

# **An Assessment of the Health Status of Children Detained at Irish Industrial Schools 1940 to 1983**

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# 1. Summary

The initial fieldwork for this report was carried out during 2005 and early 2006. The project team were Dr. Anthony Staines, the project leader, from the School of Public Health and Population Sciences in UCD, and Mr. Andrew Boilson, Ms. Emma Wyse, and Ms. (now Dr.) Florence Craven, who carried out the fieldwork. Mr. Boilson wrote the first draft of the bulk of the report and the appendices. Following on the submission of our draft report, more information became available over a period of time. The last item of information needed was made available to us in early March 2007. We have incorporated this into our revised report.

Our original brief was to study the health of children resident in these schools from 1940 to 1983, using existing records. Following a review of those records, copies of which were held by the Commission, it became evident that this was possible only to a limited degree. Our revised goals were four in number:

1. To describe in detail the surviving records from each facility being considered by the Commission, considering the content, the quality, and the quantity of records now available.
2. To prepare estimates by year of the number of children resident in institutions.
3. To analyse the deaths amongst children resident in the institution, and to compare these with contemporaneous death rates amongst Irish children.
4. To examine the surviving data on the growth of children resident in institutions.

We have reviewed and described the surviving records from forty of the Industrial schools. We have identified a small number of children with records, which permit the analysis of growth. We have identified all the known deaths, which occurred to residents in these facilities, and secured death registration details for as many of them as possible.

Our main findings are these:

1. The records originally kept, as evidenced by those which have survived in the various depositories, were very limited, very variable, and generally of very poor

quality. It is possible that the original records were of much better quality than those, which have survived. This does seem unlikely. As a result of this, there is very little usable documentation about the health of these vulnerable children.

5 2. There is enormous variation between the orders, the schools and the depositaries in the quantity and quality of the surviving records. Clearly it is possible this only reflects different degrees of care when preserving old records. It is also possible, and perhaps more likely, that this reflects different degrees of care in creating and maintaining records in the first place. At the least this shows what could have been done by all the schools.

10 3. Using the limited available data, and interpreting it cautiously, the children admitted were both short, and (approximately) proportionately light. This is consistent with the view that these institutions provided, in effect, for children from the most deprived part of the society of the time. Boys grew notably less well than girls after admission. However, those few records, which have survived,  
15 may relate to a very selected group of children.

4. There is reasonable evidence to show that the mortality experience of these children, while resident, was not greatly different to that of the general Irish population. There were many deaths from tuberculosis, as expected for the time. It was not feasible for us to investigate the circumstances of these deaths in detail.

20 5. Fatalities data was sourced from; fieldwork, solicitors representing the religious orders and the Dept of Education. These data were checked for accuracy prior to searching for death certificates. Some death certificates were obtained from the religious orders. The majority were sourced from the Registrars of Births, Deaths & Marriages. Death certificates were obtained for 80%<sup>1</sup> of children who died  
25 during their period of detention on the school grounds or when transferred from the school to hospital.

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1 This 80% relates to 222 deaths in the main Fatalities File. The worksheet is called "Fatalities\_Analysed". Deaths were obtained from three sources: Fieldwork, Solicitors representing the religious orders and Dept. of Education.

## Acknowledgements

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# 1 Introduction

## 1.1 The Industrial School System

The Irish Industrial School system developed during the second half of the nineteenth century, when several Catholic religious orders established a large number of  
5 institutions with the specific aim to “save the souls”, primarily of woman and children. These institutions were composed of State funded reformatory and industrial schools, private orphanages, county homes, Magdalen laundries, and mother and baby homes. They were linked in two key ways. Firstly, many were religious congregations; secondly these institutions helped to sustain each other as girls from  
10 the reformatory and industrial schools often ended up working their entire lives in Magdalen laundries; many of the children of unmarried mothers, born in the county homes, and mother and baby homes, were placed in industrial schools (Raftery, et al, 1999).

There were four distinct groupings of children within the care system. The largest of  
15 these were children committed to the industrial schools by the courts, essentially because the state decided that their parents were either unsuitable or unable to care for them. The second group were children convicted of criminal offences, usually for minor acts of delinquency. The third group of children, were those sent to orphanages, mainly fee-paying institutions for middle class children. The final group consisted of  
20 children who were placed in industrial schools by local authorities. They were known as poor law children, and were from either destitute families or born to unmarried mothers (Raftery, et al, 1999).

From the mid 1950s the number of children detained was in decline, largely because  
of a growing reluctance by the courts to commit children to these institutions. The  
25 role of the courts was central to the way the system operated. It was the court system that committed the children, and passed information on to the Dept. of Education and relevant local authorities, who, between them, funded each child by way of a capitation grant which was paid to the religious orders (Raftery, et al, 1999).

## 1.2 Inspection of Industrial Institutions

In 1897, the Infant Life Protection Act was amended, to make the inspection of industrial schools compulsory for the first time. A Commission of Inquiry into the industrial & reformatory school system was established from 1934 to 1936 and found  
5 that the system of medical inspection was inadequate, as no medical examinations were carried out prior to the order of detention.

The Commission found that in only a few instances the Medical Officer of Health inspected children, primarily in the National Schools. The prevailing system in industrial and reformatory schools was to parade the children for quarterly medical  
10 inspection, as if for drill inspection. The investigating committee pointed out that in some of these schools, children with trachoma, ringworm, and other contagious diseases were mixing with other children. In the majority of cases, when the medical officer examined children on his next school visit, the children who were most recently admitted were usually examined, and only when called upon he would visit  
15 those who were ill. The Commission recommended that each school should have a medical attendant sanctioned by the Dept. who would attend to sick children, and carry out immunisations and other preventative measures recommended by the chief medical officer (Commission on Reformatory & Industrial Schools, 1970).

In 1967, the Kennedy Commission was established, which reported in 1970 and  
20 recommended sweeping changes to the existing childcare system (McCabe, 2000). The main findings in the report were that there was a lack of professional training in childcare. Most of the staff working in the schools had no proper qualifications, as their only previous experience were in teaching, nursing or missionary work. The institutions were also inadequately staffed, and there was an absence of personal  
25 records containing even minimal information in respect of each child detained.

The main recommendation the Kennedy Commission put forward, was that during the period of care a complete medical history, school progress reports, and results of psychological tests be kept on file. In the case of residential homes, there should be adequate staff including a social worker, and the full services of the health authority  
30 should be made available, including the provision of psychiatrists, psychologists, doctors and dentists (Commission on Reformatory & Industrial Schools, 1970).

The Kennedy Commission recommended that those children should be supplied with plain wholesome food, according to dietary scales drawn up by the medical officer, supplementary provisions should be provided in the case of delicate or physically under developed children. The appointed medical officer would conduct quarterly  
5 examinations for all children detained, and when warranted, an application would be made to the Minister of Education for children certified by the medical officer as been unfit for detention to be released. Appointed medical officers would be responsible for examining each child on admission, and these reports on each child would be carefully preserved. A record of admissions to the schools' infirmary would be kept  
10 for recording information on each child relating to ailments, treatments, dates of admission and discharge (Commission on Reformatory & Industrial Schools, 1970).

The Kennedy Commission recommended that Dept. of Health should be given overall responsibility for childcare services, as the existing childcare system was totally ineffective. In the early 1980s eight regional health boards were established for  
15 delivering health and social services. Two major events took place, which had a significant impact on the inspectorate. The first was the appointment of qualified social workers; the second was devolution of professional responsibility for standards in childcare to social workers in the field (McCabe, 2000).

## **1.3 Nutritional State of Children in**

### **20 Industrial Schools**

“The Department of Education could have no graver charge against any school than that the children are not properly fed”. Thus wrote P. O’Muircheartaigh the Dept. of education inspector for industrial and reformatory schools in 1944. For the first  
25 couple of decades after their establishment the inspectors appeared to have been reasonably satisfied with the dietary provisions for children but they started to voice their concerns at the quality and quantity of provisions by the end of the nineteenth century. The variation between schools in terms of nutritional provisions was to be a feature of the twentieth century, despite the fact that each school received an identical capitation grant for each child detained (Commission on Reformatory & Industrial  
30 Schools, 1970).

Dr McCabe who was appointed medical inspector in 1938 singled out the Sisters of Mercy at being particularly at fault, reporting particularly on Passage West, Cappoquinn, Rathdrum, and Lenaboy where under feeding was evidently widespread (Raftery, et al, 1999).

- 5 Dr McCabe’s findings with respect to the Sisters of Mercy schools was that the children were fed a “bare maintenance diet, sufficient to keep children from losing weight, but not enough to enable them to put on weight at anything approaching the normal weight” (Dept. of Education, 1944). The children detained in Lenaboy were found to be emaciated, “cowed”, “dirty”, and “unhappy”. Their diet had been reduced  
10 to almost starvation level; it was evident that approximately two thirds of the children were suffering from scabies. The findings of her investigation of Rathdrum were similar, she stated that “semi starvation seems to be a tradition” in the school.

With respect to the boys’ schools in 1965 the Lord Mayor of Cork, wrote to the Dept. of Education saying that he had visited Upton and was shocked by the  
15 conditions he encountered. He concluded in his letter that the conditions he witnessed would not “be tolerated in a workhouse in bygone days”. The Inter-Departmental Committee on Crime Prevention and Treatment of Offenders discussed a number of complaints relating to the conditions in Upton and Artane in 1962, which the Dept. of Education dismissed as exaggerated (Raftery et al, 1999).

- 20 During the 1950s and 1960s. it is clear from the testimony of “survivors”. that conditions remained poor with consistent accounts of hunger (Raftery, et al, 1999).

Having considered the background of the industrial school system and historical evidence with respect to the conditions within these institutions could have had an unfavourable impact on the health of children detained. There is limited research  
25 evidence pertaining to the health status of children detained in these institutions from the 1940s until the Dept. of Health took over the management of children placed in care which occurred during the mid 1980s.

There is a plethora of scientific evidence, over many years, that the quality of nutrition is one of the most important factors influencing growth (Archer 1962). A  
30 contemporary example is Acherson’s research (1960) which illustrated that poorly fed sick children grow at a slower rate than their healthy counterparts. On this basis the

long-term institutionalisation of children may have a detrimental impact on their growth as a consequence of inadequate nutrition (Hals et al, 1996).

A study undertaken by Dr. Mavis Archer (1962) involved the assessment of medical records of children detained in a number of industrial schools during the 1940s. She compared the height and weight of institutionalised children in her study with English children in the same age brackets. The children detained in the industrial schools were both smaller and lighter for their age. Although the differences between boys detained in comparison to English children in the same age brackets were less apparent, this does not imply that the boy's diets were superior to their female counterparts, on the contrary their nutrient value was of inferior quality. The institutionalised boys' growth rates may be explained by the fact that they consumed enormous quantities of potatoes and bread in their diets (Archer 1962).

With respect to the nutritional intake of children detained in the institutions investigated the protein intake of both boys and girls was insufficient across all age groups, meat was rarely consumed, and their protein intake was mainly derived from vegetables rather than animal sources. Their calcium intake was also inadequate, for example the consumption of cheese was almost non-existent across all schools (Archer, 1962).

Mavis Archer (1962) found that for boys, who contracted serious illnesses during their period of detention, growth rates were significantly retarded, in comparison to boys detained in the same age bracket who remained healthy. Although retarded growth rates were also observed among girls detained, the differences observed were not statistically significant.

## 1.4 Conclusions

It is evident from the findings summarised here that the industrial school system was not well managed either by the Dept. of Education, or by the religious orders, whose responsibility was to look after the children under their care. Dr McCabe's investigations highlighted that the children were undernourished, received inadequate medical attention, and not even provided an adequate maintenance diet to keep them from losing weight despite the fact the schools were paid an adequate per capita grant per child from the Dept. of Education. There were reports of inadequate staffing

levels at these institutions, and staff were reported to be insufficiently trained to provide the necessary standard of care.

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## 2 Methodology

### 2.1 Design

Our basic design is a sample survey within each institution about which the Commission to Inquire into Child Abuse received complaints.

### 5 2.2 Sampling

The objective of the study was to sample one in five admissions from January 1<sup>st</sup> 1940 to December 31<sup>st</sup> 1983<sup>2</sup> for children admitted to industrial schools under discovery by the Commission to Inquire into Child Abuse. Samples for court-committed children were sourced from the standard format admissions registers. Samples for non-  
10 committals were mainly sourced from case files available, as admission registers did not survive for a number of schools or were incomplete<sup>3</sup>.

### 2.3 Materials

There were four main registers used to source medical information. These registers included; admissions registers for court committed children, medical and infirmary  
15 registers and quarterly incidental returns. The main sources of archival information used to collate information pertaining to heights and weights on admission were the admission registers for court-committed children. The medical officer recorded details in this register relating to the health status of committals on admission to the schools. Height / weight and health status during the period of detention was recorded on a  
20 quarterly basis by the medical officer on the formal medical forms (Medical History During School Life). Infirmary and medical registers were also used to source medical information relating to illnesses contracted by children during their period of detention. The quarterly incidental returns register was used to source fatalities that occurred at schools investigated.

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2 Prior to Dept of Health taking responsibility from the Dept. of Education.

3 It was not practical to sample case files for the non-committals where case files were grouped together alphabetically with the court-committals.

Fatalities sourced in the incidental returns were cross-referenced against the admissions register for the purpose of validation.

The records for forty schools were investigated at four depositories.

The records for twenty-five schools at the Sisters of Mercy depot in Baggot St Dublin were evaluated<sup>4</sup>. The Sisters of Mercy ran schools for girls and junior boys<sup>5</sup>. The Sisters of Charity depot was based in Donnybrook, Dublin. They ran five schools for girls and later junior boys<sup>6</sup>. The Sisters of St Clare ran one school for girls St. Joseph's Cavan, and their depot was based in Harold's Cross, Dublin.

Schools investigated that detained senior boys, from ten to sixteen years of age were as follows; Christian Brothers, Rosminians and Presentation Brothers. The Christian Brothers ran six schools. They had two depots based in Dublin; Phibsborough (Cluain Mhuire) and Dun Laoghaire (St Helens)<sup>7</sup>. The Rosminians ran two schools; their depot was based on Ferryhouse, Co. Tipperary. The Presentation Brothers ran one school based in Cork City, and their depot was in Cork also,

## 15 **2.4 Admissions Registers**

The admissions registers for court-committed children were of a standard format for most schools investigated. There was one entry per page for each child admitted, in sequence by admission number. There were printed headings in the register to record; admission number, name, age, date of admission, date and court of committal, legislation under which committed, sentence, previous character, if illegitimate.

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4 There were no registers or case files surviving for Summerhill.

5 The Sisters of Mercy primarily admitted girls. They had three schools dedicated to junior boys; Cappoquin, Passage West and Rathdrum. Killarney was a mixed school. These schools also admitted girls from the 1960s. During the 1950s a number of girls schools took in junior boys and some took senior boys from the 1960s.

6 St Patrick's Kilkenny was exclusively for junior boys.

7 We were informed by Maxwell's Solicitors they had two additional depots based in Dublin; St Helen's, Booterstown and North Circular Road. The Commission to Inquire into Child Abuse was not informed until the fieldwork was completed.



Physical description included: height, figure, complexion, hair colour, eyes, nose, health.

Level of education included; reading, writing, calculation ability, previous institution, religion, mental capacity.

- 5 Parental / guardian details included: names, address, occupation, details of step-parents or guardians, date of discharge, particulars of discharge, conduct prior to and after discharge.

The admissions register were the primary source for obtaining the samples for court-committed children. Information collated included; admission number, dates of birth /  
10 admission / period of detention and discharge.

Formal admissions registers did not survive for non-committals for a number of the schools investigated<sup>8</sup>. Registers available for non-committals did not span the period of investigation or were incomplete. In the absence of complete registers for the non-committals samples were drawn from case files where available.

## 15 **2.5 Medical Forms**

The medical forms (Medical History During School Life) were the primary source for recording height, weight and details of the children's health during the period of detention. The schools medical officer on a quarterly basis completed these forms. Information was recorded on both sides of the form. The front of the form was used to  
20 record admission related information. On the top of the form the child's registration number, name, date of admission was recorded. This side of the medical form was ruled into two sections. On the left side of the admission section the following data was recorded: date of examination, date of birth, physical condition. Skin conditions (scalp, face, body): Eyes (external diseases, squint): vision (diseases): hearing (right /  
25 left): speech (normal, defective articulation, stammering).

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8 There was no statutory obligations for the religious orders to maintain registers and records for non-committals who were not the responsibility of the state. The religious orders did not receive a per capita grant for the upkeep of these children.

On the right side of the admission section the following was recorded regarding signs of disease: Teeth, tonsils, adenoids, glands-sub maxillary, cervical, heart & circulation, nervous system, mental condition. General (Tuberculosis, Rickets, Deformities or defects). Height (Ft, Ins) weight (St, Lbs) on admission. At the foot of this side of the form medical history and recorded illnesses prior to admission were documented.

The reverse of the form was completed on a quarterly basis by the medical officer to document children's health during their period of detention. This side of the form was split into five columns to record: year, quarter (January, April, July, October), height (Ft, Ins) weight (St, Lbs) and recorded illnesses during the specific quarter. The medical officer had to state whether the child was treated in the school infirmary or in an external hospital.

## **2.6 Infirmary Registers**

The religious orders kept different formats of these registers in a ruled format, particulars recorded included; patients name, admission number, diagnosis and treatment, date of admission to the infirmary and date of discharge. The school nurse usually completed these registers.

## **2.7 Medical Registers**

The format of these registers varied from order to order. They were ruled with hand written columns to record: date of the doctor's visit, child's name, complaint and treatment. These registers were often used to record the outcome of medical inspections undertaken by the medical officer when he visited schools. A record of the medical officers' payments was kept in some of the registers examined.

## **2.8 Incidental Returns Registers**

These registers were in columnar format with printed headings. The following information was recorded: the number of children under detention at the beginning

and end of the month, names and dates of those admitted, readmitted, discharged<sup>9</sup>, committed to reformatory school, children who deserted and were never readmitted, children who deserted and were never recovered, licensed out to employment and those who were sent to and returned from hospital.

- 5 The incidental returns register was also used to record: limit of accommodation under rules<sup>10</sup>, number for which the school is certified, number under detention and within the chargeable limit at the beginning of the month, number in detention who were under age, number in excess at the beginning of the month, number out on licence, in prison. The probable number of vacancies that occurred during the month, number in
- 10 excess at the end of the month, number under detention at the end of the month. The school inspector signed the incidental returns register periodically.

These registers were used in conjunction with the admissions registers to source fatalities that occurred at the schools.

## 2.9 Case Files

- 15 The case files varied considerably by order and school. They were extracted to determine medical information, quality and type of documentation for children sampled.

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9 Fatalities that occurred at schools investigated were recorded in the column “Discharged, transferred or died during the month”.

10 The Industrial School (Ireland) Act 1868.

### 3 Population Data

The objective of this section of the report was to prepare estimates of the number of children admitted in the institutions under discovery. Admissions data was used in conjunction with the vital statistics estimates of population and mortality for the  
5 period to calculate mortality rates for court committals from 1940 to 1983 or up to the point of closure of the schools.

Forty schools under discovery were investigated <sup>11</sup>. Admissions registers were the primary source of this data. We could determine the number of children admitted year on year as these children were allocated an admission number on entering the school.  
10 In the absence of standard format formal admissions registers for “non committals” it was not possible to accurately determine the number of these children admitted from surviving archives. The Dept. of Education was not responsible for upkeep and maintenance of these children. The Dept. of Education did not request data from the religious relating to these children i.e. number of admissions, desertions, discharges,  
15 and deaths.

Collecting admissions data up to the early 1970s was straightforward, as formal admissions registers remained intact at the depots for most schools under discovery that remained in existence. Formal admissions registers were no longer used by a number of schools post 1970 possibly as a result of the dramatic reduction in the  
20 number of children admitted to the schools by the courts. To determine the “admission status” of a given child in the absence of these registers it was necessary to access the case files for each child, and if a court order was on file a child was deemed to be a court committal otherwise the local health authority or county council may have referred the child to the school. The majority of court admissions occurred  
25 up to the late 1960s. The reliability of admissions data post 1970s is questionable for the reasons already stated.

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11 Case files were assessed from 1940 to 1990 to determine how representative documentation was once the Dept. of Health took over responsibility for the remaining schools. Fatalities, admissions and the number of court committals detained relates to the period 1940 to 1983 when the Dept. of Education was responsible for industrial schools.

The Christian Brothers admitted the greatest numbers through the courts (n = 7,980) senior boys were admitted for the period under investigation. The Christian Brothers ran six schools; Artane, Carriglea, Glin, Letterfrack, Salthill, Tralee. Boy's ages ranged from ten to sixteen years. The largest school was Artane that admitted  
5 (n = 3,685) senior boys, followed by Letterfrack (n = 1,288) and Salthill (n = 918). The remaining schools were Glin (n = 773), Carriglea (n = 676) and Tralee (n = 640). Schools run by the Christian Brothers closed between the 1950s and early 1980s<sup>12</sup>.

The Presentation Brothers managed one school that formally closed in 1959. There were (n = 829) court-committed senior boys were admitted for the period.

10

The Rosminian's managed two schools, Ferryhouse and Upton. These schools admitted senior boys. Upton formally closed in 1966 with (n = 1,141) court committed boys were admitted for the period. Ferryhouse admitted (n = 1,483) court committals for the period of investigation.

15 The Sisters of Mercy ran twenty-six schools for girls and junior boys. Senior boys were catered for in the industrial school system from the 1960s<sup>13</sup>. Up to the mid 1950s three Sisters of Mercy schools catered exclusively for junior boys<sup>14</sup>. Killarney was a mixed school catering for girls and junior boys. From the mid 1950s onwards Sisters of Mercy schools that had previously only catered for girls began to accept boys in  
20 order to keep families together.

A total of (n = 7,866) court-committed children were admitted for the period. The greatest numbers were admitted to Goldenbridge (n = 1,012) girls (n= 798) and boys (n = 214) were admitted to the school during the mid 1950s. The second largest school was Rathdrum (n = 653) junior boys (n = 625) later girls (n = 28) were  
25 admitted during the mid 1960s.

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12 Salthill 1981 became a residential group home, formally closed 1995.

13 Senior boys were admitted to Srs Mercy Schools: Booterstown, Cappoquin, Clifden, Dundalk, Goldenbridge, Killarney, Lenaboy, Limerick, Mallow, Moate, Passage West, Pembroke Alms, Rathdrum, Rushbrook.

14 Cappoquin, Passage West, Rathdrum.

Boosterstown admitted (n = 420) children primarily girls (n= 420) boys (n = 3) {{Don't add up}} during the late 1960s<sup>15</sup>. Cappoquin admitted (n = 430) children, primarily boys (n = 397), with a few girls (n = 33) during the late 1960s. Limerick was initially established for girls, (n = 406) were admitted and a few boys (n = 16) during the late 1960s.

Thirteen of the Sisters of Mercy schools formally closed prior to the transfer to the Dept of Health<sup>16</sup>. The remaining schools became residential homes or were taken over by the health boards. The Sisters of Mercy withdrew from the Group Homes Scheme in approximately 2000, and these facilities are now managed by the Health Services Executive.

The Sisters of Charity ran five schools, to which primarily girls were admitted with the exception of St Patrick's which admitted junior boys. Boys were admitted to the girl's schools from the late 1950s. The schools managed by the order included; Ballaghadreen, Banada Abbey, Lakelands<sup>17</sup>, St Joseph's, St Patrick's Kilkenny. There were (n = 2,132) children admitted to these schools for the period. St Patrick's admitted junior boys (n = 886) were admitted for the period. The school with the second largest intake of children was St Joseph's Kilkenny. Primarily girls were admitted for the period (n = 444). Boys (n = 25) were admitted during the mid 1960s.

The Sisters of St Clare managed one school, St Joseph's Cavan, which closed in 1966, (n = 245) court committed girls were admitted for the period.

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15 Dept of Education Reports: Boys were residing at the Booterstown from 1972.

16 Ballinasloe, Birr, Clonakilty, Dundalk, Ennis, Kinsale, Loughrea, Newtownforbes, Sligo, Westport, Wexford, Templemore, Summerhill. Booterstown closed 1981, moved to Charville Road.

17 According to solicitors representing the Srs of Charity one boy listed 1967 and three boys 1969 were committed to Loughrea and Artane respectively and only transferred to Lakelands. Dept of Education Reports indicate that boys were residing at the school from 1970/71 to 1983. During this period of the minimum number of boys residing was one the maximum nineteen during the years 1978 and 1979.

Order	Population	Number of children committed through the courts from 1940 to 1983
Christian Brothers	Senior Boys 10 to 16 years of age	7,980
Presentation Brothers	Senior Boys 10 to 16 years of age	829
Rosminians	Senior Boys 10 to 16 years of age	2,624
Sisters of Mercy	Girls up to 16 years of age / Junior / Senior Boys	7,866
Sisters of Charity	Girls up to 16 years of age / Junior boys up to 10 years of age.	2,132

Order	Population	Number of children committed through the courts from 1940 to 1983
Sisters of St Clare	Girls up to 16 years of age	245

***Table 1: Number of Court Committed Children Admitted to Schools Investigated 1940 Until Closed or Taken Over by Health Boards***

It is evident from the charts below that there was a steep decline in the number of children “detained”<sup>18</sup> by the religious orders from the 1950s onwards. The majority of schools, that detained senior boys formally closed between the 1950s and early 1970s, and were run by the Christian Brothers. A number of schools operated by the Sisters of Mercy and Sisters of Charity, which previously detained only girls, took in junior boys during the mid 1950s and senior boys from 1960.

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18 Note: These charts represent the number of children “residing” in schools investigated from January

1<sup>st</sup> 1940 to December 31<sup>st</sup> 1983. Source: Dept of Education Annual Reports.



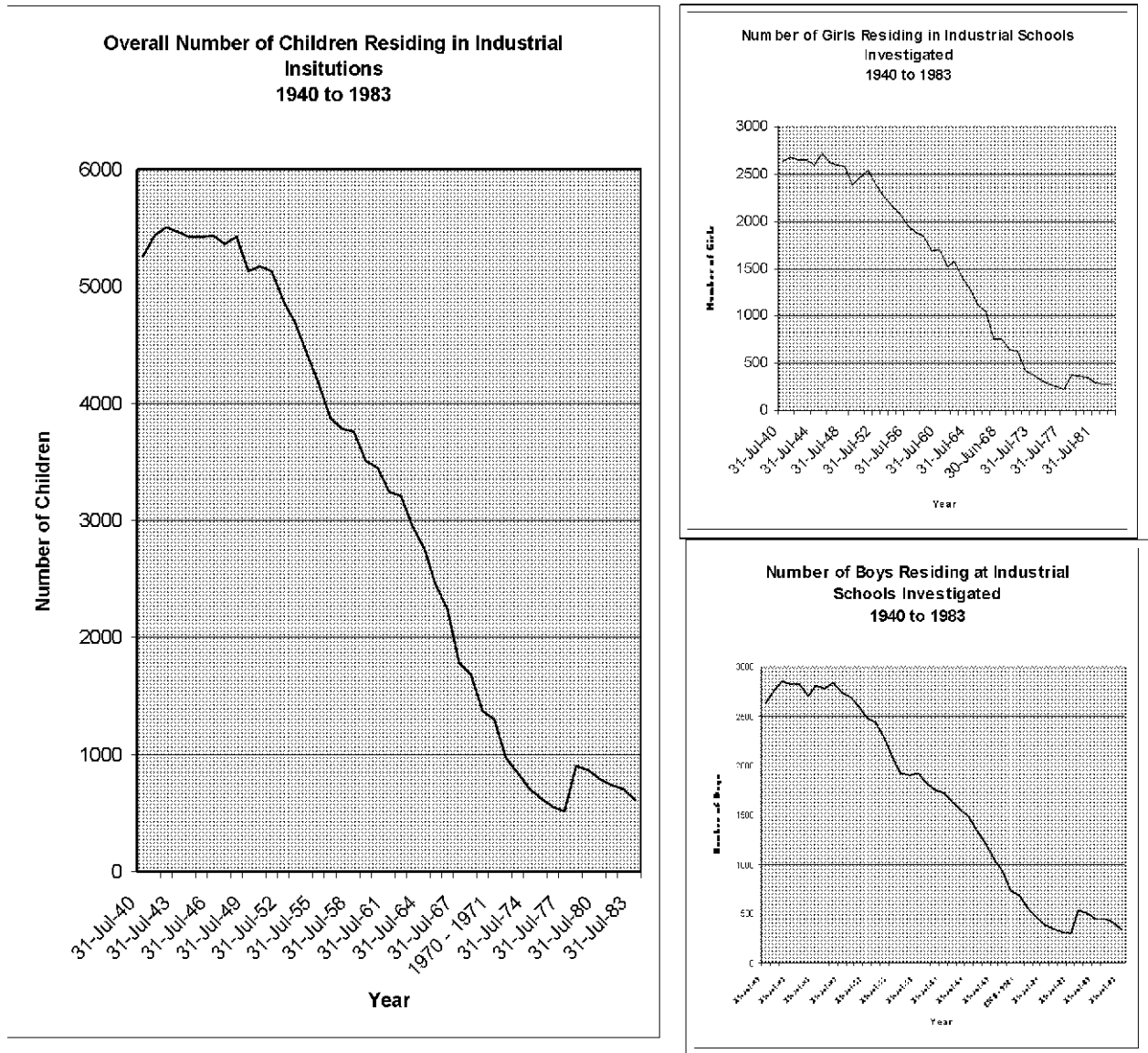


Figure 1 – Number of Children Detained from January 1<sup>st</sup> 1940 to December 31<sup>st</sup> 1983.

