

Report

**Of the findings of the
Consultation with Survivors
of Mother and Baby Homes
and County Homes**

March - April 2021

Submitted to the Interdepartmental Group

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OAK
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Acknowledgement

The following are excerpts from handwritten submission letters, sent to us by survivors of Mother and Baby homes...

'.....I was in a Mother and Baby home in 1968 I feel we were forgotten about and had to come to England as our family did not want us home in the 60's and 70's. It was a disgrace to the family. I'm not sure what can be done to help us. We worked hard in the home and got no painkillers to help us with the birth of our baby's. It's hard to know what to ask for only lets not be forgotten. We all feel guilty what we did and it's on our minds all the time. I'm not that clever with words so I don't really know what to ask, sorry...'

We wish to acknowledge and thank all of those who took the time, which for many, reopened painful memories and feelings, to make written submissions and participate in our online consultation meetings.

To maintain the focus on the survivor experience, further excerpts from written submissions by individuals and representative groups, as well as some comments noted during the online consultation meetings have been chosen by us and are displayed in Part One of the report.

'.....By filling out this report my demons come back to haunt me so it will take time to come back to myself again, dust down, move forward, I hope. When I was born in 1958, I never knew that I would have a strange life. One that is different from most. Growing up not knowing my parents has left a mark, they say a child needs its mother & father in the early stages of life to make the child accessible to one and all. But this chain has been broken and what has life given me? One not accessible, alone, to fight my way through this world not knowing who I am as a person. Even filling out forms asking questions on your family; I have blank. With the homes I have been in has put its mark on me; forget about love; non-existent. But I have a lot of fear following me right through my life, even filling out this form I'm all over the place with my emotions and fear. What have I done now? Am I in trouble? Will this put me into more fear? Sometimes I cope well but other times I just have to switch off, leave the world to others who can cope better than me.

.....with such a background I have lost so much. My life as a child to be happy and loved, losing my marriage, losing my kids, losing everything I worked so hard for. I don't even have a place to call my own.

'With this report I pray you - treat it with kindness and respect it so longs for.

My life is not a brief candle, it's a flaming torch I hold up and I want it to burn as brightly as I can before my end'.

Table Of Contents

EXECUTIVE SUMMARY	7
1. Introduction	7
2. Report Structure	7
3. Consultation Methodology	8
4. Profile of Participants	9
5. Eligibility for the Financial Restorative Recognition Scheme	9
6. Financial Recognition Payments and Access to an Enhanced Medical Card	10
7. The Application Process	11
8. Administration of the Scheme	12
9. A Survivor Centred Scheme	13
10. Other measures	14
PART ONE	
Introduction	15
Consultation Methodology	15
Submission Process	15
Submission Format	16
Consultation Context	18
Consultation Scope	18
Focus	18
Terminology	19
Consultation Findings	19
Interpretation of Findings	20
A. Profile of Consultation Participants	20
Number of Participants	21
Gender	21
Country of Residence	21
Identity	22
The Homes	23
B. Key Findings	25
1. Eligibility for the Financial Restorative Recognition Scheme	25
Who do you think should be eligible for the financial Restorative Recognition Scheme?	25
What should the Restorative Recognition Scheme provide reparation for?	28
A Human Rights-Based Approach	31
2. Financial Recognition Payments and Access to an Enhanced Medical Card	35
What type of payment would you consider to be fair and meaningful financial recognition?	35

What criteria should be applied to determine the payment amount?	37
What services should an enhanced medical card cover?	39
3. The Application Process	42
In what way could the application process be made responsive to the needs of the former residents?	42
What supports would you consider helpful in making an application?	43
What is an appropriate cut-off date for making applications for the Scheme?	44
What procedures should be available to review applications that were rejected, or considered not correctly assessed?	45
4. Administration of the Scheme	45
What factors do you consider important to ensure a fair process and treatment of applicants?	46
Where should the administration of the scheme be based?	47
What information should be requested to assess claims and who should decide them?	
Should evidence rely only on written testimony and records, or should opportunity exist for oral testimony?	48
5. A Survivor Centred Scheme	50
What does a survivor-centred scheme mean to you and how would it impact on the design of the Restorative Recognition Scheme?	50
Who should contribute to the financing of the Scheme?	52
How can the needs of survivors living overseas be met?	53
How can access to all reparation services be streamlined?	55
6. Additional Issues Identified	56
Legislation	56
Burials	56
Criminality	57
Memorialisation	57
Tracing Services	58
Citizenship	58
Other Services	59

PART TWO

Report of Online Consultation Meetings **60**

Introduction	60
Profile of Online Meeting Participants	60
Number of Participants	60
Gender	60
Country of Residence	60
Identity	61
The Homes	62
Meeting Reports	63

Meeting No 1: 22nd March 2021 at 10:00	65
Meeting No 2: 22nd March 2021 at 15:00	70
Meeting No 3: 24th March 2021 at 10:00	76
Meeting No 4: 24th March 2021 at 18:30	79
Meeting No 5: 26th March 2021 at 10:00	82
Meeting No 6: 26th March 2021 at 15:00	85
Meeting No 7: 29th March 2021 at 10:00	88
Meeting No 8: 29th March 2021 at 16:00	94
Meeting No 9: 1st April 2021 at 10:00	98
Meeting No 10: 1st April 2021 at 16:00	102
Meeting No 11: 2nd April 2021 at 10:30	105
Meeting No 12: 2nd April 2021 at 15:00	108
Tuam Mother and Baby Home Alliance: 18th March 2021	112
'SOLAS for Mothers' Group: 18th March 2021	118
British Survivor Representative and Services Groups: 30th March 2021	122
Info 4 Tuam Group: 31st March 2021	126
The Collaborative Forum: 31st March 2021	132

Appendix 1 **137**

Call for Submissions

Appendix 2 **146**

OAK Team Profiles

Mary Lou O'Kennedy	147
Estelle Varney	148
Gerry O'Sullivan	149
Ray Flaherty	150

Appendix 3 **151**

List of Organisations, Groups and Public Representatives that made Written Submissions

EXECUTIVE SUMMARY

1. Introduction

1.1 This report documents the findings of the consultation undertaken with survivors of Mother and Baby Homes and County Homes and interested parties, by OAK Conflict Dynamics Ltd (OAK), at the request of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). The consultation process was conducted in March and April 2021. The purpose was to obtain the views of survivors, their families, representatives/advocates and other interested parties, on what should be included in the proposed financial Restorative Recognition Scheme including a form of Enhanced Medical Card.

1.2 Restorative Recognition is a key theme of the government's response to the report of the Commission of Investigation into Mother and Baby Homes and Certain Related Matters, published in January 2021. The other themes include a survivor centred approach, apology, access to personal information, archiving and database, education and research, memorialisation, and dignified burial.

1.3 Engagement with survivors is an essential element of the Government response. The Interdepartmental Group established to develop detailed and costed proposals for a Restorative Recognition Scheme held its first meeting on 4 February 2021. They are tasked with producing a report to the Minister and consultation with survivors was required to inform their report.

2. Report Structure

2.1 This report contains the findings of the consultation process: Part One describes the consultation methodology, a profile of the participants and the key findings under six key headings:

- i. Eligibility for the Financial Restorative Recognition Scheme
- ii. Financial Recognition Payments and Access to an Enhanced Medical Card
- iii. The Application Process
- iv. Administration of the Scheme
- v. A Survivor Centred Process
- vi. Other Measures

Part Two contains a summary report of each of the 17 online meetings held.

'With this report I pray you treat it with kindness and respect it so longs for. My life is no brief candle. It is a flaming torch I hold up and I want it to burn as brightly as I can before my end.'

'I would always feel like that same poor abused girl, never good enough to speak, work and think but expected to perform a certain kind of redemption to perform survival, resilience and obstacles, and could never reveal my pregnancy to anyone'

'We were given a life sentence without parole.'

'Someone had just walked away with my babies and that was that.'

'We need to see a change not only to the political rhetoric but a systemic change in the State's attitude and responsibility towards anyone who is a victim or survivor of state wrong doing...'

We provide quotes from survivors throughout this report, to keep the reader reminded of the survivors' individual words and experiences which form the basis of this consultation and is consistent with a survivor led approach.

This executive summary provides details of each section of the main report starting with the consultation methodology, profile of participants and the key findings under each of the six headings outlined above.

3. Consultation Methodology

3.1 The consultation process was undertaken by OAK from 10th March 2021 to the 2nd April 2021. A 'Call for Submissions' was issued by the Department of Children, Equality, Disability, Integration and Youth which resulted in 444 written submissions. In addition, 17 online consultation meetings were held by OAK, with 186 participants including survivors, their families, survivor advocates/representatives, representatives of organisations/survivor services and other related parties. Consultations by telephone were facilitated for 12 individuals who were not in a position to attend the online group meetings nor make a written submission.

3.2 The consultation took place against the backdrop of the publication of the Report of the Commission of Investigation in January 2021 after a five year wait by survivors and the Taoiseach's apology given in the same month. These events proved deeply emotive for survivors, as expressed by some at the online consultation meetings and in their written submissions.

3.3 It was also the first time that many of those who attended had spoken with others, and in a more public way, about their experiences. While participants said they benefited from participating in the group meetings, they also said they had initially been apprehensive about doing so and it did take a toll on them emotionally to do so. In recognition of this the details of the HSE Counselling Service were provided in advance of the meetings for those who wished to avail of this support afterwards.

3.4 It should also be noted that this consultation process took place in the context of the COVID-19 pandemic and the associated regulations which made it impossible to meet with survivors in person.

4. Profile of Participants

4.1 Of the 561 individuals who participated in the consultation process, 70% were female and 30% were male. Three quarters lived in Ireland, 14% in the United Kingdom, 7% in the United States, and the remaining 3% lived in Canada, Australia, France, Germany, the Netherlands and Spain, combined.

4.2 Almost two thirds of participants were child survivors of mother and baby homes, other institutions, and children who had been adopted, fostered or boarded out. A quarter of survivors were mothers. Of the others who attended, 5% were advocates/representatives of survivors, 3% were from organisations and 4% were other interested parties.

4.3 Over 90% of participants provided the details of the homes/institutions they spent time in. Three quarters of the participants resided in one of four homes including St Patrick's, Navan Road, Dublin, Bessborough House, Cork, Sean Ross Abbey, Roscrea, Co Tipperary and Manor House, Castlepollard, Co Westmeath. Almost two thirds of participants provided details of their duration of stay in the homes, of which sixty percent spent more than six months.

5. Eligibility for the Financial Restorative Recognition Scheme

5.1 This issue was addressed by almost half of those who made written submissions and comprehensively discussed at each online meeting. There was a general sense of anger, hurt and non-acceptance of the recommendations of the Commission of Investigation in relation to eligibility for redress. Many survivors stated that the recommendations were inappropriate, that eligibility criteria were arbitrary and lacked an acceptance of the realities and conditions in the homes.

5.2 It was evident from the online consultation meetings and the written submissions received that the majority of those who participated in the consultation process supported a universal, inclusive scheme. The largest proportion of written submissions stated that all mothers and babies who resided in mother and baby homes should be eligible for redress, regardless of the duration or year of their stay and regardless of whether children were accompanied or unaccompanied by their mothers.

5.3 A little over a quarter believed eligibility should be inclusive of other institutions in which expectant mothers were confined during pregnancy and a similar proportion believed that eligibility would be further extended to include those subjected to coercive family separation outside institutions or who were illegally adopted/fostered/boarded out without adequate supervision and vetting. To do otherwise it was stated would undermine the legitimacy of the scheme and fail to deliver a survivor centred response focused on the nature and effects of the harm suffered by the survivors.

'I found out that I was adopted at 67 years. Everything I treasured, all my photographs no longer had value. In a tapestry of life where everything comes together, I am a flaw in that...'

'You can't compensate for a life lost, but we do need something to help us...'

'I think it is disingenuous of the government to place an arbitrary six months redress restriction on residents. From a neurobiological perspective the damage done to an infant is catastrophic. It is a cop-out not to include human rights. The state has failed us...'

'Over the years as more and more information has come out about the catholic churches and successive governments heinous treatment of thousands of vulnerable women and their babies it has become increasingly difficult for us to weather each subsequent storm of horror upon horror...'

'We have carried our shame for long enough and by God we had to pay for our sins to hand over our own flesh and blood...'

'The Catholic Church and Government were punishing us their own citizens and felt perfectly justified in doing so and as a nation it had to be virginal and pure...'

5.4 There were numerous harms and human rights violations identified by survivors for which reparation was needed. The primary was the loss of the mother child bond and relationship which was reported to be the cause of widespread trauma and mental health issues for survivors. The harm caused by psychological, physical and sexual abuse, including degrading and dehumanising treatment received in the homes and in unvetted family placements through adoption, fostering or boarding out was also clearly identified.

5.5 The withholding of personal records and the suppression of identity and 'identity theft', working both domestically and commercially without payment, loss of education and employment opportunities, arbitrary detention and coercive control of mothers, racial and ethnic discrimination and non-consensual inclusion in vaccine trials were all identified as that for which reparation was needed.

5.6 The importance of a human rights-based approach to the design and implementation of the Restorative Recognition Scheme was alluded to by respondents and a number of measures that were important to survivors to shape the design and implementation of the scheme were identified, namely: accountability, truth-telling and identification of harm, participation, inclusion, equality, apology and restorative justice.

5.7 Reference was made to the importance of a transitional justice approach based on prosecution initiatives, truth seeking processes, reparation programmes and institutional reform, all specifically designed to provide recognition to survivors as equal rights bearers and citizens. It was also stressed that how survivors are treated matters almost as much as the substantive outcomes. Survivors stress the importance of this to form part of the overall reparation scheme, both in the context of the Mother and Baby Homes and across issues of historical abuse more generally.

6. Financial Recognition Payments and Access to an Enhanced Medical Card

6.1 The most commonly held view in relation to financial recognition was that an immediate interim ex-gratia, common experience payment, should be paid as urgently as possible. This was particularly the case bearing in mind the older age profile of survivors who it was thought should be prioritised, as well as those suffering serious illness or other extreme circumstances.

6.2 The other commonly mentioned aspect of financial recognition was the importance of an enhanced pension or periodic payments made to survivors, particularly for those who would not qualify for a contributory pension due to their life circumstances. This would be paid on an optional basis as a form of payment under the scheme.

6.3 It was also considered important that assessment of additional sums to the common experience payment, would be based on separate categories of claim for the different forms of harms suffered by survivors. Optional forms of payments should be provided tailored to each applicant's circumstances i.e., in a lump sum/periodic payments. In addition, applicants should not be precluded from taking a case to court if they accept an award under the Scheme.

6.4 The criteria that should be applied in determining the amount of financial recognition included predominantly forced family separation (for both mothers and children who were adopted, fostered or boarded-out), psychological trauma and harm, inclusion in non-consensual vaccine trials and experiments, lack of supervision/vetting of families of adopted, fostered or boarded out children, physical harm and injury, length of time in institution, discrimination including racial and ethnic abuse, work undertaken without payment, intergenerational harm, sexual abuse and unlawful denial and withholding of information.

6.5 In relation to medical care and the provision of a form of enhanced medical card, trauma informed counselling and/or psychotherapy was the most frequently requested service. This is in keeping with psychological trauma and harm being one of the most frequently identified harms for which reparation was requested. It was stressed that counselling must be delivered by trauma informed counsellors who understand and have the skills to meet the needs of survivors. The Health Amendment Act (HAA) card was the second most frequently requested service, followed by an enhanced medical card which was more generically used to refer to the unspecified need of survivors for medical care and support.

6.6 Free genetic testing and health screening were also identified as important to survivors to compensate for the lack of their family medical history. Private health cover was mentioned by others as the most appropriate means of addressing the health care needs of the survivors with a smaller number mentioning that the highest level of cover available from health insurers should be provided.

7. The Application Process

7.1 Survivors frequently mentioned the need for the scheme to be proactive and well-advertised as well as being simple, clear, and transparent. It was also considered important that it be accessible and open to applicants to apply in person, by phone or online. Using existing services including local GPs was another means mentioned to ensuring the scheme was accessible. Importantly it was emphasised that the application process needs to be conducted with kindness and sensitivity to the survivors.

'This home was where I the unwanted single mother could be mapped, shrivelled and destroyed with impunity because in this home no laws seemed to apply...'

'I have lost the birth right to my authentic self...'

'Everyone was marked by it. I lost an awful lot as it damaged my self-esteem, we deserve better than that...'

'Redress should not be based on time but needs to take into account the psychological trauma on mothers and children, as well as the physical abuse...'

'All these years I wanted information and my records, not reparation...'

'It was not just our own trauma that we experienced. We had to witness the trauma of others in homes and in the family that were affected...'

'More than any payments, information is more important. People have lost their identity and sometimes their country. They did not have any choice in the matter...'

'This must not simply be a redress scheme; it must be a reassessment of how institutions are run and how systems are run...'

'I had no sense that I had a choice other than to go to a Mother and Baby Home. After leaving I blocked everything and became an addict. I have since studied and worked hard and done well, but I remain with significant trust issues...'

7.2 Access to personal and family records was mentioned by the majority of those survivors who addressed the question of the type of supports that would be helpful in making an application. This issue overshadowed all others in relation to ensuring access to the scheme. Without records it was explained that survivors would not have the necessary information in relation to the criteria used for assessing claims and it is a critical part of the application process that full access to all personal, care and medical records is provided. Access to records was also considered an important support for family members of deceased relatives who wished to make an application on their behalf.

7.3 Another important support for applicants is the provision of a personal liaison person/advocate/ social worker or advisor. A person with whom the applicant could rely on to assist them with their application and related matters. This would be key to building the trust of survivors in the scheme and providing the necessary emotional and practical supports they need.

7.4 Free legal aid or payment for private legal services obtained by the applicant was identified as a necessary support for survivors making applications. It was stated that legal fees should be capped as should other professional or expert fees to avoid the misuse of scheme funds.

7.5 The majority view was there should be no cut-off date for the scheme or that it should be held open for an unspecified period of long duration. This was important in view of the lack of records and inaccessibility of records for some survivors, many of whom are only discovering aspects about their past in recent years. It was felt that it could take time for information to come to light for some survivors. The point was also made that the violations and the consequences of them in the lives of survivors had been long lasting and so the scheme should equally be kept in place for a long time.

7.6 For rejected applications, most survivors reported that an independent appeals process needed to be put in place. The right of appeal to the courts was also considered important.

8. Administration of the Scheme

8.1 There were a number of aspects of the scheme that were considered important to address in order to ensure that the scheme was fair. First amongst these was that the scheme should be delivered efficiently, fast and with immediate effect. This was related to the older age profile of survivors and in light of the length of time survivors have waited for the scheme.

8.2 It was emphasised by many of the survivors that the administration should be delivered with kindness, respect and sensitivity to their needs. To do everything possible to ensure this, survivors want to

see the scheme delivered by staff who are trained in restorative practice and in a way that is trauma informed. They stressed that the scheme needed to learn from the experience of other schemes and be delivered in a non-adversarial way. Survivors asked for the scheme to be supportive, facilitative, and transparent. Accessibility through an online portal was also referred to.

8.3 The majority of those who gave their views on the location of the scheme felt it should be delivered by a new agency tasked with all matters to do with survivors and that this should be established on a statutory basis, accountable to the Oireachtas. Local offices at county or regional level were also emphasised as part of the accessibility of the scheme.

8.4 Most of those who addressed the issue of the information needed to assess claims, supported the use of written, oral, or video testimonies. It was considered important that the applicant could choose the form of testimony they provided and that testimonies could be supported by evidence of expert witnesses and connected persons.

8.5 It was raised repeatedly that the burden of proof in determining eligibility and claims, should not lie with the survivor and that payments should be rights based. Giving testimonies was an important part of the process for many who wished to be afforded the opportunity to tell their story. This was considered a central part of the healing process and should not be approached in any way that could re-traumatise the applicant.

9. A Survivor Centred Scheme

9.1 Survivors felt strongly about the need for a survivor centred approach to the scheme. This could be achieved in a number of ways, some of which were also relevant when considering the administration of the scheme. They emphasised the need for reparation to be non-adversarial and respectful and for it to be survivor centred meant that it would need to be delivered by staff trained in restorative practice and in a knowledge and appreciation of the experience of survivors and the harms they have endured.

9.2 Part of reparation it was stated includes accountability and the pursuit of justice. Survivors reported there should be no non-disclosure agreements or gagging orders attached to financial recognition nor waivers of their right to legal action.

9.3 To be truly survivor centred it was considered important that consultation with survivors is ongoing and that secondly, they have an opportunity to tell their story in a meaningful way as part of their healing.

9.4 Survivors of mixed-race self-identified as a group with unique

'Whatever happens the trauma of all of this needs to be recognised and acknowledged...'

'Just imagine my joy had I received all the details at once, not in drips and drabs... I would have met my Mother and her family and known her for 70 years, before she passed away. My heart still aches...'

'One day in a home was like a year...'

'These was endemic, systematic, intergenerational trauma...'

'I have suffered horrific depression all my life. I have seen psychiatrists and psychologists several times and was hospitalised twice because I was suicidal. Unfortunately, I WAS NEVER able to tell them about my time in this Home. I couldn't be healed because I was unable to face the big demon!...'

'After six weeks I could go home. I thought I would go home with my son. On the way we stoppeel, and I was told I could not keep my child. My My child was left these...'

'I feel rejection all the time and I don't trust. I feel that anyone who comes into my life will leave me...'

'It was like a prison, except no one was checking on us to see if we were ok...'

'To actually take into account what we are saying, writing, feeling, to be truly honestly heard...'

status within the scheme. They identified the poorer outcomes they experienced due to the racial discrimination and racial profiling they suffered in the homes and institutions as well as with their adoptive, foster or boarded out families. They feel they have unique needs and status and should be treated as a separate category within the scheme.

9.5 When asked who should contribute to the financing of the Scheme, survivors were clear that it should be primarily the religious orders and the state. They believed primary responsibility lay with the state who paid, and in some cases employed the religious orders and others, to run the homes. In the absence of appropriate regulation and management, this enabled the mistreatment and abuses of mothers and their babies.

9.6 The pharmaceutical companies who undertook non-consensual vaccine trials, and the universities and others who participated as well as the local authorities who ran the county homes were identified as additional contributors to the cost of the scheme.

9.7 The needs of survivors living overseas were considered. The main issues identified were the need for widespread promotion of the scheme to generate awareness amongst the survivor community and those outside the survivor networks, accessibility and equivalency of reparation with survivors in Ireland. This was considered particularly important but problematic in relation to health care. Suggestions on how to address this included the provision of private health care for overseas survivors at a level equivalent to the health care cover provided to survivors in Ireland or a lump sum payment to the value of the cost of an equivalent level of private health care cover.

9.8 A dedicated helpline was proposed as a means of streamlining the reparation scheme. This would operate as a single point of contact, provide information on all aspects of the scheme and associated services, and be accessible to all. Another way of streamlining the scheme was that it would be delivered through resourced survivor groups.

10. Other measures

As part of the consultation process survivors referred to other measures beyond the Scheme, some of which are part of the wider government Action Plan in response to the Commission's Report. The issues mentioned included the need for legislative measures in relation to birth certificates of adopted people, burials, memorialisation, criminality, tracing services, citizenship and repatriation, peer supports, education supports, housing, family mediation, reconciliation support, family tracing services and lastly end of life services. These issues have been outlined in the report and in the reports of the online meetings.

PART ONE

Introduction

This report documents the findings of the consultation undertaken with survivors of Mother and Baby Homes and County Homes and interested parties, by OAK Conflict Dynamics Ltd (OAK), at the request of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). The consultation process was conducted in March and April 2021. The purpose was to obtain the views of survivors, their families, representatives/advocates and other interested parties, on what should be included in the proposed Restorative Recognition Scheme.

Restorative Recognition is a key theme of the government's response to the Report of the Commission of Investigation into Mother and Baby Homes and Certain Related Matters, published in January 2021. The other themes include, a survivor centred approach, apology, access to personal information, archiving and database, education and research, memorialisation, and dignified burial.

The Interdepartmental Group established to develop detailed and costed proposals for a Restorative Recognition Scheme held its first meeting on 4 February 2021. They are tasked with producing a report to the Minister and consultation with survivors was required to inform their report.

OAK was contracted to undertake the consultation by means of a 'Call for Submissions' (see Appendix 1) issued by the Department of Children, Equality, Disability, Integration and Youth and to undertake a number of online consultation meetings with survivors and interested parties. The views obtained through these submissions and consultations are summarised in this report, for submission to the Interdepartmental Group.

The report is structured in two parts. Part One contains the Executive Summary, the Consultation Methodology, and the Key Findings in relation to the Restorative Recognition Scheme. Part Two contains summary reports of each of the 17 online consultation meetings held.

Consultation Methodology

Submission Process

The consultation process was undertaken by OAK, from the 10th March to the 2nd April 2021. A public information campaign was undertaken by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) relating to the consultation process aimed at raising awareness among those who wished to submit their views on the development of the scheme, in particular former residents of Mother and Baby Homes and County Homes.

'I have never told anyone about my past as a child, not even my husband. But since Mothes and Baby Homes have been in the news so much recently, I started to talk with my daughter.....'

'I had to look after other people's babies, but I was not allowed to see my own...'

'I wish we could keep this session going...'

'We suffered physical and emotional turmoil...'

'I worked from morning to night minding other people's babies...'

'I was born into a cold, unwelcoming place. We were not treated humanely...'

'No one told me there were any other options. These weren't any other options really. Landlords would not rent to single mothers...'

Information on the consultation issued via a press release to local and national media outlets. Information was also made available on the Department's website and was promoted on social media to further broaden the reach of the awareness campaign. A 'Call for Submissions' was made in national and local media publications. Analysis shows that, through both online and print advertising, this campaign reached 2.5 million people. Additionally, the extensive Irish embassy network was used to raise awareness with those living abroad.

Submissions could be made in writing and/or by attending online consultation meetings (of up to 12 participants). These meetings were scheduled for 3 hours and for the most part ran to 3.5 to 4 hours.

A Submission Guideline (see Appendix 1) was produced to explain the consultation process. It set out a number of open-ended questions for consideration on the design and implementation of the Restorative Recognition Scheme. However, it was not a structured questionnaire, and it was explained that all written views and submissions were welcome and would be accepted in whatever format was chosen by the respondent, for example by a written letter. Additional guidance was also provided for those wishing to attend the online consultation meetings.

Each individual making their submission, in whatever format, was asked to register their participation and provide their personal profile details using the form provided or within the text of their written submissions. This was important information to obtain which gave helpful insight into the context and understanding of the issues raised. However, no submissions were excluded on the basis of this information not being provided.

Where people were not comfortable attending a meeting and requested a telephone call, this was facilitated. The submissions of 12 individuals were taken in this way.

There were 444 written submissions received. Of these 18 individuals provided their personal details without commenting on what they wanted from the scheme. These were recorded as an expression of interest in the scheme.

A total of 186 people attended 17 online meetings that were held between 18th March and 2nd April. The meetings were facilitated by a team of four facilitators and rapporteurs, Mary Lou O'Kennedy (Lead Facilitator), Estelle Varney (Coordinator and Rapporteur), Gerry O'Sullivan (Facilitator and Rapporteur), and Ray Flaherty (Facilitator and Rapporteur). Their profiles are included in Appendix 2.

Submission Format

The purpose of the consultation was to obtain the views of survivors and

interested parties on what they think should be included in the proposed Restorative Recognition Scheme. The Submission Guideline identified five key areas:

- i. Eligibility for the financial Restorative Recognition Scheme
- ii. Financial Recognition payments and access to the enhanced medical card
- iii. The Application Process
- iv. Administration of the Scheme
- v. A Survivor Centred Process

The format of the online consultation meetings was open, but the facilitators explained the focus of the consultation and used the five key areas to inform the questions they asked of those in attendance. They did this in an intuitive way, while being aware of the importance of enabling a discussion and an exchange of views and experience relevant to the attendees.

The confidentiality of the meetings was explained to those present and agreement was obtained from all present that no meeting would be electronically recorded, nor information shared outside the meeting pertaining to any individual in a way that identified them. It was also explained that the consultation process was not testimony based, i.e., that survivors were not required to provide testimonies and, that all views were welcome. Furthermore, any sharing of experience and testimony provided was by choice and would be respected and managed sensitively within the group. This was done to create a safe environment for all present and to minimise any possible trauma experienced while they articulated their views.

In recognition of the distress that can be caused for survivors in sharing their experience and views, the details of the HSE Counselling Service were provided in advance of the meeting for those who wished to avail of this support afterwards.

Ten meetings were initially planned and scheduled but an additional seven meetings were required due to the high level of interest expressed. A selection of dates and times were offered to facilitate participation of those living in different time zones, particularly in the United States. Participation was registered on a self-selection basis with up to 12 participants in each group meeting.

In a number of cases, specific group meetings were facilitated upon request or where the volume or area of interest of attendees from one group/area of expertise necessitated it. These group consultations were held with The Collaborative Forum, The British Survivor Service Providers, The Tuam Mother and Baby Home Alliance, SOLAS for Mothers and Info 4 Tuam.

'Stating that only those who were in homes before 1973 is discriminatory. It devalues what mothers and children went through. It was impossible at the time to get the Lone Parent payment while you were pregnant, so pregnant women could not get an income during their pregnancy. With the payment it was also presumed that a person had somewhere to go when often they had nowhere to go...'

'I was an angry child, always fighting with others and unable to make friends...'

'Officialdom needs to be kind...'

'The process should not be confrontational...'

'Even in the 80s these homes were not places of support. Doors were locked. Stairs had to be scrubbed with a steel brush. It is a false narrative that the 80s and 90s were grand...'

'The work that the girls did was not the same as in their own homes. The work load was immense. We had to cook and clean for large groups, not small families. Children were often left crying, unwashed and unfeet. We were not allowed to bond with our children. The scheme should address the emotional abuse that we suffered...'

Consultation Context

The context within which this consultation took place is particularly relevant. It was the first time for many survivors to come together to voice their views and feelings about the report of the Commission of Investigation that had been published two months earlier after a five-year wait. Participants reported that reading the report reopened memories of past experiences for them and these were accompanied by painful emotions for many survivors. Many disagreed with the tone, context and recommendations of the report creating feelings of mistrust and anger which were expressed at the online meetings.

It was also the first time that many of those who attended had spoken with others and in a more public way about their experiences. While participants said they benefited from participating in the group meetings, they also said they had initially been apprehensive about doing so. They reported that their participation in the meetings validated their experience and gave them a sense of being understood and valued. They said this despite the fact that it was distressing to talk about the harm and trauma of the past and to listen to others recount what happened to them. The reports of these meetings are contained in Part 2 of this report. They document the views and wishes of those who attended each meeting.

Consultation Scope

Focus

The scope of the consultation process was explained in the Submission Guideline and at the consultation meetings. It was conveyed to the participants that the focus of the discussion needed to be on what should be included in the Restorative Recognition Scheme being proposed by government. It was explained that this was an opportunity for survivors to have input into the design and administration of the scheme, including eligibility, financial recognition, application, administration and in what way the scheme needed to operate to ensure it was survivor focused. Part of the information sought also referred to how a human rights-based approach could be delivered in practice.

It was further explained that while the Restorative Recognition Scheme is a key element, it is only one element of a wider government Action Plan spanning 8 themes, namely: a survivor-centred approach, apology, access to personal information, archiving and databases, education and research, memorialisation, restorative recognition and dignified burial.

Our findings, as such, are primarily presented in relation to Restorative Recognition. Where additional information pertaining to the other measures of the Government's Action Plan was obtained, it is noted in the report.

Advocacy and representative groups play a critical role in supporting survivors and informing them of government policy and services. Many of them engaged their members in developing responses and submissions and the consultation process which was most welcomed. Some submission formats supported by the groups, referenced issues beyond the Restorative Recognition Scheme. We have tried to capture as much of this data as possible within the confines of this process but as explained, we maintained our primary focus on the submission information relating specifically to the Restorative Recognition Scheme.

Terminology

The use of language and terminology was a recurrent theme throughout the consultation process. Many survivors took issue with the use of the term 'former resident'. They described themselves as 'survivors', 'detainees', 'prisoners' and other terms to describe their experience of being 'incarcerated' in 'institutions' rather than 'homes' and spoke of 'arbitrary detention' rather than 'residence'. Adoptees often spoke of being 'trafficked' and 'forcefully separated' from their natural families rather than 'adopted'. Others voiced objection to being referred to as a 'birth mother' rather than 'mother' or 'natural mother'.

The scope of this report does not allow for a thorough examination of the complexity of the issues raised in relation to language. Every effort is made to be sensitive to and reflect back the various terminology and language which has been used by participants in the consultation process, but it is considered that a more precise treatment of this issue is needed. It is understood that a more in-depth examination of the use of language in this context is being conducted concurrently by another study.

Consultation Findings

The consultation findings are presented under two headings:

- A. Profile of Consultation Participants: This section reports on the profiles of those attending the online meetings and those who made written submissions.
- B. Key Findings: This section documents the key findings of the consultation under the five headings identified in the Submission Guideline:
 - i. Eligibility for the Financial Restorative Recognition Scheme
 - ii. Financial Recognition Payments and Access to an Enhanced Medical Card
 - iii. The Application Process
 - iv. Administration of the Scheme
 - v. A Survivor Centred Process

'The time limit for eligibility is causing division in a tight knit community. It is unfair that some people qualify and others not...'

