

Consultations with Survivors of
Institutional Abuse on Themes and Issues
to be addressed by a Survivor Led
Consultation Group

Barbara Walshe and Catherine O'Connell July 2019

Table of Contents

Acknowledgement	3
Summary	4
Introduction	5
Our Methods: A Restorative Approach to the Consultation Process	6
Background to this Consultation	8
The Survivors	9
Voice, Silence, Shame, Secrecy, Stigma and Judgment	9
Trauma and Intergenerational Trauma	10
Changing Needs of an Aging Survivor Population	11
Survivors living further afield	11
What Survivors of Institutional Abuse in Ireland and the United Kingdom said	11
<i>Survivors of Institutional Abuse in Ireland</i>	12
<i>Survivors of Institutional Abuse in the United Kingdom</i>	13
Themes important to all Survivors of Institutional Abuse	15
<i>Survivors experience of the Redress Board and of Caranua</i>	16
Priority Needs – Health, Housing, Finance and Social Supports	18
Social Supports and A Place to Meet each other	19
Education	20
Remembering and Honouring Survivors	21
Further Consultations	22
<i>Consulting with the ‘Hard-to-Reach’</i>	23
Survivor-Led Consultation Group	24
Conclusion	25
Appendix A: Recent Reports on Survivors	26
References	27

Acknowledgement

We would like to thank everybody who participated in this consultation over the past six months. We would particularly like to thank the survivors of institutional abuse living in Ireland and the United Kingdom who choose to speak to us. Thank you your honest opinions, your openness and your courage.

To those of you with whom we met, with whom we had long telephone conversations, to those of you who published research and opinion either written or on social media, we hope this report reflects the essence of what you said to us. This was our commitment to you all from the beginning.

Thank you for sharing your lives and your thoughts and hopes for the future.

A special thanks to those survivors who wished to work on behalf of all survivors in managing phase two of this process and being part of the new Survivor Led Consultation Group.

We would like to thank those from the Department of Education and Skills that met with us and engaged us as independent facilitators to do this work.

Summary

In February 2019, the Department of Education initiated a scoping study on a consultation process with survivors of institutional abuse. Themes and issues important to survivors were the focus of this study.

Despite initial scepticism regarding the purpose of this scoping exercise, survivors and their advocates were very clear on what is needed and wanted both in Ireland and the UK for all survivors of religious institutions, both those that benefited through the Redress system and Caranua and those that did not.

The study found that survivors do not want '*consultations for consultations sake*'. They are asking for urgent action on the known needs outlined in previous reports (see Appendix A) and highlighted in their meetings with us. These include; health, housing, social supports and enough income to live on in dignity. Both Ireland and UK survivors and advocates also stressed the need for clear pathways to access medical, housing, financial and others supports and again highlighted the need for designated liaison personnel who have had training in survivor specific circumstances. In addition, they need support in dealing with the legacy of their past including the need for ongoing and culturally appropriate counselling, support groups, expertise and interest in accessing hard to reach groups and financial support for the educational needs of a further generation affected by their time in institutions.

Many survivors described their experiences of the Redress process as adversarial, difficult, traumatic and negative while Caranua was described as bureaucratic and unnecessarily unwieldy. They welcomed the opportunity to engage in this process, which they described as 'different'.

Survivors in the UK described previous supports as 'overly Ireland centred'. While many of the issues are similar, policy contexts in both jurisdictions are different. Both survivors in the United Kingdom and Ireland believe that therefore, there should be separate sub-groups in the newly formed steering group enabling them to concentrate on country specific issues.

Survivors expressed that although they had suffered greatly as a result of being in institutions throughout their young and adult lives, they are also resilient, courageous and forward thinking. Being front and centre in stating their needs and in the design of policy which will affect their lives and those of their families into the future is very important to them. Therefore, they welcome a survivor led consultation process focusing on the urgent changing needs of survivors.

A survivor led consultation group has been formed. This is comprised of two sub groups, one UK based and one Ireland based. The group will work with government on meeting needs of survivors over the next year.

Introduction

In December 2019 a request for tender was issued by the Department of Education and Skills for the scoping, planning and design of consultation events for survivors of abuse in children's residential institutions (phase 1 of a survivor-led consultation process). The tender specified that the facilitator was to work closely with survivors and survivor representatives to:

1. Find out the level of interest in having a survivor-led consultation process
2. Find out about themes and issues survivors wish to consult on, e.g. survivors' experiences of the Redress Board, Caranua and other government-led initiatives
3. Find out what were the most important issues for survivors of institutional abuse going forward
4. Establish a survivor-led working group with agreed terms of reference for Phase 2 of the project

Our Position/Roles

We responded to the above RFT¹ and, as a result, were contracted by the Department of Education and Skills as independent facilitators to conduct phase 1 of this consultation process as described above. Our commitment during this initial consultation is to reflect the views and needs of survivors as authentically and honestly as we can to survivors, government and all who are interested.

Survivors needs and wishes guided how we conducted this scoping study. They outlined how '*consultations for the sake of consultations*' were not useful to them. They were very interested in the formation of a survivor led group that would engage with government to help to meet the urgent, changing and ongoing needs of survivors. Following these consultations with government (phase 2), survivors said that there would then be a need for wider consultations to inform survivors about how to access services and communicate the results of the survivor led consultation group's engagement with government.