## 4 Archive Results I

### 4.1 Overview

In this section of the report we will describe the archives available for the various schools investigated and summarise the medical information obtained. This

5 information will be presented only for the orders which ran the institutions included in the survey. They were the Sisters of Mercy, Sisters of St Clare and Sisters of Charity who ran schools for girls and junior boys; the Christian Brothers, Rosminians and Presentation Brothers who ran schools for senior boys. Detailed information on a school-by-school basis is provided in (Appendix 1) – School Records.

### 10 4.2 Sisters of Mercy

With respect to the Sisters of Mercy schools a total of (n = 1547) records were sampled for the court committed children. The largest samples were obtained from Goldenbridge (n = 200), 13%, Limerick (n = 110) 7%, Rathdrum (n = 99) 6% and Clifden (n = 99) 6%, (Appendix 4).

15 We sampled (n = 236) records for the non-committals. The largest samples were obtained for Passage West (n = 59), 25% Clifton (n = 26) 11% and Dundalk (n = 26) 11% (Appendix 4). Admissions registers or case files containing medical information were not available for all the schools investigated<sup>19</sup>.

The total number of case files from 1940 until the various schools closed<sup>20</sup> at the  
20 Sisters of Mercy depository was (n = 4222) for court-committed children and (n = 3382) for the non-committals (Appendix 3). Substantially more medical

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19 There was no statutory requirement to keep and maintain registers and documents for non-committals.

20 Case files were assessed from 1940 to 1990 to determine how representative documentation was once the Dept. of Health took over responsibility for the remaining schools. Fatalities, admissions and the number of court-committals detained data relates to the period 1940 to 1983 when the Dept. of Education was responsible for industrial schools.

information was obtained from the case files for court-committed children than for the non-committals<sup>21</sup>.

The majority of case files available for the court committals were for Goldenbridge (n = 1011) 24% and Limerick (n = 415) 10%. With regards to the non-committals the greatest number of case files were available for Goldenbridge (n = 641) 19%, Lenaboy (n = 482) 14% and Kilkenny (n = 454) 13%. The number of case files available does not indicate the quality of medical information obtained pertaining to children sampled nor is it a reliable measure of the number of children admitted.

The contents of the case files varied considerably from school to school. In relation to the files sampled for court-committed children: detention orders, birth certificates, some medical forms and correspondence with the Dept. of Education were typically found in the files (Appendix 6).

Documentation in the non-committals case files was sparse from the 1940s up until the 1980s, prior to the Dept. of Health taking over the management of the schools. Birth certificates, correspondence with the Health Boards / County Councils, and examination results were most frequently sourced in the case files for children in this category (Appendix 7).

The standard formal medical forms were generally not used in schools when the Dept. of Health took responsibility from the Dept. of Education. Following this transition case files generally contained; social worker reports, psychometric tests and psychological evaluations were included in the files (Appendix 7).

The main registers available at the Sisters of Mercy depositary were; admissions registers, incidental returns, infirmary registers or medical officers reports books (Appendix 5). Although the admissions registers for court-committed children were relatively complete regarding entries: for date of birth, admission and period of detention, dates of discharge were not complete in the registers for all these schools.

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<sup>21</sup> The religious orders had no statutory obligations to hold and maintain specific records for the non-committals thus explaining the sparse number of registers and documents sourced for these children. Non-committals were taken in by the religious orders on request of the parents. As the children were not detained by court order family were at liberty to remove their children from the institutions at any time.

Height and weight on admission were recorded for most cases sampled, but in the majority of cases “weight” was recorded in descriptive form i.e. “stout” “slight” etc.

Non-committals' height and weight were rarely recorded in the admission registers<sup>22</sup>.

Even when admissions registers were available for these children sparse information was recorded and rarely spanned the period of investigation. For this reason case files (where available) were used for sampling purposes. Height and weight data on admission and on the last medical examination for most of the children in this category were sourced directly from medical forms.

Information obtained in the admission registers pertaining to the health status of court-committed children on admission was of limited value. Entries in some of the registers did not relate to an underlying diagnosis, for example “frail”, “delicate” and “fair”. Where information was recorded relating to the children’s health on admission the most frequent entries were for “enlarged tonsils” and “cavities”. Insufficient medical information was sourced to determine the health status of non-committals on admission.

Measles, mumps, colds and flu were the most common illnesses affecting court-committed children during their period of detention. Health data sourced was not representative of cases sampled. Insufficient medical information was sourced to determine the health status of non-committals during their period of detention apart from a few cases of measles, mumps, chicken pox and flu that affected some children sampled.

## 4.3 Sisters of St Clare

There were only (n = 35) records sampled for the one school under the management of the Sisters of St Clare, St Joseph’s Cavan. In total (n = 60) medical forms were available for court-committed children for the period (Appendix 4). There were no

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22 The non-committals were admitted to the schools by parents who paid for their maintenance.

Admissions registers for these children were sourced for a few schools investigated: Banada Abbey, Ballinasloe, Carriglea, Dundalk, Goldenbridge, Clidfen, Lenaboy, Limerick, Rathdrum, Salthill, St Joseph’s Kilkenny, St Patrick’s Kilkenny, Tralce, and Westport. Information recorded in registers sourced included the child’s name, date of birth, admission, discharge, parents names, address, standard of education and particulars of discharge.

individual case files for children detained at the school. All relevant documents were kept together i.e. medical forms, birth & baptismal certificates, detention orders.

As a result it would have been difficult to determine the quantity of documentation on file for any given pupil. Apart from the medical forms and detention orders obtained it was difficult to differentiate documentation that related to court committals from that related to the non-committals. Documentation on record at the depository consisted of some medical forms for the court committals; birth certificates, detention orders, correspondence with the Dept. of Education, education certificates and examination results (Appendix 6).

10 The main registers available for court committed children admitted to St Joseph's – Cavan were; admission registers, incidental returns and infirmary / medical officers report books (Appendix 5).

With respect to the quality of information obtained from the admissions registers for court committals: dates of birth, admission, and period of detention were complete; dates of discharge were incomplete for some children sampled. Height and weight data on admission and discharge were sourced from medical forms.

Insufficient medical information was obtained to assess the health status of court-committed children during their period of detention. Some children contracted measles, colds and pneumonia during their period of detention. Medical information sourced for these children was not representative of cases sampled.

## 4.4 Sisters of Charity

In total (n = 452) records were sampled for the court committed children. The greatest number of records were obtained for St Patrick's (191) 42% and St Joseph's (97) 21%. In relation to the non-committals (n = 124) records were sampled either from the case files or admission registers. The greatest number was obtained for Ballaghadreen (n = 39) 31%, St Joseph's (n = 35) 28% and Lakeland's (n = 35) 28% (Appendix 4).

There were (n = 1154) case files available for the court-committed children at the Sisters of Charity depository. The greatest quantity of case files were available for Lakeland's (n = 408) 35% followed by St Joseph's Kilkenny (n = 362) 31%. The

largest quantities of case files for non-committals was obtained for St Joseph's Kilkenny (n = 478) 55% followed by Lakeland's (n = 205) 24% (Appendix 3).

Case files available for court-committed children contained; birth and baptismal certificates, correspondence with the Dept. of Education, detention orders, and some medical forms (Appendix 6). The non-committals case files contained; correspondence with the Health Boards, education certificates, exam results, psychological evaluations were most frequently found dated from the 1970s onwards (Appendix 7).

The main registers available at the depositary were; admission registers for court committals, incidental returns registers and medical officers report books (Appendix 5). Information extracted from the admission registers for court committed children pertaining to dates of birth, admission and period of detention were relatively complete for all schools sampled, dates of discharge were incomplete. Heights and weights on admission were not recorded in the admission registers.

Information obtained from the non-committals admissions registers relating to; dates of birth, admission were relatively complete for St Joseph's, St Patrick's Kilkenny and Ballaghadreen. Limited information was recorded relating to the period of detention, discharge dates or height and weight on admission.

Insufficient medical information was obtained to assess the health status of court committals on admission. Some children sampled of those detained at Ballaghadreen, Banada Abbey and St Joseph's Kilkenny, contracted measles and mumps.

## 4.5 Christian Brothers

The records for six industrial schools ran by the Christian Brothers were examined; Artane, Carriglea, Letterfrack, Salthill, Tralee and Glin. In total (n = 1264) records were sampled for committals. The majority of records were sampled for Artane (n = 389) 31%, Letterfrack (n = 276) 22%, and Salthill (n = 183) 14%. There were (n = 49) records sampled for non-committals. Artane (n = 25) 51% and Salthill (n = 24) 49% (Appendix 4).

There were (n = 1459) case files available at the depositaries for court-committed children for Artane (n = 929) 64% and Salthill (n = 530) 36% (Appendix 3). Case

files did not survive for Carriglea and Tralee apart from loose documentation. Documentation for Letterfrack and Artane was kept in the original order in which they were kept in the industrial school system. Detention orders and medical forms were filed together by year of admission etc...

- 5 At the Phibsborough Depot there were only (n = 205) case files for the non-committals. There were (n = 150) 73% documents for Artane and Salthill (n = 55) 27% respectively; medical forms did not survive for Letterfrack.

Regarding documentation on file for court-committed children; birth certificates, detention orders, medical forms, personal correspondence and primary examination  
10 results were the most numerous documents available in the case files sampled. The Archivist at St Helen's informed the fieldworkers that there was only loose documentation surviving for Tralee, Glin, Carriglea for court-committed children<sup>23</sup>.

The case files for non-committals contained a limited number of medical forms; birth and education certificates at the Phibsborough Depot (Appendix 7). The main  
15 registers available at the two depots visited (Cluain Mhuire and St Helens) included: admissions registers for court committals, incidental returns registers, and infirmary registers.

Admissions registers for the non-committals were available for: Artane, Salthill and Tralee. The Tralee register was a Health Board admissions register.

- 20 The admissions registers for court-committed children were relatively complete for; date of birth, admission and the period of detention for court-committed children. Dates of discharge were mostly complete for all these schools<sup>24</sup>. Heights and weights on admission were of limited value as this information was either incomplete for all cases sampled or weight was entered as a description e.g. "slight", or "stout". With  
25 respect to the admission registers for non-committals although dates of birth,

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23 Documentation generally consisted of correspondence with the Dept. of Education relating to children discharged to employment, children admitted to hospital and personal correspondence. Also some detention orders and birth certificates.

24 Where the date of discharge column was not complete the solicitors representing the religious informed us these children were either discharged on the actual day of discharge or when the school closed.

admission and period of detention were mostly complete height and weight was not recorded in these registers. Anthropometric data was sourced from medical forms where available.

On the primary medical examination cavities and enlarged tonsils were the most prevalent conditions affecting court-committed children. During the period of detention colds, flu's, measles and mumps were the most frequently occurring illnesses at Artane. Some children sustained minor injuries at the school as a consequence of undertaking manual work or working with machinery in the kitchens or engaging in sports. Dental visits, vaccinations and routine chest x ray screening at the local hospital for tuberculosis were the most common entries in the medical forms for cases sampled at Salthill during the period of detention.

## 4.6 Rosminians

Two schools were investigated under the management of the Rosminians: Ferryhouse and Upton. A total of (n = 506) records were sampled for the court-committed children detained at the schools. The largest sample was obtained from Ferryhouse (n = 280) 55% followed by Upton (n = 226) 45%. Regarding the non-committals there where (n = 28) records sampled for Ferryhouse. Documentation for the non-committals detained at Upton for the period was inadequate in the absence of medical forms, case files generally contained birth / baptismal certificates, detention orders and correspondence with the Dept. of Education (Appendix 7).

There were (n = 606) case files for the court-committed children at the depositary and (n = 481) case files for non-committals. The majority of case files for committals were for Ferryhouse (n = 380) 63% and Upton (n = 226) 37%. In relation to the non-committals where were (n = 218) 45% case files for Upton and (n = 263) 55% relating to Ferryhouse (Appendix 3).

The contents of the case files were very comprehensive for Ferryhouse regarding court-committed children. Documentation most frequently encountered were medical forms, for the majority of cases sampled, followed by birth / baptismal certificates, detention orders and correspondence with the Department of Education. As mentioned previously, medical forms were not available for Upton. Case files for the committals contained birth / baptismal certificates and detention orders (Appendix 6).



Case files identified for the non-committals contained sparse documentation for Upton apart from personal correspondence. Documentation for the non-committals at Ferryhouse from the 1980s onwards contained some medical forms, birth and education certificates, examination results, correspondence with the Health Boards, incident reports, psychological evaluations, psychometric tests, and case diaries (Appendix 7).

The main registers available at the depository included admissions registers for court committed children, incidental returns and medical officers report books (Appendix 5). Information obtained from the admissions registers for court committals was relatively complete for dates of birth, admission, period of detention for cases sampled, discharge data was not recorded in the registers for all cases sampled. Height and weight on admission were incomplete; weight was recorded as a description e.g. “slight”, or “stout”.

Height and weight data for non-committals were sourced, from medical forms available, in the absence of an admissions register for Ferryhouse. Dates of birth and admission were relatively complete, period of detention and discharge dates were not recorded on these forms. In the absence of medical forms for children detained at Upton a sample of admissions was not extracted from the admissions register. There was insufficient medical information sourced relating to the health status of committals on admission. Measles, mumps and chicken pox were the most common illnesses affecting court committals during the period of detention for children at Ferryhouse. Insufficient medical information was available to determine the health status of court committed children on admission and detained at Upton.

## **4.7 Presentation Brothers**

The Presentation Fathers ran one school “St Joseph’s”, Greenmount. A sample of (n = 160) records was obtained from the admissions registers for court-committed children (Appendix 4). There was no case files or admissions registers for non-committals detained at the school for the period apart from loose correspondence attached in the relevant pages of the admissions register. This documentation was composed of correspondence with the Dept. of Education, birth / baptismal

certificates and detention orders. There were no standard format medical forms available<sup>25</sup>.

The main registers available for the court committals included; admissions registers; incidental returns, infirmary and medical officers report books, health book

5 (Appendix 5). With respect to information obtained from the admission registers; dates of birth and admission were complete and most entries for the period of detention. General health status on admission was described as “good” for most cases sampled<sup>26</sup>. Height on admission was recorded for most cases weight was recorded only as a description e.g. “slight”, or “stout”<sup>27</sup>. Heights and weights were recorded in  
10 the health book on a quarterly basis for cases sampled.

Information relating to the health status of court-committed children sampled was sourced from the infirmary register. Entries in the register relating to children admitted to the infirmary treated for: dermatitis, impetigo, scabies, tonsillitis, abscesses, synovitis of bursae, sinusitis, gastric disorder, conjunctivitis, boils,  
15 headaches, coughs, cuts and bruises which occurred during play and field games.

The health book was in poor condition; most of the pages containing health reports were torn out, while height and weight data recorded during the period of detention remained intact. Medical information recorded referring to court committed children merely stated their health was “good”, “very good”, “average” or “normal”

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25 In the Health Book heights and weights were recorded during the detention period. A substantial proportion of the health status reports were torn out of the register.

26 The Commission had been informed by solicitors representing the religious orders that medical officer reports for 31<sup>st</sup> July 1946 state the general health of boys at year end was satisfactory. Boys were examined on admission and on a quarterly basis that year. The boys were in good health and physical fitness. The boys teeth were examined quarterly by the dentist and children requiring treatment were sent to his surgery. Medical officer Dr Donovan undertook tuberculosis testing in the school that year.

27 The religious orders were only required by the Dept. of Education to record a child’s weight as a description.



## 5 Archival Results II

In this section of the report we will discuss The Industrial School (Ireland) Act 1868 in terms of journals and documentation the schools had a statutory obligation to keep for court-committed children. The following will be discussed generally in terms of whether these journals survived and quality of information recorded therein. It is important to acknowledge that there was overlap relating to data recorded in some of the registers i.e. data recorded in the admissions and discharges registers was also recorded in the incidental returns registers.

### Journals

- 10
  - Admissions Registers
  - Admission & Discharge Registers
  - Infirmary Registers
  - Managers Diary
  - Medical Officers Visits Registers
- 15
  - Medical Officers Report Book
  - Quarterly Incidental Returns Registers
  - Quarterly Maintenance Accounts

### Documentation

- Detention Orders
- 20
  - Medical History During School Life Forms (Medical Forms)

### 5.1 Journals

*“The Manager (or Master or Matron) shall keep a journal or diary of everything important or exceptional that passes in the school. All admissions, discharges,*

*licences and escapes shall be recorded therein*”(p5) This abstract from the act relates to the “managers diaries” and “incidental returns registers”. Only a limited number of manager’s diaries survived (Appendix 5). Those that did survive did not cover the period under review<sup>28</sup> or up to the closure of the relevant schools.

- 5 The religious orders had a statutory obligation to record admissions; discharges, school events, visits by school inspectors and dignitaries in these registers. The format of this register was an informal diary as opposed to a standard format register.

Manager’s diaries that survived were mainly sourced at the Sisters of Mercy schools, Salthill (Christian Brothers) and Ferryhouse (Rosminians).

- 10 The incidental returns registers were a standard format register primarily used to record admissions, discharges, licences, hospitalisations, desertions, readmissions and fatalities per quarter. The quality of information recorded in these registers was excellent for the period they covered. However not all incidental returns registers that survived covered the period under review or up to the closure of the schools. The
- 15 exceptions were: Artane, Ballinasloe, Clifden, Clonakilty, Kinsale, Greenmount, Lakelands, Loughrea, Rushbrook, Templemore, Westport and Upton. Incidental returns registers did not survive for; Christian Brothers Schools (Carriglea, Glin and Tralee). Sisters of Mercy Schools (Birr, Dundalk, Ennis, Passage West, Pembroke Alms, Rathdrum and Wexford (Sisters of Charity) St Patrick’s - Kilkenny.

## 20 **5.2 Medical Officer**

- 1 *“A Medical Officer shall be appointed who shall visit the school periodically, a record of his visits been kept in a book for the purpose”*(p5). This register was called the “Register of Medical Officers Visits”. These registers recorded the date of visit and doctor’s signature, countersigned occasionally by the school inspector with
- 25 medical officers observations on each pupil on admission and patients treated in the school infirmary. These registers only survived for a few schools, some run by the Sisters of Mercy: Ballinasloe, Cappoquin, Kinsale, Loughrea, Moate and one by the Sisters of St Clare: St Joseph’s Cavan.

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28 January 1<sup>st</sup> 1940 to December 31<sup>st</sup> 1983.

II *“Each child shall be medically examined on admission to the school, and the M.Os written report on the physical condition of the child shall be carefully preserved”*(p5).

Admissions registers for court-committals survived for all schools investigated apart from Sisters of Mercy, Summerhill. As mentioned in 4.0 - Archives I medical

5 information recorded regarding the health status of children on admission was of limited value, most entries for children sampled on admission relating to “enlarged tonsils” and “cavities”. Although “height” was recorded in (Ft, Ins) by most schools the orders were only required by the Dept. of Education to record “weight” as a description (Appendix 5).

10 III *“A record of all admissions to the school infirmary shall be kept giving information as to ailment, treatment dates of admission and discharge in each case”*(p5). Infirmary registers only survived for a few schools, none of the registers covered the entire period under review. The registers that survived were as follows: (Christian Brothers) Artane, Letterfrack; (Srs of Mercy) Cappoquin, Goldenbridge,  
15 Kinsale, Moate; (Presentation Brothers) St Joseph’s Greenmount; (Sisters of St Clare) St Joseph’s Cavan. A number of incidental returns registers that survived referred to symptoms of a child’s condition as opposed to a formal diagnosis.

IV *“The M.O shall make a quarterly examination of each child individually, and give a quarterly report as to the fitness of the children for the training of the school, their  
20 general health and the sanitary state of the school. The quarterly report shall be in such form as may be prescribed from time to time by the Minister of Education”* (p5).

Information relating to the quarterly medical examination was recorded on the “Medical History During School Life Forms”. Although they were sourced in the case files for most schools investigated an insignificant number specifically related to  
25 cases sampled. The forms did not survive for the following schools: Christian Brothers: Carriglea, Glin, Letterfrack, Tralee; Srs of Mercy: Birr, Ennis, Kinsale, Moate<sup>29</sup>, Pembroke Alms, Rathdrum, Sligo, Templemore, Westport, Wexford, Rosminians: Upton.

Medical information relating to the quarterly medical examination was also recorded  
30 in the Medical Officer Report Books. They did not survive for all schools investigated

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29 The Case files for this school were held by the Dept. of Education in Athlone.

(Appendix 5). Medical information recorded in the forms was more extensive. Entries in the Medical Officer Report Books generally recorded the date of the doctor’s visit, patient’s name, treatment and remarks.

V “Dental treatment and periodic visits by a dentist shall be provided and records of such visits shall be kept”(p5). There were no specific registers available (apart from one register for Ennis) relating to dental visits, in a number of medical officers report books that survived dental treatments was recorded.

## 5.3 Returns

“The manager shall keep a register of admissions and discharges with particulars of the percentage, previous circumstances etc., of each child admitted and of the disposal of each child discharged and such information as may afterwards be obtained regarding him and shall regularly send to the office of the inspector the returns of admission and discharge, the quarterly list of children under detention and the quarterly accounts for their maintenance”(p6). The admissions and discharges registers were used to record the admission date, discharge and reason for discharge.

These registers survived for most of the Sisters of Mercy Schools apart from; Ballinasloe, Birr, Goldenbridge, Loughrea, Moate, Pembroke Alms, Sligo and Wexford. Admissions and Discharge registers only survived for one school Salthill under the Christian Brothers. The registers survived for Ferryhouse, Upton and Greenmount, Sisters of Charity schools: Ballaghadreen, Banada Abbey and St Patrick’s Kilkenny.

Information relating to the percentage of admissions and discharges was also recorded in the incidental returns registers in addition to the previous information. Previous circumstances of each child prior to admission were recorded in the admissions registers. Information relating to the “disposal of each child discharged” was recorded in the incidental returns and admissions registers.

Quarterly maintenance accounts<sup>30</sup> only survived for some schools managed by the Sisters of Mercy for court-committed children. These schools included; Booterstown,

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30 It was difficult to differentiate accounts on file between court-committals and non-committals.

Accounts related information that survived related to annual income and monthly expenditure, local

Clifden, Clonakilty, Loughrea, Mallow, Moate, Newtownforbes, Passage West, Rushbrook and Westport. Maintenance accounts also survived for Greenmount, Ferryhouse, Banada Abbey and Ballaghadreen.<sup>31</sup>

5 “All orders of detention shall be carefully kept amongst the records of the school”(p6). Detention orders were sourced for all schools investigated apart from (Christian Brothers) Glin and Tralee; (Presentation Brothers) Greenmount, (Sisters of Mercy)<sup>32</sup>, Cappoquin, Pembroke Alms<sup>33</sup> and Wexford; (Sisters of Charity) St Patrick’s - Kilkenny.

## 5.4 Conclusions

10 Having assessed the documentation that survived, and which schools had a statutory obligation to keep and maintain for court committals, it was evident that a large proportion of registers did not survive. This was specifically the case for infirmary registers, registers of medical officers visits and managers diaries. These registers that did survive rarely covered the entire period under investigation or up to the closure of  
15 the given schools. With respect to determining the health status of children detained: infirmary registers, medical officers report books and medical forms were required. Entries recorded in a number of these registers recorded symptoms of a child’s illness as opposed to a specific diagnosis. Furthermore very few of the infirmary registers and medical officers report books covered the entire period under review. Although  
20 admissions registers for court-committals survived for all schools investigated apart

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authority maintenance accounts and quarterly returns relating to the upkeep of children in the school.

31 As it was the objective of this study to determine the health status of children detained at schools investigated the quality of financial data recorded was not assessed. Other than registers specifically refined as maintenance accounts, income and expenditure books are been acknowledged as maintenance payments relating to detainees. Financial data recorded in the income and expenditure books may also relate to non-committals.

32 Case files for Sisters of Mercy, Moate were held by the Dept. of Education the contents of the files were unknown.

33 Pembroke Alms – case files from 1978 onwards detention orders were not used by most institutions from early 1970s onwards as the number of court committals was dramatically in decline.



from Summerhill. Entries pertaining to the health status of admissions were limited to children with diagnosed with cavities and enlarged tonsils for cases sampled. Height and weight data on admission was essentially useless for a number of schools where weight was recorded in descriptive terms<sup>34</sup> limiting the value of health data recorded during the period of detention.

We can only assume that the registers referred to in this section of the report that did not survive were actually kept by the religious orders.

Having assessed the admission registers, medical officers report books, registers of medical officers visits and infirmary registers the religious orders were compliant in adhering to The Industrial School (Ireland) Act 1868 from the perspective of maintaining surviving records. However the quality and consistency of recording medical information is completely inadequate by today's standards. Unfortunately we did not have the opportunity to compare the quality of information recorded in institutional records against records kept by primary and secondary level schools for the same period.

It is expected over the past sixty years records might have been lost or damaged. This was evidently the case for the medical forms. Insufficient numbers of these forms survived across schools investigated to determine the health status of children detained. Anthropometric data recorded in medical forms that did survive was of limited value in the absence of numerical data on heights and weights at the time of admission.

Growth charts data alone would have been sufficient to determine if children detained were under nourished or lost weight possibly due to illness if a significant number of these forms were sourced across all schools investigated for children sampled.

A number of schools weighed children on admission who were taken into their care, even though these was no formal requirement to do so. A number of schools also kept admissions registers and case files for non-committals even though they were not under a statutory obligation to keep and maintain these records.

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34 The Dept. of Education only required schools to record weight as a description as opposed to recording in St / Lbs.



## 6 Health Status

Medical information pertaining to the health status of children on admission to the schools investigated was sourced from the admissions registers for court-committed children and case files for non-committals in the absence of admissions registers. The infirmary registers, medical officers report books and medical forms were used to collate data relating to illnesses contracted by children sampled during their period of detention.

### 6.1 Sisters of Mercy

Medical information was rarely recorded in the admissions registers relating to the health status of court committals / non-committals sampled prior to admission to the Sisters of Mercy schools. Enlarged tonsils and cavities were the most common entries recorded by the medical officer for court committals in these registers for: Ballinasloe<sup>35</sup>, Booterstown, Clifton, Goldenbridge, Limerick, Loughrea, Passage West and Rushbrook. Insufficient medical information was sourced from the medical forms for non-committals to determine the health status of these children on admission.

Medical information was sourced from for the medical / infirmary registers and medical forms where available to determine the health status of court-committed children sampled during their period of detention. Measles, mumps, colds, and flu were the most prevalent illnesses affecting court-committed children during their period of detention. This health data is not representative of cases sampled.

Insufficient medical information was sourced to determine the health status of non-committals during their period of detention apart from a small number of cases of measles, mumps, chicken pox, flu, children sent to the local hospital for chest x-rays for tuberculosis<sup>36</sup>. This health data was sourced for cases sampled for Dundalk, Booterstown and Passage West.

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35 Ballinasloe and Clonakilty: It was evident from the medical forms and medical registers that tuberculosis-screening measures were in place.

36 Newtownforbes: Medical papers 1870 – 1966 lists children immunised against diphtheria. Dundalk, Limerick, Rushbrook: Vaccinations administered to residents against tuberculosis, tetanus, polio and diphtheria.

## 6.2 Sisters of St Clare

This order managed one school, St Joseph's Cavan. Insufficient medical information was sourced to determine the health status of court committals sampled on admission. Medical information relating to the health status of court committals during their  
5 period of detention was sourced from the infirmary register. Medical information sourced only related to a few children who contracted; measles, mumps, colds & flu and pneumonia<sup>37</sup>. In the absence of admissions registers and medical forms for non-committals it was not possible to determine their health status.

## 6.3 Sisters of Charity

10 There was insufficient medical information obtained to determine the health status of court-committed children from the admissions registers. Medical information relating to the health status of court-committed children during the detention period was sourced from medical officers report books and medical forms. Insufficient medical information was obtained to determine the health status of court committals sampled  
15 on admission. Measles and mumps were the most prevalent conditions contracted by court-committed children sampled detained at Ballaghadreen, Banada Abbey and St Joseph's Kilkenny. Some of the court committals sampled were immunised against tuberculosis and tetanus<sup>38 39 40</sup>. Insufficient medical information was sourced for non-committals sampled to determine their health status on admission and during the  
20 detention period. A small number of non-committals detained at Ballaghadreen contracted measles and mumps, some of these children had vaccinations for diphtheria, whooping cough and small pox.

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37 Copybook of Children who Received X Rays October 1910 to April 1946 : Screening measures were in place for tuberculosis. There was also a copybook dated 1954 relating to children who received BCG and Tetanus vaccinations.

38 Ballaghadreen: In the Medical Officers Report Book January 1914 to April 1958 there were entries relating to children who received vaccinations for small pox and diphtheria.

39 Banada Abbey: Medical Officers Report Book 1885 – 1964 children received immunisations against diphtheria and small pox.

40 St Joseph's Kilkenny: Medical Register 1903 to 1954 – Vaccinations against Diphtheria. Screening measures against tuberculosis Mantoux tests.

## 6.4 Christian Brothers

With respect to medical information sourced from the admissions registers for court committed children sampled on the primary medical examination cavities and enlarged tonsils were the most prevalent conditions affecting children admitted to Artane, Salthill, and Letterfrack. The most representative data obtained from infirmary registers and medical forms relating to children sampled during their period of detention was sourced for Artane<sup>41</sup>. Colds, flu's, measles and mumps were the most frequently recorded conditions in these archival sources.