'This should be brought into schools, perhaps in the Transition Year. They should be told how we were treated so they can go on to bring up healthy children in a healthy atmosphere. We should educate our boys in taking responsibility...'

'It must be recognised that these are complex issues for those who are living overseas...'

'We need to be sure that quiet people should be heard as loudly. Their trauma is no less simply because they do not talk. People who have been in Mother's Baby Homes have often thought that they are not worthy and so they accept poor treatment...'

'I have found the Facebook groups very helpful. The Government needs to develop funded informal get-togethers. Being able to talk to people from a similar background means more to me than counselling...'

'A six month time limit would be a continuation of the injustice ...'

'Everybody was impacted irrespective of the length of time they spent there...'

The findings are summarised combining the views expressed in the online consultation meetings and in the written submissions. Both qualitative and quantitative data are reported on to provide as much detail as possible on the issues identified. The written submissions were coded, collated, and analysed using Excel.

It was pointed out to us during the consultations that survivors wish to have their voices heard and for their voices and needs to matter to those who are developing policies and services that affect them. One survivor expressed this in the following way... 'they need to know we stand at their shoulder when they are writing documents that affect us'. The words of the survivors are therefore included in an anonymised way throughout Part One of the report, keeping the reader reminded of the human experience and needs of those who live with the painful consequences of the wrongdoings that were perpetrated against them.

Interpretation of Findings

The majority of the tables presented in this report reflect a multiple of answers provided by each respondent. In other words, each respondent could provide more than one opinion in relation to any given issue, sometimes up to six answers. This was done to capture as broad a range of views as possible. Therefore, the number of responses is usually greater than the number of respondents who answered the question.

Because answers can only be counted from those who provide information relevant to any given question, the number of respondents varies from question to question. Not everyone expresses their view in relation to every question. The questions asked of those making submissions were open ended and were not part of a structured questionnaire. The views expressed were coded, collated and reported on under the headings that were laid out in the submission guideline. The figures should be understood relative to each other e.g., if 50% said 'x' and 30% said 'y', this indicates that 'x' appears to be important to more people than 'y'. It should not be interpreted that 50% are for the item and 50% are against.

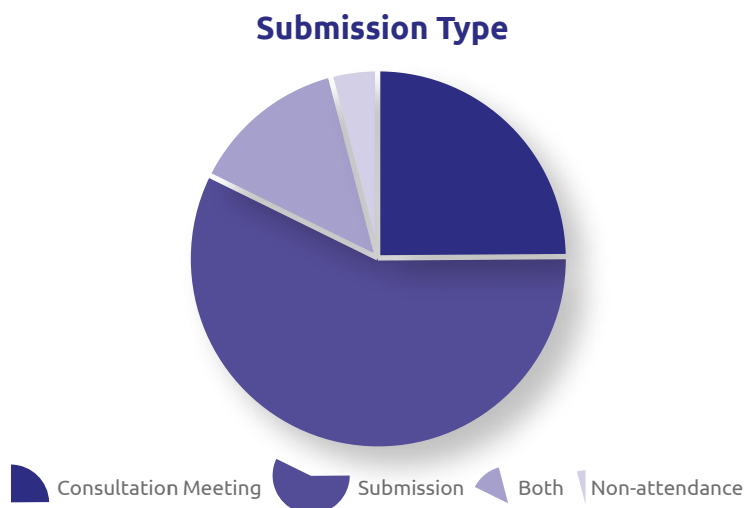
A. Profile of Consultation Participants

The consultation process was addressed to survivors, their representatives/advocates, relevant organisations and other interested parties. Below is an outline of the personal particulars of all those who made written submissions or attended the online meetings:

Number of Participants

A total of 561 individuals expressed interest in making a written submission or attending the online consultation meetings. Of this, 444 written submissions, including 52 from organisations, groups and political representatives, were received (see Appendix 3 for a full list). The online consultation meetings were attended by 186 individuals of which 18 were accompanied by a support person. Almost a quarter, 23%, of those who made written submissions, also attended the online consultation meetings. A further 32 people were sent invitations/information on the meetings but didn't attend.

Figure 1: Submission type



Gender

Of those who participated in the consultation process, 70% were female and 30% male.

Country of Residence

Three quarters (76%) of participants lived in Ireland, the next largest proportion, 14%, in the United Kingdom, 7% in the United States of America with the remaining 3% living in Canada, Australia, France, Germany, the Netherlands and Spain, combined.

'Survivors of institutions tell us that they are not all the same; rather, they are a diverse group of people with certain common experiences. They think differently about many issues and their experiences particularly on exit pathways, in boarding out/fostering arrangements or adoption, at home or abroad, is varied. The common thread is that all were detained in residential institutions known as Mothes and Baby Homes for a period of time up to nine years and boarded/fostered or adopted (or routed to another institutions) with little or no control over what happened to them as children and young people...'

'As a young girl of 16 years this was all just bewildering to me. I had no idea that someone was actually going to take my baby away from me...'

'I do remember going to feed my son and being told not to kiss him or cuddle him as he wasn't mine...'

'11% of women in these institutions were under 18 and some were as young as 12 when they became pregnant. This clearly shows that sexual abuse occurred in its worst forms of rape or incest causing these children to be in mother and baby homes only to be further victimised while these by being held personally responsible for their pregnant condition...'

Identity

The majority of participants, (87%), provided information on their identity i.e., whether they were a mother or child survivor, family member of a survivor, a representative/advocate of a survivor, representative of an organisation or other interested party. The breakdown is presented in Table 1, below:

Table 1: Identity of Participants

Identity	No. of Respondents	% Respondents
Child	298	62%
Mother	121	25%
Rep/Advocate	24	5%
Family Member	16	3%
Other	21	4%
Total Respondents	480	100%

Two thirds of those who participated were child survivors and a quarter were mothers. Of the mothers who provided information on their age upon entry to the Mother and Baby Home, County Home or other Institution, 22% were under 18 (from age 14 to 17) and 23% under 21 years of age, which it was commented on, was the official age of consent at the time.

This issue of underage mothers also illustrates the difficulty of using separate categories to distinguish between different residents whether it be for developing criteria around eligibility for redress or developing an understanding of experience. A small percentage of child survivors also reported returning later to the Mother and Baby or County Home as young mothers.

Two additional groups were self-identified by participants, those of mixed race (3% of the total) and those children who were adopted who considered themselves to be 'trafficked to the United States' (3% of the child survivor participants). A smaller number of mothers and children spoke about being 'trafficked' from the UK back to Ireland and one survivor spoke about her young mother being taken by a priest back to Ireland to have her baby quoting him to have said 'we handle these matters well in Ireland'.

Of the 298 child participants, 39% indicated they were accompanied by their mothers in the Mother and Baby Homes/County Homes and 61% were not. This distinction was made in the report of the Commission of Investigation who recommended this as a criterion for eligibility for reparation. However, it was pointed out by many survivors that this distinction did not have the same relevance as mothers were not allowed be with their children other than for feeding times, even if they were living in the homes with their children.

The Homes

Table 2: The Mother and Baby Homes and County Homes in which Survivors Resided

Homes	No. of Respondents	% Respondents
St Patrick's, Navan Rd, Dublin	114	30%
Bessborough House, Cork	77	20%
Sean Ross Abbey, Roscrea, Co Tipperary	48	12%
Manor House, Castlepollard, Co Westmeath	38	10%
Bon Secours, Tuam, Co Galway	24	6%
County Homes	23	6%
St Patrick's, Temple Hill, Dublin	19	5%
Ard Mhuire, Dunboyne, Co Meath	15	4%
Bethany Home, Dublin	11	3%
Industrial Schools	9	2%
Denny House, Dublin	4	1%
St Clare's, Stamullen, Co Meath	2	1%
Regina Coeli Hostel, Dublin	1	1%
Other	39	10%
Total Responses	424	
Total Respondents	385	

The Mother and Baby Homes and County Homes which participants resided in are listed in Table 2, above. Almost three quarters (72%) of participants resided in either St Patrick's, Bessborough, Sean Ross Abbey or Castlepollard mother and baby homes. Of those who provided details of the homes they resided in, 11% (41 respondents) reported that they were moved to another home, and in some cases more than two. The table above reports on the first and second home in which survivors resided. A fifth (20%) of those who reported moving to a second institution, named Temple Hill, which reportedly was a holding facility for adoptions. A further 20% of participants reported being sent to Industrial schools.

Table 3: Time Spent in the Home

Months	No. of Respondents	% Respondents
0-3	69	24%
4-6	47	16%
7-12	58	20%
13-24	29	10%
25-36	32	11%
37-48	25	9%
50-120	20	7%
120+	10	3%
Total Respondents	290	100%

'I had no choice, I had to accept any shelter. I felt like a prisoner, dead inside, lost, perplexed, alienated, tired, weak, nervous and quivering and I could feel my life slipping away. They gave me no wages, no pocket money and I doubt paid employment stamps for the hard labour in keeping that institution clean, but they did give me some food, a bed to lay my head on, a lunch and milk to feed my baby. For that I was grateful, what else could I be...! I hope this will be part of our healing process...'

'We are all victims of trauma - how can you put a price on trauma?...! Identity, family, education, career, health and their good name have all been taken from the survivors ...!'

'I am now 80 years old and have been fighting for some answers and justice for the past 18 years. I feel that people in the same position as myself, who went through similar traumatic childhood experiences through no fault of their own, should have the right to have recognition and redress and finally be able to lay this living nightmare to rest...'

'I feel anyone who passed through one of these homes should be eligible, be it the mother or the child concerned...'

Table 3 above shows that almost a quarter, (24%), of respondents spent three months or less in the homes and 40% spent 6 months or less. Duration of stay is particularly relevant in the context of the recommendations of the Commission of Investigation which proposed to make duration of residence greater than six months a criterion for eligibility for redress. This issue is addressed later under the question of eligibility for Restorative Recognition.

Table 4: Year of Admission to Home/Institution

Year	No. of Respondents	% Respondents
1940	15	4%
1950	47	14%
1960	75	22%
1970	101	29%
1973	36	10%
1983	56	16%
1993	16	5%
Total Respondents	290	100%

Almost 80% of those who responded to this question entered the Mother and Baby Home or County Home or other Institution as a mother or child up to 1973. This is a significant year within the context of the recommendation of the Commission of Investigation which proposed that Mothers who entered the homes pre 1974 would be eligible for redress. This issue is addressed later under the question of eligibility.

This table also illustrates the older age profile of survivors, 40% of whom were admitted more than 50 years ago or to homes pre-1970. The earliest date of admission of one of the survivors in our consultation was 1931 and the most recent was in 1989 for three of the participants.

B. Key Findings

1. Eligibility for the Financial Restorative Recognition Scheme

The issue of eligibility for Restorative Recognition received strong opinion and comment. This appeared to be driven in large part by the response of survivors to the specific recommendations on this made by the Commission of Investigation. The extent of feeling and opinion on this issue is evident from the online meeting reports. Of the written submissions, almost half (45%) made comment specifically on who they thought should be eligible for the financial Restorative Recognition Scheme. Three questions were posed in the submission guideline and feedback is recorded below under these headings.

Who do you think should be eligible for the financial Restorative Recognition Scheme?

This issue was addressed by almost half of those who made written submissions (45%) and comprehensively discussed at each online meeting. There was a general sense of anger, hurt and non-acceptance of the recommendations of the Commission of Investigation in relation to eligibility for redress. Many survivors stated that the recommendations were inappropriate, that eligibility criteria were arbitrary and lacked an acceptance of the realities and conditions in the homes. They also lacked an appreciation of the devastating impact of the conditions and regime on those who experienced them. Survivors reported how their experiences induced far reaching and lifelong consequences for them that were not reflected in the eligibility criteria recommended.

Opinion was expressed at the online meetings that all residents, both mothers and child survivors of the mother and baby homes should be eligible, as should residents of other related institutions where the state had a regulatory function or inspection function related to the provision of maternity care (not covered by other schemes). It was also mentioned that all mothers and children who experienced coercive family separation should be included regardless of the setting.

It is clear from the results of the written submissions, as illustrated in Figure 2 below, that the large majority of submissions supported a universal, inclusive scheme.

'It should apply to all of us - you were either in a Mother & Baby Home or you were not in a home, and you were either adopted or you were not adopted...'

'Everyone was marked by it. I lost an awful lot as it damaged my self-esteem, we deserve better than that...'

'Any scheme should include those who were trafficked and living outside Ireland...'

'It is appalling to measure the harm that was done to us in time ...'

'The only people I can relate to are other survivors. If one qualified and the other does not, it will fracture our community ...'

'Now the suggestion that children or anyone resided for less than 6 months would fall outside the remit of any reparation scheme is disgusting. Yet another insult.... This process must be all inclusive... These can be no person abandoned yet again by administrative policies of convenience that seek to limit government liability in this ...'

'I had no sense that I had a choice other than to go to a Mother and Baby Home... after leaving I blocked everything and became an addict ...'

Figure 2: Eligibility for Financial Recognition

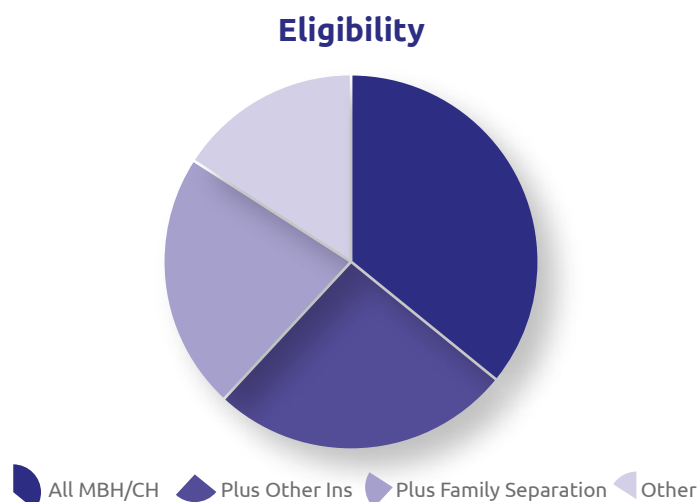


Table 5 below presents details of the responses provided by the 252 respondents who made reference to this issue in their submissions (45% of all submissions). Each respondent could provide more than one answer. However, the first three items refer to the views of the respondents on the types of institutions and settings in which mothers and babies resided as a determinant of eligibility. Each respondent could identify only one of these items as they are exclusive i.e., one expands on the next.

The figures show that 85% of respondents said all the mothers and children who resided in all Mother and Baby Homes and County Homes should be eligible for Restorative Recognition and almost half, 48%, felt eligibility should be extended to others.

Just over a quarter of respondents, (26%) stated that, as well as all mothers and child survivors of all Mother and Baby Homes and County Homes being eligible for financial recognition, eligibility should also be extended to those mothers and babies who resided in all institutions in which expectant mothers were confined during pregnancy and following the birth of their children and/or where children were taken from their mothers, or mothers were required to undertake commercial work as a condition of their stay or receipt of support. St Patrick's, Temple Hill was specifically mentioned in this regard which was used as a holding facility for adoptions.

A similar proportion, 22% said the scheme should include all the institutions as mentioned and should extend to all those subjected to coercive family separation outside institutions or who were illegally adopted/fostered/ boarded out without adequate supervision and vetting. To do otherwise it was stated, would undermine the legitimacy of the scheme and fail to deliver a survivor centred response focused on the nature and effects of the harm actually suffered by the survivors.

Table 5: Those who should be Eligible for the Restorative Recognition Scheme

Those Who Should Be Eligible	No. of Respondents	% Respondents
All Survivors of all MBH/CHs	93	37%
All Survivors of all MBH/CH & other Institutions	66	26%
All Survivors of all MBH/CH & other Institutions & children adopted/fostered/boarded out	55	22%
Did not agree with six months residency	129	51%
Did not agree with residence pre-1974	87	35%
Did not agree with unaccompanied child	26	10%
Agreed with six months residency	8	3%
Agreed with residence pre-1974	3	1%
Receipt of RIRS should not preclude/ include those that couldn't apply to RIRS	21	8%
Include all survivors living abroad	19	8%
Include all who suffered human rights violations	8	3%
Needs to be evolving scheme	8	3%
No compensation should be paid	2	1%
Total Responses	564	
Total Respondents	252	

The particular recommendations of the Commission of Investigation that identified residence of more than six months duration and residence pre-1974 to determine eligibility were actively rejected by the majority of survivors. There were views expressed in the online meetings that these criteria were disingenuous, that they were used by accountants to minimise the costs of redress and they did not take into account the psychological trauma on mothers and children, as well as the physical abuse. This was echoed in the written submissions in which the largest proportion of respondents, 51%, specifically stated their opposition to the six-month residency eligibility criterion being used and the next highest proportion 36%, said the pre-1974 cut-off date for eligibility was also unacceptable.

'I was locked in a room and watched through the window as they took my baby away...'

'I want back to the home to get my baby and she was gone...'

'I was adopted at 2 years of age and then returned into state care at two and a half, then I was brought back to the same adoptive family again and into that house of horrors...'

'We only had one visit by the Social Worker. She asked me if I had enough to eat. I was told to say yes...'

'I would be afraid if someone knew me during this consultation process as I still feel the shame, we were referred to by the nurses in the hospital as 'that lot' and anyone who had to go to a Mother and Baby Home should be recognised by the state because of the shame and indignity we had to endure ...'

'The children were often left crying, unwashed and unfeet. We weren't allowed to bond with our children...'

'I had to breastfeed other women's children, but I was not allowed to feed my own child...'

Other aspects of eligibility were also raised. These included discussions about inclusion of those who could not obtain redress through the Residential Institutions Redress Scheme and that those who did should not be excluded from this scheme if they resided in both types of institutions. It was stated that those survivors currently living outside Ireland should also be included in the scheme and that the families of deceased survivors should also be included in any reparation of behalf of their family member.

Discussion took place about whether a child who was deemed to be 'accompanied' or 'unaccompanied' should be a criterion when considering eligibility. The point was frequently made that even in the case of children who were deemed to be accompanied by their mothers in the homes, their mothers were not permitted to reside with their children and only saw them at feeding times and when other care duties were required. Thus, both mother and child suffered from the lack of opportunities to create the critical mother/child relationship and bond which has caused trauma in so many of the lives of these survivors.

A small percentage of written submissions agreed with the eligibility criteria for redress as recommended by the Commission of Investigation. Specifically, 1% of those who addressed the question believed that no compensation should be paid to any of the survivors, believing that the taxpayer should not have to pay the price for what they believed were people who had children out of wedlock and who were sent to the homes by their families. A further 1% believed that the 1973 cut-off date for reparation was correct. A small proportion, 3%, agreed that residency for more than six months should be a criterion of eligibility with 1% stating that less than three months should be the cut off time.

What should the Restorative Recognition Scheme provide reparation for?

This answer to this question for survivors is one based in years of trauma, distress, and overwhelming struggles to cope, to understand, discover information about their identities, and to psychologically accommodate and live with the pain and harm caused to them. In case after case, it was described to us how the impact and harm caused by being in these homes has been lifelong and traumatic. It has led to lives laden with various forms of life changing loss, severed relationships, difficulty forming relationships, addiction and unending suffering. Survivors are now seeking reparation, healing and supports to cope with the impact of the harms caused to them.

Over 70% of the respondents who made written submissions, gave similar views on this question which was the most frequently addressed issue of the written submissions. Up to six answers from each person was recorded. Table 6 below reports on each item as a percentage of the total answers given and also as a percentage of the respondents who mentioned each reason.

Table 6: The Harms for Which Reparation Is Needed

Harms	No. of Respondents	% Respondents
Loss of Mother Child Relationship	170	56%
Psychological Abuse	110	36%
Lack of Proper Vetting	98	32%
Withholding of personal Information	87	28%
Work undertaken without payment	61	20%
Physical/Sexual Abuse	54	18%
Unspecified abusive treatment	47	15%
Lack of Education	46	15%
Arbitrary detention/coercive control	42	14%
Stigma and discrimination	38	12%
Loss of Father/Sibling/Extended Family Relationships	33	11%
Violation of Human Rights	33	11%
Racial Profiling/Suppression of Ethnic Identity	24	8%
Health Issues related to Lack of Info/Neglect	26	8%
Non-Consensual Participation in Vaccine Trials	20	7%
Loss of Nationality and Heritage	14	5%
Total Responses	903	
Total Respondents	306	

Table 6 above clearly shows that the loss suffered by mothers and children by what survivors refer to as forced separation/coercive adoption/fostering/boarding out, is the issue most frequently identified for which respondents feel reparation should be provided. Mothers spoke about not being supported or enabled to keep their children, their children being taken from them without their consent and, it was said by many, illegally. This has led to lifelong trauma and mental health issues for many, both mothers and their children and to difficulties forming lasting relationships accompanied by negative consequences for survivors.

The harm caused by psychological, physical and sexual abuse experienced by survivors is also mentioned by more than half the respondents, 54%, (Physical abuse 36%, physical/sexual abuse 18%). Psychological abuse is mentioned twice as much as physical/sexual abuse. It is clear from the accounts of the survivors that many suffer from serious mental health issues, addiction, dependency, and trauma (including reports of PTSD) as a result of their time in the Mother and Baby Homes and County Homes.

'How much money will it take to compensate me for the loss of my only son...will make up for the piece of my heart that is missing...'

'We were treated as prisoners, not residents...'

'Financial compensation giving consideration to my birth mother's time and my time and compensation for the life together denied to both of us...'

'I want to have an opportunity to speak to people about my experiences without feeling that I am hurting them. When I am talking to family or friends, the hurt gets passed on to them...'

'These events sit heavy on my heart....and in my mind.... they are a never-ending nightmare....
A part of me, a part of my soul, was taken when they stole my child... and what they left was a void, filled with indescribable pain. Mother Nature has made provision for acceptance of death, but I was never prepared for the theft of my healthy new-born....I was never prepared for this violation of my motherhood ...'

'Redress should also be afforded to those who were placed in often racially abusive, unvetted and unstable families, who then became part of the racial abuse in the wider communities...'

The harm caused by lack of proper vetting and lack of supervision of adoptive families, including for those fostered or boarded out was another issue for which reparation was widely identified. Harrowing accounts of children being physically, sexually and psychologically abused in these situations were recounted resulting in long term mental and physical health consequences. Children who stated they were happy with their adoptive families also stated that this did not always protect them from feeling stigmatised, odd, or different or from being discriminated against in their communities and in schools.

A significant proportion of respondents, 28%, felt reparation should be provided for the withholding of personal information which led to the suppression of identity and 'identity theft', as reported by survivors. Survivors recount numerous experiences of information being withheld and redacted with misleading information being provided to them. This created painful obstacles when trying to discover their true identities. Reports were provided of birth certs being incorrectly registered, adoption papers being forged, widespread lack of access to medical and care records along with the resulting serious impact of this on the health and well-being of survivors and their families.

The need for reparation was also identified for mothers and children who worked without payment, and for the loss of education and associated employment opportunities. Reparation was also identified for the arbitrary detention and coercive control of mothers. Survivors of mixed race report their experience of Mother and Baby Homes was more even discriminating of them. They experienced racial discrimination and racial profiling that was unique to them that led to poorer outcomes. They believe they should be considered as a separate group for reparation.

The issue of vaccine trials and milk formula trials being conducted without consent in homes was also raised by the survivors. They request records on this practice to be provided and reparation to be given both for the physical impact on them at the time and for long-term medical consequences and injury.

A Human Rights-Based Approach

A human rights-based approach includes principles of participation, accountability, respect, access to services, diversity, empowerment and support.

How do you think these principles could best be reflected in the Restorative Recognition Scheme?

The importance of a human rights-based approach to the design and operation of the Restorative Recognition Scheme was emphasised by those with whom we consulted, both in the online meetings and in the written submissions. There was significant anger expressed about the fact that the Commission of Investigation terms of reference did not adopt a human-rights based approach and a belief that this was a missed opportunity to understand the harm and impact of what had happened to the survivors and more importantly how reparation could be made to address the ongoing harms caused to survivors.

It was repeatedly said that there is now an opportunity for the government to 'do the right thing' and calls were made to revisit the Commission's findings and recommendations through the lens of a human rights-based approach. The point was made that though the Commission stated that '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', that the wrongs experienced by survivors occurred within living memory and as such would be capable of being examined and assessed through litigation in the courts. Even so, legal responsibility or otherwise should not be the only determinant of the state, the church's and society's current responsibility to address the needs and human rights of survivors.

Several submissions pointed to the government's obligations under international law and the European Convention on Human Rights. The scale and severity of the human rights violations identified included, Arbitrary Detention, The Right to Life, Cruel, Inhuman and Degrading Treatment and Punishment, Illegal Vaccinations, Forced Labour, Enforced Disappearances, Trafficking of Children and Women, and Discrimination.

The UN Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law was cited as a framework within which to consider a human rights-based approach to the design and implementation of the Restorative Recognition Scheme and the wider government reparation Action Plan. This framework contains five key areas: Compensation, Recognition/Satisfaction, Rehabilitation, Guarantees of non-recurrence, and Restitution.

The scope of this report does not include an examination of a human rights-based approach to the government's reparation Action Plan.

'They have to bring humanity into it. We were humans before we were mothers locked away with our Human Rights violated ...'

'It's not right to compare one person's suffering with another person's ...'

'We don't want Restorative Recognition; we want Restorative Justice. Recognition is a very tame word after what we have been through. The State needs to recognise that they did wrong in the past...'

'We have had too much power taken away from us already and now it's time to introduce choice into our lives ...'

"We want to tell our stories. We want to be able to share our stories, we have always felt insignificant or that our experiences were not bad enough but are starting to recognise the full impact and seeing the effect thereof in our lives. Everybody is entitled to acknowledgement of their experiences and pain ..."

'Our stories should be published and recognised as much as the Commission's report. The stories should be publicly available with a clear explanation of terminology ...'

It recognises however that several submissions have identified the importance of adopting a human rights-based approach to the delivery of the Restorative Recognition Scheme. In our consultation we have aimed to identify what this would mean in practice for the survivors and scheme administration. The point was made that a human rights-based approach cannot be cherry picked or used in a loose manner for one part of the scheme and not the rest of it. The views of survivors are noted here that a coherent human rights-based approach is requested in the design and implementation of the complete reparation Action Plan.

While human rights principles can be seen to weave through the views expressed by survivors in relation to each aspect of the consultation, several issues were identified specifically in relations to this question. These are reported on in Table 7 below:

Table 7: Human Rights Approach to the Restorative Recognition Scheme

Responses re a human rights approach	No. of Respondents	% Respondents
1940	15	4%
1950	47	14%
1960	75	22%
1970	101	29%
1973	36	10%
1983	56	16%
1993	16	5%
Total Respondents	290	100%

Accountability: Over half of those who offered an opinion on this issue (53%) identified accountability by those who had a duty of care for vulnerable women and children as important to them. They specifically mentioned the failure of the state and religious orders who operated the homes. The control the church had on the state and the impact of this on the culture of secrecy, stigmatisation and shame that persisted throughout the lives of the survivors was referred to as well as the need for a complete separation of church and state affairs.

Truth Telling and the Identification of Harm: Restorative practices of truth-telling and public identification of harm was the next most frequently mentioned need, (37%). This issue is also reported on under administration of the scheme where the importance of opportunities for survivors to tell their story was emphasised. It was clearly stated that this would need to be optional for the survivors as not everyone may opt to do this publicly. It was also suggested that this could be done individually or in groups.

Participation: A similarly large proportion, 35%, stressed the importance of the scheme engaging with all survivors proactively to provide them with an opportunity to participate in the scheme. This was considered important for survivors and for their families and representative groups. It would ensure meaningful engagement during the formulation of the scheme and the government's wider Action Plan and its response to the Commission of Investigation's report.

In relation to the Restorative Recognition Scheme survivors specifically requested that they be consulted around the suitability of the financial recognition for survivors and how this would be delivered. The point was made that this scheme may need to evolve as needs become more evident and that the inclusion of survivors in the development of its plan and implementation would contribute to it being appropriate to their evolving needs. A number of participants commented that they had only discovered in recent years that they were adopted which points to the likelihood that some adoptees may still have to discover their true identities and it is important they are not excluded from the scheme.

Inclusion: This was considered another important aspect to the scheme mentioned by 29% of the respondents, particularly for those adoptees, birth parents and survivors not identified in the Commission's report. It was pointed out that a recognition of the human rights violations for those outside of the remit of the Commission was important to bring coherence to the scheme and justice to those mothers and babies who suffered similar violations by the church and state.

Equality: The importance of gender, ethnic and racial equality as well as those with disabilities and reduced capacity, was identified in 20% of the written submissions. Particularly significant here was the case made by survivors of mixed race to be treated as a separate category for redress based on the additional form of discrimination they suffered, leading to greater harm. They referred to the practice of racial profiling that existed in the homes and the higher incidence of children of mixed race being sent to industrial schools and orphanages as well as the detrimental impact and loss this had on their opportunities in life.

Apology: The consultation took place in the context of the Taoiseach's apology to survivors delivered on 13th January 2021. However, almost one in five respondents, (18%) felt that more needed to be done. Some stated that the Taoiseach's apology addressed only those within the remit of the Commission and was therefore exclusionary in nature and resulted in artificial stratification of the issue. The Taoiseach's apology also made reference to responsibility being more societal and family based rather than acknowledging the primary role played by the state and the religious. It is felt that this relationship between church and state was what built the architecture within which society responded rather than the reverse, and that Church and State bear primary responsibility for the impact on survivors. Some respondents called for letters of apology to be

*'In 1963 grief awoke
and shook me, twisted
me around without
asking my permission
and caught me
unaware. It lured
and pushed me to
the ground and as
I jumped up the pain
of a hidden profound
unresolved grief was
agonizing but the pain
of regret and shame
was unexplainable and
for me there was no
doctor doling out a long
lasting medicine, no
person I could talk to
who would understand
and no remedy from
the pharmacist to cure
this ailment...'*

*'They threw the blame
back on people and
said it was society that
was to blame. This is not
true...'*

'The 1973 Unmarried Mothers's Allowance was a discretionary means-tested social assistance payment. It was not in the category of welfare benefit. It cannot be assumed that all non-married mothers were eligible for it and obtained it.'

issued to all survivors or their families and a number felt this should also issue from the religious orders and county councils.

Restorative Justice: Strong views were expressed by 11% of respondents about the title of the scheme, specifically in relation to the term 'Restorative Recognition'. Many expressed the view that the term Restorative Recognition did not reflect the purpose of the scheme as they saw it, which should have been more about 'Restorative Justice'. It was also felt that 'Restorative Justice' was a more recognised process within a human-rights based approach. Anger was expressed at the religious orders and what was perceived as a lack of accountability taken by them for the consequences of the human rights violations suffered.

Some called for the charitable status of the religious orders to be removed and the cessation of public monies paid to them. It was important to survivors that those responsible for the violations of their human rights should be held accountable and that this should be done through the courts, if necessary. It was also mentioned that the County Councils who ran the County Homes, the pharmaceutical companies who undertook vaccine trials and experiments and universities who undertook experiments should also be held accountable for the harm done to survivors.

Reference was also made to the need for a transitional justice approach in seeking to address systemic harms that are fundamentally irreparable. This is done by way of prosecution initiatives, truth seeking processes, reparation programmes and institutional reform specifically designed to provide recognition to survivors as equal rights bearers and citizens. This would serve to promote civic trust between citizen and state, which has broken down over time and would reassert the fundamental value of the rule of law in our democracy.

Within transitional justice methodologies, the way in which victims-survivors are treated matters almost as much as the substantive outcomes. Survivors stressed the importance of this to them in relation to the Restorative Recognition Scheme, and in relation to the overall response from the state as part of an integrated and genuine effort to redress the past, both in the context of Mother and Baby Homes and across issues of historical abuse more generally.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

The issues of payment of financial recognition and access to a form of enhanced medical card were grouped in the submission guideline. Again, three key questions were identified, and responses are reported under each one below.

What type of payment would you consider to be fair and meaningful financial recognition?

It was frequently reported that participants found it difficult to address this question. The complexity of the question was frequently raised in meetings. Survivors generally felt that they did not want to see financial reparation alone provided, that reparation needs to be part of a broader response which held those responsible to account and enabled a process of healing and repair to take place, in a meaningful way. There was anger expressed by survivors who said, 'I don't want their money' while at the same time understanding the practical financial needs of many survivors because of lost opportunities they endured. The need for justice and recognition of the harms caused that would be provided by financial redress was also recognised.

An urgency for action was cited by many who referred to the older age of many of the survivors, who need redress now. The balance between urgency and the need for proper assessment and administration was discussed and the challenge this would present. Table 8 below reports on the views expressed in the written submissions which were very much aligned with those raised in the online consultation meetings.

