. Some of the admissions are recorded in multiple locations. For example, there is a large overlap between those recorded in the Registers for the years 1989/1990 and the Files.

The Files consist of typed standardised forms that were used from 1966 onwards. The information contained in the files is much the same as that contained in the registers, however there is a stronger emphasis on the mother and putative father's social history. The files often contain a series of miscellaneous records from adoption societies, health boards, doctors, social welfare, maternity hospitals, etc. These include referral letters, letters relating to the mother's decision regarding the child, social work reports, ante-natal records and medical certificates for the child. There is also, on occasion, letters and photos from the women admitted and their families.

They consist of:

- 7 registers: Admission Register 1955-1966 (includes some correspondence); Admission Register Girls 1989-90 Ard Mhuire; Admission Register 1955-1962 Ard Mhuire; Admission Register 1966-1969; Private Patients 1965; List of stillborn and deceased infants 1981-1984;

- Girls Admission to Dunboyne Register 1981-1990;
- 4 Admission cards and case files, containing correspondence;
- “Adoption” files;
- “Tracer” files;
- Files regarding deaths associated with Dunboyne 1954-1993.

Discovery from the Good Shepherd Sisters

The Good Shepherd Sisters provided extensive documentation (2,001 scanned pages) to the Commission, including various internal Good Shepherd Sisters documentation such as:

- Annals of the Convent.
- Chapter Books, which were required to be kept in all of the Good Shepherd Sisters’ locations: The Dunboyne Chapter Book provided to the Commission has entries from 1972.
- The ‘Book of Benefactors’ records donations received from 1969;
- The reports from council meetings are from 1986 onwards;
- Various accounts of the history of the institution: some accounts are contemporaneous and some were written after the institution was closed.

The documentation also included audited financial accounts for virtually every year of its operation.

Tusla

Fr Regan Archive, relating to adoptions, many of the babies came from Dunboyne, others from Stamullen.

Cork County Home

The following records which are held in the Cork City and County Archives were analysed by the Commission.

- Cork Union workhouse indoor relief registers 1840-1925.
- The combined indoor relief registers for Cork county home and district hospital cover the years 1925-57 (CCH-GD).
- The indoor relief register relating to 1959-60 is part of a 2009 accession from St Finbarr’s Hospital (formerly Cork county home).

Other records from Cork City and County Archives

Cork City and County Archives also hold a substantial collection relating to the Cork Union Workhouse/Cork County Home/St Finbarr's Hospital. The collection comprises over 600 individual bound volumes. Files which were of most relevance to the Commission are as follows:

- Cork County Home, Matrons' Journals, 1927 - 1945
- South Cork Board of Public Assistance Minutes, 1924 - 1942 (28 vols).
- Cork Board of Public Assistance Managers' Orders, 1942 - 1969 (16 vols - Boxes six to twelve (files 19-36) relate to the South Cork district).
- South Cork Board of Public Assistance files, 1922 - 1960 (158 boxes)
- Records of deaths Cork County Home and Hospital, 1931 - 1940

Health Service Executive Library, Cork University Maternity Hospital

The main sources used from this repository are:

- Folder of Burial Records and Burial Index Card Box, 1968-85 (These records comprise physical Burial Index Cards and a Folder detailing the information recorded on the cards).

St Finbarr's Hospital, Cork.

- Register of admissions to St Finbarr's Hospital neonatal unit
- Register of boarded out children
- Funeral Book, 1962-1967
- Admission and discharge index cards

Stranorlar

The HSE is the current owner of what was the Stranorlar county home and gave the Commission access to digital copies of the Indoor Registers of the home. This collection comprised six PDF documents, each a scanned copy of a register, covering the periods:

- 30 January 1921 - 31 March 1932 (179 pages, 4,581 entries)
- 1 April 1932 - 31 Dec 1942 (192 pages, 4,918 entries)
- 1 May 1943 - 30 April 1948 (118 pages, 2,520 entries)
- 1 May 1948 - 31 August 1957 (135 pages, 2,960 entries)
- 1 September 1957 - 31 January 1974 (140 pages, 3,000 entries)
- 1 February 1974 - 31 March 1994 (132 pages, 2,920 entries)

Donegal County Archives

The Donegal county archives have a range of relevant material including:

- Ire-Don-BH-1-19, Minutes of the Board of Health and Public Assistance, 1922-42
- Ire-Don-CC-2: Donegal County Council: Manager's Orders
- CC-17-17: County Home Donegal 1946-53 (Paying orders and building plans)
- CC-30-58: Burial ground correspondence
- CC-30-59: Number of burials 1944-45
- CC-15-4-6: County Council correspondence with Board of Health.
- CC-17-3-11: County Medical Officer Annual Reports
- BH-2-1-23: Board of Health Reports and Correspondence 1933-35

Thomastown County Home

St Columba's Hospital, Thomastown, Kilkenny:

- Combined Indoor Relief Registers 1919-72 (26 volumes).
  The collection of Combined Indoor Relief Registers for Kilkenny County Home, Thomastown, comprises 26 volumes. The collection is largely intact apart from two missing volumes covering the periods October 1930-April 1932 and March 1938-December 1939. The registers were manufactured by Dollard Printing House Dublin Ltd, and each cover a period of 18 months, i.e. April 1941 to September 1942. Each register has 75 pages and capacity to record admission details of 30 individuals per page.
- Record of Maternity Hospital 1959-65 (1 volume).
- Record of Births 1919-65 (1 volume).
- Record of Deaths 1919-62 (1 volume).
- Return of Unmarried Mothers admitted to the County Home 1939-61 (1 volume).
- Half yearly Return of Children in the County Home 1938-61 (1 volume).

Kilkenny Health Records, HSE Library, St Like's Hospital, Kilkenny:

- Kilkenny Board of Health & Public Assistance November 1921-July 1925 .
- Kilkenny Board of Health and Public Assistance July 1925-June 1927.

Kilkenny County Board of Health & Public Assistance Records, Kilkenny County Library.

- Kilkenny Board of Health & Public Assistance Letter Books.

- Letter Book: Incoming letters and regulations from DLG&PH, March 1928-December 1931:
- Letter Book: Containing correspondence of Miss Fitzgerald-Kenny, L.G.D. inspector regarding Superintendent Assistance Officer, Assistance Officers and Relieving Officers 1929-1934.
- Letter Book: Copies of incoming letters from DLG&PH April 1929-May 1935 .
- Letter Book: Copies of incoming letters from DLG&PH February 1934-December 1937.
- Kilkenny County Council Manager's Orders-Public Assistance Section.
- MO/PA/2: 1 September 1942-31 March 1944, Orders No.1-1089.
- MO/PA/3: 1 April 1944-31 March 1946, Order No. 1,090-3,144.
- MO/PA/4/ 2 April 1946-31 March 1947. Order No. 3145-4345.
- MO/PA/5/ 2 April 1947-31 March 1948. Order No. 4355-5642.
- MO/PA/6/ 1 April 1948-30th March 1949. Order No. 5643-6873.
- MO/PA/7/ 1 April 1949-31 March 1950. Order No. 6874-8166
- MO/PA/8/ 1 April 1950-29 March 1951. Order No.8167-9669.
- MO/PA/9/ 2 April 1951-31 March 1952. Order No.9670-11418.
- MO/PA/10/ 1 April 1952-31 March 1953. Order No.1-1931.
- MO/PA/11/ 1 April 1953-31 March 1954. Order No. 1-2299:
- MO/PA/12/ 1 April 1954-31 March 1955. Order No.1-2693.

Vaccine trials

GlaxoSmithKline

GlaxoSmithKline provided the Commission with extensive documentation about vaccine trials and clinical trials conducted in children's residential institutions in Ireland in the period 1930 to 1973.

- GSK, Irene Hillery to Tom Pollock, 20 January 1961.
- GSK, 'Overseas Milk Powders: Clinical Acceptability and Safety Trials', 7 February 1969.
- GSK, A.D. Munro-Faure to A.H. Griffith, 'New Two-Phase Pertussis Component of DTP (Trivax) Vaccines', 1 November 1972.
- GSK, A.H Griffith to A.D. Munro-Faure, 25 September 1973.
- GSK, A.H Griffith to A.J Beale, 'Two-phase Pertussis Vaccine Trials', 16 August 1971.
- GSK, A.H Griffith, 'Minutes of the Ninth Meeting of the Department of Clinical Immunology, Wellcome Research Laboratories, Beckenham', 3 October 1972.

- GSK, A.H Griffith, ‘Minutes of the Seventh Meeting of the Department of Clinical Immunology, Wellcome Research Laboratories, Beckenham’, 7 September 1971.
- GSK, A.H Griffith, ‘Minutes of the Seventh Meeting of the Department of Clinical Immunology, Wellcome Research Laboratories, Beckenham’, 4 July 1972.
- GSK, A.H Griffith, ‘Minutes of the Sixth Meeting of the Department of Clinical Immunology, Wellcome Research Laboratories, Beckenham’, 5 June 1973.
- GSK, A.H. Griffith to A.D. Munro-Faure, 3 October 1972.
- GSK, A.H. Griffith to A.D. Munro-Faure, 3 October 1972.
- GSK, A.H. Griffith to H.V Furness, 16 November 1973.
- GSK, A.H. Griffith to Irene Hillery, (Private Home Address), 12 February 1973.
- GSK, A.H. Griffith to P. Knight, ‘Two-phase Pertussis DTP Vaccines’, 9 April 1973.
- GSK, A.J. Beale to P.D. Walker, ‘Improved “Trivax” and Cholera Vaccines’, 23 August 1972.
- GSK, Aileen Scott, Medical Director, National Drugs Advisory Board (Ireland) to A. H. Griffith, Wellcome Research Laboratories, April 1973.
- GSK, Alan Goffe to Patrick Meenan, 2 March 1965.
- GSK, B.M. Walker, Glaxo Laboratories, to Dr Eithne Conlon, 29 January 1968.
- GSK, Caroline Waldron to James Kiely, ‘Vaccine Studies’, 19 January 1999.
- GSK, Caroline Waldron, Glaxo Wellcome Ltd, to Dr James Kiely, Department of Health and Children, ‘Vaccine Studies’, 19 January 1999.
- GSK, Donal O’Sullivan to W.L. Burland, 10 November 1967.
- GSK, Dr Victoria Coffey/Glaxo Measles (BT 58) Vaccine Trial Dublin December 1968. (Unpublished)
- GSK, Ellis, C.D., Commercial Development, Glaxo Laboratories, to Mr Burn, Dublin Office, ‘L.20/L.14 Clinical Trials’, 3 January 1968.
- GSK, Glaxo Laboratories, ‘Biological Clinical Data’, Ref. BIOL.TRIAL, 1965.
- GSK, Glaxo Laboratories, ‘Final Protocol’, August 1968.
- GSK, Glaxo Laboratories, ‘Vaccines for Clinical Trials’, 29 December 1964. Measles vaccine MI/EV/12(adj) Batch 33, and Placebo PLB/12(adj).
- GSK, Handwritten notes on Glaxo’s infant milk trials in Bessborough and St Patrick’s Home.
- GSK, Irene Hillery to Alan Goffe, 29 March 1965.
- GSK, Irene Hillery to Tom Pollock, 20 August 1964.
- GSK, Irene Hillery to Tom Pollock, 20 January 1961.
- GSK, l14/l20 Milk Trials, Bessborough Convent, Cork. Clinician: Dr E. Conlon.
- GSK, L14/L20 Milk Trials, St Patrick’s Mother and Baby Home, Dublin. Clinician: Dr Coffee.
- GSK, M. Dunleavy to A, H. Griffith, 24 September 1973.
- GSK, Margaret Dunleavy to M. Crowe, 11 April 1972.

- GSK, Margaret Dunleavy, Deputy Chief Medical Officer, Eastern Health Board, to A, H. Griffith, Wellcome Research Laboratories, 'Trivax Reactions', 22 August 1973.
- GSK, Memo A.H Griffith, 'Extract Pertussis Vaccine', 16 January 1968.
- GSK, Minutes of the 25th Biological Clinical Trials Committee, 17 January 1968.
- GSK, Minutes of the 31st Biological Clinical Trials Meeting, 27 November 1968.
- GSK, Minutes of the meeting of the Trivax Project Group, 20 December 1973.
- GSK, Minutes of the Seventh Meeting of the U.K. Medical Project Control Committee, 27 June 1973.
- GSK, Minutes of the Seventh Meeting of the U.K. Medical Project Control Committee, 27 June 1973.
- GSK, Mrs B.M. Walker, 'Visit to Dublin', 4 January 1968.
- GSK, Note on 'Moate' written on University College Dublin headed paper, 27 February 1961.
- GSK, Notes on proposed infant milk trials refers to Cork, Dublin, Malaya and Argentina.
- GSK, P.M. Paterson to W.L. Burland, 'L20 and L14 Feeding Trials', 30 April 1968.
- GSK, Patrick Meenan to Alan Goffe, 14 March 1961.
- GSK, Patrick N. Meenan to A.H. Griffith, 2 November 1972.
- GSK, Patrick N. Meenan to David Long, 22 March 1960.
- GSK, Quadrivax: Minutes of meeting held 20 October 1960 at the Wellcome Research Laboratories, Beckenham.
- GSK, Sister Martha, Bessborough Home, to Dr Bridie Foley, St Finbarr's Hospital, 9 April 1968.
- GSK, T.M. Pollock to Irene Hillery, 16 July 1964.
- GSK, T.M. Pollock to Patrick Meenan, 'Studies of Quadravax in Eire', 2 November 1960.
- GSK, *The Wellcome Foundation Ltd: Clinical trial to compare the reactogenicity of commercially available batches of the combined Diphtheria/Tetanus/Pertussis (DTP) vaccines Trivax and Trivax AD with a modified combined DTP vaccine containing a 'two-phase' Pertussis component. (Unpublished) 1973.*
- GSK, The Wellcome Foundation, 'Application for the issue of a Clinical Trial Certificate for Diphtheria/Tetanus/Pertussis Vaccine containing a 'two-phase' Pertussis component, February 1973.
- GSK, The Wellcome Foundation, Trial Protocol 'Comparison of Quadruple Antigen and Triple Antigen plus Polio Vaccine in Infants in Eire', Document No. EI/1/60, December 1960.
- GSK, Tom Pollock to Irene Hillery, 16 January 1961.
- GSK, Victoria Coffee to W.L. Burland, 8 July 1968.
- GSK, Victoria Coffee, Department of Social Medicine, Trinity College, Dublin, to W.L. Burland, Medical Department, Glaxo Laboratories Ltd, 4 June 1968.