There were entries in the infirmary registers pertaining to injuries sustained by children under the care of the Christian Brothers at Artane i.e. hand and leg injuries (sprains) and scalds. These injuries were sometimes accompanied by an explanation that they occurred as a consequence either engaging in sports or they were of an occupational nature. Boys working with machinery or in the kitchens were more likely to suffer minor injuries as a consequence of engaging in these activities.

Insufficient information was obtained relating to the health status of court committals sampled during their period of detention at the other Christian Brothers schools investigated: Carriglea, Glin, and Tralee. The main illnesses affecting children detained at Letterfrack were colds, flu, measles, scabies, chilblains and boils. The most frequent entries in the medical forms sampled for Salthill<sup>42</sup> during the detention period were dental visits, vaccinations (BCG, Polio, Diphtheria) and routine screening x rays for tuberculosis undertaken at the local hospital.

There was insufficient medical information obtained to determine the health status of non-committals upon the primary medical examination and during their period of detention apart from vaccinations and chest x-rays for some non-committals detained at Salthill.

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41 Vaccinations were recorded in the "Condition on Admission Registers" for Artane dated from April 1942 to August 1966.

42 Salthill – Medical forms: Routine x rays were undertaken as a screening measure against tuberculosis.

## 6.5 Presentation Brothers

The order ran one school “St Joseph’s”, Greenmount. There was insufficient medical information relating to the health status of court-committed children in the admissions register. Medical information relating to the health status of court committals during their period of detention was sourced from the infirmary (hospital) register. The majority of entries related to children admitted to the infirmary treated for dermatitis, impetigo, scabies, tonsillitis, abscesses, synovitis of bursae, sinusitis, gastric disorder, conjunctivitis, boils, headaches, coughs, cuts and bruises which occurred during play and field games.

## 10 6.6 Rosminians

Insufficient medical information was sourced from the admissions registers for Ferryhouse (St Joseph’s) and Upton to determine the health status of court-committed children sampled on admission to the schools up on the primary medical examination. In the absence of medical forms, infirmary or medical registers we could not determine the health status of court committals at Upton. The primary sources of medical information at Ferryhouse were medical forms and the medical record books. Measles, mumps and chicken pox were the most common illnesses affecting court-committed children sampled during their period of detention. In the absence of admissions <sup>43</sup>/ medical / infirmary registers and medical forms relating to non-committals it was not possible to determine the health status of these children detained at Upton or Ferryhouse.

## 6.7 Conclusions

Admissions data sourced from schools investigated was of limited value, enlarged tonsils and cavities were the most prevalent entries recorded in the registers, by the medical officers, for those court-committed children sampled.

Regarding the health status of court-committed children during their period of detention insufficient medical forms were sourced to comprehensively assess

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43 Although there was an admissions register for Upton for non-committals dated from 1950 to 1964 the children’s health status on admission was not recorded.

children's height and weight. The absence of these forms was of particular concern given that they were a potentially valuable source of health data. Under The Industrial Schools (Ireland) Act 1868 documentation of this nature was expected to be completed a quarterly basis for each child detained in accordance with statutory requirements.

Other sources of health data were the medical officers report books and infirmary registers. Entries in these registers for some schools recorded symptoms of a child's illness as opposed to recording a specific diagnosis.

Cold's, flu, measles, mumps, and chicken pox were the most common conditions affecting children during their period of detention. As these illnesses were contracted by children in the general population this health data cannot be regarded to be a measure of the conditions court committed children were residing or to infer that the children were under nourished to a point of contracting illnesses from other detainees.

Insufficient medical information was sourced to determine the health status of non-committals on admission in the absence of admissions registers. Medical forms were either not used or did not survive for non-committals. Growth charts could not be constructed specifically for these children to compare committals against non-committals<sup>44</sup>.

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44 Refer to Appendix 8: Health status of court committals on admission for children sampled.

Appendix 9: Health status of court committals during their period of detention for children sampled for a breakdown of all illnesses affecting these children.

# 7 Report on Heights and Weights

## Recorded

### 7.1 Overview

After a preliminary review of health data held on file at CICA we felt that the best method of making some assessment of the health status of residents of Irish institutions would be to use records of growth. Child size and growth are sensitive measures, at population level, of child health. At individual level, growth is of some use as a health indicator.

We sought to identify records containing actual measurements of height and weight on admission to the institution, as opposed to the common practice of providing only verbal descriptions of the child's build, such as 'slight', 'stocky' or 'normal'. For analysis of growth, only children who had two measurements, one on entry, and one reasonably close to the date of discharge were of use.

A total of 550 sets of records were identified where the following criteria were satisfied. There were measurements of height, weight, age and sex at admission to the residential institution, and at discharge, or on a final medical review close to that date. These children came from institutions run by four orders, and were admitted over a period of almost fifty years (Table 2).

Number of children	Decade					Total
	40's	50's	60's	70's	80's	
<b>Order</b>						
<b>Christian Brothers</b>		56	68			124
<b>Sisters of Mercy</b>	57	90	102	23	8	280
<b>Sisters of Charity</b>			2	3		5
<b>Rosminians</b>	7	44	74	18	3	146
<b>Total</b>	64	190	246	44	11	555



*Table 2: Decade of admission and the Order in charge of institutions from which records of heights and weights for children admitted were available.*

For 530 of these the date on the admission record preceded the recorded discharge record. (For the other 20 the 'discharge' date preceded the 'admission' date by a few days or weeks, these records were not further considered.) Tables 3 and 4 report the basic demographics of this group of children.

<b>Admission records</b>		
<b>Age group</b>	<b>F</b>	<b>M</b>
<b>0 up to 2</b>	40	19
<b>2 up to 4</b>	35	21
<b>4 up to 6</b>	33	25
<b>6 up to 8</b>	21	26
<b>8 up to 10</b>	22	44
<b>10 up to 12</b>	10	109
<b>12 up to 14</b>	15	72
<b>14 up to 16</b>	9	29
<b>16 up to 18</b>	0	0
<b>18 up to 20</b>	0	0

*Table 3: Age and sex distribution of records on admission.*

<b>Discharge records</b>		
<b>Age group</b>	<b>F</b>	<b>M</b>
<b>0 up to 2</b>	4	3
<b>2 up to 4</b>	8	8
<b>4 up to 6</b>	3	7
<b>6 up to 8</b>	12	20
<b>8 up to 10</b>	9	18

Discharge records		
10 up to 12	15	18
12 up to 14	19	40
14 up to 16	39	83
16 up to 18	74	142
18 up to 20	2	6

*Table 4: Age and sex distribution of records on discharge or last recorded medical review.*

These are clearly a highly selected group of children, derived from a sample of records, but only representing those institutions where heights and weights were routinely measured, recorded, and where the records have survived. This must be borne in mind when interpreting the results below.

## 5 7.2 Interpretation of Anthropometric Results

Anthropometry means simply the measurement of human beings. It is the study of human growth, and in particular of the methods and procedures for obtaining and interpreting accurate measurements of children. There are two main questions of interest in looking at a measurement on given child – how does this child compare with other children, and how does this child compare with previous measurements on that child.

To compare a child with other children we need to know how old the child is, as children change rapidly in height and weight as they get older; and what gender the child is, as boys and girls have distinct and different patterns of growth. We also need a set of reference heights and weights. If you have an adequate number of good quality measurements from the population under study you can use these, but it is more common to use an internationally agreed standard (Cogill 2003). The one we have chosen is the 1978 CDC/WHO growth standard (Hamill et al. 1977, 1979; Dibley et al. 1987). These are closer in time to the children studied than the more recent and more commonly used 2000 standard (Kuczmarski et al. 2000). It is

acknowledged that these charts have significant limitations, but here appear to be no more suitable Irish data available.

These charts provide data on three aspects of growth (for males and females separately), that is Height for Age (H/A), Weight for Age (W/A) and Weight for  
5 Height (W/H). These reflect different aspects of child growth and child nutrition. The WHO describes these as follows :-

“**Low weight-for-height:** Wasting or thinness indicates in most cases a recent and severe process of weight loss, which is often associated with acute starvation and/or severe disease. However, wasting may  
10 also be the result of a chronic unfavourable condition. Provided there is no severe food shortage, the prevalence of wasting is usually below 5%, even in poor countries. ... Typically, the prevalence of low weight-for-height shows a peak in the second year of life. Lack of evidence of  
wasting in a population does not imply the absence of current  
15 nutritional problems: stunting and other deficits may be present.

...

**Low height-for-age:** Stunted growth reflects a process of failure to reach linear growth potential as a result of suboptimal health and/or  
20 nutritional conditions. On a population basis, high levels of stunting are associated with poor socio-economic conditions and increased risk of frequent and early exposure to adverse conditions such as illness and/or inappropriate feeding practices. Similarly, a decrease in the national stunting rate is usually indicative of improvements in overall  
socio-economic conditions of a country. ... Therefore, the age of the  
25 child modifies the interpretation of the findings: for children in the age group below 2-3 years, low height-for-age probably reflects a continuing process of "failing to grow" or "stunting"; for older children, it reflects a state of "having failed to grow" or "being stunted".

30 ...

**Low weight-for-age:** Weight-for-age reflects body mass relative to chronological age. It is influenced by both the height of the child (height-for-age) and his or her weight (weight-for-height), and its composite nature makes interpretation complex. For example, weight-for-age fails to distinguish between short children of adequate body weight and tall, thin children. However, in the absence of significant wasting in a community, similar information is provided by weight-for-age and height-for-age, in that both reflect the long-term health and nutritional experience of the individual or population. Short-term change, especially reduction in weight-for-age, reveals change in weight-for-height. In general terms, the worldwide variation of low weight-for-age and its age distribution are similar to those of low height-for-age.” Source :- (WHO n.d.)

## 7.3 Quality Measures for the Height and Weight Data

It is harder than it might seem to measure the heights and weights of children accurately. People working on anthropometric studies devise extensive protocols, primarily to ensure completely consistent techniques (Cogill 2003). Clearly this was not done, and would not have been expected to be done with the measurements on which we report here. For this reason it is of particular importance that we screen the records to identify those with implausible values. To do this we used the 'Anthro' program, a piece of software which implements the 1978 CDC anthropometric norms (Sullivan and Gorstein 1999).

Records were converted from feet and inches or stones and pounds to inches and pounds respectively, and then processed through Anthro. This produces two outputs, a set of flags, and a set of standardized anthropometric values. Records are flagged to identify records that have extreme values (i.e., individuals with extremely low or high anthropometry), missing or out-of-range values, or incorrect values for age, sex, weight, or height. The 1978 reference curves have age and height limitations, which are shown in Table 5.

The coding scheme for flags, and the proportion of the measurements on each occasion falling into each group are shown in Table 6. These limitations account for a significant proportion, but by no means all, of the flags raised listed in Table 6.

Index	Sex	Age Limitations (years)		Height Limitations (cms, ins)	
		Minimum	Maximum	Minimum	Maximum
W/H	Males	Birth	11.49	49 cm, 19.3”	145cm, 57.1”
	Females	Birth	9.99	49 cm, 19.3”	137cm, 53.9”
H/A	Both	Birth	17.99	-	-
W/A	Birth	Birth	17.99	-	-

Table 5: Age and height limitations for CDC/WHO international growth reference curves. (Source Sullivan and Gorstein 1999).

5

Flag Code	Index Flagged			Admission		Last review	
	H/A	W/H	W/A	Number	%	Number	%
0				303	57.2	88	16.6
1	Y			14	2.6		
2		Y		120	22.6	345	65.1
3	Y	Y		88	16.6	89	16.8
4			Y				
5	Y		Y	2	0.4		
6		Y	Y				
7	Y	Y	Y	3	0.6	8	1.5

Table 6: Meaning of flags set in Anthro, and the number and proportion of records on each measurement occasion falling into each group of flags.

For example, of the 120 children with flag 2 raised on their first measurement, 117 were above the age limits in Table 5 for W/H. After reviewing the data abstracted we have excluded the five children with flags 5 and 7 set, as their measurements suggested that their ages might have been recorded incorrectly. The eight children with flag 7 set on the second occasion were all above the age limit (17.9 years) and have also been excluded. For analyses of growth children with Flag 3 raised were also excluded.

There were a significant number of children with implausibly low heights, but these were mostly children aged under 2 in whom measuring standing height is not reliable, and who would now be measured lying down in a special measuring instrument.

## 7.4 Expressing Weight and Height Results

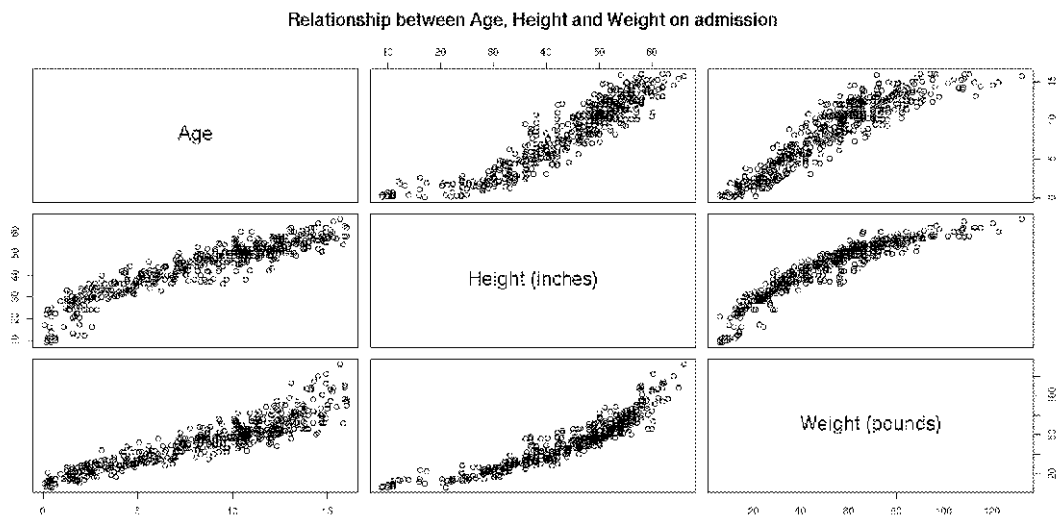
There are several ways of expressing weight and heights in common use. The Anthro program provides four of these, and we will make extensive use of two. These are first the actual measurements recorded, expressed here in inches and pounds, and second the z-score.

The Z-score is defined as the difference between the value for an individual and the median value of the reference population for the same age or height, divided by the standard deviation of the reference population. It relates an individual measurement on a single child to the expected values for a reference population. A child who has the same height as the average for children of the same sex and age from the reference population will have a z-score of 0. We use three z-scores – Weight for Age Z-score (WAZ), Height for Age Z-score (HAZ), and Weight for Height Z-score (WHZ). Low values of these z-scores are considered to reflect underweight, stunting and wasting respectively.

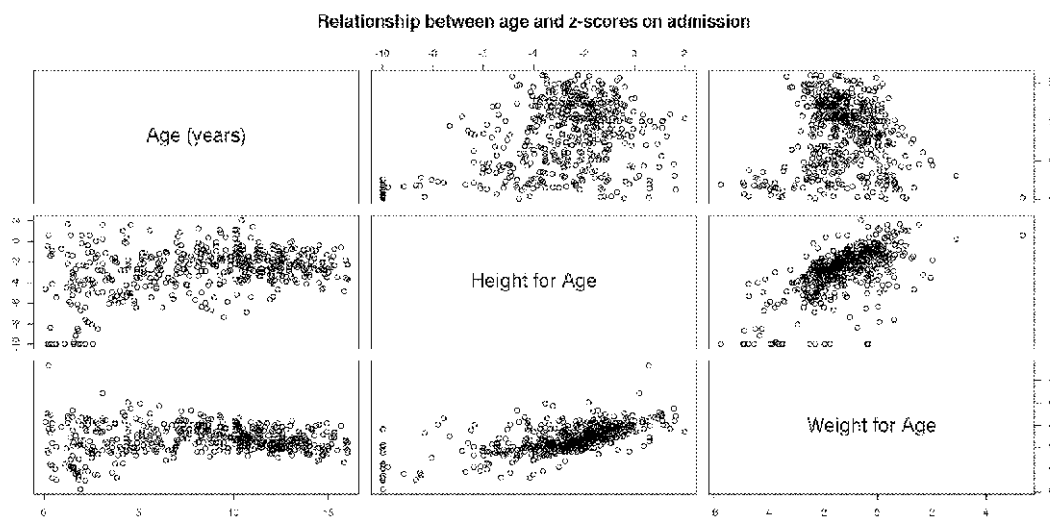
## 7.5 Results

### 7.5.1 Height for Age, Weight for Age and Weight for Height on admission.

Figures 1 and 2 show respectively the actual heights, weights and ages of the children, and the height for age z-score, the weight for age z-score and the age all plotted against each other. Figure 1 shows the expected relationships between weight, height and age. Figure 2 shows the same relationship, but this time with height and weight expressed as z-scores.



*Figure 1: Relationship between measured height, weight and age on admission.*



*Figure 2: Relationship between z-scores for height, weight and actual age on admission (based on 1978 WHO/CDC standards).*

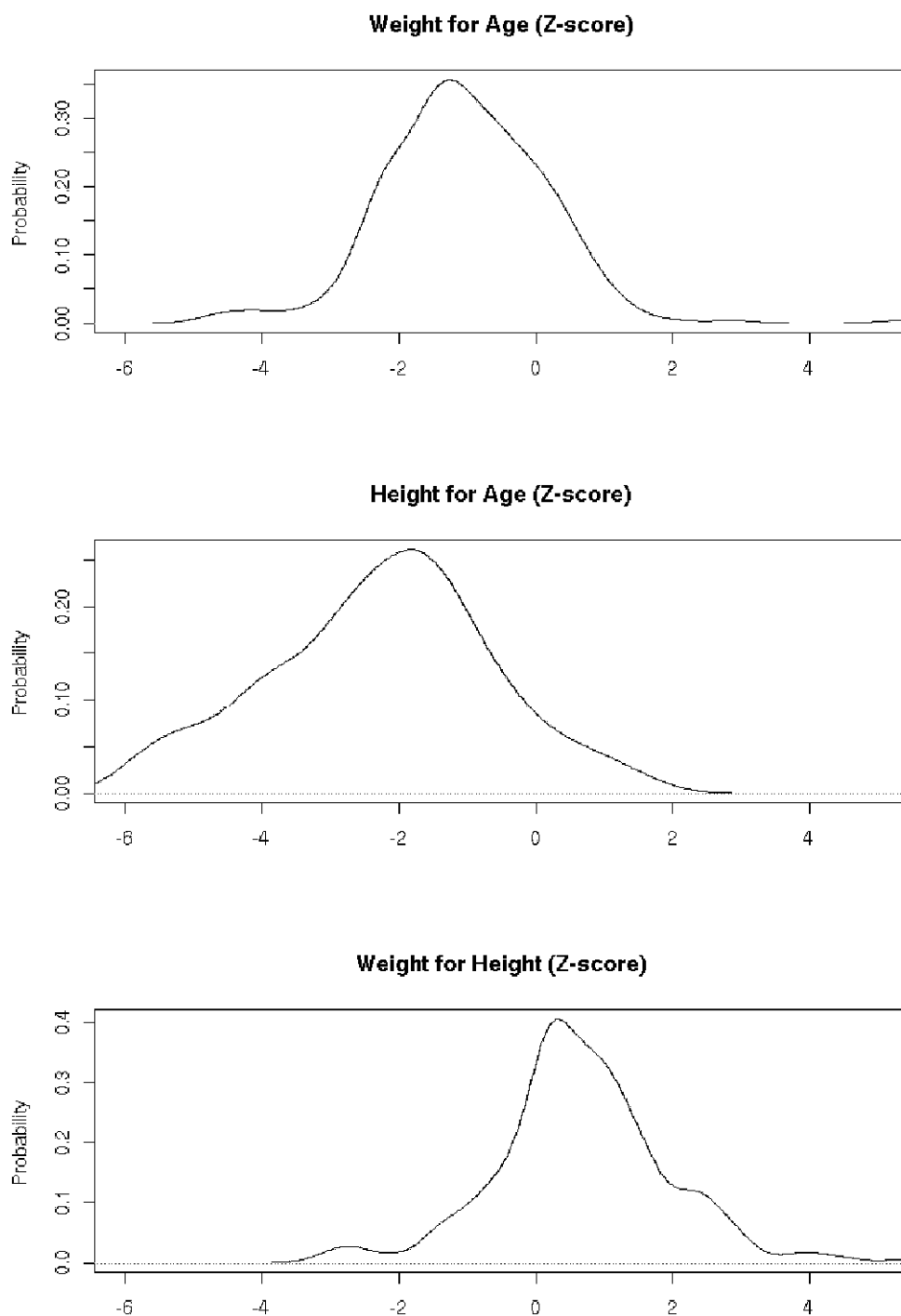


A simpler presentation of these data, using only those measurements with a flag of 0, is shown in Figure 3 and Table 7. Table 7 provides a summary of the main results for the initial measurements. Figure 3 shows the corresponding estimated 'probability densities' of the z-scores. In the reference population these curves would be smoother, and would be centred on a value of zero.

Range (z-scores)	Height for Age Z-		Weight for Age Z-		Weight for Height Z-	
	Count	%	Count	%	Count	%
<b>(-6,-4]</b>	48	16.1	5	1.7	0	0
<b>(-4,-3]</b>	41	13.8	7	2.4	1	0.3
<b>(-3,-2]</b>	70	23.5	47	15.8	7	2.4
<b>(-2,0]</b>	117	39.3	184	61.7	57	19.1
<b>(0,2]</b>	22	7.4	52	17.5	194	65.1
<b>(2,3]</b>	0	0	2	0.7	31	10.4
<b>(3,4]</b>	0	0	0	0	5	1.7
<b>(4,6]</b>	0	0	1	0.3	3	1.0

*Table 7: Distribution of Height for Age, Weight for Age and Weight for Height Z-scores on admission.*

These figures reflect a group of children admitted over many decades, and at a wide range of ages, from a few days old to late adolescence, but taken as a whole these children are very short, quite underweight, but with little evidence of wasting. The comparison group, American children measured between about 1965 and 1975, are considerably taller and somewhat heavier than this group.



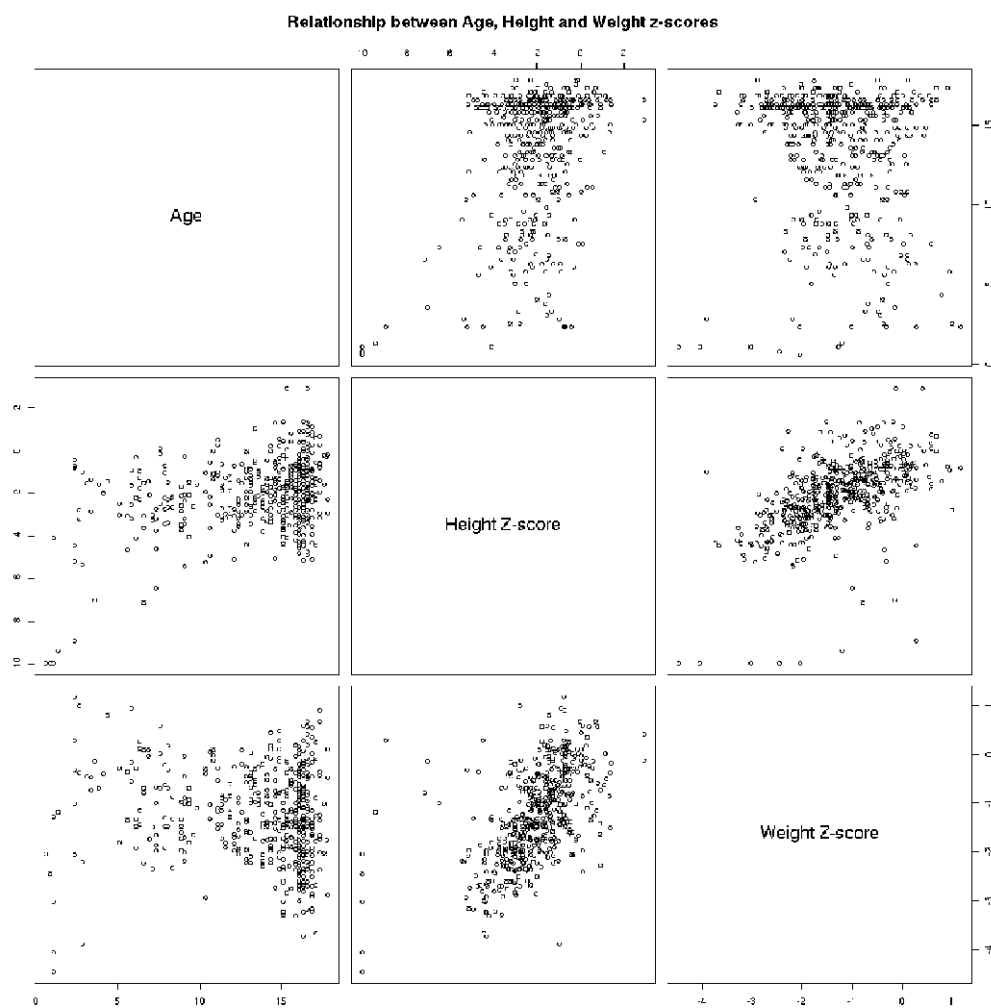
*Figure 3: Probability distribution of height for age, weight for age and height for weight z scores on admission*

## **7.5.2 Height for Age, Weight for Age and Weight for Height on last medical review.**

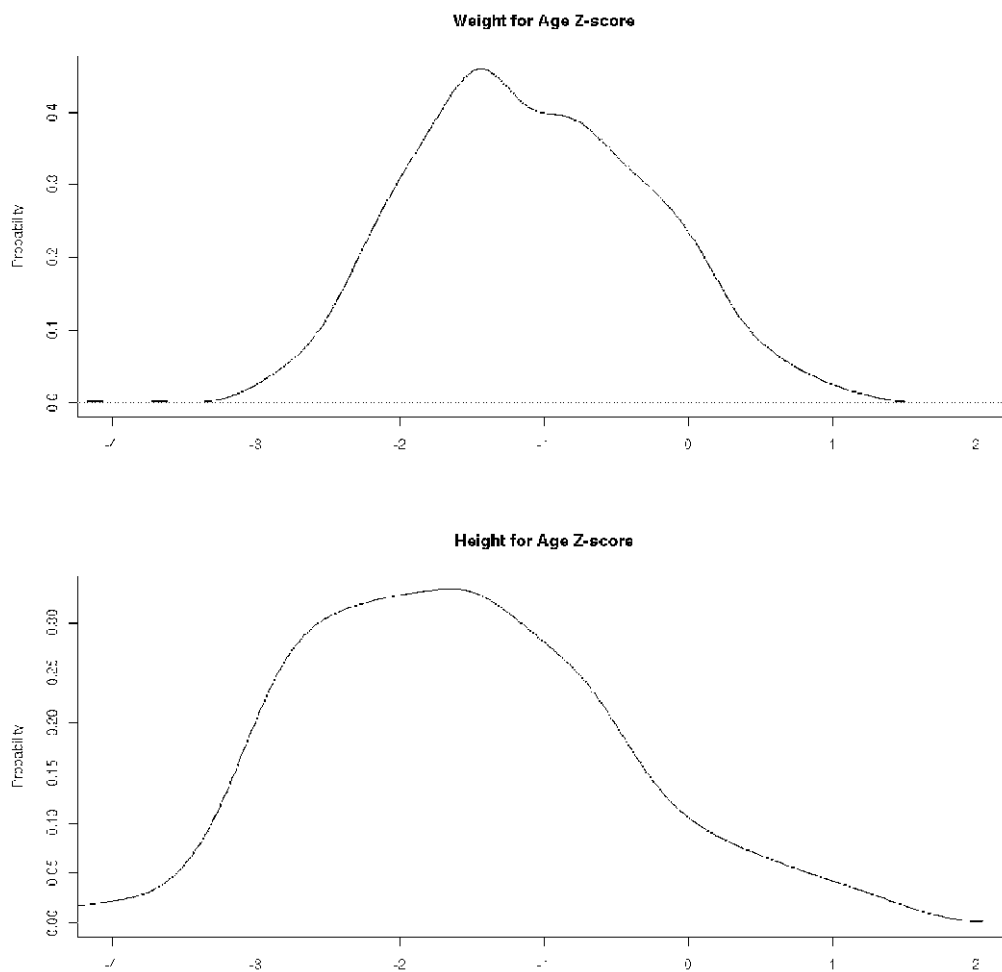
The children whose records are considered here are those who had both an initial height and weight, and a final height and weight. For the final height and weight, in most cases, weight for height norms could not be calculated, as these children were too old, ten years and up for girls and 11.5 and up for boys (See Table 4 and 5 above). We will report here, therefore, height and weight for age.

There were 517 children with final heights and weights. Of these 85 had flag 0, and 343 flag 1. Flag 1 means that the Weight for Height was a problem, but for most of these children this was because they were too old for the available Weight for Height standards.

Figures 4 and 5 show the relationships between age at final assessment, height and weight, and height and weight z-scores respectively. Figure 6 shows the corresponding probability densities for height and weight z-scores. These children are very short, and also light compared with the WHO standards.



*Figure 4: Relationship between measured height and weight z-scores and age on final review*



*Figure 5: Probability density of the z-scores for height for age, weight for age, and weight for height, on final review.*

### 7.5.3 Growth During Residence in Residential Institutions.

Our analysis so far has identified a highly selected group of children, who by standards derived in the mid 1970's are poorly grown, both on entry to institutional care, and on discharge. Specifically they are significantly shorter than expected from the standards, and they are also somewhat underweight.