As facilitators we are aware that neither of us are survivors of institutional abuse. We recognise that while we can and do try to understand survivors' experiences and what the impacts have been on them to the best of our ability, we can never ever fully comprehend them, because we have not experienced them.

¹ Request for Tender (RFT) on the Planning and design of Consultation Events for survivors of abuse in Children's Residential Institutions to Department of Education and Skills

<https://www.education.ie/en/The-Department/Announcements/tender-for-facilitator.pdf>

Our Methods: A Restorative Approach to the Consultation Process

Methods included:

- Desk research on available lists, networks and support groups used by survivor organisations in Ireland and the United Kingdom
- Telephone conversations, and use of emails to make initial contact
- One on one conversations where necessary in person and on the phone
- Restorative Circles to encourage storytelling in a safe space moderated by agreed ground rules and the use of a Talking Piece to ensure that all voices are heard

We are both mediators and restorative practitioners. We believe restorative approaches are good practice in any consultation process. Restorative approaches focus on the importance of voice, building relationships, identifying the harm, the impact of the harm, the needs arising from the harm and looking at ways to attempt to repair the harm. We are acutely aware of how the voices of the marginalised have been and are silenced and/or unheard. It was important that everyone who made contact had the opportunity to say what they wanted to or needed to in response to the topics and issues.

With groups we often used a circle process where respect and dignity for everyone's opinion was encouraged. At times we used a Talking Piece which was passed from person to person. The person holding the talking piece is the speaker and responds to a question important to the group. There is no obligation to speak and anyone can pass the talking piece or take it and offer silence. It is everyone else's job to listen to the person holding the talking piece. After everyone has had the opportunity to respond to the questions or topics, the circle was opened to a less formal conversation-like process.

Restorative approaches stress the importance of safe spaces. So, it was vital that no one who spoke and shared their opinions and their stories would at any stage be identified by us or any other. We asked everyone that we met in groups to observe the 'Chatham House Rule'. This means that everyone is free to discuss the content of a meeting but not in a way that could identify anyone. We took notes, used them to extract themes, and they formed the basis of this report. At this stage these notes are shredded, again so that no one can be identified.

We concentrated on listening deeply, asking relevant questions, often reframing the questions to ensure we were clear on what people were saying and checking back with people to ensure we understood the issues that were important to them.

“Anyone who is going to work with survivors MUST have empathy”
(survivor quote)

How were people contacted?

To make initial contact and introduce this phase of the consultation process, the Department of Education and Skills contacted survivor groups and survivors on their data base and to ask if they would be willing for us to contact them. At our request, Caranua also contacted some survivors to enable them to make contact if they wished to. Several survivors and survivor groups in Ireland and the UK responded to this and gave permission to be contacted. Through word of mouth many other survivors, survivor groups and advocates spoke to us or requested that we contact them.

We emailed and/or telephoned everyone who contacted the department to express their interest in the process and to give permission for us to get in touch. We had long telephone conversations with individuals after which some people met us later in person and others did not feel the need for further engagement. Some people, while not wishing to meet shared their views and others gave us relevant information via email.

Who did we consult and how did we consult with them?

We spoke with survivors, survivor groups and their advocates from across Ireland and the United Kingdom. Methods used included telephone conversations, individual and group meetings and consultation and information by email. All in all, we had over 30 meetings and we engaged with over 100 people over a six-month period from February to July 2019. Only two percent of those who initially engaged with us said that they did not want to be part of this consultation process.

Prior to and during consultations we sourced and read several reports and research written by individuals and organisations based on their experience of survivor needs (See Appendix A). The findings in this report, that is, what survivors told us, mirror largely the findings and recommendations of the reports.

“What happened before is that they ‘listened’ and then they did nothing”
(survivor quote)

Background to this Consultation

Taoiseach's Apology and Commission into Child Abuse

In 1999 the then Taoiseach Bertie Ahern made a public apology to survivors of institutional abuse. The government established a Commission to inquire into child abuse and a £4 million professional counselling service for victims was put in place. In 2009 the Ryan Report outlined the extent of abuse suffered on the part of survivors and made recommendations which included the establishment of a non-adversarial Residential Institutions Redress Board.

Education and Finance Board

The Education Finance Board (EFB) was established in February 2006 under the provision of the Commission to Inquire into Child Abuse (Amendment) Act 2005. The Board provided financial assistance for training and education to former residents of designated institutions, and their relatives, from a contribution of €12 million made by religious congregations in 2002. The Education Finance Board has been dissolved and its remaining functions have been transferred to the Residential Institutions Statutory Fund known as Caranua.

Residential Institutions Redress Board (RIRB)

We know that 16,650 people accessed financial compensation through the Residential Institutions Redress Board (2016).² Ireland and Great Britain accounted for more than 93% of the applications made with Australia and the US accounting for a further 4%

Exchequer Funding (Government) of Survivor Groups

The Exchequer funded a variety of survivor groups in Ireland and the United Kingdom to meet the social and welfare needs of survivors.

Residential Institutions Survivor Statutory Fund (Caranua)

Caranua was set up as an independent state body in 2013 to help people who, as children, experienced abuse in residential institutions in Ireland and had received settlements through the Redress Board or the Courts. Caranua oversees the use of funds pledged by the religious congregations (€110 million) who were responsible for running the institutions. It has stopped accepting applications for funding and is now dealing with the remaining open applications which have been submitted to them.