- GSK, Victoria P. Coffee to W.L. Burland, 3 October 1968.
- GSK, Victoria P. Coffee to W.L. Burland, 5 September 1968.
- GSK, Visits to Cork and Dublin 5-6th February, 7 February 1969.
- GSK, W.L. Burland to Victoria Coffee, 18 June 1968.
- GSK, W.L. Burland to Victoria Coffee, 30 October 1968.
- GSK, W.L. Burland to Victoria P. Coffee, 23 September 1968.
- GSK, W.L. Burland, 'Clinical Evaluation of L.14 and L.20 Infant Milk Foods' December 1967.
- GSK, W.L. Burland, Medical Department, Glaxo, to D.J. O'Sullivan, 'Infant Milk Foods-Clinical Investigations', 7 November 1967.
- GSK, Wellcome Foundation Ltd, 'Application for the issue of a clinical trial certificate for Diphtheria/Tetanus/Pertussis vaccine containing a 'two-phase' Pertussis component'.
- GSK, Wellcome Research Laboratories, Beckenham. Internal Advertisement for volunteers, 'Clinical Trial of New Two-Phase Pertussis Component of DTP (Trivax) Vaccine'.
- GSK, Wellcome Research Laboratories, Proposed investigation of multiple antigens in Eire, 1 November 1960.
- GSK, Wellcome Research Laboratories, Protocols for clinical trial of Diphtheria/Tetanus/Pertussis vaccine containing an improved Pertussis component, October 1972.

Anatomical subjects

Irish Medical Council

- Cork Medical School Register, 1907-1997
- Galway Medical School Register, 1909-1997
- Anatomical Returns for Dublin Medical Schools, 1972-2010.

University College Dublin, Special Collections

- Combined Anatomical Register of the Dublin Medical Schools (Royal College of Surgeons, Trinity College and University College, Dublin) pre 1972.

National University of Ireland, Galway (NUIG) -Department of Anatomy

- Receipt book for the removal of a dead body
- Mortuary book
- Day book

University College, Cork -Department of Anatomy and Pathology

- Professor Michael MacConaill papers

- Anatomical Subjects Burial Register, St Mary's Cemetery, Curraghkippane.

Burials/Cemeteries

Cork City & County Archives

Rathcooney Cemetery Records, 1896 - 1941

Old Kilcully Cemetery Records, 1931-1974

CP/CY/SJ St Joseph's Cemetery Collection

- CP/CY/SJ/2/29 December 1921 - July 1924
- CP/CY/SJ/2/30 September 1924 - August 1927
- CP/CY/SJ/2/31 August 1927 - December 1930 (gap from July-September 1924)
- CP/CY/SJ/2/32 October 1930 - December 1933
- CP/CY/SJ/2/33 December 1933 - July 1937
- CP/CY/SJ/2/34 July 1937 - January 1941
- CP/CY/SJ/2/35 Loose Fragments
- CP/CY/SJ/2/36 February 1941 - February 1943
- CP/CY/SJ/2/37 1943 Vi & Vii
- CP/CY/SJ/2/38 July 1944 - December 1947
- CP/CY/SJ/5 (1&2) Orders received for caring for burial plots
- CP/CC/CY M6 Cork City Council Cemetery Committee Minutes
- CP/CY/SF/MPD Plans of St Finbarr's Cemetery
- CP/CY/SJ/3/32 Register Book of Burial Plots and Right of Burial Therein 1880-1960

Cork City Council

- Burial Registers St Joseph's Cemetery, Tory top Rd, Cork. (post 1947)
- Burial Registers St Finbarr's Cemetery, Glasheen, Cork.
- Burial Registers St Michael's Cemetery, Blackrock, Cork.
- Burial Registers St Mary's Cemetery, Curraghkippane, Cork.
- Burial Registers St Columba's (Douglas Local Authority) Cemetery, Cork.

Glasnevin Cemetery:

Burial registers

Mount Jerome Cemetery:

Burial registers

Where the Commission's archives will go

As is described in the **Introduction** to the report, the institutional files of the main institutions were scanned by the Commission and a database of individuals compiled from the scanned copies; the files from Pelletstown were transcribed into that database from an existing electronic records management system. The database of individuals is being provided to the Child and Family Agency (Tusla) in order to assist with tracing. It is also being provided to the Department of Children, Equality, Disability and Youth as part of the overall archive of the Commission.

The notes and photocopies of material which were from a range of archives, including the archives listed above, and national and local newspapers and magazines, are on the Commission's researchers' database. This database also includes reports on various archival collections compiled as part of the process of identifying relevant sources. This digital database will be transferred to the Department of Children, Equality, Disability and Youth by February 2021.

The Commission holds transcripts of hearings where witnesses gave evidence under oath (or affirmation) and were questioned by members of the Commission. The witnesses included women who gave birth in mother and baby homes, and children who were born in these homes, members of religious congregations, public servants and social workers. The transcripts record the names and status of all the witnesses, and the date of the hearings. These will be transferred to the Department of Children, Equality, Disability and Youth by February 2021.

The Commission also holds files relating to the Confidential Inquiry, including notes taken during the testimony and personal details relating to the witnesses. Individuals who testified to the Confidential Inquiry are being contacted to determine whether they wish their names and personal details to be redacted before the Commission's records are transferred to the Department of Children, Equality, Disability and Youth by February 2021.

Recommendations about archives

The Commission has identified a number of 'challenges and opportunities' provided by these sources to enhance public understanding.

Department of Health records

Apart from the institutional records of the individual institutions, the largest collection of files examined by the Commission was provided under discovery by the Department of Health in the form of digital copies (see Introduction). The originals are held by the Department of Health or its successor, the Department of Children. The overwhelming majority of these files are over 30 years old. Under the terms of the *National Archives Act 1986* they should be publicly available in the National Archives of Ireland (NAI). These files have been listed by the Commission's archivist. The Commission recommends that digital copies, together with a descriptive list, be made available within six months to readers in the NAI.

Section 8 (c) of the 1986 Act provides for the withholding of files that:

> would or might cause distress or danger to living persons on the ground that they contain information about individuals, or would or might be likely to lead to an action for damages for defamation.

Some files would need to be withheld or partly redacted in accordance with this section. However this process should not be used to delay public access; files should be made available as they are cleared, and the work should be completed within 12 months.

Most of the files that would be withheld/redacted relate to inspections of boarded out children and children at nurse, and the files relating to women who contacted the DLGPH seeking assistance, including many files relating to women who had returned from England from the 1940s until 1961. The files on boarded out children contain important information about the children's health, physical descriptions, comments about their personality, education, and their foster homes. The files relating to the women contain details about their family and about the circumstances of the pregnancy. The Commission considers that these files should be used to create two databases, by name, one relating to the foster children and one relating to the women. They could be linked with the Commission's electronic database of individuals where possible (many of the boarded out children were never in mother and baby homes so there would be no connection with the Commission's database). This information could be made available to the individuals or their immediate family under the normal Freedom of Information and data protection rules.

Industrial school and adoption records

The Commission's electronic database of individuals could also be expanded by incorporating information collected by the Ryan Commission about the children in industrial schools, records held by the Department of Education about industrial schools and records held by the Adoption Authority of Ireland. This would provide a more comprehensive picture of the longer-term outcomes for children born in mother and baby homes.

Death registers

Consideration should also be given to examining death registration records of the children who were born in mother and baby homes in the 1920s and the 1930s with a view to establishing their age at death and causes of death. In order to achieve a comprehensive picture it would be necessary to also check UK death registers. The purpose of this exercise would be to try to establish some of the long-term consequences of birth in mother and baby homes and being raised apart from one's mother.

Local authority records

Access to the records of local authorities, which includes the records of county homes, is governed by Section 80 of the *Local Government Act 2001*, which states:

> Subject to the other provisions of this section, it is a function of a local authority to make arrangements for the proper management, custody, care and conservation of local records and local archives and for inspection by the public of local archives.

The 30-year rule applies, similar to national government archives, as do provisions for withholding access of files containing information about individuals. Virtually all of the local authority records used by the Commission are over 30 years old. We recommend that local authorities should examine their archives, with a view to identifying all material that is relevant to the issues investigated by this Commission, and they should make these files available to the public, subject to the requirement to withhold or redact some records.

HSE Records

There are no regulations governing the preservation of, and access to, the HSE records or the records of its predecessors in title. The HSE was unable to find many of the records which would have assisted the Commission in finding out more about the institutions under investigation. This should be addressed by legislation requiring the HSE and other State bodies (including, for example, the Child and Family Agency) to records in broadly the same way as local authorities.

Diocesan and religious order records

Diocesan records and the records of the religious orders involved in the institutions are the property of the holders and they have the right to determine who gets access. The Commission was given voluntary access to every diocesan archive which was asked. Two of the religious orders provided extensive documentation under orders for discovery while others provided the limited documentation which they had available. The Commission would encourage relevant religious orders to make more documentation publicly available.

General

The Commission recommends that the Department of Children, Equality, Disability, Integration and Youth appoint a qualified archivist to draft a guide to the records that are of interest to those who have either a personal or academic interest in the history of women and children in residential institutions.

Bibliography

Wherever possible a link to a freely available digital copy has been included. Links were working as of 29 October 2020.
Checking some references for this bibliography has been impeded by the current pandemic as access to libraries was difficult, hence missing details such as page ranges on difficult to access publications.

Official publications

Adoption Authority of Ireland, *Annual Report 1998*.
Adoption Board, *Annual Report 1953* (Dublin, 1953).
Combat Poverty Agency, *Scheme of Last Resort? A Review of Supplementary Welfare Allowance* (Dublin, 1991): https://www.lenus.ie/handle/10147/624069
Commission of Inquiry on Mental Handicap, *Report* (Dublin, Stationery Office, 1965): https://www.lenus.ie/handle/10147/243761
Commission of Inquiry on Mental Illness, *Report* (1966): https://www.lenus.ie/handle/10147/45690
Commission on Emigration and other Population Problems (1948-1954), *Report* (Dublin, 1955).
Commission on Itinerancy, *Report* (Dublin, Stationery Office, 1963): https://www.lenus.ie/handle/10147/324231
Commission on Mental Handicap, *Report* (1965): https://www.lenus.ie/handle/10147/243761
Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor, *Report* (1927): https://www.lenus.ie/handle/10147/238535?show=full
Commission on the Status of Women, *Interim report* (1970).
Commission on the Status of Women, *Report* (1972).
Commission on the Status of Women, *Second Commission on the Status of Women, A guide to the Report: report to Government January 1993* (Dublin, Stationery Office, 1993).
Department of Health, *National nutrition survey*, *Parts I –VII* (Dublin, 1948-53).
Department of Health, *Report 1953-54* (Dublin, Stationery Office, 1955).
Department of Health, *White paper on the reconstruction of county homes and improved care of the aged and other classes at present in county homes* (Dublin, Stationery Office, 1951).
Department of Local Government and Public Health, *Annual report of the Registrar-General of marriages, births and deaths in Ireland*, 1922-1998 (Dublin, Stationery Office): www.lenus.ie

Department of Local Government and Public Health, *Annual report*, 1922-25, 1927-29, 1930-35, 1938, 1940-41, 1943-44.

Department of Local Government and Public Health, *The Hospitals Commission First General Report 1933-34* (Dublin, Stationery Office, 1936): https://www.lenus.ie/bitstream/handle/10147/252770/TheHospitalsCommissionFirstGeneralReport1933_4_Part1.pdf?sequence=1&isAllowed=y

Department of Local Government and Public Health, *The Hospitals Commission Second general report, 1935 & 1936* (Dublin, Stationery Office, 1937): https://www.lenus.ie/bitstream/handle/10147/263992/TheHospitalsCommissionSecondGeneralReport1935_1936_Part1.pdf?sequence=1&isAllowed=y

Dublin Medical Officer of Health, *Annual report*, 1929-54.

Eastern Health Board, *Annual Report of the Community Welfare Service* (1995).

Hart report: *Report of the Northern Ireland Historical Institutional Abuse Inquiry, 1922-95*: https://www.hiainquiry.org/historical-institutional-abuse-inquiry-report-chapters

Hospitals' Trust, *Ireland's Hospitals, 1930-1955* (Dublin, 1956): https://www.lenus.ie/handle/10147/316728

Hospitals' Trust, *Irish hospitals, 1956-1971* (Dublin, 1972): https://www.lenus.ie/handle/10147/316723

Inter-departmental Committee on the Care of the Aged, *Report* (Dublin, 1968): https://www.lenus.ie/handle/10147/559466

James Kiely, *Report on 3 Clinical Trials involving babies and children in institutional settings 1960/61, 1970 and 1973* (Department of Health, 1997).

Kennedy report: *Report of the committee on reformatory and industrial schools system* (Dublin, Stationery Office, 1970): https://www.lenus.ie/handle/10147/77793

Loughran, Hilda and Richardson, Valerie, *Mixed Methods Adoption Research* (Crisis Pregnancy Agency, The Adoption Board, 2005): https://www.lenus.ie/bitstream/handle/10147/305214/MixedMethodAdoptionResearch.pdf?sequence=1&isAllowed=y

McAleese report: *Report of the Inter-Departmental Committee to establish the facts of State involvement with the Magdalen Laundries*: http://www.justice.ie/en/JELR/Pages/MagdalenRpt2013

Minister for Local Government and Public Health, *Sanction books*, 1924.