Table 8 provides a summary of these results.

<i>Measurement z-scores</i>	<i>Admission</i>	<i>FLAG = 0 or 1</i>	<i>Last review</i>	<i>FLAG = 0 or 1</i>
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Height for Age	-1.9 (-3.0 to -1.0)	-2.8 (-4.4 to -1.6)	-1.8 (-2.6 to -1.2)	-1.5 (-2.2 to -0.6)
Weight for Age	-1.0 (-1.6 to -0.3)	-1.4 (-2.3 to -0.4)	-1.4 (-1.9 to -0.8)	-0.8 (-1.3 to -0.3)
Weight for Height	0.56 (0.04 to 1.5)	0.76 (0.1 to 1.5)	-	-

*Table 8: Summary of results by gender and time of measurement median and 25<sup>th</sup> to 75<sup>th</sup> centiles.*

A further analysis of these data must assess individual growth. Figures 7 and 8 show the individual changes in Height for Age and Weight for Age z-scores, for males and 5 females separately, by decade of entry, and by age at entry into the residential institutions. There is clear evidence of different patterns in males and females, of differences between different time periods, and of differences between children admitted at different ages.

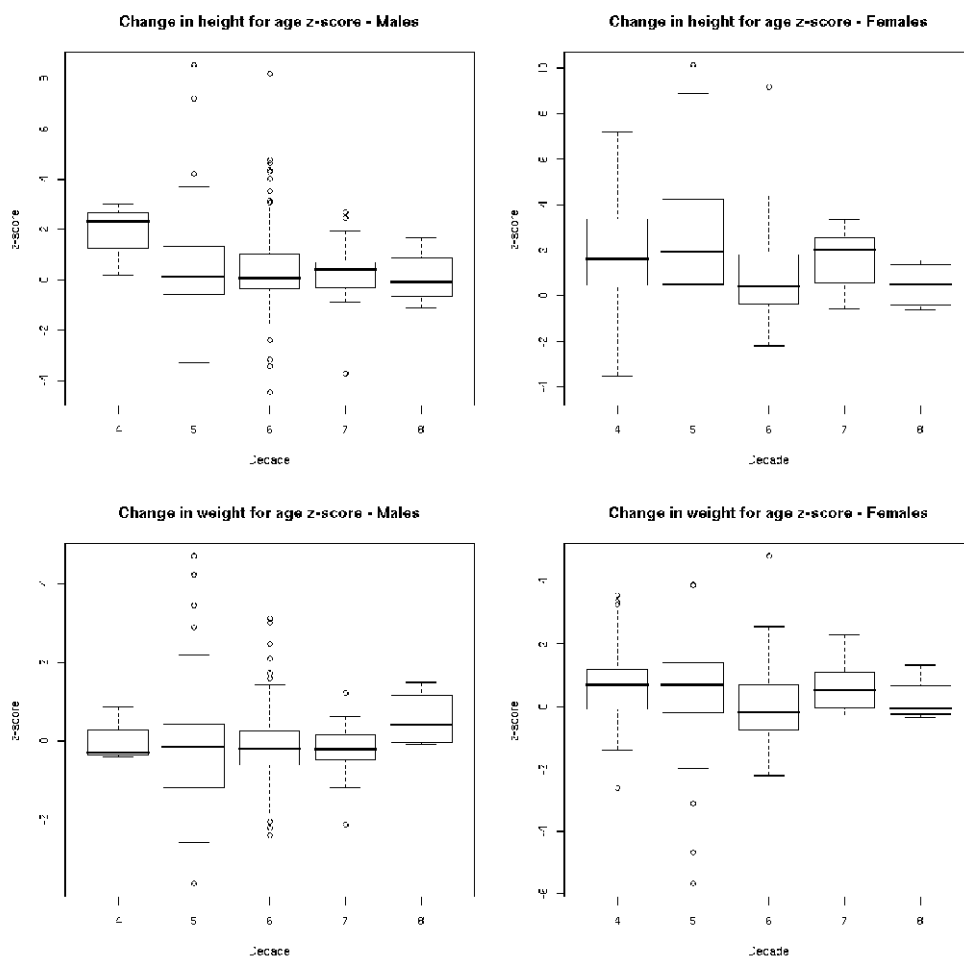


Figure 6: Changes in height for age and weight for age z-score, for males and female, by decade of entry into institutional care.

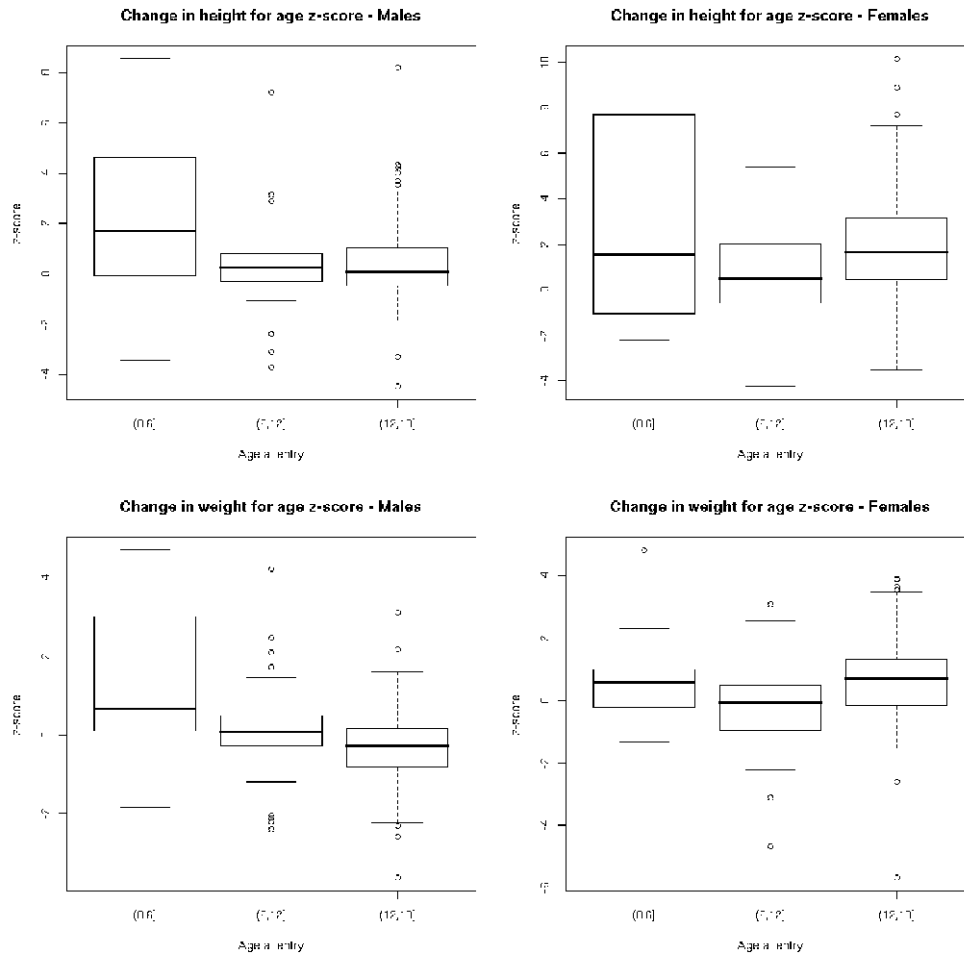


Figure 7: Changes in height for age and weight for age z-score, for males and female, by age at entry into institutional care.

We have decided to use longitudinal data models for this purpose. These are models which correctly accommodate the technical issues which arise in the analysis of data  
 5 which consists of several measurements taken over a period of time on the same individuals (Pinheiro and Bates 2000).

The results of this analysis are shown in Table 9. We have presented results for males and females separately as there is strong evidence for an interaction between gender and duration of stay in the institutions ( $p < 0.001$ ).



<i>Dependent variable</i>	<i>Sex</i>	<i>Stay (in years)</i>		<i>Decade of admission</i>	
		<i>Estimate (95% CI)</i>	<i>p-value</i>	<i>Estimate (95% CI)</i>	<i>p-value</i>
Height for Age z-score	Male	<b>0.07</b> (0.04 to 0.10)	< 0.0001	<b>0.05</b> (-0.13 to 0.22)	0.59
	Female	<b>0.17</b> (0.13 to 0.20)	<0.0001	<b>0.41</b> (0.21 to 0.62)	<0.0001
Weight for Age z-score	Male	<b>-0.04</b> (-0.06 to -0.02)	0.0001	<b>-0.09</b> (-0.21 to 0.04)	0.17
	Female	<b>0.05</b> (0.03 to 0.08)	0.0001	<b>0.26</b> (0.11 to 0.40)	0.0004

*Table 9: Parameter estimates, confidence intervals and p-values from longitudinal models for growth by duration of stay in residential institutions.*

5 Table 9 shows for height for age, that boys, on average, grew, 0.07 of a z-score for every year of residential care, while girls grew 0.17 of a z-score. There was no change over the period of the study in the growth pattern of boys, but girls grew substantially better in the later decades. For weight for age, boys lost -0.04 of a z-score for weight each year, and girls gained 0.05 of a z-score, and again girls gained more weight-for-  
10 age in the later years.

Another factor which should be considered is the age at which a child entered into residential care. Boys had a median age at entry of 10.5 years, with a median duration of stay of 3.7 years, while girls had a median age at entry of 5.17 years, with a median duration of stay of 7.25 years. Adding this to the analysis gives the results shown in  
15 Table 10.

<i>Dependent variable</i>	<i>Sex</i>	<i>Stay (in years)</i>	<i>Decade of admission (1940's to 1960's)</i>	<i>Age at entry (above or below sex-specific median)</i>	<i>Stay*Age interaction</i>
		<i>Estimate (95% CI)</i>	<i>Estimate (95% CI)</i>	<i>Estimate (95% CI)</i>	<i>Estimate (95% CI)</i>
Height for Age z-score	Male	0.07 (0.04 to 0.1)	-	-	-
	Female	0.18 (0.15 to 0.21)	0.41 (0.21 to 0.60)	0.88 (0.47 to 1.3)	-
Weight for Age z-score	Male	-0.039 (-0.060 to -0.018)	-	-0.37 (-0.56 to -0.18)	-0.058 (-0.11 to -0.008)
	Female	0.054 (0.030 to 0.078)	0.26 (0.12 to 0.40)	-	-

*Table 10: Parameter estimates and confidence intervals from longitudinal models for growth by duration of stay in, decade of entry into, and age at entry into, residential institutions.*

## 7.6 Conclusions

An interpretation of the data we have collected here begins with three caveats. There is no way to know how representative these records are of the general population of children in residential institutions. There is no way to determine the accuracy of any individual measurement, except by eliminating measurements which really seem impossible. There is no way to estimate the effects of the failure to take measurements, the possible loss of records over time, and the other factors which

have led to our final selection of this collection of records for analysis. However, there are no other records available for us to use.

Our analyses show three striking features. These children are very short, both on admission and discharge, they are underweight, but not proportionately to their height.

- 5 They grew, a little, boys much less than girls, during their stay in residential care. Boys tended to lose weight-for-age, and boys admitted after the age of 10.5 (the median age of admission for boys) lost substantially more.

## 7.7 References

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# 8 Report on Deaths in Irish Residential Homes.

## 8.1 Reconciliation

The objective of this section of the report was to analyse deaths amongst court committals resident in the institutions for the period under investigation and to compare these with contemporaneous death rates amongst Irish children.

For the purpose of tracking changes made to the deaths file since the Staines report was presented to the Commission an Excel file has been used to track these amendments. This file is composed of a number of worksheets listed below:

10

- Reconciliation
- Fatalities\_ Analysed
- Non\_ Committals
- Deaths\_Schools\_ not\_ Investigated

15

- Discharges\_ Licensed
- Discharges\_ Lic\_ Removed
- Other\_ adjustments
- Mods\_ Sources

This Microsoft Excel file was provided to the Commission since we received feedback from solicitors representing religious orders under discovery. We requested that this information be made available to the orders under discovery early 2007 for feedback.

Since the Staines Report was forwarded to the Commission a number of amendments have been made to Fatalities Analysed on receiving feedback from solicitors

representing the religious orders and undertaking further extensive assessment of this data. Fatalities Analysed was used in this section of the report.

When the Staines Report was submitted to the Commission there were a total of 295 fatalities recorded in the main deaths file: 185 were sourced from fieldwork, 118  
5 through solicitors representing the religious orders, and 182 from the Dept. of Education.

Having amended Fatalities Analysed we are currently recording 222 deaths relating to court committed children who were not on licence or formally discharged at the time of their death. Some children were admitted to hospital where they subsequently died  
10 these deaths are included in the current analysis. The 222 deaths were sourced as follows, from fieldwork 159, from solicitors representing the religious orders 210 and from the Dept. of Education 184.

Deaths recorded in the Fatalities Analysed worksheet only relate to schools under discovery by the Commission for the Sisters of Mercy, Sisters of Charity, Sisters of St  
15 Clare, Christian Brothers, Rosminians, and Presentation Fathers.

In the Reconciliation worksheet we have recorded all amendments made since submission of the report to the Commission to date, which can be traced through a number of worksheets within the fatalities file. Where the religious orders informed us of specific deaths relating to non-committals these deaths are recorded in a separate  
20 worksheet called Possible Non Committals.

The Sisters of Charity informed us that a number of babies who died at St Joseph's Kilkenny had been placed in the school by local hospitals to relieve cot shortages. These deaths have been taken out of Fatalities Analysed and recorded in the worksheet other adjustments under the heading St Joseph's Kilkenny - Cot Shortages  
25 in the reconciliation. Two of these children .<sup>45</sup> and died post 1983, and these deaths have been recorded separately in the other adjustments worksheet under the heading Fatalities post 1983 in the reconciliation.

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45                      was not previously recorded in the main deaths file, fatalities sourced but is recorded in this worksheet for the purpose of acknowledging receipt of information pertaining to this child.

As mentioned previously we are only interested in analysing data for fatalities relating to schools under discovery recorded in the Fatalities Analysed worksheet. Deaths relating to other institutions have been removed from this file and placed in the worksheet Deaths\_Schools\_Not\_Investigated.

- 5 Any additional deaths obtained since the Staines Report was furnished to the Commission have been added to Fatalities Analysed if they were court committals otherwise they are recorded in the Possible Non Committal worksheet. Acknowledgement of entry of these additional deaths is recorded in the Reconciliation under the headings Additional Deaths (Committals), Additional Deaths  
10 (Non Committals) details of these children are recorded in the other adjustments worksheet under the relevant headings.

- We determined that a number of children had been on licence (parents / employment / holidays) or had previously been formally discharged at the time of their death. This information was sourced from the fatalities lists (where recorded) provided by  
15 religious orders through solicitors representing them and a database used by the Commission. This database was created for the purpose of recording the particulars of all children detained at institutions under discovery. Children on licence or discharged at the time of their death have been recorded in the worksheet Discharged\_Lic\_Removed.

- 20 Some children were identified as discharged or on licence at the time of their death when the Staines Report was presented to the Commission these deaths are recorded in the worksheet Discharged\_Licensed which has no impact on the Reconciliation.

- The remaining adjustments to Fatalities Analysed since the Staines Report was presented to the Commission are recorded in the worksheet Other adjustments and  
25 broken down in the reconciliation in terms of fatalities:

- Added back<sup>46</sup>
- Erroneous data received from the Dept. of Education

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46 Deaths that were taken out of the dbase when the report was presented to the Commission and replaced after this date.

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- Deaths sourced from the Commission database which is not reliable<sup>47</sup>
- Erroneous entries fieldwork<sup>48</sup>.

A separate worksheet Mod Sources and Reconciliation has been implemented to  
5 account for modifications made to the source of deaths since the Staines Report was  
furnished to the Commission.

## 8.2 The Main Fatalities File

10 Fatalities recorded in the worksheet Fatalities Analysed is the data used for the  
production of this section of the report. There are 222 deaths in the file sourced from  
Fieldwork 159, Solicitors 210 and Dept of Education (CSSO List) 184. We sourced  
(n = 176) death certificates accounting for 80% of fatalities in the current analysis<sup>49</sup>.

These fatalities are court-committed children resident in schools under discovery from  
15 January 1<sup>st</sup> 1940 to December 31<sup>st</sup> 1983<sup>50</sup>. Court committals composed the majority of  
residents within the schools system for the period of investigation. These children  
were also the responsibility of the Dept. of Education who sanctioned their detention.

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47 Deaths not recorded Fieldwork, Solicitors, Dept of Education

48 Two deaths relating to Templemore were removed from the database sourced only from the  
Commission database and not sourced from fieldwork, solicitors or Dept of Education. They were  
removed as a result but have been lost as such are not listed in reconciliation adjustment  
worksheets.

49 Deposition orders were obtained from Solicitors Representing the Christian Brothers. The majority  
of boys whom we received deposition orders have been discharged to employment or were in the  
care of their parents at the time of their deaths. We had the death certificates for two boys  
and that was used to determine the cause of deaths as opposed to the  
deposition order.

50 If we were not informed by solicitors representing the religious orders that children in this file were  
non-committals they have not been removed as absence of a registration number are insufficient  
exclusion criteria.



There was no reliable data available relating to the number of non-committals detained in institutions under investigation for the purpose of mortality analysis.

Particulars recorded in this worksheet for court committals are recorded below:

- 5
  - File Reference Number
  - Anthony's Reference Number
  - Order
  - Reg.No
  - Name (First, Middle, Surname)
- 10
  - Sex
  - Age
  - Stay
  - Date of Birth
  - Date of Death
- 15
  - Date of Admission
  - Source of information (Fieldwork, Solicitors, CSSO)
  - ICD<sup>51</sup>
  - Code (Cause of Death)
  - Died in Hospital / Sanatorium / Home
- 20
  - Most Recent Date Admitted to Hospital
  - Most Recent Date Recorded as Discharged from Hospital
  - Known Place of Death (Hospital, Sanatorium, School)
  - Exact Place of Death & Other Relevant Comments

## 25 8.3 Cause of Death

The cause of death was only sourced from death certificates. A number of certificates were obtained directly from solicitors representing religious orders i.e. Presentation

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51 Coded cause of death per death certificate by Prof Staines.

Brothers, St Joseph’s Greenmount, and the Rosminians, Ferryhouse. The majority of death certificates were obtained from the Dept. of Births, Deaths and Marriages, Dublin. Professor Anthony Staines determined the cause of death that was coded into the fatalities database Fatalities Analysed. Depending on the cause of death an  
5 identifier (ICD) was allocated to each death certificate for the purpose of data analysis. The codes allocated to death certificates (ICD), sex, and age were the primary variables used for undertaking data analysis using the statistical software package R (<http://www.r-project.org/>).

10 Data was collated from two sources to calculate mortality rates for children resident in the industrial institutions under investigation. Vital statistics produced by the Dept of Heath were sourced to determine estimates of the population by age and sex from 1940 to 1983 for children < 1 yr and up to 19 years of age. We also sourced mortality rates for the period amongst Irish children in the above age brackets from Vital Statistics.

15 The Dept of Education Reports from 1940 to 1983 was sourced to determine the number of children resident in industrial schools under investigation, and the data were split by gender<sup>52</sup>.

## 8.4 Place of Death

This information is recorded in the column “W” (Died in Hospital / Sanatorium /  
20 Home) in the Fatalities Analysed worksheet, which was sourced from available death certificates and fatalities lists provided by religious orders through the solicitors representing them. The most reliable source of the “place of death” is obviously the death certificate. They were not obtained for all fatalities in the database Fatalities Analysed. There is the question of reliability using data in this column for the purpose  
25 of statistical analysis relating to data not sourced from the death certificate.

We recorded the most recent dates fatalities were admitted and discharged from hospital in columns “X” and “Y” in the database. This data was sourced from the

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52 It is important to make the differentiation between this data “detainees” and “admissions” the latter relating to the actual number of children coming into a given school on a given year. The former rates to the actual number of children resident in the school on a given year.

fatality lists received from religious orders (where available) and the Commission database<sup>53</sup>.

We cannot determine with absolute confidence the number of children who died in hospital in the absence of death certificates for all fatalities. The issue of reliability is compounded by the fact that data in this column was not obtained from one source that would ideally have been the death certificates.

## 8.5 Causes of death

The pattern of causes of death in Irish children in the 1940's and the 1950's, when most of the deaths reported here occurred, was very different from that now.

10 Tuberculosis was common cause of death, as were infectious diseases, such as pneumonia, measles, and rheumatic fever. This must be borne in mind when interpreting these figures.

Death registry entries could be located for 176 children. The pattern of major causes of death is shown in the table below.

<i>Main cause</i>	<i>Number</i>
Infection	117
External causes	37
Other causes	16
Not well defined	8

*Table 1: Major causes of death recorded.*

15 More details of these broad groups are shown in the subsequent tables.

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53 Ideally this data would have been sourced from the Incidental Returns registers.

<i>Infectious cause</i>	<i>Number</i>
Tuberculosis	53
Other respiratory infection	28
Other infections	24
Rheumatic Fever	6
Measles	4

*Table 2: Infectious causes of death*

The dominant infection leading to death was tuberculosis. There were 20 cases of TB meningitis, 20 of pulmonary tuberculosis or TB not otherwise specified. The other respiratory infections included 2 deaths recorded as influenza and influenza meningitis, but there may have been additional deaths recorded only as bronchopneumonia. A death from an empyema is recorded here also. The other infections included 3 deaths from gastroenteritis, 2 from pertussis, 5 from meningitis, 1 from tetanus, 3 from encephalitis, 1 from septicaemia, 1 described only as sepsis, 1 from herpes simplex infection, 5 from pericarditis, myocarditis or endocarditis, 1 from gastritis, and 1 from osteomyelitis. The 6 cases of rheumatic fever might be an underestimate, as there were 2 deaths recorded as cardiac failure, and 5 recorded as pericarditis, myocarditis or endocarditis, in which the underlying disease may well have been rheumatic fever.

<i>Other causes</i>	<i>Number</i>
Congenital disorders	5
Cancer	4
Autoimmune and inflammatory diseases	4
Status epilepticus	2
Asthma	1

*Table 3: Other well-defined causes of death*

The congenital disorders were three deaths from congenital heart disease, and one each from congenital hypothyroidism and ruptured cranial aneurysm. The cancers diagnosed were all leukaemias and lymphomas. There were 4 deaths, one each from diabetes, systemic lupus erythematosus, chronic liver disease and chronic glomerulonephritis, which can be classified together as autoimmune and inflammatory diseases. Two children died from status epilepticus, and one from asthma.

<i>Ill-defined causes</i>	<i>Number</i>
Cardiac failure	2
Hypoglycaemia	1
Inanition	1
Intestinal obstruction	1
Convulsion of unknown cause	1
Hepatic necrosis	1
Post-operative complications	1

*Table 4: Deaths for ill-defined or uncertain cause*

Eight children died from poorly specified causes. These are deaths where the underlying cause is unclear from the death certificate. For example, cardiac failure may have been due to underlying valvular heart disease, to rheumatic fever, to a cardiac infection, or to something else.

<i>External causes</i>	<i>Number</i>
Fire	33
Drowning	1
Asphyxia from choking on food	1
Road traffic accident	1
Fracture skull	1

*Table 5: Deaths from external causes*

There were 37 deaths from external causes. 33 of these occurred in one incident, the tragic fire at the Sister's of St. Clare School in Cavan on the 24<sup>th</sup> of February 1943.

## 8.6 Demographics of deceased children

There were 136 girls, and 86 boys amongst the deceased. Their age distribution is shown in the table. Note that the age distribution of the children, as far as we can determine, was far from uniform across the range of ages shown here.

<b>Sex</b>	<b>Age at time of death</b>																			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>
<b>F</b>	10	15	8	11	5	5	5	4	5	14	4	10	5	6	9	12	2	1	1	0
<b>M</b>	6	6	2	5	2	2	1	1	5	6	5	6	4	14	10	7	2	0	1	1
<b>Total</b>	16	21	10	16	7	7	6	5	10	20	9	16	9	20	19	19	4	1	2	1

*Table 6: Age in years at death by sex*

The figure shows the number of deaths in each year. Again, please be aware that the population of children varied greatly over the years covered. Three children whose dates of death are uncertain are excluded from this graph.

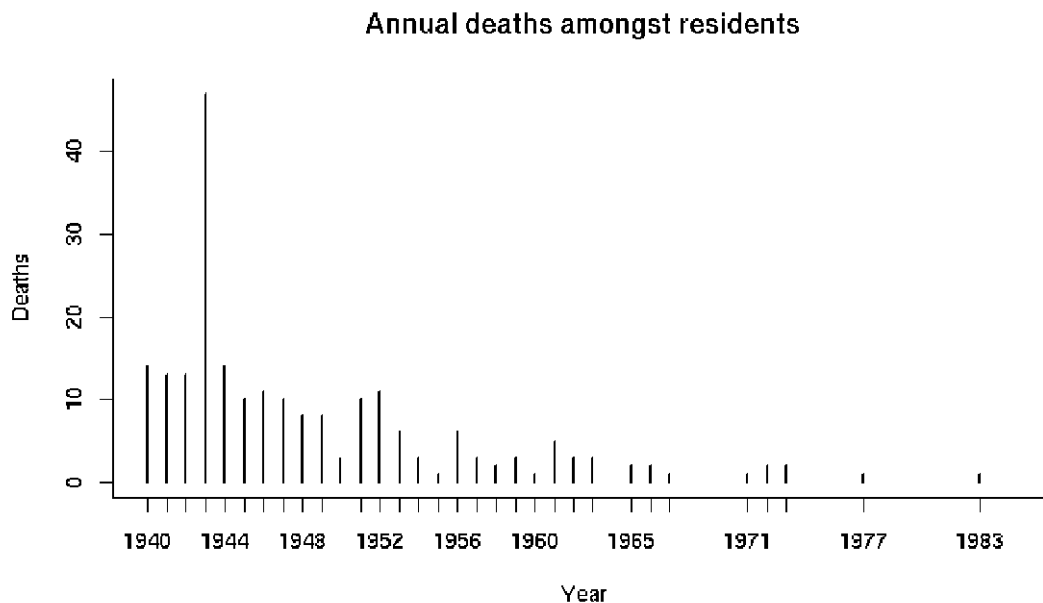


Figure 8: Plot of deaths amongst resident children (The peak in 1943 is due to the tragic fire in Cavan in that year)

## 5 8.7 Death rates amongst the children

Calculation of death rates permits a direct comparison of the mortality experience of the children with that of the general Irish population. To do this we need four items of information for each year studied – the number of children in the general population by age and sex, the number deaths by age and sex in the general population, the number of deaths by age and sex amongst the children, and the number of children by age and sex in the schools under study. The first two pieces of information are available, with limitations as noted below, from the various censuses of population, and from the annual reports on vital statistics. The third, the number of deaths is available, as we have collected these records. The fourth is not available. No existing record, that we have been able to identify, provides details on the number of court committed children, by age and sex, in the institutions covered by this report. In principle these data could be recovered by a review of the full admission and



discharge records. However, these records are incomplete, and doing this would have added greatly to the costs of this report, without, in our opinion, adding value.

There are two sources of data which give some idea of the number of children committed to these institutions in each year. The first is the Department of Education returns. The second is the count of admissions.

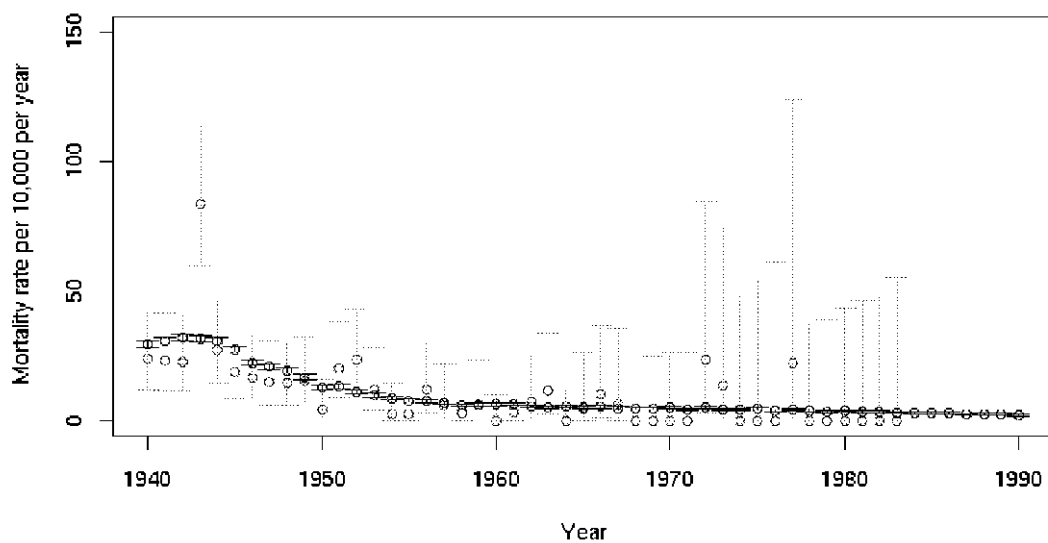
It is possible to estimate the crude death rates – defined as the number of deaths in resident children of all ages divided by the number of resident children – for children resident in institutions. Simply, it is assumed that the capacity of each institution, as reported to the Department of Education was fully utilised, and that all deaths, 175 between the ages of 1 and 14, inclusive, have been identified. The effect of errors in either of these will tend to reduce the observed crude death rate compared with the true rate.

Similarly crude death rates can be calculated for Irish children for these years from the annual vital statistics reports, and from the census. Child populations in the years between censuses were estimated, and the national deaths in this age group were estimated for a few years for which we could not obtain data – 1941, 1943, 1947, or for which the breakdown by age that was we needed was not available – 1975.

