

Executive Summary

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

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

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

A: The people

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

The women

2. The women who were admitted to mother and baby homes ranged in age from 12 years old to women in their forties. However, 80% were aged between 18 and 29 years and this was remarkably consistent across the larger mother and baby homes. 5,616 women, 11.4% of the total for whom information about their age is available, were under 18 years of age. The Commission has not seen evidence that the Gardaí were routinely notified about pregnancies in under-age women.
3. The number of admissions among women under 18 rose sharply in the early 1960s and it remained at a high level for the next two decades. While Pelletstown, followed by Bessborough accounted for the largest number of admissions of women under 18 years of age, Dunboyne was the mother and baby home with the highest proportion of women under 18 years - 23.4% of total admissions.
4. Some pregnancies were the result of rape; some women had mental health problems, some had an intellectual disability. However, the majority were indistinguishable from most Irish women of their time. The only difference between the women in mother and baby homes and their sisters, class-mates and work companions was that they became pregnant while unmarried. Their lives were blighted by pregnancy outside marriage, and the responses of the father of their child, their immediate families and the wider community.
5. Women were admitted to mother and baby homes and county homes because they failed to secure the support of their family and the father of their child. They were forced to leave home, and seek a place where they could stay without having

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

6. Ireland appears to be the only country where large numbers of unmarried pregnant women left their native country. However, it must be acknowledged that many of their fellow citizens also emigrated.
7. The profiles of the women in mother and baby homes changed over the decades, mirroring changes in Irish women's lives. In the early decades most women who were admitted were domestic servants or farm workers or they were carrying out unpaid domestic work in their family home. In later years, however, many of the women were clerical workers, civil servants, professional women and schoolgirls or third-level students.
8. There is no evidence that women were forced to enter mother and baby homes by the church or State authorities. Most women had no alternative. Many pregnant single women contacted the Department of Local Government and Public Health (DLGPH), later the Department of Health, their local health authority, or a Catholic charity seeking assistance because they had nowhere to go and no money. Women were brought to mother and baby homes by their parents or other family members without being consulted as to their destination.
9. The overwhelming majority of women and children were maintained in the institutions by their local health authority but there were some who were 'private patients' and were paid for by themselves or family members. In many cases, they were cut off from the world and some were assigned a 'house name'. The mother and baby homes gave women some assurance that their secret would be protected.

The children

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

11. Before the availability of legal adoption (from 1953), children who left the institutions usually ended up in other institutions such as industrial schools or were boarded out or nursed out. After legal adoption became available, it gradually became the most likely outcome. There can be no doubt that legal adoption was a vastly better outcome than the alternatives previously available.
12. The very high rate of infant mortality (first year of life) in Irish mother and baby homes is probably the most disquieting feature of these institutions. The death rate among 'illegitimate' children was always considerably higher than that among 'legitimate' children but it was higher still in mother and baby homes: in the years 1945-46, the death rate among infants in mother and baby homes was almost twice that of the national average for 'illegitimate' children. A total of about 9,000 children died in the institutions under investigation - about 15% of all the children who were in the institutions. In the years before 1960 mother and baby homes did not save the lives of 'illegitimate' children; in fact, they appear to have significantly reduced their prospects of survival. The very high mortality rates were known to local and national authorities at the time and were recorded in official publications.

B. The institutions

13. There were different types of institutions with different governance, financial arrangements and practices. Some were owned and run by the local health authorities - the county homes, Pelletstown, Tuam and Kilrush. Others were owned and run by religious orders, for example, the three homes run by the Congregation of the Sacred Hearts of Jesus and Mary - Bessborough, Sean Ross, Castlepollard (the Sacred Heart homes). They are often described as 'extern' homes or 'special' homes. Regina Coeli hostel was run by the Legion of Mary and it differed from the other large homes in that it aimed to keep mothers and children together. The Bethany Home was founded by a Protestant evangelical group.
14. Some of the institutions were in very poor physical condition. Living conditions in Irish homes were generally poor before the 1960s; however, poor sanitary conditions in congregated settings have much more serious consequences than in individual homes. County homes, Kilrush and Tuam had appalling physical conditions. Conditions in the other mother and baby homes were considerably better and improved over time; in particular, conditions in Dunboyne were very

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

Treatment in the institutions

15. The women and children should not have been in the institutions. The conditions were regimented and institutional especially in the larger institutions and particularly before the 1970s but there is no evidence of the sort of gross abuse that occurred in industrial schools. There are a small number of complaints of physical abuse. The women worked but they were generally doing the sort of work that they would have done at home; women in the county homes did arduous work for which they should have been paid and there are a few other examples where this is also the case.
16. Many of the women did suffer emotional abuse and were often subject to denigration and derogatory remarks. It appears that there was little kindness shown to them and this was particularly the case when they were giving birth. The large institutions were regimented and they were inadequately staffed until the later decades. The atmosphere appears to have been cold and seemingly uncaring. They offered little sympathy or counselling to women who may have been rejected by their family and by the father of their child. There were no qualified social workers, or counsellors attached to these homes until at least the 1970s, and until that time, there is no evidence that women were given opportunities to discuss the circumstances of their pregnancy or future options for their child. Women were dissuaded from sharing their stories with their fellow residents, because of concerns to protect their privacy though such conversations might have offered some comfort at a traumatic time. Conditions improved in all respects in the later decades.
17. Many of the women found childbirth to be a traumatic experience. The overwhelming majority were first-time mothers and they were probably uninformed about childbirth. First-time childbirth can be frightening for any woman; it was undoubtedly worse for women whose pregnancy had devastated their normal life and resulted in their removal from home, family and friends. The trauma of childbirth must have been especially difficult for the many women who had no prospect of keeping their child. However, the hostile comments were not restricted to mother and baby homes. Letters written in the 1970s to Cherish describe hostile comments made by neighbours to women and their families. Women who

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

18. Mother and baby homes were greatly superior to the county homes where, until the 1960s, many unmarried mothers and their children were resident. Conditions in the county homes were generally very poor; this, of course, was also true for the other residents who were mainly older people and people with disabilities. The women in county homes have been largely forgotten. They included women on a second or subsequent pregnancy and women from the poorest families. County homes admitted women with special needs, mental health problems, venereal disease or a criminal conviction, who would be rejected by a number of mother and baby homes. They also accommodated children who had special needs, including the children of married families. The accommodation and care given to these children in county homes was grossly inadequate; some of the descriptions are extremely distressing.
19. Until 1973 when the Unmarried Mother's Allowance was introduced, most women had no realistic prospect of keeping their child unless they were assisted by their family. Regina Coeli hostel was the only institution that supported women who wished to raise their child. There is evidence that women who became pregnant after 1973 were not always aware of this State support and they continued to face pressure from family and perhaps from the staff in a mother and baby home to place their children for adoption.

Regulation of mother and baby homes

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

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

22. Overall responsibility for the homes owned by a local authority rested with the local authority. They were responsible for the upkeep, improvements and oversight. The Dublin Union and its successor organisations visited Pelletstown regularly, and there is evidence that they exercised oversight. The Daughters of Charity, who ran Pelletstown were salaried local authority employees, as were the lay nurses and other staff. Food and supplies were bought and paid for by the local authority. When the Sisters of Mercy ran Kilrush, most of the Sisters were local authority employees, who received a salary; the lay staff was paid by the local authority.
23. When the Children's Home was in Glenamaddy the Bon Secours Sisters who ran the home were salaried local authority employees; the Sisters had previously run the Glenamaddy workhouse on a similar basis. When the Children's Home relocated to Tuam the Sisters were no longer treated as local authority employees and they did not receive a salary. Staff in Tuam were recruited and paid by the Sisters, from the capitation payment that they received from the Galway and Mayo local authorities, though much of the work was carried out unpaid by the mothers. The Galway local authority held regular meetings in the Children's Home; however, it is unclear whether these were used to conduct inspections. The Superior in Tuam kept the county manager informed about the women and children in the home, and he was involved in making decisions about their future, including specifying that some women should be sent to a Magdalen laundry. There is evidence that the Department of Health was confused as to the status and ownership of Tuam.
24. The remaining mother and baby homes were private institutions, so governance was a matter for the religious congregation or the charity that owned the institution. In the 1920s there was regular communication between the South Cork health

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

The respective roles of local and national government

25. Bessborough opened without any apparent involvement by the DLGPH. An application to the Hospitals Commission for funding to construct a maternity hospital in Bessborough led to inspections and more frequent contact with the department and the Hospitals Commission in relation to the building tender and the requirements of this mother and baby home. Sean Ross, Castlepollard, and Pelletstown also secured major funding from the Hospitals Commission, which though technically independent, worked closely with the DLGPH. The Hospitals Commission inspected the homes, commenting on facilities and matters that required improvement. They acted in a similar manner in the case of all institutions that they funded.
26. Some oversight was exercised by national and local government but there was no clear policy on oversight and no clear demarcation between the roles of national and local government. The women inspectors in the Department of Local Government and Public Health/Department of Health tried valiantly to have conditions improved. This is especially true of Miss Alice Litster¹ who was an inspector from 1922 to 1957. While the department inspectors were thorough in carrying out inspections and were constantly seeking improvements, the responsibility to actually do anything rested mainly with the local authorities.
27. The *Registration of Maternity Homes Act 1934* gave the DLGPH/Department of Health the authority to inspect all places where women gave birth, or received nursing care following a birth. All maternity homes were required to register, and registration was the responsibility of the local authority. The inspections conducted under the 1934 Act enabled the DLGPH/Department of Health to visit the private mother and baby homes and to recommend improvements. However, there was a lack of clarity in the legislation. Did the powers of inspection extend to the entire mother and baby home, including the nurseries that accommodated babies, who

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

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

28. The power to initiate prosecutions for infringements of the 1934 Act rested with the local authority and the penalties were generally light. (No mother and baby home was ever prosecuted). In the early 1940s when successive inspections carried out by the DLGPH revealed major shortcomings in Bessborough, the only power open to the department was to withdraw ministerial approval for local authorities to maintain women and children in Bessborough. They could not order the closure of the home, which continued to admit private patients, many of whose children died. The county Cork health authority had the power to close Bessborough but there is no indication that it considered doing so.
29. Registration certificates issued by local authorities under the 1934 Act stipulated the maximum number of beds, but this was often exceeded, and the numbers specified on the certificates were greater than numbers determined by a DLGPH buildings inspector. However, the department did not set maximum occupancy figures for mother and baby homes until the 1940s, some years after the Act came into force. These were not statutorily binding and were not enforced in either the local authority homes or the private mother and baby homes because they would have resulted in a massive reduction in capacity.
30. Although the DLGPH/Department of Health received regular inspection reports on mother and baby homes, which were often critical of conditions, the evidence suggests that the department preferred to use persuasion, not compulsion to implement improvements. The department's main interest appears to have been the occupancy figures, and the rising cost of maintaining women and children in these homes.

Influence of religion and religious organisations

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

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

32. There is no evidence that the Catholic hierarchy played a role in the day-to-day running of mother and baby homes. A religious congregation who wished to open any establishment in a diocese - such as a school, novitiate, or a mother and baby home - required the permission of the diocesan bishop. The Congregation of the Sacred Hearts of Jesus and Mary made several attempts to open a mother and baby home in Dublin, but the archbishop of Dublin did not grant approval. In the 1940s, the bishop of Cork, Dr Cohalan, claimed that he had had regular dealings with the DLGPH when Bessborough was being established but the Commission has seen no evidence to support this claim. In 1924 he asked the Congregation of the Sacred Hearts to admit pregnant women to Bessborough but they were reluctant to do so. In 1928 he 'almost insisted' that Bessborough should provide maternity services. A small maternity unit was opened in 1930; whether this was in response to Bishop Cohalan's request is unclear. By the early 1940s the inspectors of boarded out children in the DLGPH were becoming concerned about the well-being of children born to private patients in Bessborough and they sought information about their whereabouts when they left Bessborough. Dr Cohalan declared that providing such information would be a breach of canon law. When the DLGPH sought a change of Superior in Bessborough because of the appallingly-high death rate, he denounced this request. The replacement of the Bessborough Superior was delayed for four years after the department requested it, and many infants died during that time. It seems probable that the bishop's intervention was elicited by the congregation.
33. The Galway county manager kept the archbishop of Tuam and the bishop of Galway informed about plans to move the Children's Home from Tuam, to the outskirts of Galway in the late 1950s. The archbishop described the proposal as 'undesirable in every way'; he claimed that the proposed new location was close to a busy road. 'Anyone who has experience of the workings of a Home for unmarried mothers will tell you that such a Home must be in a place that is quiet, remote and surrounded by high boundary walls ... In many cases they are on the look-out to get in touch with men, and some of them cannot repress their

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

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

Finances

35. The capitation payments for women and children in the mother and baby homes were financed from the rates paid to the local authorities. In 1947, the health services generally started to be partially financed from national taxation. It seems to be at this stage that the mother and baby homes started to be required to provide audited accounts to the Department of Health. These accounts were then used to determine whether an increase in the capitation payments was merited.
36. The Commission has not seen any evidence that the religious orders who ran the mother and baby homes made a profit from so doing. At various times, it is clear that they struggled to make ends meet and their members were not always paid for their work. This was a particular problem when occupancy levels fell and women stayed for shorter periods. Payments by local authorities were not always on time.