Table 8: Type of Financial Recognition

Type of Payment	No. of Respondents	% Respondents
Ex-gratia/Common Experience Interim Payment	50	41%
Enhanced Pension/Periodic Payments	38	18%
Separate Categories of Claim for redress	34	16%
Choice of options of lump sum/periodic/damages	27	13%
Tax free/no penalties (incl. for overseas survivors)	26	12%
Case by Case basis for payments	16	7%
Compensation for Inheritance Tax paid	9	4%
Lump sum and periodic payments	8	4%
Lump sum	7	3%
Total Responses	215	
Total Respondents	123	

'I don't want their blood money and yet someone should pay...'

'We're not getting any younger - payment needs to be made now...'

'People want a once-off payment. They are getting older, and their time is limited. If they receive monthly payments, it might be too late...'

'Payment should be a monthly stipend. Many who were given redress under previous schemes spent their money unwisely, they were victims of their own kindness...'

'How do you put a price on our suffering?....'

'How do you put a price on the loss of a child?....'

'It's ridiculous to ask us, without any preparation, to put a price on our suffering. Any sum offered will constitute token compensation only – and we are not experts on how such token amounts are arrived at...'

'We want to send a clear message that we will be no part in selecting some people for redress and some people not. Will take no part in saying what amount of redress should be given. It is inhumane to ask survivors what they should get...'

Less than a third of those who made submissions addressed this question, (29%), but the responses provide indicative weightings of what was deemed important to the survivors. This was also consistent with what was expressed in the online meetings. A large proportion, (41%), believed that an immediate ex-gratia or common experience payment should be made to all survivors. A sense of urgency was expressed given the age profile of survivors and it was emphasised frequently that older survivors and those suffering from serious illness or other extreme circumstances should be prioritised for payment.

The second most frequently identified issue in relation to payments was a call for an enhanced pension and/or periodic payments to be made to survivors. This again reflected the older age profile of survivors who were concerned about their financial security and who considered an enhanced pension was necessary as part of this financial recognition.

The issue of separate categories of claim was also raised by the third largest proportion of respondents, (16%), as being important in order to recognise the different forms and levels of harm that survivors experienced. They stated that an application for these payments should be in addition to the ex-gratia common experience payment.

A small proportion of respondents, 10%, included details of the amount of financial payment that should be made. Of these, two thirds supported the payment of an interim ex-gratia/common payment. The amounts suggested for this interim payment ranged from €10,000 to €20,000 with an average of €15,200. Mention was also made of an ex-gratia common experience payment followed by the remainder of an entitlement to be paid in bi-annual instalments of €6,000.

Other amounts raised in one of the meetings and in a small number of submissions, suggested lump sum payments of between €50,000 and €2m. Reference was also made to the Magdalene Laundries and Residential Institutions Redress Board schemes for comparisons. It was felt that the grounds for determining payment under the Restorative Recognition Scheme should be at least equivalent to those of the other schemes but that this did not exclude additional arrangements, which it was recommended, should be developed in consultation with survivors. The point was also made that survivors should be compensated for the delay in accessing redress compared to these other schemes.

To be given a choice of the type of payments survivors could receive was also deemed to be important. They stated they should be able to avail of a combination of a lump sum, periodic payments and/or damages through the courts, if this is what they wished to pursue. In the case of survivors wishing to pursue damages, suggestions were made that monies received through redress could be recovered from any awards granted but others equally disagreed and felt there should be no recovery.

The importance of payments being tax free and carrying no penalties which would affect other payments such as pensions, social welfare allowances or other entitlements was stressed. Inheritance tax paid by those who inherited farms from their foster parents was raised as a form of discrimination that also needed to be compensated through the scheme. Payment of a lump sum, and payment of a lump sum plus a periodic payment was also mentioned.

What criteria should be applied to determine the payment amount?

A number of key criteria were clearly identified which survivors stated should be used in assessing the amount of financial recognition. There was a recurring message expressed that these criteria would only be used to calculate payment above a minimum threshold/common experience payment. The common payment would be provided universally to all survivors, including those who spent any period of time in these institutions or were subject to forced adoption/fostering or boarding-out. The most commonly identified criteria are listed in Table 9 below:

Table 9: Restorative Recognition Assessment Criteria

Eligibility Criteria for Financial Recognition	No. of Respondents	% Respondents
Forced family separation/disappearance	137	64%
Psychological trauma and harm	130	61%
Vaccine experiments	80	37%
Lack of Supervision/Vetting of families	71	33%
Physical harm and injury	68	32%
Length of time in Institution	60	28%
Racial, Ethnic, Discrimination/abuse	29	14%
Work undertaken without payment	29	14%
Intergenerational Harm	27	13%
Sexual Abuse	18	8%
Records of Registration	14	7%
Unlawful denial of Information/ disappearance of records	12	6%
Illegal birth registration	7	3%
Mother's Age	9	4%
Other	4	2%
Total Responses	695	
Total Respondents	214	

These assessment criteria were commented on by half of those who made written submissions. The two most frequently identified criteria that survivors stated should be used to assess payments were forced family separation/disappearance and psychological trauma and injury. These two criteria were identified in almost equal proportion by two thirds of the

'Compensation for trauma and harm will cost a lot of money and the government must be prepared to pay it. What has been proposed to date feels like a gesture with no grounding in law, precedent or assessment of harm...'

'I was placed or sold to a farmer who would not allow me to attend school and who used me solely for hard labour on the farm until I escaped as a young teenager...'

'We were taken from the home to the school, but we had to go ten minutes after the other children had arrived and we had to leave ten minutes earlier as we were not allowed to mix with them at all. Any other child who was late for school was told that their punishment would entail being put to sit near us...'

'Because we were labelled by the State as 'illegitimate' we could not join the Gardaí or religious orders ...'

'I will forever be recorded as having been born illegitimate and I will forever be haunted by the ghosts of 1970's and 1980s Ireland, when 'illegitimate' children were effectively seen as the children of Satan. In my early childhood, avoiding the judgement and cruelty of people, I took to hiding away in arcades and developed a gambling habit. Imagine a twelve year old sitting in an arcade playing poker. That was me and my addiction remained with me until about ten years ago. It ruined my life, I have never owned my own house...'

respondents. It is evident how closely connected these two criteria are and it is unsurprising based on the countless reports from survivors, that these are mentioned in equal measure. The loss of the mother-child and family bonds have been the source of deep pain and trauma for survivors, particularly because, according to their reported experience, these losses were forced upon them, often illegally and/or coercively by a regime that provided little choice and no support for mothers to keep their children.

The reports of the associated shame and stigmatisation of being pregnant resulting in mothers losing their child, and children never knowing their natural mothers and families, has led to lifelong suffering and trauma which has played out in many damaging ways from mental health issues to addiction to difficulties maintaining relationships. This trauma has also impacted the next generations vicariously as a result of the impact experienced by mothers and their children who were forcibly separated.

Withholding of information on identity and personal care and medical records has made it difficult for some and impossible for others to reconcile these issues. While access to records has improved over time it is still unresolved and is perceived as an ongoing form of abuse by those who hold them.

Emotional and psychological harm was also caused by the denigrating and dehumanising abuses reported on by mothers at the hands of the religious orders and others who owned and operated the Mother and Baby Homes and County Homes. In addition, this form of abuse was also reported on by survivors who were adopted, fostered and boarded out to families who were unvetted and unsupervised.

Participation in vaccine and milk formula trials without consent was the third most frequently mentioned criterion for assessment mentioned by over a third of respondents.

A similar proportion, (33%), identified placement by authorities of children into abusive family circumstances without supervision or appropriate vetting. This applied to children being placed for adoption, fostered or boarded out, many of whom experienced very abusive circumstances.

Physical injury or harm was again identified by almost a third of the respondents, (32%), and a slightly lower number, (28%) mentioned length of time in the institution as a criterion for assessment of payments. Suggestions were made for common experience payments based on each month of residency or every 6 months as it was reported was the case in the Magdalen Laundries redress scheme. It was felt that duration of stay included the harmful consequences of institutionalisation as well as other associated harms e.g., working either domestically or commercially without payment and/proper compensation. Using length of stay as a determinant for assessment of claim is distinct here from length of stay being used as the basis for eligibility as recommended by the Commission

of Investigation. Only 3% of all respondents were in support of duration of stay to be used as a basis for eligibility.

Racial and ethnic discrimination, work undertaken (commercial and domestic) without payment and intergenerational harm were all proposed as criteria by a similar proportion of respondents, (14%). Survivors of mixed race particularly stressed the importance of being considered as a separate category for redress. They drew attention to their higher rates of non-adoption in the institutions, racialisation and racial proofing. It was stated that a disproportionate number of mixed-race children in mother and baby homes were also included in vaccine trials and they experienced a further loss of identity due to the failure of authorities to record African fathers' names or misnaming them.

While many forms of harm are identified by the survivors, some submissions also point out that harm should not be the only basis upon which to assess reparation. They state that reparation should also be given for the breaches and violations of human rights that took place.

What services should an enhanced medical card cover?

Medical care is consistently and almost unanimously identified as the core need of the survivors. Many are in the older age bracket and their health is of particular and significant concern to them. Prompt access to treatment was emphasised as important to them as opposed to the delays associated with the regular medical card cover.

A large proportion of survivors also referred to their ongoing mental health issues and counselling was by far the most requested medical support requested. Without always knowing what services are covered within the different cards, namely the Health Amendment Act (HAA) card and a form of Enhanced Medical card, survivors stated that they needed comprehensive medical care including mental and physical health services and their general wellbeing care through alternative complimentary treatments, should also be covered in any medical card provision.

Many of the services referred to by survivors, fall within the HAA Medical Card level of cover. Where mention was made to numerous services specific to this level of cover (as listed below), particularly complementary therapies and home nursing, it was reported as a request for 'HAA level of cover'. Where general mention was made to having a medical card or being medically 'taken care of', this response was included under Enhanced Medical Cover.

The services understood to be covered under the HAA Medical Card include:

- GP services
- All prescribed drugs
- Medications

'Those who had to work and those who experienced different levels of abuse...'

'I feel sometimes I need help, emotionally with the burdens of some of the stories he has told me so all people should have access to counselling...'

'The process needs to respect people's privacy. For example, within the health services and in the pharmacy. People should not have to identify their background when applying for services publicly ...'

'We should be given health care which is on a private level. This was a breach of our human rights. We suffered physical and emotional turmoil ...'

'What happened nearly fifty years ago lives with me every single day. I could really do with counselling, but I can't afford it.'

'An enhanced medical card with access to high-quality medical care and other services related to their recovery, such as therapy, stress-reduction programs, and other trauma treatments. Personally, I've spent years, and thousands of dollars, on therapy to treat trauma caused by my separation from my mother and my subsequent adoption. The inability to afford such care should not put access to help beyond the reach of any survivor.'

- Aids and appliances
- Dental services
- Optical and aural services
- Physiotherapy
- Counselling
- Chiropody
- Home supports
- Home nursing
- Complementary therapies

Table 10: Health Care Services

Health Care Services	No. of Respondents	% Respondents
Trauma informed Counselling, psychotherapy	139	60%
Health Amendment Act (HAA) Card	132	57%
Enhanced Medical Card	85	37%
Genetic Testing	35	15%
Health Screening and Assessments	33	14%
Free travel/transport to medical appointments	30	13%
Private Health Services	32	14%
Private Health Care cover for spouse	14	6%
Premium Private Insurance	8	3%
Fuel Allowance	8	3%
Phone Allowance	8	3%
Health and wellbeing fund/Alternative therapies	6	3%
Services for genetic illnesses linked to ethnicity	3	1%
Total Responses	533	
Total Respondents	214	

Table 10 above shows that trauma informed counselling/psychotherapy was the most frequently mentioned service that needed to be provided. While counselling is a service that is eligible under the Health Amendment Act (HAA) card, it was recorded separately. This was done because it was so often referred to along with the view of survivors that more is needed in this area.

Reference was made for the need for trauma informed counselling to be provided by trained trauma counsellors with experience of working with survivors, both those survivors of the mother and baby homes and those who were adopted, fostered and boarded out. The need for individual and group therapeutic services aimed at supporting the healing process by suitably trained staff was repeatedly and frequently emphasised. Some submissions made reference to the provision of opportunities for survivors to participate in

restorative circles or group meetings where peer support could be provided. The Health Amendment Act (HAA) card was the most frequently identified level of health cover identified. Reference was made to the recommendations made by Justice Quirke that the HAA card be made available under the Magdalen Laundries Scheme but that it has not yet been provided. There was strong opinion voiced that this was the most suitable level of cover due to the age and needs of the survivors.

Particular mention was made of the need for dental cover due to malnutrition in the homes which has resulted in poor dental health. Home supports and home nursing was emphasised to enable independent living. Many survivors explained the importance of this in light of their fear of returning to institutional care based on their painful associations with institutional life from the past.

Genetic testing and health screening were mentioned by 15% and 14% of respondents respectively. The importance of this was explained in the context of the absence of medical records or family medical history of those who were adopted, fostered or boarded out.

Private Health cover was mentioned by a similar proportion, (14%), as the level of service they deemed appropriate and an additional 3% of written submissions identified a premium level of cover as the standard of Private Health cover that needed to be provided.

Transport to health appointments and free travel generally were mentioned by 13% of respondents. This was a particularly important aspect for survivors in the context of access to treatment.

'I have started going blind. They think it might be genetic. I still don't know...'

'We have hearing problems from being hit on our ears...'

'I haven't actually discussed it in therapy yet because I feel like a freak, it is all so bizarre, this is my culture, my society, my background, my family, my school. The identity crisis is very real...'

'Every time you try to engage with 'the system' it is a wall. A wall of silence, the State turns it back on you and effectively told, you are not entitled to the information, you are not entitled to truth. You can give birth to your family, but you will not be given the medical history so that you can make informed decisions ...'

'A dedicated phone line would help...'

'We do not want to jump through hoops...'

'We need secure long-term supports, knowing that this provision will not run out ...'

3. The Application Process

There were four questions identified in the submission guideline which are reported on below.

In what way could the application process be made responsive to the needs of the former residents?

Reference was made by survivors and their representative groups to the application process for other redress schemes and this led them to be concerned about how the application process for this Scheme would work. Some clear concerns as listed in Table 11 below were that it be well advertised and promoted in a proactive way. Concern was voiced about survivors who may not hear of the scheme unless they are actively engaged with. Some survivors may not have good health or be cared for now in a nursing home or other facilities. It was stated that it is important that no survivor is left behind.

The second most frequently identified issue was that the scheme application process and paperwork be kept simple, clear, and transparent and that it would be accessible. Accessibility included the option of how applications were made, either in person, by phone or online. It was also suggested that applications could be accessed locally through other services and GP involvement was specifically identified.

It was particularly striking that reference was made to the need for the scheme to be administered with kindness and sensitivity to the nature of the issues involved, and the stigma and discrimination that many survivors have experienced in their lives.

Table 11: Responsive Application Process

Ways in which Application can be Responsive	No. of Respondents	% Respondents
Proactive and well-advertised	54	35%
Simple, clear & transparent	43	28%
Accessible, in person, by phone/online	32	21%
Sensitive to the needs of applicants	14	9%
Applications through existing services	8	5%
Inclusive	3	3%
GP Assistance with Applications	1	1%
Total Responses	155	
Total Respondents	100	

What supports would you consider helpful in making an application?

A number of supports were identified that could be used by the applicant dependant on their particular needs and circumstance, and that would allow for as broad a level of engagement with the Scheme as possible.

Table 12: Helpful Application Supports

Type of Application Supports	No. of Respondents	% Respondents
Access to records	161	75%
Liaison Person/Advocate/ Social Worker/Advisor	61	28%
Independent legal advice/free legal aid	56	26%
Access to records for family members of deceased relatives	51	24%
Emotional supports	26	12%
Financial advice	24	11%
Digital literacy supports	24	11%
Literacy supports	17	8%
Supports for those living overseas	5	2%
Online facilities and application	2	1%
Total Responses	478	
Total Respondents	215	

As Table 12 above indicates, access to personal and family records was by far the most commonly identified support needed by survivors in making application to the scheme. It was stressed that without all their records survivors could not be clear on the extent of the causes of the harms they suffered. This was particularly noted in relation to non-consensual vaccine trials, periods of unexplained stays in hospitals, formula milk trials, details of placements in various institutions and/or fostered/boarded out placements, injuries suffered, medical treatments undocumented.

Access to personal data including birth certificates, baptismal certificates, and early life records were also required to demonstrate duration of residence, placement circumstances and experience. As stated previously the access to records is also important for survivors seeking their identity and for reconciliation and healing of their trauma.

The second most frequently identified support identified by respondents was the need for a personal liaison person, advocate, social worker or advisor. This was mentioned by 28% of respondents. This person would advise and support each applicant through the application process. Survivors saw this form of assistance as a means of making the scheme

'Not everyone can use computers so helpful and considerate staff on a free-phone number...'

'It is very hard to provide accurate information when the most common complaint from survivors is that they didn't have access to their personal records and what is there can be inaccurate or wrong...'

'It should be in major cities in each region and groupings for international regions...'

'Redress schemes should be open ended - why impose closure dates on these women and their children?'

'These should be no means testing for the redress. Payments should be ex gratia with no tax implications...'

'The state cannot cure us of the loss of a child, but we need help to live with it. I can't spend the rest of my life grieving...'

more accessible, supportive, and sensitive to their individual needs and circumstances.

A similar proportion, 26%, identified the need for independent legal advice or payment of fees for legal advice obtained privately by the applicant. It was however also commented on by some that a cap should be placed on legal or other professional or expert fees to prevent the waste or misuse of scheme funds.

What is an appropriate cut-off date for making applications for the Scheme?

There was a commonly shared view that the Scheme should be held open for a long period of time. The point was made that the wrong doings took place over 7 decades and so the Scheme needed to be held open for as long as it takes to ensure all applicants are served and all survivors are made aware and facilitated to apply. It was further noted that access to information may take a long time due to constraints in accessing accurate records and information and a significant number of survivors reported that they had become aware of the full extent of their situation or their adopted/illegally adopted status. Therefore, the Restorative Recognition Scheme should be given time.

This issue was addressed by a small number of written submissions, 11% (45 respondents). The weightings reflected in the table below align with the extent of the views expressed in the online meetings. Almost half (45%), felt there should not be a cut-off date and an additional 17% stated that it should be an unspecified period of long duration.

In the smaller number of cases where people mentioned any cut-off time, at least 2 or 3 years was mentioned. Others mentioned that it would be helpful to have a timeline put in place with an active information campaign in the media.

Table 13: Cut Off Period of Scheme

Views on Cut-Off Period of Scheme	No. of Respondents	% Respondents
Should be no cut-off date	21	45%
Long unspecified duration	8	17%
At least 2 years	6	13%
Applications processed within 2-6 months	4	9%
Suggested timeline with campaign	3	6%
At least 3 years	3	6%
1 year	2	4%
Total Respondents	47	100%

What procedures should be available to review applications that were rejected, or considered not correctly assessed?

Table 14: Review Process for Rejected Applications

Means of Review	No. of Respondents	% Respondents
An Independent Appeals Process	41	87%
Right of appeal to the courts	10	21%
An Internal Appeals Process	8	17%
Appeals process remotely	4	9%
Cost of Appeals covered by the State	4	9%
Clear explanation of decision	1	2%
Total Responses	68	
Total Respondents	47	

As with the issue of the scheme cut-off date, this question was addressed by a small number of written submissions. The majority, 81%, felt there should be an independent appeals process put in place. However, choice was also considered important and that it would also be open to an applicant to appeal through the courts.

The issue of costs for any appeal process was also raised and it was considered that this should be covered by the state. A remote appeals process was also deemed important especially for persons living outside the state.

4. Administration of the Scheme

There were four questions asked in the submission guideline in relation to the administration of the scheme, each of which is reported on below.

'The key with the administration of this scheme is that survivors are not made to feel that they have to continually prove themselves...'

'It's now time for the government to do the right thing...'

'Internal appeals process as part of the scheme carried out in accordance with constitutional principles of justice and fair procedures A right to appeal the decisions of the internal appeals process to the Courts...'

'Recognition of the systemic nature of this maltreatment would mean that individuals would not have to prove their particular case for reparation in each instance..... Skilled listness, trained administrative and support staff to ensure compassionate and accurate review of all cases coming forward. ...A trusting approach that takes a person for their word first and foremost as opposed to a distrusting approach in which individuals need to prove their relevance first. A feminist approach to designing this entire process...'

'It needs to be administered by staff who understand and are trained in restorative practices...'

What factors do you consider important to ensure a fair process and treatment of applicants?

Table 15 Sets out the answers provided in the written submissions to this question.

Table 15: How to Ensure a Fair Process

Aspects of a Fair Process	No. of Respondents	% Respondents
Efficient, fast & immediate	54	39%
Sensitivity and Respect shown by staff	40	29%
Delivered by staff trained in restorative practice, survivor experience & trauma	30	21%
Accessible including online portal	26	18%
Non-adversarial and fair	25	18%
Supportive, Facilitative and Transparent	20	14%
Non-involvement of Religious orders in admin	17	12%
Centrally administered with a single point of access	14	10%
Accountability	12	9%
Religious orders should not be entitled to respond to individual applications	12	9%
Legal/3rd party fees should be capped	10	7%
Religious orders should be entitled to respond to individual applications	9	6%
Application costs should be covered by State including calls overseas	9	6%
Inclusive	7	5%
Should be a blind process	5	4%
Confidential	4	3%
Total Responses	296	
Total Respondents	141	

In considering how the administration of the scheme could ensure fairness, a number of issues were identified as important. It was mentioned that it should be delivered efficiently and done so without delay. The age and needs of survivors were emphasised, that they are an aging population, and the scheme needs to be put in place quickly. Table 15 above shows that this issue was the one most frequently identified in the written submissions, by 39% of those who responded.

The second largest proportion of submissions, 29%, identified the importance of the scheme being delivered by staff who were sensitive to

and respectful of the survivors making application. This was related to the need for appropriately trained staff to administer the scheme mentioned by the third highest proportion of written submissions, 21%. Survivors recounted negative experiences of making applications to other schemes or seeking help from public services or the religious orders. This has left them feeling re-traumatised on occasions and they reported being mistrustful of state services which they feel have discriminated against them all their lives. They ask that everything possible be done to avoid being re-traumatised when making an application to the very scheme that is to provide reparation.

Related to the point above is the call by a similar proportion of respondents, 18%, for the administration of the scheme to be non-adversarial and transparent. Relatedly, that it is administered in an inclusive, and supportive way, that is sensitive to the hurt and distrust amongst survivors, who have been failed repeatedly by the state or have been on the receiving end of discriminatory treatment by the state.

Accessibility was also an important aspect for the survivors who felt this would be facilitated by an online portal, 18%. This would enable access particularly for applicants living overseas but also for all survivors to make their information accessible and transparent.

Other issues included views that the religious orders should not be involved in the administration of the scheme or any of the organisations supported by them. Some people felt they should be entitled to respond to applications and others did not.

It was also mentioned that funds should not be wasted on legal or 3rd party payments in the administration of the Scheme and to avoid this that one way of doing this was to establish a set fee for expert or legal supports. It was reported that high legal fees had been a feature of another scheme and that this was not a good use of funds that should be prioritised for survivors.

Where should the administration of the scheme be based?

The question asked here was whether there should be a single point of contact, or should there be points of contact in different geographical areas?

A high proportion of survivors in both the online consultation meetings and in written submissions, (68%), believed that the scheme should be administered by a new, separate agency tasked with all matters concerning the Government's response to the Commission of Investigation, including the centralising of all historic, domestic adoption files and records, institutional burials, information access, family tracing and archive. It was felt that this new agency should be established on a statutory basis to be held accountable to the Oireachtas.

'I feel that any financial recognition should be made directly to the survivors, not through a third party. This will eliminate the feeling for survivors that they must somehow justify themselves to yet another quango/ NGO...'

'I am 86 now and I have been waiting 70 years for redress...'

'It needs to be done quickly...'

'Don't ask us to prove our eligibility. I spoke to a solicitor recently about suing - she asked me to provide my paperwork. I have no paperwork. I was never given any...'

'Establish dedicated, specialist, excellent support services for survivors and publicise them - go out to where survivors might be encountered and train staff to identify, sign post and refer women and their children. Every GP could ask every patient next time they see them - were you affected by the treatment of pregnant women over the decades? Do this internationally - work with NHS to ask everyone of Irish heritage that question. Make it easier to access things...'

'I think perhaps different points of contact geographically might be more efficient...'

Table 16: Administrative Location of the Scheme

Location of the Scheme	No. of Respondents	% Respondents
A new statutory agency tasked with all matters	65	68%
Local offices in Counties/ Regions	44	46%
Central agency under DCEDIY	18	19%
Independent agency	13	14%
Total Responses	140	
Total Respondents	96	

It is also evident by a large proportion, 46%, that survivors want local or regional access so that they would not have to travel too far and would have more local supports available to them.

What information should be requested to assess claims and who should decide them? Should evidence rely only on written testimony and records, or should opportunity exist for oral testimony?

The main overarching theme here is that the assessment of claims and testimony should not be a re-traumatising experience for the survivors. It should not place the burden of proof on the survivor. It was widely believed that the case against the Mother and Baby Homes and County Homes has been made and that the burden of proof to prove otherwise should now lie with the State.

It was felt that every effort needed to be made by the state to provide survivors' records and in the absence of them that all possible forms of other evidence including testimony of connected persons and records and evidence of expert witnesses should be accepted to support an application.

Table 17 below shows clearly that two thirds of respondents, (62%) strongly supported the written, oral or video testimony of survivors as part of the application process. Some specified that this could be supported by signed affidavits of applicants. It was emphasised that choice in terms of how the testimony of the survivor is provided is important.

Another aspect of providing testimony is that many survivors wish to tell their story as part of the application process.

Table 17: What information should be sought to assess claims

Assessment Information	No. of Respondents	% Respondents
Written, oral or video testimony	71	62%
Rights based - no burden of proof	55	48%
Proof of residency/birth certs	32	28%
Include exceptional circumstances for those with capacity/disability issues	13	11%
Records and evidence of expert witnesses	11	10%
Testimony of connected persons	8	7%
Total Responses	190	
Total Respondents	115	

Almost half of the respondents, 48%, felt their eligibility should be rights based and as such the burden of proof should not lie with them. This was particularly relevant to a universal common experience payment. In relation to an application for a separate category of claim there was little detailed discussion on how this would be administered but that the same survivor centred approach would apply, and every assistance provided to recover records and accept the testimonies and records of experts and connected persons.

Proof of residency and birth certs were both mentioned by the third largest proportion of respondents, 28%. This information however posed practical difficulties for some survivors in that records are unavailable and not all survivors have access to their original birth certs.

It was mentioned that there should be exceptional arrangements and processes put in place to cope with exceptional circumstances for those with capacity or disability issues.

In terms of who should decide claims, 46 written submissions, (11%), responded to this question. It was also discussed at the online meetings. Almost all who made submissions on this point, 96%, felt an independent board/panel should be set up to decide on claims. Respondents reported that the panel should be representative. Representatives from a number of areas including from survivors and their families, experts in human rights law, social policy, academics, and trauma counsellors were proposed.

"They need to start treating us like human beings who lost their children..."

'The only information that should be requested is the Birth Cert if available to show that the birth took place in the home and an estimate of the time these to the nearest year...'

"We should have a choice if we want to make a written testimony, oral or online..."

'The scheme must be designed to meet the needs of the survivors no matter where they are based...'

'We should have an opportunity to tell our story...'

'The burden of proof shouldn't lie with us ...'

'The government needs to start trusting us and our truth rather than asking us for proof. They have our records and know who was in a Mother and Baby Home or a county Home...'

'This must not simply be a redress scheme. It must be a reassessment of how institutions are run and how systems are run...'

'Each survivor to have a personal advocate who will assist them in accessing services...'

5. A Survivor Centred Scheme

Four key questions were identified in the submission guideline pertaining to designing the scheme to be survivor-centred and what this would mean in practical terms. A summary of the views expressed are provided below.

What does a survivor-centred scheme mean to you and how would it impact on the design of the Restorative Recognition Scheme?

A survivor centred scheme for survivors is one that respects them and their needs and is administered in a non-adversarial way. It speaks to the mind set of those who administer the scheme. It was said that they need to be supportive and helpful rather than judging survivors in a more adversarial way. They felt a survivor led scheme would be operated by staff trained in restorative practices who understand their needs. It was reported that lessons needed to be learned from other schemes which were not always managed in this way. Reports were provided of survivors who felt disempowered and, in some cases, re-traumatised by their experience and reported the importance of not allowing this to happen in the Restorative Recognition Scheme.

Table 18: Design of a Survivor Centred Scheme

Survivor Centred Scheme	No. of Respondents	% Respondents
Non-adversarial and respectful	30	38%
Trained staff who understand needs	29	36%
No non-disclosure agreements/gagging orders	23	29%
No waiver of right to legal action	23	29%
On-going consultation	23	29%
Opportunity to tell their story	22	28%
Survivors of mixed-race unique status	13	16%
Direct payments rather than 3rd party	8	10%
All Ireland approach regarding adoption	7	9%
Medical card discreet in design	6	8%
Total Responses	184	
Total Respondents	80	

Table 18 above reports on what provisions could be made in the scheme to ensure it was survivor centred. The non-adversarial and respectful approach of those administering it was mentioned by the largest proportion, 38%. Similarly, 36% mentioned it should be delivered by trained staff who understand the needs of survivors.

The issue of non-disclosure agreements or 'gagging orders' was mentioned by the next largest proportion of respondents and an identical proportion, 29% also mentioned there should be no waiver of rights to legal action for those in receipt of reparation. For many this was a practical way of keeping the rights and needs of survivors, paramount.

A further, 29%, made the point that ongoing consultation with survivors was a defining feature of a survivor centred approach. It was pointed out that there is a high level of expertise in the survivor community that could be drawn upon to assist in the development and operation of the scheme. Reference was made to the role of the Collaborative Forum and survivor groups and services (including in the UK) in making representation and enabling survivors to engage in consultations. It was reported that these groups need to be resourced to ensure effective consultation with survivors throughout the operation of the scheme.

A similar number of respondents, 28%, stressed the importance of being able to tell their story as part of the scheme and that this would retain the survivor centred approach. Restorative practice was considered important in this regard and suggestions were made about organising peer support groups and restorative circles for survivors both locally and online.

Survivors of mixed race stated their belief that they should be considered as a separate group within the Scheme because of particularly targeted harm perpetrated against them which was unique to them. They made reference to the practice of racial profiling that existed in the homes and the greater incidence of children of mixed race being sent to industrial schools and orphanages and the detrimental impact and loss this had on their opportunities in life.

Also mentioned here by 16%, was that any payments made under the scheme should not have to be triggered or activated by a 3rd party and should be made direct to the survivor rather than a 3rd party or supplier. In connection with this no part of the scheme should rely on upfront payments by the survivors to be reclaimed. It was felt this discriminated against the less well-off and less literate/able.

Lastly, the medical card provided by the scheme was raised. Experience of other schemes was drawn upon where survivors were embarrassed when using their medical cards e.g., in a pharmacy, where the card was identifiably different, often unfamiliar to others and was evidently visually distinctive. It was stated that it should be a discreet card to avoid embarrassment by the user.

'A survivor centred scheme means keeping the focus on the Survivors as this is what it's about.

...It is recognition for all the wrong doings of the past.....

...It is acknowledgement and accountability for those who caused so much suffering and trauma both then and now...

... It is about giving us survivors a voice so we can speak up and tell our stories...

...It is about our process and how we can be part of it...

...It is about our past, present and future...

...It is empowerment and healing. And most of all, I hope...

...It is about closure.'

'As must be obvious, survivors are angry. We feel the injustice deep in our bones. Not only the injustice of the past, but also the current injustice of this process. However, this could easily be turned around by a good faith effort now on the part of government to engage with us collaboratively. The process is as important as the outcome for us...'

'The welfare of the survivors and survivors' needs should be the guiding principle of the redress system not reducing the burden on the institutions...'

Who should contribute to the financing of the Scheme?

A large proportion of survivors held the view that the State is responsible in the first instance for the wrongs committed. It is their belief that the State paid for and enabled the mistreatment of Mothers and Babies in the homes that were run predominantly by religious orders. While they believe the religious orders should be held accountable and also pay for reparation, it is a widely held view that payments should be paid immediately by the State and recouped by them from the religious orders or others also deemed to be liable.

Table 19: Financial Contributors to Scheme

Contributors Identified	No. of Respondents	% Respondents
The Religious Orders	95	79%
The State	81	68%
Pharmaceutical companies & Universities	20	17%
Local Authorities	15	13%
Others found to be complicit	7	6%
Adoption Societies	2	2%
EU Funding	3	3%
Society	2	2%
Total Responses	225	
Total Respondents	120	

Table 19 above shows that the religious orders were mentioned most frequently by survivors when considering who should contribute to the cost of the scheme, by 79%, and the state mentioned next by 68%.

In addition to the religious orders, it was stated the pharmaceutical companies should pay toward the costs of the scheme as compensation for the vaccine trials undertaken without consent. Related to this are the universities and other educational institutions that participated in associated and other medical research. The local authorities were also noted as having a funding role to play for their part in the operation and mis-management of the county homes.

How can the needs of survivors living overseas be met?