We used the age group from 1 to 14 to make the comparisons, for three reasons. Irish death rates are only available for children under 1, 1 to 4, 5 to 9 10 to 14 and 15 to 19. Deaths under 1 are dominated by deaths in the first month of life, and particularly in the first week. Very few children under one month were in these institutions, and no deaths under one month were recorded, so we have omitted the 16 deaths under the age of 1 year. There were 27 deaths in children aged over 14, 19 aged 15, 4 aged 16 and 4 aged 17 or over. Officially children left at the age of sixteen, but some clearly stayed longer. Ages at death were not known for 4 children, and these have not been included in this analysis. The total number of deaths analysed in this section is 175.

Given the choice of including four extra years of age in the Irish population figures, and excluding one year for age from the Institutions we have chosen to do the latter. We have reduced the capacity estimates by a factor of 14/16 to make some allowance for the omission of deaths under 1 and from ages 15 to 16.

We also calculated confidence intervals for these rates using an approximate method developed by Professor Leslie Daly, School of Public Health, UCD as implemented in the R package (R Development Core Team 2006). A confidence interval, put simply, is a range of values around an observed rate, within which you are reasonably sure the true rate lies. When there are no deaths, as is the case in the latter years of the study amongst the institutionalised children, the confidence interval is extremely wide.



*Figure 9: Death rates for children committed in institutions (red) compared with death rates for children aged 1 to 14 in the general population (blue) by year, with 95% upper and lower confidence intervals (gray).*

This graph does not suggest any very large or systematic discrepancies between the death rate in the institutionalised children and the general population. The crude death rate amongst the general population fell quite steadily from 1943 onwards. That amongst children in the institutions is more variable from year to year, which is what would be expected given the comparatively small number of children in institutional care in each year. In general, there are no evident large discrepancies between these two sets of rates.

Mortality amongst children in institutions was not substantially worse or better than that in the general population over most of the period studied. The apparently dramatic excess of deaths in 1977 is due to only one death. The excess of deaths in 1943 reflects the Cavan tragedy.

## 5 **8.8 Completeness of ascertainment of deaths**

Deaths were ascertained from 3 sources, as described in detail earlier. An obvious question is how many children actually died? The three sources record different numbers of deaths – a total of 159 deaths were identified from our fieldwork, 214  
10 from the CSO, and 210 from the lists provided by the various solicitors. In total we have identified 222 deaths from 1940 to 1990. However, there will most likely be some deaths not recorded in any of these systems. A technique, long used in demography, the capture-recapture method (Hook and Regal 1995; Jarvis et al. 2000) permits an estimation of the total number of children who may have died in this  
15 period.

One way to think of this method is to imagine trying to work out how many fish there are in a lake. On the first day, you go the lake, capture a hundred fish in a net, mark every fish, and throw them all back. On the second day you capture a hundred fish again, and see how many marked fish you caught. Roughly speaking, the more  
20 marked fish in your net on the second day, the smaller the total number of fish in the lake. So if you caught 95 marked fish, and only five unmarked fish on day two, you might suspect that the pond has little more than a hundred fish. If, on the other hand you caught only five marked fish, you might believe that the pond has many more than a hundred fish.

25 A statistical method, Poisson regression analysis, allows us to do this calculation for the three sources of records on deaths (Baillargeon and Rivest 2007). There are many approximations in this method (Jarvis et al. 2000), and we have limited confidence in its reliability over such a long time period, but it remains a guide to estimating how many children were not identified in any of the three sources of records. This method

applied to our data suggests that there may have been between 222 and 226 deaths in total, so we have identified almost all of the deaths which occurred.

## 8.9 References

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## 9 Discussion

### 9.1 The Archives

The religious orders had a statutory obligation to keep and maintain specific Journals and documentation under the Industrial Schools (Ireland) Act 1968 for court-  
5 committals. These registers included “Admissions Registers”, “Manager’s Diaries”, “Medical Officers Visits Registers”, “Quarterly incidental Returns and “Maintenance Accounts”.

Having assessed the admission registers, medical officers report books, registers of  
10 medical officers visits and infirmary registers the religious orders were compliant in adhering to The Industrial School (Ireland) Act 1868 from the perspective of maintaining surviving records. However the quality and consistency of recording medical information is completely inadequate by today’s standards. Unfortunately we did not have the opportunity to compare the quality of information recorded in  
15 institutional records against records kept by primary and secondary level schools for the same period.

It is expected over the past sixty years records could have been lost or damaged. Registers used to determine the health status of court committals included: admissions registers, medical officers report books, infirmary registers and quarterly incidental returns were of interest<sup>54</sup>.

20 Although admissions registers survived for all schools investigated, apart from Summerhill, the information recorded was of limited value with respect to determining the health status of children on admission i.e. cavities and enlarged tonsils were the most common entries. Children’s height and weight were inadequately recorded, as the religious orders were only required by the Dept. of  
25 Education to record the weight as a description. Dates of birth, admission and period

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54 Medical forms were only sourced for an insignificant number of children sampled. We were highly reliant upon the infirmary and medical officers report books as sources of medical information regarding the health status of children during their period of detention. A limited number of these registers spanned the period of investigation (January 1<sup>st</sup> 1940 to December 31<sup>st</sup> 1983; or up to the point for the closure of the schools).

of detention were recorded in most registers; period of detention was not. The medical officers report books and infirmary registers that survived were of limited value as the symptoms of a child's illness was often recorded as opposed to a specific diagnosis.

Medical information recorded relating to specific illnesses was insufficient to

5 determine the health status of children sampled i.e. did not cover the entire period of detention. One of the key concerns of the Kennedy Commission was that record keeping was not of an acceptable standard. The religious orders had a statutory obligation to keep and maintain the Medical History During School Life Forms an insufficient number were obtained relative to cases sampled.

10 Assessment of the case files for schools investigated was purely for archival purposes. The contents of the case files varied considerably from school to school. Apart from the Medical History During School Life Forms (medical forms) mentioned previously detention orders were the only other specific type of documentation addressed indirectly in the Industrial School (Ireland) Act 1868. Detention orders were sourced  
15 in the case files for most schools for court-committals. Birth / baptismal certificates, correspondence with the Dept. of Education, personal and ISPC, primary education certificates were sourced in the case files for a number of schools prior to transition from the Dept. of Education to the Dept. of Health.

There was no statutory obligation on the part of the religious orders to keep and  
20 maintain records for non-committals. Admissions registers sourced for non-committals a few schools were hand ruled copybooks height / weight and health status on admission was not recorded. It was difficult to determine the number of these children admitted, as registers did not span the period of investigation rarely assigned admission numbers were not kept or did not survive for the majority of schools under  
25 discovery investigated. Very few medical forms were sourced for these children. It was not possible to determine their health status on admission and during the period of detention. Case files available generally contained birth certificates, exam results, correspondence with the Dept. of Education / ISPC / personal. Case files were more comprehensive from the 1970s onwards-social worker reports; psychometric  
30 evaluations and daily reviews were common, reflecting the development of the childcare system when the Dept. of Health took responsibility for the remaining existing schools.

## 9.2 Health Status of Children Sampled

There was insufficient anthropometric data on admission and discharge to determine if children detained suffered from wasting or thinness (low weight-for height) stunted growth (low height-for-age) or low weight for age<sup>55</sup>. The primary cause of this  
5 problem was that industrial schools were only required to record children's weight as a description, which significantly hindered this component of the study.

Admissions data obtained from schools investigated was of limited value, enlarged tonsils and cavities were the most common entries recorded for cases sampled in these registers by the medical officer for court-committed children. It was not possible to  
10 infer that the health status of court committals was typical or atypical of admissions to other schools investigated<sup>56</sup>. Measles, mumps, chicken pox, colds and flu were the most common illnesses affecting children during their period of detention.

The absence of these forms was of particular concern given that they were a valuable source of health data. In accordance with statutory requirements medical forms were  
15 expected to be completed on a quarterly basis for each child detained. Other sources of health data were the medical officers report books and infirmary registers. Entries in these registers for some schools recorded symptoms of a child's illness as opposed to recording a specific diagnosis.

Regarding the health status of non-committals during their period of detention  
20 insufficient medical forms were obtained to comprehensively assess children's growth rates. In the absence of admissions registers it was not possible to determine the health status of these children entering the schools under discovery. Insufficient medical forms were sourced for non-committals to determine their growth rates during their period of detention. We ascertained from the few medical forms sourced  
25 for cases sampled that measles and mumps colds and flu were contracted by some of these children.

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55 See Chapter 6 – Report on Heights and Weight for more complete explanation relating to interpretation of anthropometric results.

56 Due the fact that insufficient medical information was sourced for cases sampled across schools investigated.

In summary the predominant illnesses contracted by committals and non-committals were also contracted by children in the general population. Insufficient health data was sourced for cases sampled to determine if committals were healthier than non-committals. Having said this the aforementioned point does not indicate that these children were in good health during their period of detention. We can only state that insufficient medical information was sourced across schools investigated to determine their health status.

### **9.3 Heights and Weights**

Heights and weights are used as a substitute for more direct assessments of the health of these children. As discussed in Section 7 of this report, and documented in (Appendix 5) the records kept at the time, and those, which have survived to the present day, do not provide a very sound basis for doing this. We have done an extensive analysis of these very limited data simply because nothing else is available.

The findings suggest that children who entered these institutions, were, on average, both very short, and, more or less, proportionately underweight when compared with American norms from the 1960s. The limited data available on growth suggest that girls grew as expected after admission, but that boys did not. Those boys whose data are included were admitted at a substantially later age than the girls included in these data. There was evidence that, considering age at admission, older boys grew less well than younger boys, while for girls the opposite was the case.

### **9.4 Mortality data**

The mortality data are now believed to be very complete. We believe that we have identified all or the large majority of the deaths which occurred in this group of children from 1940 to 1990. We have obtained death certificates for more than 80% of these. Overall these children had a similar pattern of death to that of the general community, and also similar rates of death as far as these could be ascertained. The main limitation of this analysis is the uncertainty about the number of children possibly at risk. We have used the Department of Education capacity figures as an estimate of this, but we are very conscious that this is only an estimate.



## 9.5 Conclusions

- We can, unfortunately, come to no very definite conclusions about the health of these children. The records which were required to be kept would have permitted a far more definite conclusion had more of them survived, and had a better quality of individual recording been enforced. However it appears that many inspections were done rapidly, and on groups of children. To be effective for our purposes far more detailed individual records would have been necessary. We have documented the individual holdings in the depositaries as thoroughly as possible, and in the light of these results, we do not believe that any purpose can be served by abstracting further records.
- 10 Both the mortality data and the (very limited) growth data are consistent with our expectations. These children came predominantly from the poorer families, and had relatively poor growth. There is no indication of any excess mortality, but given the many uncertainties, especially in the population at risk, we cannot be certain about this.

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## Christian Brothers Congregation (St. Helen's Province)

### Response to Dr. Staines Report

The original brief of the study was to study the health of resident children in industrial schools from 1940 to 1990, using existing records. Following a review of records held by the Commission, it became evident that this was possible only to a limited degree. Therefore the goals of the report were revised to:-

1. To describe in detail the surviving records from each facility being considered by the Commission, considering the content, the quality, and the quantity of records now available.
2. To prepare estimates by year of the number of children resident in institutions.
3. To analyse the deaths among the children resident in the institutions, and to compare these with contemporaneous death rates amongst Irish children.
4. To examine the surviving data on the growth of children resident in the institutions.

Beyond the fourth point above the revision does not add any significant change from the original goals but it does underline the paucity of relevant records available at the present. Outside of records which could have been obtained from the Department of Education and Science, or from the Department through the Commission the two main sources were:

- (i) the admission registers, giving general details of the child on admission and used as a record of the child's progress during his/her residency. From the health point of view this volume has only two relevant headings – *Height* and *Figure* (or *Build* in some registers). More specific information on *Height* and *Weight* was consigned to the form described in (ii) below.
- (ii) The *Medical Form* as the Report names it (Its full name was *Medical History During School Life*). Page 13 of the Report gives a description of the form:  
*“The front of the medical forms were a duplication of the data found in the admissions registers for court committals, medical histories were recorded on the reverse. On this side of the form there were three ruled columns for recording heights (Fts and Ins) and weights in (ST and Lbs) every three months, and relevant rows to record medical notes for each quarter. The information extracted from these forms for the purpose of this study was the final heights and weights recorded and information on their health (illnesses contracted) during the entire period of detention.”*

The information on the reverse side of the form indicates that quarterly measurements of height and weight were taken and that there was a quarterly medical examination, however, perfunctory, and a record of illnesses, X-rays taken and vaccines administered. Had these forms been available to the researchers a fully informed report would have been possible. Unfortunately the forms did not

survive to the present time in most of the institutions and the researchers were deprived of the most reliable material for their investigation.

It should be noted that the information on the front of these forms was not just *a duplication of the data in the admissions registers for court committals* but specific medical information following the examination of the children on admission. A list of the headings is given in the Appendix.

[For institutions run by the Christian Brothers only 69 of these forms were sampled for Artane, and for Salthill 72 (57 committals and 15 non-committals). No forms survived from Tralee, Carriglea and Glin.]

It is possible that, if sufficient medical forms had been available, the sophisticated statistical process used for the report would have been justified. The absence of such information does raise the question of the suitability and accuracy of a complicated process in the face of inadequate material.

It would have been very revealing if the figures for institutions whose health form records had survived were analysed and the results for individual institutions shown (without necessarily naming the institutions). Such an investigation, though incomplete, might have revealed a different picture than that presented by the process used in the preparation of the Report.

Working from surviving records severely hampered the work of the researchers but it is not clear whether records held by the Department of Education and Science were among those considered for this Report or, if they were, to what extent they were considered. Annual reports of the Department<sup>1</sup>, the annual reports of the Medical Inspector on each institution following yearly visits, the quarterly returns from the industrial schools (the figures from which would ease the estimation of the numbers of residents in institutions per year), reports of special inspections and correspondence on special cases.

The Report's introduction on the Industrial School System, quoting a publication on the subject has a misleading reference to the initial involvement of religious orders stating that they "*established a large number of institutions with the specific aim to 'save the souls' primarily of women and children*". This gives the impression that the orders independently involved themselves in founding industrial schools. The orders established institutions in response to requests from the hierarchy. The six industrial schools run by the Christian Brothers were opened at the request of the local bishops.

### **Inspection of industrial institutions**

The report recalls the finding of the Cussen Report that the system of medical inspection was inadequate as no medical inspections were carried out prior to the order of detention. The initial stages of committal left much to be desired in the

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<sup>1</sup> Department of Education and Science, Statement to The Commission to Inquire into Child Abuse, pg. 48-49.

information made available to industrial school managers on the background of those committed to their care: not only was medical history not available but Form B, the principal source of children's personal history, was seldom filled in a comprehensive way. Once the child was admitted to the system, however, genuine efforts were made to meet the children's physical needs: a medical examination followed admission and, outside of medical attention when required, quarterly reports signed by the medical officer and an annual inspection by the Department of Education M.O. were regular features of the system.

The annual inspection was followed by a report by the Medical Officer to the Department of Education and included an evaluation of the healthcare provided by the institution visited together with a report of the suitability of the facility. Failures were clearly shown and demands for improvement made. This report was not made available to the institutions but a letter from the Chief Inspector to the Resident Manager outlined the general thrust of the report and, where improvement was required, a demand for immediate attention was made. Correspondence followed until the required improvements were carried out and the following year's inspection was a final check on the institution's response to the Department's stipulation. On page 9 (l.19) the Report states that Dr. Mc Cabe '*appears to have played a more subdued role*' after 1945 than in the years 1939-45 when she was highly critical of conditions in industrial schools. It would appear that she had achieved what she had required in the early years and that she had established herself as a person who required acceptable standards. The reports from the post-1945 years were thorough and gave credit for correct standards while calls for correction were still made if occasion demanded it. Her reports always refer to the keeping of records, indicating that the medical forms and other data kept in the infirmary were kept satisfactorily while the institutions were functioning.

As mentioned above the Medical Officer's reports were not seen by the managers or staffs of the institutions. The letter to the Resident Manager was the only indication the staff received of content of the report of the inspection. These reports became available to researchers on institutions through discovery of relevant documents from the Department of Education and Science when submissions to the commission were being prepared. It then became clear that the reports were quite comprehensive and, in the main, showing satisfaction rather than critical comment. As mentioned above, when need for improvement was discovered the reports did not spare an institution in declaring dissatisfaction and demanding immediate remedies. These reports offer a more continuous and comprehensive picture than that likely to have been presented by Archer (1962) that seems to have concentrated on diet and a comparison with English children. They are also more likely to have been more accurate than the "*testimony of survivors*" quoted on page 9, lines 23 et seq.

It is not clear from the Report, as furnished by the Commission, that the Medical Officer's reports after 1945 were studied rather than dismissed as being devoid of adverse comment. It is difficult to accept disregarding the contents of the Medical Officer's reports in any study of the health of the children in institutions as these were important documents in relation to the Department's overseeing of the system that had been entrusted to it by the State.

In the Conclusions (page 10) of the introductory section of the Report Dr. Mc Cabe's investigations are quoted as highlighting '*that the children were undernourished, received inadequate medical attention and in most schools not even provided an adequate maintenance diet to keep them from losing weight*'. The overall thrust of her reports over then entire period of her tenure as Medical Officer does not support such an assertion. The above reference to inadequate provision for the children in the schools has the addition that it happened '*despite the fact that the schools were paid an adequate per capita grant per child from the Department of Education*'. Accounts from schools show that the State grant income (the total from both Department of Education and local authorities) fell short of the total annual cost of running the institutions and that the short fall could only be overcome by income from farm and trade shops where these facilities existed. The Kennedy Report is quoted in the Department of Education and Science Statement to the Commission as finding '*that Resident Managers were faced with the task of running the institutions on an inadequate financial provision.*<sup>2</sup> Attempts to disprove the inadequacy of State funding are based on assumptions connected with grants of various kinds and overlook essential differences between institutional and family finances.

### **Methodology**

The section on methodology outlines the sources of information and the process of the investigation. The main sources were: Admission registers and Medical forms (for Heights and Weights), Medical and Infirmary Registers (in addition to Medical Forms for health status of children) and Incidental Returns Registers (for information on fatalities). A general description is given of the above sources and of the uses made of them in the course of the investigation. All of the sources were discovered in congregations' repositories but because of

- closure of institutions decades ago,
- transfer of records to repositories,
- uncertainty of what was required to be retained,

many records had not survived to the present day.

Lack of records, despite efforts to overcome the deficiency by various means, renders the application of the statistical program practically useless in arriving at a complete picture of the Report's principal target – an estimation of children's growth and weight. Nevertheless a complicated process was employed to arrive at results that were destined to be inaccurate on account of insufficient, and in some cases, unsuitable records. Three caveats are mentioned before the conclusions of the Height and Weight calculations:

- *There is no way to know how representative these records are of the general population of children in residential institutions*
- *There is no way to determine the accuracy of any measurement, except by eliminating measurements which really seem impossible*
- *There is no way to estimate the failure to take measurements, the possible loss of records over time, and the other factors which have led to our final selection of this collection of records for analysis.*

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<sup>2</sup> Department of Education and Science, Statement to The Commission to Inquire into Child Abuse, 19 May, 2006, pg. 104..

Such admissions should invalidate the findings but the Report goes on to announce findings the first of which is that the children were very short, both on admission and discharge and that they are underweight – implying insufficient nourishment. To further complicate matters and raise questions about the suitability of the program used by the researchers the comparison group was one of American children measured between 1965 and 1975.

#### **Population Data:**

The total of committed children in industrial schools run by the Christian Brothers is given on the table on page 15 as 34,094. It appears that the totals in schools for each year were added to arrive at such a figure. The numbers in the admission registers hold the key to correct figures: to subtract the first admission for 1940 from the final admission in the last year of the institution would give the correct figure for each school. Oversight of such an obvious method of reaching a correct total casts doubt on the experience and competence of the researchers.

#### **Report on Deaths in Irish Residential Homes**

Three sources of information were used for this investigation:

- Department of Education Annual Reports
- Reports provided by solicitors for religious orders
- Deaths identified during fieldwork in various repositories

The figure discovered from Department of Education Annual Reports (224) would appear to be the most reliable as grants to industrial schools depended on correct figures for each quarter. The deaths would have had to be reported to the Department and payments would have been adjusted when due for a particular quarter.

Some deaths recorded in registers referred to former residents who had been discharged from the schools but who were still the responsibility of the Resident Manger until the age of eighteen. These figures, if misinterpreted, would distort the actual figures for deaths in industrial schools.

Uncertainty as to the actual number of deaths led to access to two statistical processes and further estimation based on a confidence interval, that with so small a sample could only lead to more uncertainty and inaccuracy. The result is dissatisfaction with an unresolved estimation of the number of deaths in institutions.

We refer to the submissions of St. Mary's Province of the Congregation and we adapt those submissions as part of this response.





## **Christian Brothers Congregation (St. Mary's Province)**

### **Response to the Staines Report**

#### **'An Assessment of the Health Status of Children Detained at Irish Industrial Schools 1940-1970'**

for the

#### **Commission to Inquire into Child Abuse**

##### **Appointment of Dr. Staines**

We note from the letter of the Commission to Maxwells Solicitors dated 21.11.2006 with regards to Professor Staines appointment as follows:-

*"Professor Anthony Staines was appointed by the Investigation Committee to carry out a report for the Investigation Committee on medical issues relating to children who were in institutions, the basic questions being how well children were cared for in institutions, what records were kept as to their state of health generally as well as any illnesses or fatalities which occurred, questions of nutrition and related issues".*

**Comment:** We note from the summary that "this piece of work" was carried out during 2005 and early 2006. However, the Congregation was not forwarded Dr. Staines report until November 2006 when we were asked to respond in a very short period of time to a report of 139 pages plus appendixes of 57 pages.

We are somewhat surprised that Professor Staines did not visit the archives of the Christian Brothers either at North Circular Road or Booterstown. He did not inspect any original documents relating to residents of the Industrial Schools conducted by the Christian Brothers. Three researchers were sent out to the archives to record on database only very specific and limited information relating to a small percentage of the residents. In the Summary of the Report it is stated that "*Mr. Boilson wrote the first draft of the bulk of the report and the appendixes*". Mr. Boilson was not appointed by the Commission to carry out the report but he seems to have been given the responsibility for "*the bulk*" of it. The question could be asked: Has Mr. Boilson the required academic and medical qualifications and research experience with primary source material to produce a report on the Health Status of Children detained in Industrial Schools?

##### **Original Brief**

It is noted from the Summary at line 8 that the original brief was to "study the health of children resident in the schools from 1940 to 1990 using existing records". However, it is admitted that this type of study was not possible "only to a limited degree". The limit or otherwise of what has been done has not been formally set out. However, it is noted that the original brief was altered and that the revised goals were set out in four categories. Despite the fact that the original brief could not be accomplished the report is still headed "An assessment of the health status of children detained at Irish Industrial Schools 1940 to 1990". We cannot understand how the nature and intent of the original brief and

proposed study was ostensibly retained although it was clearly admitted at line 10 to 19 that this could not be accomplished or if capable of being accomplished it was evident that it was only possible to a limited and undefined degree.

The Christian Brothers would submit that the title to this report is wholly misleading and on its own admission is not capable of accomplishing what is stated therein.

The curtailment of the assessment has become so restricted that the specific and broad intent of the original brief is hopelessly compromised and is clearly unscientific.

### **Revised Goals**

It is noted the revised goals adapted and set out in the summary at lines 12-19 are clearly a pale shadow of what was the original intention of the Commission. The revised goals are very restrictive and the first three of them could have been accomplished more clearly and accurately by a historical sociologist and/or historians. The only matter that would need medical or health background is goal No. 4. Our comments in respect of goal No.4 are commented on hereunder. But given the admission that a very small number of children with appropriate records permit the appropriate analysis it is quite startling that this was chosen as the main medical goal of the study.

### **Comments on the findings, inaccuracies found in the report:**

It is clear from page 2 line 20-23 that a small number of children with appropriate records permit growth analysis. Surely this admits that the purpose and intent of even the revised goals is seriously undermined.

**Summary Page 2: Finding 3-** *"It was possible to estimate the number of resident children year by year. However it was not possible to gather much information about the age distribution of these children".*

**Comment:** This is incorrect. The date of birth for each and every resident is recorded on their register page. It would have been possible to gather accurate information about the age distribution of the children. It would have taken time, but it could have been done.

The estimation of the number of resident children year by year made in the report is hugely inaccurate (see section on population data below)

**Summary Page 2: Finding 4-** *"Boys grew notably less well than girls after admission".*

**Comment:** It is normal for girls to grow faster than boys in their early teens (age 12-14). Boys tend to catch up on their female counterparts in the late teens (age 15-20).

The following extract was taken from [bbc.co.uk](http://bbc.co.uk) Science and Nature: Human Body and Mind: (see appendix 1)

“The average boy is growing fastest between 14 and 15. Girls start earlier, growing fastest when 12 and 13. Girls also end their growth spurt earlier at 18, while boys need another two years before they finish growing aged 20”.

### **Summary Page 3: Finding 5 and 6:**

*“There were many deaths from Tuberculosis, as expected for the time. It was not feasible for us to investigate the circumstances of these deaths in detail”. “We have access to only a limited number of death certificates, and our analysis suggest that there may be more deaths as yet unidentified in the records so far located. The number of “missing” deaths is probably close to thirty”*

**Comments:** We would submit that the final sentence in finding 5 shows that the study does not constitute a finding. A finding cannot be made where it was “not feasible” to investigate where, because of unfinished research, information is “as yet unidentified in the records”.

It is clear from “finding 5” that the investigation could not be brought other than saying that the mortality of children while resident was within general parameters and an observation that there were many deaths from tuberculosis in the 40’s and 50’s in Ireland. This is a non-finding as this is common knowledge, and no amount of research needed to be undertaken as this knowledge is in the public domain.

Just because the researchers, perhaps because of time constraints, believe they have failed to locate some records of deaths does not make these deaths, if they indeed occurred “missing”. The fact that “there may be more deaths as yet unidentified in the records” does not mean that the “number of missing deaths is probably close to thirty”. This finding which relies on probably and maybe is more akin to a *News of the World* headline than a finding in a serious report.

Later in the report (page 45) the author states that this figure of “28 deaths missing” was arrived at after using a statistical method (in which “we have limited confidence in its reliability over such a long time period”) as a guide to estimating how many children were not identified in the records. “This method applied to our data suggests that there may be another 28 deaths missing”.

In the findings the figure of 28 was increased to 30 and there is no mention of the estimation and statistical methods used.

The Christian Brothers have supplied the Commission with lists of deaths and causes of death for their Industrial Schools for the period and death certificates where requested.

## **1 Introduction Pages 7-10**

The Congregation notes that very little in the line of primary source material has been used in the introduction. References have been made to the Rafferty O’Sullivan book ‘Suffer the Little Children: The inside story of Irish Industrial Schools’ in the introduction to the report and in the sections on the Industrial School System, the

Inspection of Industrial Schools and the Nutritional State of Children in Industrial Schools. The Congregation wishes to take issue with the comments in Ms. Rafferty's book referred to hereunder.

For example on page 9-

Line 14

*"The Inter-Departmental Committee on Crime Prevention and Treatment of Offenders discussed a number of complaints relating to the conditions in [ ] and Artane in 1962, which the Dept. dismissed as exaggerated".*

This information was extracted from the above mentioned book. If the researchers of this report had access to the Discovery documentation held by the Commission in relation to Artane they might have seen the report 'that the Inspector had examined the boy and that there was no evidence of ill treatment' (ART0385-017/1). In a special inspection of Artane in December 1962 the Medical Inspector issued a detailed report on the Medical Services in the Institution. The Report was highly complimentary in relation to all aspects of both the general welfare and medical care of the boys (Art0383-009/3).

We take issue with the view that Dr. McCabe played a more subdued role from 1945 onwards. While it is noted that between 1939 and 1945 Dr. McCabe was very active in relation to improving conditions in the system, however, Dr. Staines report does not go on to say that this activity resulted in improvements in 1945 and into the future. We would also take issue with regards to the contention made that the "survivors" of residential Industrial Schools were hungry. The report only attributes this to Ms. Rafferty's book. Clearly, the resources and information by way of discovery furnished to the Commission either has not been given to Dr. Staines team or that they have willfully refused to use it.

We would also wish to take issue with the conclusions at page 10 line 10 whether the report takes the view that the schools were paid adequate per capita grant per child from the Department of Education. We have set out in our response to the Mazar financial report that this is a completely incorrect assessment and we rely on the response to the Mazar report in these matters.

We would also take issue with the conclusion about inadequate medical attention and inadequate maintenance of diet. The Christian Brothers would direct the authors of the report to the documentation on these matters set out in the general statements of the Congregations both the Letterfrack and Artane modules together with the reports of Dr. McCabe dealing with the schools conducted by the Congregation. It is clear from the documentation furnished in the discovery in respect of Artane and Letterfrack that the medical officers attending those schools were of the highest calibre and that there were permanent nurses available in residence with regard to those schools.

We would also take issue with the comments that pupils were hungry in schools under investigation conducted by the Congregation. We draw your attention to the submissions made or to be made with regard to Letterfrack and Artane in particular and we would take grave issue with the very simplistic and non-sourced comments of the authors of this report.