The **Mother and Baby Homes Commission of Investigation** is a judicial commission of investigation, established in 2015 by the Irish Government. A Collaborative Forum of Former Residents of Mother and Baby Homes³ and Related Institutions was also established in 2018 to facilitate dialogue and action on issues of concern to former residents and to give former residents a voice and to actively contribute to decisions on matters of concern to them and their families.

² Annual Report of the Residential Institutions Redress Board <http://www.rirb.ie/documents/Annual-Report-2017.pdf>

³ <https://www.dcy.gov.ie/docs/Mother-and-Baby-Home-Collaborative-Forum/4667.htm>

The Survivors

Research tells us that the majority of survivors live in Ireland (60%) with a sizeable minority (33%) in the United Kingdom and the balance in other parts of the world.⁴ While there is detailed information on the numbers of survivors who registered with the RIRB, there is no comprehensive information on the population of survivors of those institutions generally. The Ryan Report provides a detailed narrative of abuse in the institutions, based on the information of those who testified to it. However, we know little of the personal stories of survivors beyond their time in the institution. Some information has come from the courageous personal testimonies and stories of survivors, made public through the books and documentaries produced over the last twenty years. Survivors of institutions tell us that they are not all the same, like the rest of humanity, they are a diverse group of people with certain common experiences. They think differently about many issues and their experiences in institutions varied. The common thread is that all were detained in residential institutions with little or no control over what happened to them as children and young people.

Voice, Silence, Shame, Secrecy, Stigma and Judgment

Many survivors recount how silence covers the shame, humiliation, stigma and judgement experienced by them in Irish society as a result of having been in the institutions they were detained in. This self-imposed secrecy is often a means of self-protection. Survivors spoke in our meetings of never telling anyone, not even their children, of what had happened to them. One survivor spoke of his children finding out about his background from the postmark on an envelope.

We spoke to some children of survivors who shared their experiences in a larger group. For some of the survivor's present, this was a revelation as they told us and the group that they had never told their stories to their children because of the pain and the stigma they felt under. "*I couldn't imagine my child sitting here listening like these children*". One person spoke about being referred to as '*one of them*' in the town where the institution was. They spoke of being '*mortified*' at being referred to in that way in front of other people. Survivors did not and do not want their own children to suffer shame and pain on account of them.

We also heard again and again about the importance of 'voice', 'their voice' in being heard and understood by 'those in authority' and the public. Being heard means being seen, acknowledged and needs being attended to. We heard that having a voice in

⁴ Socio-Economic Mapping of Place of Living of Survivors of Institutional Residential Care in Ireland. Trutz Haase (August 2015) http://caranua.ie/attachments/CARANUA_SOCIO_ECONOMIC_MAPPING_RPT_150902.pdf

the process and its outcome, needs to include a sense of procedural fairness and action.⁵

The planned legislation which will see records from the Commission to Inquire into Child Abuse and the Residential Institutions Redress Board put into the National Archives of Ireland and sealed for over 75 years was seen by some as a violation of their rights to their own stories, by others as excessive while a smaller number who spoke about it expressed relief.

Survivors often expressed that although they had suffered greatly as a result of being in institutions throughout their young and adult lives they do not get acknowledged for 'surviving' and managing to live, work, parent their children and educate them despite their early deprivation and suffering.

"I was criminalised at seven years of age when I was sent to court and then to an institution when I did nothing wrong. I want decriminalisation and acknowledgment of the wrong that was done to me" (survivor quote)

Trauma and Intergenerational Trauma

Survivors speak of living with the trauma of the past which is ever present, and which has impacted their lives in ways others cannot possibly understand. Professor Alan Carr⁶ (2009) acknowledges this and states that the prevalence of psychological disorders amongst abuse survivors is twice that of the general population. He highlights the lifelong impacts of child abuse in institutions. What is now evident is that, survivors, their children and grandchildren are living with the legacy of that abuse.

Some survivors expressed great remorse at being unable to 'parent' their children in the way that they would have liked to. For example, several survivors said they were unable to show love even though they loved their children deeply. They showed it by their actions but yearned to be able to show it physically. Another spoke of their children's' lives being 'messed up' because they were so messed up themselves as a result of their own experiences. Other survivors spoke of being extra strong as parents to ensure that their children did not experience what they had, and they spoke of focusing all their energies to ensure that their children were educated to the highest level possible.

⁵ The Magdalen Commission and the Value of Voice, Aoife Fennelly, (2016)

https://www.acjrd.ie/files/The_Magdalen_Commission_and_the_Value_of_Voice.pdf

⁶ <http://www.childabusecommission.ie/rpt/05-03A.php>

“The poorest of the poor were put in and came out of institutions. Many of them went to the UK. Many of them couldn’t pay their rent and were put on the streets” (survivor quote)

Changing Needs of an Aging Survivor Population

Today 80% of survivors are aged over 58, just over half of these are over 70 and 7% are over 80.⁷ One survivor/advocate advised that a thorough assessment of survivors changing needs should be conducted without delay in both Ireland and the UK. They suggested that those doing the assessments need to be trained in conducting them and be competent in communicating with survivors. Most survivors highlighted the urgency of dealing with an aging population where health, housing, social supports and adequate income were vital for a dignified and secure old age.

Survivors living further afield

We did not engage with survivors outside the UK and Ireland. However, we were told by other survivors that age-related health issues are experienced by survivors in both the US and Canada. These survivors would like a dedicated website which keeps them up to date on survivor issues. While this was available in the past, it had to close due to lack of funding.

