



**ADOPTION RIGHTS ALLIANCE
JFM RESEARCH**

Clann Project Guide

**to assist those who wish to contribute
to the Government's call for submissions on a
'Restorative Recognition Scheme'**

Version 2: 17th March 2021

To cite this guide:

O'Rourke, M. and McGettrick, C. with Fiona Sugrue-Ward (2021) Clann Project Guide to assist those who wish to contribute the Government's call for submissions on a 'Restorative Recognition Scheme'. Dublin: Justice for Magdalenes Research and Adoption Rights Alliance.

What is this guide about?

On 10th March 2021, the Minister for Children, Equality, Disability, Integration and Youth, Roderic O’Gorman, T.D., announced a Consultation Process on the development of an *ex-gratia* ‘Restorative Recognition Scheme’, following the Government’s publication of the Mother and Baby Homes Commission of Investigation Report. This guide is designed to assist anyone who wishes to make a submission to that Consultation Process. **This guide is not an application form for the ‘Restorative Recognition Scheme’ (the Scheme has not yet been established).**

Who can use this guide?

Anyone who wishes to use this guide may do so, and please feel free to share it widely. We encourage anyone affected by adoption (legal or illegal, informal or formal), fostering, boarding out, the Mother and Baby Homes or the County Homes to use this guide to make a submission to the Consultation Process.

Minister O’Gorman has stated that the Government intends to provide a ‘comprehensive, meaningful and generous response’ to how women, girls and their children were treated in Mother and Baby Homes, County Homes and through related practices. The Minister has noted that, while the civil servants responsible for designing a ‘Restorative Recognition Scheme’ will consider the recommendations of the Mother and Baby Homes Commission of Investigation, **their ‘considerations are not restricted’ to the Commission’s recommendations.**

How do I use this guide?

You can print off this guide and fill it in by hand, or you can use it to create your submission on your computer. We have tried to make this guide as inclusive as possible and therefore it is quite a large document. If you are using your computer to compile your submission using this guide, feel free to delete any section of the document that you do not find relevant.

If you wish to add notes to your submission about issues that may not affect you personally but that you know to be relevant for others who were adopted / boarded out / institutionalised in a Mother and Baby Home or County Home, you are free to do so.

Where do I send my submission to?

You must send your submission to OAK Consulting by **the deadline of Wednesday 31 March 2021**. You can either email your submission to submissions@oakconsulting.ie or it can be sent via post to OAK Consulting, FREEPOST F5055.

If you wish, you can also send a copy of your submission to the Clann Project at info@clannproject.org to help us in our research and advocacy work. If you prefer, you can delete your personal details before sending to us. The Clann Project operates under strict ethical protocols which can be viewed here:

<http://clannproject.org/wp-content/uploads/Clann-Ethical-Protocols.pdf>

What if I don't want to make a written submission?

You can share your views on what the 'Restorative Recognition Scheme' should include by participating in an Online Consultation Meeting. **These meetings will take place from 18th to 31st March 2021 and will be facilitated by OAK Consulting.** If you plan to attend an Online Consultation Meeting, please feel free to use this guide as a way of gathering your thoughts on the 'Restorative Recognition Scheme'.

The closing date to register for an Online Consultation Meeting is **24th March 2021**. To register your interest email onlineconsultation@oakconsulting.ie.

Personal Details	
First Name	
Surname	
Name in Use (if different to the above): First Name	
Name in Use (if different to the above): Surname	
Date of birth	
Address	
E-mail address	

Confidentiality Needs

Important

Please note, according to the government's announcement:

Please note that submissions received will be subject to the provisions of the Freedom of Information Act 2014 and may also be published as part of a final report on the Restorative Recognition Scheme. Any personal data submitted as part of the consultation process will be treated in accordance with the requirements of the GDPR and the Data Protection Acts 1998 - 2018.