The Congregation would like to comment generally on the heading "The Industrial Schools System". All of the quotes are sourced from "Suffer the Little Children" by Rafferty and O'Sullivan. It is clear from the summary of the Industrial Schools System as set out in the report that it is a complete and utter distortion; that it gives no description of the school system at all. It is like the authors are completely in confusion, making reference to Magdalen laundries, orphanages, places of detention, modern baby homes and such like. It is a great pity that the Investigation Committee did not direct the authors of the report to the legislation dealing with Industrial Schools, and the rules and regulations issued in respect of them. However, this introduction is typical of very seriously flawed research of the authors of this report and their general understanding of Industrial Schools specifically and generally. It would be our submission that the authors confine themselves to their revised goals set out in the summary as presently constituted.

## **2 Methodology**

### **-Materials Page 12 line 42.**

The Christian Brothers hold the records for 6 Industrial Schools and not 5 as stated. The Christian Brothers also conducted 3 other residential institutions which come within the remit of the Commission.

### **Admission Registers page 13 line 7**

The Admission Registers also record the child's name, parental details, educational state and also very often the child's date of Baptism and Confirmation, results in Primary Certificate, character and trade in school and aftercare notes.

### **Medical Registers page 13**

These registers described as 'Medical Registers' are most likely to actually be Condition on Admission Registers. These registers recorded the same information recorded on the front of the Medical Form (Condition on Admission) after the initial examination by the Doctor. This is why the "entries observed were limited to the condition of the child's teeth or whether they had any noticeable skin conditions". On page 4 of appendix 2 the registers are correctly named Condition on Admission Registers. These Admission Registers dealt with conditions on admission on the obverse of the form the following particulars are also sought; Date of Examination-- Date of Birth Physical Conditions -- Skin Deceases Eyes--Ears -- Speech Mouth/Nose/Throat -- Lungs--Heart and Circulation -- Nervous System --- Mental Condition -- General (Tuberculosis/Rickets/Deformities or Defects/Marks of injury or violence) -- Weight and Height on Admission

### **Incidental Returns Registers page 14**

It should be pointed out that there was not a separate column for deaths. Deaths were included in the column 'Discharged, transferred or died during the month'.

### 3 Population Data Page 15 and 16

*Table 'Occupancy of Irish Industrial Schools 1940-1970'*

The number of Court Admissions to Christian Brothers' Industrial Schools for the period 1940-1970 is listed as **34,094**. This is grossly inaccurate. The correct number is: **7,929**

This number was calculated by the following method:

School	Admission Number	Totals 1940-1970
Artane: Last Admission 1969:	14817 (14600+217)	
Last Admission 1939:	<u>-11132</u>	
		3685
Letterfrack: Last Admission 1970:	2751	
Last Admission 1939:	<u>-1463</u>	
		1288
Salthill: Last Admission 1969:	3392	
Last Admission 1939:	<u>-2525</u>	
		867
Tralee: Last Admission 1969:	2238	
Last Admission 1939:	<u>-1598</u>	
		640
Carriglea: Last Admission 1954:	2875	
Last Admission 1939:	<u>-2199</u>	
		676
Glin: Last Admission 1966:	2883	
Last Admission 1939:	<u>-2110</u>	
		<u>773</u> <u>Total 7,929</u>

### 4 Archive Results

#### Christian Brothers Page 20

Line 24

The records of six (not five) Industrial Schools under the care of the Christian Brothers were examined.

Line 34

Documentation for Letterfrack and Artane is kept in the original order in which it was kept in the Industrial schools (all detention orders are in numerical order, all medical cards filed together by year of admission etc.) It is incorrect to say that *“it was not possible to determine the quality of information at the depot for individual children in these schools”*. It is possible and quite simple although it does require time and patience when dealing with significant numbers.

Line 44

Was it necessary to name the archivist of St. Helen’s? This was not done with any other Congregation archivist in the report.

#### **Page 21**

Line 6

*“Only admissions registers for court committals were available at St. Helen’s for Tralee”*.

This is incorrect. St. Helen’s hold court committal admission registers for Tralee, Carriglea and Glin. Tralee is the only School in St. Helen’s for which a non-court admission register is held (1948-1967).

Line 10

*“Dates of discharge were incomplete for all these schools apart from Salthill”*.

This sentence is misleading. Discharge dates are recorded on the majority of the register pages for Christian Brothers’ schools. A reason for the non-recording of the discharge date would be that the boy was discharged on the date the school closed. Alternatively a boy could be recorded simply as being ‘discharged’ and the date of discharge was understood to be the date of the end of the sentence of detention. Form B (the Incidental Returns) could have been used to locate or confirm a date of discharge of an individual boy.

Line 31

*“There were also a number of entries in the medical and infirmary registers relating to children who had suffered hand and leg injuries (sprains) and scalds. In the Infirmary Registers this information was accompanied by an explanation that the injuries were sustained as a consequence either of engaging in sports or of an occupational nature”*.

This was not always the case. Sometimes explanations were given, the majority of the time they were not.

## **5 Health Status**

#### **Page 25**

Line 27

*“There were numerous entries in the infirmary registers pertaining to injuries sustained by children while under the care of the Christian Brothers at Artane ie. hand and leg injuries (sprains) and scalds”*.

*“A number of entries”* mentioned on page 21 has been changed to *“numerous entries”* on page 25. Exactly how many is numerous? Is “numerous” considered an excessive number or simply a few? One would expect there to be a “number of” or indeed “numerous” minor sports and occupational injuries each year in a school housing up to 800 teenage boys.

The authors of the report fail to place these injuries in context. Boys working with machinery or in kitchens did most of the work manually, thereby more likely to suffer minor injuries. No comparator has been referred to.

## **6 Report on Heights and Weights**

Page 34

*“These children are very short, quite underweight, but with little evidence of wasting. The comparison group, American children measured between about 1965 and 1975, are considerably taller and somewhat heavier than this group”.*

It is grossly inappropriate to compare the children of American parents of increasing wealth in 1965-1975 with children from working class Irish backgrounds in 1940-1970. Surely, a more sensible comparator would be children in either Ireland or Northern Ireland who were not in institutions and/or children in similar institutions in Northern Ireland or in the United Kingdom and/or non-residential children in those jurisdictions. It seems farcical to choose the wealthiest county in the world as a comparator with Ireland in the same period 1940-70. The authors of the report were going through the motions and no serious effort or thought went into the comparators and/or methodology of similar reports which are available in the United Kingdom and other jurisdictions.

The following extracts were taken from **Booming Economic, Inequality, Falling Voter Turnout** *Income gaps have grown* By Holly Sklar: (see appendix 2)

“During the 1960s, male median income grew five times as much, gaining 25.2 percent from \$20,337 in 1960 to \$25,459 in 1968 (in 1997 dollars).

During the 1960s, women’s median income grew more than twice as fast, rising 36.8 percent from \$6,285 in 1960 to \$8,595 in 1968”.

What if American children were compared with Irish children of the same age today? It would be interesting to see if similar results were found. Most Irish people would generally consider American children to be “considerably taller and somewhat heavier” than the Irish.

## **Conclusions of report on heights and weights**

Page 43

*“Our analysis show three striking features. These children are very short, both on admission and discharge, they are underweight, but not proportionately to their height. They grew a little, boys much less than girls, during their stay in residential care. Boys*



*tended to loose weight for age, and boys admitted after the age of 10.5 (the median age of admission for boys) lost substantially more."*

These "striking" features should be qualified here with the fact that these Irish children in 1940-1970 were compared with American children in 1965-1975 (see page 34 and notes above regarding the inappropriateness of this). The usual differences between the growth of boys and girls should have been pointed out (see note above on finding 4 of the summary). The author himself does not show confidence in the findings "*there is no way to know how representative these records are of the general population of children in residential institutions*". The accuracy of conclusions drawn on mathematical calculations in this report must be called into question (see section on population data and notes above regarding the hugely incorrect figures arrived at in the report on pages 15-16).

## **7 Report on Deaths in Irish Residential Homes**

It should be pointed out that the majority of deaths of residents "resident" in the Christian Brothers Industrial Schools between 1940 and the closure of the schools actually occurred in hospital or hospices. The report fails to point this out in relation to all Institutions. It does point out that "*these figures only relate to deaths that occurred while the child was a resident*" but it does not point out that boys were still listed as "residents" if they were sent out to hospital or if they were at home on holidays. The report is misleading in that it gives the impression that all of the deaths listed actually occurred at the schools. (see comments below on appendix 1 -Death Records for each school -p.14-16 of these notes)

Page 45

*"A statistical method, Poisson regression analysis, allows us to do this calculation for the three sources of records on deaths, there are many approximations in this method (Jarvis et al. 2000), and we have limited confidence in its reliability over such a long time period".*

The report has little confidence in its own methods of concluding that "*there may be another 28 deaths missing*". Earlier in the report the author stated "*It was not feasible for us to investigate the circumstances of these deaths in detail*". "*We have access to only a limited number of death certificates, and our analysis suggest that there may be more deaths as yet unidentified in the records so far located. The number of "missing" deaths is probably close to thirty*".

Here the authors state that it is "*not feasible for us to investigate*" and "*there may be more deaths as yet unidentified in the records so far located*". The authors state that although they have located records they believe that they have not identified all deaths in these records. This means that the research was unfinished and as a result the statistical method was used in order to arrive at a number of "*missing deaths*". The use of the word "missing" here is inappropriate as these deaths are not missing. No evidence has been provided to show that these 30 deaths occurred. If they did not occur, they cannot be "missing". The use of this kind of language:- "*missing deaths*" is misleading and

insensitive to the remaining relatives and friends of residents of Industrial Schools who did die in the schools or as residents in the schools and whose records are complete.

The majority of death certificates were found in the General Register Office. Time and patience is required to carry out thorough investigations. The research team found 161 out of 224 deaths in the General Register Office. This is 71.8% of the deaths. If they take their total number of 289 they found 55.7%. The report could have stated which decade certificates were not located for. The Christian Brothers found that certificates of deaths for the 1950s and 1960s were easily found and death certificates for the 1940s were slightly more difficult to locate. The misspelling or slight changing of a name could result in a death certificate not being located.

The highest number of deaths (224) was gathered from annual reports held by the Department of Education, abstracted and furnished to the Commission by the Chief State Solicitors Office. This figure is most likely to be closest to the correct one. Adding 30 "missing" deaths to this on the grounds of a statistical method in which "we have limited confidence" is inappropriate.

Page 47 line 45

*"Two deaths may have been related to medical treatment-one is coded as 'acute myocardial failure following gastric operation'. The other is only partially legible, but appears to say 'cardiac and respiratory failure secondary to acute congestion of the lungs following [illegible] by general anaesthesia and probably [illegible].'*

The second death referred to here is the death of Patrick Flanagan in Artane in 1951. The Coroner's report has been supplied to the Commission by the Christian Brothers. Patrick Flanagan's death is also referred to in Br. Michael Reynolds submission to the Commission in relation to Artane. The full cause of death as recorded by the coroner is:

'cardiac respiratory failure secondary to acute congestion of the lungs following the injuries accelerated by general anaesthesia and probably predisposed to the presence of an enlarged thymus gland'.

Page 53 line 5

*"We have located death certificates for just over 60% of the deaths."*

How did the research team arrive at this percentage? Which total are they using? If using the CSSO figure of 224 they found 71.8% (161) of the deaths. If they take their own total number of 289 they found 55.7%.

## **8 Discussion**

### **Heights and weights**

Page 55 line 25

*“The findings suggest that children who entered these institutions, were on average, both very short, and, more or less, proportionately underweight when compared with American norms from the 1960s”.*

It was stated previously in the report that the comparison group was *“American children measured between about 1965 and 1975”* and not *“the 1960s”*. The inappropriateness of this comparison has been discussed above.

*“The limited data available on growth suggest that girls grew as expected after admission, but that boys did not. Those boys whose data are included were admitted at a substantially later age than the girls...there was evidence that, considering age at admission, older boys grew less well than younger boys, while for girls the opposite was the case”.*

As mentioned above in relation to finding 4 of the Summary and in the Conclusions of report on heights and weights the usual differences between the growth of boys and girls should have been pointed out in the report. No reference has been made in the report to the normal stages boys and girls grow at i.e. girls grow at an earlier stage in their teens than boys. This has already been referred to above and in appendix 1.

### **Mortality Data**

Page 55 line 34

*“The biggest approximation in this analysis is our estimation of the resident population in each institution”.*

As stated above the population data on pages 15 and 16 of the report is grossly inaccurate. In the case of the Christian Brothers the estimation is more than 4 times the correct number. There was no need to estimate the numbers admitted to the schools as the correct figures can be easily calculated using admission numbers.

*“It would be desirable to make estimates for the resident population by age and sex also, but there seems no practical way of doing this”.*

Again there is no need to estimate figures for the resident population by age and sex when correct figures could be gleaned from the admission registers. Again this would require time and patience.

### **Conclusions of the report**

Page 56

**The Conclusions on page 56 are identical to the findings in the Summary on Page 2:**

See notes on the findings outlined in the Summary (pages 2 and 3 of these notes)

It is clearly noted that the conclusions of the report are set out on page 56 and are identical to the summary on page 2. We would like to make a number of simple comments using the numbering of the conclusions:

1. The surviving records and documents available to the authors have not been described either properly or cogently. The registers have been misdescribed and a number of admission records, voluntary registers, incidental returns have either been misdescribed or not used. There is a glaring omission of the primary certificate results and correspondence in relation to residents of Artane which are extensive and are at the archive at St. Mary's.

No effort was made to correlate the regulation guidelines which are stated to have been promulgated in 1930's with regards to these schools. The particular rules and regulations are not identified, no detail is given of any discrepancies between the regulations and the records held by way of school or Congregation. Neither is there any analysis of the regulations and guidelines themselves from an objective point of view and as to whether they were best practice in this jurisdiction and in comparison to the United Kingdom or the United States. There is merely a bland statement that the records were not properly kept or the guidelines adhered to. There is no evidence furnished. There is also a contention "...that it is possible that the original records were of much better quality than those which have survived." Surely, if this is so, the comments and alleged assertions are completely undermined. We are further of the view that the last sentence completely undermines the Staines report by confirming that the very basis of their report and findings "... there is very little useable documentation about the health of these "vulnerable children".

2. The second goal is clearly undermined by the inaccurate statistics set out in this report under the heading of "Estimates by year of the number of children resident in institutions". Given that this was one of the four major revised goals it is again inexplicable how the inaccuracies as pointed out in the records of the school especially dealing with Artane, Letterfrack, Tralee, Carriglea and Salthill. These inaccuracies are set out further on in these comments.

It is submitted that there are many and varied reasons for the differences of the quantity and quality of the surviving records. However, it is contentious of this finding that "... this only affects different degrees of care when preserving old records, etc". If documents are missing for a variety of reasons then this type of simplistic reasoning is clearly inadmissible.

3. It is noted that the author state that it was possible to estimate the number of resident children year by year. However, they have failed in this as set out under 3. Population data where Christian Brothers Industrial Schools are reputed to have listed 34,094 pupils for the period 1940-70. This is grossly inaccurate. The correct number is 7,929. If the authors work is this ineffective then it could be argued that any finding is seriously open to question.

4. The children admitted to Industrial Schools were those coming from the major slum areas in Dublin, Cork, Limerick, Waterford and the larger towns. These were some of the most deprived areas in Western Europe in the period 1935-60. We reiterate that the comparator with growth of children in United States is totally inappropriate and we refer you to our previous comments in respect of these matters. No serious effort has been made to, in any way, find adequate comparators and to be in a position to access children in Industrial Schools and those not in residential care in the population as a whole. It has not been identified. None of the American comparators deal with children in residential care or the population generally, none of this information is sourced and clearly undermines the credibility of the report itself.

The reservation that there are few records and that these may relate to a very selective group of children also undermines the conclusions in this report. If the records are few then clearly they are not representative and any conclusions therefrom can only be of the most tentative variety. These caveats set out in the conclusions undermine the honesty of this study and show that no sensible or scientific methodology is being applied or could be applied given the nature of the data and the affected paucity of the surviving documentation. This is a “hotch potch” regrettably.

5. It is accepted that the mortality rates of residential children in Industrial Schools were not greater than those in the Irish populations. This is especially true of schools conducted by the Christian Brothers. It is to be noted that the last death of a pupil in Artane on the grounds of the school was a result of a traffic accident in 1945. There was a comment concerning tuberculosis which is known to everyone over a certain age in Ireland, this is common knowledge and in common currency and no need for the authors to confirm this matter. It is interesting that tuberculosis is referred to although there were a number of other very serious and nasty infections which clearly could also be mentioned such as diphtheria, mumps, measles, meningitis, consumption and so on. The fact that the report does not indicate statistically the diseases which caused the illnesses is somewhat surprising (apart from Table 10). There is also a contention that meningitis caused more deaths than the percentage in said Table 10 but this is not supported by any evidence and if so is not sourced.

Unforgivably, there is no mention as to whether these deaths could or could not have been prevented or any commentary of that nature. Presumably, this is due to the paucity of the provided documentation and /or the adequacy of the rules and regulations and forms issued by the Department of Education and Department of Health.

There are no comparison between health and conditions forms used in Residential School in contrast to those in other residential settings under the control of the State or Local Authority and State agents generally such as:

- fosterage
- orphanages
- boarding out regulations

- mental institutions
- prisons and detention centres.

Health records of the above situations neither referred to or compared thereby avoiding the contextual grounds which surely are vital in judging whether health records in Industrial Schools were adequate or fit for purpose.

The purpose of these health records have not been discussed or analysed in this report except to observe by implication that they are by present day standards inadequate. What should have been asked are whether these health records ~~are~~ <sup>are</sup> adequate or fit for purpose in the period 1935-70 and if not where does the legal responsibility lie for not updating these forms and guidelines which clearly should have been set out in rules and regulations of the school and who is responsible for this situation.

6. It is submitted that this finding is completely incoherent. There is no mention in the findings or conclusions of the estimational statistical methods used. There is a reference to “this method applied to our data” at page 45 of the report being the poisson regression analysis but the method itself has neither been explained or sourced, if this is admitted then how is any reader of the report in the position to check whether the “missing deaths” are probably close to thirty or otherwise.

You can see from the comments above that the Congregation are very disappointed with the standard of the writing of the report and its contents. We believe that taking into account the comments referred to herein that this report has no scientific, academic or other standing that could be stood over. This is deeply regretted. We are of the view that the report on its own terms, the original brief was incapable of being met and that the revised goals are elementary and that the conclusions of the report cannot be based on the data examined.

## Appendix 1 School Records

### 1 Artane

#### Introduction

*“From January 1940 up until the school closed a total of 16,048 boys were admitted to the school, so the average occupancy was 573 boys”.*

This figure is hugely inaccurate. The correct number of court committed boys admitted to the school from January 1940 up until the school closed was 3685. Occupancy of the school can be seen below.

Number in School at end of Month under Order of Detention and Chargeable:  
(Does not include voluntary or board of health admissions)

September 1935:	673	September 1956:	560
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September 1936:	634	September 1957:	481
September 1937:	674	September 1958:	422
September 1938:	731	September 1959:	428
September 1939:	772	September 1960:	392
September 1940:	800	September 1961:	371
September 1941:	800	September 1962:	353
September 1942:	800	September 1963:	317
September 1943:	800	September 1964:	306
September 1944:	812	September 1965:	301
September 1945:	818	September 1966:	327
September 1946:	794	September 1967:	272
September 1947:	789	September 1968:	198
September 1948:	819	September 1969:	24
September 1949:	794		
September 1950:	762		
September 1951:	738		
September 1952:	728		
September 1953:	694		
September 1954:	737		
September 1955:	653		

### **Description of Records**

There is no single 'Medical diary' for Artane 1940 to 1969. The author of the report could be confusing this with the Infirmary Registers or the Condition on Admission registers.

No attempt was made by the researchers to liaise in any constructive way with the Congregation's archivist either at St. Mary's or St. Helen's (Boosterstown) to seek information, explanation or identification of documents held in the archives. Any such contact would have been welcomed and would clearly have avoided these very embarrassing and blatant errors not only with regard to the records themselves and one of the major revised goals set out at revised goal No. 1.

### **Death Records:**

The report does not state whether the deaths listed occurred in the school or not. The last death actually occurring at Artane was the result of a road accident in 1945. The deaths referred to in the late 1940s, 1950s and 1960s occurred at a hospital, a hospice or while the boys were at home on holidays. The report is misleading in that it gives the impression that all of the deaths listed occurred at the school itself. It is surprising that the report did not detail the causes of deaths in each case listed. This information has been supplied to the Commission by the Christian Brothers for all six of their Industrial Schools.

## **8 Carriglea**

### **Introduction**

*"From 1940 up until the school closed (n=3068) boys were detained at the institution'*

This figure is hugely inaccurate. The correct number of court committed boys admitted to the school from January 1940 up until the school closed was 676.

**Death Records:**

The two deaths referred to in the 1940s both occurred at hospitals and not at the school itself.

**15 Glin**

**Introduction**

*"From 1940 up until the school closed (n=3,971) boys were detained at the institution'.*

This figure is hugely inaccurate. The correct number of court committed boys admitted to the school from January 1940 up until the school closed was 773.

**Death Records:**

All of the deaths listed occurred outside of the school at hospitals and not at the school itself.

**22 Letterfrack**

**Introduction**

*"From 1940 up until the school closed (n=3,654) children were detained at the institution"*

This figure is hugely accurate. The correct number of court committed boys admitted to the school from January 1940 up until the school closed in 1974 was 1356.

**Description of Records**

There is also a Condition on Admission notebook for Letterfrack which was used by the researchers compiling the report.

**Death Records:**

All of the deaths listed, with the exception of two (1941 and 1942) occurred outside of the school at hospitals or at home and not at the school itself. The cause of all 9 deaths between 1942-1945 was Tuberculosis. The death in 1970 occurred while the boy was at home on holidays.

**32 Salthill**

**Introduction**

*"From 1940 up until the school closed (n=4,611) boys were admitted to the school"*



This figure is hugely inaccurate. The correct number of court committed boys admitted to the school from January 1940 up until 1981 is 919.

#### **Death Records:**

All of the deaths listed with the exception of the one in 1942 occurred outside of the school at hospitals and not at the school itself.

#### **37 Tralee**

#### **Introduction**

*“From 1940 up until the school closed (n=2,742) children were detained at the institution”*

This figure is hugely inaccurate. The correct number of court committed boys admitted to the school from January 1940 up until 1969 is 640.

#### **Death Records:**

The gender of the pupils recorded as dying in 1941 and 1946 in Tralee is female. There were no girls admitted to the Christian Brothers Industrial Schools.

All of the deaths listed occurred outside of the school at hospitals and not at the school itself.

#### **Appendix 3 Archive statistics**

#### **Registers available at the depositories for schools investigated:**

There is no voluntary admission register listed for Artane. There is a voluntary register giving details of non-court admissions 1918-1970 with gap 1936-49, which was consulted by the researchers.

There are no Incidental Return registers listed for Salthill and Letterfrack. There are Incidental Returns registers held for both schools.

There are no exam results or correspondence listed for Artane. There are primary certificate results and correspondence relating to residents of Artane held in the archive.

#### **Conclusion**

There are quite a number of inaccuracies in this report as pointed out. The major obvious blunder is the figure given in the table on page 15 and 16 ‘*Occupancy of Irish Industrial Schools 1940-1970*’. The figure for the Christian Brothers Schools is more than 4 times the correct number. The figures given for other Congregations appear to be impossibly high also. It is quite extraordinary that these figures made it into the final report. It should

be pointed out that this figure is the only one in the report that the Christian Brothers can check on easily.

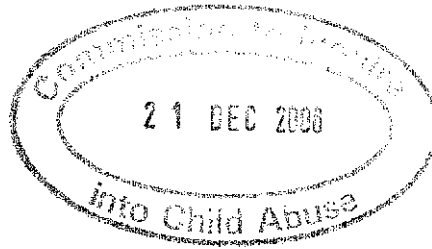
The Christian Brothers cannot check figures used to compile the graphs and statistics regarding height and weight. This is an adherent flaw in whatever methodology has been used. The Christian Brothers or their advisors are completely hampered and frustrated in attempt to be of assistance to the Commission where the methods and compilation of the graphs and statistics displayed therein with regards to height and measure are not sourced, explained or capable of being deduced from the report itself. Clearly this situation is unacceptable and makes this section of the report if not the report itself totally unusable. This difficulty is in this specific portion of the report which clearly is fundamental to revised goal No. 4 is not understood and must be rejected in its entirety.

Given the inability of the researchers to do simple addition and subtraction, there must be a question surrounding their ability to produce with accurate results the statistics as seen in the overcomplicated graphs in the report. The report is misleading in that it gives the impression that all of the deaths listed actually occurred at the schools while the majority of the deaths actually occurred in hospitals. The inclusion of the references to “missing deaths” based on a vague estimation is inappropriate. It is also apparent that the author of the report has little confidence in his own research and findings.

We refer to the submissions of St. Helen’s Province of the Congregation and we adapt those submissions as part of this response.

**Commission to Inquire into Child Abuse**  
**Investigation Committee**

**In the matter of the Report of Professor Staines**



***Submissions on behalf of the Presentation Brothers***

*Submitted by:*

Anthony M. Collins S.C.

*Instructed by:*

O'Flynn Exhams, Solicitors

## **I. Scope of Submissions**

1. By letter of November 21, 2006, the Presentation Brothers are asked make submissions on a report prepared by Dr. A. Staines, Mr. A. Boilson, Dr. F. Craven and Ms. E. Wyse, at the request of the Investigation Committee of the Commission to Inquire into Child Abuse, entitled "*An Assessment of the Health Status of Children Detained at Irish Industrial Schools 1940 to 1990*".<sup>1</sup>
2. The authors of the Report state that their original brief was to study the health of children in Irish Industrial Schools from 1940 to 1990, using existing records. Whatever about the position with regard to other Industrial Schools, in respect of which they are not in a position to comment, it is the opinion of the Presentation Brothers that there are sufficient records in their possession as would enable researchers, acting with ordinary diligence, to complete the original brief in respect of a representative sample of the boys who attended Greenmount Industrial School. Given the scope of the original brief and the small numbers that attended Greenmount Industrial School in the relevant period, it is perhaps understandable that the authors of the Report considered that completing their original brief in respect of that institution (and perhaps others) in isolation from the generality of Irish Industrial Schools would serve little purpose.
3. Accordingly the Report recites that its authors decided to pursue four "*revised goals*", namely:
  - To describe in detail the surviving records from each facility being considered by the Commission, considering the content, the quality and the quantity of records now available;
  - To prepare estimates by year of the number of children resident in institutions;
  - To analyse the deaths amongst children resident in the institution, and to compare these with contemporaneous death rates amongst Irish children;
  - To examine the surviving data on the growth of children resident in institutions.
4. For the reasons set out in detail below, the Presentation Brothers submit that none of these goals have been achieved with regard to

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<sup>1</sup> Hereafter "the Report".

Greenmount Industrial School, the only school of its kind managed by the order during the relevant period. It follows that the Report's deficiencies are such as to make it unsafe to reach any conclusions based upon its findings, at least with respect to Greenmount Industrial School. It is submitted that these deficiencies are so manifest as to require the withdrawal of the Report so far as it pertains to Greenmount Industrial School. Should the Investigation Committee direct the preparation of a fresh report the Presentation Brothers will, as they have done throughout this process, fully co-operate with the researchers and afford them every facility to discharge their tasks.

5. These submissions first examine the methodology applied by the authors of the Report with regard to records pertaining to Greenmount Industrial School. They proceed to consider whether the four "*revised goals*" pursued by the authors of the Report have been attained in respect of Greenmount Industrial School. Finally brief observations are made as to whether some of the general conclusions of the authors of the Report are capable of being applied to Greenmount Industrial School on the basis of available evidence.

## **II. Methodology**

6. Brother Donatus Brazil, of the Congregation Leadership Team, Presentation Brothers, is charged with the maintenance of the records of Greenmount Industrial School that are in the order's possession. At various points the authors of the Report appear to labour under the impression that Greenmount Industrial School was one of a number of schools managed by the Presentation Brothers, when in fact it was the only school managed by the order.
7. At page 12 of the Report the authors state that the objectives of the study "*were to sample one in five admissions from 1940 to 1990 for children admitted to the industrial schools*". By reference to the numbers admitted to Greenmount Industrial School during the period under review, this involved examining records in respect of 166 boys.<sup>2</sup>

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<sup>2</sup> Appendix 3 to the Report states that records were examined in respect of 160 boys.

8. The records currently in the order's possession of possible relevance to the authors' inquiries<sup>3</sup> are the following:
- School Registers recording every boy who entered the school.
  - Book of Admissions and Discharges recording every boy who entered the school.
  - Incidental Returns Register recording the number of boys in the school, admissions, readmissions, discharges, deaths.
  - File copies of Annual Medical Officers' Reports on the health of the children in the school for 1930/31, 1931/32, 1932/33, 1933/34, 1935/36, 1936/37 and 1943/44. It is presumed that these were completed every year until 1959 and sent to the Department of Education.
  - File copies of Quarterly Medical Officers' Reports for September 1936, December 1936, March 1937 and September 1937. Again it is presumed that these were completed each quarter and sent to the Department.
  - Annual Reports on Medical Aspects of School Accommodation for 1943, 1945-1948, 1952-1955 and 1957.
  - Annual Reports of Inspections of the School for 1943, 1945, 1946 (twice), 1947, 1948, 1952 (twice), 1953, 1954 (twice) and 1955-1958.
  - Health Book. The Presentation Brothers accept that most of the pages contained in the book containing the Health Reports have been torn out. The Presentation Brothers are unaware as to the reason for this. The available pages demonstrate that the Health Book contained a record of the weight and height of each boy ascertained quarterly. It therefore appears unlikely that those records were destroyed for some improper motive.
  - Infirmary Book containing a record of boys sent to the school infirmary, the dates of admission to and discharge from the infirmary, diagnosis and treatment received.
  - Hospital Book containing a record of boys sent to hospital, the dates of admission to and discharge from hospital and illness.
  - Records of annual payments to the school medical officer (Dr. E. Donovan) and dentist (Mr. J. Ollivere (1940-1946), Mr. R.G. Gamble (1948-1959)).