What Survivors of Institutional Abuse in Ireland and the United Kingdom said

This summary has tried to capture what survivors and their representatives have said about their concerns, needs and hopes for a future if it is to be lived out with dignity and respect. Because of differing contexts, we have distinguished between the concerns and needs of survivors in Ireland and the United Kingdom. However, many of the experiences and concerns noted are similar.

⁷ Developing a Profile of Survivors of Abuse in Irish Religious Institutions (2010) St Stephen’s Green Trust <https://www.ssgt.ie/wp-content/uploads/2017/11/Developing-a-profile-of-survivors-of-abuse-in-Irish-religious-institutions-2010.pdf> Download June 2019

Survivors of Institutional Abuse in Ireland

Survivors live in virtually all areas of Ireland with higher concentrations in the major urban centres, Dublin, Galway, Cork, Limerick and Waterford and some of the larger towns⁸. A smaller proportion live in Ireland's smaller towns and rural areas. Research has indicated that sixty percent of survivors are living within areas ranked as experiencing poverty and deprivation (Haase, 2015).

"It's really good to meet. When we meet up, even if we don't talk about the past, we have the ease with each other. We don't have the embarrassment if it does come up"

(survivor quote on meeting up with other survivors)

Survivors concerns in order of priority include:

- An aging profile and increased health needs
- Fear of institutionalisation in old age (hospitals, nursing homes etc.).
- Adequate and suitable housing
- Poverty – inadequate income
- Fear of isolation and the need for social supports
- Neglecting the needs of 'hard to reach' survivors
- The restrictions on obtaining counselling services
- Support in managing bureaucracy to access services
- The unequal treatment of survivors who didn't receive redress and therefore couldn't access services and funds through Caranua.
- Lack of educational support for survivors and for their children and grandchildren⁹
- Lack of access to information and files on their own and their families' histories
- Being seen as 'helpless victims' rather than 'resilient people' who survived despite the lack of adequate support
- Resettlement options for survivors who returned to or wish to return to Ireland

"Will you tell the council that housing is urgent. We shouldn't have to be like beggars to get something like a decent place to live"

(survivor quote)

⁸ Socio-Economic Mapping of Place of Living of Survivors of Institutional Residential Care in Ireland. Trutz Haase (August 2015) http://caranua.ie/attachments/CARANUA_SOCIO_ECONOMIC_MAPPING_RPT_150902.pdf

⁹ This was a mixed response with some survivors saying funding should be just for survivors and other survivors being adamant that their children suffered from their educational deprivation and that educational support should be available.

Priority Issues for Survivors include:

- An enhanced medical card (HAA Medical card) for all survivors regardless of whether they had gone through the Redress Board or not.
- Consultation and support for/with survivors for either home or nursing home care
- Prioritisation of housing needs for survivors
- A contributory pension to be paid to all survivors
- A designated drop-in centre or confidential space for survivors to meet, staffed by personnel that understand the nature and extent of their needs.
- Funeral expenses to be covered.
- Free unlimited counselling service for survivors as long as they want it.
- Counselling and psychiatric services for children of survivors
- Education supports for the children and grandchildren of survivors.
- Remembering Survivors (Memorials etc.)
- Survivors who didn't receive redress to be included in all services provided
- Tracing Service for individuals wishing to find their families and relatives.
- Acknowledgment of the extra burden of racism experienced by some mixed-race survivors
- Records and files to be made available to survivors

Survivors of Institutional Abuse in the United Kingdom

London, Birmingham and Manchester account for two thirds of survivors' destinations in England with higher rates of poverty for survivors living in Birmingham and Manchester (Haase,T.2015).¹⁰ Others are based in smaller cities such as Coventry and Wolverhampton. Survivors also live in rural areas across England.

Survivors stated that the services established for UK-based residents are overly '*Ireland centred*' and do not have regard to the circumstances that many Irish in the UK find themselves in.

Different service and policy contexts for health, housing, welfare and education means that Irish survivors of institutional abuse living in the UK require specialist help in accessing funding and services to meet their needs. Survivors and advocates state that the closure of survivor support groups has been detrimental to the social lives of survivors living in the UK and has hindered getting their needs met.

¹⁰ Socio-Economic Mapping of Place of Living of Survivors of Institutional Residential Care in Ireland. Trutz Haase (August 2015) http://caranua.ie/attachments/CARANUA_SOCIO_ECONOMIC_MAPPING_RPT_150902.pdf

Concerns of Survivors living in the United Kingdom include;

- Inadequate focus on the specific needs and differing contexts that survivors living in the United Kingdom experience and mistrust of government to address this.
- Withdrawal of funding and support for survivors' social needs
- The social isolation experienced by survivors and those that are 'hard to reach'
- An aging profile and increased health needs
- Survivors with a disability
- Fear of institutionalisation in old age (hospitals, nursing homes etc.)
- Lack of adequate and suitable housing
- Poverty
- The unmet needs of 'hard to reach' survivors
- Difficulty in accessing counselling services
- The lack of awareness by service providers of the existence of survivors of institutional abuse and therefore the lack of expertise in being able to help them.
- The lack of educational supports for survivors and their children and grandchildren
- Difficulty in managing bureaucracy to access services
- Unequal treatment of those that didn't receive redress and couldn't access other services later as a result.