37. The capitation rates, while they were not overly generous, and often failed to keep pace with inflation, were considerably more generous than the social welfare payments available to an adult and a child living in the community.
38. Under the institutional assistance regulations, the women in the homes (or, if they were under 16, their parents) could have been charged for their stay in the homes but this does not appear to have happened in most of the larger institutions. Residents in county homes were charged if they had an income.

C: What was different about Ireland

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

Concept of illegitimacy

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

Responsibility of fathers

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

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

Woman's parents

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

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

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

Fleeing to Britain

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

Church and State attitudes

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

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

Infant mortality

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

Distinctive features of Irish institutions

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

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

Religious involvement

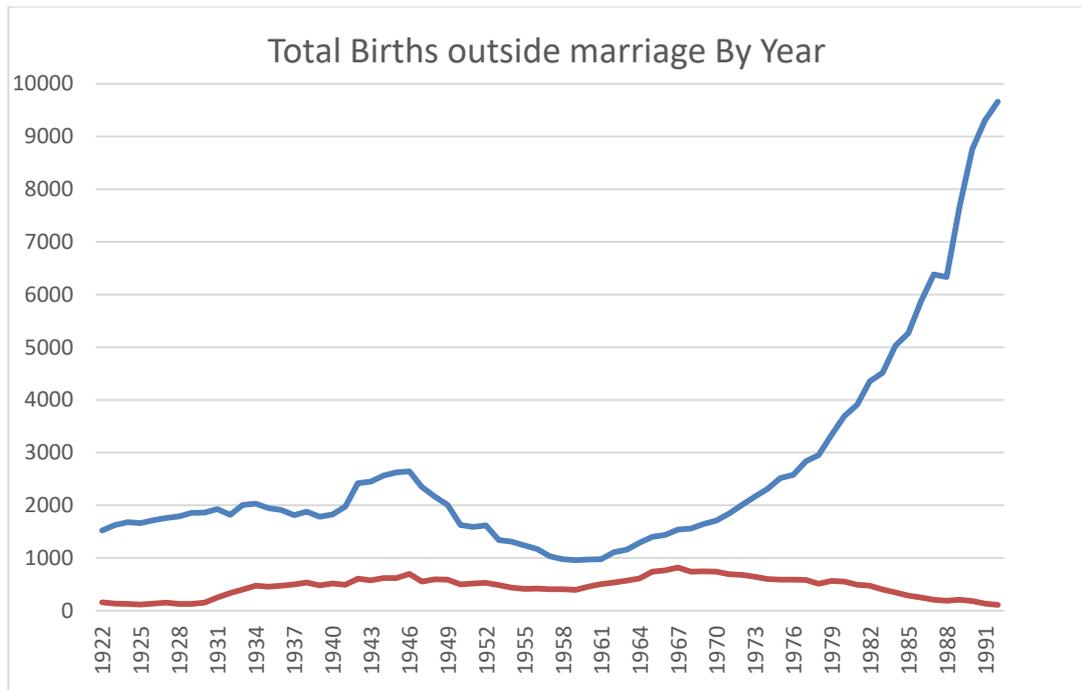
49. Most mother and baby homes in other countries were run by religious organisations and the religious salvation of mothers and children was central to their mission. In nineteenth-century Ireland there was intense competition between religious denominations to save the souls of orphaned, abandoned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

D: A brief chronological narrative

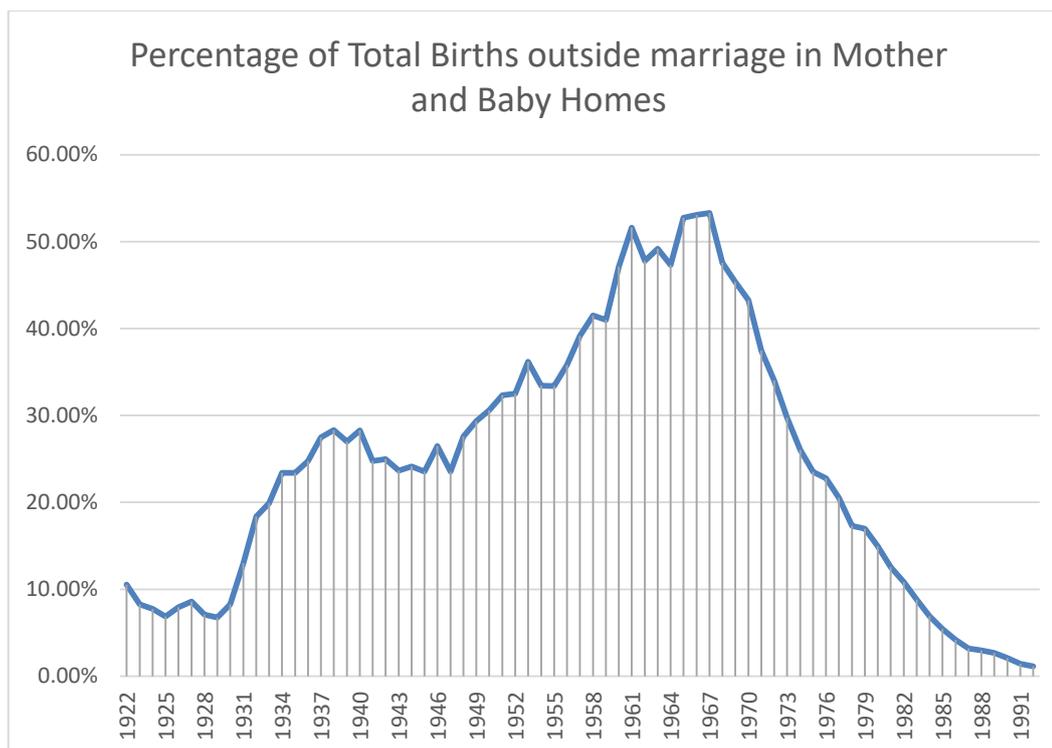
50. As already stated, mother and baby homes were not unique to Ireland; they were established later in Ireland than in other places. There were many Magdalen institutions and 'rescue' homes in nineteenth-century Ireland but they did not admit pregnant women or unmarried mothers who were accompanied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

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

51. The stated primary mission of these homes was to promote reform and repentance though they also rescued destitute women from homelessness and life on the streets. It was widely believed that many first-time unmarried mothers became prostitutes and went on to give birth to additional 'illegitimate' children. If first-time mothers spent time in homes cut off from the world, carrying out domestic duties, being trained for future employment in domestic work, caring for their child, and spending time in prayer and other religious experiences, it was believed that they would avoid that danger.
52. The first proposal for mother and baby homes in Ireland came in the 1907 Vice-Regal Commission on the Irish Poor Law. At the time the workhouses were the only institutions providing for unmarried mothers. The Vice-Regal Commission suggested that unmarried mothers and their children should no longer be accommodated in workhouses but in dedicated mother and baby homes. These homes should be owned and run by religious organisations; alternatively they should be established by local authorities, who would place them under the control of a religious community. This became the template that was implemented by the Irish Free State.
53. The years of World War I and the immediate aftermath were marked by a rise in the rate of 'illegitimate' births in Ireland and elsewhere, though the rate of 'illegitimate' births in Ireland was among the lowest in Europe. The number of 'illegitimate' births rose slightly during the 1920s and 1930s and it increased more sharply during the years 1940-46 when it reached a peak. It fell quite sharply in the late 1940s and this decline continued until 1960 when the rate was 37% of the 1946 figure. The number of 'illegitimate' births began to rise after 1961 and continued to rise for the remainder of the century.



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



55. Mother and baby homes were established as part of the reforms to the poor law that were instituted after independence. The stated policy of the government was that unmarried mothers and their children should not remain in county homes (which were the successors to the workhouse), yet there were 450 unmarried mothers in county homes in March 1950. The number fell sharply over the next decade.
56. The motivation behind the creation of mother and baby homes was not clearly articulated, other than the fact that it removed the mothers and children from the county homes. It was believed that dedicated mother and baby homes could 'reform' first-time mothers, and prevent subsequent pregnancies. There was a strong opinion that first-time mothers should not come into contact with the mothers of more than one child who might be found in a county home. A DLGPH inspector suggested that mother and baby homes would reduce the incidence of infanticide and the number of women who were forced to resort to private nursing homes where they were financially exploited and their children placed, for a fee, in unsuitable foster homes. The first report of the registrar general of the Irish Free State had highlighted the fact that infant mortality among 'illegitimate' children was five times the national average, and while 'illegitimate' children in other countries

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

57. Pelletstown was established as a mother and baby home in 1919. It was an integral part of the Dublin Union. It was owned and governed by the local health authority - the Dublin Board of Guardians initially and then its successors in title, ultimately the Eastern Health Board. A different model of mother and baby home was established in Bessborough in 1922. It was a private institution, owned and run by the Congregation of the Sacred Hearts of Jesus and Mary; it was purchased and equipped without public funding. The South Cork health authority transferred mothers and children to Bessborough and they paid the congregation a capitation rate for their care. This arrangement was implemented in 1922, at a time when a provisional government was in the process of creating the administrative systems for the new Irish Free State and fighting a civil war. There is no evidence that any member of government or an embryonic government department was consulted about this arrangement. But given that health and welfare services were the responsibility of local authorities, there is nothing untoward in that. The Bessborough model, where a local authority paid a capitation rate to a private mother and baby home, became the funding model which remained in place until the end of the twentieth century. The Bethany Home was founded in 1922 by a Protestant evangelical group. However, it did not seek public funding at that time.
58. During the 1920s two further local authority owned mother and baby homes opened - Kilrush and Tuam (which was initially based in Glenamaddy). Neither of these was exclusively a mother and baby home; they also housed unaccompanied children and Tuam housed homeless families. The three local authority homes were staffed by religious sisters. This was consistent with the practice in Irish workhouses before independence where many of the matrons and nursing staff were religious sisters.
59. A number of developments in the early 1930s ensured that the expansion of mother and baby homes took place in institutions that were privately-owned. The Department of Local Government and Public Health (DLGPH) asked the Congregation of the Sacred Hearts of Jesus and Mary to establish a second home. The senior inspector, Mrs Crofts, assisted the congregation in identifying a suitable location. In the early weeks of 1932, the Minister for Local Government and Public Health allocated money to Bessborough for capital improvements from the

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

60. The number of women entering mother and baby homes rose steadily in the 1930s. In the 1920s women who were maintained by a local authority had first to enter a county home before being transferred to Bessborough. By the end of the decade women were admitted directly removing the association with poor law institutions. The introduction of maternity services resulted in increased admissions and Bessborough began to admit private patients. Despite the opening of Sean Ross in 1931 and Castlepollard in 1935, both run by the Congregation of the Sacred Hearts, mother and baby homes were overcrowded by the mid-1930s.
61. Maternity units were added to mother and baby homes because unmarried mothers were not welcome in county hospitals. Galway county council determined that unmarried mothers should be excluded from the Central Hospital in Galway because their presence deterred 'respectable' married women from giving birth in the hospital. Unmarried mothers in Kilkenny were excluded from the county hospital and sent, regardless of distance, to give birth in the county home in Thomastown. However the Dublin maternity hospitals admitted unmarried women and appear to have given them similar care to married mothers.
62. The introduction of maternity units in mother and baby homes increased their medical/nursing responsibilities. The *Registration of Maternity Homes Act 1934* gave local authorities authority to license, inspect and regulate all hospitals and nursing homes where women gave birth or were cared for with their child following the birth. It also gave the DLGPH the right to inspect these institutions. This was the first time that a government department secured a role in overseeing privately-owned mother and baby homes. By 1939 a department inspector was expressing concern about the high rate of infant mortality in these homes. Infant mortality

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

63. There is no evidence that unmarried mothers were ever discussed at Cabinet during the first 50 years after independence. Responsibility for unmarried mothers and their children was seen as resting with the local authorities. As described above, the relative roles and powers of the DLGPH and the local health authorities were never sufficiently clarified. In the late 1930s and the 1940s, DLGPH ministers and staff were aware of the major shortcomings in the mother and baby homes most especially the high rate of infant mortality. By the mid-1940s, ministers and senior department officials were involved in planning major reforms to health and welfare services; these reforms resulted in the establishment of separate Departments of Health and Social Welfare, and the drafting of a mother and child scheme. Yet with the exception of memoranda written by Miss Litster and submissions by the Joint Committee of Women's Societies and Social Workers, proposing alternative arrangements for supporting unmarried mothers and their children, there is no indication that consideration was given to effecting major changes to the existing provisions. Infant mortality fell sharply in the late 1940s in the mother and baby homes and nationally. This may have removed the motivation for major reforms, which would have involved fraught negotiations with religious congregations and members of the Catholic Hierarchy. There is no evidence of public concern being expressed about conditions in mother and baby homes or about the appalling mortality among the children born in these homes even though many of the facts were in the public domain.
64. The introduction of legal adoption from 1953 removed one of the underlying problems facing Irish mother and baby homes - the long-term future of the children. By the 1960s most women placed their child for adoption and left a mother and baby home within a few months of giving birth. In 1967 the number of babies adopted was 97% of the number of 'illegitimate' births. These statistics dispel any myth that the 1960s brought major changes in family or societal attitudes or practices towards 'illegitimacy'.