It was repeatedly highlighted that survivors living overseas should be equally included in the scheme and treated the same as those survivors living in Ireland. Many referred to the fact that the Commission of Investigation reported that 40% of survivors emigrated to Britain which emphasises the importance of this group.

Table 20: Needs of Overseas Survivors

Identification of Needs	No. of Respondents	% Respondents
Promotions and accessibility	60	52%
Private Health Insurance	55	47%
Equivalency with survivors in Ireland	30	26%
Online Meetings/Records Online	27	23%
Heritage Birth Right trips	22	19%
Application through local welfare services	20	17%
Local Jurisdiction centred	14	12%
Applications through Embassies/DFA	4	3%
Diaspora network		
Payment in Sterling	3	3%
Total Responses	235	
Total Respondents	116	

The promotion and outreach of the scheme was the most frequently identified issue by over half of the respondents who addressed this question, 52%. It was reported that many survivors may not be part of networks that will inform them about the scheme. As such there needs to be an active promotion of the scheme globally.

The issue of health cover was actively discussed and was the second most frequently referred to item identified by the written respondents, again by almost half, 47%. The difficulty of accessing health care under the scheme was discussed as a HAA/enhanced medical card would not provide cover for those not living in Ireland. Suggestions were made that private health cover be paid for survivors living overseas. Alternatively, it was suggested a lump sum to the value of this could be provided to overseas survivors.

The third most frequently raised point made by the respondents, 26%, was the importance of equivalency between survivors living at home and abroad. Many survivors living abroad considered themselves to be illegally trafficked to other countries when they were babies, through no fault of their own. Others left Ireland because of the stigma and discrimination they experienced through their association with mother and baby homes and others still because they lacked opportunities here due to the impact

"The state is the gate-keepers, and they should go after the religious institutions later, after taking care of us first..."

"Who will be paying for the scheme, the tax-payers or religious orders? The orders say that they have no money. It is not fair for the government to pay for religious orders' wrong..."

"We were sold like commodities..."

'The Institutions should be made to pay more than the tax-payers, church institutions are wealthy property owners, with few religions remaining to be supported, thus their responsibilities are few and they can easily afford to pay...'

'I miss being Irish...'

'These should be access to the scheme across jurisdictions...'

'We should be treated equally as survivors living in Ireland ...'

'I would like the Irish government to make repatriation to Ireland an easy and inexpensive process. We admit adopted people from Ireland who were sent abroad are an aging population. I would like to spend my old age back in the country of my birth ...'

'I live abroad since 1973 and sessions like this would really help me ...'

of the harms caused on their education or employment opportunities. Respondents made the point that in view of this all survivors regardless of where they were living should be treated in the same way.

A further 23% of submissions address the issue of online technology as a means of meeting the needs of survivors overseas. They pointed out that technology could be used to hold meetings online and also that records needed to be accessible online. This is a critical means through which overseas survivors can be provided with access to the scheme.

Many survivors considered themselves to have been illegally trafficked to other countries and as such feel they were robbed of their nationality and heritage. Supporting survivors to undertake heritage/birth right trips were mentioned by 13% as a means of enabling survivors living overseas to reconnect with their lost heritage. Some were never naturalised in their adoptive countries and requested assistance to obtain citizenship, particularly those living in America. (Citizenship for survivors living overseas is also dealt with under Part 2 of this report). They also asked for greater outreach and assistance when dealing with bureaucracy with the Irish embassies abroad and access to their records.

The need for extensive media coverage and a global media campaign was mentioned to reach out proactively to survivors living abroad to let them know about the scheme. It was also considered important to have liaison offices/individuals available in each jurisdiction to coordinate applications and information.

Simple gestures of supports were suggested at the online meetings to enable survivors overseas to engage and participate in Irish culture both within their own country of residence and in Ireland. Maintaining connection through more widely available digital connection to the Irish TV channels and newspaper subscriptions were discussed as both practical and symbolic expressions of support for their Irish heritage. Survivor gatherings they could attend in Ireland were also mentioned.

How can access to all reparation services be streamlined?

Table 21: Streamlining of Reparation Services

	No. of Respondents	% Respondents
A dedicated helpline as a simple point of contact	46	47%
Through resourced survivor groups	36	37%
Streamline services under one agency	8	8%
Responsive Technology	6	6%
Total Responses	99	
Total Respondents	87	

Table 21 above shows that the most frequently identified means of streamlining the scheme, proposed by almost half the respondents, 47%, was the provision of a dedicated helpline as a simple point of contact for those making application. This helpline would provide information and services under the scheme.

The resourcing of survivor groups was mentioned by the next largest proportion of respondents to this question, 37%. The survivor groups were considered an important network within the survivor community. With additional resources it was reported they could play a greater role in the delivery of the scheme.

'When I was sent to the United States, I lost my identity and culture....'

'When I returned to Ireland, I had to stay in emergency accommodation. The State failed me...'

'And some of the perpetrators, the knowing ones, and the pretend not to knowing ones are still with us...'

'All services should be provided in one central agency ...'

'These needs to be information for children, especially on health for consideration of hereditary conditions ...'

'Medical records are very important, especially as people get older ...'

'People must stop protecting the system, especially those who protect the system at all costs, it leads to corruption ...'

'A centrally administered scheme ...for consistency, transparency, fairness and accountability ...'

6. Additional Issues Identified

As well as those issues identified in the Submission Guideline, survivors referred to additional issues in their submissions and as part of the online meeting discussions. OAK undertook to report back on the issues raised but as a supplement to the core focus of the consultation which was the Restorative Recognition Scheme. Views were expressed in relation to the following and are also contained in more detail in the reports of the online consultation meetings documented in Part Two of this report.

Legislation

The need for legislative change was raised by 31% of the written submissions and referred to in the online consultation meetings. Survivors reported that an urgent need existed to provide adopted persons with access to their birth certificate and related personal documentation. This includes care files, adoption files, medical records, baptismal certs and any administration files that exist pertaining to them. The following legal and legislative issues were identified:

- Amendment of Section 35(1) of the Status of Children Act 1987 so that adopted people (whether legally or illegally adopted) are included in the statutory right to a declaration of parentage.
- The right for all adopted persons to know they are adopted.
- Amendment of Section 89 of the Adoption Act 2010 to ensure that all adoption certificates reveal that the person has been adopted.
- The right for people to have access to/apply for their birth certificate to be amended to state their full genetic heritage.
- Choice regarding officially recognised details in the event of multiple birth certs.
- Access to medical records
- Separate legal status and rights for survivors of institutional abuse
- Correction of illegally registered birth certs
- Appropriate implementation of GDPR and Data Protection Information

Burials

The issue of burials was raised in our online consultations and raised in 20% of the written submissions. The majority view was that the state should do all in its power to establish the identity and final burial place of children and mothers who died in institutions. There were some who felt there should be DNA testing of the remains for identification and others felt the coroner's involvement was necessary to determine cause of death and where appropriate, that charges be brought against those responsible.

Criminality

The issue of criminality was raised by survivors as an important aspect of achieving accountability. Aspects of criminality were identified in 18% of the submissions. Some of the issues identified were the need for free legal aid for survivors who wish to take a legal case to address the abuse/violations they suffered, the removal of barriers including the removal of the statute of limitations/the granting of discretion on this to judges, as a means of enabling survivors to seek justice through the courts, if this is the route they choose.

It was said that part of reparation is that those who commit wrongs are held accountable and that it needed to be recognised that illegal/forced adoptions is a criminal act and those who engaged in it should be held accountable.

The issue of records was again raised in relation to criminality on the basis that access to records was part of the necessary process of identifying the wrongs perpetrated and the harms inflicted.

Memorialisation

Memorialisation received significant attention. It was referred to in 26% of the written submissions.

It was considered an important part of the restorative commitment of non-recurrence and the healing process for survivors that the state should establish a memorial to honour all those who have suffered. Part of the memorialisation was also about removing the stigma and shame that many survivors suffered from and continue to suffer from, in some cases. It was felt that this initiative should be survivor-led. Ideas ranged from an interpretive centre to a museum, to localised memorials at the site of each mother and baby home.

Other spoke about the development of a national archive of information centre which would serve as a national site of conscience. An annual day in honour of all those who suffered in Institutions was suggested and thoughts about how each individual site needed to be managed including issues of planning for future development.

Inclusion in the school curriculum was another way in which memorialisation could take place in educating the next generation about the suffering of the past.

'Release of all documents and files containing personal information held by the state and other entities without any redaction of our personal information, as per EU GDPR....'

'The creation and persistent protection of a culture of secrets and shame in Ireland has not protected survivors of trauma, contrary to what you might think. Those who say they fear discovery by their own children, are speaking the language of trauma.

For it is not their children they are running from, but their own buried trauma, which has grown in this culture to a size that feels to them too frightening to confront. They were told to bury their pain deep inside, never to be seen or spoken of again ...'

'I always felt unequal to others, I was made to feel inferior. Because of these feelings of worthlessness, I felt unable to pursue any ambitions, studies, and careers. I always felt I had to work harder than others to prove myself ...'

'People are tired of having their lives cut up. The Mothes and Baby Homes, Magdalen Laundries and Industrial Schools were all interconnected. People are tired of being included in some sections and excluded from others. People are tired of having to do different investigations and different applications for each different area. The impact on their lives was complete ...'

'I want to end my days in dignity. I don't want to go to a nursing home, I don't want to be institutionalised again ...'

Tracing Services

The issue of tracing services was raised by survivors as a means of obtaining information about their identity which in the absence of records is important. A quarter of the written submissions referred to the need for DNA tracing services to be provided by the state/paid for by the state. Numerous accounts were provided by survivors about their experience of using private DNA services and through this how they were able to trace their identity and find family members. In the context where the state has not been able to provide the personal records necessary for individuals to trace their relatives, this service is deemed to be essential and the most effective means to addressing this shortcoming.

Reference was made to the state National Adoption Contact Preference Register which is provided to support adopted persons and their mothers/natural families to make contact with one another. It was stated that the state needs to provide greater access and promote greater efficiency of the register by more widespread advertising. Associated with this it was mentioned that mediated services to assist survivors to trace and reconnect with their natural relatives would be welcomed.

Citizenship

A number of issues emerged in relation to citizenship and repatriation of overseas survivors. Survivors from the UK, the United States, Australia, Canada, France, Germany, Netherlands and Spain, all attended the online meetings. In addition, 15% of written submissions made reference to issues of citizenship and repatriation. Some of the most significant issues mentioned were:

- the need for the state to provide repatriation services for those who wish to return to Ireland and to make this process simple and affordable.
- assistance with citizenship issues as some survivors were never naturalised in their adoptive countries.
- a clear uncomplicated pathway to Irish citizenship for those survivors who consider themselves to have been 'trafficked' to other countries, and as well as for their families.
- the right to hold an Irish passport and to have a choice to have their passport registered in their original birth name or adoptive name.

Other Services

A number of other services that survivors felt should be part of reparation were mentioned. These included:

- Support for end-of-life concerns including payment for funeral expenses and assistance with putting a burial plan in place.
- Housing supports and supports for independent living made more important in view of the fear of many survivors of institutional care.
- A dedicated family mediation/family reconciliation service to help survivors find and unite with families and friends.
- Education supports ranging from education access programmes to funding of up to third level programmes, with some survivors identifying this as a need for their children/grandchildren in recognition of intergeneration disadvantage.

'History is important. The people who write the history have to be free of all kinds of bias except towards the undeniable facts. Facts are sacred...'

'Initiate the rewriting of Curriculum History books, so that your young future citizens study what is truthful, accept the failings of its nations past towards its own most vulnerable future citizens and most importantly never repeat them ...'

'The government needs to hear more stories. We can't keep getting them to understand. They need more knowledge. When writing reports, they should do it with strong emotion and compassion when they are writing. They need to know we stand at their shoulder. This needs to be a living apology.'

PART TWO

Report of Online Consultation Meetings

Introduction

Part Two of this report relates to the 17 online consultation meetings held with survivors, their families, their representatives/advocates and interested parties. The meetings were held from the 18th March 2021 to the 2nd April 2021 as part of the consultation process undertaken by OAK.

Each meeting was managed by a Facilitator and Rapporteur from the OAK Team. The Rapporteur reported back on the issues that had been identified by the group at the end of each meeting, to ensure that all issues identified were recorded.

A total of 17 meetings were held to facilitate the level of interest received. A selection of dates and times were offered to allow participation by those living in different time zones. Participation was registered on a self-selection basis with up to 12 participants in each group meeting.

Specific group meetings were requested and facilitated. These group consultations were held with The Collaborative Forum, Survivor Representative and Services Groups in Britain, The Tuam Mother and Baby Home Alliance, SOLAS for Mothers and Info 4 Tuam.

In recognition of the distress that can be caused for survivors in sharing their experience and views, the details of the HSE Counselling Service were provided in advance of the meeting for those who wished to avail of this support afterwards.

Profile of Online Meeting Participants

The profile of those who attended the online consultation meetings is very similar to the profile of the overall consultation participants as presented in Part One and is reported on below. Full profile details were not provided by all those who participated and so the number of respondents for which information is provided will differ for each item.

Number of Participants

The online consultation meetings were attended by 186 individuals of which 18 were accompanied by a support person. Over half of those who attended the online consultation meetings, 54% (101 individuals), also made written submissions.

Gender

Of those who participated in the consultation process, 69% were female and 31% male.

Country of Residence

Three quarters (75%) of participants lived in Ireland, the next largest proportion, 12%, in the United Kingdom, 9% in the United States of America with the remaining 3% living in France, Germany, and the Netherlands.

Identity

The majority of participants, (94%), provided information on their identity i.e., whether they were a mother or child survivor, family member of a survivor, a representative/advocate of a survivor, representative of an organisation or other interested party. The breakdown is presented in Table 1, below:

Table 1: Identity of Participants

Identity	No. of Respondents	% Respondents
Child	109	63%
Mother	40	23%
Rep/Advocate	15	9%
Family Member	6	3%
Other	4	2%
Total Respondents	174	100%

Almost two thirds of those who participated were child survivors and a quarter were mothers. Of the mothers who provided information on their age upon entry to the Mother and Baby Home, County Home or other Institution, 13% were under 18 (from age 14 to 17) and 18% under 21 years of age, which it was commented on, was the official age of consent at the time.

A similar figure to that recorded for all consultation participants of 3% of those who attended identified themselves as survivors of mixed race.

Of the 58 child participants who addressed this issue, 45% indicated they were accompanied by their mothers in the Mother and Baby Homes/County Homes and 55% were not.

The Homes

Table 2: The Mother and Baby Homes and County Homes in which Survivors Resided

Homes	No. of Respondents	% Respondents
St Patrick's, Navan Rd, Dublin	41	32%
Bessborough House, Cork	26	20%
Sean Ross Abbey, Roscrea, Co Tipperary	14	11%
Bon Secours, Tuam, Co Galway	14	11%
Manor House, Castlepollard, Co Westmeath	12	9%
County Homes	7	6%
St Patrick's, Temple Hill, Dublin	8	6%
Ard Mhuire, Dunboyne, Co Meath	5	4%
Bethany Home, Dublin	1	1%
Industrial Schools	1	1%
St Clare's, Stamullen, Co Meath	1	1%
Other	9	7%
Total Respondents	127	
Total Responses	139	

The Mother and Baby Homes and County Homes which participants resided in are listed in Table 2, above. The majority of participants (84%) spent time in one of five homes, St Patrick's, Bessborough, Sean Ross Abbey, Bon Secours, Tuam or in Castlepollard mother and baby homes. Of those who provided details of the homes they resided in, 9% (12 respondents) reported that they were moved to another home, and in some cases more than two. The table above reports on the first and second home in which survivors spent time.

Table 3: Time Spent in the Home

Months	No. of Respondents	% Respondents
0-3	32	30%
4-6	16	15%
7-12	17	16%
13-24	12	11%
25-36	11	10%
37-48	11	10%
50+	9	8%
Total Respondents	108	100%

Table 3 shows that almost a third of participants, (30%), spent three months or less in the homes and 45% spent 6 months or less.

Table 4: Year of Admission to Home/Institution

Year	No. of Respondents	% Respondents
1940	2	2%
1950	15	13%
1960	26	22%
1970	43	37%
1973	8	7%
1983	16	14%
1993	6	5%
Total Respondents	116	100%

The majority (81%) of those who responded to this question entered the Mother and Baby Home or County Home or other Institution as a mother or child pre 1974, with the largest proportion, 37%, between 1960 and 1970.

This table also illustrates the older age profile of survivors, 37% of whom were admitted over 50 years ago or more to homes pre-1970. The earliest date of admission for one of the survivors in our online consultation was 1937 and the most recent was in 1989 for two of the participants.

Meeting Reports

The purpose of the online consultation meetings was outlined to participants in the Additional Guidance for Online Consultation Meetings document which was issued to each participant in advance of each meeting (See Appendix 1). It was explained that the purpose of the meetings was:

- To generate ideas and suggestions that will inform the work of the Inter Departmental Group in presenting their recommendations on the details and costings of the Restorative Recognition Scheme to Government
- To discuss the diversity of views expressed and to reach greater understanding of all perspectives on the establishment of a Restorative Recognition Scheme.
- To provide an option for oral contributions to those who wish to supplement their written submission or do not wish to make a written submission.

Each meeting was between three and four hours in duration. The facilitators and rapporteurs noted the views and issues expressed by the participants. It was agreed by all in attendance that meetings would not be recorded electronically and that they were confidential to those in attendance. As such, the meeting reports do not contain the survivors' comments but rather some comments from each of the meetings are presented anonymously in Part One.

The meetings were conducted in a semi-structured way by the facilitator, giving time to participants to express their views and experience while at the same time explaining the specific focus of the consultation process on the Restorative Recognition Scheme.

A summary report of each of the meetings is presented below. The views and issues expressed by the survivors are presented under the five key headings as outlined in the Submission Guideline (see Appendix 1) and in keeping with the presentation of findings in Part One of this report:

- i. Eligibility for the Financial Restorative Recognition Scheme
- ii. Financial Recognition Payments and Access to an Enhanced Medical Card
- iii. The Application Process
- iv. Administration of the Scheme
- v. A Survivor Centred Process

Meeting No 1: 22nd March 2021 at 10:00

Facilitator: Ray Flaherty

Rapporteur: Estelle Varney

The group felt strongly that any person who entered a home, whether privately or through the State, should be eligible for redress. People should be eligible on the basis of their experience, rather than restrictive criteria. It was claimed that illegal adoptions occurred without records, and some people are not certain of their experiences, particularly in early childhood. Society did not give mothers choice at that time, and therefore anybody who was affected by the system, should qualify. Even after 1973, many women did not know about the lone parent payments. It was stated that the payments that were available were not adequate to live on anyway.

It was noted that trauma and loss should be the main criteria for eligibility. The circumstances in the homes were described as abusive and oppressive, and denied mothers and children the opportunity to form a natural bond.

People suffered losses in their relationships in all spheres, of mothers, of children, and of extended family members. Relationships outside of family have also been affected. Many survivors commented that they have become anti-social, and struggle to form meaningful relationships and relate to others. Others reported on being placed with adoptive parents who were not properly vetted. Participants expressed the hurt of losing their identities and that the state and authorities denied them the opportunities to find their true identities.

It was commented that many were denied a proper education, and/or that their ability to be educated was affected by their circumstances. The trauma and experiences have also rendered former residents poorly equipped to pursue their goals.

It was noted that many survivors who were in homes, had a history of being institutionalised, either prior or subsequent to being in a Mother and Baby Home. It was felt that there should be recognition of the inter-connectedness between survivors of Mother and Baby homes, with experiences in Industrial Schools and Magdalen Laundries, and that consideration should be given to an integrated approach and supports, and services offered.

Appropriate medical care, that suits the individual needs of survivors, was noted to be important. Members of the group stated that they do not want to be limited to public services but want to be able to access the care and support they personally felt was needed, including holistic therapies. It was also commented that people should be able to have access to private care and facilities, as some found it difficult to interact on a social level and needed the comfort and dignity of privacy.

It was also felt that the effectiveness of medical care was reduced if people did not have access to their past medical records, and family medical history.

There was anger expressed at what is perceived as the 'protection of the system', and that survivors are regarded as less significant than the institutions that caused the suffering. It was felt that the agencies and institutions involved have to take responsibility and

acknowledge the pain that this has caused to people. It was also felt that redress would be meaningless if it is not accompanied by changes in the system. It was further felt that part of acknowledgement and recognition should include that this part of history, and people's personal stories, should be included in the school curriculum.

There was consensus in the group that access to records, and their personal information, was the most pressing concern for most. It was felt that knowledge of their own identity, their medical history and their family was a greater priority than receiving a payment. Many felt that due to the numerous inaccuracies and practice of withholding records that the State needs to provide access to DNA testing services for survivors to establish their true identity.

The fact that former residents and babies were left in unmarked graves, was noted to be a source of great distress. It was stated that families were deprived the opportunity to mourn those who have passed and visit their graves.

The value of peer support, and the opportunity to share experiences, was emphasised. Some survivors mentioned that they have not been able to speak to others and appreciated the opportunity to do so in the consultation. It was considered an opportunity also to gain greater insight and understanding for the circumstances that have resulted in the choices that mothers made, or recognition of the shared experiences. Survivors also indicated that they felt that they were burdening family and friends when they spoke to them, and as a result refrained from doing so.

1. Eligibility For The Restorative Recognition Scheme

Eligibility Criteria

- Residents from other institutions should be included, not just the fourteen institutions mentioned in the report.
- Redress should be survivor based, not home based. It does not matter which home or institution a person was in. There should be full inclusion of all homes and institutions where unwed mothers gave birth and where children stayed or were adopted from for example being taken from hospital to a private home or being placed with a private family before adoption.
- Those who were resident for less than six months should not be excluded.
- Eligibility should be extended to those who were in Mother and Baby Homes and County homes after 1973.
- There should be no exclusion of persons who qualified for redress under previous schemes, such as the Residential Institution Redress Scheme or Magdalen Laundry scheme.

What should the Restorative Recognition Scheme provide reparation for?

- Loss of child, mother and extended family bonds and relationships.
- Abusive treatment.
- Psychological and social consequences of traumatic experiences.
- Inadequate vetting of adoptive parents.
- Loss or denial of identity.

- Loss of education or the ability to benefit from education as a result of being affected by the traumatic circumstances.
- Loss of opportunity to pursue a successful career.
- Recognition of the abuse suffered in the system.
- Children who were adopted were often stigmatised, abused and bullied in the community. Adoptive parents were also hurt in the process, as they were aware of the abuse their children suffered.

How should Human Rights principles be reflected?

- People have been excluded and marginalised. They want to be included in the design of redress, and their experiences accepted and acknowledged.
- The mistakes from the past should be recognised and serve as lessons for the future.
- All aspects of the process should be transparent.
- The diversity of people affected needs to be acknowledged and it should be accepted that everybody is equally entitled to redress.
- An integrated approach should be taken for all survivors of institutional abuse.
- There should be recognition of the neglect suffered by those affected.
- The institutions responsible should be held to account. It feels that the abuse has been continuous.
- Many mothers feel that they fell outside the apology, as it was only made to certain mothers in certain homes. Every mother who was forced to give her child up for adoption should be apologised to.
- An opportunity to publicly share and acknowledge the experiences of survivors.
- It must be recognised that it is not just the Catholic Church that is responsible. Many institutions were involved.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payments

- People want a once-off payment. They are getting older, and their time is limited. If they receive monthly payments, it might be too late.
- Payments should not be subject to any tax or limited by end-of-life care or fair deal schemes.
- There must be recognition that the damage was very extensive. It went beyond the people in the homes and affected the rest of their families. There is an intergenerational sense of loss. There must be recognition of the impact of the trauma on the next generation; how people now interact with their children and how this has shaped society.

Enhanced medical card

- Access to appropriate therapy and counselling is regarded as paramount.
- The scheme should allow for individual choice in services. It should not just be medical services but include wellness services.
- The card should include more than the services that were available for the Magdalen card. It should be more like the HAA card, but without the specific

additional services for hepatitis treatment.

- The medical card should be equivalent of private care and allow for private services.
- For those outside the country they should be able to access private care for which the Government pays for that directly.
- Consideration should be given to people living overseas to have equal access to good medical care. People want to be able to access decent private therapy.

3. Application and Administration

- The application process, administration, records and information should be available at a central point. A 'one-stop-shop'. All records related to former survivors should be held by one agency.
- These matters need to be dealt with expediently. People are getting older. They could die soon.
- No solicitors should be involved in the scheme.

4. A Survivor-Centered Scheme

- Payments should not be made with a non-disclosure agreement.
- Survivors have a right to their records and should be given access to all documentation that refers to their own and family history.
- The scheme should give justice, which means:
 - Full, quick and easy access to information which should be centralised.
 - Full enquiry into illegal adoptions.
 - Investigation regarding vaccines.
- Investigation into the milk scheme.
- There should be an adjustment to the birth certificates to show if people have been adopted. It was changed in 2010 under the Adoption Order Act 2010, section 89 that adoptions are not recorded. Australia provides an integrated birth certificate that provides the names of both the adoptive and biological parents.
- GDPR is being used out of context. Those in agencies should be properly trained, and regulations applied consistently.
- Access to medical records
- Illegal adoptions need to be investigated.
- The identity and final burial place of children and mothers who died in institutions should be properly investigated, and graves should be marked.
- People should have a right to remove remains of family members.
- People's stories have to be implemented in history in schools. This experience and this injustice has to be recognised and remembered.
- Sponsored DNA testing should be made available.
- Support should be extended to families. Damage done has affected generations.
- Meeting groups with other survivors need to be established, as the ability to share lives and experiences is regarded as valuable.
- Funeral expenses should be paid.
- Criminal acts should be investigated. There should not be a limit on justice. It does not matter how old people are now.
- The State should cover travel costs for overseas survivors to visit Ireland, either to see place of birth or to visit the graves of family members.

- Support should be available to trace family members. It is often difficult to find family because people use different names, they were told to change their names.
- Housing should be made available. People should be allowed an opportunity to live independently in their own homes.
- People want an end-of-life scheme so that they can be buried with dignity.
- Redress schemes and services should be more clearly communicated. There was upset that the call of submission was not widely advertised. People do not want to struggle to have information. They should be told what their rights are, and they should be told how they can get redress.

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Meeting No 2: 22nd March 2021 at 15:00

Facilitator: Mary Lou O’Kennedy

Rapporteur: Gerry O’Sullivan

1. Eligibility for the Financial Restorative Recognition Scheme

It was stated clearly (and agreed) that the scheme should be called the Restorative Justice Scheme and not the Restorative Recognition Scheme, which was deemed to be ‘offensive’.

There was consensus among the survivors that the recommendations set in the Mother & Baby Homes Commission of Investigation Final Report exclude some groups who should be eligible. It was said that the Scheme needs to reflect the experiences that people had in Mother & Baby Homes & County Homes and that it should be open to all who feel they are part of the Restorative Recognition Scheme, but that no one should be left out of the scheme.

Participants stated that the following groups of survivors need to be included in the Restorative Recognition Scheme:

- Those who were in Mother & Baby Homes & County Homes at any time, not only those who were there more than six months, as was selected as the optional cut-off date by the Mother & Baby Homes Commission of Investigation report. They said that redress should not be based on time, but needs to take into account the psychological trauma on mothers and children, as well as the physical abuse and devastating losses they experienced.
- They also stated that for the government to put a six-month limit after which the Restorative Recognition Scheme would apply, would be disingenuous as adoption orders did not come through for at least six months and that during that time those born in ‘Homes’ were ‘Wards of State’ as it could take up to two years to become legally adopted.

The survivors specifically included the following as being eligible for the Restorative Recognition Scheme:

- Those who had still-born births in Mother & Baby Homes or County Homes.
- Those who were in Mother & Baby Homes and County Homes that were not named in the recommendations from the ‘Mother & Baby Homes Commission of Investigation Final Report’, including the 182 homes that were named in the ‘Clann Report’, as well as St. Patrick’s Mother & Baby Homes, County Homes and the illegal Mother & Baby Homes.
- All those who were in Mother & Baby Homes & County Homes until the last ‘Home’ was closed.
- Those who were in Mother & Baby Homes and County Homes after the introduction of the Unmarried Mother’s Allowance in 1973. While the Commission of Investigation Final Report proposed that 1973 be used as a cut-off point for eligibility, the survivors stated that not only did many of them not know about the existence of this allowance but that the rate of the allowance would not have supported one person, let alone a mother with her child. The survivors also pointed out that at the time the state allowed landlords to discriminate against ‘unmarried

mothers' and their 'illegitimate children' and landlords 'overwhelmingly did so'.

- It was stated that all those who were adopted or fostered in Ireland and abroad should be included in the Restorative Recognition Scheme, including those who consider themselves to have been trafficked and who are now living outside Ireland as a result.
- It was mentioned that it was important to take into account the outcomes and experiences of all those who were adopted who may have experienced horrendous and abusive circumstances due to a lack of proper vetting by the State.

Relatives/Families

There was discussion on whether families and relatives of deceased survivors should be entitled to reparation. Some participants were of the view that direct descendants should be able to make a claim as so many mothers were denied opportunities to education and their experiences were so limited that they had nothing to pass down to their children. Another view was that if an applicant to the Restorative Recognition Scheme dies before reparation, then they should be able to will that reparation amount to their children.

What should the Restorative Recognition Scheme provide reparation for?

a. Reparation is required for forced separation for mothers and babies along with long-term impact:

- Survivors stated that there should be reparation for the forced separation of mothers and babies, their loss of each other and the abuse inflicted on both mother and baby.
- Loss of power or decision-making for mothers who were not asked to give consent or sign any form to allow their child to be adopted
- While survivors might have stated that they had a positive experience of adoption, they then went on to talk about still feeling 'ashamed', 'alone', 'odd', 'less than', 'illegitimate' because of the way they were treated by the state, the church and society
- Continuing and persistent emotional impact on mothers who are now moving into old age and 'children' who are now adults, resulting in a multi-generational trauma impact.

b. Reparation is required for Inhumane and degrading treatment:

- Survivors talked about the degradation, shame and loss of dignity that mothers experienced both in the Mother & Baby Homes and County Homes and in society. Mothers talked about being classed as 'sinners' or 'that lot'. Children said they knew they were 'the product of sin'.
- Mothers spoke about being made to feel ashamed and degraded for being pregnant and who say they were referred to as 'whores and prostitutes' and therefore deserving of punishment by the religious orders who ran the 'Homes'.
- Nutritional neglect of mothers and their children.

c. Reparation is required for the continuous blocking of easy access to information for survivors:

- Mismanagement and denial of access to their own records
- Disinformation, false and misleading information given to mothers and children e.g., being told that their child was dead when this later turned out to be untrue.

- Loss of the right to know their correct identity
- Identity confusion as a result of getting false or misleading information
- Forgery or falsification of records
- Legal costs incurred over the years

2. Financial Recognition Payments and Access to an Enhanced Medical Card

What type of payment is fair and meaningful financial recognition for former residents?

The participants from this group thought that an interim and immediate payment of €15,000 - €20,000 should be made to all those who were resident in all Mother & Baby Homes & County Homes, and to all those who were adopted, fostered or boarded out. They stated that this should be followed up quickly with access to a Health Amendment Act (HAA) card and/or an enhanced pension for life and that this pension should not be taxable or affect anyone's state pension.

It was stated that the Restorative Recognition Scheme payment and services should also apply to those living abroad and that payment and provision of service should be equivalent to that given in Ireland.

What criteria should be applied to determine the payment amount?

The participants stated that the Restorative Recognition Scheme should be universal and inclusive. It should have a choice within it for those who would prefer to have a lump sum payment with access to a Health Amendment Act (HAA) card and for those who wish to have an ongoing enhanced pension payment or a monthly payment, as well access to a Health Amendment Act (HAA) card.

What services should an enhanced medical card cover?

Survivors have stated that as well as a broader access to 'medical' services, they also require access to 'mental health' services and access to some other additional services. They stated that they need a Health Amendment Act (HAA) card and that they should have access to the full range of services currently enjoyed by holders of this card so that they do not need to wait on a 3-4 year waiting list for an operation. It was also mentioned that equitable provision should be given to those outside Ireland.

a. Counselling

The survivors stated that any counselling service provided for them needs to be delivered by counsellors who are trained in working with Post-Traumatic Stress Disorder like that trauma experienced by survivors from Mother & Baby Homes & County Homes. They stated the counselling should not be provided by any religious institution or person.

b. Identity Seeking

Loss of Identity was stated as a huge issue for those born in Mother & Baby Homes and County Homes and they state that they need support to find their families.

- The survivors stated that they should have access to a state funded DNA testing website to expedite the searching process for mothers and children who were separated.
- They stated that they should have subscriptions to online family ancestry sites.
- They said that adoptees need to be given the choice of revoking their adoptee name and reverting to their own mother's name.

c. Loss of being Irish and having Irish Citizenship

- Survivors said that a once-off travel payment should be made for visiting newly found family in the US, Australia etc for those who otherwise could not afford to make the journey.
- It was said that 'birth-right' trips should be funded for those living abroad to come to Ireland.
- It was suggested that there should be collaboration between governments to address the awarding of citizenship to adoptees who are abroad and who were never able to gain citizenship in any country. They said that this should be coordinated from a central source with central contact details
- It was stated that provision should also be made for those who may wish to retire to Ireland and/or be buried in Ireland.