Priority Issues for Survivors living in the United Kingdom

- Proper communication channels and procedures between UK and Irish governments to meet the needs of survivors living in the UK.
- Ring-fenced funding for survivors being supported by mainstream Irish centres in the UK.
- Funding of social support and designated spaces to meet is seen as crucial
- Funding of outreach workers to engage with 'hard to reach'¹¹ survivors
- Specialised training for staff providing services that survivors need access to
- Consultation and support for/with survivors for either home or nursing home care needs
- Access to good quality living accommodation
- A 'top up' pension for survivors that will not impact negatively on benefits e.g. a 'health benefit payment'
- Unlimited, professional culturally specific counselling for survivors and their children
- Educational funding for survivors and their children/grandchildren to break the cycle of educational disadvantage¹²
- Funeral expenses to be covered.

¹¹ This refers to survivors who are out of home, homeless, have mental health or addiction issues, in prison, and/or have minimal social contact and networks.

¹² There were mixed views on this with some viewing it as crucial and others seeing this as taking limited funds from survivors.

- Acknowledgment of the ‘double burden’ carried by Irish survivors of mixed race who experienced both institutional abuse and racism without any acknowledgment of the latter.
- Records and files to be made available to survivors
- A one-off event where all survivors can meet and celebrate their resilience and perhaps meet friends from the past.
- An Irish Travel Card which will allow survivors living in the UK to visit Ireland
- Tracing Service for individuals wishing to find their families and relatives of origin for both Irish and mixed-race Irish.
- Survivors that did not receive redress to be able to access services put in place

Themes important to all Survivors of Institutional Abuse

Core finding

Urgent action is needed on Health, Housing, Social supports and enough income to live on in dignity whether survivors have been through the Redress system or not.

This must be done WITH survivors rather than FOR survivors. Survivors have used the familiar quote of “*Nothing About Us Without Us*”.

Survivors experience of the Redress Board and of Caranua

Experience of and Impact of Residential Institutions Redress Board

Survivors and their advocates said that there are many survivors living in Ireland and the UK who did not access any financial compensation through the Redress Board because they chose not to at the time; they felt unable to mentally engage with it at the time; or they were unaware that such a compensation scheme existed in the first place. The date for redress had closed by the time some survivors had heard about it. It was a source of much anger in both Ireland and the UK that survivors who had not received compensation through the Redress Board or the Courts were then excluded from the Residential Institutions Statutory Fund (Caranua) established in March 2013. This was seen as a further injustice and a sort of 'double punishment'.

Many spoken to were critical of the Redress Board and its adversarial approach to determining compensation for what they had suffered at a most vulnerable time in their lives. While survivors said that they benefited from some financial support, the way that financial support was allocated and the process that had to be gone through to get it left many with very negative memories. People spoke of being '*on trial*' and "*going through a court as a guilty person. It was humiliating and caused distress*". According to another survivor and advocate, "*too many very hurt individuals were deeply distressed after their experience with the board. A complete breakdown of trust followed and in the end the pain, memories and hurt linger. Nothing else*". The judicial panels were criticised for being in their positions for too long leading to them becoming 'cold', 'hardened' and 'indifferent' to survivors which impacted on the decisions they made.

The planned legislation which will see records from the Commission to Inquire into Child Abuse and the Residential Institutions Redress Board put into the National Archives of Ireland and sealed for over 75 years was seen by some as a violation of their rights to their own stories, by others as excessive while a smaller number who spoke about it expressed relief.

"When we had to go to redress to tell our stories, that was a big, big thing. Having to tell our story and bring up all the stuff that was kept down for a very long time was so hard" (survivor quote)

Experience of and Impact of Caranua

Many survivors were severely critical of Caranua. Several survivors and advocates said that, *'the idea behind Caranua was well intentioned and good'*. However, they reported a mismatch between the intention and the way the service was structured. Unless a survivor had been through the Courts or the Redress Board, they were unable to access funds from Caranua. This was and is seen as a grave injustice.

For survivors, who valued face to face contact and human interaction built slowly on trust, the bureaucratic nature of a statutory agency and its requirements acted as a lightning rod for many who had experienced the worst excesses of authority.

A great deal of anger was expressed at several issues. The setting up a statutory agency was described as both unnecessary and expensive. The capping of the amount survivors could get midway through its tenure and the bureaucracy involved in accessing funds distressed survivors and their advocates. One survivor said that it felt as if *'you couldn't be trusted, and you were going to rip off the State'*.

Survivors said that the early years of Caranua financially benefited those who were better able to access the services. Firstly, early applicants received more financial support before capping occurred. For many who lacked the confidence to navigate the bureaucracy or had literacy problems, it was a disempowering struggle which seemed to be stacked against them without support. This was further exacerbated by the closure of many funded survivor support groups as a result of Caranua coming into being. Some survivors then had no one to help them find their way through the bureaucracy of form filling, getting quotations and photographic identification.

Survivors on the board of Caranua spoke of being 'overruled' on issues such as allowing 'white goods' to be funded. They believed that the system favoured the more well off who owned their own homes and could get windows installed, etc. In June 2016 an amendment allowed white goods and funeral costs to be paid for through Caranua.

There was a recognition that Caranua's service had improved when dedicated supports were publicised and support became available to access them. However, many survivors do not regret its closure and state the main worry about this now is the number of applicants still awaiting decisions. Survivors hope that Caranua will honour and fulfil these application requests.