65. There was little public discussion about unmarried mothers or mother and baby homes before the 1960s. Stories began to appear in newspapers and magazines in the 1960s. In the late 1960s, Ally began to provide family placements for pregnant single women, as an alternative to mother and baby homes. The 1970 Kilkenny Conference on the Unmarried Parent indicated that change was underway. Cherish was founded in 1972 as a support organisation for unmarried mothers which was run by the mothers. It provided both practical and psychological supports for women especially those who wished to raise their child. A growing number of single women no longer concealed their pregnancy and were determined to raise their child, though the difficulties that unmarried mothers continued to face in the 1970s and 1980s cannot be understated. By the 1970s however the Catholic church was more sympathetic towards unmarried mothers than in earlier times, because a growing number of single Irish pregnant women were opting to have abortions in Britain.
66. The introduction of Unmarried Mother's Allowance in 1973 passed without comment by any TD in Dáil Éireann, other than the Parliamentary Secretary to the Minister for Health and Social Welfare, Frank Cluskey who was introducing the legislation, and it attracted no attention in local or national newspapers. This silence suggests public uncertainty about the appropriate response - an unwillingness to either praise or criticise this new welfare payment. It was not until the tragic death of Ann Lovett in 1984 that there is evidence of extensive public commentary on unmarried motherhood, and serious questioning of Irish attitudes. Ireland was not unique in the 1970s or 1980s in its ambivalence towards single parents and the merits of providing them with state benefits; public criticism in Ireland was probably less vehement than among right-wing groups elsewhere. The enactment of the 8th Amendment to the Constitution in 1983, which guaranteed the right to life of the unborn, and the widespread attention given to the large numbers of single Irish women travelling to England for abortions, may have resulted in more tolerant attitudes.
67. The number of births to unmarried mothers doubled between 1971 and 1980. In 1980 a total of 552 babies were born to women who were in mother and baby homes. This figure was higher than the 498 born in these homes in 1950 or the 456 babies born in 1960. The numbers only began to fall in the 1980s. Mother and baby homes closed, down-sized, or were replaced by flatlets and hostels. In 1971, the number of adoption orders was 71% of the number of 'illegitimate' births;

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

68. By the 1970s unmarried mothers and their children in other western European countries were viewed as part of a wider cohort of one-parent families. The continuing compartmentalisation of unmarried mothers in Ireland - which lasted until the end of the century - reflected the constitutional prohibition on divorce and a failure to recognise broader categories of single parenthood, such as extra-marital births to married or deserted women, and births to married women who were divorced or separated. The status of 'illegitimacy' was not abolished until 1987. A married woman, who gave birth to an extra-marital child, faced particularly difficult circumstances. The *Adoption Act 1952* applied only to 'illegitimate' children and orphans; unless a woman's husband testified that he was not the father, extra-marital children could not be adopted. Some were transferred to Nazareth Home in Fahan, Donegal from where they were sent to Northern Ireland where such adoptions were legal.
69. The women in mother and baby homes in the closing decades of the century remained for a much shorter time; they were generally free to come and go as they pleased, to meet friends or family, including boyfriends or spend weekends away, and visitors were encouraged. Almost all the work was carried out by paid staff. There was a transition from institutional care to supported accommodation in flatlets where women were encouraged to be independent. The first of these developments, Miss Carr's Flatlets opened in 1972. Women in Dunboyne were tutored for State examinations; this enabled them to continue with their education at a time when most schools either excluded pregnant students and new mothers or certainly did not encourage them to attend. Women in Bessborough attended state-funded training courses. Denny House assisted women in learning to care for their child; it supported women with mental illness or addiction problems and women with difficult personal or family circumstances. The Commission believes that the flatlets and homes that survived in the 1980s and 1990s provided important supports for single mothers, who had specific medical or social needs that could not be met within the community, because of continuing prejudice or hostility on the part of families and the wider society.

E: The distinctive features of the institutions

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

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

71. **The people:** 15,382 women and 18,829 children; it was not exclusively a mother and baby home as it also housed unaccompanied children; 5,888 children entered unaccompanied and many others stayed after their mother left. Initially, the unaccompanied children were foundlings and children who were abandoned, neglected or homeless. Later, it also admitted children with serious physical or intellectual disabilities and children who discharged from hospital with untreatable conditions. Many of the unaccompanied children were the children of married couples.
72. Before 1935, women were admitted to the Dublin Union and gave birth there before being transferred to Pelletstown. A maternity hospital opened in Pelletstown in 1935 and women entered directly. It was not restricted to first-time mothers; almost 30% of the women for whom this information is available were pregnant for a second or subsequent time.
73. **Length of stay:** The length of stay for mothers changed considerably over time but, apart from a few years in the 1940s, the average was always less than a year and less than six months from the early 1960s onwards.
74. **Premises/Living conditions:** Pelletstown itself was an institutional building with large dormitories and large children's nurseries. Although improvements were gradually carried out, facilities were inadequate. In 1950 there were only four lavatories for 140 resident women. In 1966, women were sleeping in dormitories with 52 and 30 beds respectively that offered no privacy although plans were underway to divide them into cubicles. It closed in 1985. Eglinton House was a large house which catered for about 15 mothers and children and had good facilities.

75. **Governance:** It was owned and financed by the Dublin Board of Guardians and its successors - ultimately the Eastern Health Board. It was run by the Daughters of Charity who were salaried local authority employees as were the lay nurses and other staff.
76. **Infant Deaths:** 3,615 children died; 78% of deaths occurred between 1920 and 1942. Pelletstown is unique in not recording a peak in mortality during the 1940s despite the record infant mortality in Dublin city during these years. In the years 1943-45 infant mortality in Pelletstown was 14.8%, which was substantially lower than other mother and baby homes. Some of the children who were in Pelletstown were there because they were seriously ill and there nothing further could be done for them in the children's hospitals.
77. **Burials:** The burials of the children who died are properly recorded in Glasnevin Cemetery.

Belmont Flatlets 1980- 2001

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

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

79. **The People:** 2,219 women and 3,251 children; it was not exclusively a mother and baby home as it also accommodated unaccompanied children of married couples and widow(ers) whose parent was unable to care for them and married women or widows with children who were homeless or destitute. There were always large numbers of unaccompanied children; in 1943 there was an average of 258 resident children and 53 mothers. Almost all the women and children were from Galway and Mayo.
80. Before 1935, when a maternity unit was opened in Tuam, women gave birth in the Central Hospital in Galway. Medical care was provided by a local dispensary doctor, who was in his late 80s when he retired in 1951, and a dispensary midwife. This was similar to the care available to a woman having a home birth.

81. **Length of stay:** Women remained in Tuam on average for less than a year. Some children remained up to the age of six or seven years.
82. **Premises:** Both Glenamaddy and Tuam were former workhouses and the physical conditions were dire. Galway county council failed to properly maintain, much less improve, the conditions. In 1959, Tuam's physical condition was much worse than that of the county home in Loughrea even though conditions in county homes were generally much worse than in mother and baby homes.
83. **Governance:** it was owned and controlled by Galway county council, which made all the major decisions, and run on a day-to-day basis by the Sisters of Bon Secours who were not salaried employees. The local authority paid a capitation rate for mothers and children, and a salary to the chaplain, the attending medical officer and an external midwife; other staff costs were paid by the Sisters. The local authority was responsible for maintenance and improvements.
84. **Child deaths:** 978 children who were in Tuam or Glenamaddy died; 80% were under a year, and 67% were aged between one and six months. Three-quarters of the deaths happened in the 1930s and 1940s; the worst years were 1943-1947.
85. **Burials:** No register of burials was kept and it is likely that most of the children who died in Tuam are buried inappropriately in the grounds of the institution.

Kilrush 1922 - 1932

86. **The people:** The exact numbers are not known but the Commission estimates that there were between 300 and 400 unmarried mothers and a much larger number of children in the Clare County Nursery in Kilrush. It accommodated a number of unaccompanied children including children of school-going age.
87. **The premises:** It was a former workhouse and was even worse than Tuam. It had no running water, baths or indoor toilets.
88. **Governance:** It was owned and governed by Clare county council. From 1922 to 1928 it was run by the Congregation of the Sisters of Mercy, who had been employed in the former workhouse. They left when the Department of Local Government and Public Health refused to approve the appointment of a Mercy sister as matron because she lacked a nursing qualification. From 1928 until 1932

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

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

Bessborough 1922 - 1998

90. **The people:** 9,768 women and 8,938 children; between 1933 and 1944, 30% of the women were private patients who were not financed by a local authority. The number of women admitted increased by 25% in the 1940s, when there was a sharp rise in 'illegitimate' births.
91. In 1930 Bessborough opened a small maternity unit. This was replaced in 1933 by a 26 bed maternity hospital which was funded by the Hospitals Trust. Admissions rose sharply following the opening of the maternity hospital. It was overcrowded in the 1940s; it failed to isolate infected cases and screen incoming patients.
92. **Length of stay:** The average length of stay varied very widely over time. The average is somewhat distorted by the fact that women whose children died left immediately after the death and private patients did not stay as long as public patients. The very lengthy stays were generally before the 1960s. Those admitted in 1950 stayed on average for about a year; this had decreased to nine months for those admitted in 1960 and to about three months for those admitted from 1970 onwards.
93. **Premises/Living conditions:** It was a large Georgian house initially on over 200 acres of land. Until the 1970s living conditions were basic and institutional but much better than county homes. Dormitories and nurseries were large and there was no privacy but it did have running water, bathrooms and central heating. The large dormitories were replaced by cubicles and bedrooms in the 1970s.
94. **Governance:** It was owned and run by the Congregation of the Sacred Hearts of Jesus and Mary. It was financed by capitation payments from the local health authorities and received capital funding from the Hospitals Trust Fund. Some residents were private patients. In the 1940s in particular, there was a shortage of qualified nurses and midwives and the religious sister who was in charge was incompetent. Although it was closed to women and children who were supported

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

95. **Child deaths:** 923 children who were associated with Bessborough died. In 1934, it had the highest recorded infant mortality rate among mother and baby homes. Infant mortality reached even higher levels in the early 1940s. In 1943 three out of every four children born in Bessborough died. Although only 9% of the babies were the children of private patients, they accounted for 21% of deaths. Private patients were leaving Bessborough without their child, shortly after giving birth, and it is evident that these children received inadequate care.
96. Infant mortality improved significantly from 1945. Private patients were no longer permitted to leave without their child; a visiting medical officer, a new matron and additional nursing staff were appointed; penicillin became available. More bathrooms and washrooms were provided. Overcrowding eased with the falling number of 'illegitimate' births in the late 1940s, and this continued into the 1950s.
97. **Burials:** Bessborough failed to keep a register of infant burials and the burial location of the majority of children who died there is still unknown.

Sean Ross 1931 - 1969

98. **The people:** 6,414 women and 6,079 children.
99. **Length of stay:** The length of stay varied considerably over time. It remained high (but generally less than two years on average) until the 1950s and shortened dramatically from 1961.
100. **Living conditions:** It was located in a large country house. The Hospitals Trust Fund provided capital funding for a dedicated maternity hospital and increased accommodation including a nursery block. However the buildings were not connected; access to the maternity hospital was through the farm yard. It became overcrowded shortly after it opened. The maternity unit lacked basic equipment. Other parts of the home were renovated in the early 1950s; they included a new recreation hall for mothers.