3. The Application Process

Participants stated that keeping the application process simple and easy would be key to its design. They said that there needs to be a single channel through which their first contact is made and then all other sections/departments should be accessed from this initial first point of contact. They added that application needs to be facilitated through an online process, orally by telephone or a drop-in process, as well as a written postal process. Use of a Human Rights approach

- Survivors stated that the approach and work of the Restorative Recognition Scheme should be underpinned by a Human Rights approach and principles that finally gives them power and choice over their lives.

Provision of Supports for making an application

- Survivors stated that should they need help from a solicitor when making an application, then a standard fee should be set that does not entail the solicitor having a 'double-dip'. i.e. payment being made to them by the state, as well as the client.
- They stated that accessibility to legal advice should be guaranteed for all.

Cut-off date for making applications for the Restorative Recognition Scheme

- Survivors state that given that it may take some time before people in Ireland or abroad hear about this scheme, the closing date for the application should be left open for longer than ten years.
- They also stated that an adoptee may not realise that they were an adopted child for some years to come and that the Restorative Recognition Scheme may need to remain in place longer than ten years to facilitate their later contact and application.
- They stated that this should not delay redress for those who apply at a date that is earlier than any cut-off point.

4. Administration of the Restorative Recognition Scheme

Trust:

Survivors have stated that trust needs to be built into the administrative system and they are concerned that this may not be achieved because of previous withholding and falsification of their records by the state and religious institutions. They also need it noted that religious institutions had previously requested monetary payment from them before giving them any information about their own personal records.

Restorative Recognition Scheme Base:

Survivors stated that the needs of survivors should be met wherever the survivor is based, whether in Ireland or abroad, and that cross-border cooperation mechanisms need to be put in place for survivors in different jurisdictions.

Restorative Recognition Scheme acquiring information or evidence for the assessment of claims:

- Survivors stated that restorative recognition should automatically be given to all those who spent any amount of time in a Mother & Baby Home or a County Home.
- Some survivors feel that their testimonies were not accurately reflected in the Mother & Baby Homes Commission of Investigation Final Report. If statements given to the Mother & Baby Homes Commission of Investigation Final Report do not corroborate exactly with statements made while applying for the scheme, then this should not cause a block.
- Survivors also stated that the long lapse of time and the age of many of the applicants may not help in giving witness to the events that happened to them many decades ago.
- It was strongly and clearly maintained that the burden of proof for eligibility should not lie with the survivors, that it should not be an evidence-based application scheme and that it needed to be non-adversarial, unlike other redress schemes. They added that the government has their records and they know who was in a Mother & Baby Home or a County Home.

Time Delays:

Survivors said that the Mother & Baby Homes Commission of Investigation Final Report took five years to complete and that time is of the essence now as people are growing older and the delays to date have been too long.

Waivers or gagging orders:

The participants at this session were very clear that they should not have to sign an indemnity order or a gagging order before being awarded restorative justice and that they should not be prevented from taking a legal case at a later date. One of the reasons for stating this need is that some survivors spoke about having been subjected to non-consensual vaccination trials as children and they don't know if their needs will change over time as a result of those vaccinations.

5. A Survivor-Centered Scheme

Survivors stated that a survivor centred scheme should involve a structure that can be funded by the government and that can act independently of the government.

They specifically stated:

- That the scheme should not have any member of the Judiciary or Tusla involved in it at any level as they say that this could pose a conflict of interest.
- That there should be a sub-group structure that feeds into the main structure and informs decision-making.
- That survivors/representative bodies should have a seat in this structure.
- That the needs of survivors need to be met whether in Ireland or abroad.

Contributors to the financing of the Restorative Recognition Scheme:

The survivors were very clear that, contrary to the conclusions from the 'Mother & Baby Homes Commission of Investigation Final Report', the churches and the state were responsible for the damage that was done to them.

Survivors believe that the government must take immediate responsibility for the redress scheme for survivors and not wait until the religious orders contribute to a fund as they say that this could take years and they cannot wait anymore. They said the government needs to engage with the religious organisations to seek financial payments directly from them but that redress for survivors and any interim payments should not have to wait until the religious institutions to make their financial contribution to the government.

It was stated that the following bodies should also contribute to the financing of the Restorative Recognition Scheme:

- Pharmaceutical companies who used the children for medical or vaccination trials.
- Medical teaching Institutes who received and used babies and children's bodies as donations for medical research and for routine dissection practice.

Meeting No 3: 24th March 2021 at 10:00

Facilitator: Gerry O'Sullivan

Rapporteur: Estelle Varney

At the onset of the consultation meeting there was comment about lack of trust in the process, and a sense that this was simply a 'PR exercise', a 'whitewash' and a 'spin'. It was stated that there was a lot of mistrust and anger as people had been treated poorly by institutions and departments throughout their lives, and it was felt that the Commission Report was inaccurate with a misplaced focus. It was strongly stated that the current scheme should not operate in a similar manner as the previous Residential Institution Redress Scheme, particularly in terms of non-disclosure agreements.

The criteria for eligibility for redress in the Commission's Report was regarded as inappropriate, and that this reflected a lack of understanding of the realities at the time, as well as the far-reaching impact on the lives of survivors. The cut off criteria of six months was described as 'divisive'.

Similarly, the suggestion that those who were resident in Homes after 1973, was regarded as unacceptable. It was not felt at the time there were realistic alternatives, and the impact of the experience was no less.

The group was in agreement that compensation should be for the treatment and suffering experienced in the home. Mothers who were in the homes felt dehumanised, and that they had no choice. Even when mothers remained in the homes with their children, they did not have an opportunity to bond with their children. The medical treatment given in the Homes was deemed inadequate.

The trauma of being born in a home was described as having devastating, and life-long impacts. Some of the children born in homes remained in institutions or were placed in homes where families were not properly vetted. They were stigmatised in their communities, and frequently suffered abuse in the institutions and homes where they were placed.

Even children who were adopted into good families, feel that they have been negatively affected by the experience, and loss of their own family.

Access to records was regarded a significant issue, and the denial of access to records was noted to have had far reaching consequences. The lack of medical records in particular has caused concern and resulted in long term health issues.

Significant anger was directed at religious institutions, whom it was felt should be held accountable by making contributions and handing over records and information.

It was noted that there is limited information available regarding the vaccine trials, and the long-term impact thereof.

The need for appropriate mental health support was raised, with comment that the process of taking part in consultations and assessments can lead to re-traumatisation. It was felt that the manner in which the Commission's Report was presented, was particularly distressing due to inaccuracies. Recognition should also be given that support is required when people are given

access to information or meet family.

It was concluded that this is the governments' last opportunity to 'get it right'. It is time to finish the hurts from the past.

Participants expressed their appreciation for the opportunity to share their experiences and felt that the opportunity to meet with other survivors was valuable. A sense of camaraderie and understanding was established, and requests were made to share details, in order to remain in contact. There was also appreciation expressed for the manner in which the consultations were conducted.

1. Eligibility for the Financial Restorative Recognition Scheme

Eligibility Criteria

- Redress should be available for everybody who was in an institution. Trauma cannot be measured by time.
- Saying that redress should only be available to people who have been there for more than six months is absurd and divisive.
- Anyone who has been affected by issues of being pregnant outside of marriage or who were adopted. It is not just the people who were in the Mother and Baby Homes mentioned in the report, who were affected.
- The current manner whereby eligibility has been determined is an accountancy method not a survivor-based method. It is about the mental repercussions.

What should the Restorative Recognition Scheme provide redress for?

- Loss of family and relationships.
- Impact on mental health.
- Abusive treatment.
- Stigma and abuse in the community.
- Abuse in adoptive homes.
- Reduced opportunities.
- Impact on health due to lack of records and participation in vaccine trials.

How should Human Rights principles be reflected?

- The process should be transparent.
- People should be treated with dignity.
- A truth and reconciliation commission type procedure. Those involved should openly acknowledge their actions.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Redress

- The group struggled to quantify an appropriate amount that would adequately reflect the hurt and suffering of survivors, and the long-term impact of their experiences.
- An enhanced pension scheme should be available. It should not be age related.
- People should have a choice between a pension payment and a lump sum.
- There should be an interim payment while waiting.
- Payments should be tax free.

Enhanced Medical Card

- Medical services should be on the level of private services.
- Partners should be included in the cards.
- Counselling is essential and should also be available for affected family members. The trauma has resulted in generational abuse.
- Counselling should suit the purpose. People should be trained in adoption trauma.
- Private health insurance should be considered.
- Care for arthritis should be on the enhanced medical card.

3. The Application Process

- It should be a simple human process, which is easy to navigate.
- It should be possible for people to apply without their confidentiality being breached. Many people have not told their families. Processes should allow them to access the scheme without having to reveal their history to others.
- Application for enhanced medical services should be done through the GP who can then refer patients. A civil servant should not be involved in this.
- The process should be simple and there should be support available for people who may not have good writing skills or access to internet services.
- Mediators should be available to assist people when negotiating for redress.
- The scheme should be completed quickly. People are aging. We cannot wait another five years.
- People want to feel valued and comfortable when they apply to the scheme.
- There should be acknowledgement of people's experiences, and transparency in the process.
- The process must be accessible to ordinary people. It must not be a legal process or adversarial.
- No solicitors should be involved.
- The scheme should be managed by an agency that is separate and independent from the government, independent.
- All services and procedures should be centralised under an umbrella group.
- Applicants should not be expected to provide evidence.
- Survivors should be allowed to have input into who administrates the scheme and be part of the selection process.

4. A Survivor-Centered Scheme

- There should be no non-disclosure agreements tied to payments.
- Religious orders should pay for the scheme. The government should make the initial pay out, and then recover money from the religious institutions, to avoid delay.
- People should be given access to all information related to them.
- Medical history has to be made available directly to a general practitioner.
- Access to medical records is essential for proper health management.
- When records are given, there should be a legal obligation on parents to provide medical information, for example from fathers.
- The government should make DNA testing available for the opportunity to seek family trees, relatives and medical history.
- Repatriation should be available for people who were adopted in different countries.
- Counselling should be available to family members before being introduced to each other.
- The State should provide survivors with housing which is comfortable, with proper heating and facilities.

Meeting No 4: 24th March 2021 at 18:30

Facilitator: Mary Lou O’Kennedy

Rapporteur: Ray Flaherty

The participants felt strongly that the emphasis of the scheme should be on restoration rather than compensation, and that recognition of the harms done would be key in achieving this. Suggestions were made for different forms of memorialisation, including the publication of a book that shares people’s experiences, with explicit identification of wrongdoing and wrongdoers. Although it was stated that payment would not compensate for the harms done, it was also recognised that it would be helpful in improving life and some of the effects and consequences of having been in a Mother and Baby Home.

The impact of having been adopted, and the lack of adequate records and documentation, was highlighted. Examples were given of difficulty in obtaining passports or public service cards, without a legitimate birth certificate. It was stated that officials are often not trained or equipped to manage these challenges, which results in feelings of further abuse and disadvantage. In this the need for trauma informed management of the scheme was identified. It was also stated that the process needs to be streamlined and uncomplicated, as vast amounts of paperwork involved in accessing services often cause to feel overwhelmed and not access support.

Many felt that they had lost their identity, which is considered to be a fundamental component of humanity. This loss extended to family, heritage, country and opportunities. An example was given that the opportunity to become a Garda was denied as a result of being adopted. It was commented that many could not approach their adoptive parents for information, as they feared upsetting their adoptive parents. It was regarded as essential that survivors be given access to unredacted records, and free of charge.

It was felt that the abuse in the Mother and Baby Homes was enabled through collaboration between the State and the Church, which resulted in a doctrine of shame and guilt. This has been pervasive not only in the culture in society but is also entrenched in the legislative structures. It was noted that legislation, such as the Equal Status Act and Children’s Act, need to be revised. It was further stated that the Constitution, which enshrines values that enable such abuses, should also be revised to avoid history repeating itself.

It was felt that the criteria for inclusion in the scheme was too narrow. The basis for compensation should be the harm caused by the separation of mother and children, which was not limited to certain institutions or periods of time. The role of institutions not mentioned in the Commission’s report, including adoption agencies, need to be investigated and those affected be included for eligibility. It was further indicated that the harms extended beyond those who directly spent time in a Home but had a far-reaching impact on all future relationships. The harm caused was stated to be intergenerational, as many survivors struggled in their roles as parents in later years.

Participants discussed the vaccine trials, and concerns raised regarding the long-term impact on health and it was stated that details regarding these trials should be made available to those who need this information. It was also noted that academic institutions who may have been complicit in these trials need to be held equally accountable. It was

felt that these institutions, as well as religious organisations, should not only make a financial contribution to the scheme, but should be held responsible for their actions. The need for comprehensive medical care was expressed, with adequate consideration given to ensure accessibility to appropriate treatment. The importance of taking account of survivors' needs were emphasised, with concern expressed that treatment and care may be limited by medical personnel who act as 'gatekeepers'.

The difficulties experienced by those who were adopted in different countries, were noted. It was stated that structures and processes need to be developed that allow for citizenship. Example was given that those adopted in the United States of America did not necessarily secure citizenship, but only naturalisation.

Frustration was expressed regarding the Commission's report, which it was felt did not reflect survivors' true lived experience. The apology from the Taoiseach was also regarded as inadequate, in particular the suggestion that society was at fault. It was suggested that a personal letter of apology be given to each of the survivors.

1. Eligibility Criteria for the Restorative Recognition Scheme

- The real harm was the separation of mothers and children. Therefore, nobody should be left out as that will just re-traumatise people.
- Everybody should be included.
- The remit of eligibility in the Commission's report was too narrow.
- All institutions involved in the forced separation of mothers and children should be included, including adoption agencies.
- Forced separations, and the stigma of illegitimacy, extended beyond 1972.

2. Financial Payment and Enhanced Medical Card

Financial Payment

- Church, State, and other companies who were involved in the vaccine and other trials and the universities who carried out the trials should all have to contribute.
- Everybody should be treated equally by the scheme.
- Compensation should be in the form of a lump sum.

Enhanced Medical Card

- Whatever card or system is used it must translate into actual care.

Specific aspects that should be covered by Medical Card:

- The card should cover medical, wellness and well-being of the survivors.
- People should be able to choose what services and supports they need.

3. Application Process

- Application should be simple and streamlined.
- The scheme should be initiated soon, and the process should be quick.

4. Administration of the Scheme

- A "trauma informed" approach is needed.

5. A Survivor-Centered Scheme

- "Nothing about us without us".

6. Other issues raised:

- Participation of babies in non-consensual vaccine trials.
- Access to Irish Media - Irish radio/television stations should be available to survivors who are living in places like the US where coverage is not possible.
- Birth certificates - adopted people have been discriminated against because of their birth certificates and the application of certain statutes such as the Equal Status Act and the Children's Act 1987. These issues need to be addressed.
- Access to Records - full access to records and family medical histories are necessary.
- There should be lifetime free access to records for every adopted person.
- The bodies of the babies who were buried in the various institutions should be exhumed and given a dignified burial - "a tombstone for every child."
- A book, similar to Lost Lives, should be published which contains the stories of all of those involved and should include the names of all the children.
- Further generations need to be able to hear these stories.
- Constitutional safeguards need to be put in place to ensure that this can never happen again.

Meeting No 5: 26th March 2021 at 10:00

Facilitator: Gerry O'Sullivan

Rapporteur: Estelle Varney

In sharing their personal stories, the group highlighted the diversity of experiences, but with a common theme of the anguish that mothers suffered, and the far reaching and pervasive impact that institutionalisation and in some cases, adoption had on people's lives.

It was emphasised that mothers were pressured into entering homes and having their children adopted, and that threats were used to keep mothers in the homes. It was also noted that not all children were adopted, but that some remained in institutions under traumatic circumstances.

There were several examples given of illegal practices within the adoption procedures. The challenges faced by those who have been adopted, and the frustration in dealing with agencies when attempting to get information, was also frequently commented on.

There was consensus in the group that the imposition of time frames and cut off dates were unacceptable and did not take account of the circumstances or experiences of those who were in the system. It was again stated that the experience itself, and the consequences thereof, ought to be the criteria for redress.

It was strongly felt that those affected were not only failed by the State, but also by the religious institutions, and that there should be accountability on their part.

Comment was made that participants regarded the consultation process as valuable, and expressed a desire for continued consultations related to the other four pillars of the Government's response. Offers were also made from some participants to become actively involved in the design of the scheme. Some participants indicated that this had been the first opportunity for them to discuss their experiences and felt that the process was cathartic.

1. Eligibility for the Financial Restorative Recognition Scheme

Eligibility Criteria

- Everyone who went through the system. Not everyone was adopted. Some were taken away and institutionalised.
- A six months cut off is ridiculous.
- Time spent in the home cannot be used as criteria. The records kept were not right anyway.
- All homes should be included. Not only homes that were mentioned. This occurred in private homes as well.
- Family, friends, partners should be included in redress as well.
- Grandchildren should have access as well. They have missed out on half their families.
- There should be no hierarchy in victims.
- Redress should be for all children who were separated from their mothers.
- The ability to apply for assistance should be continuous.

What should the Restorative Recognition Scheme provide reparation for?

- There should be reimbursed for the money that has already spent on counselling and investigations.
- Loss of relationships with mother.
- Loss of family history.
- Medical consequences.
- Abusive treatment.
- Poor oversight in homes.

How should Human Rights principles be reflected?

- This should not be a ticking boxes exercise. There should be real action.
- Survivors should be on the planning framework, and the scheme co-designed with survivors. The legal system is too narrow and politicians' intelligence even narrower.
- There should be a co-production between stakeholders and reflect the lived experience of those affected.
- Apology from the president.
- Religious orders should be stripped of privileges and held accountable.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payments

- The government should remember that this is a finite group. They must now show generosity.
- Everybody should receive a fixed figure. There should not be a sliding scale.

Enhanced Medical Card

- Unlimited therapy. It should be proper informed therapy with people specially qualified and trained on this area.
- HSE counselling is not enough. Counselling should be with trauma experienced professionals and counselling should be easily accessible.
- The enhanced medical card should include both health services and wellbeing access.
- Holistic therapy should be available.
- There should be subsidised access to parenting courses for people affected and who now struggle to be good parents.
- Medical treatment should be available without delay.
- It should be ensured that medical professionals are paid so that they are willing to take patients.
- Counselling should be available for all family, friends, spouses or partners who have been affected.
- People should be afforded an adequate place and time to deal with issues for example on retreats.
- Medical services should include optical and dental services.

3. Application and Administration of the Scheme

Information needs to be clear and simple, and it should be taken to the people. Many missed out on payments from previous schemes as they were never aware of those, especially vulnerable people in institutions.

- People should have a peer support worker, whether adoptees or mothers to assist them through the process when they meet each other.
- There should be no time limit.
- The system should be efficient and effective.
- The system should be centralised. People do not want to be sent around.
- It should not be dictated by civil servants' needs but by survivors' needs.
- The scheme should be able administrated by qualified persons who understand the trauma. Not by limited civil servants.
- The legal profession should not be involved. Money should go straight to the people affected.
- Redress should be available quickly. There should be no delay in implementing this.
- People should not be traumatised again by continued difficulties in accessing the system.
- Everything should be in one place and be done at one time.
- Applicants to the scheme should not be expected to provide any receipts or proof. People should be taken on their word.

4. **A Survivor-Centered Scheme**

- This form of consultation should be used for the other four pillars.
- The church should be held accountable.
- The scheme should be funded from the lotto.
- The statute of limitations should be lifted.
- Liveable, comfortable homes should be made available. Money should be available to make homes comfortable and fit for people's purposes particularly with health and disability concerns.

Meeting No 6: 26th March 2021 at 15:00

Facilitator: Mary Lou O’Kennedy

Rapporteur: Ray Flaherty

It was stated from the onset of the consultation that there was mistrust in the Department’s willingness or ability to follow through on the recommendations from survivors adequately. It was assumed that these will be disregarded, and that the recommendations in the Commission’s report followed. It was noted that this mistrust stems from a history of failed redress from previous schemes, which have left people dissatisfied. Comment was made that the Government appears to want to provide as little as possible, and that promises made in redress for residents of Industrial Schools and the Magdalen Laundries were reneged on. The manner in which organisations such as Caranua was managed, was also criticised.

It was felt that the criteria for eligibility as outlined in the Commission’s report were too narrow and restrictive. Many whom it was felt should have been able to claim under previous schemes, were excluded. The prevailing culture at the time left women with little option to enter Mother and Baby Homes, and have their children adopted. It was agreed that everyone who was affected by placement in an institution, whether as a mother or a child, has suffered loss and has been traumatised. The length of time did not alter the fact of trauma and it was felt that this criteria creates a false sense of who is worthy and who is not among the survivor group.

Many felt that their labour was abused, both in the homes, and as children boarded out. The lack of appropriate vetting was highlighted and this sometimes resulted in abuse. It was further felt that redress should compensate those who were part of vaccine trials. Ultimately it was stated that the redress should compensate survivors for the trauma, abuses and losses suffered, and the long-term implications thereof. Comment was made that many were denied a proper education, which affected future career prospects.

Outrage was expressed at the expectation that survivors are asked to quantify the financial redress, and it was stated that this places an unfair burden on survivors.

The need for comprehensive medical services was emphasised. Comment was made that many survivors have chronic conditions, for which cover on private medical insurance is either limited or delayed. It was stated that the services available from a general medical card, or those made available under the Magdalen Laundry scheme, were inadequate.

Access to records was noted to be a priority need, both for personal records and for medical history. Participants expressed frustration at their difficulty in obtaining personal information, and that records were redacted. It was also recommended that pharmaceutical companies make their records available for scrutiny, and for personal information related to survivors who were subjected to vaccine trials. It was further stated that all records should be centrally held for easy accessibility with a dedicated department.

The unique needs of survivors who were adopted overseas were highlighted, and comment made that these practices amounted to trafficking. Participants spoke of their loss of identity and culture, and a sense of not belonging. It was recommended that facilities be made available through media, and travel and accommodation facilities in Ireland, to

reconnect with Irish culture and heritage.

The group felt strongly that burial sites should be further investigated, and that the coroner should be involved to assist in identifying the remains. The use of DNA identification was recommended. Proper burials were regarded as essential. It was also stated that there should be appropriate memorialisation for those affected.

It was felt that all agencies who were involved should be held accountable, including the State, Church and pharmaceutical companies. The government was held to be negligent with regard to the care of mothers and babies while they were in their care.

1. Eligibility criteria for the Restorative Recognition Scheme

- Any/all mothers, including mothers under 18 years of age, and all children must be included.
- There should be no time limits, such as the six-month requirement referred to in the Commission's Report.
- There should be no limit on eligibility.
- County Homes should be included.
- Unaccompanied children in other institutions, who were excluded by the Ryan report, should be included.
- Boarded out Children should be included without any need for assessment.
- There should be no exclusion based on any previous redress received.
- A clear message should be sent back that this group wants no part in selecting who gets redress and it is invidious to ask survivors to do that.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payments

- A pension, for the duration of a survivor's lifetime at a minimum of €200 per week should apply.
- The children of survivors should be entitled to inherit whatever payments are made.
- A clear message should be sent back that this group wants no part in saying what the amount of redress should be.

Enhanced Medical Card

- Access should be automatic and immediate with no waiting limits for pre-existing conditions.
- Card should be similar to the HAA scheme version.
- There should be a worldwide equivalence in terms of benefits, so that survivors living abroad would receive identical services/ treatment.

Specific aspects that should be covered by Medical Card:

- Psychological and counselling services should be included.
- The card should be flexible so that it could address the different needs of different people at different times in their lives.
- Card should be a Private Insurance Premium Level Card

3. Application and Administration of the Scheme

- An independent, external organisation should be set up to oversee the administration of the scheme.
- An independent body should be set up to take over the files of the survivors. This body would manage the files but would not own them.

4. A Survivor-Centred Scheme

- Vaccine Trials – those involved must be held responsible by the Irish State.
- Reburial of Children - the role of the coroner must be included in any reburial processes/ legislation, in order that children can be identified, named and given a proper burial.
- Burial sites - these must be protected.
- Files/Records - full access needed to all un-redacted files/records, including third party information, so that survivors can create a personal history.
- Social Supports - appropriate social supports should be available which would allow for independent living and eliminate the need for survivors having to go to nursing homes in their later years.
- Travel Grants: these should be available where survivors wish to travel abroad to meet family or for reimbursing those living outside Ireland to return to meet family here.
- Retreat Homes should be set up where survivors could stay when visiting their places of birth or graveyards.
- There should be a National Memorial to those who were abused while in the care of the State.
- Programs and initiatives should be set up to assist survivors living outside of Ireland to learn about and engage with Irish culture, including language.
- A workshop should be set up for survivors, which would facilitate communication among the group.
- A public communications campaign should be put in place so as that all survivors and the general public would be fully aware of the scheme.
- Prosecution of those involved - people should be held accountable for what happened.
- Subscriptions to Irish newspapers should be available to survivors living outside of Ireland.
- The recent Abbey Theatre production on the Mother and Baby Homes should be shown on RTE at prime viewing time.
- All church paraphernalia and references should be removed from public places.
- Burial grants should be included in any financial redress scheme.

Meeting No 7: 29th March 2021 at 10:00

Facilitator: Mary Lou O’Kennedy

Rapporteur: Gerry O’Sullivan

1. Eligibility for the Financial Restorative Recognition Scheme

There was consensus among the survivors that the recommendations set in the Mother and Baby Homes Commission of Investigation Final Report were exclusive of some groups or people who should also be eligible for the Restorative Recognition Scheme. It was also stated that the Commission of Investigation did not ‘look through a human rights lens’ when looking at the abuse experienced by survivors when writing their report.

It was stated that the report’s recommendation that only those who were in the Mother and Baby Homes and County Homes for a suggested period of more than six months should be entitled to redress was a ‘cost cutting exercise’ by the government and did not take into the account the situation and abuse of all survivors. They said that adoption papers could not be signed within a six-month time frame so children were in state care during that period and, if they had been informally adopted, then they could be handed back to the home by the adoptive parents during that time-frame.

It was also stated that to set the cut off time the Restorative Recognition Report Scheme from the time when the Unmarried Mother’s Allowance was introduced in 1973 would not reflect the historical and continuing abuse of survivors.

In summary, participants stated that the following groups of survivors need to be included in the Restorative Recognition Scheme:

- Those who were in Mother and Baby Homes & County Homes for any length of time.
- Those children that were illegally adopted, fostered, and ‘boarded out’.
- Those who were sent out of Ireland to be adopted
- Those who were sent to Magdalene Laundries or a County Home
- Those who were in Mother and Baby Homes and County Homes after the introduction of the Unmarried Mother’s Allowance in 1973.

However, after giving their views on the above, survivors stated that the government was unlikely to heed their views as they claimed that the government has never really apologised to them and that the ‘The Mother and Baby Homes Commission of Investigation Final Report did not reflect their contributions accurately.

What should reparation be provided for?

a. Forced incarceration of women in Mother and Baby Homes and County Homes:

Survivors felt strongly that they endured forced incarceration in Mother and Baby Homes and that they were not there of their own free will. It was claimed that the Gardaí were called to bring a mother back if she tried to leave. Participants said they were stripped of their identity and given a number and a different name when they arrived. Finally, mothers lost their right to be with her own child and the child the right to be cared for by their parents.

Reparation is required for:

- Forced incarceration in Mother and Baby Homes and County Homes
- Forced separation of mothers and babies and enforced disappearance of children
- Forced loss of the right of a mother to be with her own child and the right of a child

to be cared for by their parents.

- Ongoing trauma impact. The loss of the right to be identified as the mother of their child.
- Inhumane, degrading and cruel treatment.
- Human neglect through malnutrition.
- Forced repatriation to Ireland by the Catholic Church.
- Abuse suffered in all settings, including sexual abuse and beatings

b. Discrimination:

Survivors stated that from a medical perspective they were treated differently. They were also discriminated against as they were 'illegitimate'. They said they were treated and felt like 2nd class citizens and this discrimination was on the basis of their mother's marital status.

Reparation is required for:

- Discriminatory labelling
- Discriminatory treatment
- Loss of self-esteem

c. Lack of access to records:

Survivors talked about their lack of access to records; their records being falsified and the on-going negative impact from trying to deal with the Government departments and services. They stated that they should have access to their own records of their own identity and history and the point was made that a person can check the records in Tesco to see where the meat comes from, but they can't trace their own records as they are adopted.

Reparation is required for:

- Loss of the right to know one's identity, which is historical and is still being blocked by State laws and practices.
- Inconsistency in information regarding GDPR.
- Lack of access to medical records that hinders their right to know what preventative treatment should be applied for possible diseases or illnesses.
- Falsification of birth certificates.
- Inaccurate records.
- Damaging ineffectiveness of state services in managing access to information.

Some participants stated that because they are not allowed access to their own records, they have a continuing fear of unknowingly dating or getting married to a sibling and they are in fear of one of their children dating or marrying an unknown cousin. One of the participants stated that she and another person conveyed this fear of this Genetic Attraction to the then government in 1988/89.

Reparation is required for:

- Lack of access to knowledge about one's own genealogy or family history to prevent the genetic damage that may be caused by the marriage between people who are closely related to each other.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Participants expressed their views of the Mother and Baby Homes Commission of Investigation Final Report stating that they felt extremely disappointed in the recommendations and the fact that the report said that what happened in mother and baby homes could not be proved or disproved. It was stated that this is the Government's last chance.

Some survivors felt that there needs to be a tiered level of redress to provide additional payments for those who had to work or who had experienced different levels of abuse, while others felt redress should be equal and that it would be better to have a set payment for all those who were in Mother and Baby Homes and County Homes. One person stated that they should be eligible for the full contributory pension at aged 66 and that this should be available to those living abroad as well.

Some participants said they had a fear about receiving a large sum of money in one lump sum payment and thought that those who were unable to manage effectively might need the support of an accountancy service. One survivor stated that MABS (The Money Advice and Budgeting Service) really helped him out with his literacy difficulties when he needed financial advice.

Provision of services through an enhanced medical card cover

The survivors referred to the enhanced medical card given to the Magdalen Laundries as not being sufficient and expressed concern that an enhanced medical card would not meet all their needs and that they need a Health Amendment Act (HAA) medical card.

They stated that:

- This card should be given to all those who were in Mother and Baby Homes and County Homes
- It should be available to those in Ireland and the equivalent given to those living outside of Ireland.
- There should be no cut-off time period for this card.
- The card needs to cover all medical treatment, as well as dental treatment, as the survivors state that have poor teeth as a result of malnourishment.

Survivors also stated that as well as a broader access to 'medical' services, they require access to mental health services, such as counselling. Survivors stated that an enhanced medical card needs to cover them for counselling, specifically trauma counselling and that this should be provided by people who were adequately trained in trauma counselling. Inter-generational counselling was also needed as mothers said they were unable to bond properly with their children. They say that there should not be any limit on the number of counselling sessions available to them as they said they can get flashbacks at any time.

Participants also stated they need a health care package for when they are older as they do not wish to return to another 'home' or institution for elder care as this is associated with too many traumatic memories. They would like a home care package that would allow them to remain in their own homes.

Participants talked about the need for health screening checks due to difficulties that arise for them when they do not know their family medical history, particularly with conditions that are hereditary. They say that, unlike other people who can access their records,

they have no idea who they are or what hereditary conditions they, or their children may develop. This causes anxiety and worry that they may have an underlying condition that cannot be treated in a preventative way that could minimise any future medical impact. They say that when they are asked questions about their family medical history that they have to tell the doctor about their past and they are not comfortable about having to do this. The participants stated that they also need free access to DNA screening as this testing can be very expensive but that it would give support them in research around their identity.

Additional Service Provision requested by survivors:

- Birth Certificates need to be available free of charge to survivors.
- Survivors asked for financial help for funeral services.
- Genealogy services to help fill in the gaps in family histories for their children and grandchildren.
- Provision of a free travel card.
- Assistance with education costs for children of survivors because of the inter-generational psychological damage to them.
- That a memorial to the survivors needs to be developed at Bessborough.

Restorative Justice and Opportunities to meet each other:

During the session, survivors commented positively on the process used during the online consultation sessions. They stated that they valued being given the opportunity to meet and talk with each other. Many of them had not met with other survivors in any formal or informal settings previously.

The opportunity for restorative justice and practice could be greatly enhanced by State sponsored work in the area of restorative practices that includes the use of 'Circles' as a means of survivors engaging with each other. This was backed up at the comments at end of the session too when participants stated that it had been very helpful to meet each other during the session, that it validated their trauma and pain and that they realised they were not on their own.

3. The Application Process

It was stated by survivors that the Restorative Recognition Scheme should be a non-adversarial and non-confrontational process including the following:

- That there would be no waivers or non-disclosure orders.
- That it be non-bureaucratic (without the need to fill in a 15-page form).
- That it would meet the needs of those with literacy difficulties or who are not comfortable with form-filling.
- That if interviews need to happen for the Restorative Recognition Scheme, then a person trained in trauma should be present during the interview process.
- That they would have the right to have another person accompanying them to any interviews.
- That those overseas should be treated equally to those in Ireland.
- That no closing date is set until all the needs of all the survivors are met.