"Caranua didn't work for many in the UK. It was a failure. There were too many people that did not have the information or the support to apply for their needs to be met" (survivor advocate quote)

Priority Needs – Health, Housing, Finance and Social Supports

For both Irish and UK residents, health, end of life care, housing, social supports and finance are paramount. Survivors communicated a huge fear of being forced into an institution at the end of their life and visits to hospitals were described as traumatic. They are asking for several measures to be implemented including home care packages that consider their circumstances, consultations about how to meet end of life needs and assurances that funeral expenses will be available.

Irish residents stressed the need for the HAA medical card which other survivors of institutions have received.

Counselling has been noted as extremely important by both Irish and UK residents and fears were expressed that access to counselling has been reduced. Survivors have spoken of the real benefit they experienced from receiving counselling support and dismay when that support was reduced. Culturally specific counselling for Irish Survivors living in the UK is stressed as being crucial, as is enabling survivors get to and from counselling services with accompanying supports.

Both Irish and UK survivors have expressed strong needs for adequate housing. Many survivors who are resident in the UK live in poor-quality housing. Survivors and advocates stress the importance of helping them achieve a high qualifying level for social housing. Survivors who formally lived in the UK and wished to return home to Ireland spoke of the stress in trying to access housing in Ireland.

Pension rights are important in both the United Kingdom and Ireland. Wishes for an enhanced pension entitlement that would not impact on welfare benefits and entitlements are important in the UK. In Ireland survivors wished to obtain a contributory pension to acknowledge the years spent working in Irish institutions without payment.

Social Supports and A Place to Meet each other

Both survivors and advocates stated that many survivors in both the UK and Ireland often live relatively isolated lives. They do not trust people easily and value face to face contact and a building of trust over time. A core wish of survivors is to have a place to meet each other. They said that they valued being able to meet each other in a safe and confidential environment and enjoyed *'being with each other as for many of us, this is our family'*.

Therefore, the provision of drop-in centres that are friendly, hospitable and well-run is vital for the positive mental health of survivors. Survivors and advocates say that these centres can double up as a signpost to other services like health, housing and other benefits. The withdrawal of funding from dedicated survivor networks in both Ireland and the UK has meant that it has become impossible to adequately maintain contact and support with survivors on a voluntary basis. Many reported survivors as *'wandering through all kinds of services'* with a limited understanding of their needs by service providers.

When survivors spoke of help through advocacy, some names came up frequently throughout this scoping study. These people, we were told, went the extra mile with them, listened to them and helped them practically.

One survivor advocate spoke of the enormous value of funding inexpensive social events such as 'lunch clubs'. Others spoke of classes in different hobby areas. What we noticed is that survivors who came to our meetings demonstrated great comfort and pleasure in each other's company. The meeting of each other was the most beneficial part to them and the joy and comfort was palpable.

We were struck that in all the visits we did, only two groups had premises where people could meet and have a cup of tea. One centre had to move to much smaller premises because of rising rents and reduced funding. The other had a large drop-in centre in one location where people seemed to be very comfortable. However, Cork and Kerry based survivors we spoke to had no drop-in centre though there had been one in Cork and Tralee previously. Those we met there really mourned the loss of a place to meet each other and be together. Apart from the two mentioned, all our meetings had to be held in hotels.

Education

“We are resilient, courageous and forward thinking and not just victims. We didn’t get an education but we educated ourselves” (survivor quote)

Survivors describe the level of education in the institutions they were placed in as very poor and many survivors (over 70%) spent their lifetime in manual, casual and other low paid work (extrapolated from 2010)¹³. They reported that this has had enormous impacts on the educational opportunities for their children and their grandchildren.

Many survivors said that they had been unable to give their children support in their quest for education - either because they had none themselves or were unable to parent sufficiently at different times in their lives when they had their children. They say, because of this, many children and grandchildren of survivors missed opportunities for education and training which could contribute to dealing with the legacy of the past and breaking the cycle of poverty that many were trapped in.

Other survivors spoke of making sacrifices, past and present, to ensure their children have the education that they were deprived of. Education is seen as a very important pathway to break the inter-generational legacy of institutional abuse.

Survivors expressed regret at the closure of the Education Finance Board which was generally reported as being easy and straightforward to access. It provided a grant scheme to assist survivors and their families to pursue educational courses. This service ceased to accept applications in November 2011 when funds (12.7 million) provided by the religious congregations were exhausted.

“I had to struggle hard to get my child through college....My children were too young to benefit from education and finance grant. I thought that there would be a fund there it was removed in 2012. We have to break the cycle of abuse and deprivation. Education is the only way” (survivor quote)

¹³ <https://www.ssgt.ie/wp-content/uploads/2017/11/Developing-a-profile-of-survivors-of-abuse-in-Irish-religious-institutions-2010.pdf> Higgins, M. (2010)

Remembering and Honouring Survivors

Survivors said that any memorial to survivors of institutional abuse should be in a public centrally-based space in Dublin, which could be seen and visited easily by the public. Many survivors indicated that it should be a place of learning and information and should contain the records, photographs, books, films and documentaries for the families of future generations of survivors and for society. It should be a place for the study of institutions for all students interested in this issue. It could also be a place where people could document their stories if they wished to do so.

One participant stated that the only memorial they were interested in was that *‘the 3,500 children who are currently in emergency accommodation today could be in their own homes’*.