101. Sean Ross experienced several outbreaks of diphtheria during the 1930s and 1940s (this did not happen in other homes). Diphtheria was the leading cause of death in 1936 and 1937. Mothers and children were treated in the local authority fever hospital in Roscrea, which relied on Sean Ross mothers to carry out some of the nursing duties without payment. Many children who died became ill shortly after their mother returned from nursing duties in the fever hospital and it is probable that mothers transmitted the infection to their children. This pattern can be identified until 1945. In 1944 Sean Ross experienced a major epidemic of typhoid; on this occasion a fever unit was created within the home. The cause of the outbreak was not identified. Four women died of typhoid in Sean Ross, and three women who had been transferred to other hospitals also died. The appointment of a new medical officer appears to have resulted in improvements in health and mortality from 1945.
102. **Governance:** Like Bessborough, it was owned and run by the Congregation of the Sacred Hearts of Jesus and Mary and it followed a similar model.
103. **Infant deaths:** A total of 1,090 of the 6,079 babies, who were born or admitted died; 79% of the deaths occurred between the years 1932 and 1947. The worst years were 1936 and 1942. Within two years of Sean Ross opening the congregation acknowledged that there was a 'problem' with the high rate of infant mortality, and they sent a Sister from Liverpool to investigate the cause.
104. **Burials:** Registers of burials were not maintained. There is a designated burial ground and the Commission has established that the coffined remains of some children under the age of one are buried there.

Castlepollard 1935 - 1971

105. **The people:** 4,972 women and 4,559 children.
106. **Length of stay:** The length of stay varied considerably over time. In the period 1947 to 1959 it was 304 days on average and decreased dramatically during the 1960s.
107. **Premises/living conditions:** It was located in a large period house at Castlepollard. A maternity hospital which was financed by the Hospitals Trust Fund was opened in 1942; it included accommodation for mothers and children.

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

108. Castlepollard continued to exceed the specified accommodation limits until the early 1950s. Although central heating was installed in the new hospital unit it was not used for some years because the home, which had its own generator, was supplying electricity to the town of Castlepollard. The town generating station was destroyed in 1941; this continued until 1948.
109. **Governance:** Like Bessborough, it was owned and run by the Congregation of the Sacred Hearts of Jesus and Mary and it followed a similar model.
110. **Infant deaths:** A total of 247 children died in Castlepollard; 60% of deaths were in the 1940s. The peak year was 1940 when the home was grossly overcrowded; mortality was also high in the years 1944-47 but it fell sharply thereafter. In the worst year, 1940, infant mortality in Castlepollard was 26%; this was approximately half the peak figure in Sean Ross, 50%, and one-third the peak mortality in Bessborough at 75%. Approximately 10% of Castlepollard mothers were private patients, but in contrast to Bessborough, the mortality of the infants of private patients were well below the average for the home, probably because the mothers were not permitted to leave without their child. The peaks in infant mortality occurred when the home was most overcrowded.
111. **Burials:** No register of burials was maintained but it seems likely that most of the children who died are buried in the designated burial ground.

Regina Coeli 1930 - 1998

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

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

113. Women and children in Regina Coeli did not receive state support. Mothers were encouraged to work as servants in private homes and in nearby hospitals and other institutions. Most of the work in the hostel was carried out by volunteer members of the Legion, assisted by women who were not working externally. One of the core principles was that no services should be provided free of charge: women paid a modest sum for their meals and 1s a week for their children.
114. **Length of stay:** Some women stayed for only one or two nights. Many remained for several years, and others entered and left on several occasions. A woman who arrived in 1953 stayed for ten years with her two children. A woman who was admitted in 1955 gave birth to six children during the course of a 15-year stay.
115. **Governance:** It was run by the Legion of Mary which is a voluntary organisation. It got no regular State funding.
116. **Premises/Living conditions:** It was located in North Great Brunswick Street, in part of the former North Dublin Union workhouse. Most women gave birth in the nearby Rotunda hospital. It was never registered under the *Registration of Maternity Homes Act 1934*, even though it should have been. There were regular outbreaks of infectious disease among mothers and children. This was not surprising, given that Regina Coeli admitted destitute, often homeless women and children, and sanitary facilities were primitive. No efforts were made to isolate new arrivals until the mid-1940s. Public health doctors and nurses, visited the hostel, and temporary nurses were appointed to cope with outbreaks of infectious disease. It operated on the principle that all staff should be volunteers, so medical care was provided by the local dispensary doctor, which the Dublin medical officer of health regarded as unsatisfactory.

117. **Funding:** In 1950, the Hospitals Trust Fund provided funding to improve the accommodation for unmarried mothers and children. Most of the money was spent providing ‘family units’ for mothers with older children. These consisted of six cubicle bedrooms, each for a mother and her child(ren), plus a common room and an open fire place for ‘cooking’ and nearby sanitary facilities. The plan was that five women would go out to work, and one mother would mind the children. However, this former workhouse required much greater investment; in 1956 a staircase collapsed injuring a Legion volunteer. In 1963 the hostel was condemned by Dublin Corporation as structurally unsafe. They recommended that it should close, with residents moving to a former sanatorium in county Dublin. Regina Coeli survived thanks to the support of Minister for Health Seán MacEntee; part of the building was demolished, residents were accommodated in chalets. A major reconstruction was eventually completed in the late 1970s, funded by the Eastern Health Board.
118. **Deaths:** A total of 734 children died; the peak in infant and child mortality was in the early 1940s, coinciding with a peak in infant mortality in Dublin city; 68% of the children’s deaths were in the 1940s; over 91% of deaths took place before 1950. A 1948 report claimed that infant mortality was three times the rate in Pelletstown and the hostel lacked ‘almost every proper facility in regard to both nursing and structure’.
119. **Burials:** The Commission has not investigated the burial arrangements as the children died in many different locations.

Dunboyne 1955 - 1991

120. **The people:** 3,156 mothers and 1,148 children; the children were almost all born in Holles Street hospital. It was initially designed for women on second or subsequent pregnancies but the vast majority were first-time mothers. By the late 1980s, 58% of the women were teenagers; roughly one-quarter were students. In 1980 it was designated as a centre for intermediate and leaving certificate exams. Classes were provided by a team of part-time teachers, who were paid by the local vocational education committee.
121. **Length of stay:** Like the other institutions, the length of stay varied over time. Women admitted to Dunboyne in the 1950s spent 383 day on average there; women admitted in the 1970s were there for 85 days on average. In later years,

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

122. **Premises/Living conditions:** It was located in Dunboyne Castle. The facilities were very good. It had adequate sanitary arrangements and central heating. It had better facilities than the average Irish home when it opened. An extension financed by the Sisters was opened in 1963. Women slept in shared bedrooms; there were ample bathrooms and wash-basins, all laundry other than personal clothing was sent to a commercial laundry. It had reception rooms for visitors, a television room, a smoking room, and a room with a record player. Although capitation payments were higher than in other homes, spending generally exceeded income.
123. **Governance:** It was bought and fitted out by a number of county councils of which Meath was the lead. It was leased to and run by the Sisters of the Good Shepherd. It was financed by capitation payments from the local authorities; these were always at a higher rate than was paid to the Sacred Heart homes.
124. **Child deaths:** A total of 37 children born to Dunboyne mothers died; two-thirds of the deaths were in a maternity hospital and the others were mainly in children's hospitals.

Bethany 1922 - 1971

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

126. **Length of stay:** The average length of stay was 154 days; this fluctuated between 300 days on average for women admitted in 1953 to 62 days on average for women admitted in 1969.
127. **Premises/Living conditions:** Initially it was located in Blackhall Place in the north-inner city. It moved to Orwell Road, Rathgar in 1933. The accommodation in Blackhall Place appears to have been inadequate. The Orwell Road premises was a 6,000 square feet detached house on an acre of grounds in Rathgar. Improvements were carried out including converting the adjoining stables. Initially this was used as a separate institution that accommodated older children; in the late 1930s it became the women's dormitory. In 1935 Bethany had four wards, with a total of 25 beds, but one four-bed ward constituted the maternity unit. There appear to have been ample baths and toilets.
128. It was consistently short-staffed, and very reliant on voluntary workers. Throughout its existence Bethany found it difficult to recruit and retain qualified midwives and nurses. Medical care was supplied on a voluntary basis by a visiting doctor who was voted an annual honorarium of £10. It is unclear how often he visited. In 1936, it was described as overcrowded and there was inadequate medical and nursing staff. The decision to no longer admit Catholic women meant that it was less over-crowded than the other mother and baby homes in the 1940s. Throughout most of the 1950s there were fewer than ten women resident at any time, and that trend continued in the 1960s. There was a high incidence of infectious disease, including gastro-enteritis.
129. **Governance:** It was run by a board of trustees, and governance was overseen by monthly meetings of the management board. Meetings opened with a 'season of prayer' and closed with a prayer. The Plymouth Brethren, an evangelical Protestant church founded in the nineteenth century, and the Irish Church Missions to the Roman Catholics, which sought to convert Roman Catholics to Protestantism, were prominent in the running of Bethany. Despite frequent protests to the contrary, those in charge often sought to convert the mothers to their beliefs.
130. Bethany did not seek or receive public funding in the 1920s or 1930s. The income came from investments, legacies, donations and proceeds of sales of work. Bethany sought financial support from the parents and local clergyman of the

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

131. **Infant deaths:** A total of 262 children associated with Bethany died; 61% of child deaths occurred between 1937 and 1947.
132. **Burials:** The burials of Bethany children are properly recorded in Mount Jerome cemetery.

Denny House (formerly the Magdalen Asylum) 1765 - 1994

133. **The people:** 1,416 mothers and 1,134 children between 1922 and 1994. The largest number was in the 1980s. Before 1980, it admitted single Protestant women who were pregnant for the first time. In 1980, it started to admit women of all religions and separated, deserted, or recently widowed women and their children. The name was changed from the Magdalen Asylum to Denny House.
134. **Length of stay:** In the early years the average length of stay was less than one year; women admitted in 1959 spent 86 days on average there; this had decreased to 41 days for women admitted in 1983.
135. **Premises/living conditions:** It was originally in Leeson Street and moved to Eglinton Road in 1959. Religion had a prominent place - the matron conducted daily prayers; mothers were 'churched'; there were bible classes, hymn-singing sessions and a chaplain paid regular visits. In the 1960s a chapel was erected beside the new residence in Donnybrook.
136. There is no indication that Denny House was overcrowded at any time, in contrast to other mother and baby homes. The small numbers meant that Denny House

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

137. From 1980 Denny accommodated women who needed support in parenting their child; mothers and babies awaiting longer-term accommodation; women who were sorting out their relationship with their parents or the father of their child, and women with addiction or mental health issues. A voluntary social worker and Eastern Health Board social workers supported the women.
138. **Governance:** The Magdalen Asylum was overseen by guardians and governesses. The guardians and associate guardians/governesses included the Church of Ireland archbishop of Dublin and on occasion his wife, plus prominent Dublin doctors, including leading paediatricians and gynaecologists. It received funding under the Maternity and Child Welfare scheme which covered 50% of the cost of maintaining mothers and children. It was also funded by endowments, proceeds of charity sermons and fund-raising by members of the Mothers' Union and Church of Ireland parishes. Women appear to have made a contribution towards their maintenance, or their local parish made a contribution. In the 1950s a number of women were maintained by their local authority, and from the 1970s it secured funding from the Eastern Health Board.
139. **Infant Deaths:** A total of 55 children died. Infant mortality was consistently lower than other mother and baby homes; mortality peaked in the years 1930-36. The small numbers resident was a factor in the low mortality; women were screened before admission and breast-feeding was almost universal.

Miss Carr's Flatlets 1972 - present

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

142. **Premises/Living conditions:** There were nine flatlets in a large house. The residents were expected to be self-supporting; many of the mothers would have qualified for Unmarried Mother's Allowance. Residents could avail of the nursery in Miss Carr's Children's Home at a cost of £3 a week.
143. **Governance:** It was established by Miss Carr's Children's Home, a long-established Protestant children's home. Miss Carr's purchased a nearby house, having borrowed the necessary money, and they sought financial assistance from the Eastern Health Board. The Department of Health eventually approved this application on condition that the flatlets would be non-denominational. It was a private institution, run by a general committee.