Murphy report: *Report of the Commission of Investigation into the Catholic Archdiocese of Dublin* (2009): http://www.justice.ie/en/JELR/Pages/PB09000504

National Maternity Hospital, Holles Street, *Annual clinical reports*: www.lenus.ie

O'Brien, Valerie and Mitra, Sahana, *Research on Adoption in Ireland 1952-2017* (Adoption Authority of Ireland, 2018):

https://www.aai.gov.ie/images/Report_1_An_Audit_of_Research_on_Adoption_in_Ireland_1952_to_2017.pdf

Post Mortem Inquiry, *Report of Dr Deirdre Madden on Post Mortem Practice and Procedures* (Dublin, Stationery Office, 2005): https://www.lenus.ie/handle/10147/43373

Quirke Report: *On the establishment of an ex gratia scheme and related matters for the benefit of those women who were admitted to and worked in the Magdalen Laundries* (May 2013): http://www.justice.ie/en/JELR/THE%20Quirke%20report.pdf/Files/THE%20Quirke%20report.pdf

Report of the Tribunal of Inquiry into the Infection with HIV and Hepatitis C of Persons with Haemophilia and Related Matters (Dublin, Stationery Office, 2002): https://www.gov.ie/en/publication/2cae94-report-of-the-tribunal-of-inquiry-into-the-infection-with-hiv-and-he/

Royal Commission on the Poor Laws and Relief of Distress (1905-09), *Report on Ireland* (London, HMSO, 1909) (series Cd 6153).

Russell, Matthew John, *Report on the state of public health in the city of Dublin for the years 1929-1944* (Dublin, 1945).

Ryan (Laffoy) Commission Report: *Report of the Commission to Inquire into Child Abuse* (2009): http://www.childabusecommission.ie/rpt/pdfs/

Saunders, John Charles, *Cork County Borough: annual report of the medical officer of health for the year 1931* (1932).

Saunders, John Charles, *County Borough of Cork: Report of the Medical Officer of Health for the year 1954* (Cork, 1955).

Saunders, John Charles, *Report on the Health of Cork County Borough for the year 1951.*

Terms of an ex gratia scheme for women who were admitted to and worked in Magdalen laundries, St Mary's training centre Stanhope Street and House of Mercy training school, Summerhill, Wexford, Updated (November 2018): http://justice.ie/en/JELR/Ex-Gratia%20Scheme%20FINAL.pdf/Files/Ex-Gratia%20Scheme%20FINAL.pdf

Vice-Regal Commission on Poor Law Reform in Ireland, *Report, Volume I: 1906* (Dublin, HMSO, 1906) (series Cd 3202).

Contemporary newspapers and periodicals

Connacht Sentinel.

Connacht Telegraph.

Connacht Tribune.

Cork Examiner.

Donegal Democrat.

Donegal News.

Evening Echo

Evening Herald.

Evening Mail.

Irish Examiner.

Irish Independent

Irish Press.

Irish Times.

Kerryman.

Kilkenny People.

Limerick Leader.

Meath Chronicle.

Munster Express.

Nationalist and Leinster Times.

Nenagh Guardian.

Offaly Independent.

Sunday Independent.

Sunday Pictorial.

Sunday Press.

Sunday Tribune.

The Clare Champion.

The Month.

The Nationalist.

The People.

The Saturday Record.

This Week.

Tuam Herald.

Westmeath Examiner.

Westmeath Independent.

Woman's Choice Weekly.

Woman's View.

Woman's Way.

Primary sources

Crowe, Catriona, Fanning, Ronan, Kennedy Michael, Keogh Dermot, O'Halpin Eunan,(eds.), *Documents on Irish Foreign Policy*, Vol. X, 1951-1957 (Royal Irish Academy, 2016).

Falkiner, Ninian, *Rotunda Hospital Bicentenary*: *Transactions of the international congress of obstetricians and gynaecologists* (Dublin, 1949).

Irish Catholic Directory: Clerical obituaries, ordinations lists, registers of ecclesiastical events (1953).

Irish Church Missions, *IMC News: The Banner of Truth in Ireland*, no 117 (July 1922), and no 122 (October 1923).

Rules and Regulations for the Asylum of Penitent Females: with an account of the receipts and disbursements (Dublin, 1785).

Williams, George D., *Dublin Charities, Being a Handbook of Dublin Philanthropic Organisations and Charities; Including Benevolent and Educational Organisations; Shelters, Refuges, Orphanages, Hospitals, Reformatories, Industrial Schools, etc., etc., in or Applicable to Ireland* (Dublin, 1902).

Other reports

Catholic Protection and Rescue Society of Ireland, *Annual report*, 1969.

Coombe Hospital, *Clinical Report*, 1968.

Houghton Report: *Report of the departmental committee on the adoption of children* (HMSO, 1972).

Hurst Report: *Report on the departmental committee on the adoption of children* (HMSO, 1954).

Irish Almoners, *Report*, 1953.

McNabb, Patrick 'Demography', in Newman, Jeremiah (ed.), *Limerick Rural Survey, 1958-64* (Tipperary, 1964).

Medical Research Council, *Report of the Medical Research Council for 1962-63*.

Medico-Social Research Board, *Annual Report 1979.*

Regina Coeli Hostel, *Report 5 October 1930-11 May 1932.*

Regina Coeli Hostel, *Report October 1930-August 1932.*

Richardson, Valerie, Winston, Nessa et al, *Unmarried Mothers delivered in National Maternity Hospital,* 1986, 1987, 1988: https://www.lenus.ie/handle/10147/624070

Rotunda Hospital, *Annual clinical reports*.

Spencer, A.E.C.W., *Newman Demographic Survey Report on Arrangements for the Integration of Irish Immigrants in England and Wales* (1960), edited by Mary E. Daly (Irish Manuscripts Commission, 2012).

The Nursery and Rescue Home and Rotunda Protestant Girls' Aid Society, Little Fortfield, Templeogue, Dublin, *Eleventh Annual Report, 1919-1920* (Dublin, 1920).
The Nursery Rescue and Protestant Children's Aid Society, *Thirteenth Annual Report, 1921-1922* (Dublin, 1922).
The Nursery Rescue and Protestant Children's Aid Society, *Twenty-third annual report, 1931/2* (Dublin, 1932).
The Nursery Rescue and Protestant Children's Aid Society, *Twenty-first annual report*, 1929/30 (Dublin, 1930).
Tuairim, *Some of our children. A report on the residential care of the deprived child in Ireland* (Dublin, 1966).

Secondary Sources

Journal articles

Aldous, I.R., Kirman, B.H., Butler, N. et al, 'Vaccination against measles. Part III. Clinical trial in British children', *British Medical Journal*, vol. 2, issue 5262 (November 1961), pp, 1250-53.
Amy, Jean-Jacques and Rowlands, Sam, 'Legalised non-consensual sterilisation – eugenics put into practice before 1945, and the aftermath. Part 1: USA, Japan, Canada and Mexico', *The European Journal of Contraception & Reproductive Health Care*, xxiii, 2 (2018), pp 121-129.
Amy, Jean-Jacques and Rowlands, Sam, 'Legalised non-consensual sterilisation – eugenics put into practice before 1945, and the aftermath. Part 2: Europe', *The European Journal of Contraception & Reproductive Health Care*, xxiii, 3 (2018), pp 194-200.
Beale A. J., Davies, Joan R. and Thrower, A. L., 'Response to one dose of Trivalent oral polio vaccine in children previously immunised with Salk vaccine: a comparison of liquid vaccine and a capsule presentation, *The Lancet*, vol. 285, issue 7391 (April 1965), pp 879-881. (Originally published as vol. 1, issue 7391).
Breathnach, Ciara, 'Infant life protection and medico-legal literacy in early twentieth-century Dublin', *Women's History Review*, xxvi, 6 (2017), pp 781-98.
Collard, P., Hendrickse, R.G., Montefiore, D. et al, 'Vaccination against measles. Part II. Clinical trial in Nigerian children', *British Medical Journal*, vol. 2, issue 5262 (November 1961), pp 1246-1250.
Conway, William John, 'The recent papal allocution: the ends of marriage', *Irish theological quarterly*, 19 (1952), pp 75-9.
Cook, Jeanne F., 'A history of placing-out: the orphan trains', *Child Welfare*, lxxiv, 1 (Jan-Feb 1995), pp 181-197.
Corless, Catherine, 'The Home', *Journal of the Old Tuam Society*, ix (2012), pp 75-82.

Cran, E. M., 'Vaccination against Measles: a clinical trial of live measles vaccine given alone and live vaccine preceded by killed vaccine. A report to the Medical Research Council by the Measles Vaccines Committee', *British Medical Journal*, vol. 1, issue 5485 (February 1966), pp 441-446: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1843609/pdf/brmedj02538-0025.pdf

Crossman, Virginia, 'Cribbed, contained, and confined? The care of children under the Irish Poor Law, 1850-1920', *Éire-Ireland*, xliv, 1 (Spring 2009), pp 37-61.

Darling, Vivienne, 'The changing face of adoption', *Irish Journal of Family Law*, ii, 4 (1999), pp 2-6.

Dean, G. and Mulvihill, C. J., 'The registration of Births and Deaths in Ireland', *Journal of the Irish Medical Association*, vol. 65, issue 5 (March 1972), pp 101-105.

Devane, Richard S., 'The unmarried mother: some legal aspects of the problem: II - the legal position of the unmarried mothers in the Irish Free State' OR', *The Irish Ecclesiastical Record: a monthly journal under episcopal sanction*, series 5, xxiii (January - February 1924), pp 172-188.

Dick, G. W. A., Dane, D. M. S., Briggs, E. Moya, Haire, Margaret and Beale, A. J., 'Quintuple Vaccine', *The Lancet*, vol. 288, issue 7460 (August 1966), 424-425. (Originally published as vol. 2, issue 7460).

Earner-Byrne, Lindsey, 'Reinforcing the family: the role of gender morality and sexuality in Irish welfare policy, 1922-1944', *History of the Family*, xiii, 4 (2008), pp 360-369.

Earner-Byrne, Lindsey, 'The rape of Mary M.: a microhistory of sexual violence and moral redemption in 1920s Ireland', *Journal of the History of Sexuality*, xxiv, 1 (2015), pp 75-98.

Farrah, M J, 'Ireland and the unmarried mother', *Medical Social work* (February, 1967).

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

Garrett, Paul Michael, 'The "Daring Experiment": The London County Council and the discharge from care of children to Ireland in the 1950s and 1960s', *Journal of Social Policy*, xxxii, 1 (2003), pp 1-18.

Garrett, Paul Michael, 'The abnormal flight: the migration and repatriation of Irish unmarried mothers' in *Social History*, xxiv, 3 (Oct. 2000), pp 330-344.

Garrett, Paul Michael, 'The hidden history of the PFIs: The repatriation of unmarried mothers and their children from England to Ireland in the 1950s and 1960s', *Immigrants and Minorities*, xix, 3 (2000), pp 25-44.

Glynn, Joseph A., 'The unmarried mother', *The Irish Ecclesiastical Record: a monthly journal under episcopal sanction*, series 5, xviii (November 1921), pp 461-467.

Hanley, Denis F., 'Anti-diphtheria immunization', *Irish Journal of Medical Science*, xii, 9 (September 1937), pp 578-585.

Hillery, Irene B., 'Trials of intranasally administered rubella vaccine', *The Journal of Hygiene* 69, 4 (1971), pp 547-552: https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC2131036&blobtype=pdf

Hillery, Irene B., Meenan Patrick N., Griffith, A. H. et al, 'Rubella vaccine trial in children', *British Medical Journal*, vol. 2, issue 5656 (May 1969), pp 531-532.

Hillery, Irene B., Meenan, Patrick N., Beale, A. J., 'Measles Vaccination', *The Lancet*, vol. 286, issue 7407 (August 1965), pp 317-318. (Originally published as vol. 2, issue 7407).

Hillery, Irene B., Meenan, Patrick N., Goffe, A. P., Knight, G. J., Kanarek, A. D. and Pollock, T. M., 'Antibody Response in Infants to the Poliomyelitis Component of a Quadruple Vaccine', *British Medical Journal*, vol. 1 (April 1962), pp 1098-1102: https://www.bmj.com/content/bmj/1/5285/1098.full.pdf

Humphreys, A. J., 'Migration to Dublin: its social effects', *Christus Rex*, ix, 3 (1955), pp 192-199.

Kirkebæk, Brigit, 'Sexuality as disability: the women on Sprogø and Danish society, *Scandinavian Journal of Disability Research*, vii, 3-4 (2005), pp 194-205: https://www.sjdr.se/articles/10.1080/15017410500246079/

Laslett, Peter and Oosterveen, Karla, 'Long-term trends in bastardy in England: a study of the illegitimacy figures in the parish registers and in the reports of the Registrar General, 1561-1960', *Population Studies,* xxvii, 2 (July 1973), pp 255-286.

Luddy, Maria, 'Moral rescue and unmarried mothers in Ireland in the 1920s', *Women's Studies*, xxx (2001), pp 797-817.

Luddy, Maria, 'Unmarried mothers in Ireland, 1880-1973', *Women's History Review*, xx, 1: Lone mothers (Jan. 2011), pp 109-126.

Lynch, Gordon, 'Pathways to the 1946 Curtis report and the post-war reconstruction of children's out-of-home care', *Contemporary British History*, xxxiv, 1 (2020), pp 22-43: https://www.tandfonline.com/doi/pdf/10.1080/13619462.2019.1609947?needAccess=true

Lyon, Stanley G., 'Natality in Dublin in the years 1943, 1944 and 1945', *Journal of the Statistical and Social Inquiry Society of Ireland*, xviii, part 1 (1947-48), pp 57-77: http://www.tara.tcd.ie/bitstream/handle/2262/3693/jssisiVolXVIIIPartI_57-77.pdf?sequence=1&isAllowed=y

MacSheahan, J. J., 'St. Patrick's Guild', *The Irish Monthly*, lxxi (September 1943), pp 357-375.

Mc Cabe, A., 'The inspection of boarded out children in Ireland', *Irish Social Worker,* xxi, 1 (2003).

Meehan, Niall, 'Church and State and the Bethany Home', *History Ireland*, xviii, 5 (Sept-Oct 2010): https://www.historyireland.com/wp-content/uploads/2013/05/Bethany_HI_expanded__plus_mag_ver_Sep-Oct2010_.pdf

Murray, Karen Bridget, 'Governing "unwed mothers" in Toronto at the turn of the twentieth century', *Canadian Historical Review*, lxxxv, 2 (2004), pp 253-276.