4. Administration of the Restorative Recognition Scheme

The urgency of the Restorative Recognition Scheme was again emphasised to cater for those who are older and who have been waiting decades for some redress, particularly if a lump sum of money will be paid to them.

Survivors stated that the Restorative Recognition Scheme should:

- Be operated by an independent and centralised body that crosses all jurisdictions.
- Provide a dedicated access point for everything: redress, health, meeting other survivors.
- Incorporate a centralised adoption agency to cater for the fact that children were moved 'from place to place' and that their records are now in different institutions or government institutions.
- Have a dedicated team of social workers that can meet them through this centralized body so that people are 'not shut off or put on a waiting list'.
- Not have a closing date until all the needs of survivors are met.

Overwhelmingly, the survivors said that the application system and the administration of the Restorative Recognition Scheme needs to be one of kindness, justice and fairness.

5. A Survivor-Centered Scheme

Survivors were clear that a Survivor-Centred Scheme would need to ensure that those responsible for their experiences were held accountable by contributing financially towards the Restorative Recognition Scheme

The survivors claim that the churches and the state were largely responsible for the damage that was done to them, in addition to other institutions and bodies.

The State

- The survivors state that the Mother and Baby Homes and County Homes were under the jurisdiction of the state, were managed by them and should have been inspected effectively.
- They state that the Irish state and state agencies needs 'to step up' as they are still hindering survivors' access to their own records.

The Church

- Survivors believe that the church needs to be culpable because they played a 'huge' part in stigmatising the women and their babies.
- They state they were forced by the church to take on false names, they claim that the adoptions of their babies were illegal and that burials and certs do not tally. They claim that the churches moved children across jurisdictions in order to place them in homes that they deemed to be of a particular religious persuasion.
- The survivors claim that documents were altered and that their requests for information from the church have been ignored for years.

Pharmaceutical companies and Medical Institutes

- The survivors stated that pharmaceutical companies and medical institutes that used children for medical or vaccination trials should also contribute to the financing of the Restorative Recognition Scheme.

Adoption societies

- The survivors also deem the adoption societies to be culpable and that they have not taken on any of the criticism or responsibility for their role in the adoption process.

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Meeting No 8: 29th March 2021 at 16:00

Facilitator: Ray Flaherty

Rapporteur: Estelle Varney

The group felt strongly that survivor views of the Homes and other institutions were not adequately presented to date, or their needs and experiences taken into consideration. There was some criticism of advocacy groups as not truly representing those for whom they are supposed to advocate. It was stated that there should be greater diversity within these groups and greater accountability from these groups and the interdepartmental group.

It was stated that the manner in which the Residential Institution Redress Scheme was managed was wholly unacceptable, and that the current scheme should not be run on the same model.

The criteria for eligibility for redress as specified in the report, was rejected. It was noted that many of the women who were in the Homes were vulnerable. There was a cycle of institutionalisation and abuse, which was poverty driven. It was felt that redress should be for the trauma and suffering endured by these women, who were given no proper support and often further abused in homes.

Mothers spoke of the shame that they had felt, and which they carried with them, as well as their lifelong concerns for their children.

It was also indicated that the scope of institutions included in the redress should be widened, as it was the process of forcing unmarried mothers to give their children up for adoption that was problematic, not the facility in which it was done.

The abuse suffered by children who were placed in homes that were not properly vetted, was again raised, as well as abuses suffered in institutions.

Concern was raised about once-off payments of large sums, as it was noted that recipients from previous schemes often mismanaged their money. Many were taken advantage of by unscrupulous family members, or simply lacked the capacity to work effectively with large sums of money. It was felt that regular, small payments would be more effective in assisting people to improve their quality of life over the long term. There was however, also differing opinion, with comment made that survivors who are more advanced in years would benefit from a large lump sum.

Concern was also expressed that the process will be protracted, and that especially older survivors will miss out on payments. It was further commented that medical services should be made available more expediently, as delay often resulted in more significant health issues. Survivors commented that their experiences have contributed to their health issues.

Several participants mentioned that they had been included in the vaccine trials and were concerned about the long-term impact. It was felt that further research into this was essential.

It was commented that those who were sent to different countries, faced additional difficulties and specific supports for those who were sent to different countries need to be made available. It was stated that adoptees who were taken to the United States were not given citizenship, and thus were not able to access all services. Similarly, upon returning to Ireland, a lack of tax contributions place people at a disadvantage in terms of benefits.

Participants expressed that they found the consultation a positive experience, and pertinently stated that they are keen to see that their recommendations are acknowledged and taken into account. One participant, who had supported his mother in attending the consultation, noted that she had been anxious about participating, but had found it a valuable opportunity to be able to share her experiences, and meet with other survivors.

1. Eligibility for the Financial Restorative Recognition Scheme

Eligibility Criteria

- Must include woman who were in homes after 1973. Some of the people put in homes were mentally and physically handicapped. They were often marginalised girls who were referred. It was frequently transferrals from other institutions.
- It was not that easy to get the lone parent payment. It was not that accessible.
- All survivors should receive redress.

What should the Restorative Recognition Scheme provide reparation for?

- Loss of family relationships.
- Abuse suffered in the homes.
- Abuses following adoption or institutionalisations.
- Poor health as a result of experiences.
- Loss of identity.
- Trauma.

How should Human Rights principles be reflected?

- Advocacy groups should be held accountable.
- We don't want academics and experts informing the scheme.
- Feel the enhanced medical card should go to survivors from Industrial Schools and survivors from the Magdalene Laundries. It would not be fair to provide different services to different people.
- There should be representation from more diverse groups.
- It must be recognised that people did suffer a loss. The church and the State took away their rights to be loved and to have a home.
- The State must look after the living survivors. They have a duty of care towards them.
- The religious institutions' charity status should be removed.
- The term restorative recognition should be reconsidered.
- The scheme should be a living bereavement.
- There should be no religious orders in education or medical services.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payments

- €5000 is too low a limit.

- There should be a scaled measurement of how people are paid.
- It is regarded that sometimes a once-off payment would be better than a stipend or enhanced pension.
- Payments should be administered through Social Welfare.
- People should be given a stipend or enhanced pension for life. Not a lump sum which leaves it open to abuse. Rather boost an income to improve life. People have to be protected from their own generosity and kindness.
- There should perhaps be an option of a lump sum, but the lump sum should be specified as to the purpose as for which it is used and paying a lump sum should be the exception and it should be a managed approach. Redress should be passed on to the estate or next of kin.
- The additional payments should not leave people penalised on other payments.
- Consideration should be given to the generational impact considering abuse, addiction and other problems. These are much more related to people who had been in institutions.

Enhanced Medical Card

- Everybody should be given a proper medical assessment. A comprehensive assessment.
- Psychological care should be a primary service available.
- The medical card should be equal to private service, and services must be provided without delay. If medical care is left it becomes more expensive.
- Medical care for teeth, glasses, chiropodist, counselling, everything from top to toe. Everything to make lives more comfortable.

3. The Application Process

- The scheme needs to be accessible, especially for more vulnerable people.
- Financial and budgeting advice should be available.
- The scheme should be practical. There should be a hierarchy of needs starting with the oldest. Their health problems have resulted in a shorter life span.
- There should not be 10 years of consultation about what to get. People will be gone then.
- The scheme should be administered according to a code of ethics and should be well regulated.
- There should be a framework of regulations and guidelines.
- Full information should be given to applicants, and people do not want to be treated like children.
- The system should stop re-traumatising people.
- There should be no waste, for example on third party payments. The focus should be on survivors.

4. A Survivor-Centered Scheme

- Religious institutions should contribute,
- Pharmaceutical companies should contribute. There should be an investigation into the impact of vaccine trials on survivors.
- There should be naturalisation for people from the United States. People were not given citizenship in the United States and have lost out on benefits from work.

- Research should be conducted into the traumas caused by these processes and specific needs identified and addressed.
- There should be a review of the vulnerable people who are institutionalised.
- DNA tests should be paid for by the State with support given to people when given their results.
- People should have the right to die in their own homes and should be afforded opportunity for private care. Being back in a nursing home would be to be institutionalised again.
- People should have access to mobility scooters, beds that lift. Everything to give survivors dignity and to allow them to live in their own homes.
- Funerals should be paid for.

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Meeting No 9: 1st April 2021 at 10:00

Facilitator: Gerry O'Sullivan

Rapporteur: Estelle Varney

The difficulty in obtaining records and the resulting complications was a dominant theme in the consultation. People commented that they have been poorly treated when attempting to obtain records and felt that they were deliberately obstructed. It was also stated that the lack of correct information and access to records has caused difficulty, as information such as providing a date of birth is essential in accessing most services.

It was stated that the redress scheme, and access to information, should be simple, easily accessible and central. People stated that their experiences to date have been challenging, and traumatising.

The criteria for eligibility for the scheme, as given in the Commission's report, were criticised. It was emphasised that a human rights approach should be taken, and that people should be compensated for the trauma and sequelae of their experiences and treatment. There was however, differing opinion on the format that financial compensation should take.

It was noted that women were treated poorly, and that families were often denied the opportunity to have children returned to them who were born in homes.

The loss of family relationships was emphasised, both in terms of missed opportunities to meet family members, and in the manner in which the capacity to maintain positive interpersonal relationships was affected by people's experiences in the Homes.

It was stated that appropriate psychological therapy is essential, and many commented that they have been in therapy for years. It was opined that there is a higher instance of substance abuse, depression and suicide in the survivor community. Comment was also made about the stigma that remains around engaging in counselling, and that this is an aspect that needs to be addressed. It was stated that the counselling services currently provided by the HSE was not adequate, as treatment was limited to eight weeks, and that trauma informed therapists were needed to deal with the unique problems experienced by those who have been subjected to institutionalisation and adoption. It was felt that specialist therapists need to be trained. The need for appropriate counselling for future prospective fostering and adopting parents was also highlighted, to avoid a repetition of mistakes from the past.

The theme of learning from the past was continued with a recommendation that the history of the Mother and Baby Homes, and the circumstances which enabled this, should be introduced in the school curriculum, so that future generations do not repeat these mistakes.

The availability of DNA testing to trace family members was regarded an essential service that should be provided by the government, as this is regarded the only effective way for survivors to find their true origins. Mothers are not always willing to provide information, if they can be traced.

The unique challenges by those who were adopted in different countries, were also highlighted. The additional barriers in obtaining information, and the increased cost in tracing family, travel and relocation, was mentioned. It also contributed to a sense of loss of identity. It was recommended that specific supports be put in place to assist people who wish to visit or return to Ireland, specifically in terms of cost and assistance in adjusting.

The need for an end-of-life scheme was proposed. Many survivors chose not to have children as a result of their experiences, but this also left them without family to ensure a proper burial.

Frustration was expressed at the manner in which the Commission's report was presented, with accusations of falsehood, misinterpretation and misrepresentation of testimonies.

Participants commented on the value of being able to share experiences with peers and stated that efforts need to be made by the government to support continued interaction.

Appreciation was also expressed at the opportunity to participate in the consultation, as this was regarded an opportunity to give voice to those who are often not heard.

1. Eligibility for the Financial Restorative Recognition Scheme

Eligibility Criteria

- People should be eligible from their birth, not only after six months.
- Family members should be able to claim.
- Women who were institutionalised after 1973 should not be excluded.

What should the Restorative Recognition Scheme provide reparation for?

- Survivors should be reimbursed for costs to date for example psychological assessments and DNA testing.
- Loss of relationships with family members, both the primary mother/child relationship, but also extended family.
- The impact of trauma on the ability to maintain normal social relationships.
- The long-term psychological problems resulting from the process, including addiction.
- Lack of proper vetting of adopting parents.
- Loss of national identity and heritage.
- Trauma and challenges related to information withheld.

How should Human Rights principles be reflected?

- Training should be given to adoptive parents and fosterers and counselling should be available throughout. Lessons from the past should be learnt and applied.
- There should be acknowledgement for the human rights abuses.
- People mostly want acknowledgement, more than money.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payments

- Suggestions for a lump sum payment, was countered with argument that this would not be fair.

- Compensation needs to be dealt with on an individual basis taking into account the experience.
- Payments should be immediate.
- Payments should be calculated following assessment according to the time or trauma suffered.
- There should be larger payments for those who remained longer or who were boarded out.
- There should be both a lump sum payment and a tiered redress. It would not be fair to treat everybody the same.
- There should be assessment of the impact of the trauma of being fostered not the length of time spent in a home.

Enhanced Medical Card

- Appropriate counselling from specialist trained professionals is essential.
- Everyone who has been in a Mother and Baby Home, or similar, should be given opportunity for a comprehensive psychiatric assessment to determine impact.
- No one counsellor is suitable to everybody. People should have the option of changing counsellors and look for somebody with whom they can establish rapport.
- Access to medical care should be quicker than on public service.
- People in other countries such as the UK should get a lump sum payment to apply for counselling and psychological assessments.

3. Application and Administration of the Scheme

- Access to information should be simple and information provided clear.
- People do not want to jump through hoops and be re-traumatized in the process of applying.
- There should be a set fee for solicitors and/or a legal aid scheme.
- The panel should consist of survivors and human rights experts.
- There should be a multiple-choice approach to how the assessments are done. For example, taking into account doctor's reports or how relationships have been strained.
- There should be a maximum of three people on the board. A chairperson and two others, perhaps one lawyer and one medical expert.

4. A Survivor-Centered Scheme

- The church should be accountable for at least 50% to 60% of the compensations and pharmaceutical companies should also be held accountable.
- A full state pension should be available to survivors who returned to Ireland.
- Financial assistance should be given for travel and repatriation for people returning to Ireland.
- Appropriate counselling should be available outside of Ireland.
- A medical card is meaningless without access to medical history. Medical records should be made available.
- There should be a proper investigation, exhumation and reburials of babies who died not just in Tuam.
- Girls and boys should be educated in school so that this does not happen again.
- An annual commemoration.

- Adoption agencies should be investigated.
- The statute of limitations should be removed.
- People should receive DNA tests free of charge.
- Funded social gathering events.
- Family support should be offered.
- Survivors should be informed if their parents are still alive.
- People should be given proper assisted living care so that they can live comfortably, secure and peacefully.
- People need housing assistance.
- There should be an end-of-life fund.

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Meeting No 10: 1st April 2021 at 16:00

Facilitator: Mary Lou O'Kennedy

Rapporteur: Ray Flaherty

The eligibility criteria specified in the Commission's report was criticised, and it was noted that the trauma of being institutionalised was not dependent on the length of time that people spent in an institution. It was further stated that opportunity for redress should not be limited to those who were in the institutions mentioned in the report but should be extended to anyone who had been affected by the forced or coerced separation of mothers and children.

Mothers stated that they had limited options at the time and were dependent on these institutions for help and support. It was felt that their vulnerability and dependence was used against them. Many felt that the institutions were run on a business model, and that the primary focus was on earning money through adoptions, rather than supporting the mothers and children who needed care. Mothers felt that they were coerced into having their children adopted when they were at their most vulnerable.

Many of the survivors commented that they have been in long term psycho-therapeutic treatment, and that suicide or suicide attempts were frequent in the survivor community. As a result, it was regarded essential that survivors be given opportunity to engage in therapy with appropriately trained counsellors, who understand the specific needs of survivors. It was noted the cost of engaging in therapy for many survivors, has been significant.

Many survivors commented on the difficulties that have been faced as a result of limited access to information. Many complained of redactions in their records, or inaccuracy, which made it challenging to establish their true identity and history. Some expressed concerns that this may impact on their ability to prove eligibility for the Scheme. Many also felt that they had been treated disrespectfully and unsympathetically by social workers when attempting to find information and felt it important that appropriate training be given to those administering the scheme, who are sensitive to survivors' needs and experiences. The lack of information has had impacts on health, as family medical history is unknown, which has resulted in delayed diagnoses and treatment.

Being branded an illegitimate child had also had long term legal and social implications. Participants commented on how they were referred to as bastards, both in institutions and in the community, and felt shunned. This impacted on optimal functioning and had a direct impact on health and opportunities such as employment.

It was noted that inadequate vetting of adoptive parents or monitoring by social services in some cases resulted in physical and sexual abuse, with one participant noting that there was never any inspections by social services.

Racial abuse in institutions was highlighted, and it was stated that mixed race children were often denied even more opportunities, resulting in greater trauma. An example was given that one survivor was not permitted to play in the school band.

The group felt strongly that vaccine trials should be further investigated, and that

pharmaceutical companies and other involved parties should make records available to establish the full extent and impact of trials.

It was also noted that vulnerable individuals, such as those with mental or physical disability who were not adopted and remained institutionalised, might be excluded from the scheme due to a lack of capacity to apply. It was felt that effort should be made to ensure that these individuals are reached and supported, and that assistance be given to carers to apply for redress.

The participants in this group emphasised that redress should be available to all who have been affected, and that the government should be proactive in reaching those who qualify. It was also stated that survivors have suffered their whole lives as a result of their experience, and that it was essential that redress should be delivered expediently.

1. Eligibility for the Financial Restorative Recognition Scheme

- No timelines should apply - no six-month limit.
- You can't make time a criterion for eligibility. Record keeping is very questionable so nothing can be based on such time limits.
- The scheme should not be just confined to those born in Mother and Baby Homes it should also cover children born in hospitals, who were transferred there from the homes.
- Both children and mothers must be compensated.
- The scheme should cover those who are living abroad.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payment

- Basic payment for everyone. Tiered system should apply after that.
- Survivors must have access to finance and funding into the future.
- Payments should be on a phased/ yearly basis.
- Payments should not be means tested.
- This process should be a standalone process, not linked to any previous schemes.
- Individuals should have a choice between once off or monthly payments.
- Payments must be available internationally.
- There should be no time frame on this scheme -it took long enough for the State to get to this point, so there should be no rush now on the State to back out. Nobody should be left behind.
- The State and the Catholic Church should pay for this scheme.
- All payments should be tax free.
- Children, in State homes/care who were not eligible for adoption because of disabilities, either physical or mental, should be included and carers/ guardians should ensure that they avail of the scheme.

Enhanced Medical Card

- Eligibility for an enhanced medical card should not be means tested.
- Specific aspects that should be covered by Medical Card:
 - Ongoing counselling and psychological therapy.
 - Medical issues such as hip replacement etc should be included.

- Therapies such as physiotherapy should be included.
- Access to private counselling services
- Specific social workers should be allocated to the survivors.

3. The Application Process

- The process needs to get up and running quickly, so that people can access it without delay.

4. Administration of the Restorative Recognition Scheme

- Administration of the scheme could be undertaken by an agency like the Citizen's Information Service, which might help in reducing set up costs.
- The scheme should provide locally delivered supports.
- The scheme must be administered by an independent group, that is well regulated and reports to a Board, with survivors being voted onto the Board through a Survivor's Assembly.

5. A Survivor-Centered Scheme

- The scheme and the services it provides should be survivor centred.
- This should be a survivor centred service which liaises with all the other departments and agencies involved.

6. Other issues raised:

- All parties involved in vaccine trials should have access to all health records.
- Redaction of records is illegal and should not have happened.
- References to adoption should be removed from the Birth Certificates of those who were adopted.
- With particular regard to mixed race survivors, the necessary help and assistance in tracking individual backgrounds should be undertaken, with the help of DNA testing if necessary.
- Vaccine Trials went on for long periods of time, longer than is claimed. It was stated that those involved have health issues as a result and are of the view that records have been deliberately doctored.

Meeting No 11: 2nd April 2021 at 10:30

Facilitator: Gerry O'Sullivan

Rapporteur: Ray Flaherty

Participants in this group focussed strongly on the profound sense of loss experienced as a result of the separation of mothers and children, noting that the trauma and damage of this loss is irreversible. It was indicated that the capacity to build and maintain close relationships in all spheres were undermined, which extended and perpetuated this sense of loss.

It was stated that it was not possible to repair the family bond, even if there was opportunity of mothers and children to reconnect in later years.

Participants related that they had not only lost the opportunity for connection with others, but also of their own identity, and opportunities to self-actualise. The absence of adequate information and records has largely contributed to people feeling that they have been denied their identity and has also created significant encumbrance in managing administrative processes. These difficulties have often been exacerbated for those who were taken to different countries. The manner in which people have been treated by organisations and departments when attempting to obtain information, was also criticised.

The circumstances in which many children who were separated from their mothers lived, resulted in poor health, education and career opportunities.

Disagreement with the eligibility criteria, as specified in the Commission's report, was expressed. It was held that women were forced to give up their children, and that the trauma suffered by the mothers and children as a result of the separation and the sequelae thereof, ought to be the primary consideration for redress.

It was stated that financial redress could not compensate for the hurt caused by the experience of mothers and children being separated and the losses suffered, but it was also recognised that financial support would be valuable to improve quality of life and assist in the healing process as recognition of wrongdoing.

It was further felt that all organisations that were party to the process, should be held accountable by contributing to compensation, including the State, religious orders, and adoption agencies. It was further felt that these parties should also acknowledge wrongdoing publicly, by giving an honest account of events and the circumstances in which mothers and children were held.

In terms of the enhanced medical card, participants expressed the need for high quality, comprehensive services, with consideration for individual needs. The latter was considered of particular importance in terms of counselling, in that survivors should be allowed an opportunity to receive therapeutic support from a counsellor of their choosing.

Participants regarded it important that the scheme be easily accessible, and that processes be simplified. The limitation of extensive paperwork and completion of forms was noted to be essential. It was further stated that survivors did not want excessive delays in the establishment of the scheme, or protracted processes.

The importance of consideration for the specific needs of survivors who were in different countries, were highlighted. In addition to access to equal medical services, it was also felt that survivors who wish to visit or return to Ireland should be assisted to do so.

The survivors expressed hope that the scheme would allow for recognition and healing.

1. Eligibility for the Financial Restorative Recognition Scheme

- Everybody should be eligible - mothers and babies. "Both mother and child were separated, it doesn't matter what year or how long they were there."
- All Mother and Baby homes should be included - not just those mentioned in the Commission's Report.
- There should be no cut-off date of 1973.
- There should be no time limit on eligibility.
- Extended families should be included.
- All adoptees should be included.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payments

- There must be a lump sum, ex-gratia payment.
- Compensation should be by way of once off payment - there's no point in providing it in bits and pieces.
- Everybody should receive a lump sum payment.
- The nuns should have to pay for this.
- The Irish state and the religious institutions should pay.
- The adoption agencies should also have to pay.

Enhanced Medical Card

- Special arrangements should be made for survivors who are living in the UK.
- Medical card should provide access to private healthcare/facilities.
- GPs should be an integral part of any application process involving health cards or health care, as these are the people who know the survivors best.
- With regard to counseling services, survivors should be able to choose counsellors of their choice as opposed to those nominated appointed by the HSE or other agencies.

Specific aspects that should be covered by Medical Card:

- An enhanced medical card, similar to that defined by the Magdalen Commission, which gave all options – dental, hearing etc, should be given.
- Enhanced medical card must include trauma counselling.
- Card must provide access to best doctors/medical services.
- Psychological services/ supports must be available through the card.
- The card must include cover for all ongoing health issues for the remainder of the survivor's life.

3. The Application Process

- There should be an appeals process for people whose applications are rejected.

- Application process must be easy, user friendly and there should be no form filling.
- The process should provide an easy route to comfort in the latter years of life.
- Form filling should be reduced to the bare minimum.
- It's very important that the application system is simple - there should be no hoops for people to jump through.

4. Administration of the Restorative Recognition Scheme

- The scheme should be administered with speed, honesty and recognition.

5. A Survivor-Centered Scheme

- Full access to un-redacted records is essential.
- Survivors must be granted open, transparent and full access to all records.
- Money should be made available for the use of DNA testing as part of record tracing.
- The Irish state should indemnify any survivors who wish to take legal action against the Commission of Inquiry's Investigation Report.
- A proper personal apology is needed for each survivor, which recognises that the Commission of Inquiry's Investigation Report was wrong.
- A repatriation scheme should be put in place to assist any survivor, who was adopted out of Ireland and now wishes to return to the place of their birth.

Meeting No 12: 2nd April 2021 at 15:00

Facilitator: Mary Lou O’Kennedy

Rapporteur: Estelle Varney

Several members of the group noted at the onset of the meeting that they felt hesitant and anxious to participate in the consultation. It was stated that many had never shared their experiences with anyone, or with a very limited number of people in their lives. The decision to engage in the consultation had resulted in painful memories resurfacing, which caused distress. During the course of the consultation participants took the time to provide detailed accounts of their experiences, and the lasting impact thereof. Strong emotion was expressed, with participants supporting and consoling each other. It was concluded at the end of the consultation that the experience was regarded as cathartic and healing, and appreciation was expressed for the opportunity to participate. Similarities in experiences created a sense of bonding between specific members of the group, and the majority agreed that they wished to exchange contact details.

Women who gave birth in the Mother and Baby homes spoke of the sense of shame they felt, and the degradation they suffered in the homes. They felt humiliated by the treatment and stated that the sense of guilt and shame had remained with them life-long. They also felt disempowered and pressured, and that they had no option but to remain in homes and give up their children. Those who made the decision to keep their children faced significant obstacles in the process.

It was noted that admission to Mother and Baby Homes often formed part of a cycle of institutionalisation, with vulnerable individuals being abused and taken advantage of. This included in some instances those who had been adopted who shared stories of abuse and spoke of their lack of a feeling of belonging and worth.

Opportunities to gain an education and progress in a career, was also impacted by institutionalisation.

The criteria for eligibility as specified in the Commission’s report, was regarded as too narrow. It was stated that the scope of institutions included should be widened, as forced adoptions occurred in other institutions as well. The exclusion of people after 1973 on the basis that an allowance was available, was regarded ill considered. It was commented that some mothers were too young to claim any allowance or housing assistance.

It was noted that many people were not aware that they had been adopted, and that the manner in which this information was revealed often caused great upset. There was also criticism and a feeling that there was complicity between agencies to withhold information from individuals, a lack of consistency in providing information, and that people were treated insensitively.

Those who had received redress from previous schemes, were overt in their criticism of the short comings of such schemes and noted that these were not appropriate models for redress. It was stated that mistakes should not be repeated, and that it was important to ensure that this scheme is managed more effectively and sensibly, with consideration for survivors’ needs. Particular consideration should be given to survivors who live overseas, who expressed concern about their ability to access services and in particular medical care.

It was noted that people should be given adequate funding upfront to access services, as many do not have the disposable income to pay for services and wait for reimbursement. The manner in which Caranua was managed was criticised, and it was felt that applicants had to go to excessive lengths to get approval for such basic services as physiotherapy, despite medical recommendation for this.

A reconsideration of the definition of illegal adoptions was recommended as it was felt that some mothers were too young to have consented to their child being adopted.

It was strongly felt that the religious orders should be held accountable for the manner in which women were treated and opinion was expressed that the church encouraged adoptions to generate income.

It was felt that that the blame being passed on to society was unacceptable, and that the apology given was inadequate.

1. Eligibility for the Financial Restorative Recognition Scheme

Eligibility Criteria

- Any person who went through adoption or was part of the adoption process or any person who was fostered.
- Not limited to people in excess of six months or after 1973.
- Persons who received redress from previous schemes cannot be excluded.

What should the Restorative Recognition Scheme provide reparation for?

- It is about trauma, and everybody suffered trauma who went through homes.

How should Human Rights principles be reflected?

- Applicants to the scheme should be treated as adults. People should not be told what to think or what to feel.
- A proper apology is required, not blaming society.
- There should be more transparency in the process.
- Acknowledgement should be given that children were stolen and trafficked to different countries.
- There should be public recognition from the churches that mothers did no wrong.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payments

- The group felt unable to specify the amount or format of payments, noting that it was difficult to put a price on their experiences. It was agreed however, that payments should be made.

Enhanced Medical Card

- HAA equivalent card.
- Medical care should be like private care.
- Experts should sign up to the scheme and claim directly from the State.
- There is concern about medical treatment that is available in the United States, especially dental treatment.
- There should be specialised training for counselling.

- Applicants should be able to choose their own counsellor.
- Transport should be provided to medical appointments.
- Cancer care should be provided.

3. Administration of the Restorative Recognition Scheme

- The scheme should be promoted through an advertising campaign.
- Information available should be clear and accessible.
- There should be no time limit to apply to the scheme.
- Speedy access.
- Legal fees should be at a flat rate.
- There should be international oversight, a clear head with no vested interest in the outcome.
- The onus must be on the State to disprove abuse, not on survivors to prove it.
- Appropriate people should serve on the boards.

4. A Survivor-Centered Scheme

- No non-disclosure agreements.
- The services should be streamlined.
- Accessing records is of extreme importance.
- It was noted that adoption laws cannot be applied if people were not legally adopted. There was so much illegality involved in this process.
- Need to consider all legal documents. All records are essentially false, and consideration has to be given in law as to how this affects people.
- The definition of illegal adoption should be made wider.
- There should be unfettered access to files.
- People should be able to register birth certificates on the basis of DNA results and second-degree results should be accepted as parents are often not available or have passed away.
- There should be a right for everyone to know they were adopted. They should be contacted at 18 years of age with counselling available at the time. Opportunity should be given to contact birth parents.
- Getting consent from parents is an issue in obtaining records.
- There should be a Good Friday type of agreement with a choice of which birth certificate, birth date etc. applicants want to use.
- Medical records should be made available for history.
- Proper application of GDPR.
- Vaccine trials should be further investigated, and people should be made aware if they had been part of a vaccine trial.
- The State should support people to access their records and take a proactive approach in this.
- DNA tests should be made available.
- Costs should be covered for repatriation and heritage trips.
- There should be an uncomplicated path to citizenship for survivors returning to Ireland.
- Facilitated process for get-togethers with survivors, especially those travelling overseas to Ireland.
- Educational opportunities should be provided.

- Employment placements should be arranged.
- Scholarships should be made available.
- Suitable housing should be made available away from anti-social behaviour.

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Tuam Mother and Baby Home Alliance: 18th March 2021

Facilitators: Mary Lou O’Kennedy & Ray Flaherty

Rapporteur: Estelle Varney

At the onset of the meeting the participants commented that they had not had an opportunity to meet each other for almost a year. It was stated that the support that group members provide to each other is immeasurable, and that personal contact is vital.

The group stated that their experiences in the Tuam Mother and Baby Home have defined their lives. Many have had counselling and mental health problems and suffer from significant physical and medical problems. Because of poor education, some have not been able to establish careers, and have suffered lifelong financial hardships. Struggles continue to the present day. There has been no opportunity to simply enjoy life, to engage in hobbies or have holidays. Each day has been a struggle for basic survival. Survivors are getting older, and they want redress now. Opinion was expressed that this process has continued for too long. Survivors have suffered a lot. They now want to spend their last years with security, safety and dignity. They want to have an opportunity to enjoy their lives.

Outrage was expressed at the Commission’s report and the government response thereto, which has created a strong sense of mistrust. It was felt that the report was dismissive and untrue. Survivors felt that they have been presented as liars and that important information had been omitted. They noted that they gave testimony in good faith but were not given copies of the report. It was felt that the report was inaccurate, but that those who testified were not in a position to prove this as their testimonies are gone. They stated that it was difficult to gain trust in the State again or in any consultation process. It was opined that the government consultations were a drawback. Anger was expressed about claims that the injustices were the family’s responsibility, and it was felt that guilty parties have not taken responsibility. Dismay was also expressed that redress was not specified in the report.

Strong views were expressed at the fact that opinion is now sought from survivors regarding the amount for compensation, is considered merely an attempt to establish the minimum amount that “they can get away with”. It was considered that it would be more appropriate for the government to propose a scheme, and then allow survivors to negotiate from there. It was felt that time and money had been wasted on the report, whilst survivors are getting old waiting for justice.

It was felt that there is an obligation on the government to reach out to survivors, and to bridge the gap. Additional pressures should not be placed on survivors to access the scheme, as they face enough struggles in daily life. This outreach should include survivors who live outside the State. It was suggested that a public information campaign should be driven by the Irish Government across the globe.

It was strongly felt that the criteria for eligibility as outlined in the Commission of Investigation’s report was misinformed and did not take into account the experiences of survivors, or the prevailing culture at the time. It was stated that a human rights approach should be taken when determining eligibility and in quantifying the redress. Survivors stated that they felt abused and scarred. Mothers have all lost children regardless of

how long they had stayed in the homes, and children's functioning was affected by their abandonment. Placing limits on the basis of incarceration was described as an insult, and that it must be accepted that entry into the homes was a form of incarceration. Regardless of the length of time or the period when people were in homes, everybody suffered psychological trauma. It was felt that the government is trying to reduce the pool of people eligible for redress.

It was also stated that survivors should not be categorised, as categorisation will result in forgotten victims. It was noted that injustices happened in many places, and that redress should not only be available to those in the specified Mother and Baby Homes, and County Homes. It was stated that the adoption centres formed part of the abuse and injustice to which survivors were subjected. It was specifically stated that 182 institutions were involved, and not 18. The suggestion that a cut-off date for those who entered homes after 1973 should be applied, was dismissed as ridiculous, as the last home only closed in 2008.