The Castle 1982 - 2006

144. **The people:** 329 women and 64 accompanying children between 1982 and 1998. It was not a traditional mother and baby home but rather a supported hostel for women and children, designed to give women an opportunity to decide on their future and that of their babies.
145. Most women were referred by health boards or by CURA. They were from every part of Ireland, including Northern Ireland. Some had professional qualifications, some were students/schoolgirls; some had intellectual disabilities or mental health problems, and a number had deficient parenting skills. The babies were born in maternity hospitals - the majority in Letterkenny and Altnagelvin in Derry. Sometimes the babies came to the Castle with their mothers but more frequently, they went to St Mura's or to foster parents while their mothers made decisions about their future. Five babies died in the hospitals shortly after birth.
146. **Governance:** It was established, funded and governed by the North Western Health Board (NWHB) and the Catholic dioceses of Raphoe and Derry. The staff were employed by the NWHB.
147. **Premises/Living conditions:** The women had individual bedrooms with sufficient space for a child. Eating and living areas were communal, though women could cook if they wished. The women were visited regularly by social workers from the health board and CURA. People came and went as they pleased. Families and boyfriends visited and women frequently went away for weekends.

St Gerard's 1919 - 1939

148. **The people:** The Commission knows very little about St Gerard's because it was unable to access its institutional records. It is likely that there were about 200 mothers and the same number of children there.
149. **Governance:** It was run by St Patrick's Guild, a charity founded in 1911 to assist unmarried Catholic mothers by placing their children with Catholic families in order to prevent them being converted to Protestantism. St Patrick's Guild was also associated with Temple Hill Children's Hospital.

The County Homes

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

Cork County Home 1921 - 1960

151. **The people:** 2,318 unmarried mothers and 2,408 children between 1921 and 1960. A number of the children were unaccompanied. Many had transferred from Bessborough prior to being boarded out by the local authority, others were sent to the county home by foster parents when the money paid by the child's mother had been exhausted, or when a foster family was no longer able or willing to keep a child. The nursery in the county home was overcrowded for most of the time; many children were of school-going age.
152. During the 1920s some women gave birth in the county home and were transferred to Bessborough with their child. Admissions of unmarried mothers peaked in 1926, and fell sharply from 1934, following the opening of a modern maternity unit in Bessborough. Admissions rose again from 1939 and remained high until 1948; 'illegitimate' births rose significantly in 1945 when Bessborough was closed to public patients.

153. In a number of cases where the children of women who had given birth in the county home were boarded out, their mothers remained in the home working as wardsmaids or kitchen staff, however in contrast to many other county homes they were paid.
154. **The conditions:** In the 1920s the living conditions in this and all county homes were appalling. In 1921 the women ate their meals squatting on the floor. Most heating was by open fire. The food was often adulterated or unfit for consumption. Milk was watered and meat was of poor quality. No major improvements were carried out until the 1950s.
155. There are several reports of unmarried mothers being assaulted by 'inmates' who were drunk or suffering from mental illness. One woman, who had given birth to two babies, became pregnant apparently by a male 'inmate'; she was sent to a Magdalen laundry. A number of women 'absconded' leaving their baby behind; although the Gardaí were contacted, they do not appear to have returned the mothers.
156. **Child deaths:** 545 children died, 93% were under one year. The death rate was high during the early and mid-1940s, but fell sharply from 1948. The most common cause of death was gastro-enteritis. Infection control would have been extremely difficult in an overcrowded institution, with poor sanitary facilities, that admitted children of various ages.

Stranorlar 1922 - 1964

157. **The people:** 1,646 unmarried mothers and 1,777 children. One-quarter of women were admitted between 1942 and 1948, a time when the number of 'illegitimate' births increased and mother and baby homes were overcrowded. The number of women admitted fell throughout the 1950s. 98% of the women were Catholics, the remainder were almost equally divided between Church of Ireland and Presbyterians.
158. **The conditions:** The conditions were very poor. In the early 1920s it was overcrowded and consideration was given to removing unmarried mothers and their infants to a disused workhouse in Ballyshannon. Water and sanitary services were inadequate with only two flush toilets. Most residents had to use outdoor

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

159. In 1935 the local medical officer discontinued admissions to the labour ward because it lacked a bathroom and running water. An inspection in the 1940s reported that there were no facilities to bathe children and arrangements for washing and drying clothing were poor. During the day children spent much of their time in a ‘hut’. The first major improvements commenced in 1949. They included installing washing and sanitary facilities in the children’s ward and a wash-hand basin in the labour ward. In 1952 the former fever hospital was renovated to accommodate unmarried mothers and their children.
160. Most of the work was carried out by the unmarried mothers, who were unpaid. The mothers of older children lived and slept in the main section of the county home and they could only see their children on Sundays; the administration believed that more frequent visits disrupted the routine and upset the children. In 1954 when plans were being drawn up to remove unmarried mothers and children from the county home, the matron objected that she would be unable to find replacement workers.
161. **Child deaths:** 343 ‘illegitimate’ children who were in Stranorlar died in infancy or early childhood. The death rate peaked in 1930 with an infant mortality rate of 42%; deaths were also high in the 1940s. Over 60% of deaths were attributed to pneumonia or bronchitis.

Thomastown 1922 - 1960

162. **The people:** 970 pregnant women and 1,241 children. A number of the children were unaccompanied. In March 1960 there were 14 children in Thomastown, eight were ‘illegitimate’. In 1963 there were two unmarried mothers and three children in the county home and there was an unmarried woman and her child in the home in 1966.
163. **The conditions:** Living conditions were very poor. The nursery section was described as the worst part of the institution. In 1925, 58 infants were sleeping in

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

164. Most of the domestic work was carried out by the unmarried mothers, without payment, and some women were not sent to Sean Ross or Bessborough because they were needed in the county home.
165. **Child deaths:** 177 'illegitimate' children who were in Thomastown died in infancy or early childhood; 54% of the mothers who were in Thomastown experienced the death of at least one child; more than a quarter of these deaths happened outside the county home. Most of the older children had been placed at nurse by their mothers and were sent to the county home when payments ceased or the lump sum was exhausted; some of the nurse children who were admitted had broken bones. A DLGPH inspector described others as 'dying from neglect'.

F: Terms of Reference

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

Entry Pathways

166. The information on the entry paths of mothers is incomplete. There is no information about 99% of the mothers admitted to Sean Ross, over 98% of the mothers admitted to Castlepollard and over 97% of the mothers who were admitted to Bethany. Women who were admitted to the county homes would have either approached a local assistance officer or arrived at the county home without advance notice.
167. The overwhelming majority of women in mother and baby homes were maintained by their local authority and they had to secure prior approval from the local

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

168. Securing the sanction of a local authority to pay for her upkeep required that a woman or somebody acting on her behalf would contact local officials. Given the secrecy that surrounded the pregnancies of single women, and the low levels of mass education in Ireland at the time, many women or their families may not have known how to do this. There were no advice centres at this time. It was only at the end of the 1960s that the Department of Health approved a short leaflet informing pregnant single women where they could seek assistance.
169. In the 1940s and 1950s, if a woman had fled to England and had been repatriated, or had been working in Dublin, she might face difficulties in securing financial support from the local authority where she had formerly lived. County managers often disputed whether a particular woman should be maintained; local authorities disputed her address, how long she had been absent from the country. One of the most intrusive queries asked whether the infant had been conceived in county Kilkenny or in Laois. There was an element of discretion in a county manager's decision. Some local authorities carried out intrusive investigations into a woman's circumstances - or more specifically whether her family could afford to contribute to the cost of her maintenance in a mother and baby home. These investigations could seriously jeopardise her privacy, perhaps making her pregnancy known, not just to her immediate family but more widely.
170. Many distressed pregnant women travelled to Dublin seeking assistance and organisations such as the CPRSI often directed women to a mother and baby home, and they assisted her in securing financial support from her local authority, but at times it proved difficult to find a place in overcrowded mother and baby homes. Between the 1940s and the early 1960s more than 3,000 unmarried mothers contacted the Custom House - headquarters of the DLGPH, and later the Department of Health - seeking assistance, and the women inspectors had to

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

171. In 1961 the CPRSI (the first port of call for many pregnant single women) reached an agreement with the City and County Managers' Association that they could make arrangements for women to be admitted to mother and baby homes without first having to contact the local authority to agree liability. The CPRSI was rightly enraged when officials in County Louth reneged on this arrangement and contacted the families of two pregnant women to check whether they could contribute to their maintenance. By the end of the decade mother and baby homes and some local authorities had agreed that a woman's name would not be recorded by the local authority; she would be given a number, and her identity would only be known to one person - commonly a social worker. This practice continued in later decades.
172. Women who were admitted as private patients could bypass these arrangements, though little information is available about their referral pathways. It is probable that doctors and clergy were involved.
173. The Commission has information about the referral pathway for 71% of the women who were in Denny House. The most common route was 'religious', presumably a clergyman. In the years 1920-59, two thirds of the women for whom information is available were referred by a clergyman. In the 1980s and 1990s 52% of referrals were by social workers with the balance coming from hospitals, voluntary organisations and the health boards.
174. The available statistics suggest that in the years 1920-60, clergy played a less important role in referring women to Bessborough than they did in Denny House.

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

175. Referral pathways changed somewhat, following the introduction of legal adoption and the expansion in the number of social workers. From 1960 to 1998, information is available for almost 75% of the women admitted to Bessborough. The local authority/health boards accounted for almost 40% of referrals; 27% were referred by an adoption society, 13% by a social worker who was not attached to an adoption society, and 7% were referred by a voluntary organisation - the majority of these were referred by CURA, which was established in 1977 by the Catholic hierarchy to support women in crisis pregnancies. A total of 199 women are recorded as having self-referred, a sign of changing times.
176. Dunboyne is the only other mother and baby home for which substantial information about referrals is available. Dunboyne opened after the introduction of legal adoption and the most common referral pathway was an adoption society - 37% of the women. Over two-thirds of these referrals were from the CPRSI, with St Anne's Adoption Society in Cork accounting for 14%. However, one-third of the Dunboyne women were referred by a local authority/health authority and 13% by a voluntary organisation, which was usually CURA; 62 Dunboyne women self-referred. In the 1980s, over 40% of the referrals were by an adoption society, 20% from voluntary organisations, mainly CURA, and 25% by public assistance authorities.

Mothers' exit pathways

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

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

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

Magdalen laundries, Good Shepherd Convents

179. It has been suggested that many of the women in mother and baby homes were sent to Magdalen laundries when they were discharged. The McAleese report records that 313 women were sent to Magdalen laundries by mother and baby homes and adoption societies. An additional 349 women were sent from county and city homes though many of these were women who had not given birth. The institutional records analysed by the Commission record that 206 women who were in the three Sacred Heart homes were discharged to a Magdalen laundry or a Good Shepherd Convent. All except one of the 88 women from Bessborough, who were sent to a Magdalen laundry, were admitted before 1960. The number of women recorded as having been admitted to Magdalen laundries when they left the three Sacred Heart homes amounts to less than 1% of total admissions. For Pelletstown the figure is also less than 1%. A total of 20 women are recorded as transferring from Stranorlar to the Good Shepherd Convent in Derry; most of these women had multiple pregnancies. Given that there are only records relating to the exit pathways of 16% of Stranorlar mothers, this is probably an underestimate.
180. Information is available on the exit pathways for approximately 20% of the Tuam mothers. Fourteen women were discharged from Tuam directly to a Magdalen laundry. Institutional records relating to children who were in Tuam without their

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

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

Length of Stay

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

183. The length of time that women stayed in Irish mother and baby homes was linked to the provision of a long-term placement for the children, and the fact that legal adoption was not introduced until 1953. Unmarried mothers were legally responsible for their children. A mother could not leave a mother and baby home or a county home without taking her child or until long-term arrangements had been made for the child. Local authorities were unwilling to take responsibility for the children of unmarried mothers until they were at least two years old, and often older. During the Emergency years there was a shortage of foster homes (possibly because the payments to foster parents were not adequate) so children and mothers had to remain. Some women were required to remain in a county home, working without pay, in return for their child being boarded out by the local authority. There is evidence that in counties Wexford and Meath (and perhaps other counties), women who sought to leave the county home were presented with their child, who had been removed from a foster home, and told that they were responsible for the child's upkeep. Women in Tuam and Pelletstown were expected to stay for 12 months and there is evidence that a woman who wished to leave Tuam before that time was expected to pay for her child's upkeep. The average stay for women in Stranorlar and in the Cork county home was under one year for all decades, though a small proportion of women remained for several years.
184. The expectation of a two-year stay was associated with the three Sacred Heart homes. The statistics on a mother's length of stay are almost complete for the large mother and baby homes. They show that the two-year stay, which is widely cited as the norm, applied to only a minority of women. Less than 20% of the mothers in the three Sacred Heart homes remained for more than 700 days or approximately two years after giving birth. Overall, of the 46,671 women for whom the Commission has this information, less than 6% stayed for more than two years while 70% stayed for six months or less.
185. The small number of women who were admitted to Bessborough in the 1920s remained for an average of three years. Between 1929 and 1941, women on average remained for between 12 and 18 months. However this average conceals widespread variations in length of stay. A majority of women admitted in the 1930s left within six months of giving birth but almost a quarter (23%) remained for two years or longer. Bessborough had a substantial number of private patients who generally left without their baby within a couple of weeks of giving birth. Women