Naughten, M., White, J. H. and Foley, A., 'Prevention of diphtheria by the "one-shot" method: using alum-precipitated toxoid', *British Medical Journal*, vol. 2, issue 3905 (November 1935).

Norrby, E., Lagercrantz, R. and Gard, S., 'Vaccination against Measles: a study of clinical reactions and serological responses of young children. A report to the Medical Council by the Measles Vaccines Committee', *British Medical Journal*, vol. 1, issue 5438 (March 1965), 817-823: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2166275/pdf/brmedj02387-0029.pdf

O'Regan, J., Heenan, M. and Murray, J., 'Diphtheria in infants', *Irish Journal of Medical Science*, vol. 18 (1943), pp 116-119.

Philbin Bowman, Emer, 'Sexual and contraceptive attitudes and behaviour of single attenders at a Dublin family planning clinic', *Journal of Biosocial Science*, vol. 9, issue 4 (October 1977), pp 427-45.

Prendergast, Mary Claire, 'The family that isn't', *Christus Rex*, xiv, 2 (1960), pp 94-95.

Raatikainen, Kaisa, Heiskanen, Nonna, Heinonen, Seppo, 'Marriage still protects pregnancy', *British Journal of Obstetrics and Gynaecology*, vol. 112, issue 10 (October 2005), pp 1411-1416: https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/j.1471-0528.2005.00667.x

Rattigan, Cliona, '"Done to death by father or relatives": Irish families and infanticide cases, 1922-1950', *The History of the Family*, xiii, 4 (2008), pp 370-83.

Rickham, P., 'Responsibility in investigations on human subjects: Statement by the Medical Research Council', *British Medical Journal*, vol. 2, issue 5402 (July 1964), pp 178-80.

Saunders, John Charles, 'Alum-precipitated toxoid in diphtheria prevention', *The Lancet*, vol. 229, issue 5931 (May 1937), pp 1064-1068. (Originally published as vol. 1, issue 5931).

Saunders, John Charles, 'Observations on the use of Alum-Toxoid as an immunising agent against diphtheria', *The Lancet*, vol. 220, issue 5698 (November 1932), pp 1047-1050. (Originally published as vol. 2, issue 5698).

Schlesinger, Benjamin, 'One parent families in Great Britain', *The Family Coordinator*, xxvi, 2 (April 1977), pp 139-141.

Shuster, Evelyne, 'Fifty years later: The significance of the Nuremberg Code', *The New England Journal of Medicine*, vol. 337, no. 20 (13 November 1997), pp 1436-1440: https://www.rcsi.ie/files/research/docs/20151204040235_nuremberg-code.pdf

Skegg, P. D. G., 'Consent to Medical Procedures on Minors', *Modern Law Review*, vol. 36, issue 4 (July 1973), pp 370-381: https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1468-2230.1973.tb01373.x

Sklar, June, 'Marriage and nonmarital fertility: a comparison of Ireland and Sweden', *Population and Development Review*, iii, 4 (Dec. 1977), pp 359-375.

Sköld, Johanna, Foberg, Emma and Hedström, Johanna, 'Conflicting or complementing narratives? Interviewees' stories compared to their documentary records in the Swedish Commission to Inquire into Child Abuse and Neglect in Institutions and Foster Homes', *Archives and Manuscripts*, xl, 1 (2012), pp 15-28: https://www.tandfonline.com/doi/pdf/10.1080/01576895.2012.668842?needAccess=true

Sweeney, Owen, 'The pastoral care of unmarried mothers', *The Furrow*, xx, 10 (Oct. 1969).

Thane, Pat, 'Unmarried motherhood in twentieth-century England', *Women's History Review*, xx, 1: Lone mothers (January 2011), pp 11-29.

Thompson, Robert, 'Mental illness and childbirth', *British Medical Journal*, vol. 1, issue 5081 (May 1958), p. 1237.

Books

Arensberg, Conrad M. and Kimball, Solon T., *Family and Community in Ireland* (Cambridge, Mass., 2nd edition, 1968).

Barrington, Ruth, *Health, medicine & politics in Ireland, 1900-1970* (Dublin, 1987).

Benet, Mary Kathleen, *The character of adoption* (London, 1976).

Bongiorno, Frank, *The sex lives of Australians: A history* (Collingwood, Vic., 2012).

Bourke, Angela, Kilfeather, Siobhan, Luddy, Maria, Mac Curtain, Margaret, Meaney, Geraldine, Ní Dhonnchadha, Máirín, O'Dowd, Mary and Wills, Clair (eds), *The Field Day anthology of Irish writing, Volume V: Irish women's writing and traditions* (Cork, 2002).

Boylan, Peter C., *In the Shadow of the Eighth: my forty years working for women's health in Ireland* (Dublin, 2019).

Brown, Terence, *Ireland: a social and cultural history, 1922-2002* (London, revised edition, 2004).

Browne, M. Emmanuel (Sister), *A tale of two hospitals: St Finbarr's Hospital - Regional Hospital* (Cork, 1989).

Buckley, Sarah-Anne, *The cruelty man: Child welfare, the NSPCC and the State in Ireland, 1889-1956* (Manchester, 2013).

Carbery, Mary, *The farm by Lough Gur: the story of Mary Fogarty (Sissy O'Brien)* (London, 1937).

Cherish, *Conference on the unmarried parent and child in Irish society* (Dublin, 1974).

Cherish, *Singled Out: single mothers in Ireland* (Dublin, 1983).

Clerkin, Rosemary (Sister), *A heart for others* (Chigwell, 1983): http://www.sacredheartsjm.org/sites/default/files/documents/A%20Heart%20for%20Others%2C%20R.%20Clerkin.pdf

Cohen, Sherrill, *The evolution of women's asylums since 1500: From refuges for ex-prostitutes to shelters for battered women* (New York, 1992).

Coleman, Marie, *The Irish Sweep: a history of the Irish Hospitals Sweepstake, 1930-1987* (Dublin, 2009).

Connell, Kenneth Hugh, *Irish peasant society: four historical essays* (Oxford, 1968).

Cook, Hera, *The long sexual revolution: English women, sex, and contraception 1800-1975* (Oxford, 2004).

Council of Europe, *European Pharmacopoeia, Volume II* (Sainte-Ruffine, 1971).

Cresswell, Robert, *Une communauté rurale de l'Irlande* (Paris, 1969).

Cretney, Stephen Michael, *Family Law in the Twentieth Century: a history* (Oxford, 2005).

Crossman, Virginia, *Poverty and the Poor Law in Ireland, 1850-1914* (Liverpool, 2013).

Curtis, Maurice, *The splendid cause: the Catholic Action movement in Ireland in the twentieth century* (Dublin, 2008).

Daly, Mary E., *Dublin, the deposed capital: A social and economic history 1860-1914* (Cork, 1984).

Daly, Mary E., *The Buffer State, The Historical Roots of the Department of the Environment* (Dublin, 1997).

Daly, Mary E., *The slow failure: Population decline and independent Ireland, 1920-1973* (Madison, Wisc., 2006).

Daly, Mary E., *The spirit of earnest inquiry: The Statistical and Social Inquiry Society of Ireland 1847-1997* (Dublin, 1997).

Deeny, James, *To Cure and to care: memoirs of a chief medical officer* (Dun Laoghaire, 1989).

Devane, Richard S., *The unmarried mother and the Poor Law Commission: illegitimacy and allied problems a 100 years ago* (Dublin, 1928. Reprinted from the *Irish ecclesiastical record*, June 1928).

Dwyer, Michael, *Strangling Angel: Diphtheria and childhood immunization in Ireland* (Liverpool, 2018).

Earner-Byrne, Lindsey, *Letters of the Catholic Poor. Poverty in independent Ireland, 1920-1940* (Cambridge, 2017).

Earner-Byrne, Lindsey, *Mother and Child: maternity and child welfare in Dublin, 1922-1960* (Manchester, 2007).

Family Studies Unit, University College Dublin, *The Changing Family: papers presented at seminar, 15th-16th June 1984* (Dublin, 1985).

Farrell, Elaine, *'A most diabolical deed': infanticide and Irish society, 1850-1900* (Manchester, 2013).

Farren, Gráinne, *From condemnation to celebration. The story of Cherish, 1972-1997* (Dublin, 1997).

Fennelly, David, *International Law in the Irish Legal System* (Dublin, 2014).

Ferriter, Diarmaid, *Occasions of sin: Sex and society in modern Ireland* (London, 2009).

Finnegan, Frances, *Do penance or perish: Magdalen asylums in Ireland* (Oxford, 2004).

Fitzpatrick, David, *The two Irelands, 1912-1939* (Oxford, 1998).

Gaughan, Anthony J., *At the coalface: Recollections of a city and country priest, 1950-2000* (Dublin, 2000).

General Medical Council, *British Pharmacopoeia 1968* (London, 1968).

Goulding, June, *The Light in the window* (London, 2005).

Guinnane, Timothy W., *The Vanishing Irish: Households, migration, and the rural economy in Ireland, 1850-1914* (Princeton, 1997).

Hammond, T. C., *Marriage: My Choice: What Shall it Be?* (Dublin, 1936).

Hammonds, Evelynn Maxine, *Childhood's deadly scourge: The campaign to control diphtheria in New York City, 1880-1930* (Baltimore, 1999).

Hillyard Little, Margaret Jane*, 'No car, no radio, no liquor permit': The moral regulation of single mothers in Ontario, 1920-1997* (Toronto, 1998).

Hughes, A. E., *Lift up a Standard: The Centenary Story of the Society for Irish Church Missions* (London, 1948).

Humphreys, Alexander J.*, New Dubliners: Urbanization and the Irish family* (London, 1966).

Inglis, Tom, *Truth, power and lies: Irish society and the case of the Kerry Babies* (Dublin, 2003).

Jablonka, Ivan, *Ni père ni mère. Histoire des enfants de l'Assistance publique (1874-1939)* (Paris, 2006).

Keating, Jenny, *A child for keeps: The history of adoption in England, 1918-45* (Basingstoke, 2008).

Kelly, Brendan, *Hearing Voices: The history of psychiatry in Ireland* (Dublin, 2016).

Kelly, Ruth J. A., *Motherhood Silenced: the experiences of natural mothers on adoption reunion* (Dublin, 2005).

Kennedy Jr., Robert E., *The Irish: Emigration, marriage, and fertility* (Berkeley, 1973).

Kennedy, Finola, *Cottage to crèche: Family change in Ireland* (Dublin, 2001).

Kennedy, Finola, *Frank Duff: a life story* (London, 2011).

Kennedy, Patricia (ed.), *Motherhood in Ireland. Creation and context* (Cork, 2004): https://researchrepository.ucd.ie/bitstream/10197/9080/1/motherhhod%20in%20ireland.pdf

Kilcommins, Shane, O'Donnell, Ian, O'Sullivan, Eoin and Vaughan, Barry, *Crime, Punishment and the Search for Order in Ireland* (Dublin, 2004).

Kunzel, Regina G.*, Fallen women, problem girls: Unmarried mothers and the professionalization of social work, 1890-1945* (New Haven, 1993).

Lankford, Siobhán, *The hope and the sadness: Personal recollections of troubled times in Ireland* (Cork, 1980).

Laslett, Peter, Oosterveen, Karla and Smith, Richard M. (eds), *Bastardy and its comparative history: studies in the history of illegitimacy and marital nonconformism in Britain, France, Germany, Sweden, North America, Jamaica, and Japan* (Cambridge, Mass., 1980).

Lee, Joseph, *The modernisation of Irish society, 1848-1918* (Dublin, 1973).

Lucey, Donnacha Seán, *The end of the Irish Poor Law? Welfare and healthcare reform in revolutionary and independent Ireland* (Manchester, 2015).

Luddy, Maria, *Prostitution and Irish society, 1800-1940* (Cambridge, 2007).

Mac Gréil, Mícheál, *Prejudice and tolerance in Ireland: based on a survey of intergroup attitudes of Dublin adults and other sources* (Dublin, 1977).

Macintyre, Sally, *Single and Pregnant* (London, 1977).

Maguire, Moira J., *Precarious childhood in post-independence Ireland* (Manchester, 2013).

Marland, Hilary, *Dangerous motherhood: insanity and childbirth in Victorian Britain* (Basingstoke and New York, 2004).

Martin, Peter, *Censorship in the two Irelands, 1922-39* (Dublin, 2006).

McCashin, Anthony, *Lone parents in the Republic of Ireland: Enumeration, description and implications for social security* (Dublin, 1993).

McCormick, Leanne, *Regulating sexuality: Women in twentieth-century Northern Ireland* (Manchester, 2009).

McIntosh, Tania, *A social history of maternity and childbirth. Key themes in maternity care* (London, 2012).

Melosh, Barbara, *Strangers and kin: The American way of adoption* (Cambridge, Mass., 2002).

Mike Milotte, *Banished babies: the secret history of Ireland's baby export business* (Dublin, 1997).

Morton, Marian J., *And sin no more: Social policy and unwed mothers in Cleveland, 1855-1990* (Columbus, Ohio, 1993).

Mouton, Michelle, *From nurturing the Nation to Purifying the Volk. Weimar and Nazi family policy 1918-1945*, (Cambridge, 2007)

Nicholson, Richard H., *Medical Research with Children: ethics, law and practice* (Oxford, 1985).

Noonan, John Thomas, *Contraception: A history of its treatment by the Catholic theologians and canonists* (Cambridge, Mass., 1965).

Ó Cinnéide, Séamus, *A law for the poor: a study of home assistance in Ireland* (Dublin, 1970): https://www.lenus.ie/bitstream/handle/10147/338186/homeassistancestudyireland.pdf?sequence=1&isAllowed=y

O'Brien, John Anthony (ed.), *The vanishing Irish: The enigma of the modern world* (New York, 1953).

O'Brien, Pius (Sister), *The Sisters of Mercy of Kilrush and Kilkee* (Ennis, 1997).

O'Donnell, Ian, *Justice, mercy, and caprice: Clemency and the death penalty in Ireland* (Oxford, 2017).