Concern was expressed about the welfare of partners and dependents if eligible survivors passed on, and recommendation made that any payments that remain due at passing, should be paid into the estate without penalties for example tax. It was also stated that no attempt should be made to make full and final settlement payments, as there may be residual issues which people need to address later in life. It was held that the scheme should be continuous and evolving, and that future needs of survivors should be anticipated.

In terms of the criteria according to which redress is calculated, it was felt that there should be no limitation on the type of abuse or the variation thereof in terms of assessing amount for redress. Survivors should be compensated for a range of abuses and losses, and it should be recognised that all survivors suffered discrimination and degradation. It was recommended that there should not be individual assessment in terms of types of abuse, period of incarceration etc. It was suggested that a single payment should be made to everybody, and the government can use a personal injury type approach with input and assessment from experts specifying the areas for which redress has been paid, for example: loss of earnings, incarceration, human rights abuse, psychological damage, physical abuse etc. It was felt however, that applicants should not have to prove specific areas and get pay-outs on specific areas. In addition to losing the opportunity to have a relationship with their mothers, members of the group stated that they have also found it hard to have to have loving relationships in other spheres of their lives. It was explained that people knew them in the community, and that they were stigmatised. The emotional damage has also been passed on down generations. Many survivors have mental health issues, and this affects their relationships with their own children, family and community.

Comment was made that a large lump sum payment would be ideal to improve life now, not in the future. Many felt that they do not have time to wait and feel that an interim payment should be made prior to the finalisation of the scheme. Whilst some preferred the option of a single lump sum, it was also suggested that payment be divided into a lump sum payment, followed with periodic payments. Independent financial advice to assist with management of finances, is regarded as essential.

Appropriate medical assistance was considered vital, as many survivors suffer a range of physical and psychological difficulties as a result of their experiences. It was stated that

the medical card should be equal to private health care, which includes immediate access to services, not a waiting list. It was also indicated that there should be no consideration of cost, or limitation of services available. It was felt important that access to health services should be easy and seamless and alleviate rather than cause additional stress. This would require the provision of services such as transport, to attend appointments. It was recommended that general practitioners should be involved in operating the scheme, as they understand their patients' needs and know their history. Specific note was made of the need to provide for hearing loss. It was stated that there was a particularly high incidence of hearing difficulties in the survivor community, due to the negative conditions in which they had lived, and the fact that many children were hit on their ears. It was regarded essential that the medical scheme needs to be tailored to suit people's individual needs, and that there needs to be opportunity to revise the services available, as people's needs change. People get older and some difficulties only show later.

Participants reiterated that access to the scheme should be easy, simple, centralised and seamless. People did not want to have to retell their histories, as this leads to re-traumatisation. In order to ensure accountability and trust in the scheme, it should be publicly managed and transparent. Supports need to be made available for those with diminished capacity. Information should not be unduly technical and must be presented in a way that is easily understandable to laypeople. Concern was expressed that funds would be wasted on third party payments, such as legal representatives.

In terms of administration of the scheme, it was recommended that the panel should be independent, appreciate the needs of the former residents, be well resourced, and staff experienced in the issues affecting survivors. The scheme should be independent from the State and religious bodies to avoid distrust.

Strong sentiment was expressed against the introduction of any non-disclosure agreements. It was felt that those who were responsible should be held accountable, and that information should be public.

It was stated that people wanted, and deserved, the opportunity to have a life where they feel comfortable and secure in their own homes. It was strongly stated that appropriate housing and private care should be made available, which allowed survivors to live independently. Many former residents are very distraught at the idea of going into a nursing home and being subjected to institutional living again. They want to have the capacity to have their independence and dignity.

The group was in agreement that it is vital that survivors be consulted in all aspects of, and in the development of the scheme, to ensure that needs are met appropriately. It was highlighted that survivors are best informed regarding their experiences, and the impacts thereof. Ultimately survivors wanted to be acknowledged and treated with empathy and respect.

The following is a summary of what the group felt was important to be included in the Restorative Recognition Scheme:

1. Eligibility for the Financial Restorative Recognition Scheme

Eligibility Criteria for qualification

- There should be no criteria regarding the time spent in the home. The criteria should rather focus on the loss of a child, and children being abandoned.
- There should be no limit on redress and who has access to redress. Whether the children were accompanied or unaccompanied should not be relevant.
- People should not be categorised, as categorisation will result in forgotten victims.
- It should not just be the mother-baby homes. The adoption centres should form part of this. The injustices happened in many places.
- The cut off point for eligibility should not be 1973, as the last home only closed in 2008.
- Future needs should be anticipated, and there should be no full and final settlement payments. There may be residual issues and people need to be able to address these.

What should the Restorative Recognition Scheme provide reparation for?

- There should not be individual assessment in terms of types of abuse, period of incarceration etc. It should be a single payment to everybody, and the government can use a personal injury type approach with input and assessment from experts specifying the areas for which redress has been paid. Example: loss of earnings, incarceration, human rights abuse, psychological damage, physical abuse etc., but applicants should not have to prove specific areas and get pay-outs on specific areas.
- Loss of bonding with mother.
- There should be no limitation on the type of abuse or the variation thereof in terms of assessing amount for redress.
- Discrimination and degrading treatment.
- Psychological trauma.
- Loss of earnings for period of incarceration.
- Loss of opportunities.
- Loss of capacity to form interpersonal relationships.
- Loss of identity.
- Loss of medical history.
- Intergenerational harm.

How should Human Rights principles be reflected?

- Victims and survivors should lead the process. They should not be considered after the event. It has to be recognised that survivors are the experts in their own lives, on the impact and on their needs.
- Accountability from responsible parties.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payments

- The government should propose an amount, which then has to be negotiated. Survivors should not be asked how much compensation should be.
- Redress has to be equal to all survivors.
- Interim payments should be made.

- There should be an immediate extensive lump sum payment made available to everybody. Suggested amount of €15 000.
- Suggested 60% lump sum, 40% invested in a pension scheme.
- There should be no taxation or charges on pay-outs.
- If payments to a survivor remain due at passing, this money should be paid into the estate without penalties for example tax.

Enhanced Medical Card

- Medical card should be equivalent to private health care.
- Health-card should have no limits.
- Services should include physical, mental health, recuperative, rehabilitation and physiotherapy.
- Both public and private services should be available immediately and rapidly.
- The scheme should be seamless and managed through General Practitioners.
- People should be provided with transport facilities especially to medical services.
- Hearing aids and associated services.

3. Application and Administration

- The group want community-based involvement. The services have to be brought to the level of the survivors to make it easily assessable and understandable. Services should link in with local General Practitioners who understand patients' needs and know their history.
- The scheme needs to be a seamless operation.
- The scheme should be publicly managed and transparent.
- Consideration should be given to the family for persons with diminished capacity and legal support.
- All applicants should be given independent financial advice free of charge.
- The process should be simple and accessible to laypersons, without legalities and jargon.
- People do not want to have to tell their stories again to qualify.
- The process should be expedient; many survivors are advanced in years or in poor health.
- There should be no charges for lawyers. Free legal aid should be available to all former residents. No payment should go to a lawyer, payment should go directly to former residents. No third-party involvement in the payments.
- The process must be uncomplicated and easily accessible. Consideration should be given to applicants who do not have access to phones, the internet or transport.
- Services need to be simple and streamlined. It should involve one call, not having to go to different departments.
- In terms of administration of the scheme, the panel should be independent, appreciate the needs of the former residents, well resourced, and experienced in the issues.
- There should be no government involvement. The scheme should be independent from the State and religious bodies to avoid distrust.

4. A Survivor-Centered Scheme

- Absolutely no non-disclosure orders.
- All agencies who were involved should be held accountable and make financial contributions to the scheme. The State should pay upfront and then can recover the money from other bodies.
- A public information campaign should be driven by the Irish Government across the globe. People should have clear information and access to the information.
- Broader consideration should be given to the term illegal adoptions.
- The lost children must be found.
- There should be a family reunification scheme with a DNA data base.
- Comfortable homes where people feel safe and secure should be made available, which includes amenities such as additional fuel. People should be enabled to have their independence and dignity.
- The Commission's report is rejected, as it is felt that testimonies were not reflected accurately, human rights abuses were not considered, and the interpretation of survivor's experiences was dismissive. There is particular anger about the claims that the injustices were the family's responsibility. The report was a waste of time and money, which could have been better utilised.

'SOLAS for Mothers' Group: 18th March 2021

Facilitator: Mary Lou O'Kennedy

Rapporteur: Gerry O'Sullivan

1. Eligibility for the Financial Restorative Recognition Scheme

There was consensus among the survivors that the Mother and Baby Homes Commission of Investigation Final Report set the criteria too high for eligibility as most survivors had no choice but to be there as well as the fact that most did not spend more than six months in a home. Survivors spoke about being forced to stay in the home and being told that the Gardaí would bring them back if they tried to leave. They also said that it was appalling to measure the harm done to them in terms of time.

Survivors state that the following people should be included in the Restorative Recognition Scheme:

- All those who were in Mother & Baby Homes and County Homes should be eligible.
- Those who were in Mother and Baby Homes & County Homes at any time, not only those who were there more than six months, as was selected as the optional cut-off date by the Mother & Baby Homes Commission of Investigation report.
- Those who were in Mother and Baby Homes & County Homes until the last 'Home' was closed.
- Those who were in Mother and Baby Homes & County Homes after the introduction of the 'Unmarried Mother's Allowance' in 1973. Survivors stated that 1973 should not be used as a suggested cut-off point for eligibility for the scheme as stated in the Mother and Baby Homes Commission of Investigative Final Report as they either did not know about the 'Unmarried Mother's Allowance', or if they did know, that a mother and child would have been unable to live on the amount of money allocated to each person for that allowance.

People that should not be included in the financial Restorative Recognition Scheme
All of this first group strongly stated and agreed that the Restorative Recognition Scheme should not be extended to the relatives of those who were in M & B Homes. They felt it should be confined to those who had first-hand experience only, as while other family members helped them to find their children and supported them, they did not have to experience the trauma in the way that a survivor did.

2. What should the Restorative Recognition Scheme provide reparation for?

a. Forced placement/incarceration in Mother and Baby Homes & County Homes

Reparation is required for:

- Incarceration against a mother's will
- Denial of freedom to leave the 'Home' which was referred to as being more like a prison.

b. Inhumane treatment and medical care during and after birth

Reparation is required for:

- Discriminating and inhumane treatment where the denial of medication and proper

medical procedures, commonly administered to women, was seen as a means to shame and punish them. e.g., denial of access to a doctor or treatment for post-birth infections.

- Denial of the normal medical care and anti-biotics afforded to women after birth
This led to further complications to the health of mothers
- The absence of normal medical treatment such as the stitching of vaginal tears as a result of giving birth
- Denial of analgesics at birth
- Symphysiotomy used as a birthing procedure
- Traumatic birth

c. Forced separation of mothers and babies and the disappearance of babies and children

Reparation is required for:

- Forced separation of mothers and children from each other
- Mother and child forced to separate from each other, through a lack of any other option
- Forced loss of the right of a mother to be with her own child and the right of a child to be cared for by their parents
- Disappearance of babies and children
- Continuing trauma as a result of the denial of access to information for mothers about their own children from religious orders, institutions and state services
- Mothers not knowing then, or still not knowing whether their child is dead or alive.
- Mothers not being required/asked to give consent to or sign any form that would allow their child to be adopted
- Breach of the 1952 Adoption Act

d. Treatment and conditions

The survivors stated they were constantly verbally humiliated and shamed through the use of comments that they say were intended to degrade them. They felt that they were treated like prisoners and not allowed to talk with each other. They were also required to eat together in silence.

Reparation is required for:

- The loss of freedom
- The loss of the right to one's identity
- The loss of the right to be able to communicate
- Humiliating and degrading treatment
- Loss of confidence and self-esteem

e. Records and access to records

Reparation is required for:

- Survivors losing the right to their children and feeling that the ownership of their children had been taken over by the state
- Refusal to provide information and records to women about who took their children, to where they had been taken or who was caring for them
- Forging the names of mothers on adoption consent forms
- Blockages in getting access to personal records
- Falsification and inaccuracies of records

f. Long-term impact and resulting needs

Reparation is required for:

- The inhumane treatment and torture experienced by the survivors and used as punishment to shame women giving birth in Mother and Baby Homes, leading to a loss of self-esteem experienced by many survivors throughout their lives.
- The use of symphysiotomy as a procedure at birth that has resulted in the need for continuing medical specialist care, including the requirement of a hysterectomy
- Post-traumatic stress disorder
- The experience of panic attacks and anxiety that require ongoing medication treatment
- The experience of panic attacks with hearing loss
- Mental health impact leading to attempted suicide
- Needing to be on 'high-alert' or anxious because of the secrecy that had to be maintained by them for so many years and the sense of shame that was conveyed to them
- Inappropriate counselling leading to further trauma
- High medical costs on a monthly basis as a result of trauma from birth or from a lack of normal and appropriate medical treatment that would have been given to other women as standard procedure

3. Financial Recognition Payments and Access to an Enhanced Medical Card

Survivors stated that the government needs to acknowledge that survivors are telling the truth and they say they don't want Restorative Recognition but want Restorative Justice. They felt that Recognition is a very tame term after what they have been through and that the State needs to realise that it acted wrongly in the past. They said they need a broader package than monetary redress and seek a proper relationship with the state.

Further details are presented under the headings below:

a. Access to a Health Amendment Act (HAA) card

The survivors of Mother and Baby Homes & County Homes state that they need a Health Amendment Act (HAA) card and not an 'enhanced' medical card as they need more than what an enhanced medical card would provide for them. They felt that the state did not provide care for them when they were in Mother and Baby Homes & County Homes and it has not provided care for them in the intervening years. They say they should not have to worry about medical and mental health service costs as they get older.

b. Medical Services, Mental Health Services and some additional services

As well as a broader access to 'medical' services, survivors also require 'mental health' services and access to some other additional services.

- Specialist medical consultancy
- Physiotherapy
- Chiropody
- Optical, optometric and ophthalmic services
- Appropriate counselling – counselling services provided for survivors needs to be delivered by counsellors who are trained in working with Post-Traumatic Stress Disorder like that experienced and expressed by survivors from Mother and Baby Homes & County Homes.

c. Alternative Therapeutic services for mental health

- Yoga classes
- Meditation classes

d. Mediation service to work with natural mothers, children and adoptive parents

The provision of a mediation service was deemed important so that the mother and 'child' could be supported appropriately around the decisions they make around whether to meet each other or not. The concern expressed was that one of the parties may express that they do not wish to make contact with the other and that this may be based on factors such as the need to not hurt adoptive parents, or for any other reason, and that it may be possible to address these issues through mediation.

e. Additional services

- Education costs to compensate for the deficit of education received.
- Housing support
- Adaptation of survivors' homes for any medical or mobility needs.

4. Administration of the Scheme

Survivors stated that the administration, approach and work of the Restorative Recognition Scheme should be underpinned by a Human Rights approach and principles.

5. A Survivor-Centered Scheme

Survivors stated that if the approach and work of the Restorative Recognition Scheme is underpinned by a Human Rights approach and principles, then this will support their Human Rights entitlements and needs to be met appropriately.

Interdepartmental Group

Survivors made particular mention in relation to the composition of the interdepartmental group, the financing of the scheme and the process used at meetings.

They stated that:

- The Interdepartmental Group composition should be gender balanced
- A Human Rights observer should be present at meetings
- Survivors or representative organisations should be present and that their voice needs to be heard at Interdepartmental Group level
- Meetings should be recorded and decisions should be transparent

Contributors to the financing of the Scheme

Survivors believe that the state was 60% responsible for what happened to them and the percentage blame they allocate to the church is 40%. The survivors feel that the Church should not just be asked to give a 'contribution' but should be required to pay 40% of the costs of reparation. They say the state is ultimately responsible as they carried out inspections and knew or should have known what was happening in the 'Homes'.

British Survivor Representative and Services Groups: 30th March 2021

Facilitator: Mary Lou O’Kennedy

Rapporteur: Estelle Varney

Present:

Catherine Hennessy: CEO – ICAP Counselling and Psychotherapy

Seamus McGarry: Member of Emigrant Support Advisory Committee

Shauna Mulligan: Director – Irish community Services, London

Brian Dalton: CEO, Irish in Britain

Conrad Bryan: Trustee, Association Mixed Race Irish (UK and Ireland)

Katy Daly: Irish Community Care

Ant Hanlon: CEO, Leeds Irish Health and Homes

Niamh O’Donnell Keenen: Member – Emigrant Support Advisory Committee

This group of service providers focused on the need of the survivors of the Mother and Baby Homes living in the United Kingdom. It was explained that within the different support groups there are very different experiences of being connected and working with survivors. There is no ‘one size fits all’ in addressing needs, and this is important to recognise. However, within the organisations there is a wealth of knowledge and experience that should be recognised and utilised in administering and advertising the Restorative Recognition Scheme.

Systems for redress have to be designed for local delivery. There has to be an understanding of the geography and established systems in the jurisdiction. Organisations need to be resourced and mandated to speak on behalf of members. It was reiterated that there has been a significant contraction in services, with an increasing gap of needs that need to be addressed.

It is regarded essential to learn from previous reparation schemes in terms of successes and failures.

It was felt that the government should regard this as an opportunity to address historic deficits in past schemes. The challenge of providing equivalency between survivors in Ireland and in the United Kingdom was raised particularly in the context of the provision of an enhanced medical card and health care.

It was stated that there has to be clarity and clear communication with survivors on the services that will be available, as well as financial redress and that consultations and identification of needs has to be continuous. There are significant trust deficits amongst survivors. Many former residents have conflict with their Irish identity, and negative associations with Ireland due to their experiences, and as a result will not approach centres. Organisations sometimes have to communicate messages from government that are hard to sell. It was emphasised that support for survivors needs to be ongoing. A single payment does not resolve trauma and engaging in the scheme may in itself trigger trauma.

There needs to be continued support services to deal with this trauma. It has to be considered that trauma at times only manifests years after an experience, and a need in this regard may not always be immediately apparent. People should have ongoing long-term access to support services. Many organisations have closed down. Survivors in the

UK feel isolated and neglected; there is a need for a local contact point for advice and guidance. The Irish government provided funding for five centres between 2001 and 2013. After Caranua was established, this financial support was terminated. Caranua's remit did not include replacing the support offered by these centres and as the population ages, needs increase but support is being reduced.

It was proposed that redress models in Northern Ireland and Canada should be referenced. Individual commissions within the jurisdictions were set up, with a process of reconciliation, and longer-term support. It was pointed out that there is an enormous need within the survivor community to gather together and socialise, and to support each other. It was agreed however that this cannot be as an alternative to professional support service to deal with trauma.

The following is a summary of the group's discussion in relation to what needs to be included in the Restorative Recognition Scheme.

1. Eligibility Criteria for the Restorative Recognition Scheme

- Eligibility should not be based on length of time or period of residence alone, but also reflect injury suffered:
 - Some were traumatised by the experience, who were there less than three months.
 - Recognition should be given to the stigma and lack of choices beyond 1973. This scenario was tragically evident in the death of Ann Lovett in 1984.
- The fact that a person resided in a home should be only factor.
- People who received redress under previous schemes, should not be excluded from qualifying for this scheme. Some may not have received compensation for their time in a Mother and Baby Home.
- There is a strong sense within the mixed-race community that their members have suffered additional hardships, for which they should be compensated. A blanket payment equal to everyone will not be well received. In recognising additional suffering this should also be a reconciliation process.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

- A two-tier approach was suggested: A single payment for all that qualify; and then an optional second process in which people can make submission for additional compensation based on personal experiences.
- Redress should be for human rights violations.
- Medical services available should be equal across jurisdictions, like for like.
- Private health insurance, or monetary payment to pay for services privately.
- Consideration should be given to differences in services available on NHS and HSE, and that services available on NHS might change over time. Long queues in the NHS services aggravated by the pandemic are leading to problems in accessing services in the UK.
- Mixed Race Irish community feels strongly that there should be additional compensation for racial abuse in all institutions, not only Mother and Baby Homes.
- Specialised training is needed for trauma counselling.
- Support and advice on financial payments: How to access, how to manage, explain

exchange rate. It is recommended to advise of and pay amounts in Sterling to UK survivors to avoid confusion as some will never understand the exchange rates and will think money has been taken from them.

- Consideration of confidentiality in lodging payments, as to not identify source of payment.
- Additional payments for under-aged mothers in Homes, in recognition of criminal wrongdoing against them.

3. Application and Administration

- There needs to be extensive outreach to communicate information.
- There should be flexibility in the approach.
- Applicants should not be re-traumatised by retelling stories. In previous schemes people did not apply for this reason and missed out on redress as a result.
- Support should be provided in accessing documents/records for presentation to support application, particularly in jurisdictions outside of Ireland.
- Non adversarial application.
- Independent commissions in different jurisdictions, with understanding of different geography and systems.
- A decentralised system across jurisdictions.
- Information and applications should be designed to be easily accessible for older applicants who do not have access to internet services.
- The scheme should be widely advertised, both online and in broader media, and government should be proactive in bringing information to people, rather than expect people to make enquiries.
- Opportunity to apply should be ongoing.
- Needs to be a coherent, interdepartmental approach.
- Evidence from third parties such as physicians or psychiatrists, professionals already involved with a survivor should suffice as evidence of difficulties rather than asking survivors to go through another assessment.
- The Embassy could be a useful conduit in administering the system in the UK to an extent but will not have the resources or capacity to manage on its own.
- Payments should go to recipients, not lawyers.
- There is recognition that making the scheme too focussed on individual needs, could result in a protracted process.

4. A Survivor-Centred Scheme

- Funding should be provided for support groups. Groups previously received funding, which was withdrawn with the establishment of Caranua. This has left a large gap of unfulfilled needs. There are less support groups, and a growing number of people needing support.
- Support in outreach - need funding, access to database from government.
- Support should be ongoing, particularly in terms of managing trauma. Payment does not remove the impact of trauma.
- Support has to be specialised in terms of trauma management, and ongoing.
- Recognition should be given that needs will change over time, as survivors become older, and engagement and consultation on needs need to be ongoing. In particular, trauma may only manifest in later years.

- Recognition that approximately 40% of former residents have relocated to UK, although it is uncertain how many have remained.
- Consideration should be given for an integrated support group for survivors of Industrial Schools, Magdalen Laundries and Mother and Baby Homes, and County Homes. These are similar age groups now with similar needs.
- The significant expertise and experience within UK groups should be drawn upon in the design and delivery of the scheme.
- Recognition should be given that not all former residents belong to support groups, and many have deliberately chosen to disassociate from Irish heritage due to trauma. Outreach will need to be creative.
- There should be advocacy and representation for UK survivors.
- There is a need for social groups and interaction.
- Social groups cannot replace or be an alternative for professional support services.
- There must be ongoing consultation with groups and survivors. The point was made however that some survivors have had to tell their stories several times as they have been resident in several of the institutions where abuse occurred and there have been various consultations with recommendations which have not been followed through on.
- Survivors should be involved in informing the scheme, not administrating the scheme. Nor should they necessarily get involved in governance such as being on Boards, but they should be involved in key decisions that affect them.
- There is no one size fits all solution.
- Opportunity for repatriation or visits to Ireland should be made available.
- The need for supports in tracing family in Africa was also identified and the establishment of cultural heritage programmes to facilitate those who wish to gain an understanding of their background traditions and heritage.

Info 4 Tuam Group: 31st March 2021

Facilitator: Mary Lou O’Kennedy

Rapporteur: Gerry O’Sullivan

1. Eligibility for the Financial Restorative Recognition Scheme

It was stated by the survivors in this group that the state should lift the Statute of Limitations with regard to survivors of all Mother and Baby Homes and County Homes.

There was consensus among the survivors that the recommendations in regard to eligibility set in the Mother and Baby Homes Commission of Investigation Final Report excluded some groups/people who should be eligible for the Restorative Recognition Scheme. In particular, they stated that confining redress to only those who were in homes for longer than six months and to those in homes prior to the 1973, was unfair and unacceptable.

They clearly stated that anyone who was resident in Mother and Baby Homes and County Homes should be eligible to apply for the Restorative Recognition Scheme. They think that those who were born in nursing homes, including private nursing homes, should be part of the Restorative Recognition Scheme also. This includes those who were adopted, fostered and boarded out.

It was stated by the survivors that those who are deceased should be included in the Restorative Recognition Scheme so that their families receive compensation. They state that this reparation is needed because the damage done to the survivors resulting in them having difficulties in managing their relationships with and bonding with their own children.

What should the Restorative Recognition Scheme provide reparation for?

a. Forced placement and incarceration of mothers and their children in Mother and Baby Homes & County Homes:

‘Children’ spoke about the experiences relayed to them by their mothers: they mentioned that their mothers were not allowed to leave the Mother & Baby Home and they were told if they tried to run away, they would be brought back. Another survivor said that his mother was told she would be arrested if she tried to take him away from the ‘Home’.

Reparation is required for:

- Incarceration of survivors, both mothers and children.
- Forced separation of mothers and their children.
- Denial of the right of a mother to care for her child and the right of a child to be cared for by their mother.
- Denial of the right of a mother to take her child from the Mother & Baby Home
- Inhumane treatment of mothers and children.
- Removal of freedom

b. Inhumane and cruel treatment in the Mother and Baby Homes and County Homes

Survivors said that, as children, they were separated from their mothers spending years without receiving any love.

Reparation is required for:

- Inhumane and cruel treatment in the Mother and Baby Homes.
- Lack of opportunity for bonding and loving between mothers and their children.

- Removal of freedom.

c. Discriminated against and treated inhumanely and differently compared to other people

Survivors say the illegitimacy act only ended in 1987 and because they were labelled as 'illegitimate' they became a group of people who were abused and discriminated against. For example: they stated that they were barred from joining the Gardaí or Religious Orders, they were not allowed to be buried in consecrated Catholic grounds and were not classed as a 'real son' so their adoptive parents could apply for land from the Land Commission.

Survivors said that when they were brought to school, they had to arrive 10 minutes later than the other children and leave 10 minutes earlier, as they were not allowed to mix with the other children in the school. If a child was late for school, they were told that their punishment would entail being put to sit near an illegitimate child from the 'Home'.

Mothers were barred from attending a Catholic church, but not the fathers of the children.

Reparation is required for:

- Historical and continuing discrimination against children born in Mother and Baby Homes
- Treating the children born in Mother & Baby homes differently to others in the state.
- Treating the children differently in burials, schools, land ownership, home ownership, careers.
- Treating women who were mothers differently.

d. Abuse

Participants spoke about the long-term and serious consequences of the trauma and abuse experienced by survivors.

Reparation is required for:

- Inhumane, degrading and cruel treatment
- Being at risk of suicide

e. Loss of the right to one's identity and family, which is still being affected by the laws and practices of the State

Survivors talk about their lack of access to records; their records being falsified and the on-going negative impact from trying to deal with the Government departments, including state agencies. Survivors state that they should have access to their own records of their own identity and history. One spoke about not having any family, no mother to visit her when she had her own children and not having any grand-parents.

f. Fear of 'Genetic Attraction'

It was stated that the fear of 'Genetic Attraction' was raised with the government as far back as 1988/89. Some participants stated that because they are not allowed access to their own records, they have a continuing fear of dating or marrying a sibling without realising it. They are also in fear that one of their children could date or marry an unknown cousin.

Reparation is required for:

- Homes and County Homes not giving access to peoples' own birth certificates.
- Loss of the right to information about a person's genealogy so that they do not marry a close relative, thus risking genetic problems for their children.

g. Exhumation of Babies in Tuam

- The participants in Tuam stated that they want the bodies of the children exhumed, identified and buried properly.

Survivors say that all their records need to follow the survivor and not the individual service

Survivors report that because their records are located in so many different institutions and government departments it is extremely difficult to trace them. One person described the difficulties she faced in needing to go to three different state-run institutions for information.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Survivors say that speed of delivery of the Restorative Recognition Scheme is vitally important to them, especially for those who are elderly.

They state:

- That payment should be made to families or to a nominated person if the survivor is not alive when reparation is being made.
- They would like to be given the option of receiving payment in a lump sum or by instalments
- That €10,000 be given to every survivor for every month, or part of month that they were forced to remain in a Mother and Baby Home or County Home or any other eligible home. They are basing this on the fact that the payment to the religious for purchasing each of them when they were a baby or child was £500, with up to an additional £500 given in donations. They also state that mothers had to pay five shillings per week for the 'upkeep' of their children while their children were in the home and that all these payments to religious institutions should also be taken into account when calculating financial recognition payments.
- That payments should be tax free, should not affect pension payments and should not be affected by any savings that a survivor may already have in a bank.

Enhanced medical card cover

Survivors expressed concern that the 'enhanced medical card' would not meet all their needs and stated that a Health Amendment Act (HAA) card would be more appropriate for reparation for their trauma and its continuing effects.

They said that:

- This card needs to be available to those living in Ireland and that its equivalent be given to those living outside the jurisdiction of Ireland – 'We are all equal citizens, here and abroad.'
- This card should be given to all those who were in Mother and Baby Homes and County Homes, irrespective of whether their spouse is working.
- That there should be no cut-off date applied to this card, or for application for it, as there is no cut off point by which survivors will be told they were adopted.
- The card needs to cover all medical treatment on a private basis so that the state starts to show care for survivors, especially for those survivors who have attempted to take their own lives.
- Payment for travel expenses to medical appointments should be given to those who live alone and are unable to drive.
- The card should cover their direct descendants, but not their spouse or partner.

Mental Health Services:

Survivors have stated that as well as a broader access to medical services, they also require access to mental health services, such as counselling and complementary holistic therapies such as acupuncture or massage for pain.

Services to counter the discrimination survivors face when trying to discover their identity or birth certs in order to discover their medical history:

Participants talked about the difficulties that arise for them when they do not know their family medical history, particularly with conditions that are hereditary. For example, they say that, unlike other people who can access their records, they have no idea who they are or what hereditary conditions they, or their children may develop or have. This causes anxiety and worry that they may have an underlying condition that cannot be treated in a preventative way that could minimise any future medical impact.

Additional Services:

- Provision of home security system as it was said that people who are living alone are prime targets if they receive lump sum payments.
- Survivors felt that those who were older should have access to disability parking spaces.

This group of survivors drafted a proposed schedule for the Restorative Recognition Scheme:

'Information for Tuam' Group Proposed Schedule and Plan for a Restorative Recognition Scheme	
Stage 1 April 2021 to December 2021	<ul style="list-style-type: none">- Politicians to meet with survivors 'to hear our hurt' and to say they are sorry. They 'need to tell us survivors what the Restorative Recognition Scheme will deliver to us' to support their apology.- Registration process for survivors is initiated and then completed by December 2021.
Stage 2 January 2022	<ul style="list-style-type: none">- All survivors to be provided with a Health Amendment Act (HAA) card that guarantees they will be seen by a consultant within two months of an appointment being made. This card will include access to other named services in this report.
Stage 3 December 2022	<ul style="list-style-type: none">- All payments to be signed off and agreed- Survivors to receive financial payments either as a lump sum payment or by instalments, as chosen by them during the scheme application process.
Stage 4	<ul style="list-style-type: none">- A reconciliation process needs to take place in the Convention Centre with all politicians present to hear the testimonies of the survivors (30 mins each)- Only living witnesses to be present, not advocates or representative bodies.
Financial Funding	<ul style="list-style-type: none">- The Department of Health and other departments or services need to be fully funded to meet the financial requirements for the implementation of the Restorative Recognition Scheme.- The Government needs to receive payment from the churches and religious institutions to contribute to this scheme, but this should not delay the implementation of the Restorative Recognition Scheme

3. Application for the scheme

Survivors stated that, in order to include those who have literacy difficulties, a video needs to be produced on information regarding the application for and administration of the Restorative Recognition Scheme.

4. Administration of the Scheme

Provision of a 'Hub' as part of the Restorative Recognition Scheme

Note:

The 'Information for Tuam' group put forward a suggestion which may provide a response to any questions that could arise concerning their plan for a hub. They emphasised that this was their suggestion for Tuam but they did not want to intrude on what others may wish for other areas where other Mother and Baby Homes had been located.

A 'Hub' for Survivors

Survivors suggested that the government should fund the development of a local 'Hub' in Tuam. They stated that Ms. Catherine Corless, whose research revealed the burying of 796 babies in a septic tank in the Tuam Mother and Baby home, has been the only link and support for people looking for information and help as there is no state helpline.

They say the 'Hub' could provide the following services for survivors:

- A help-line number with supporting staff
- Centre meeting rooms where survivors could meet and gather to support each other
- Information about access to trauma support and counselling for people dealing with the shock and trauma of discovering their past in Mother and Baby Homes and their subsequent adoption or fostering
- Information on support services for those who were abused
- Information on where to access financial advice for the management of any lump sums received as a result of the Restorative Recognition Scheme. They also stated that there is a degree of addiction among survivors which needs to be taken into account if lump sum payments are delivered
- Support with literacy difficulties
- Information and support around form filling for application for the Restorative Recognition Scheme and for other services such as Home Help etc.

It was noted that these hubs would only be necessary for approximately 50 years.