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

186. There was also a wide variation in length of stay in Sean Ross. In the 1930s and 1940s, one-third of women left within 50 days of giving birth; by the 1950s over 40% left within 50 days. In the 1940s the average length of stay fluctuated between 300 and 400 days, and this continued into the 1950s; in 1955 the average stay for mothers was 369 days. It fell sharply in the late 1950s and throughout the 1960s. Private patients in Sean Ross also remained for a much shorter time than public patients; in the 1950s the figures were 65 days and 298 days respectively. Data for Castlepollard also show a major contrast between private and public patients; in the 1940s, they stayed for an average of 40 and 310 days respectively, and 31 and 297 in the 1950s. By the 1960s public patients were spending an average of four months in Castlepollard.
187. Between 1921 and 1950 women who were in Tuam/Glenamaddy remained for an average of 237 days; that increased in the 1950s to over 300 days. The increase probably reflects the fall in infant deaths; most women left almost immediately following the death of their child. Pelletstown, like Tuam did not retain women for two years. Between 1920 and 1942 the average length of stay fluctuated between 188 and 311 days. In 1943 and again in 1946 the average length of stay increased to 368 and 429 days respectively, for reasons that remain unclear. Between 1949 and 1958 women stayed for an average of 307 days. In the 1960s, as in other homes the average length of stay fell sharply.
188. Women who were admitted to Bethany remained for a shorter time; an average of 137 days in the 1920s, 155 in the 1930s and 164 days in the 1940s. The highest average length of stay, 212 days, was in the 1950s. The shorter stay for Bethany mothers compared with public patients in the Sacred Heart homes reflects the fact

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

189. Statistics on length of stay suggest that, despite frequent references to the two-year rule in the homes run by the Sacred Hearts congregation, and one year in Tuam and Pelletstown, there was no great difference in the average length of stay between the two types of mother and baby home. The average length of stay was much shorter in Bethany. Until the 1950s women remained in Denny for less time than in the Catholic mother and baby homes but longer than in Bethany.
190. The delay in introducing legal adoption explains why many Irish women spent such a long time in mother and baby homes. When adoption became widespread in the 1960s the average length of stay fell significantly and continued to fall in the 1970s. By the 1970s, mother and baby homes were conscious that a growing number of women were travelling to Britain for abortions, so they were under pressure to make life in a mother and baby home less onerous, including a shorter stay.
191. The statistics reveal a significant discrepancy between private and public patients. Private patients, or more probably their families, could afford to pay for a child to be placed at nurse, or as frequently happened in the 1940s, for the child to remain in Bessborough without their mother, under the auspices of the Catholic Women's Aid Society. However a majority of public patients left mother and baby homes within a year of the birth of their child. This suggests that the women or their family made financial arrangements for the long-term care of their child. A number of witnesses spoke of the Sisters being paid a sum of money to buy a mother's 'release'; this money was used to place her child 'at nurse', generally through an intermediary charitable society.
192. The longest stays were among women who lacked financial and personal support from their family that would enable them to make arrangements for their child. A number of women who were admitted to Bessborough in the 1920s remained there

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

Children length of stay and exit pathways

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

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

195. Almost half (47%) of the children in Bessborough were discharged on the same day as their mother; a further 27% were discharged before their mother; 21% remained in the home after their mother had left (many of these were the children of private patients); and 5% of children were admitted unaccompanied. Statistics for Sean Ross are similar, and again the distinction between the children of public and private patients is substantial. Over two thirds of the Sean Ross children were discharged on the same day as their mother; 28% left before their mother and only 6% remained in the home after their mother had left. In Castlepollard 59% of the children left on the same day as their mother, 32% were discharged before their mother had left, and 9% remained after their mother had left.
196. Although the children born to private patients were more likely to remain in Bessborough without their mother, they stayed for a much shorter time than the children of public patients. From the 1920s to the 1960s, publicly maintained children spent around three times longer in Bessborough than their private counterparts. The introduction of legal adoption reduced the distinction in length of stay between the children of public and private patients.
197. Children remained in Pelletstown and Tuam for longer periods than in the other homes, and they were more likely to remain without their mother. In the years 1943-56 children remained in Pelletstown for an average of 737 days. In the 1940s the average was 669 days; for the 1950s it had fallen to 530 - still substantially longer than the Sacred Heart homes. Just over half, 50.4% of Pelletstown children were discharged after their mother had left; 36% left on the same day.
198. Tuam children remained in the home for even longer periods than the children in Pelletstown, reflecting the deliberate delay in boarding them out, which was requested by the Sisters of Bon Secours, and facilitated by the Mayo and Galway local authorities. The average is potentially misleading; 20% of Tuam children remained for less than 50 days; they tended to be children who were admitted because of family circumstances, not children who were born in Tuam; 16.6% of children remained in Tuam for between five and ten years, and seven children were in Tuam for between ten and 15 years. The information is incomplete, but where it exists, it shows that 73% of children remained in Tuam after their mother had left. In 1950, Tuam mothers stayed for an average of 272 days; the average for a child born in or admitted to the home with their mother was 1,383 days.

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

199. The pattern was different again in Bethany, where 49% of children remained after their mother had left; 29% left on the same day as their mother, 22% left before their mother and 10% were unaccompanied children - often children who had been returned from a foster home; no information is available for the remaining children. The average length of stay for Bethany children was consistently under a year; the longest stay was in the 1940s, an average of 303 days. Children and mothers left Bethany earlier than they left the Sacred Heart homes. In Denny House the longest stay for children was in the 1920s when they spent an average of 200 days; in later decades the length of stay was six months or less. 67% of Denny children left on the same day as their mother but these statistics are skewed by the large number of admissions in the 1980s, when mothers and children generally left together and most mothers were planning to raise their child. A total of 204 children, 19% of the children who were in Denny House, were discharged before their mother and over 13% remained in the home for a period after their mothers' discharge.
200. The Commission has information about the outcomes for 7,401, or 79% of the children who were in Bessborough. Almost 60% of the children who survived were legally adopted; 27% are recorded as having left with their mother or a member of her family; 7% were transferred to another institution such as a county home, specialist hospital or long-stay institution, or an industrial school and 6% were boarded out or placed at nurse directly from Bessborough; the remaining 1% were informally adopted, before 1953.
201. Before the availability of legal adoption, children leaving the institutions were often boarded out by the local authority. There is evidence that local authorities commonly selected foster families for boarded out children to meet the needs/wishes of the foster parent rather than those of the child. Children were boarded out in impoverished households, where the monthly fee was regarded as a source of household income, rather than money to provide for the child. Farmers and other self-employed people often treated a foster child as a source of unpaid labour and for that reason they preferred older children. Children were placed with older unmarried women, or in households consisting of an elderly brother and

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

202. The picture of foster care is not uniform; the files record stories of children who were placed with caring families where their needs were paramount; former foster children, now adult and working, who returned for holidays to their foster home. Many children who were placed at nurse or boarded out by local authorities were adopted by their foster parents when legal adoption was introduced. But others were grossly exploited, badly fed, kept from school, subjected to physical punishment, and hired out in their teens for less than the statutory rate, often unaware that they were free to leave their employer. By the 1950s many foster children continued at school beyond the statutory school leaving age of 14; they were maintained while in education, with school books, bicycles and other requirements, at a time when children living with their parents received no such assistance. Although the regulations preventing children being boarded out in towns and cities was removed in 1953, many children continued to be placed in remote rural homes, which reduced their chances of attending a vocational or secondary school.
203. Regulations relating to children who were boarded out by a local authority were determined by the DLGPH. Responsibility for inspections of boarded-out children and their homes was a matter for the assistance officers, who were predominantly men, and had no training for this role. Inspections were often perfunctory, and were unlikely to have included sleeping arrangements, bed clothes and children's clothing. The DLGPH inspectors - all women - carried out thorough inspections of boarded-out children and children at nurse, at approximately two-year intervals. Their reports describe squalid living and sleeping conditions; children dressed in rags. Foster families were given regular clothing allowances, which was often spent on clothing for the foster mother or her children. They described children who were required to carry out heavy unpaid work in their foster home; children suffering from medical ailments and children who experienced discrimination at school because they were foster children.

204. The department inspectors were often critical of the governance and inspections carried out by the local authorities. They repeatedly demanded that greater care be taken in choosing foster homes, and they were equally critical of local authorities who defied the minister by sending children in their care to industrial schools. Their efforts were not without success, however other officials in the department appear to have been conscious of the tensions that existed between central and local authorities and they were reluctant to force these issues. The female inspectors campaigned for the appointment of dedicated children's officers, whose sole role would be to oversee boarded-out children and children at nurse, with perhaps two adjoining counties sharing a children's officer. But many local authorities continued to leave responsibility for inspecting foster children with assistance officers; others determined that inspections should be carried out by public health nurses, whose heavy workload left little time for inspecting foster children. In 1970 only seven of the 17 designated local authority children's officers were qualified social workers.
205. As the number of children being placed for adoption increased from the mid-1950s, the number of children placed at nurse or boarded out by local authorities declined. By the end of the 1960s a majority of children being placed in foster homes were no longer the children of unmarried mothers, but children whose family circumstances meant that they could not be raised by their parent(s) and who needed either short-term or long-term care in a foster home.
206. The outcomes for children in mother and baby homes changed significantly from the late 1950s when legal adoption became common. For children who were in the Sacred Heart homes before 1960, the most common recorded outcome was that they left with their mother or a member of her family. This creates an impression that the child was brought to their mother's family home and may have been raised in the family. However, the overwhelming majority of these children were placed 'at nurse', in foster homes, either privately by the woman or by her family, or through a charity such as the Catholic Women's Aid Society. By the 1960s, however, 74% of children leaving Sean Ross were adopted, and the number who were recorded as having left with their mother had fallen to 19%, compared with almost 66% in the 1940s. Dunboyne opened in 1957, by which time adoption was becoming more common, and two-thirds of the children born to women who returned to Dunboyne following the birth of their child, are recorded as being placed for adoption.

207. Data on the outcomes for Pelletstown children are complicated by the number of children with special needs and the children of married couples. Nevertheless, legal adoption was the most common outcome; 41.7% of children left the institution via this route, almost 27% left with their mother or returned to the family home; 24.2% transferred to another institution; 5% were boarded out; 1.6% were nursed out and 0.5% were informally adopted (pre 1953). A higher proportion of Pelletstown children went to other institutions than happened in the Sacred Heart homes. This is partly due to the number of children with special needs, but regardless of this, it appears that in the years before adoption became widespread, more Pelletstown children went to institutions. From the mid-1930s older children who had not been boarded out were often sent to St Philomena', a children's home that was also run by the Daughters of Charity; other children were transferred to industrial schools. Children in Pelletstown were placed directly with foster families; in the 1940s the department inspector recorded complaints that would-be foster parents were not given a choice of children when they visited the home.
208. The data available for Tuam show that 38% of the children were boarded out; 37% left with their mother or a family member (this included most of the 'legitimate' children), and over 20% transferred to other institutions. Tuam closed in 1961 when adoption was becoming the most common outcome; less than 4% of the children were legally adopted. These patterns did not change significantly over the lifetime of the Children's Home.
209. There are clear distinctions between the outcomes for children in Protestant homes in the years before adoption became common. Denny and Bethany had close relationships with a number of children's homes and with charities that placed children at nurse, which accounts for the fact that children and mothers spent less time in Bethany and Denny than children did in the Sacred Heart homes. The most common outcome for Bethany children was to be sent to another institution - generally a children's home. This was the outcome for 28% of the children for whom this information is available; 22% left with their mother or a family member; 20% were placed for adoption; 19% were placed at nurse and 10% were informally adopted. In the 1950s and 1960s a majority of Bethany children were placed for adoption; the number who left with their mother or her family fell, as did the number of children placed at nurse. Nevertheless, in the 1950s, 20% of Bethany children went to another institution, as did almost one-third of the children born in the 1960s. It is probable that many of those children were later adopted. In Denny

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

210. Protestant children were less likely to be boarded out by a local authority although there are records of Protestant boarded-out children in counties with a substantial Protestant population such as Donegal. Protestant children were more likely to be sent to institutions than Catholic children but these statistics only relate to their immediate destination and many were boarded out or informally 'adopted' from these children's homes. Many Catholic children, who were placed at nurse, left with their mother or were boarded out, and many of these children were sent to industrial schools at a later date.
211. In the years after 1970, adoption was the most common outcome for the children who were in Pelletstown, Dunboyne or Bessborough. This is consistent with the information on the women's admission pathways; most were referred to these homes by an adoption society which suggests that there was an expectation of adoption before the baby was born. By the 1970s, alternatives were emerging to mother and baby homes; some women were remaining at home or at work during pregnancy, before giving birth in a maternity hospital. Some pregnant women were placed with a family through Ally and later CURA. Entering a mother and baby home often meant that the women, or perhaps their family was thinking seriously about adoption, and although the women had access to external social workers, the prevailing climate in these homes favoured adoption.