O'Halloran, Kerry, *The politics of adoption: international perspectives on law, policy and practice* (Dordrecht, 2006).

O'Sullivan, Eoin, and O'Donnell, Ian (eds), *Coercive Confinement in Ireland: patients, prisoners and penitents* (Manchester, 2012).

Parish, A. and Cotton P., *Original thoughts: The view of adult adoptees and birth families following renewed contac*t (Barnardo's, 1989).

Parish, Henry James, *Victory with vaccines: The story of immunisation* (London, Edinburgh, 1968).

Prunty, Jacinta and Sullivan, Mary (eds), *The Daughters of Charity of St Vincent de Paul in Ireland, the early years* (Dublin, 2014).

Prunty, Jacinta, *Dublin slums, 1800-1925: a study in urban geography* (Dublin, 1998).

Prunty, Jacinta, *The monasteries, Magdalen asylums and reformatory schools of Our Lady of Charity in Ireland, 1853-1973* (Dublin, 2017).

Rattigan, Clíona, *'What else could I do?' Single mothers and infanticide, Ireland 1900-1950* (Dublin, 2012).

Redmond, Jennifer, *Moving histories: Irish women's emigration to Britain from independence to Republic* (Liverpool, 2018).

Richards, Maura, *Single Issue* (Dublin, 1998)

Ryan, Paul, *Asking Angela Macnamara: an intimate history of Irish lives* (Sallins, 2012).

Ryan, W. P., *The Pope's Green Island* (London, 1912).

Rynne, Andrew, *Abortion: the Irish Question* (Dublin, 1982).

Shannon, Geoffrey, *Child Law* (Dublin, 2nd edition, 2010).

Shatter, Alan Joseph, *Shatter's Family Law* (Dublin, 4th ed., 1997).

Skehill, Caroline, *History of the present of child protection and welfare social work in Ireland* (Lewiston, Lampeter, Ceredigion, Wales, 2004).

Smith, James M., *Ireland's Magdalen Laundries and the Nation's Architecture of Containment* (Notre Dame, Ind., 2007).

Solinger, Rickie, *Pregnancy and power: A short history of reproductive politics in America* (New York, 2005).

Solinger, Rickie, *Wake up little Susie, Single Pregnancy and Race before Roe V. Wade* (New York, 2nd edition, 2000).

Somerville, Margaret A., *Consent to Medical Care: a study paper* (Ottawa, 1980).

Sullivan, R. and Groden, D., *Report on the evaluation of the Adoption Reunion Registry* (Vancouver, 1995).

Sutherland**,** Halliday, *Irish Journey* (London, 1956).

Swain, Shurlee and Howe, Renate, *Single mothers and their children: disposal, punishment and survival in Australia* (Cambridge, 1995).

Thane, Pat and Evans, Tanya, *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England* (Oxford, 2012).

Touher, Patrick, *Fear of the collar: Artane industrial school* (Dublin, 1991).

Tyler May, Elaine, *America and the pill: a history of promise, peril, and liberation* (New York, 2010).

Viney, Michael, *No Birthright: an inquiry* (Dublin, 1964).

Waldron, Kieran, *The archbishops of Tuam, 1700-2000* (Tuam, 2008).

Walsh, Dermot (ed.), *The unmarried mother in the Irish community: A report on the National Conference on Community services for the unmarried parent* (Kilkenny Social Services, 1972).

Walsh, Oonagh, *Anglican women in Dublin: philanthropy, politics and education in the early twentieth century* (Dublin, 2005).

Whyte, John Henry, *Church and state in modern Ireland, 1923-1979* (Dublin, 2nd edition, 1980).

Winkler, Robin and Van Keppel, Margaret, *Relinquishing Mothers in Adoption: their long term adjustment* (Melbourne, 1984).

Young, Leontine R., *Out of wedlock: a study of the problems of the unmarried mother and her child* (New York, 1954).

Book chapters

Connell, Kenneth Hugh, 'Catholicism and marriage in the century after the famine', in Connell, Kenneth Hugh, *Irish peasant society: Four historical essays* (Oxford, 1968), pp 113-161.

Connell, Kenneth Hugh, 'Illegitimacy before the famine', in Connell, Kenneth Hugh, *Irish peasant society: Four historical essays* (Blackrock, 1996), pp 51-62.

Cross Currents: Family Law and Policy in the US and England (Oxford, 2000).

Darling, Vivienne, 'Social work in adoption: Vignette', in Kearney, Noreen and Skehill, Caroline (eds), *Social work in Ireland: Historical perspectives* (Dublin, 2005), pp 184-195.

Earner-Byrne, Lindsey, 'Moral repatriation: the response to Irish unmarried mothers in Britain, 1920s-1960s', in Duffy, Patrick J. (ed.), *To and from Ireland: planned migration schemes c. 1600-2000* (Dublin, 2004), pp 155-174.

Fergus, James, 'The Bon Secours Sisters and St Mary's Children's Home at Glenamaddy and later Tuam', in *Milestones on a Faith Journey*, compiled by O'Sullivan, Reginald (Sister)(Cork, 1998).

Higginbotham, Ann R., 'Respectable sinners: Salvation Army Rescue work with unmarried mothers, 1884-1914', in Malmgreen, Gail (ed.), *Religion in the lives of English women, 1760-1930* (London, 1986), pp 216-33.

Lowe, N.V., 'English Adoption Law: Past, Present, and Future', in Katz, Sanford N., Eekelaar, John and MacLean, Mavis,

Mac Curtain, Margaret, 'Godly Burden: Catholic sisterhoods in the twentieth century', in Hayes, Alan and Urquhart, Diane (eds), *The Irish women's history reader* (London, New York, 2001), pp 146-151.

Ni Ghiolla Phadraig, Maire, 'Social and cultural factors in family planning', in Clancy, Patrick (ed.), *The Changing family* (Dublin, 1984).

Nicholson, Richard, 'The Ethics of Research with Children', in Brazier, Margaret and Lobjoit, Mary (eds.), *Protecting the Vulnerable: autonomy and consent in healthcare* (Abingdon and New York, 1991).

Redmond, Jennifer, 'In the family way and away from the family: examining the evidence for Irish unmarried mothers in Britain, 1920s-40s', in Farrell, Elaine (ed.), *'She said she was in the family way': Pregnancy and infancy in modern Ireland* (London, 2012), pp 163-186: https://www.jstor.org/stable/j.ctv51308f.18?seq=1#metadata_info_tab_contents

Redmond, Jennifer, 'Safeguarding Irish girls: welfare work, female emigrants and the Catholic church, 1920s-1940s', in Brophy, Christina S. and Delay, Cara (eds), *Women, reform, and resistance in Ireland, 1850-1950* (Basingstoke, 2015).

Redmond, Jennifer, 'The politics of emigrant bodies: Irish women's sexual practice in question', in Redmond, Jennifer, Tiernan, Sonja, McAvoy, Sandra and McAuliffe, Mary (eds), *Sexual politics in modern Ireland* (Sallins, 2015).

Riordan, Susannah, '"Storm and Stress"': Richard Devane, Adolescent psychology and the politics of protective legislation 1922-1935', in Cox, Catherine and Riordan, Susannah (eds), *Adolescence in Modern Irish History* (Basingstoke, 2015), pp 129-150.

Rogerson Carol, 'Canada', in Sutherland, Elaine E. (ed.), *The Future of Child and Family Law: international predictions* (Cambridge, 2012), pp 77-111.

Silverman, Phyllis R., 'The grief of the birthmother', in Silverman, Phyllis R. (ed.), *Helping women cope with grief* (Beverly Hills, Cal., 1981).

Spensky, Martine, 'Producers of legitimacy: Homes for unmarried mothers in the 1950s', in Smart, Carol (ed.), *Regulating womanhood: Historical essays on marriage, motherhood and sexuality* (London, 1992), pp 100-117.

Theses

Creegan, Mary Frances, 'Unmarried mothers: an analysis and discussion of interviews conducted in an Irish mother and baby home' (M.Soc.Sc., UCD, 1967).

Farrelly Conway, Eileen, 'Adoption Policy and Practice in Ireland in the 1980s' (Ph.D, UCD, 2000).

Fee, Gerard, 'The effects of World War II on Dublin's low-income families, 1939-1945' (Ph.D., UCD, 1996).

Graham, Ann-Marie, 'Unmarried mothers: the legislative context in Ireland, 1921-1979, (M. Litt, NUI Maynooth, 2012): http://mural.maynoothuniversity.ie/4000/1/M._Litt._Thesis.pdf

Reports commissioned by the Commission

Bakker, Petronella, *Mother and baby homes in the Netherlands in the 20th century: report for the Commission of investigation: mother and baby homes and certain related matters* (Dublin, 2015).

Greenlees, Janet, 'Unmarried motherhood in Scotland during the twentieth century: mother and baby homes' (Glasgow, November 2015).

Pamphlets

Farrelly Conway, Eileen, *Search and Reunion in the Adoption Triangle: towards a framework for agency service to the adoption triad* (Dublin, 1993).

Nicholson, Jill, *Mother and Baby Homes: a survey of homes for unmarried mothers* (London, 1968).

Widdess, J.D.H., *The Magdalen Asylum, Dublin, 1766-1966: foundation and early years* (Dublin, 1966).

Law Reports

Commonwealth Law Reports

European Human Rights Reports

Family Law Reports (Australia)

Federal Court Reports (Australia)

Irish Family Law Reports

Irish Law Reports Monthly

Irish Reports

Law Reports, Queen's Bench (England and Wales)

New Zealand Law Reports

Supreme Court Reports, Canada

Victorian Reports (Australia)

Electronic resources

1911 Census Returns: http://www.census.nationalarchives.ie/pages/1911/

Adoption (Information and Tracing) Bill 2016: https://www.oireachtas.ie/en/bills/bill/2016/100/

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

Central Statistics Office: https://www.cso.ie/en/index.html

Charter of the United Nations: https://www.un.org/en/charter-united-nations/index.html

Child migration history: https://www.childmigrantstrust.com/our-work/child-migration-history

Clifford, Louis S., *Investigation into the incidence of mental deficiency amongst Dublin school children* (1939): http://www.tara.tcd.ie/bitstream/handle/2262/5122/jssisiVolXVI29_48.pdf?sequence=1&isAllowed=y.

Congregation of the Sisters of Mercy: http://sistersofmercy.ie/cork-city/

Congregation of the Sisters of St John of God: www.ssjg.org

Core document forming part of the reported of state parties, Ireland (June 1992), HRI/Core/1/ADD.15: http://www.bayefsky.com/core/hri_core_1_add_15_1992.pdf

Council of Europe, European Convention on Human Rights: https://www.echr.coe.int/documents/convention_eng.pdf

Council of Europe, European Social Charter (1961): https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168006b642

Council of Europe, Resolution on social protection of unmarried mothers and their children (1970): https://rm.coe.int/native/09000016804c3355

Dáil and Seanad debates: https://www.oireachtas.ie/en/debates/find/

Employment and earnings: https://fraser.stlouisfed.org/scribd/?item_id=20153&filepath=/files/docs/publications/employment/1960s/empl_081960.pdf&start_page=38

English *Therapeutic substances Act 1956*: http://www.legislation.gov.uk/ukpga/Eliz2/4-5/25/enacted

European Court of Human Rights, *Odièvre v France* (2003), Application number 42326/98 [2003]: https://hudoc.echr.coe.int/eng-press#{%22itemid%22:[%22001-60935%22]}

Family income in the United States: 1952: https://www2.census.gov/prod2/popscan/p60-015.pdf

Houses of the Oireachtas: https://www.oireachtas.ie/

https://archive.org/details/reportofviceroga01irel/page/4/mode/2up

https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

Irish Council for Civil Liberties guide: https://www.iccl.ie/wp-content/uploads/2017/11/ICCL_KYR_EURO_LR_2010.pdf

Irish Health repository: https://www.lenus.ie

Irish health website: www.irishhealth.com

Irish Human Rights and Equality Commission, Human rights explained: Guide to Human Rights Law (2015): https://www.ihrec.ie/download/pdf/ihrec_human_rights_explained.pdf

Keating, Jenny, 'Adoption in England and Wales: the twentieth century': http://www.historyandpolicy.org/docs/dfe-jenny-keating.pdf

Law Reform Commission, report on illegitimacy (1982): https://publications.lawreform.ie/Portal/External/en-GB/RecordView/Index/30550

Legislation: http://www.irishstatutebook.ie

National Inventory of Archaeological Heritage: http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=WM&regno=15302016

NUI Galway, Landed Estates Database: http://landedestates.nuigalway.ie

Occupational Outlook Handbook, Employment information on major occupations for use in guidance, Earnings form work: https://babel.hathitrust.org/cgi/pt?id=osu.32435051428043;view=1up;seq=49

Oireachtas biography: https://www.oireachtas.ie/en/members/member/Mark-Killilea-Snr.D.1927-06-23/

One Family: https://onefamily.ie/

Original European convention on the adoption of Children: https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/058

Plymouth Brethren: http://www.plymouthbrethrenchristianchurch.org/about/who-we-are/

Puis XI (Pope), *Casti Connubii*: http://www.vatican.va/content/pius-xi/en/encyclicals/documents/hf_p-xi_enc_19301231_casti-connubii.html

RCPI: https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2018/01/Cork-Street-Fever-Hospital-and-Cherry-Orchard-Hospital.pdf).