If you have particular concerns around confidentiality you can make your views known here:

- I would like my submission to be kept confidential
- I would like my submission to be make public
- I would like it public but anonymised

In communicating or corresponding with the organisers of this Consultation, would you:

- Prefer to use a friend or relative's address
- Prefer to use a P.O. Box Number
- Prefer to use e-mail
- Prefer to be contacted via an advocate/other

Please state the name of that person here:

Make a list here of any other confidentiality requirements:

Details of Mother and Baby Home or other institutions

Please list all of the Mother and Baby Homes or other institutions (e.g. County Home, maternity hospital, nursing home, adoption agency) relevant to your situation. Please also list the dates when you were in each institution (from/to).

Name of Institution:	_____
Address of Institution:	_____
From: _____	To: _____

Name of Institution:	_____
Address of Institution:	_____
From: _____	To: _____

If you were in more than two institutions feel free to copy and paste the above to fill in further details or add another sheet.

Circumstances of Adoption/Boarding Out

Please state the circumstances of your adoption/boarding out (or your son/daughter's adoption/fostering/boarding out). Select all that apply by ticking the boxes (or delete as appropriate if working from a computer).

Were you (or was your son/daughter):

- Adopted
- Informally adopted
- Boarded out
- Fostered
- Registered as the natural child of the adoptive parents
- Sent to America/elsewhere for adoption
- Born in the UK but adopted in Ireland

Please state the relevant years:

Please state what adoption agency/agencies/facilitators were involved:

Forms of human rights violations that you experienced

Please tick any boxes that apply to you (or delete as appropriate if working from a computer):

I was confined in a Mother and Baby Home Yes No

I was confined in a County Home Yes No

I was confined in a Magdalene Laundry Yes No

I was confined in an institution for children only,
following separation from their mothers
(e.g. Temple Hill, St Clare's Stamullen) Yes No

My son/daughter was forcibly adopted Yes No

I was forcibly separated from my natural family Yes No

I was sent to another country for adoption Yes No

I was forcibly repatriated from abroad when pregnant Yes No

Information about my identity or my disappeared
relative's fate has been withheld from me Yes No

Human rights violations in the institution(s)

- Were you free to leave the institution? Yes No
- Were you there of your own free will? Yes No
- Did you work in the institution(s)? Yes No
- If yes, were you paid a wage? Yes No
- If you left and were returned, did you return of your own free will? Yes No
- Was the heating adequate? Yes No
- Were the meals sufficient? Yes No
- Did you receive adequate medical attention? Yes No
- Were you given adequate washing and other hygiene facilities? Yes No
- Were you beaten in the institution(s)? Yes No
- Did you see others beaten in the institution(s)? Yes No
- Were you sexually abused in the institution(s)? Yes No
- Did you have any serious accidents in the institution(s)? Yes No

- If yes, were you given medical treatment for these accidents? Yes No
- Did you see others having serious accidents in the institution(s)? Yes No
- Were they given medical treatment for these accidents? Yes No
Don't know
- Did you have your hair cut against your will? Yes No
- Were you locked up in solitary confinement? Yes No
- Were you allowed to maintain contact with family/friends/society? Yes No
- Were you deprived of food and/or water? Yes No
- Were you subjected to medical experimentation in a vaccine trial? Yes No
- Were you subjected to other forms of physical abuse? Yes No
- Were you subjected to abuse based on your race or ethnicity? Yes No
- Were you subjected to abuse based on a disability? Yes No
- Were you subjected to sex- or gender-based discrimination? Yes No

Further information about any of the above:

Human rights violations experienced by adopted/boarded out people

Did you have a happy childhood? Yes No

Were you physically abused by your adoptive/foster parent(s)? Yes No
(Physical abuse can include beatings, food deprivation, unnecessarily administering drugs)

Were you sexually abused by your adoptive/foster parent(s)? Yes No

Were you emotionally/psychologically abused by your adoptive/foster parent(s)? Yes No

Were you treated differently by your adoptive/foster parent(s) because you were adopted/fostered/boarded out? Yes No

Did any agent of the State follow-up on your adoption/foster placement to check if you were well cared for? Yes No
Don't Know

Were you removed from your adoptive/foster parents and placed in an institution due to abuse by your adoptive/foster parent(s)? Yes No

Have you been impacted through growing up in a closed, secret adoption/boarding out system? Yes No