Another survivor said that for him, the only memorial should be *‘A National Day of Atonement’* where society takes back the shame that had been wrongly placed on the most vulnerable in our society – children with no power or voice.

Other survivors said that whatever living archive and place of learning is established that it should be about all survivors of institutional abuse, past and present to include the industrial schools, residential institutions, mother and baby homes and the Magdalene laundries.

Some survivors from the UK said they do not want a memorial. They said they want to look forward and a memorial is something the public wants but not them.

Campaigning and lobbying to provide such a place have recently come to fruition with the recent decision by Dublin City Council to designate a former Magdalene Laundry on Sean McDermott Street in Dublin as a *‘Site of Conscience’*. This has been welcomed by many and is seen as a way that Irish society can pay homage and remember those who suffered, and never repeat the harm of the past.

Some survivors and survivor advocates thought that a similar model to that used with the native Canadians along with having a truth and reconciliation process would be another way of addressing the harm done to survivors.

Further Consultations

The survivors consulted indicated that they were not in favour of large group consultation meetings for several reasons. Firstly, such meetings are often contentious, and levels of aggression expressed have an adverse effect on them. They report that aggressive behaviour triggers past experiences and *'makes people go back into themselves'* again. Secondly, survivors do not want to be consulted on what is widely known to be needed and they expressed frustration at *talk for talks sake* and consulting *just to be seen to be consulting*.

Over 95% of survivors we engaged with, while sceptical, were in favour of a survivor-led consultation group engaging with government on addressing survivor needs. They say, everyone knows what needs to be done and how it is to be done. The next large-scale consultation processes need to be about letting survivors know how to access services.

"I'm done with these large meetings. They're too stressful. They make people want to go back into themselves again. I'd love to meet people, what about instead of 'men sheds', have 'survivor sheds' where we can connect in with each other in smaller groups. I'd love that" (survivor quote)

Consulting with the ‘Hard-to-Reach’

Some survivors and advocates have said that once some survivors had gone through the Redress process that they have no further wish to engage, they had moved on and had ‘earned their right to forget’. However, they say that there is a significant number of survivors who are living in poverty, who may have mental health issues, who may lack confidence, some of whom are homeless and who are socially isolated that need to be contacted by someone they know and trust. Many reports validate this finding and show that survivors are overrepresented in these sectors¹⁴ (Haase, 2015).

In order to reach such survivors, it will be necessary to design a sensitive, simple process of engagement with those they trust. They may be reached through former and current networks of survivor groups or through a range of services already in existence that are currently providing support or services. These may include and are not restricted to, Addiction Services, Prison After Care, St Vincent De Paul, Prison Chaplaincy, Community Development Projects, Family Resources Centres, Focus Ireland, and Local Authority and health related Social Inclusion Units, Mental health projects, Pieta House etc., National Counselling Service, Towards Healing etc. This will involve a cross departmental approach using the Departments of Justice (Prison Service), Social Protection, Housing, Planning and Local Government, Health and Foreign Affairs and Trade (UK).

Survivors and advocates suggested that advertising gatherings can be done through the above networks and projects, local newspapers, Irish related newspapers and newsletters in the UK, local radio talk shows, advertisements on local radio, using local social inclusion projects and networks that exist in disadvantaged areas across Ireland and the UK. A quiet comfortable venue with a welcoming atmosphere and provisions made for lunch or tea depending on peoples’ preferences is desirable. Professional facilitation delivered with empathy, skills and kindness is helpful to putting people at their ease and giving them an opportunity to talk. Survivors said these meetings should give clear information signposting how survivors can access the resources to meet the core needs outlined above.

“We need to reach out everywhere to those survivors, in all the dark places, we would rather not look at, it is the easiest thing in the world to stay in the middle of the road” (survivor quote)

¹⁴ . Socio-Economic Mapping of Place of Living of Survivors of Institutional Residential Care in Ireland. Trutz Haase (August 2015) http://caranua.ie/attachments/CARANUA_SOCIO_ECONOMIC_MAPPING_RPT_150902.pdf

Survivor Led Consultation Group

Most survivors that we heard thought that a survivor-led consultation group which could engage with the government to get needs of survivors met had a lot of merit. They said that survivors knew the issues of concern to survivors best. However, they were also sceptical of *'what would come out of it, having been down that road before'* and being disappointed by the cancellation and postponement of meetings led by various government departments. They stated that this type of process would benefit from an independent chair and/or an independent facilitator. Also, it would be important that there would be a liaison and administrative support from the government. Those participating in this group would need to be resourced with their travel and subsistence costs.

As independent facilitators we debated how this group might be formed. We heard from survivors in the UK that there should be a group dedicated to the needs of survivors in the UK. While they see benefits in meeting the wider group, they believe it will be more efficient and productive to meet separately on UK matters but to engage in joint meetings where appropriate. The survivors in Ireland also noted that UK issues needed to be dealt with separately.

The group was formed by asking those that expressed a clear interest in being a part of the next phase of the consultation process whether they wanted to be a part of the group. Two declined due to other commitments. The group is made up of survivors from both Ireland and the UK. The UK based survivors will form a sub group focusing on the specific needs of survivors in the United Kingdom. The Irish based survivors will focus on Ireland based survivors needs. Both sub-groups are gender-balanced.