Shannon, Geoffrey, *Human Rights issues at the former site of the Mother and Baby Home, Tuam* (April 2018): https://assets.gov.ie/25217/0abb576368b14e2081c447b417544fb2.pdf

Stewart's Care: https://www.stewartscare.ie/about/history/

The Hague Convention (1993): https://www.hcch.net/en/instruments/conventions/full-text/?cid=69

The Implementation and Operation of the 1993 Hague Intercountry Adoption Convention: Guide to good practice no.1: https://assets.hcch.net/docs/bb168262-1696-4e7f-acf3-fbbd85504af6.pdf

Tusla: www.tusla.ie

United Nations, Committee on the Rights of the Child: Bulgaria, CRC/C/BGR/CO 3-5:

CRC_C_BGR_CO_3-5_24194_E – OHCHR

United Nations, Committee on the Rights of the Child: Canada, CRC/C/CAN/CO/3-4: https://undocs.org/en/CRC/C/CAN/CO/3-4

United Nations, Human Rights Office of the High Commissioner: Convention against torture and other cruel, inhuman or degrading treatment or punishment: https://www.ohchr.org/en/professionalinterest/pages/cat.aspx

United Nations, Human Rights Office of the High Commissioner: Convention on the elimination of all forms of discrimination against women (1979): https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx

United Nations, Human Rights Office of the High Commissioner: Convention on the rights of the child: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

United Nations, Human Rights Office of the High Commissioner: International covenant on civil and political rights: https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx

United Nations, Report of the Committee against Torture, 46th session, 9 May – 3 June 2011: https://www2.ohchr.org/english/bodies/cat/docs/A.66.44.pdf

Universal Declaration of Human Rights: https://www.un.org/en/universal-declaration-human-rights/

Workhouses website: http://www.workhouses.org.uk/

World Health Organisation: http://www.who.int/news-room/fact-sheets/detail/trachoma

World Health Organization Expert Committee on Biological Standardization, *Technical Report Series No. 274* (Geneva, 1964): http://apps.who.int/iris/bitstream/handle/10665/40582/WHO_TRS_274.pdf;jsessionid=218CA9AC788A53B494C8A6A218D1C892?sequence=1

World Medical Assembly, *Declaration of Helsinki: Recommendations guiding doctors in clinical research* (1964): https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/doh-jun1964/

Audio-visual sources:

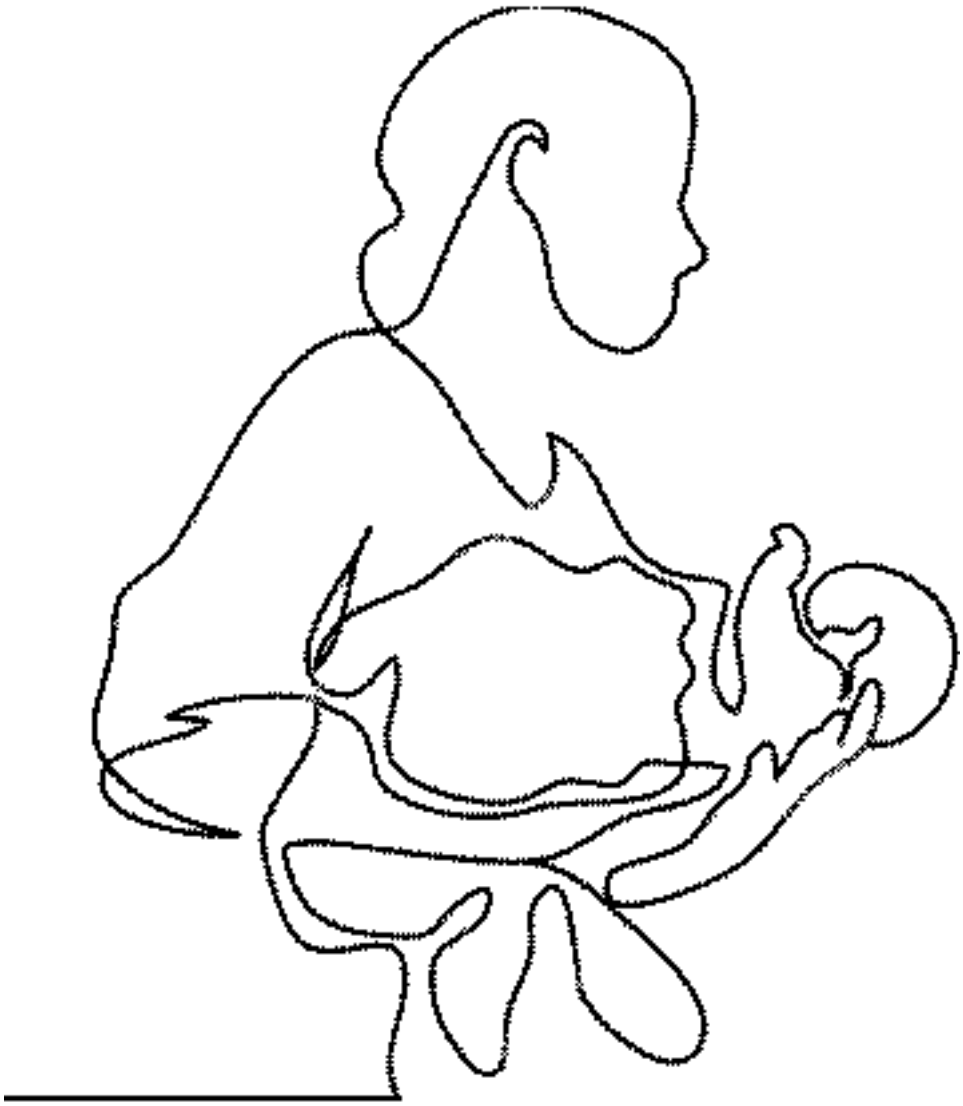
RTÉ, *Prime Time: Anatomy of a scandal*, 9 June 2014: https://www.rte.ie/news/player/2014/0609/10291533-prime-time-anatomy-of-a-scandal/

RTÉ, The Doc on One, 18 August 2018: https://www.rte.ie/radio1/doconone/2018/0807/983666-shame-love-in-shame/

RTÉ, The Doc on One, 20 June 2019. https://www.rte.ie/radio1/doconone/2019/0613/1055120-the-case-of-majella-moynihan/

Extracts from: **Irish Cultural Representations of Single Mothers and Their Children, 1890-1960**

By: ***Gerardine Meaney, School of English, Drama & Film, UCD***



Summary

The cultural record of the lives of Irish single mothers and their children is surprisingly rich, though there is little direct reference to the Mother and Baby Homes. Literary sources actively contest the official denial of the existence of pregnancy outside marriage in Ireland and frequently criticise dominant social attitudes. Folkloric sources tend to exhibit a greater degree of ambivalence than the official version of Irish culture.

- The most complex and detailed depictions of the dilemmas facing single mothers and their children in Irish society are found in fiction. There is a sustained effort by women writers beginning in the early 1940s to change social attitudes, employing popular genres, gothic, satire, pathos and humour. Despite avoidance of direct criticism of church institutions in most cases, the majority were censored and unavailable in the Republic of Ireland. Key writers for this period are Maura Laverty, Mary Lavin, Mary Beckett and Una Troy.
- There are direct references to pregnant women being sent to 'the Home' in fiction from the 1940s and 1950s, but the writers do not appear to have had any direct information about the *experience* of Mother and Baby Homes or Magdalene Laundries for the women and children themselves.
- There appears to have been a degree of self censorship in relation to this topic in Irish drama, exemplified by the history of TC Murray's *The Briery Path.*
- Fiction and drama in general promoted the acceptance of single mothers and their children into their own extended families and communities. The references to the banishment of this group to 'homes' and 'convents' by their families or communities in fiction and drama from the 1940s onwards are overwhelmingly negative. The texts indicate that the long term effects of these institutions, especially on children, were beginning to be understood from at least the early 1940s. Mary Beckett is particularly significant in this regard.
- In general the folk song tradition retained a focus on the unjust plight of young women who found themselves pregnant by men who had seduced and abandoned them. Ballads which dealt with this topic remained popular throughout the twentieth century.

Chapter 1

Contexts: Religion, Censorship and the Cult of Purity

The last fifty years has seen enormous change in attitudes in Ireland, to the extent that the views expressed even two generations ago can seem profoundly alien to us in the twenty first century. This is not just the case in relation to attitudes to single mothers or sexuality, but also in relation to the rights of children, the way in which childhood itself was understood, and the very different value put on the bonding process between mothers and babies if they were not part of a legally sanctioned family. Central to understanding these very different attitudes is an analysis of the framing of all official discourse around sexuality, childbirth and child rearing within a rigid religious context on the one hand and the intensity with which the state sought to control almost all forms of cultural expression on the other.

Purity, Piety and Patriotism

It is not possible to disentangle religion and politics as *cultural* determinants of the ideology of sexual purity in the post-independence Irish state. At the zenith of Catholic influence in the southern Irish state, Pope Pius XI's address to the Eucharistic Congress of 1932 spoke of the 'The Virgin Mary, Queen of Ireland.' The reference would have been immediately recognisable to devout Irish Catholics as an acknowledgement of the ascendency of Catholic doctrine and idolisation of ‘purity’ in Irish social and sexual mores. Single mothers and their children were not represented in the official discourse of Irish Catholic nationalism: that ideology insisted that they simply could not exist.

While the prevailing attitudes of the period 1922-1960 seem alien and sometimes comical now, this was a system of belief which had very real and tragic consequences for young unmarried women who became pregnant and for their children. The existence of Irish children outside the institution of marriage was treated as simply unthinkable. Parallel to the national investment in sexual abstinence and the institution of marriage, respectability became a closely guarded commodity at local and familial level. The economic status and viability of a family could be seriously undermined by loss of this commodity. In an example from Northern Ireland, Sara in Sam Hanna Bell's 1951 novel, *December Bride,* eventually marries because her daughter 'must have a name' in order to marry and form her own family (the novel was inevitably banned in the Republic). While the religious context is different

(Bell's characters come from the Presbyterian community), the connection between land, family and respectability in a community of small farmers is not. There is a very pronounced class aspect to this, as is also apparent in MacNamara, Lavin, Beckett and Laverty's fiction discussed below. Civil suits taken for redress in cases of 'seduction' and reported in local newspapers specifically sought to put an economic value on this loss of reputation as well as the loss of earnings where the 'seduced' women had worked or assisted in the work of the family farm and business. As historian Maria Luddy has chronicled, the newspaper reports of these cases were paradoxically the most widely circulated representation of the experiences of single mothers and their children, a singular breach in the wall of silence. The level of payments made were too small to serve as a proxy for child support. Instead an eighteenth century legal definition of seduction as a form of theft from the family of the young woman who became pregnant enabled compensation to be sought by her family. This included loss of earnings for the family if pregnancy meant that their daughter could not work, either in paid employment, at home or on the family farm, for the duration of the pregnancy. This did not apply to the more prosperous families, however, and the reparation sought was one for loss of reputation. It seems likely that some cases were taken as a counter to the stories being told about the woman by the father of her child to justify his refusal to marry her.

Censorship and Silencing

The deliberations of the first Irish film censor give a fascinating insight into the evolution of a bureaucracy to impose a culture of silence around childbirth and sexuality in general and 'illegitimacy' in particular. As early as 1923, D.W. Griffitth's *The White Rose* was rejected by the film censor, James Montgomery, on the basis that it was 'a story of seduction wrapped up in unhealthy sentimental twaddle' (31/07/1924). References to illegitimacy and birth control feature prominently in Montgomery's notes justifying cuts and rejections of films. *Blossoms in the Dust,* a biopic of Edna Gladney, the American campaigner for the removal of the word 'illegitimate' from Texas birth certificates, lost much of its force for Irish audiences when Montgomery insisted on cutting out her passionate, if not exactly liberal declaration: 'there are no illegitimate children. There are only illegitimate parents' (14/11/1941).

While the views of the Official Film Censor's office must be understood as an extremely narrow version of Irish cultural attitudes, it is important to note that it was the *official* version of those attitudes and perceived itself to have public as well as clerical support. As such it was a powerful indicator of a state which considered it both distasteful and un-Irish to discuss sexuality or even childbirth. Montgomery considered even a scene in 'a taxi on [the] way to lying-in hospital' as is 'too intimate for general exhibition' in Ireland (30/9/1936).

Parallel to the development of state control over cinema, the Censorship of Publications Act (1929) created a censorship board which sought to control the sale and distribution of literature via a notoriously broad definition of obscenity. This censorship was routinely evaded by those with the resources to do so, but it impacted heavily on those depending on library borrowing. Censorship of publications was closely linked to the control of population, especially the suppression of individual control over reproduction.

Any representation of the reality of sexual and reproductive life was understood as a foreign assault on pure, devout Ireland and the *Register* of *Prohibited Books* became, as one wit put it, the Everyman's Guide to the Modern Classics. The Department of Justice admitted in a memo in 1966 that the board was particularly prone to ban Irish writers and the next chapter demonstrates how fiction that dealt directly with the experience of single women and their children fared under this regime.

Chapter 2

Cultural Representation of Single Mothers and Their Children

Fiction: Seduction, Cruelty and Survival

New Women, Naturalism and Modernism, 1894-1922

The 'New Woman' fiction of the late nineteenth century, while often focussed on questions of education, employment and equality in marriage, also began to open up discussion of women's sexuality and pregnancy outside marriage. George Egerton (Mary Chavelita Dunne), disowned by her own family for her affair with an older married man, forged an international literary career in the spaces between the emergence of the 'New Woman' and the development of modernism. Her stories deal with domestic abuse, abortion and prostitution as well as the active

choice of single motherhood. The fiction of this period can seem much more contemporary in its attitude to gender and sexuality than material from the mid-twentieth century. Unusually among the Irish writers who wrote on the subject, Egerton was herself a single mother.

The best known Irish nineteenth century novel about the travails of a single mother and her child is George Moore's *Esther Waters.* Moore wrote in a self consciously naturalistic style about the life of a young servant girl, seduced by a fellow servant, who abandoned her when he had a chance to elope with a wealthier woman. The novel is scrupulous in its attention to the economic dimension to Esther's plight and the cruel dilemmas presented to an unmarried working woman who chooses to keep her child. Dismissed from her position when she can no longer hide her pregnancy, the only work Esther can get is as a wet nurse to a wealthy woman's child. To feed this child, she has to commit her own baby to the tender mercies of a local baby farm. It seems unthinkable to us now, but the insistence of Esther's employer that she cannot keep and feed her own baby due to a fear of infection was not uncommon in the period. Realising quite quickly that her baby has little chance of surviving this arrangement, Esther has no option but to seek admission to the local workhouse. This being a novel, despite Moore's intense realism, she finds alternative childminding and employment prospects at the last minute. Thereafter she moves from job to job, frequently almost worked to death or dismissed from her post when the existence of her son becomes known to her employers. Disastrously, Esther eventually marries her initial seducer, giving up the alternative marriage she had desired in an attempt to rescue her son from the stigma of 'illegitimacy' and to secure his future.