Living conditions

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

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

213. It is important also to distinguish between mother and baby homes and the county homes. The most accurate information about living conditions comes from the inspections carried out by the Department of Health inspectors, but these only begin in the late 1930s, and not all survive. The available evidence suggests that, while living conditions in the mother and baby homes were basic, there is no indication that they were inadequate by the standards of the time, except in Kilrush and Tuam. In the years up to and including the 1960s, women slept in dormitories that might not be heated. These dormitories were large with no curtains between beds; women had no privacy and often had to store their belongings in a suitcase under their bed. While the number of baths, toilets and access to hot water may appear inadequate by modern standards, many private homes lacked these facilities. The standard of heating was equal to, and perhaps superior to most Irish homes at this time, though heating appears to have been deficient during the years of World War II, (as it was in private homes), and it would have been extremely difficult to heat the large dormitories, babies' nurseries and dining rooms.
214. When Bethany was located in Blackhall Place the facilities were poor. Conditions were much better when it moved to Rathgar. The home was well-provided with bathrooms, though as elsewhere, heating and clothes drying facilities were inadequate; the dormitories were overcrowded and from the late 1930s until the 1950s the mothers slept in an annexe to the main house, which apparently lacked sanitary facilities. In Sean Ross and Castlepollard some mothers slept in former stables and had to go outdoors to reach the dining room and other facilities.
215. Most institutions were located in large detached houses that underwent some improvements before being used as mother and baby homes. In the 1930s the three Sacred Heart homes and Pelletstown received substantial capital funding from the Hospitals Trust Fund for improvements. All the homes had running water and modern sanitary facilities including baths although the number would seem very inadequate by modern standards. The modern hospital at Castlepollard which opened in 1942, and accommodated mothers and children in addition to a maternity unit, had central heating (though it was not turned on much during the

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

216. Comments about living conditions must take account of the fact that all the homes (with the exception of Denny House) were overcrowded from the mid-1930s until the 1950s. Extra beds and cots were squeezed into crowded dormitories and nurseries; women had cramped space in dining rooms, and overcrowding may have deprived women and children of sitting rooms and playrooms. It is unclear whether the women had access to sitting rooms or recreation space before the late 1940s. There are references in inspection reports dating from the early 1950s to providing these spaces, and references to children's playrooms - which might suggest that these are new. Overcrowding eased in the 1950s. Concern with infectious diseases and infant mortality resulted in large dormitories and children's nurseries being divided into smaller units; additional toilets and washing facilities were installed. However until the late 1960s the women continued to sleep in large dormitories without partitions or curtains. These were being installed in Pelletstown and Bessborough at the end of the decade. Reduced numbers meant that dormitories could be converted into shared bedrooms and women were given space to store personal belongings. From the beginning Dunboyne, which opened in 1957, had much better facilities than the other mother and baby homes. It was never as overcrowded as the others; women slept in shared bedrooms. From the beginning it had a recreation room and central heating. An extension built in the early 1960s included several recreation rooms, visitor rooms and ample bathrooms.
217. The conditions in Kilrush which was located in a former workhouse were appalling - no electricity, running water, or sanitary facilities. The cost of carrying out essential improvements was a factor in the decision to close this home. Conditions in Tuam were not dissimilar but it continued to function as a home for children and mothers, without major improvements, until it closed in 1961. The only part of the Children's Home with adequate facilities was the small maternity unit, which appears to have had running water and sanitary facilities, and the laundry. The rest of this institution - which accommodated over 200 children - was lacking in the most basic sanitary facilities. In 1959 there were only two places, other than the laundry and the maternity unit, with hot water on tap; the toilets appear to have

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

218. Conditions in the county homes were much worse than in any mother and baby home, with the exceptions of Kilrush and Tuam. In the mid-1920s most had no sanitation, perhaps no running water; heating, where available was by an open fire; food was cooked, badly, often in a different building, so it was cold and even more unpalatable when it reached the women. Many county homes had no place for children to play or space for the women to sit. In 1933 the women in the Waterford county home had to eat their meals in the dormitory. There is some evidence that the able-bodied women, who were mainly unmarried mothers, were allocated the worst accommodation, because they were not seen as 'deserving' unlike the elderly and infirm, and their quarters were the last to be improved. Improvements were carried out to mother and baby homes in the 1920s and 1930s, but there is no evidence of significant investment in county homes during these years - other than installing electric lights, and perhaps connecting the home to a town's water and sewerage system. Most county homes continued to lack adequate sanitary facilities, running water, hot water on tap and heating other than open fires until the 1950s - sometimes the end of that decade.
219. Living conditions were poor in Regina Coeli; some parts of the building - a former workhouse - were structurally unsound and the self-contained 'family-units' for mothers and children - in groups of six - were probably cramped. Much of Regina Coeli appears to have been heated by open fires. Reports of children suffering burns from boiling water, suggest that it had to be carried some distance, as opposed to flowing from a convenient tap, but Regina Coeli compensated for poor living conditions by enabling mothers to raise their children and giving them the freedom to come and go, not just to work, but for social occasions.
220. From the 1970s provision for unmarried mothers and their babies was changing. With a growing number of women deciding to keep their children, there was a demand for flatlets, that offered women more privacy and enabled them to become more self-sufficient. Miss Carr's Flatlets which opened in 1972 was the first of the newer mother and baby homes. It was followed by the Belmont Flatlets and The Castle. Women in Denny House in later years were free to go out for social

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

Diet

221. The Commission has not seen information about food in mother and baby homes until the 1940s. The DLGPH laid down dietary regulations for county homes - following the practice in workhouses; however, the diet was meagre. In the 1920s the Minister for Local Government and Public Health instructed the Donegal county home in Stranorlar to reduce the daily rations, with only three meals a day, rather than four and when the medical officer in Kilrush demanded an improved diet for the mothers to enable them to breastfeed their babies, the department claimed it contained excessive quantities of bread, potatoes and butter. This exchange suggests that the dietary scales in Pelletstown and Tuam may also have been subject to departmental regulations but the Commission has not seen evidence of this. There were no dietary regulations for mother and baby homes which were privately-owned.
222. There is some evidence that food in mother and baby homes may have been inadequate during the Emergency years. A diet served to mothers in Bessborough on a 'fast' day in 1943 appears to have been seriously deficient in protein but there is no information regarding the quantities. There is a reference in an inspector's report on Castlepollard, at around this time, to the need to improve the mothers' diet. There were widespread, sometimes, short-term shortages of basic food items during these years and these shortages would have had a greater impact on homes, such as Tuam, Pelletstown and Bethany, that did not have sufficient land to produce food and especially milk.
223. By the late 1940s the diets in county homes appear to have improved, and many of the homes were installing modern cookers. Inspection reports mention orange juice, fruit, and vitamin and mineral supplements suggesting that the professional dietician in the Department of Health was overseeing the children's diets. However, there were also descriptions of food being cooked on open fires and of the children's milk being stored in insanitary conditions and certainly not refrigerated. The quality of milk - which remains unknown - was critical at a time

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

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

Work

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

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

226. The workload for the women in county homes was of a different magnitude to the mother and baby homes. Unmarried mothers were far outnumbered by children, including older children, and by elderly and incapacitated adults. Most county homes did not employ domestic staff so unmarried women were assigned onerous duties that were essential to the running of these homes. There are many contemporary statements by local officials or matrons insisting that unmarried mothers could not be removed from the county home, because there would be nobody to carry out this work. A lack of hot water and sanitary facilities, the old, dilapidated buildings, with stone staircases and corridors, made their work even more difficult and unpleasant. County homes accommodated adults and children with special needs who would have required extra assistance and personal care. Women continued to carry out unpaid work in some county homes until the early 1960s, despite a statement by the Minister of Health in 1952 that this was prohibited.
227. Women in Tuam also carried a much heavier workload than in other mother and baby homes. There was a much higher ratio of children to women; approximately six children to every mother, resulting in a heavy workload of child-care, laundry, cooking and cleaning. Tuam, like the county homes, had poor heating, washing, and sanitary facilities, which further added to the work.
228. Domestic duties in the surviving mother and baby homes became lighter with the introduction of washing machines and other labour-saving devices. By the 1970s with women remaining in mother and baby homes for a shorter time, most of the work was carried out by paid staff.

Infant Mortality

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

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

230. In the years 1935-45, just under half of all deaths of 'illegitimate' infants, 48.7% occurred in the main mother and baby homes, yet these homes accounted for just over one-quarter, or 25.5% of 'illegitimate' births. The chance of a child born in a mother and baby home surviving until their first birthday, was just over half that of an 'illegitimate' child who was not in a mother and baby home. The adverse impact of mother and baby homes lessened in the next decade: in the years 1946-55, mother and baby homes accounted for 39.6% of deaths of 'illegitimate' children and 30.5% of births. By the 1960s infant mortality in mother and baby homes was equal to, or lower than the national rate for 'illegitimate' children.
231. It is possible that the 'illegitimate' children who were not born in mother and baby homes were born to women from more privileged backgrounds: women who had a healthier pregnancy, and healthier babies. Alternatively, the survival prospects of the 'illegitimate' children who were not born in mother and baby homes, may have been better, because women and infants were not in large overcrowded institutions where they were at acute risk of infection. The statistical analysis set out in Chapter 33A concluded that 'Mortality rates in each of the institutions were very high in the period compared to the overall national rate of infant mortality. Even compared to other locations where infant mortality was relatively high among the general population, such as Dublin city, rates of infant deaths were substantially higher in these institutions'.
232. Most deaths occurred among children who were aged between one month and one year, which is classified as infant mortality. The rate of infant mortality in most mother and baby homes peaked in the early 1940s, at a time when infant mortality in Ireland and especially in urban areas rose decisively. In 1943 infant mortality reached its highest rate in Bessborough, Bethany and Tuam. It fell in the late 1940s, coinciding with a significant fall in the national and urban rates of infant mortality. Delaney and McGovern concluded that 'the data exhibit a marked structural break in the late 1940s or early 1950s, indicating that mortality conditions in the homes had improved significantly during this period in particular'.
233. A number of features of infant mortality in the individual mother and baby homes are worthy of comment. While infant mortality rose in most mother and baby

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

234. The highest rate of infant mortality recorded in an Irish mother and baby home was in Bessborough in 1943, when 75% of the children died before their first birthday. The exceptionally high mortality among the children of private patients in Bessborough is significant. They accounted for 9% of total admissions, and for 21% of infant mortality. Many of these children were unaccompanied when they died; the fact that private patients were permitted to leave Bessborough without their child appears to have been a major contributory cause of deaths. This contrasts with Castlepollard, where private patients were not permitted to leave without their child and the death rate among the children of private patients was approximately one-third the average for the institution. Infant mortality in Castlepollard was consistently lower than the other homes run by the Sacred Hearts congregation. Part of the explanation may lie in the fact that from 1942 much of the accommodation was in a modern purpose-built hospital. While the evidence is patchy Castlepollard may have had a higher incidence of breastfeeding. Sean Ross had a much higher incidence of mortality from major infectious diseases, such as diphtheria and typhoid, than any other mother and baby home. The transfer of mothers to the local fever hospital where they worked as unpaid nurses, and their return to Sean Ross, where they appear to have transmitted infection to their child, was responsible for the loss of children's lives. The wide disparity in infant mortality between the Bessborough and Castlepollard, which were run by the same religious congregation, and with a similar profile of mothers, suggests that some deaths could have been prevented.
235. The Bessborough statistics suggest that infants who were in a mother and baby home without their mother may have been at higher risk of death. This would appear to have been a factor in Bethany, which recorded an infant mortality rate of 62% in 1943. During the course of Bethany's history, 41% of the mothers were not resident when their infant died. The comparable figure for Bessborough is 21%. In