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<sup>3</sup> It should be noted that the Commission decided to extend its review on foot of the complaint of Cornelius Walsh to include the period 1936 to 1940.

- Correspondence in relation to medical treatment for various individual boys in the period under review.
  - Books of Accounts.
9. The Presentation Brothers take issue with the claim that Br. Donatus stated that Greenmount Industrial School “*never used the standard medical forms*”.<sup>4</sup> Br. Donatus denies that he made such a statement to Mr. Boilson. Assuming that the “*standard medical forms*” referred to are returns to the Department of Education, all of the information available to the Presentation Brothers is to the effect that those forms were used, completed and returned.
  10. The Report recites that “*base line data was sourced from the admissions registers, and information relating to the health status of children sampled during their period of detention was obtained from infirmary registers.*”<sup>5</sup>
  11. It seems to follow that the research did not take account of any other material, including that contained in the Health Book, the Hospital Book, the Reports of the Medical Officer and in the Annual Reports on the Medical Aspects of School Accommodation.
  12. Whilst the baseline data may have been imprecise, certainly when compared with modern requirements, it is difficult to ascertain the basis upon which the researchers arrive at the unqualified conclusion that “*There was no information recorded relating to the health status of children on admission to the school ...*”<sup>6</sup>
  13. The authors of the Report acknowledge the existence of the Health Book and unsurprisingly comment upon its very poor condition. However their description of its contents is inaccurate since the extant records show that it consisted of a record of the weight and height of the boys ascertained each quarter during their stay in Greenmount Industrial School.
  14. It is respectfully submitted that the existence of this material demonstrates two matters. First, it is very difficult to understand why certain pages only would have contained records of this kind

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<sup>4</sup> Report, p. 72.

<sup>5</sup> Report, p. 71.

<sup>6</sup> Report, p. 71.

whilst the balance of the Health Book remained blank. It is therefore reasonable to infer that the Presentation Brothers arranged to have records of this kind kept in respect of each boy who attended at Greenmount Industrial School.

15. This inference is supported by two independent items of collateral evidence. The first of these is found in the reports of Dr. Anna McCabe during the period under review repeatedly state that medical records are "*well kept*".<sup>7</sup> It is also clear from the records that this was not a mere recital. A report of an inspection conducted by Dr. McCabe on October 23, 1946 contains the following: "*I noticed in the weight chart that a number of children had not increased in weight recently.*" That statement could not have been made unless (a) records of the weight of each boy were kept; (b) kept accurately and (c) were inspected.
16. The second item of evidence is that, going back to 1937 and therefore throughout the entire of the period under review, Dr. Edmund Donovan M.D. of Camden Place, Cork acted as the School's Medical Officer. It appears he attended at the school weekly and also in urgent cases.<sup>8</sup> Examples of Dr. Donovan's record keeping are available going back to 1937. They demonstrate a degree of care and accuracy that, it is submitted, it is unlikely was subsequently abandoned.
17. The second issue that arises from the existence of these records is why no attempt appears to have been made to ascertain the state of health of the boys by reference to such material as was available rather than taking samples from the Admissions Book and seeking to trace them through the Infirmary Register. This is particularly so given the finding in the Report that "*There were no medical records available for any of the children sampled.*" It may be the case that the suggested exercise would not have yielded a sufficiently representative sample for the purpose of the study. However we do not know whether this was in fact the case since it seems no effort was out into pursuing such an approach.

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<sup>7</sup> Reports of visits on November 13, 1943; March 23, 1945; May 30, 1946; October 29, 1947; October 20, 1948; April 25, 1952; November 14, 1952; November 10, 1953; September 17, 1954; December 2, 1954; November 3, 1955; November 8/9, 1956; November 1, 1957; October 29, 1958.

<sup>8</sup> Correspondence between the Department of Education and Rev. Br. O'Dempsey, Resident Manager, Greenmount Industrial School [*Annex I*]



18. Whatever the merits of the approach adopted by the authors of the Report, and it may be asked whether a study of pathological conditions suffered by the boys would in fact be of any substantive value in a study seeking to ascertain the state of their general health, the assertion that it was not possible to cross-reference cases sampled with entries as the admissions numbers were not recorded is very seriously deficient and demonstrates an unwillingness to engage with the admittedly difficult task of trying to ascertain the state of conditions in an industrial school almost 50 years after it closed on the basis of incomplete records.
19. Since the closure of Greenmount Industrial School in 1959 (and before the establishment of the Commission) former pupils regularly made inquiries of the Presentation Brothers for information concerning their stay. Br. Donatus' duties include tracing records of boys admitted, *inter alia*, through the hospital book, the infirmary book and the health book. Given the small number of boys admitted in the period under review<sup>9</sup> this task can, has and is regularly carried out by tracing the name of the boy in question. As an aside, it might be observed that the fact that the school records were principally kept by reference to named individuals tends to show that boys in Greenmount Industrial School were treated as individual human beings.
20. On that basis it is difficult to understand why an effort was not made to cross-reference cases by reference to the names of the individuals involved. This is particularly so given the relatively small numbers involved in the study of Greenmount Industrial School. The explanation for this state of affairs appears to be disclosed in the appendix to the Report under the title "16. *Greenmount*" where the following appears:
- "As with the infirmary register, admission numbers were not recorded so it was not possible to cross-reference this source with the sample on-site due to time constraints."*
21. The Presentation Brothers are certainly not responsible for these time constraints. The inspection of the records at the order's premises at Mt. St. Joseph's, Blarney, Co. Cork was carried out by Mr. Boilson on June 16, 2005 between 9:20am and 5pm and on June 17, 2005 between 10:00am and 11:30am. Part of that time

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<sup>9</sup> 829 boys were admitted during the period under review: see paragraph 25, below.

was taken up with Br. Donatus explaining to Mr. Boilson the nature of the available records. On June 17, 2005 copies were made of the Infirmary Book: however copies were not made of the Hospital Book due to its size and fragility. No attempt was made to record the information contained in the Hospital Book by any other means either then or subsequently.

22. In these circumstances, the conclusion at pp. 25 and 26 of the Report that “*no medical information of value was obtained*” appears to have been reached upon a wholly inadequate basis.
23. The Presentation Brothers thus submit that the methodology described in the Report is both deficient, in the light of all of the circumstances, or was not applied at all. By reason of these fundamental errors, it is submitted that, insofar as it seeks to comment upon Greenmount Industrial School, the Report must be disregarded in its entirety.

### **III. Achievement of “*revised goals*”**

*To describe in detail the surviving records from each facility being considered by the Commission, considering the content, the quality and the quantity of records now available;*

24. The observations at Part II, above, seem to indicate that this goal was incompletely attained. Moreover, it appears that the authors of the Report did not attempt to inspect relevant records held by the Department of Education. If this is correct, it is an extraordinary oversight of such magnitude as to invalidate the Report’s conclusions concerning Greenmount Industrial School.

*To prepare estimates by year of the number of children resident in institutions;*

25. The Report appears to be confused in this regard. The assertion at pp. 15 and 71 of the Report that 3,312 boys were admitted for the period is incorrect. From a perusal of the records in their possession the Presentation Brothers can confirm that the number recorded for the first boy registered in 1940 was 2764 and that recorded for the last boy registered in 1959 was 3592. This yields a total of 829 boys for the relevant period.

26. As has already been observed, the Report's intended sample of 160 records, being one in five admissions, reflects the figures the Presentation Brothers have arrived at and not those featuring in the Report.

***To analyse the deaths amongst children resident in the institution, and to compare these with contemporaneous death rates amongst Irish children;***

27. Contrary to what is contained in the Report,<sup>10</sup> the Presentation Brothers are adamant that seven boys died in the 1940's and none in the 1950's. C. O'Regan, J. Aherne and M. Murphy died in 1940; J. Whelan, W. Collins and W. Barry died in 1946 and T. Cott, the last boy to die in Greenmount Industrial School, died in 1949. Accordingly there was no death in 1942, nor during the mid-1950's, as claimed in the Report.
28. In that regard, the Presentation Brothers note the claim in the Report that its authors "*...did not undertake the enormous task of searching all of the death registers by hand to identify them.*" In the case of Greenmount Industrial School that task could have been avoided by a simple request to the Presentation Brothers for the death certificates that are available for each of the individuals who died.
29. The Presentation Brothers can only speculate as to the response that might have been forthcoming to requests for similar documents from other religious orders. What is clear, however, is that without either making inquiries or carrying out the "*enormous task*" described in the previous paragraph, the authors estimate that "*there might be another 28 deaths for which we have failed to find records, despite an extensive search.*"<sup>11</sup> It is respectfully submitted that that is a very serious allegation to make, all the more so when it appears that any contribution to that number in Greenmount Industrial School is simply incorrect.
30. On that basis the Presentation Brothers submit that the estimated finding of an additional 28 deaths in the report is unreliable.

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<sup>10</sup> Report, p. 73.

<sup>11</sup> Report, p. 53.

*To examine the surviving data on the growth of children resident in institutions*

31. Whilst the Presentation Brothers accept that the data in their possession under this heading is limited, it appears that the authors of the report did not even examine that information.

**IV. Application of General Conclusions to Greenmount Industrial School**

32. Page 10 of the Report contains the following:

*“It is evident from the findings reported that the industrial school system was mismanaged by the Department of Education and religious orders whose responsibility was to look after the children under their case. Dr Anne McCabe’s investigations highlighted that the children were undernourished, received inadequate medical attention, and in most schools not even provided an adequate maintenance diet to keep them from losing weight, despite the fact that the schools were paid an adequate per capita grant per child from the Department of Education.”*

33. The Presentation Brothers are not in a position to comment upon the circumstances prevalent in other industrial schools in the State. As for Greenmount Industrial School, this description is completely at odds with the very investigations relied upon, namely those made by Dr. McCabe herself, which the Investigation Committee has in its possession. Medical attention is described as “*very satisfactory*”,<sup>12</sup> “*very good*”<sup>13</sup> and “*excellent*”.<sup>14</sup> She also records that all necessary inoculations and immunisations were carried out.
34. Likewise any claim that the boys attending Greenmount Industrial School were undernourished is not supported by Dr. McCabe’s reports. Food and diet are variously reported as being “*fairly satisfactory*”<sup>15</sup>, “*satisfactory*”<sup>16</sup>, “*fairly good*”<sup>17</sup>, “*boys well fed*”.<sup>18</sup>

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<sup>12</sup> Reports of visits on March 23, 1945; October 29, 1947; October 20, 1948; April 25, 1952; November 10, 1953.

<sup>13</sup> Reports of visits on May 30, 1946; November 8/9, 1956.

<sup>14</sup> Reports of visits on November 14, 1952; September 17, 1954; December 2, 1954; November 3, 1955; November 1, 1957; October 29, 1958.

<sup>15</sup> Reports on Inspection of November 13, 1943; March 23, 1945.

A complaint by Dr. McCabe that the boys required more dairy produce in their diet appears to have been met with an appropriate response from the Presentation Brothers.<sup>19</sup>

December 19, 2006

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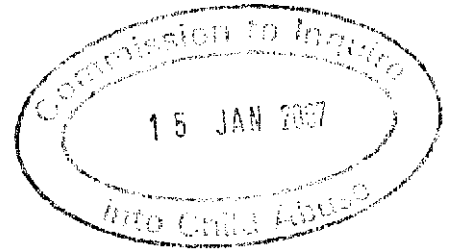
<sup>16</sup> Reports on Inspection of May 30, 1946; October 20, 1948; April 25, 1952; November 14, 1952.

<sup>17</sup> Report on Inspection of November 10 & 11, 1953.

<sup>18</sup> Report on Inspection of September 17, 1954.

<sup>19</sup> Reports on Inspection of October 23, 1946 and October 29, 1947.





Comments of Religious Sisters of Charity on the  
Report entitled:

**“An Assessment of the Health Status of Children Detained  
at Irish Industrial Schools 1940 to 1990”**

Dr. A. Staines  
Mr. A. Boilson  
Dr. F. Craven  
Ms. E. Wise

**11<sup>th</sup> January, 2007**

Report: **Title Page: “An Assessment of the Health Status of Children Detained at Irish Industrial Schools 1940 to 1990”**

Comment: The content of the Report does not appear to reflect the period 1940 – 1990 in all Cases as the title page would seem to indicate, e.g.

- Some of the conclusions only cover the period up to 1984 when the Department of Health took over responsibility for industrial schools e.g. Page 80 of 139 Lines 14-15 ‘From 1940 up until 1983 when the last available data was recorded in the Dept. of Education reports (n=2,581) children were detained at the institution ...’ and the table in **APPENDIX 3 – Archive Statistics**, Appendix 1.
- The statistics given to the Commission’s researchers by the Sisters of Charity in relation to St. Joseph’s Kilkenny and Lakelands covered the period up to the handover of the schools in 1999 and 2000 respectively.



**Page 2 of 56 [under the title Summary]**

Line 42

Report: *"However it was not possible to gather much information about the age distribution of these children."*

Comment: It was possible for the Commission's researchers to gather adequate information about the age distribution of the children in our Schools as the age and date of entry of the children are available. Furthermore, all records were made available by the Sisters of Charity on all occasions. Where any detailed clarification or breakdown of information was requested it was provided.

Line 44

Report: *"Using the limited available data, and interpreting it cautiously, the children admitted were both short, and (approximately) proportionately light."*

Comment: It is entirely unclear what is meant by the phrase 'interpreting it cautiously'. If the interpretation is based on an inadequate premise then it is as likely to be false as to be true. The data therefore cannot and should not be relied on to draw any conclusion.

**Page 7 of 56 Introduction [The Industrial School System]**

Report: *".... These institutions helped to sustain each other as girls from the reformatory and industrial schools often ended up working their entire lives in Magdalen laundries; many of the children of unmarried mothers, born in the county homes, and mother and baby homes, were placed in industrial schools (Raftery, et al, 1999)"*

Comment: According to the records of the Sisters of Charity this is completely inaccurate.

Lines 1 - 17

Report:

Comment: Lines 1-17 missing

Lines 18 and 19

Report: *"Although Dr McCabe continued her role as Medical Inspector of the schools until the early 1960's, she appears to have played a more subdued role from 1945 onwards."*

Comment: The records from Sisters of Charity schools do not demonstrate a diminished role for Dr. Anna McCabe after 1945. On the contrary, the evidence from the medical reports on our schools, made available to us in the Department of Education Discovery, indicate that the opposite was the case. Her continued, detailed and comprehensive involvement is borne out, for example, by the manner in which she investigated abuse allegations against a worker in St. Joseph's, Kilkenny in 1954 – 1955.

Line 49 - 51

Report: *"... meat was rarely consumed, their protein intake was mainly derived from vegetables rather than animal sources. Their calcium intake was also inadequate, for example the consumption of cheese was almost non-existent across all schools investigated. (Archer, 1962)"*

Comment: The above conclusion could not be ascribed to St. Joseph's Kilkenny or St. Patrick's Kilkenny. There is no reference whatever in Dr. McCabe's medical reports on our Schools which would indicate that meat was rarely consumed. In addition, the memory – and evidence – from past residents would generally indicate that meat was provided on a regular basis (though some children might not have liked it).

We are not aware of any evidence or primary source indicating a generally inadequate calcium intake by the children in the Sisters of Charity schools. There is only one indirect reference to inadequate calcium throughout the entire history of the schools. The situation was addressed immediately.

In regard to St. Joseph's, in her Statement of Proposed Evidence (page 66), Sr. Úna O'Neill stated:

*"There is no evidence to suggest that the children in St. Joseph's ever suffered from an inadequate or unsuitable diet. On the contrary, a number of the Medical Reports between 1946 and 1950 state that the diet was good and the children were well fed. There was only one exception to the above. In an Inspection by Dr. A. McCabe on 4<sup>th</sup> July, 1944 she recommended that milk be increased to one pint per child per day and that butter be increased to 6 ozs per child per week. This is followed by a letter from the Inspector on the 5<sup>th</sup> August. A reply from St. Joseph's, on the 7<sup>th</sup> of September, stated that each child was getting more than the required 1 pt of milk daily and more than 6 oz. butter per head per week. Subsequent Inspections make no further reference to the above or carry any criticism or query in regard to the diet of the children. On the contrary it appears that the Inspectors were satisfied. For example the Report on the Inspection of the 9<sup>th</sup> – 10<sup>th</sup> June 1954 the Inspector noted that the food and diet were very good and that the meals were well balanced and attractive." [DEJK059-020/]*

In her direct evidence and in response to questioning before the Commission on 1<sup>st</sup> November 2005, (page 90:4-22) Sr. Úna O'Neill responded to questions as follows:

- Q. In dealing with food, you make the point that there no evidence on the documentation to suggest that the children in St. Joseph's ever suffered from an inadequate or unsuitable diet. The exception, of course, to that being the reference which we spoke of earlier, to Dr. McCabe's direction in July 1944?*
- A. That's right.*
- Q. That each child get its full milk and butter quota?*
- A. Per day.*
- Q. I think that is something on which Dr. McCabe followed up and the Resident Manager assured her that they were being provided?*
- A. That's right, yes. Other than that the reports are very positive about the food. The farm was there up until the late 1950's, it would appear, so that they were able to have their own cows and supply of eggs for the children in the convent. The past residents would say that the food was fine, there is no complaints about that.*

It is reasonable to assume that if such a deficiency had existed at other times it would be documented in the same way.

In regard to St. Patrick's, in her Statement of Proposed Evidence (page 11), Sr. Úna O'Neill stated:

*"ii) Food:*

*Because of the farm, the Institution was generally self-sufficient in terms of fruit, vegetables and dairy products. The menu did not vary very much from day to day but generally appears to have been nourishing and sufficient.*

*This conclusion is supported by the reports of the Department which refer, for example, refer to the menu in 1954 as "good", "very good", "satisfactory", "excellent", "very good, well-balanced, varied diet" One exception is a recommendation in a letter dated 19<sup>th</sup> July 1944, arising from the Inspector's Report, that the boys daily milk consumption and butter rations needed to be increased because certain children were underweight. In the report to which this letter refers the following comments are also included under the heading: General Observations and Suggestions: "Well conducted school – children well cared – very clean".*

In her direct evidence and in response to questioning before the Commission on 7<sup>th</sup> February 2005, (page 51:25 and 53:2) Sr. Úna O'Neill responded to questions as follows:

*"Q. Yes. On the issue of food. I think you have already told the Commission that the school was quite self-sufficient in terms of farm produce.*

*A. That's right.*

*Q. And you set out in your statement examples of the food which was available and that is after referring to comments from the Department inspectors indicating that the food was satisfactory. Could you just take us through a typical day and what would have been on the menu in case an issue should arise about the quality of the food. What would have been the breakfast menu generally in the 50's say?*

*A. In the 50's as far as we could get the information for breakfast they would have had porridge and cocoa and fried bread. The bread would have been fried in dipping for their breakfast. Later on they had cornflakes on Sunday, they would have been considered a treat I suppose in the later years. For dinner they had soup and mince or stew, potatoes and vegetables. Sometimes they got rice, semolina or bread pudding for desert and on very special days they'd have got jelly and custard.*

*Q. Dinner would have been in the middle of the day I suppose.*

*A. Dinner would have been in the middle of the day.*

*Q. As we all remember it in those days.*

*A. Indeed, yes.*

*Q. Then after school?*

*A. After school they were given cocoa and bread and then at teatime they were given sausages or eggs boiled or scrambled, bread and homemade jam or dripping. We know that Crotty's of Kilkenny gave confectionary and bracks occasionally and a Madeira cake was made in the institution kitchen and homemade ice cream was made during the summer and given occasionally to the children."*

Line 9 - 15

Report: *"It is evident from the findings reported that the industrial school system was mismanaged by the Dept. of Education and the religious orders whose responsibility was to look after the children under their care. Dr. Anne McCabe's investigations highlighted the children were undernourished, received inadequate medical attention, and in most schools not even provided an adequate maintenance diet to keep them from losing weight, despite the fact the schools were paid an adequate per capita grant from the Dept. of Education. "*

Comment: A. The first paragraph under **Conclusions** is confused in its presentation and raises a number of questions that cast doubt on the validity of the conclusions. For example:

- (i) What 'findings reported' are being relied on? The sources are not identified.
- (ii) The reference to Dr. Anne McCabe's investigations cannot be related to any report prepared by Dr. Anna McCabe of the Department of Education that we have seen.
- (iii) If the reference to Dr. Anne McCabe is intended to be a reference to the published work of Dr. Augusta McCabe, the Commission should be aware that her work related exclusively to Boarded out children and not to children in Industrial Schools.

B. Our medical reports do not indicate that the children in our schools were 'undernourished' or that they 'received inadequate medical attention' or that they 'had an inadequate diet'.  
See Statement of Proposed Evidence of Sr. Úna O'Neill: St. Joseph's Kilkenny, pp. 66-73 and St. Patrick's p 11 quoted above.

In all of the years under examination there was one negative comment re diet in St. Joseph's: See p. 66 re Report of Inspection, 4<sup>th</sup> July, 1944 Statement of Proposed Evidence of Sr. Úna O'Neill: and St. Patrick's Kilkenny p.11, Recommendation in letter dated 19<sup>th</sup> July, 1944. Both comments are in relation to milk and butter rations, see comment on page 9 of Staines Report above.

C. In regard to health of children in St. Joseph's the Inspection Reports consistently record the health of the children as good or excellent. In her Statement of Proposed Evidence, (page 71) Sr. Úna O'Neill stated:

*"General Health of Children*

*The Medical Inspector Reports are consistently positive in relation to the general medical and dental care of the children. A number of the Reports state*

that '*. . . children are well cared for medically*' e.g. 7<sup>th</sup> December 1943, 15<sup>th</sup> February 1945; 16<sup>th</sup> May 1946.

*The health of the children appears to have been consistently good apart from the usual childhood illnesses such as chickenpox, measles, jaundice etc. For example the Inspection Report of the 15<sup>th</sup> June 1948 recorded: '. . . the health of the school is excellent.' ; 'all of the children are in good health and are being well cared for'. The general health of the children continued to be judged to be very good or, indeed, excellent. The same type of statement is present in the Reports of the 1960's and 1970's: e.g. '. . . general health of the children examined is excellent. There was a remarkably low incidence of Dental Cavities . . . and their nutrition was also excellent'. (28<sup>th</sup>/29<sup>th</sup> September 1964) [DEJK062-009] ; Report on period 31<sup>st</sup> March/30<sup>th</sup> September 1978 stated that: '. . . these children are in good health and are being well cared for'. [DEJK062-020]*

In her direct evidence and in response to questioning before the Commission on 1<sup>st</sup> November 2005, (page 91:14-27) Sr. Úna O'Neill responded to questions as follows:

*"Q. Yes. You deal with the medical care which was afforded to the children. First of all, you deal with the medical inspector's reports, which you describe as being consistently positive?*

*A. That's correct, yes. I deal with that under a number of headings. The general health of the children: They are well cared for medically, that's the general comment right down through and it is linked with their nutrition being excellent and the fact that they were in good health and being well cared for.*

*That is right through from 1943 right up to the reports in the 70's. In all Dr. McCabe's inspections she notes that the children's health was good, very good or excellent."*

The General Inspections are consistent with the above. There was one occasion where there was criticism in regard to a delay in relation to blood tests (DEJK061-016)

In regard to health of children in St. Patrick's the Inspection Reports all reports are favourable and the care is frequently referred to as very good or excellent. In her Statement of Proposed Evidence (page 13) Sr. Úna O'Neill stated:

*"iv) Medical Care*

*The Discovery documentation furnished by the Department of Education and Science provides detailed reports regarding the quality of medical and dental care at St. Patrick's Kilkenny.*

*All of these reports are favourable and ... the care is referred to as very good*

*or excellent. (see for example, Medical Inspectors Report 11<sup>th</sup> October, 1951; Department Inspection 27<sup>th</sup> November 1958 etc.)."*

In her direct evidence and in response to questioning before the Commission on 7<sup>th</sup> February 2005, (page 56:29 and 57:1-8) Sr. Úna O'Neill responded to questions as follows:

- "Q. Sister, I would now like to ask you about the regime of medical care which existed.*
- A. Yes, from the discovery documentation that was furnished by the Department of Education and Science we get detailed reports regarding the quality of the medical and dental care at St. Patrick's, Kilkenny. All of the reports that we had access to through that discovery are favorable and the care is frequently referred to as very good or excellent."*

Lines 38 and 39

Report:      "... *the Sisters of Charity (N=4) based in Harold's Cross ...*"

Correction:    ... the Sisters of Charity (N=5) based in Donnybrook ....



Lines 17 – 21 (page 15)

Report: *“In total (n=10,213) children were detained across all their schools . . .”*

Correction: In total (n=4,461) children were detained across all their schools . . .

Comment: Having carefully reviewed the population data in relation to our Schools, we believe that the section of the Report headed ‘Population Data’ is seriously flawed.

- (i) In lines 19-20 the source of the number 10,213 is not apparent and cannot be reconciled with our records.
- (ii) It is not clear whether the numbers cited are intended to include all children or only those children committed by the Courts. For example, in paragraph commencing at line 17 the total number of children detained in the schools is given as (10,213). However, In Table 1 (on pages 15 – 16: entitled **Occupancy of Irish Industrial Schools 1940 to 1970**) the same number is given for court committed children only.
- (iii) There are two different dates used in the Report, neither of which reflects the data that was provided to the Commission’s research team.
  - The title of the Staines Report refers to the period 1940 – 1990.
  - Table 1 (on pages 15 -16) is described as: Occupancy of Irish Industrial Schools 1940 to 1970.
  - The figures provided by the Sisters of Charity refer to the varied periods of residency up to the time of closure or hand-over in each case.

**In any event the numbers cannot be reconciled with our records.**

[The term ‘detained’ is used throughout the report to refer to children resident in our schools. It is submitted that the word ‘detained’ is not an appropriate word to be used when referring to children resident in the Schools run by the Sisters of Charity.)

**Page 17 of 56 [under the heading Sisters of Mercy]**

Line 7

Report: *"... and the Sisters of Charity who ran girls schools ..."*

Correction: ... and the Sisters of Charity who ran schools for girls and boys ...

Line 17

Report: *"for Lakelands"*

Correction: References to Lakelands should be included under Sisters of Charity page 19 of 56

Line 31

Report: *"Lakelands"*

Correction: References to Lakelands should be included under Sisters of Charity page 19 of 56

**Page 19 of 56 [under the heading Sisters of Charity]**

Line 26 - 30

Report: *"There were only four schools analysed which were under the order of the Sisters of Charity namely: Ballaghaderreen, Benada Abbey, St. Joseph's Kilkenny and St. Patrick's Kilkenny."*

Correction: There were only five schools analysed which were under the order of the Sisters of Charity namely: Ballaghaderreen, Benada Abbey, Lakelands, St. Joseph's Kilkenny and St. Patrick's Kilkenny.

**Page 24 of 56**      **[under the heading Sisters of Mercy]**

Line 12:

Report:            ". . *Dundalk, Goldenbridge, Lakelands, Loughrea.* ."

Correction:      Lakelands was one of our Schools, not Sisters of Mercy.

**Page 25 of 56**                      **[under the heading Sisters of Charity]**

Line 5 - 15

Report:            "*Lakelands omitted*"

Correction:      Insert Lakelands.

Line 16

Report: *"In summary insufficient medical information was obtained from the schools. . . ."*

Comment: The above statement is open to the interpretation that more medical information could or should have been provided to the authors of the Report. In answer the Sisters of Charity state as follows:

- (i) All extant records were furnished and made available to the Commission's research team.
- (ii) A considerable amount of anecdotal evidence was provided in the evidence of Sr. Úna O'Neill and former residents.
- (iii) The fullest assistance was provided by the Sisters of Charity to the Commission throughout its investigation.

In regard to the period directly prior to the 1990's there was a wealth of information in regard to health, attendance at doctors etc. There does not appear to be any reference to this source material in the Report.

Lines 20-23: This sentence does not appear to make any logical sense.

**Pages 33; 35/36/37**

Comment: We are unable to comment on this material because of the manner in which it is presented.

**Page 34 of 56 [under the title Results on page 32]**

Lines 11 and 12

Report: *"The Comparison group, American children measured between about 1965 and 1975, are considerably taller and somewhat heavier than this group."*

Comment: While the Sisters of Charity are not aware of what statistical data is available in this regard, we believe a more useful comparison group would be Irish children not resident in Industrial Schools during the relevant period. See also the conclusion drawn on page 55 of 56 in this regard.

**Page 39 of 56**

Comment: There are two pages numbered 39 (one before page 40 and one after page 40) with different information on each.

**Page 41 of 56**

Comment: This page holds the same information as page 42 of 58. Page 42 of 58 is followed by page 42 of 56.

Lines 3 - 10

Report: *“An interpretation of the data we have collected here begins with three Caveats . . . .”*

Comment: The authors of the report freely acknowledge three major limitations to their findings about the height and weight of children and seem to tacitly acknowledge that their figures do not provide a basis for forming any conclusion. The Sisters of Charity do not believe that the information relied on could justify any conclusions in relation to our Schools.