5. A Survivor-Centered Scheme

Contributors to the financing of the Restorative Recognition Scheme

Survivors stated the state and religious institutions were responsible for their trauma and that they should both contribute to the financing of the Restorative Recognition Scheme. They expressed their disagreement that society and fathers were to blame as stated in the Mother and Baby Homes Commission of Investigation Final Report.

Financial Responsibility

Survivors stated that any delays in payments from the religious orders to the government should not delay the Restorative Recognition Scheme for survivors. They said that the

state should withdraw any state funding for the churches if they do not contribute to the Restorative Recognition Scheme and that the Criminal Assets Bureau should investigate religious institutions who benefited from and carried out illegal activity. They say that if this cannot be done because of any preventative law, then the law should be amended to allow it to happen.

Reference was made to the millions of euro paid for the Mother and Baby Homes Commission of Investigation Final Report and more money being spent on this report. There was a sense that the survivors are in danger of receiving 'the crumbs'.

Political Parties

Mention was made of the political parties who were in power for the last hundred years and that, in their experience, these political parties had done nothing about the plight of Mother & Baby Home survivors. They complained that the leaders of these parties never met with them in Tuam and that the 'state and the church owe us for all the cruelty'.

Announcement of this Restorative Recognition Scheme consultation process report

The survivors said that the report from this Restorative Recognition Scheme consultation process should be released online in PDF format and that this roll-out needs to be orderly so that survivors, rather than the media, should receive it first.

The Collaborative Forum: 31st March 2021

Facilitator: Mary Lou O’Kennedy

Rapporteur: Estelle Varney

At the onset of the meeting reference was made to the First Report of the Collaborative Forum of Former Residents of Mother and Baby Homes, December 2018, which has not yet been published by the Department of Children, Equality, Diversity, Integration and Youth (DCEDIY). It was requested that OAK obtain a copy of the report and include relevant information from it as part of the report of this consultation meeting on what should be included in the Restorative Recognition Scheme. Frustration was expressed that there has been limited response from the Department, following the compilation of this extensive report.

During the course of the consultation it was noted that one of the members would compile a statement in relation to the human rights violations suffered by the survivors of Mothers and Baby Homes, and agreement was given that the contents of this statement and that of the Irish Council for Civil Liberties Briefing Note: Human Rights Obligations of Government following publication of Mother and Baby Homes Commission’s Final Report, March 2021, should, where relevant, also inform the notes of this consultation meeting.

Strong views were expressed about the Commission of Investigation’s Report published in January 2021. There was consensus that it was deficient in its approach to survivor testimony and its analysis of the role of the State and religious orders was deeply disappointing. It’s focus, it was stated was also misplaced as it lacked a human rights-based analysis of abuses that occurred in and related to the Mother and Baby Homes against clear human rights standards and obligations on the State that were in place at that time, including the Irish Constitution and the European Convention on Human Rights (ratified by Ireland in 1953). It was pointed out that a human rights-based analysis is critical when it comes to developing recommendations on how best to remedy the harm and trauma experienced by the survivors and ensure proper redress and reparation.

It was felt that recognition must be given to the lifelong trauma and harm caused by the severity and scale of human rights violations and abuses suffered by survivors including, forced separation of mothers and children, family life destruction, psychological and physical degrading treatment and punishments, arbitrary detention, forced labour, medical neglect, violations of the right to privacy, violations of the right to life, racial and ethnic discrimination, non-consensual inclusion in illegal vaccinations, denial of culture, identity and histories, trafficking of children and enforced disappearances.

It was further offered that many of the breaches in human rights continue today including lack of access to personal and family records and documents, and lack of adequate investigation into deaths and violations that can be classified as enforced disappearance.

Disagreement was expressed in relation to the language and findings of the Commission. What the report described as ‘exit pathways’, when referring to mothers being sent from the homes to work in institutions in the UK, was considered rather, by them, to be ‘trafficking’. It was stated that people were not compensated for their work, and travel fare was taken off their payment. Women were also not free to leave. If people wanted to leave, they were threatened to be sent back to care. It was also said that many women were not aware of the

Unmarried Mother's Allowance. It was also stated that adoptions were problematic, as there was no vetting done of prospective parents and consideration has to be given to those who were put in abusive homes and no follow-up done. Comment was made that the harm caused was intergenerational, as it affected how survivors parented.

It was stated that the redress should go beyond the institutions named in the report. All that were affected by forced adoptions should be compensated, including all children who were fostered and boarded out.

Concern was also expressed about duration of stay in a home as being used as a determinant of eligibility for reparation. It was felt that eligibility should be based on trauma, not on length of stay. Regardless of how long a mother stayed in the home, the main consideration should be the loss of a child. It was also regarded as unacceptable that survivors cannot get payment if they previously claimed under the Residential Institutions Redress Scheme or Magdalen Laundry scheme. The events that occurred in the Mother Baby Homes is regarded as a separate trauma.

It was felt that redress should be in line with survivor's expectations, not with the recommendations of the Commission of Investigation. There was differing opinion expressed on the quantification of redress in monetary terms. Several members mentioned that trauma cannot be measured; that no price can be put on it as people have been scarred for life. It was suggested that an interim payment of €25,000 be paid to all survivors, prior to any further assessments. Further payments it was suggested should be a minimum of €200,000 to €250,000 upwards, for loss of siblings, opportunities, career, education, enforced disappearance, family, and gross violations of human rights. It was recommended that there should be no means testing for the redress, and that payments should be ex gratia with no tax implications.

In terms of the Enhanced Medical Card, it was recommended that redress should look more broadly at well-being as part of health, particularly mental health. Consideration should be given as to how people are able to access services such as transport. Spouses should be included on the card. There should be full medical screenings of families, as people do not have access to their history.

Concern was expressed as to the ability to conduct an effective independent interview, considering the lack of records. It was also expressed that additional support should be available in the process, noting that for many people it is hard to fill out forms. It was considered essential that those who assist applicants in the process, should receive suitable training and be empathetic to the needs of survivors. In interacting with the process, people want peace of mind to feel safe and supported.

Access to information and records was noted to be a priority, as people have a right to their own identity. It was specifically stated that people need information of their medical history in terms of vaccines and the baby formula trials.

Strong criticism was expressed regarding the manner in which previous schemes – such as the Ryan Commission and Residential Institutions Redress Board - were managed, and opinion expressed that these should not be used as models for the redress scheme. Particular criticism was made regarding Caranua, and it was strongly felt that there

should no similar organisation. Caranua was described as a failed system, as people were given inadequate training, did not have appropriate experience and the scheme was underfunded.

Opinion was expressed that there was a lack of accountability from the government, and that the government is not keen to pursue this. It was also felt that religious orders need to be held accountable, and that the government should be forceful in demanding financial contributions for the scheme from religious orders. It was noted that religious orders have contracts to provide services. On the one hand the minister asks cap in hand for contributions and on the other hand taxpayers are enriching religious orders. It was stated that there can be no gentleman's agreement with the religious orders, and that another situation such as the eleventh-hour deal agreed with the religious orders in 2002, must be avoided.

Similarly, it was felt that compensation must be paid by the pharmaceutical companies, and it was noted that these companies have been able to manage their business tax free while they transgressed the Nuremburg code of giving permission for experiments. It was also commented that the State is ultimately responsible, as they funded the churches, but it is important to recognise that, under the Irish Constitution, non-State entities and individuals are obliged to respect the Constitutional rights of others. Reference was made that the Children's Charter clearly states that the State is responsible for all children up to 18.

The meeting emphasised the importance of a transitional justice framework in assessing the State's obligations in regard to reparation. This includes the right to truth, justice, reparations and guarantees of non-recurrence.

The following is a summary of what should be included in the Restorative Recognition Scheme which were raised in the meeting and supporting documentation provided:

1. Eligibility Criteria for the Restorative Recognition Scheme

Eligibility Criteria

- All mothers and children who stayed in all Mother and Baby Homes regardless of their duration of stay
- All those who spent time in institutions other than those mentioned in the report, or any child affected by forced or unvetted adoptions/fostering/boarded out.
- Survivors who claimed under previous schemes should not be excluded.
- The process should demonstrate a human rights-based approach in assessing damage and injury and be flexible.

What should the Restorative Recognition Scheme provide reparation for?

- The loss of a child, mother, father, siblings – forced separation and the destruction of the family.
- The lack of education and life opportunities.
- Stigmatisation and discrimination.
- Racial abuse and profiling.
- Lack of medical care.
- Trafficking and enforced disappearance.
- The violation of any and all human rights.
- Continuing and intergenerational trauma needs to be considered.

How should Human Rights principles be reflected?

- The scheme should be referred to as Restorative Justice Scheme rather than a Restorative Recognition Scheme, which has no basis in human rights law.
- Reparation should be for human rights-based violations, first and foremost.
- The accountability of State agents should be acknowledged with recognition that human rights violations are ongoing in State policy and services particularly in relation to how personal records are withheld from survivors.
- Religious orders should receive no indemnity. All lands and property held by religious orders should be confiscated and their tax exemption removed.

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial Payments

- You cannot put a price on trauma. You cannot put money on the loss of a child. Accountability is more important than money as it vindicates the experience of the survivors.
- Trauma can never be measured or compared.
- Reparation should be human rights based. A redress board must look at the type of injury and there must be flexibility in the payment.
- Payment should be €200,000 to €250,000, which is then further topped up with all the breaches of human rights, violations, adoption or duration of stay in a home.
- An interim payment of €25,000, should be made to all immediately, followed by individual assessments.
- A lump sum payment is better for overseas or older survivors.
- Northern Ireland offered a specific pension for victims of historical abuse. People here should similarly get a lump sum and a pension increase.
- Enhanced pensions should be provided to survivors, at a higher level than the normal state pension.
- People should have a choice of a lump sum or a pension.
- There should be no means testing for the redress.
- Payments should be ex-gratia and carry no tax or other penalty implications affecting other allowances of state payments.

Enhanced Medical Card

- Emergency measures should be taken in relation to medical issues.
- Interim immediate support should also be available in terms of health care.
- Health care programmes should reflect the dignity, privacy and human rights of survivors and an expedition in the delivery of health services.
- Comprehensive provision for wellbeing needs with practical support and consideration for the trauma of the extended family.
- Medical screening should be available for families and people should get free DNA genetic screening.
- A national repository for DNA screening.
- Funding for legal process to identify or prove paternity for survivors to have amended birth certificate.
- Spouses should be included on the medical card provided to survivors.
- Trauma informed training should be made available for all counsellors working with survivors.
- The enhanced medical card should be a Health Amendment Act (HAA) medical card or equivalent.

- Survivors should receive free access to private health services including any associated costs.
- Free private health insurance with pre-existing health conditions covered should be provided.
- People overseas should receive a lifetime stipend to cover health insurance costs, and consideration must be given to the tax implications.
- Overseas medical care should be monetised.
- Consideration should be given as to how people are able to access services such as transport.
- Funding for academic research into the long-term health effects and psychological impact of vaccine trials on survivors.

3. Application and Administration

- The State needs to take affirmative action.
- The process needs to respect people's privacy, for example within the health services and in the pharmacy. People should not have to identify their background when applying for services publicly.
- Forms are often regarded as complicated. There should be free assistance for applicants to help with the forms.
- People who provide application assistance to survivors should not be paid lawyers; it should rather be a system like the Citizens Information Bureau.
- There needs to be proper justice. People should have a right to go to court.
- There cannot be any delays. This process needs to be expedient.
- The process should not be adversarial.
- The redress scheme should be managed by one independent department with a human rights officer and a sub-committee of survivors who is responsible.

4. A Survivor-Centered Scheme

- Officials working with applicants should receive trauma training.
- No non-disclosure agreements.
- Religious orders should contribute at least 25% of the redress.
- Compensation must be paid by the pharmaceutical companies.
- Application should be made to the United Nations for financial assistance as was previously done with Iraq and war-torn countries.
- The statute of limitation needs to be removed.

Appendix 1

Call for Submissions



Publication on DCEDIY website for Consultation Process

Call for submissions on a Restorative Recognition Scheme for former residents of Mother and Baby Homes and County Homes

**From Department of Children, Equality, Disability, Integration and Youth
Published on 10 March 2021**

Open for submissions from 10 March 2021

Submissions closed 31 March 2021

To see the Minister's press release please see [here](#).

Following the publication on 12 January 2021 of the Final Report of the Mother and Baby Homes Commission of Investigation, the Government has committed to a comprehensive action plan to respond to the needs of the former residents. A key element is the establishment of Restorative Recognition Scheme including financial recognition and a form of enhanced medical card.

The Government has engaged the assistance of OAK, an independent consultancy company, to lead a public consultation process to find out from all interested parties what they want from a Restorative Recognition Scheme. This process will take place between 10 and 31 March 2021. [Please note that this consultation relates to the Restorative Recognition Scheme only. Consultation in relation to other aspects of the Government Action Plan are being addressed separately and will be publicised in due course.]

You can tell us what you think should be included in this scheme in two ways: - by making a written submission and/or by registering your interest in attending an online consultation group facilitated by the consultant.

**Written submissions can made by email to submissions@oakconsulting.ie
OR By Post to OAK Consulting, FREEPOST F5055**

Department of Children, Equality, Disability, Integration and Youth, Block 1, Miesian Plaza, 50 – 58 Lower Baggot Street , D02 XW14

The closing date for receipt of written submissions is the 31 March 2021.

Consultation Events

In addition as part of the consultation process OAK Consulting will undertake a number of consultation events with interested parties between 18 March and 31 March 2021. Due to the ongoing public health situation, these events will take place online.

Please Note: Places will be offered on a first come first serve basis. In order to meet demand and facilitate as wide a participation as possible at these sessions, it may be necessary to limit the numbers attending from any one organisation.

To register your interest in participating in an Online Consultation Meeting please contact onlineconsultation@oakconsulting.ie as soon as possible. Closing date for registration for online meetings is 24 March 2021.

If you have any queries in relation to the process of making a submission or registering for an Online Consultation Meeting you can contact the information helpline at the Department of Children, Equality, Disability, Integration and Youth at 01-6473200.

What Your Submission Should Include

The Government acknowledges the previous testimonies, information and sharing of experience, bravely provided by the former residents of the Mother and Baby Homes and County Homes. The focus of this consultation is to seek submissions on what should be included in a Restorative Recognition Scheme, as reparation for the wrongs that occurred. A Guideline has been prepared which may help you to make a submission. It can be downloaded using the following link or requested by email from submissions@oakconsulting.ie

Please note that submissions received will be subject to the provisions of the Freedom of Information Act 2014 and may also be published as part of a final report on the Restorative Recognition Scheme. Any personal data submitted as part of the consultation process will be treated in accordance with the requirements of the GDPR and the Data Protection Acts 1998 - 2018.

Additional Guidance for Online Consultation Meetings

<https://www.gov.ie/en/publication/19996-additional-guidance-for-online-consultation-meetings/>

Submission Guideline for Call for Submissions on a Restorative Recognition Scheme for the Former Residents of the Mother and Baby Homes and County Homes

Thank you for taking the time to make your submission and we hope that you will find this submission guideline helpful.

The Government wishes to acknowledge the invaluable contribution of those residents who have provided testimony and input into the various forms of consultations held, over the past number of years, and the toll it can take to do so.

It also acknowledges the work of the advocacy and representative groups of the former residents, their families and other interested parties who have worked tirelessly in support of their efforts to address the wrong doings of the past.

The Government has now engaged the assistance of OAK, an independent consultancy company, to lead this public consultation process to find out from all interested parties what they want from a Restorative Recognition Scheme. OAK will reflect all submissions as accurately and comprehensively as possible. The views expressed in this consultation process will be documented in a report which will be submitted to the Interdepartmental Group established by the Government, to advise on the details and costing of the Restorative Recognition Scheme.

SUBMISSION GUIDELINE

Section A – Background

Following the publication on 12 January 2021 of the Final Report of the Mother and Baby Homes Commission of Investigation, the Government has committed to a comprehensive action plan to respond to the needs of the former residents. A key element is the establishment of Restorative Recognition Scheme including financial recognition and a form of enhanced medical card.

The Government has established an Interdepartmental Group to develop detailed and costed proposals for the Restorative Recognition Scheme. The Scheme will entail two broad dimensions:

- It will provide restorative recognition payments which take account of the recommendations of the Commission of Investigation relating to redress (but which may not be solely limited to those recommendations).
- It will provide, as agreed by Government, a form of enhanced medical card, i.e., eligibility for a tailored suite of health services similar to those provided to former residents of Magdalene Laundries, to everyone who was resident in a Mother and Baby Home or County Home for a period of six months or more.

The Interdepartmental Group (IDG) must report back to the Minister for Children, Equality, Disability, Integration and Youth. To assist the IDG in devising and developing the Scheme, the services of OAK, an independent consultancy-based company have been engaged to undertake this public consultation. The consultation will focus on the survivors' views on a scheme of Restorative Recognition.

Section B – The Public Consultation Process

Submissions are being invited from former residents, their families, advocacy and representative groups and other interested parties, on what should be included in the Restorative Recognition Scheme. This consultation process focuses on how reparation should be provided. It does so with the understanding that financial recognition is but one aspect of the government's action plan which seeks to be survivor-centered and based on human rights principles, in its design and in its delivery.

This guideline is being provided to assist those wishing to contribute their views on what should be included in the Restorative Recognition Scheme. Section C below provides some background into some of the key findings of the Commission of Investigation and other consultations with former residents on the matter. It also poses some related questions to generate thinking on how the scheme should operate.

The questions are intended as a guide and are not exhaustive. You can use the questions to help you draft your submission or share your views in any written form you wish to provide us with your own views. e.g. in a written letter. Petitions will not be accepted.

Submissions may be emailed to submissions@oakconsulting.ie or posted to OAK Consulting, FREEPOST F5055.

You can also make your views known by participating in an **Online Consultation Meeting**.

These meetings will take place from **18th to 31st March 2021** and will be facilitated by OAK. It is important to register your interest in attending these meetings as soon as possible so all those who wish to attend can be provided with places. The closing date to register for an Online Consultation Meeting is **24th March 2021. Please email onlineconsultation@oakconsulting.ie to register your interest in attending.**

Further details will then be emailed to you about the dates and times of the online meetings.

Please provide the information at Appendix 1 when making a submission or registering for an online consultation meeting.

Section C – A Restorative Recognition Scheme

There are five key issues identified below which will shape the design of the Restorative Recognition Scheme. Your views on some or all these issues are welcomed. Please feel free to communicate your views in relation to additional considerations other than those listed, but only those relevant to the design of the Restorative Recognition Scheme.

1. Eligibility for the Financial Restorative Recognition Scheme

The Government decided that consideration should be given to the Commission's specific recommendations in relation to categories of persons that should be included for reparation but also specified that deliberations should not necessarily be limited to the categories/circumstances outlined by the Commission.

Who did the Commission say should be included?

The Commission recommends that three groups be eligible for a reparation scheme similar to the Magdalen scheme on the basis that they did carry out what might be termed 'commercial work':

- *Women in county homes*
- *Women in Tuam Mother and Baby Home*
- *Women who worked outside the institutions without pay*

A further category suggested by the Commission for consideration in a reparation scheme is those women who spent lengthy periods (for example, in excess of six months) in mother and baby homes before 1974.

The Commission also identified people who were resident as unaccompanied children in a mother and baby home or county home as a child under the age of 18 years and who did not qualify for reparation under the Residential Institutions Redress Board Scheme.

Questions for consideration:

- Who do you think should be eligible for the financial Restorative Recognition scheme?
- What should the Restorative Recognition Scheme provide reparation for?
- A human rights-based approach includes principles of participation, accountability, respect, access to services, diversity, empowerment and support. How do you think these principles could be best reflected in the Restorative Recognition Scheme?

2. Financial Recognition Payments and Access to an Enhanced Medical Card

Financial recognition payments have previously been made by the State to survivors of Institutional abuse based on duration of residence, commercial work undertaken without payment, and personal injury due to physical, emotional and/or sexual abuse. These payments have varied in type including general payments and awards based on evidence provided of individual circumstances. The amounts provided under each scheme are different.

The Commission of Investigation recommended that services such as counselling and enhanced medical cards should be made available to those former residents who need them. The Government has approved the provision of a form of enhanced medical card similar to that provided to former residents of Magdalene Laundries to everyone who was resident in a Mother and Baby Home of County Home for a period of six months or more.

Questions for consideration

- What type of payment would you consider to be fair and meaningful financial recognition for former residents?
- What criteria should be applied to determine the payment amount?
- What services should an enhanced medical card cover?

3. The Application Process

The government is committed to providing a survivor-centred Restorative Recognition Scheme. The application process plays an important part in making the scheme accessible, fair, and in keeping with the circumstances and needs of those for whom it seeks to provide.

Questions for consideration

- In what way could the application process be made responsive to the needs of the former residents?
- What supports would you consider helpful in making an application?
- What is an appropriate cut-off date for making applications for the Scheme?
- What procedures should be available to review applications that were rejected, or considered not correctly assessed?

4. Administration of the Scheme

Previous consultations have identified the need for appropriate structures to ensure the effective administration of reparation schemes, sensitive to the needs of applicants, with a clear understanding of the purpose and scope of the scheme.

Questions for consideration

- What factors do you consider important to ensure a fair process and treatment of applicants?
- Where should the administration of the scheme be based? Should there be a single point of contact, or should there be points of contact in different geographical areas?
- What information should be requested to assess claims and who should decide them?
- Should evidence rely only on written testimony and records, or should opportunity exist for oral testimony?

5. A Survivor-Centred Scheme

The Government has committed to a survivor-centred approach, characterised by continuous engagement with former residents and their representative groups, both locally and abroad.

Questions for consideration

- What does a survivor-centred scheme mean to you and how would it impact on the design of the Restorative Recognition Scheme?
- Who should contribute to the financing of the Scheme?
- How can the needs of survivors living overseas be met?
- How can access to all reparation services be streamlined?

APPENDIX 1

PLEASE PROVIDE THE FOLLOWING DETAILS FOR EACH PERSON MAKING A SUBMISSION OR IF YOU WISH TO REGISTER FOR AN ONLINE CONSULTATION MEETING:

This personal information will remain confidential and will be managed in accordance with the requirements of the GDPR and Data Protection Acts 1998-2018. No personal data will be included in any information on submissions which may form of the report to Government by the Interdepartmental Group

1. Full Name:

2. Country of Residence:

3. Email Address:

4. Preferred Telephone:

5. Organisation (if relevant)

6. Position in Organisation (if relevant)

Please complete the following sections if you are a former Resident of a Mother and Baby Home, or County Home

7. Were you a Child Resident or Mother Resident?

8. If a child resident, were you in the care of your mother, or unaccompanied?

9. Which home(s) did you reside in?

10. In what years and for approximately how long did you reside in this/these home(s)?

Additional Guidance provided for Online Consultation Meetings

The Purpose of the Online Consultation Meetings is:

- To generate ideas and suggestions that will inform the work of the Inter Departmental Group in presenting their recommendations on the details and costings of the Restorative Recognition Scheme to Government
- To discuss the diversity of views expressed and to reach greater understanding of all perspectives on the establishment of a Restorative Recognition Scheme.
- To provide an option for oral contributions to those who wish to supplement their written submission or do not wish to make a written submission.

Online Consultation Meeting Arrangements:

- The Online Consultation Meetings will be hosted online by OAK.
- Participants must register with OAK by emailing them at onlinemeetings@oakconsulting.ie. Please complete and attach the short form at Appendix 1 with your email request.
- OAK will provide each person who registers with details of dates and times of the meetings and additional guidance on participation etiquette. Attendance can be confirmed by email on a first come, first served basis as soon as possible but no later than 24th March 2021. Once confirmation of attendance has been received, OAK will provide each participant with a meeting invitation and link.
- The meeting attendance will be restricted to up to 12 participants to allow for meaningful interaction of all present and to enable all voices to be heard. In order to meet demand and facilitate as wide a participation as possible at these sessions, it may be necessary to limit the numbers attending from any one organisation.
- The duration of the meetings is 3 hours with hourly rest breaks.
- Attendees are requested to participate in 'camera-on' mode to allow for personal interaction in a safe way.
- Meetings are attended in a private capacity and undertakings must be provided that they will not be recorded by any electronic or other means. The issues raised in each meeting will be documented by OAK, reflected back to those present as a clear record of the issues discussed. This information will then be included in the final report of the consultation process.

Appendix 2

OAK Team Profiles



Lead Facilitator - Mary Lou O'Kennedy

OAK Director, Facilitator, Mediator and Trainer

Mary Lou O'Kennedy is a highly experienced facilitator, mediator, conflict resolution specialist and trainer. She is the owner director of OAK Conflict Dynamics Ltd (OAK) and was one of a team of facilitators under the leadership of Jim Halley who was tasked with managing the first consultation process with the former residents of the Mother and Baby Homes, held by the then Minister Katherine Zappone, in the Westin Hotel in 2017.



Since 2006 Mary Lou has combined her management and development experience with her conflict resolution expertise delivering facilitation, mediation, one-on-one coaching and training in the workplace, with families and in the communities.

In the twenty years previous to becoming an independent mediator/facilitator, Mary Lou managed and was a director/member of numerous private and non-profit companies. Her early research and management experience was with Focus Ireland, where she was involved in undertaking one of the first Census of Homelessness in Dublin, the Surveys Unit of the Economic and Social Research Institute, then as CEO of County Wexford Partnership Ltd for 11 years working to address social exclusion and disadvantage and as Managing Director of Tunstall Emergency Response Ltd for a further 5 years, supporting independent living for older people and those with disabilities.

As well as being a director in a number of private companies, Mary Lou has held numerous directorships of non-profit companies, fora and groups concerned with community, social and employment services at local, regional and national level. She served on the Council of the MII and as Chairperson of its Education Committee from 2009 to 2011 and is currently an advanced member.

She is an accredited Civil and Commercial Mediator and Family Mediator with Friary Law/ADR (UK), and a certified Community and Workplace Mediator from Athena Mediation. She is a certified consultant and master trainer of the Mediation Training Institute at Eckerd College, Florida and is a CINERGY™ certified conflict management coach and trainer. Her primary degree in Social Science was awarded by UCD and her Master's in Social Work by the University of Pittsburgh, USA. Mary Lou is a contributing author of a book on Co-mediation titled 'Co-mediation: A Psychological Paired Approach to Mediation'.

Coordinator and Rapporteur - Estelle Varney

Coordinator and Rapporteur

Estelle is currently working as a trainee mediator and coordinator with Oak Conflict Dynamics Ltd, whilst completing her LLB (Hons) degree. She is also a volunteer legal assistant at the Community Law and Mediation Centre, Limerick.

A native of South Africa, Estelle relocated to Ireland in 2016. In South Africa she gained extensive experience in medico-legal assessments for third party claims in personal injury and medical negligence, as well as custody and access assessments for divorcing parties.

Estelle also has a background in early years and primary education, with ten years' experience as a practitioner and Special Educational Needs co-ordinator in the United Kingdom, including support in disadvantaged communities.



Facilitator and Rapporteur - Gerry O'Sullivan

Mediation, Training and Facilitation

Gerry O'Sullivan has over 30 years' experience in conflict resolution work, facilitation, training design, delivery and evaluation. Please refer to www.osullivansolutions.ie for comprehensive information, feedback from clients and films produced. She is an Advanced Member of the Mediators' Institute of Ireland, trained and certified in Organizational & Workplace Mediation, Community Mediation, Civil & Commercial Mediation and as a mediator for separating couples.



Gerry holds a Diploma in Continuing Education from NUI Maynooth and delivers Certified Professional Mediation Training that is accredited by the Mediators' Institute of Ireland. http://www.osullivansolutions.ie/shtml/mediator_training_menu.shtml

From her 30 years of experience, she has written the only published book on formulating questions for mediation: 'The Mediator's Toolkit: Formulating and Asking Questions for Successful Outcomes', It is published by New Society Publishing, Canada. She developed a training programme based on this book. www.osullivansolutions.ie/shtml/mediators_toolkit.shtml

Gerry has delivered training internationally with U.S. based Lawyers Without Borders, in partnership with CEDR, U.K., and is an external trainer with CEDR U.K. She has delivered training and facilitation in the Palestinian West Bank and in East Jerusalem and is a member of the Mediators Beyond Borders Consultants Team.

Prior to specialising in conflict and mediation training, Gerry provided consultancy and facilitation services in organizational and project management and development. This work was primarily focused on the local and community development sector in Ireland and included working with government agency representatives, politicians, local authority county and city councils, community groups, Gardaí, education services, disability services, project boards of management etc. The focus of this work was on inclusion, disadvantage and community development. Gerry's ethos of work is facilitative, consultative, respectful, challenging and gentle.

This range of work included:

- Facilitation of teams and large groups for the purpose of:
 - Project start-up, through to project implementation and evaluation,
 - Policy development
- Research & Evaluation
- Stakeholder and community consultation processes
- Encouraging participation and inclusion among marginalized groups, with attending support processes
- Facilitation and mediation with multi-party and large party groups,

Gerry O'Sullivan has conducted over 30 research and qualitative evaluation contracts in the areas of domestic abuse, disability, needs of asylum seekers, early school leaving, community health initiatives and community projects.

Facilitator and Rapporteur -

Ray Flaherty

Senior ADR Consultant and Adjudication Officer

With a Human Resources career spanning over 30 years, Ray is a very experienced practitioner. Having worked in industry at a senior level in Human Resources, Industrial Relations, Employee Relations and Communications, he has spent the last nineteen years consulting across all sectors of business and organisational life in Ireland.



In 2001, after many years operating as a senior HR practitioner within the Bank of Ireland Group, Ray set up his own HR Consultancy, People Services. In 2004 he amalgamated his business with Polaris HR Ltd where he operated as a Director and Senior Consultant with specific responsibility for the company's Alternative Dispute Resolution (ADR) services.

For three years following the 2011 merger of Polaris HR Ltd with Baker Tilly Ryan Glennon, Ray held the position of Consulting Director – HR with responsibility for the provision of the Consultancy's suite of Alternative Dispute Resolution initiatives and interventions.

In 2014 Ray set up Concordia Consulting, through which he offers a comprehensive and professional range of services in the area of workplace Conflict Management and Resolution. These services, which include: Investigation, Mediation, Conflict Coaching, Conciliation, Facilitation, Arbitration and Negotiation, have been delivered in and recommended by organisations in every sector of industry in Ireland. He also works as part of a collegial network of practitioners with OAK Conflict Dynamics Ltd.

Ray has consulted widely on the management of grievance and disciplinary issues including representation of clients in tribunals and IR fora.

Ray is a qualified Mediator and is a practitioner member of the Mediators Institute of Ireland. He is an accredited Advanced Workplace Mediator with the International Centre for Collaborative Solutions (ICCS) at Sullivan University in Kentucky (USA). Ray is an accredited Mediator Trainer with the ICCS as well as being a trained Conflict Coach.

In 2015 Ray was appointed by the Minister for Jobs, Enterprise and Employment to the panel of Adjudication Officers for the new Workplace Relations Commission.

Ray holds a BA from NUI Galway, an MSc in Organisational Behaviour from Trinity College Dublin, a Special Qualification in Workplace Adjudication from NCI and a Certificate in Advanced Negotiations from CEDR.

Appendix 3

Names of Organisations, Groups and Public Representatives that made Written Submissions:

1. Adoption Rights Alliance (US)
2. Aitheantas - Adoptee Identity Rights
3. Anthony Fay & Company Solicitors
4. Association of Mixed Race Irish (AMRI)
5. Bastard Nation
6. Barnardos
7. Bethany Survivors Group
8. Birmingham School of Law, Birmingham University
9. Birth Mothers Ireland
10. Burns Nowlan LLP
11. The Clann Project
12. Christine Buckley Centre
13. Coalition of Mother and Baby Home Survivors
14. Coleman Legal
15. The Collaborative Forum
16. Cork Kerry Outreach Care
17. Cork Survivors and Supporters Alliance
18. Deputy Catherine Connolly TD
19. Deputy Holly Cairns TD
20. Emigrant Support Network
21. Galway County Council
22. Info 4 Tuam
23. ICAP Counselling and Psychotherapy
24. Ireland Beyond Adoption
25. Irish Council for Civil Liberties
26. Irish Human Rights Clinic, NUI Galway
27. Irish Survivors UK Support Network
28. Irish Community Services, London
29. Irish Thalidomide Association
30. Justice 4 All Women & Children
31. Justice for Magdalene's Research (JFMR)
32. KOD Solicitors
33. Leeds Irish Health and Homes
34. Maynooth University Department of Law
35. Mothers Denied, Society of Survivors
36. One In Four
37. Patrick Mann & Co
38. The Philomena Project
39. Restorative Practices Ireland
40. Roscrea Mother and Baby's Home Ireland
41. School of Law and Government, DCU
42. School of Law, Queens University
43. Senator Alice Mary Higgins
44. Senator Lynn Ruane
45. Senator Ivana Bacik
46. The Separation, Appropriation and Loss Initiative (SALI)
47. SOLAS for Mothers
48. St James Hospital
49. Tallons Solicitors
50. Trust and Accountable Survivors Hub Tech Group
51. Tuam Home Survivors Network
52. Tuam Mother and Baby Home Alliance

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nd fear. What have I done now? Am I in