The novel which would become a by-word for the attitudes of small town twentieth century Ireland was published before the establishment of the Irish state. Brinsley Macnamara's 1918 novel, *The Valley* of *the Squinting Windows,* tells the sorry tale of the destruction of two generations by the stigma of illegitimacy, situating the problem very much within an analysis of the class micro-distinctions of small town Ireland. Macnamara's bleak novel tells the story of Nan Brennan, who having aspired to marriage with a comparatively wealthy farmer falls pregnant by him and is then subject to a quite deliberate effort on his part to ruin her reputation: 'Nan thought of how Henry Shanahan had failed to marry her after he had ruined her; of how the disgrace had done no harm at all to him with his money and his fine farm.

Then there was the burning thought of how he had married Grace Gogarty, the proudest and grandest girl in the whole parish.' Nan has assumed that their child died, but it transpires that he has been secretly adopted by his father to replace the 'legitimate' stillborn baby he has had with his new wife: ‘It seemed less of a crime that the little innocent babe should have been murdered in this house and buried in the garden than that her old, dead mother should have sold it to Henry Shannon. And how was she to know?’

Nan initially emigrates in the novel, returning to inherit her parents’ house and land with a new husband and son in tow. Unlike her first lover, however, she is never allowed to forget her past and her marriage is destroyed by gossip as soon as she returns home. A bitter woman, Nan is as judgemental of others as they have been of her. Her one consolation is her son's aspiration to be a priest, a possibility which makes her the source of much local jealousy and the target of threats to reveal her past to her son. The rural community portrayed by Macnamara is vicious in the extreme. The priest effectively acts as an enforcer of a moral code which protects the interests of the more prosperous members of his flock and enables sexual exploitation. Nan's second son, John, forgets his clerical ambitions when he falls in love with the local schoolteacher, Rebecca, who is in her turn seduced and abandoned by his half-brother. The tragic inevitability of the denouement is very much influenced by the ideas of Ibsen, but with sharp, detailed local elements. Rebecca is pressured by the priest who forces her to leave the town (and her job) to hire a car (which she can't afford) to the station. For this she is charged the extortionate sum of £1 from the meagre £5 that is all she possesses, a gift from the local schoolteacher, the only sympathetic character in the novel. It is not co-incidental that Macnamara's father was himself a teacher in an Irish village, the inhabitants of which recognised too much of their locale in *The Valley* of *the Squinting Windows.* Vindicating Macnarma's pessimism, they retaliated by throwing stones through the windows of his father's schoolhouse and burning copies of his novel. Quite apart from the power of its naturalist prose, the novel is striking for several reasons. It represents pregnancy outside marriage as a recurrent feature of Irish village life, a high degree of ambivalence if not acceptance of infanticide as a way of dealing with the problem, the connivance of the church in secret adoptions and the crucial role of class in determining how both mothers and babies were treated in these circumstances.

Breaking the Silence: Women's Fiction, 1940-60

The exposure of the economic injustice which compounded the sexual double standard in Moore and Macnamara's representations of single mothers remains a key concern of later twentieth century realist approaches to the same subject. Mary Lavin's story, 'Sarah', which appeared in *Tales from Bective Bridge* in 1943, is very much in this tradition. It is brutally clear about the factors which propel Sarah from relative social acceptance as a mother of three sons outside wedlock to death in a ditch giving birth to her fourth child. When the story opens, she 'has a bit of a bad name', but is regarded as 'unfortunate, that's all'. A 'great worker, strong and tireless', Sarah works as a cleaner for many of the local women while also keeping house for her two 'rough' brothers and three children. Her brothers' habitual tolerance of their sister's situation is motivated by self interest: "The priest said a Home was the only place for the likes of her. I said we would have no part in putting her away - God Almighty, what would we do without her? There must be a woman in the house." The spectre of clerical interference and incarceration hovers over Sarah as her brothers contemplate her fourth pregnancy, taking into account the possibility that her existing sons can soon be 'put out to service'. The rural Ireland portrayed in this story is a place with no glimmer of affection or hope. Despite their pity for the 'unfortunate' Sarah, married local women are careful to keep her away from their husbands and warn newcomer Kathleen Kedrigan to avoid her. As a demonstration of her superior faith in her own husband, 'goaded on by her legitimate power over her man', Kathleen hires Sarah to keep house when she has to attend a clinic in Dublin. The story is characteristic of Lavin's externalisation technique, but also enigmatic to avoid censorship. We never know what motivates Sarah or how willing a partner she is in the sexual encounter which leaves her pregnant with Oliver Kedrigan's child. This time Sarah does not submit in silence as she has previously done. She writes to Kathleen, identifying Oliver as the father of her child, with disastrous consequences. Kathleen informs Sarah's brothers, who react violently, throwing the heavily pregnant Sarah out of the house on a terrible night. The eldest brother, Pat, comments that he wasn't going to stand for her: 'Carrying on with a married man! No one is going to say I put up with that kind of thing. It was different the other times when it was probably old Molloy or his like that would have been prepared to pay for his mistakes if the need arose.' Pat's diatribe indicates that social standing and economic advantage, not kinship, are his overwhelming concerns and the key motives underpinning this society. Sarah is left to give birth alone in a ditch and to die

in appalling conditions with her newborn child.

In contrast to the bleak picture of Irish society presented by Macnamara and Lavin, Maura Laverty's 1942 novel *Never No More* is a warm, nostalgic portrait of a young girl, Delia, growing up in the nineteen twenties in the home of her beloved Gran in the little village of Ballyderrig. While the novel is full of lyrical affection for the place, the villagers and their way of life, it includes several stories of the difficulties facing single women and their children. Pregnancy outside marriage is not presented as a rare or tragic occurrence, but part of the normal life of the people, with which families and individuals come to terms and from which they move on to ordinary lives. Ballyderrig is home to another unfortunate Sarah, a young woman who supplements her income from doing 'heavy washing' and casual labour by 'one of the oldest professions in the world'. The narrator notes that 'Ballyderrig's attitude to Sarah was surprising', but the women of the village stop and chat when they meet her and regularly employ her: 'Even those who turned with horrified loathing from any young girl who anticipated her marriage by a few months, never shunned Sarah'. Sarah's eldest child does die in the course of the novel, but the emphasis is on the kindness and support of the community, led by Gran, for both mother and daughter. In an enthusiastic and very shrewd introduction to the 1984 Virago edition of *Never No More,* Maeve Binchy noted the element of wish fulfilment fantasy in the novel, which differed significantly from Laverty's own childhood experience, though she presented it as autobiographical fiction.

The story of another single mother, Bids Smullen, gives a fascinating insight into the social role of the IRA's district tribunals during the War of Independence. These tribunals, unlike the formal courts that came later, actively pursued the fathers of children conceived outside wedlock, though their solution, according to the novel, was the imposition of forced marriages, not maintenance payments. In Bids case a member of the tribunal which has already forced her errant lover to flee the country for theft eventually marries the girl himself. Interestingly, in this case the fate of the child is not explicit, though an adoption by her married sister is implied: 'Bids Smullen went to stay with her married sister in Portarlington. She returned to us six months later, shyer and quieter in her manner, but otherwise unchanged'.

A positive resolution is even offered to one of the most startling and disturbing

episodes in the novel, which deals with child abuse: 'all Ballyderrig was horrified to hear that fourteen year old Nellie Mack, of the plaits and white pinafore, was going to have a baby. The horror was changed to fury when it was learned that the father was old Mr Graham. And all that terrified Nellie could sob when questioned was, 'He promised me a bicycle. He promised me a bicycle!'. Her rapist escapes the lynching threatened by the men of Ballyderrig by collapsing into insanity and ending his days in the asylum in Carlow. The novel is scathing about the 'diabolical cruelty' of her aunt who blames Nellie and it is implied that the beating she gives the girl contributes to the baby being stillborn. 'Soon after that, Nellie Mack was sent away to some convent for fallen women in Dublin'. This is one of very view direct references to Magdalene laundries in Irish literature prior to the nineteen nineties and it is significant that this is the outcome for the youngest, most powerless and abused single mother in the novel.

Mary Beckett' short story, 'Theresa', appeared in the liberal modernising magazine, *The Bell,* in 1951. 'Theresa' tells the story of a young woman who enjoys a wartime romance with an American soldier stationed in Northern Ireland. Beckett wrote primarily of Catholic nationalist Belfast life, so there are significant areas of overlap with Lavin, Laverty and Troy, but the historical and political contexts of her characters are different. When Theresa discovers she is pregnant, she is exasperated with her mother's reaction: 'Oh, don't go on like that. I'll have the baby in the hospital and then I'll leave it in the home and then I'll be back at work the same as I always was'. We later find out that work is a key concern here. Theresa's mother has worked cleaning houses and struggled to raise her family while her husband was long term unemployed before the war. Theresa finds that when the baby is born her feelings towards her child are very different, though they are complicated. She is puzzled to find that her daughter is black: she has not perceived her soldier lover to be black at all. The story presents Theresa as very naive, well intentioned and frightened. The protectiveness she feels towards her baby is exacerbated by anxiety about how the little girl will be treated: 'how could she keep the child safe from people who would jeer at her for being a n____?' She calls the baby Deirdre after the nurse who delivered her, but the name invokes the legendary Deirdre, the most beautiful and most sorrowful of women in Irish legend. Trying to make plans to combine work with looking after the baby, Theresa thinks: 'she would have to be watching her all the time for fear anyone would harm the child.' When Theresa's own mother initially recoils and tells her she can't bring Deirdre home, Theresa tries to persuade her that the nuns won't take a black baby.

The grandmother quickly relents, but Theresa is so frightened by the initial hatred and rejection of Deirdre that she decides her baby 'would be safer in the Home'.

A puzzling episode brings this anguish to an end. The new parish priest makes an appeal from the altar for the 'girls from this parish' who had babies during the war to retrieve these children from the local orphanage where, no matter how well the nuns are caring for them, they lack a mother's love. There is nothing like this represented anywhere else in the literature. Beckett may be trying, like Laverty and Troy, to conjure up a more compassionate form of Catholicism in her fiction and assert that religion and single parenting are not incompatible. This kind of reforming project in fiction is very much in keeping with the ethos of *The Bell.* The story, like Maura Laverty's *Never No More,* represents single motherhood as a relatively common occurrence. Theresa's difficulties derive primarily from her fear of racism rather than her fear of scandal and gossip, though the economic challenges of raising a child on her own push her into a marriage for which she has little enthusiasm.

Mary Beckett's stories from the nineteen forties and fifties anticipate issues which were to later become key topics of public debate. 'Ruth' was published in the first issue of the highly influential Belfast journal, *Threshold,* in 1957. Once again, Beckett sets the story of pregnancy outside marriage within an intergenerational and communal context, tracking the consequences through the generations and across family relationships. The twenty year old Ruth has already run away from her grandmother's house when the story begins and the tale is told from the perspective of two gossiping neighbours and Ruth's grandmother, Mrs McGreevy, who pours out her grief and guilt to them. Ruth is the daughter of a young intellectually disabled girl who became pregnant, died in childbirth and whose family put the baby in an orphanage and denied her existence for eleven years. Mrs McGreevy eventually has a change of heart and brings Ruth to live with them, but the family does not recover from the double shame in their society of having a daughter who is intellectually disabled and a granddaughter who is illegitimate. 'Wee cold Ruth' has never recovered from the time in the orphanage, unable to do more than stiffly shake her grandmother's hand when she arrives: 'she's poor ... and empty and how is she to know what is love or friendship'. Mrs McGreevy laments her own lack of demonstrative affection for the child, who 'gave no trouble ... but she gave no happiness either and I don't think she got any herself from us'. It is tempting to regard the story as a precursor to the

nineteen sixties and a reflection on the consequences and legacies of Irish attitudes which continued to have repercussions but which were beginning to be challenged.

Una Troy (who also wrote as Elizabeth Connor) published We *Are Seven in* 1955 with William Heinemann Ltd (proudly boasting its operations in London, Melbourne and Toronto on the novel's title page). The blurb neatly and humorously sets out its challenge to any preconceptions of Irish rural life. 'In the townland of Doon in County Waterford live the Monaghans, a source of delight to themselves, but a blot in the eyes of the sterner inhabitants of the parish. Bridget Monaghan is the proud mother of seven, but the various men who should be filling the role of proud fathers are instead skulking nervously in the background, and even join forces in a plan to resettle the Monaghans. But they reckon without Mary, Tommy, Willie and Sissy (the twins), Pansy, Toughy and Pius - seven characters in search of a father!' This humorous tone is maintained throughout, though the novel hints at darker realities. The daughter Mary knows, however, that 'they were despised for what in others might have been admired, but in the Monaghans was adding insult to injury' in the view of their neighbours. When the twins sit a scholarship exam to attend secondary school it left: 'even the best- intentioned neighbours bereft of Christian charity ... There was a universal, but faint, hope that they might fail'. When they succeed: 'The injustice of the world was recognised anew. Better children than these - children whose right to exist was indisputable - must be content with the schooling the State gave them up to fourteen'. Similarly 'when it became known that Tommy Monaghan was dying from peritonitis after an operation, everyone was very sorry ... But it was considered quite time for God to have visited Bridget Monaghan with some trouble that wasn't of her own making'. Tommy survives, partly due to his previously miserly father paying for an expensive nursing home. There is a fairytale quality to the eventual good fortune of all the children, but the novel mentions that Mary, the eldest of Bridget's children, did not even sit the scholarship exam as she was too involved in bringing up her younger siblings. Bridget is a good provider for her household, but not necessarily a good mother to her children in the traditional sense.