Lines 11 – 15

Report: *“Our analyses show three striking features. These children are very short, both on admission and discharge, they are underweight, but not proportionately to their height. They grew, a little, boys much less than girls, during their stay in residential care. Boys tended to lose weight for age, and boys admitted after the age of 10.5 (the median age of admission for boys) lost substantially more.”*

Comment: It seems somewhat bizarre to state that the children “grew, a little, boys much less than girls during their stay in residential care”. A number of our children came in as babies or toddlers and – apart from St. Patrick’s Kilkenny - left as adults.

Report: "There were three sources of information on deaths occurring amongst children resident in Irish residential homes. These were a series of annual reports held by the Department of Education, abstracted and furnished to the Commission by the Chief State Solicitors Office . . ."

Comment: The Sisters of Charity do not appear to have received such Reports from the CSSO and consequently were not given any opportunity to comment on anything contained therein.

Report: "An obvious question is how many children died? The three sources record different numbers of deaths - a total of 185 deaths were identified from our fieldwork, 224 from the CSSO and 118 from the lists provided by the various solicitors."

Comment: We presume that the apparent discrepancies noted by the Commission's researchers above do not refer to any of our schools. If that is not the case we would wish to be informed and given the opportunity to clarify the situation. (We have noted same in our comments below on pages 36 of 139 and 123 of 139)

Lines 19 - 24

Report: *"Nine deaths were probably or certainly due to congenital conditions - a child with Von Gierke's disease, a child with a ruptured cranial aneurysm, a child who died from brain stem, three children with congenital heart disease, one child with Downs syndrome, and one with learning difficulty and a limb anomaly."*

and

Page 52 of 56 [under the heading Estimation of Death Rates on page 50]

Lines 16 - 19

Report: *"Mortality amongst children in institutions was not substantially worse than that in the general population over most of the period studied. The dramatic excess of deaths in both 1976 and 1986 is due to four deaths, two in each year."*

Comment: The information under the Heading: Death by Cause, might be erroneously interpreted to indicate a high death rate in any given year.

It appears that some of the children referred to in pages 46, 47, 49 and 52 were in St. Joseph's Kilkenny. These children were not part of the general population of the school. Between 1960-1987 babies needing nursing care were transferred from Ardkeen and St. Luke's hospitals to St. Joseph's to relieve acute cots in Ardkeen and St. Luke's (See Statement of Proposed Evidence Sr. Úna O'Neill, p. 10) where the numbers provided include *"babies needing nursing care transferred from Ardkeen and St. Luke's Hospitals to relieve acute cots there"*.

In addition, over the years, *"a number of the children were admitted with congenital and/or chronic medical conditions or with physical disabilities. This is obvious in the records of the fourteen children who died in St. Joseph's from 1933 - 1999."* (Statement of Proposed Evidence Sr. Úna O'Neill, p. 71).

In her direct evidence and in response to questioning before the Commission on 1<sup>st</sup> November 2005, (page 93:3-17) Sr. Úna O'Neill responded to questions as follows:

*"Q. I think that there are records of 14 children having died between the years 1933 and 1986?*

*A. That's correct. 9 of these were small children in the nursery. Now, what's interesting is that very few of them died suddenly. Most of them died from an existing condition, which was either congenital or chronic. There are one or two who did die suddenly. One child died suddenly of heart failure, but most of the others came and many of the children in the nursery obviously came from the hospitals and some of them did die from whatever they were suffering from when they came to us. We have a list of each child."*



Report: Pages 50, 51, 54, 56

Comment: Page 50 of 54 appears to be a copy of Page 52 of 56

Page 51 of 56 is blank

**Page 56 of 56 [under the heading Conclusions]**

Lines 5 - 8

Report: *"It is possible that the original records were of much better quality than those which have survived. This does seem unlikely."*

Comment: If the general conclusion of No. 1 about the records being of very poor quality is intended to include the records of the Sisters of Charity, we do not believe this is an accurate or fair criticism. We provided the Commission's research team with all original records and not with copies.

Lines 17-19:

Report: **"... it was not possible to gather much information about the age distribution of these children"**

Comment: As stated above on page 2 it was possible for the Commission's researchers to gather adequate information about the age distribution of the children in our Schools as the age and date of entry of the children are available.

## Appendix 1 – School Records

### Pages 2 and 3 of 139

Report: Pages 2 and 3 of 139

Comment: These pages are blank

### Pages 4 to 21 of 139 [under the heading Table of Contents]

Report: *Page numbers in Table of Contents not accurate*

Correction: Commission need to correct page numbers

### Page 28 of 139 [under the heading Ballaghaderreen - Introduction]

#### Line 4

Report: *“Junior Boys”*

Correction: Girls and Junior Boys

#### Line 14

Report: *“The school detained boys up to 10 years of age.”*

Correction: The school detained girls and boys up to 10 years of age.

#### Lines 14 and 15

Report: *“From 1940 up until the school closed (n=1164) children were detained at the institution . . .”*

Correction: From 1940 up until the school closed (n=398) children were resident at the school.

**Page 29 of 136 [under the heading Case Files]**

Line 16

Report: *"In relation to the non-committals, there were (n= 253) case files."*

Correction: In relation to children not committed by the courts, there were (n= 60) case files.

**Page 34 of 139 [under the heading Benada Abbey - Introduction]**

Lines 14 - 16

Report: *"From 1940 until the school closed (n=1693) children were detained at the institution . . . "*

Correction: From 1940 until the school closed (n=331) children were resident at the school.

**Page 36 of 139 [under the heading Death Records]**

Line 12

Report:

1945	F	14 yrs
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Comment: We would be grateful if the Commission would confirm the accuracy or otherwise of this child's inclusion in the table of deaths as we do not have any record of the death of a child in Benada in 1945.

Lines 9 – 10

Report: *"... on the health status of children detained at St. Patrick's from 1940 the school ...."*

Correction: ... on the health status of children detained at St. Mary's from 1940 the school ....

Lines 9 – 10

Report: *"... on the health status of children detained at St. Patrick's from 1940 the school was taken over by the health board in 1984."*

**and**

Lines 14 to 15

Report: *"From January 1940 up until 1983 when the last available data was recorded in the Dept. of Education reports ....."*

Comment: The Department of Health took over responsibility for all Industrial Schools in 1984. The management of St. Mary's was handed over to the East Coast Area Health Board in 2000.

Lines 16 to 17

Report: *"... (n=2581) children were detained at the institution ..."*

Correction: ..... (n=933) children were resident at the school.

Lines 6 and 7

Report: *"... from 1940 up until 1960's."*

Correction: .... From 1940 up until 1990's.

**Page 121 of 139 [under the heading St Joseph's, Kilkenny – Introduction]**

Lines 15 to 18

Report: *"From 1940 up until the school closed (n=3,180) children were detained at the institution . . . ."*

Correction: From 1940 up until the school closed (n=1,800) **children** were resident at the school.

**Page 122 of 139 [under the heading Case Files]**

Lines 13 and 14

Report: *"The files for committals and committals were in alphabetical order."*

Correction: The files for children committed and those not committed were in alphabetical order.

**Page 123 of 139 [under the heading Death Records]**

Lines 28

Report:

1964	F	11 yrs
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Comment: We would be grateful if the Commission would confirm the accuracy or otherwise of inclusion of an 11 year old female in 1964 as we do not have a record of this death.

Line 30

Report:

1965	M	4 months
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Correction:

1966	M	4 months
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**Page 125 of 139 [under the heading St Patrick's, Kilkenny]**

Line 5

Report: *"Girls/Junior Boys"*

Correction: Junior Boys

Lines 15 to 17

Report: *"From 1940 up until the school closed (n=4,146) children were detained at the institution . . . ."*

Correction: From 1940 up until the school closed (n=999) children were resident in the school.

**Page 126 of 139 [under the heading Case Files]**

Line 5

Report: *"There were no case files available for the non-committals detained at St. Patrick's."*

Correction: There were 18 case files available for children not committed to St. Patrick's.

Line 3

Report:

1955	M	2 months
------	---	----------

Correction:

1955	M	1 yr
------	---	------

Line 7

Report:

1959	M	1 yr
------	---	------

Correction:

1959	M	2 yrs
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## APPENDIX 2 – ARCHIVE REPORTS

### **Page 8 of 57**      **[under the heading Other Registers]**

Report:      Punishment Book in archive report for Benada Abbey omitted

Correction:    Insert Punishment Book

### **Page 29 of 57**      **[Under the heading Lakelands]** (page number not on page but taken from Table of Contents)

#### Line 9

Report:      "Voluntary: (1940s to 1960s)"

Correction:    Voluntary: (1940s to 1990s)

#### Line 13

Report:      "Committed (1940s to 1960s)"

Correction:    Committed (1940s to 1990s)

### **Page 44 of 57**      **[under the heading St. Joseph's, Kilkenny]** (page number not on page but taken from Table of Contents)

Report:      "*First Communion/Confirmation Book omitted*"

Correction:    Insert First Communion/Confirmation Book

**Page 46 of 57**      **[under the heading St. Patrick's – Kilkenny]**  
(page number not on page but taken from Table of Contents)

Line 25

Report:            *"There were only case files for court committed children ..."*

Correction:      There were 18 case files for non-committed children.

## APPENDIX 3 – ARCHIVE STATISTICS

### Appendix 1

#### Population Data – School Occupancy (Court Committed Children) From January 1940 to December 1989

Comment: Having carefully reviewed the population data in relation to our Schools, we believe that this section of the Report is seriously flawed.

- (i) In the table referring to Sisters of Charity schools the source of the number 10,213 is not apparent and cannot be reconciled with our records.
- (ii) In this table the heading given above the numbers is "No. of Children **Court Committed**". The very same numbers are given on paragraph 3 on page 15 of 56 as the **total numbers** of children resident in our Schools, i.e. **both Court committed and non-Court committed**.
- (iii) The figures provided by the Sisters of Charity refer to the period of residency up to the time of closure of each School or hand-over in the case of Lakelands and St. Joseph's.

Correction: Appendix 1 for Lakelands needs to be added to this table.

### Appendix 1

#### Population Data – School Occupancy (Court Committed Children) From January 1940 to December 1989

<i>Sisters of Mercy</i>			
<i>Lakelands</i>	<i>1984</i>		

Correction: Include Lakelands under Sisters of Charity instead of Sisters of Mercy

## Appendix 2

### Total Number of Case Files at Depositories for Schools Investigated

Comment: We assume that this is for the period 1940 to December 1989 (see Appendix 1 above)

Report:

#### *Sisters of Charity*

		<i>Co Council/Health</i>	
<i>Ballaghaderreen</i>		<i>253</i>	
<i>Benada Abbey</i>		<i>99</i>	
<i>St Joseph's Kilkenny</i>		<i>478</i>	
<i>St Patrick's Kilkenny</i>		<i>N/A</i>	

Correction:

#### Sisters of Charity

		Co Council/Health	
Ballaghaderreen		60	
Benada Abbey		99	
St Joseph's Kilkenny		478	
St Patrick's Kilkenny		18	
Lakelands		205	

Correction: Move Appendix 2 for Lakelands to here  
Adjust percentages and totals

Report:

#### *Sisters of Mercy*

		<i>Co Council/Health</i>	
<i>Lakelands</i>		<i>205</i>	

Correction: Include Lakelands under Sisters of Charity instead of Sisters of Mercy

### **Appendix 3**

#### **Total Number of Records Sampled at Depositories for Schools Investigated**

Report: *Sisters of Mercy*

<i>Lakelands</i>	<i>Mercy</i>		
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Correction: Include Lakelands under Sisters of Charity instead of Sisters of Mercy

### **Appendix 4**

#### **Registers Available at Depositories for Schools Investigated**

Comment: Chart for Lakelands not filled in

### **Appendix 5**

#### **Contents of Case Files at Depositories for Schools Investigated Court Committed Children**

Report: *"Lakelands omitted from Sisters of Charity"*

Correction: Include Lakelands under Sisters of Charity

## **Appendix 6**

### **Contents of Case Files at Depositories for Schools Investigated Voluntary & Health Board Children**

Report: *"St. Patrick's Kilkenny - No case files"*

Correction: There are 18 case files for St. Patrick's, Kilkenny

Report: *"Lakelands omitted from Sisters of Charity  
Chart for Lakelands not filled in"*

Correction: Include Lakelands under Sisters of Charity  
Fill in chart for Lakelands

**COMMISSION TO INQUIRE INTO CHILD ABUSE**

**SUBMISSION ON BEHALF OF THE SISTERS OF  
MERCY AND THE SISTERS OF ST. CLARE IN  
RELATION TO THE REPORT ENTITLED: AN  
ASSESSMENT OF THE HEALTH STATUS OF  
CHILDREN DETAINED AT IRISH INDUSTRIAL  
SCHOOLS 1940 TO 1990**

**DATE 30<sup>th</sup> May 2007**

## **A. Introduction**

It is submitted that the Investigation Committee should not rely on the Report in reaching any conclusions, particularly conclusions adverse to the religious. This submission is based on the following matters:

- (i) The Report takes as its starting point a highly partial view of the running of the industrial schools and the dietary and medical care of the children, based on a reading of materials by Mary Raftery and Eoin O'Sullivan; this negative view, based on minimal and selective materials, then colours the tone of the report thereafter.
- (ii) The Report presents information in a misleading way such as to facilitate adverse inferences being drawn against the religious;
- (iii) The Report is inadequately researched as far as the deaths of children are concerned;
- (iv) The Report contains numerous inaccuracies;

## **B. Reliance on material in dispute before the Committee: an improper starting point**

It is clear that the authors of the Report have numerous preconceptions about the manner in which the religious ran the industrial schools, apparently based on a reading of Mary Raftery's book and views put forward by former residents in the public arena.

For example, at p.7 of the Report, it is clear that the brief overview of the industrial schools system is primarily based on Mary Raftery's views.

At p.9-10 of the Report, the view of Dr. McCabe's role is clearly that of Mary Raftery. Negative reports of underfeeding of the children from the early 1940's are set out, without reference to later positive reports from the same inspector. It is merely stated that Dr. McCabe played '*a more subdued role*' after 1945. The authors do not explain why they have chosen to interpret the fact that Dr. McCabe's criticisms of diet diminished as being proof that Dr. McCabe played a more subdued role. The other simple and plausible interpretation is that following her trenchant criticisms of the nutrition of children in the early 1940's, the diet of the children improved. Further, there is reference to the 'testimonies' of 'survivors' relating to food and diet throughout the 1950's and 1960's, again relying on Mary Raftery's book. It should be pointed out that the researchers were not present at the oral hearings. It is clear that the authors have formed a negative view of the diet of the children in the industrial schools throughout the relevant period, based on selective reference by Mary Raftery to reports from the 1940's.



At p.10 of the Report, it is stated that *'it is evident from the findings reported that the industrial school system was mismanaged by the Department of Education and the religious orders...'* and that *'children were undernourished, received inadequate medical attention, and most schools not even provided an adequate maintenance diet to keep them from losing weight, despite the fact that the schools were paid an adequate per capita grant per child from the Dept of Education'*. It is little short of astonishing that the authors have presented 'Conclusions' on these matters at all, given that this was not within their remit. It is further highly inappropriate that they should purport to do so, given the highly selective and extremely limited material on which they rely in this regard.

To summarise:

**Firstly**, we fail to understand why they have offered views on the matters discussed in the Introduction at all, since they are clearly not within their remit.

**Secondly**, we are dismayed at the poor quality of the information and views in the Introduction, based as they are on extremely limited and selective information, without regard for the fact that many of these matters are precisely matters under investigation by the Commission through various aspects – sworn oral testimony of former residents and numerous other witnesses, including Department witnesses; expert reports, such as the financial experts; and a detailed examination of contemporaneous documents.

**Thirdly**, the two preceding points give rise to a serious concern as to how and in what terms the researchers were briefed by the Investigation Committee.

**Fourthly**, they also raise serious concerns about the objectivity and impartiality of the researchers at the starting point in their investigations; a point which is underlined by the numerous misleading statements and inaccuracies in the report as detailed below.

## **C. Misleading or inaccurate presentation of information**

It is submitted that in many instances the Report sets out information which is either simply inaccurate in itself, or presented in such a way as to be seriously misleading. Some examples are set out as follows.

### ***1. Population Data***

At pages 15-16 of the Report, a chart purports to set out the number of children committed to various institutions. A number of criticisms may be made of the presentation of this data:

- (a) It is not clear why the chart refers to the period 1940-70 only, when the period under review by the researchers is 1940-1990. No explanation is given.

- (b) More importantly, a figure of 52,708 is set out as the 'number of court committed children' detained in Sisters of Mercy Schools in the period 1940-1970. This is simply inaccurate. It is not the case that 52,708 court committed children were detained in Sisters of Mercy industrial schools during that period. The figure was closer to 10,000.
- (c) Similarly, the figure (1,381) given at page 16 for the number of Court Committed Children detained in St. Joseph's Industrial School Cavan (Sisters of St. Clare) is inaccurate. From 1940 to 1970 approximately 245 court committed children were detained in St. Joseph's. The school closed in 1967.
- (d) No explanation is given of how the mean number of children committed to Mercy institutions and St. Joseph's Cavan, is calculated as 1,722 and 55 respectively.
- (e) It is stated incorrectly at page 15 of the report that only 9 Sisters of Mercy Schools had closed prior to the Health Board taking over management of these institutions from the Department of Education. By the time this transfer took place (1<sup>st</sup> January 1984) 13 Sisters of Mercy schools had closed and one other, (Clifden) closed in 1984.
- (f) Given the dramatic reduction in the number of children being committed after the 1950's, the calculation of a mean number of children per year from the global figure from 1940-70 is misleading and unhelpful. Such a calculation would only be useful if the numbers being committed annually throughout the period remained roughly constant, which it did not. Further, the calculation may be inaccurate insofar as it is based on number of schools, which were progressively diminishing throughout the period; but this is impossible to say as no explanation of the basis for the calculation is given.

## 2. *Keeping of admission registers and medical registers*

- (a) Lakelands is repeatedly referred to as a Sisters of Mercy school when in fact it was not.
- (b) Again there is the erroneous assumption that the Department of Health took over the schools in 1970, and this erroneous assumption is linked with the view that records began to become more complete from that date onwards (see p.17). This creates the impression that only when the Department of Health took over the schools were records kept in appropriate form.
- (c) At p.19 it is stated that '*heights and weights data on admission was incomplete, and generally only heights were recorded, weights on admission were only obtained where medical forms were available.*' See also p.54 to similar effect. This might be read to imply that there was an omission on the part of the people running the school to fill out the forms provided to them properly. In fact, and what is not pointed out, is that the admissions registers (provided by the Department) required the school to record height, but did not ask for weight to be

recorded. Instead it required a description of the figure of the person, which was then recorded in a descriptive form, such as stout, slight, plump etc.

- (d) At p. 19 it is stated with regard to St. Joseph's Cavan that "*It was not possible to determine the quantity of documents on file for any given pupil. Apart from the medical reports obtained it was not possible to differentiate documentation that related to the court committed children and the non committals.....one could not determine if the documents related to committals or non committals in a single sitting*" (emphasis added). It should be noted that there was no restriction on the time made available to the authors to examine the records relating to St. Joseph's Cavan or indeed the Sisters of Mercy Schools.
- (e) At p.23 it is stated that '*medical and infirmary registers were not provided for all schools investigated....*'. It is not that such registers were 'not provided' – which implies that they existed but were not given to the Committee-but rather that they have not survived. All records available to the Sisters of Mercy and Sisters of St. Clare were made available to the Committee.
- (f) At p.56 there is a reference to unidentified regulations and guidelines promulgated in the 1930's which, it is claimed, were not adhered to by those keeping medical records. We are not aware of those guidelines and it would be helpful if this information could be set out. Further, there appears to be no taking account of the fact that individual GP's who examined the children would have kept their own records on individual patients in the usual way.

In summary, our concern in this section is that the authors fail completely to distinguish between two issues; a failure to adhere to the contemporaneous standards of keeping records, on the one hand, and the absence of sufficient records from which to draw conclusions in 2007 by reason of the loss of records in the intervening period and/or the inadequacy of the records that were required to be kept at that time. Attitudes to record-keeping, and the practical context in which records were kept (staffing levels and administrative staff in particular), changed enormously between 1940 and 1990. This section of the Report is, wrongly we submit, open to the interpretation that the paucity of medical records somehow reflects an absence of medical care for the children and/or a negligent attitude towards their medical care. We respectfully suggest that the authors of the report should have confined themselves to the appropriate questions within their remit, namely whether it is possible to draw conclusions from such records as are still available, and if so, what those conclusions are.

This view of the particular section is re-enforced when one moves to p.56 where the authors say that:

*....while it is possible that the original records were of much better quality than those which have survived... This does not seem likely. As a result, there is very little usable documentation about the health of these vulnerable children.*

*There is enormous variation between the orders, the schools and the depositaries in the quantity and quality of the surviving records. Clearly*

*it is possible that this only reflects different degrees of care when preserving old records. It is also possible, and perhaps more likely, that this reflects different degrees of care in creating and maintaining records in the first place.*

It seems clear that where the authors draw inferences, they are quick to draw inferences negative to the religious without any apparent basis for doing so. The fact that their starting point was a negative one, as noted above, may be the reason for this.

### **3. Number of deaths in Institutions**

(a) Here there is a highly misleading comparison of information which is, simply, not comparing like with like. At page 45 of the Report, the authors refer to the information obtained about the deaths of children in the period 1940-90 from three sources;

- (1) 180 deaths from their field work;
- (2) 224 from the Chief State Solicitor's Office; and
- (3) 117 from the solicitors for the congregations.

This clearly leaves the impression that the congregations understated the number of deaths of children in their care when providing the information to the Commission. This is highly misleading. What the authors fail to note is that the figure of 117 supplied by the solicitors for the congregations was *in response to a request by the Commission for information about particular schools – 6 out of 26 schools in the case of the Sisters of Mercy, whereas the field-work concerned deaths in all 26 of the Mercy schools.* The information provided by the solicitors for the Sisters of Mercy, therefore, referred to deaths in six schools, while the field work covered all 26 Mercy schools. The question of under-recording or understating of deaths by the people caring for the children is a serious and sensitive issue. It is again astonishing that so little care has been taken with the presentation of the information. The risk of adverse inferences being drawn to the detriment of the religious is obvious and yet was blithely passed over.

It should also be pointed out that in their field work the researchers examined 40 institutions run by the various congregations. However, the information provided by the CSSO included industrial schools and reformatories not examined in the field work. Again therefore the suggestion that the figures from the CSSO and from the field work concern the same matters is simply wrong.

The failure to explain what the different figures represent is highly misleading, and in a particular direction i.e. leading the reader to draw an inference adverse to the religious congregations, namely that the records of the deaths of children supplied to the Committee were less accurate or rigorous than those of the researchers or those of the CSSO. This is simply not true, and indeed, the contrary is true. As will be seen below, the Sisters of Mercy records concerning all 25 of the 26 institutions are *more complete* than those of the CSSO or the

Report's researchers. (The entirety of the records of the remaining 26<sup>th</sup> institution, Summerhill, do not exist any more; and in this respect only, the CSSO records are of course more complete).

- (b) The following is a more accurate presentation of the material concerning the Mercy schools and the recording of deaths of children in their care.
- (1) The authors of the report found 71 deaths in their field work from examining the Mercy Archives. The Sisters of Mercy archivist is in a position to identify 34 further deaths that are recorded in the archives. The researchers therefore missed 34 deaths that were clearly recorded in the Archives. They should have found 105 deaths, not 71 deaths. This raises serious concerns about the quality of the research conducted by the researchers for the report.
  - (2) Further there are no archive records for Summerhill. Accordingly there can be added to the figure of 105 a figure of 10 (being the number of deaths in Summerhill recorded by the CSSO). This brings the total figure of deaths in the 26 Mercy institutions to 115.
  - (3) The CSSO have details of 93 deaths in Mercy institutions, therefore 26 less than are recorded in the Mercy Archives.
  - (4) There are four deaths, apparently unaccounted for in the Archive records, which require further examination. These are as follows:
    - (i) Joseph Hardiman, Loughrea, date of death 2<sup>nd</sup> June 1961. There is no registered number for him, which would appear to indicate that he was a voluntary admission. There is no record of him in the Loughrea Archives at all. The information concerning his death appears to come from the CSSO records. We hereby request the Committee to furnish us with any records relating to Joseph Hardiman from the Department of Education Archives.
    - (ii) Marion Howe, Goldenbridge. She was a voluntary admission who died in hospital. The Mercy Archives do not record her death, but her death is registered in the Register of Deaths.
    - (iii) Mary Mahony, Tralee. The only extant record in the Mercy Archives is the Admission register. Mary Mahony is recorded in the register but her death is not. We hereby request the Committee to furnish us with any records relating to Mary Mahony from the Department of Education Archives.
    - (iv) Brendan Ryan, Rathdrum, date of death 16 Jan 1973. This boy is recorded on a loose page that is in poor

condition. It is difficult to make out with certainty the note beside his name which could refer to him being discharged or deceased. Once again we hereby request the Committee to furnish us with any records relating to Brendan Ryan from the Department of Education Archives.

- (c) The fire at Cavan in 1943 was such a tragic event of enormous proportions and so unusual that it is questionable that the deaths resulting from same should be used at all in the figures relied upon by the authors. This one event accounts for approximately 15% of all deaths in the period under review. Given the relatively small number of children in care such an unprecedented event will affect the figures disproportionately.
- (d) The authors of the Report suggest throughout the Report that the number of missing deaths is probably close to thirty. This is a questionable conclusion unsupported by any evidence or explanation of how this figure is arrived at. Inevitably, negative conclusions will be drawn by the public from such statements; in the same way that the authors of the report have been quick to draw negative conclusions from material presented to them. In such circumstances, it is simply not acceptable that such sweeping statements be made, implicating all the religious orders equally, without any reasoned basis therefore.
- (e) At p.53 it is stated that they have located death certificates for just over 60% of the deaths. It is not clear whether this is a reference to death certificates within congregation archives, or a reference to their searches in the death register. If the former, it has been pointed out above that the researchers missed 34 of the deaths recorded in the Mercy Archives altogether. In any event, it is submitted that a thorough search should have been conducted in the Death Register. The implicit allegation of under-recording of the deaths of children in care is a serious one and should not be left to hang in the air without proper investigations being conducted.

#### **4. *Records concerning voluntary admissions***

At p.54 it is stated that 'admission registers for Court committed children were provided for all the schools investigated, but this was not the case for non-committals'. Again there is a possible adverse implication from the use of the words 'provided'. It should also be pointed out that there was no legal or administrative requirement to keep registers in relation to non-court and entirely voluntary admissions.

### **D. Choice of Comparators**

It is ironic that this Report purports to compare the height and weight of children in England with those in Ireland, when the financial report of Mazars refused to use the

English capitation grant as a comparator on the basis that the standard of living in England was so much higher. How can it be considered appropriate to investigate whether the Irish children were lighter and smaller than English children, but not appropriate to investigate how much money the Irish and English schools respectively were getting from the State to care for them?

It seems clear that a more useful comparator would have been to look at the height and weight of *Irish children not living in industrial schools* and to compare this with the children living in industrial schools. This would overcome any difficulties concerning the differences in standards of living in Ireland and the UK at the time. This point is underlined by the fact that the researchers found (see p.43) that the children were short '*both on admission and discharge*'.

At p.34 the comparator chosen is that of United States children measured between **1965 and 1975**. The value of this as a fair comparator is also questionable. This report is dealing with Irish children in industrial schools from 1940 to 1990, the great majority of whom were detained prior to 1965. In 1950 there were approximately 6000 children detained in such schools. The number had fallen below 4000 by 1960 and it fell to 1270 by 1970.

## **E. Miscellaneous Factual Inaccuracies (Examples)**

At page 7 it is stated that for most of the second half of the 20<sup>th</sup> century, 52 industrial schools were operating. In fact, by 1970, at least 22 of the previously existing 52 industrial schools had closed, and 2 more closed in 1970.

At p.12 there is a reference to 27 Mercy Schools when in fact there were only 26.

At p. 12 the Sisters of St. Clare are confused with the Sisters of Charity. The Sisters of St. Clare records are held in Harold's Cross.

At p.15 it is stated that 'from the 1950's onwards boys up to ten years were also detained [in Mercy schools]'. In fact, prior to the 1950's a number of Mercy schools were exclusively for junior boys, including, for example, Rathdrum industrial school. Additionally, from the mid 1960's some of the Sisters of Mercy schools catered for boys up to 16 years.

At p.15, it is stated that 9 Sisters of Mercy schools closed before the Department of Health took over. According to the Sisters of Mercy records, 13 of the schools closed before the Department took over in 1984 and one other closed in 1984.

At p. 15 (and on the chart at p. 16) it is stated that the Sisters of St. Clare school at Cavan catered for girls and junior boys whereas it was a school for girls only.

At p.17 and at p.24, Lakelands is referred to as a Sisters of Mercy school, when in fact it was run by the Sisters of Charity. At p.24 Glin is also erroneously referred to as a Sisters of Mercy school.

At p.17 and p.54 it is stated that the Department of Health took over in the 1970's but in fact they did not take over until 1984.

## **F. Conclusion**

We are dismayed and appalled that a Report concerning such serious matters, some of which may contain implicit allegations of abuse, could contain so many inaccuracies and misleading passages. It is submitted that no conclusions could safely be drawn for any purposes on material on a Report with such a flawed basis. Insofar as the Committee intends to base any of its conclusions on this Report, we will reserve our rights to challenge those conclusions if and when a draft of those proposed conclusions is made available to us.