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

236. Statistics for Tuam and Pelletstown are complicated by the fact that both institutions admitted 'legitimate' children, including children with special needs. In Tuam, 45% of children were unaccompanied at the time of death. At least 11% of the children who died in Tuam were 'legitimate', and 20% of deaths were of children who were over one-year old. In the years 1942-47, when 305 children died in Tuam, 12% were unaccompanied at the time of death.
237. 31% of the children who were admitted to Pelletstown were 'unaccompanied' and they account for almost 44% of deaths. In the 1920s a substantial number of these children were foundlings, who had been abandoned in Dublin city; they were generally in poor condition, and many died shortly after admission. From the late 1950s Pelletstown was increasingly used as a long-stay institution/hospice for children with serious and untreatable medical conditions such as spina bifida, or Down syndrome children with serious heart diseases and many of these children died. Almost one in five of deaths in Pelletstown were of children who were over one year.
238. The major identifiable causes of death were respiratory infections and gastroenteritis. Public attention has focused on marasmus, suggesting that it indicated that many children in mother and baby homes died because of wilful neglect. The term marasmus is best seen as indicating that a child was failing to thrive, but medical experts suggest that this was due to an underlying, undiagnosed medical condition.
239. There is no single explanation for the appalling level of infant mortality in Irish mother and baby homes. The children of unmarried mothers were at greater risk, because of stress, and a lack of ante-natal care. There are comments in various documents dating from before 1950, alleging that the children of unmarried mothers were inherently weak and therefore at greater risk of infection and death, arguments that implied that many of these children were doomed. Some doctors suggested that unmarried mothers were at greater risk of premature births, but such comments - at a time when there was no scientific way of determining prematurity - may reflect the fact their babies may have had low birth weights. Most women who were admitted to mother and baby homes in the early years

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

240. During the 1930s, 1940s and 1950s all the mother and baby homes - with the exception of Denny House - were overcrowded on numerous occasions. Overcrowding probably contributed to excess infant mortality, yet mortality in an overcrowded Castlepollard was much lower than in Bessborough and Sean Ross. The large size of most of the homes - again Denny is an exception - the large infant nurseries, with cots crammed together - sometimes only one foot apart - served to spread infection. There was an absence of infection control; a failure to isolate mothers and children who were being admitted, until they were proven not to carry an infectious disease. The risks of infection were exceptionally high in Tuam, which admitted older children, who might be homeless. The practice of isolating new admissions became more widespread during the 1940s, in response to mortality spikes.
241. There would also appear to have been a failure to implement appropriate standards of hygiene in the homes and to educate mothers about this. It would have been extremely difficult to implement proper hygiene in Tuam, given the inadequate sanitary facilities and lack of running water and hot water, but there was no reason why this could not have been achieved in the other homes. However all the homes were lacking in trained staff, with the possible exception of Pelletstown. When mother and baby homes opened in the 1920s there appears to have been little emphasis on a medical/health-care role, and they were run by middle-class women - either religious sisters or religiously-minded laywomen - who often lacked professional training in nursing, midwifery or child-care. The exception was probably Pelletstown which appears to have employed many more trained nurses than the other homes, though fewer than would have been desirable. The absence of professional staff, combined with what must be acknowledged as a general indifference to the fate of the children who were born in mother and baby homes, contributed to the appalling levels of infant mortality. In October 1936 the Bethany matron informed the management committee that five infants had died in the previous month; four from heart failure. She went on to observe that the health 'of all was good, except for one delicate baby'. While

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

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

Maternal Mortality

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

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

244. Until the 1960s or the 1970s, the quality of maternity care in mother and baby homes was probably superior to that available to the majority of Irish women at the time. In the first half of the twentieth century most women gave birth at home, attended by a midwife, and sometimes by an untrained 'handy woman'. They gave birth in houses without running water or proper sanitation, whereas all the mother and baby homes had newly-built or improved maternity units by the late 1930s, and a qualified midwife, though they may have lacked many of the facilities appropriate to a maternity hospital. In 1944 Sean Ross maternity unit did not have sterilising equipment. The facilities in the county homes, where many unmarried mothers were forced to give birth, were often primitive. In 1935 the local medical officer discontinued admissions to the labour ward in Stranorlar because it lacked a bathroom and access to running water.
245. From the mid-1940s women in Bessborough were attended by a qualified obstetrician, and there is evidence in the Bessborough institutional records of women receiving ante-natal care from that time, though many women were admitted to Bessborough and other homes very late in pregnancy. The resident doctor appointed to Sean Ross around this time was a former assistant master in the Coombe. The medical officer in Castlepollard appears to have been assiduous in referring complicated cases to a Dublin maternity hospital. Pelletstown had access to the maternity unit in St Kevin's hospital and they had a visiting obstetrician on call, who was attached to the Coombe. There were few qualified obstetricians in Ireland outside the major cities until the 1970s. Painkillers were not widely used either in home or hospital births. There is no evidence that the women who gave birth in mother and baby homes were denied pain relief or other medical interventions that were available to a public patient who gave birth in a Dublin or Cork maternity unit. There is evidence of women in mother and baby homes being given pain relief, and being stitched following birth. All mother and baby homes, except Tuam, had one or more qualified midwives and a visiting doctor(s) on their staff. Staffing levels were inadequate in the earlier decades, so it is quite probable that women may have been left without qualified nursing care during the early stages of labour, especially at night. It is unclear whether the religious sisters normally carried out night duty.

Post-mortem practices and procedures

246. The Commission's 5th Interim Report outlined its findings in relation to burials in a number of the institutions and its findings in relation to anatomical studies. In spite of serious further efforts, the Commission has not been able to establish where the majority of the Bessborough children are buried. Chapter 38 contains a report on burials in Sean Ross.
247. While the authorities in the homes kept quite comprehensive records of the arrivals and departures of the residents, a number failed to keep any records of the burials of children who died. The Congregation of the Sacred Hearts of Jesus and Mary are unable to identify where the children from Bessborough are buried; the Commission finds it very hard to believe that there is no one in that congregation who does not have some knowledge of the burial places of the children. Similarly, the Commission considers that there must be people in Tuam who know more about the burials there.

Vaccine trials

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

Arrangements for children

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

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

Adoption

250. A comprehensive review of adoption did not form part of the Commission's remit. The Commission has concentrated on carrying out a review of the evidence relating to consent and on foreign adoptions.
251. Prior to the introduction of legal adoption in Ireland in 1953, the word adoption was often used to describe informal and non-legally binding arrangements whereby families took responsibility for children. Informal adoptions were also common in other countries before legal adoption was introduced. They were generally organised by voluntary agencies, and with the exception of the Bethany Home, where 111 children, 10.4% of the total are recorded as informally adopted, they played a very minor role in the exit pathways for the children from the homes that were investigated by the Commission. Many foster parents, who engaged in informal adoptions, subsequently adopted the child following the introduction of legal adoption in 1953.
252. Ireland was late in introducing formal legal adoption. Once legal adoption came into effect in 1953, adoption became the most significant exit pathway for children in mother and baby homes. There is documentation to support the view that politicians and others considered that adoption would give an 'illegitimate' child a better life. The rights of the mother were recognised but greater emphasis was generally placed on the needs of the adoptive parents.

Consent to legal adoption

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

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

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

Foreign Adoptions

255. Institutional and official external records examined by the Commission show that 1,638 children who were resident in the mother and baby homes and county homes under investigation were placed for foreign adoption. The vast majority, 1,427 were placed for adoption in the United States of America. The *Adoption Act 1952* did not regulate foreign adoptions.
256. There was no statutory regulation of foreign adoptions. The only informal supervision was in relation to the issuing of passports for the children to travel to the USA. Archbishop McQuaid and Fr Cecil Barrett, who strictly speaking had no right to be involved at all, were actively involved in trying to control foreign adoptions and did manage to have some standards applied. In the early 1950s they drew up protocols to be applied to applications for passports for children who were travelling abroad for the purpose of legal adoption. The protocol demanded documentary evidence of the adopting parents' character and ability to provide for the spiritual and material welfare of the child. It demanded a home study report prepared by representatives of Catholic Charities or another organisation (in some states these were conducted by the state adoption authority). A list of requirements sent by Galway county council to would-be adopters, apparently dating from 1951, stipulated that the agency placing a child for adoption in the USA should be registered with the state authorities. It is clear from an examination of

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

257. Many allegations have been made that large sums of money were given to the institutions and agencies in Ireland that arranged foreign adoptions. Such allegations are impossible to prove and impossible to disprove. One person who was adopted in the USA in the 1950s provided the Commission with documentary evidence of the costs of his adoption. They included an airfare of \$273, and a payment of \$142 to Sean Ross, which included a contribution to the cost of the airfare of the adult who accompanied the child on the flight. Further costs incurred included payments for a home study report, medical reports and legal costs in finalising the adoption.
258. A number of witnesses to the Commission spoke about donations they believed were sent by their adoptive parents following their adoption in the USA. Such donations were not illegal and could not be described as unethical unless the adoptive parents were trying to adopt another child. The fact that the Daughters of Charity were advised by their director that money or gifts coming from America or elsewhere in relation to adoptions from Pelletstown could not be accepted, either as personal gifts or as donations to community works, indicates that donations were being made. The records of the Bethany Home contain a reference to a substantial donation by an American man who had adopted two Bethany children.
259. For the most part US adoption orders relating to these children were made by the Courts in the state where the Irish-born child was adopted. The Commission has examined a number of these orders and the supporting documentation and was impressed by the scrutiny taken by the US Courts to such applications. In many cases the Court appointed a *guardian ad litem* to represent the child's interests.

Discrimination

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

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

Race and disability

261. Based on a study of Bessborough and Pelletstown, the two largest institutions and both of which survived until the 1990s, the Commission concluded that there was no evidence of discrimination in relation to decisions made about fostering or adoption of mixed race children or children with disabilities. However the decisions that were made with respect to placing these children took account of race or disability. Of the 275 children who were in Pelletstown and Bessborough where race is noted on their records, 56% were placed for adoption. A number of families specifically sought to adopt 'mixed race' children; other families requested children who were not 'mixed race'.
262. It appears that race was a less important factor in decisions relating to adoption than religion or disability. A mother's mental illness or a child's intellectual disability prevented or delayed adoption in a number of cases where the experts believed that adoption was in the child's best interests but there is no evidence of systematic discrimination. The understanding of mental illness and intellectual disability was limited in first half of the twentieth century, and that may have resulted in some children being sent to industrial schools, as opposed to being boarded out. The growing number of pregnant unmarried women who were recorded as suffering from mental illness from the 1960s onwards suggests that there were probably many women in mother and baby homes in earlier decades with undiagnosed and untreated mental illness.
263. One-third of the children with intellectual disabilities in Pelletstown were the children of married couples. The significant number of 'legitimate' children in Pelletstown with serious physical or intellectual disabilities indicates that discrimination/disadvantage could apply more generally to children, and adults with disabilities, regardless of their birth status. The Commission heard no

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

Religion

264. The issue of discrimination on the basis of religion is complex. Mother and baby homes - not just in Ireland - were run by religious communities and, as noted earlier, the reform/salvation of mothers and children was central to their mission. The evidence presented above about the different mother and baby homes, their funding models, length of stay for mothers and children, and exit pathways for the children indicate that there were some differences between the homes that were run by Protestant charities and those that were controlled by the local government authorities such as Pelletstown and Tuam, or by Catholic religious congregations. However, these differences do not indicate that there was discrimination on the basis of religion.
265. There is no indication of religious discrimination in relation to funding. The South Cork board of health and public assistance entered an arrangement for unmarried mothers and their children to be transferred to Bessborough and maintained there at a capitation rate, which became the funding model for mother and baby homes that were not owned and operated by local authorities. They made a similar arrangement with the Braemar Home in Cork to admit Protestant women. Local authorities had to seek the approval of the Minister for Local Government and Public Health to maintain women and children in a particular home. When Sean Ross and Castlepollard were established it appears that local authorities in their region were contacted and informed about the homes. There is no indication that Bethany or Denny House sought to be included on such a list before the early 1940s; if they had, there is no reason to suggest that they would not have been included. When it was suggested to Bethany in the early 1940s, that they seek approval from the Dublin local authorities to admit Dublin women on this basis, Bethany claimed that Protestant women were reluctant to approach a local authority seeking maintenance.
266. Denny House secured funding from the Local Government Board of Ireland under the Maternity and Child Welfare Scheme and this funding was continued by DLGPH. The grants covered half of the cost of maintaining mother in the home for up to six weeks before the birth, and half the cost of maintaining mother and child

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

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