Under the pretext of concern for 'the poor children', the deplorable Mrs Bates involves the local sergeant, pointing out that, 'Children that aren't properly cared for

are taken and sent to Industrial Schools. Children under fourteen. Bridget Monaghan mightn't wish to stay here if her children were taken from her. This is one of a series of events in the novel which raise the possibility that the Monaghans could fall victim to one of the tragic fates which nineteen fifties Ireland in reality so often visited upon single mothers and their children. In each case this fate is averted and the story transforms tragedy to comedy: 'It was unfortunate for those most deeply interested in the Monaghan case that their District Justice should be a man whose sense of humour approximated to the authentic and rather broad type of Gaelic culture so much deplored and condemned by the decent, modern Gael'. The Justice, justifying his title, and the Sergeant, representing the State, reflect on the case which concludes with the former sending the children home. The judge is quite clear that Bridget has been unjustly treated. He 'objected to the attempt to make him a tool to eradicate the consequences of erring respectability. "They're nice children," he said. "They're all right," said the Sergeant. "The only thing anyone has against them is that they shouldn't be there at all."

The story of Bridget Monaghan and her children is based on the real life case of Mary McCarthy, a single mother of seven who lived in Marlhill, County Tipperary. She was subjected to an arson attack in an attempt to get her to leave the area in 1926 and eventually murdered in 1940, possibly to avoid her naming the father of her seventh child, who died in infancy. Troy's father, Sean, was the local district justice who rejected applications to send Mary's children into institutions on two separate occasions. Mary McCarthy's story is now most often remembered for the miscarriage of justice which saw an innocent local man, Harry Gleeson, hanged for her murder.

Both Laverty and Troy had significant success outside Ireland which might have exacerbated the censor's antipathy to their work. Both portrayed single mothers and their children as part of rural Irish society, vulnerable and subjected to prejudice, but surviving and in most cases capable of making decent lives for themselves against the odds. This seemed to be much more offensive to the sensibility embodied in the censorship process than the representations of pregnancy outside marriage as a catastrophic exception leading inevitably to misery, ruin and death which is evident in Lavin. A key factor in slipping stories of single motherhood through the censor's net appears to have been conformity to the

paradigm of death and destruction as the inevitable outcome of pregnancy outside marriage. This factor may explain why *Never No More,* full of affection and nostalgia for the rural Ireland which the state purported to cherish, was banned, while 'Sarah', a bleak portrayal of a rural Ireland populated by the vindictive and miserly, was not censored. Representing single mothers and their children as simply part of Irish life, with aspirations and the possibility of viable lives outside the strictures of secrecy and separation in adoption or institutionalisation, was intrinsically subversive.

Drama

Irish theatres enjoyed an anomalous position, which is illuminating in relation to the class bias of censorship. The theatre was not subject to official censorship, though it did periodically attract expressions of disapproval from church, state and public that included subtle pressure, bad reviews, letters to the paper, riots and demonstrations. In January 1914, TC Murray read excerpts from his tragic drama, *The Briery Path,* to the National Literary Society in Dublin. The play dealt with the subject of a young, unmarried, pregnant woman, driven to suicide by denunciation from the altar and abandonment by her lover. Murray was a school teacher in a rural community at the time, a married man with five children, and his terror of his clerical manager was such that he pretended he was reading someone else's play. The play finally reached the Abbey in 1948, when it was staged by Ria Mooney's Experimental Theatre Initiative. The review in the *Irish Times* failed to mentioned the subject matter of the play. The strange history of *The Briery Path,* which would be re-invented as an attack on the prohibition on contraception in another 'experimental' initiative in 1973, indicates how much self-censorship and self protection was involved in the choice of topics in the apparently unregulated theatres and explains why so few plays dealt with the topic prior to 1960. *The Briery Path* is only a moderately well written play, but the Abbey's experimental wing kept returning to it when it sought to break the taboos on single motherhood.

During the 1950s, a battle was going on for control of Irish culture, with Archbishop McQuaid initially gaining control of the Censorship of Publications Board via the Knights of Columbanus. It was still a long time before the existence of single mothers and their children was fully acknowledged by the Irish state and an uncontroversial topic in Irish culture. Drama would be a significant factor in that process. Mairead Ni Ghrada's *An Trial!* (1964) was revolutionary in its attempt to

deal directly with the experience of a 'Home', the 'House of Refuge', which is obviously based on a Magdalene Laundry. Like some of the earlier writers discussed here, Ni Ghrada was careful to avoid a direct attack on the role of the Catholic Church, though those on trial in the play for their part in the tragedy of Maire and her child's deaths represent almost every other aspect of Irish society. Premiered in the Dublin Theatre Festival in 1964, it was a mature work from a writer, broadcaster and language activist who was a veteran of Cumann na mBan and was imprisoned for her activities during the War of Independence. Ni Ghrada was very close to the heart of the Irish state and a significant contributor to RTE. She was also, by 1964, extremely disillusioned with the treatment of single mothers and with the sexual double standard that applied in rural Ireland. Ni Ghrada begins and ends the original Irish language version of the play with the song *Siuil* a *Ghra,* a folk song featuring the seduction and betrayal of a young woman. In doing so she situates Maire's story firmly within Irish tradition. Writing in the Irish language, she had resources within the folk tradition to draw upon, but also a degree of protection from the accusation of being anti-Irish in depicting a situation which was so regularly denounced as intrinsically un-Irish. Maire's exploitation by a married teacher, her family's rejection, her incarceration in the House of Refuge, her inability to find work are all chronicled and Irish society is held responsible when she kills her child and herself. Even in death Maire and her child are ostracised:

> Nach uaigneach an tsochraid a bhí aici.
> An Bheirt acu in aon chónra!
> Ba bhrónach an radharc é!
> Go bhfóire Dia ar an gcréatúr.
> Trócaire go raibh ar a hanam.

The English language version reads:

> 'Tis a lonely life she had, a lonely funeral after she was dead
> 'Twas a sad funeral, the two of them in the one coffin.
> The two of them going out of life together without plume or a hearse or anything.

In many respects, *An Trial!* expands the story told over 20 years earlier in Mary Lavin's 'Sarah'. Both draw on the folkloric tradition of songs and stories of doomed single mothers and their children.

The Folk Tradition: Song, Tale and Memoir

Songs dealing with the tragic fate of single mothers were highlights of the repertoire of two of the most influential women folk singers of the twentieth century, Elizabeth (Bess) Cronin and Sarah Makem. Cronin's revered rendition of 'Lord Gregory' (a version of 'The Lass of Aughrim') creates a link back to the use of the song in the “Dead”, a short story by James Joyce, which indicates that the experience of single pregnant women was a central part of the folk culture which Joyce and Irish modernism so ambivalently drew on. Cronin's repertoire and rendition of folk songs had a substantial influence on the folk revival of the 1960s and 1970s. Folk songs and folklore function on one level to re-enforce social norms, on another level to vent frustration at those norms. Cronin's version of 'Lord Gregory' has a complex moral framework. On the one hand, the 'lass' who sings of her troubles has no prospect other than a lonely death along with her child after her seduction and abandonment. The cause of her 'downfall' is identified with the gentry class and by extension the English invaders. In an interesting reversal of the usual gender roles, dangerous sexuality is identified with both masculinity and foreignness. The class disparity between the protagonists is also a very significant part of the tragedy.

In contrast, the protagonists of 'The Butcher Boy', from Sarah Makem's repertoire, are both young people of humble origin. The song was hugely popular into the late twentieth century and appropriated as the title of Patrick MacCabe's 1992 novel and Neil Jordan's renowned film adaptation of that novel in 1997. The transmission of Sarah's repertoire through her son, Tommy Makem, a key figure in the folk revival, undoubtedly contributed to its prevalence in the folk song and ballad repertoire of the late twentieth century. The song's repetition of the key cultural trope of pregnancy outside marriage as a catastrophe which can only be remedied by death undoubtedly contributed also. The young woman in the song wishes 'in vain' that she was a maid again. This being impossible, she moves on to 'wish my baby it was born/ And smiling on its daddy's knee/ And me poor girl to be dead and gone/with the long green grass growing over me'. The song shifts into the third person when she is found hanging with a note pleading:

> Oh, make my grave large, wide and deep
> Put a marble stone at my head and feet
> And in the middle, a turtle dove
> That the world may know, that I died for love.

Sean O'Criomhthainn's account of the lives and culture of the former Blasket Islanders who moved to the mainland adopts a tolerant and even comic tone about pregnancy outside marriage. *Lá Dár Saol* presents rural, Irish speaking society as much more tolerant than the mainstream of Irish society in 1969. The memoir tells the story of the successful efforts of a local mother to overcome the objections of his mother to the father of her daughter's child marrying the girl. The dominant forces in the story are the two mothers. It is the mother of the girl who eventually prevails:

> "Féach ní héinne atá marbh. Nach teaspach an cúram go léir, agus aon tigh go bhfuil bean óg agus clann óg tagtha isteach ann, dar ndóigh, ní fhéadfadh san a bheith amhlaidh gan rath Dé a bheith ar an dtigh sin."

The English language version,

> "Look, it isn't dead anyone is. Wasn't it only heat of the blood was the cause of all, and if a young woman and her child move into any house sure it couldn't happen unless God's blessing was on that house?"

The upshot of all the commotion is that the priest is sent for: 'They made a great wedding day of it in Buailtin'. This perception of the young woman and her child as a sign of God's blessing is very much at odds with the dominant representations of Irish traditional beliefs around this issue, but it is worth remembering that Sean O'Criomhthainn was much closer to that tradition than many of those who wrote about it. He was also writing at the end of the 1960s, when cultural change was very much in the air and his account was unlikely to be considered scandalous.

There is further evidence that a greater degree of ambivalence is evident in the Irish folk tradition than in the attitudes of Church and State. Anne O'Connor notes the very different inflections of the moral status of the single mother in the dark legend of 'Petticoat Loose', with its intimations of monstrous sexuality, on the one hand and the folktale referred to as the Mary Magdalene story on the other. The latter, collected by Sean O'Dughda in 1958, condemns the judgemental attitude of a priest who refuses the last rites to a single mother and is forced to do penance for his severity. It is worth noting that the central role of the 'Schools' Project in collecting Irish folklore in the 1930s intrinsically limited the types of material collected to that which parents and grandparents

considered suitable for children's ears. Consequently and not accidentally, the folklore record for beliefs in relations to pregnancy, childbirth and sexuality are scarce. There are references which give credence to Macnamara's description of communal complicity in or ambiguity around the infanticide of newborn infants of unmarried women. 'They say that Moll Garvaun used to sleep with her eyes opened. That only happens to women who kill their child, a *garlach* [illegitimate child], you know,' recounted a school child in Croom in the nineteen thirties. Daithi O'Ceanntabhail, the teacher who collected the Croom reports, seems to have been open to recording lore around 'illegitimate' children. A longer story points towards a high degree of communal ambivalence towards infanticide in such cases, complicated by a desire to avoid any entanglements with the law:

> I'm telling you nothing but what's the truth, I have it from old Paddy. He said there did a woman live at Boherabassy and she did away with her (illegitimate) child. She buried the child under a shallow sod on Ardthreeveesa.
>
> Old Paddy was going to work to Croker's (In Fort Elizabeth, properly Garrane, Manister Parish) and he found the fresh red sod. He turned it with his spade and found the dead child under it. He covered it up and left it so, for he didn't want to have to be giving evidence, and he said let somebody else do that.
>
> He knew who owned the child (i.e. who was its mother) and he didn't want to get her into any more trouble than she was in, and so he held his tongue. I often heard him say that he saw that woman afterwards doing public penance in a big white sheet, behind here in Croom".

These stories may explain the association of 'illegitimate' children with the uncanny and supernatural in some of the *piseogs* and stories, such as the Hungry Sod/*Fod Ghorta*, the spot where an illegitimate unbaptised child was buried secretly: ‘If a person happens to stand on this sod he is seized with hunger and weakness.’

Conclusion: Legacies

There is a considerable difference between the cultural representation of single mothers and their children and the historical realities of their experience in the twentieth century. This is not a uniquely Irish difference, but it was compounded in the Irish case by a particularly rigid regime of censorship in relation to fiction and film. This regime of silence entrenched attitudes, making single motherhood

appear much more aberrant and unusual than was the case.

Culture is profoundly shaped by what is unsayable within it. There were brave voices who challenged the regime of silence around single mothers and their children. There were far more examples of covert engagement with these issues, through displacement onto other places and times, from folk songs to ghost stories. Above all though, the mainstream of Irish culture was deformed by its refusal to talk about what happened to its most vulnerable citizens. The refusal to accept that Ireland was just an ordinary country of ordinary human beings, neither especially pure nor especially sinful, contributed to punishing regimes around sexuality and fertility. Understanding the ways in which single mothers and their children were rendered outcast and invisible by official culture in Ireland is crucial to coming to terms with the legacy of that culture.

Referenced work

1. Mairead Ni Ghrada, *An Triall.* First performed 22 September 1964, Damer Theatre, presented by Dublin Theatre Festival.
2. Brinsley MacNamara, *The Valley* of *the Squinting Windows* (Dublin and London: Maunsel and Co., 1918). Subsequent references are to the readily available Kindle edition.
3. Mary Lavin, 'Sarah' in *Tales from Bective Bridge* (London: Michael Joseph, 1943).
4. Sam Hanna Bell, *December Bride* ((London: Dennis Dobson 1956; NY: E. P. Dutton & Co. 1951).
5. George Moore, *Esther WaIters* (London: Waiter Scott, 1894).
6. James Joyce, *Dubliners* (London: Grant Richards, 1914).
7. Maura Laverty, Never No More (London: Longmans Green & Co, 1942).
8. Letter from Brendan Behan, Arbour Hill Prison, to Maura Laverty praising her novel 'Never No More', 16th February 1944, National Library if Ireland MS *50,678/2.*
9. Mary Beckett, 'Theresa', *The 8e1l17.2* (May 1951), pp.29-38.
10. Mary Beckett, 'Ruth', *Threshold* 1.1(February 1957), pp. 6-15.
11. Una Troy, *We Are Seven* (London: Heinemann, 1955).
12. T.C.Murray, ‘The Briery Path’.
13. Patrick McCabe, *The Butcher Boy* (London: Picador, 1992); *The Butcher Boy* (Director Neil Jordan, Geffen Pictures, US and

Ireland).

14. Sean O'Criomhthainn, *La dar Saol* (1969); *A Day in the Life,* trans Tim Enright (Oxford: Oxford Up, 1992), pp.65-7.

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MOTHER AND BABY HOMES COMMISSION REPORT 2020

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