The group will come together in the near future to develop their own terms of engagement, negotiate their terms of reference and develop a plan and timetable for their work and their meetings over the designated one year period.

Conclusion

Despite initial scepticism on the purpose of this scoping exercise, survivors and their advocates are very clear on what an aging population of survivors need and want both in Ireland and the UK not just for themselves but for all survivors, for those that benefited through the Redress system and Caranua and those that did not. While survivors were not interested in 'talks about talks', they are hugely interested in a survivor led consultation process that would engage with government on meeting their urgent and changing needs.

Health, housing, social supports and having enough income are top of the list. In addition, support with dealing with the legacy of the past included the need for ongoing and culturally appropriate counselling, support groups, support for hard to reach groups and for the educational needs of a further generation is important.

Survivors stress that 'the resilient survivor voice' needs be front and centre in the articulation of survivor needs and in the design of policy and practice as it affects their lives and those of their families.

A number of survivors have volunteered to form a survivor led consultation group to work with government over the next year to develop plans and processes to meet survivor needs.

Appendix A: Recent Reports on Survivors

After the Spotlight, (2017)¹⁵ a joint Ireland/UK Report highlighted the need for a national framework strategy which would enable a joined-up approach to survivor needs. The report emphasised the long-term health effects on survivors, the need for housing, an automatic entitlement to a state pension, a need to be aware of the long-term end of life needs of survivors and training for service providers on survivor specific trauma.

The St Stephen's Green Trust Report¹⁶ reported high levels of institutional abuse among people who were homeless, in places of detention and in mental health services. For men these difficulties tended to manifest in risk taking sex, delinquency, crime, violence and alcohol abuse while for women they manifested in anxieties, depression, eating disorders, mood disorders and suicidal tendencies. All emphasised the value of psychosocial supports, a place where people felt safe, comfortable and welcome, a place where people could meet other survivors and other people outside the survivor population and learn new skills. The report also stresses that although survivors may present with a specific problem, the underlying survivor specific issues can go unrecognised.

A position paper (2018)¹⁷ emphasised the value of having survivors talking about their own needs and being involved in identifying solutions with the state to their own needs. Engaging survivors is also emphasised in the review of the eligibility of persons to access Caranua which stresses the importance of survivor involvement in the development and operation of schemes, particularly in the areas such as social protection, health services and housing, given the imminent closure of Caranua. (2018)¹⁸

¹⁵ After the Spotlight: Submission to Government on supporting Survivors of Institutional Abuse and their Families (December 2017) <http://www.rightofplace.com/includes/After%20the%20Spotlight%20FINAL.pdf>

¹⁶ Survivors Grants Programme: Results, Reflection and Learning, St Stephen's Green Grant Programme 2012-2014, Liz Lennon (October 2014) <https://www.ssgt.ie/wp-content/uploads/2017/11/Survivors-Grant-Programme-2012-2014.pdf>

¹⁷ Meeting Survivor Needs: A Position Paper: Anne Marie Crean, Fionna Fox, (June 2018)

¹⁸ Review of Eligibility of Persons to Access the Residential Institutions Statutory Fund "Caranua" (May 2018) <https://www.education.ie/en/Publications/Education-Reports/review-of-eligibility-of-persons-to-access-the-residential-institutions-statutory-fund-caranua.pdf>

References

After the Spotlight: Submission to Government on supporting Survivors of Institutional Abuse and their Families (December 2017) <http://www.rightofplace.com/includes/After%20the%20Spotlight%20FINAL.pdf>

Annual Report of the Residential Institutions Redress Board <http://www.rirb.ie/documents/Annual-Report-2017.pdf>

CARANUA (Residential Institutions Statutory Fund) Annual Report 2013 available at http://d1310783-40007.cp.blacknight.com/attachments/Caranua_Annual_Report_2013.pdf (Accessed 1st March 2019)

Developing a profile of survivors of abuse in Irish religious institutions, Mary Higgins, (2010) <https://www.ssgt.ie/wp-content/uploads/2017/11/Developing-a-profile-of-survivors-of-abuse-in-Irish-religious-institutions-2010.pdf> Higgins (2010)

Meeting Survivor Needs; A Position Paper. Anne Marie Crean, Fiona Fox 'Reclaiming Self' (June 2018)

Socio-Economic Mapping of Place of Living of Survivors of Institutional Residential Care in Ireland. Trutz Haase (August 2015) http://caranua.ie/attachments/CARANUA_SOCIO_ECONOMIC_MAPPING_RPT_150902.pdf

Survivors Grants Programme: Results, Reflection and Learning, St Stephen's Green Grant Programme 2012-2014, Liz Lennon (October 2014) <https://www.ssgt.ie/wp-content/uploads/2017/11/Survivors-Grant-Programme-2012-2014.pdf>

The Magdalen Commission and the Value of Voice, Aoife Fennelly, (2016) https://www.acjrd.ie/files/The_Magdalen_Commission_and_the_Value_of_Voice.pdf

The psychological adjustment of adult survivors of institutional abuse in Ireland Report submitted to the Commission to Inquire into Child Abuse. <http://www.childabusecommission.ie/rpt/05-03A.php> Professor Alan Carr (2009)

The review of eligibility of persons to access the residential institutions statutory fund; Caranua (2018) <https://www.education.ie/en/Publications/Education-Reports/review-of-eligibility-of-persons-to-access-the-residential-institutions-statutory-fund-caranua.pdf> (May 2018)