Were you subjected to abuse based on your race or ethnicity? Yes No

Were you adopted outside of your ethnic group? Yes No

If yes, did this impact you in any way? Yes No

Were you subjected to abuse based on a disability? Yes No

Were you subjected to sex- or gender-based discrimination? Yes No

Further information about any of the above:

Illegal adoptions (known or suspected)

I was illegally registered as the natural child of my adoptive parents Yes No

My natural mother was married Yes No

My adoptive parents were not resident in the State at the time of my adoption Yes No

I was sent overseas for adoption when I was over a year old without the consent and knowledge of my natural mother Yes No

My natural mother did not give informed consent to my adoption Yes No

I was taken from my natural mother before the waiting period for full consent had elapsed and my natural mother was not informed of her entitlement to withdraw her initial consent Yes No

My adoption was arranged for the purpose of financial gain Yes No

Further information about any of the above:

Other human rights violations experienced by mothers or fathers

Did you ask to take your son/daughter back before you signed the final adoption papers?

Yes No

If yes, please provide details about what happened:

Did you contact the adoption agency and/or institution seeking to contact your adult son/daughter?

Yes No

If yes, please provide details about what happened:

Human rights violations experienced by relatives of deceased infants and/or mothers

Did you contact the adoption agency and/or institution or the State seeking information about what happened to your deceased relative? Yes No

If yes, please provide details about what happened:

Please give any other relevant details about the human rights abuses you experienced here:

Access to Information

Do you consider that access to records is an essential element of redress and reparations?

Yes No

Have you tried to access your records?

Yes No

If yes, did you encounter any problems? Please provide details.

Do you believe the State should establish a statutory right for adopted people to have unconditional access to their birth certificates?

Yes No

If you were adopted, have you obtained your birth certificate?

Yes No

Please provide details of how you obtained your birth certificate and any problems you encountered.

Do you believe the State should establish a statutory right for family members to have access to records concerning their deceased or disappeared relatives?

Yes No

What kinds of records do you believe relatives should have access to?

Would you like the State to establish a dedicated, centralised archive where you could access all of your records and/or your deceased or disappeared family member's records?

Yes No

Please state any other observations or comments you have in relation to accessing your records, or your deceased or disappeared family member's records.

Would you like to be supported in researching the administrative records of the system more broadly for personal, academic or other purposes?

Yes No

Please explain the type of records you would like to have access to, in addition to your own personal records:

Would you like to be supported in making your witness testimony available to the public?

Yes, immediately including my identity

Yes, immediately but anonymous

Maybe in the future

No, I do not wish to share my testimony

If you have any concerns or wishes regarding your testimony, if it is in the archive of the Mother and Baby Homes Commission of Investigation, please state them here:

Tracing Services

Have you registered with the National Adoption Contact Preference Register?

Yes No

Do you believe the State should provide additional funding to the National Adoption Contact Preference Register to facilitate widespread advertising?

Yes No

If you plan to trace your natural relative(s), would you like to avail of a mediated service to facilitate the process?

Yes No

If yes, please state your views on what that service should entail.

If you plan to trace your natural relative(s), would you prefer to do this work yourself instead?

Yes No

If yes, please state your views on this.

Medical Needs

Do you have medical needs?

Yes No

If yes, make a note of the details (please attach an additional sheet if necessary):

Were you subjected to medical experimentation in a vaccine trial?

Yes No

If you are adopted/boarded out, do you know your family medical history?

Yes No

If the State provided funding for genetic medical testing would you avail of this?

Yes No

Are you on a waiting list for treatment(s)?

Yes No

If yes, make a note of the details (please attach an additional sheet if necessary):

Do you require disability supports or assistance with daily living?

Yes No

If yes, please tick all that apply:

Mobility

Personal care

Communication

Access to transport

Access to services

Access to your community

Housekeeping needs

Maintenance needs

Shopping (groceries/clothing) needs

Make a note of any other details here:

Do you currently have an Irish Medical Card?

Yes No

If you do not, do you need one for you and your family?

Yes No

Do you have transportation needs in getting to and from medical and/or other appointments?

Yes No

**HAA card services (as explained in Appendix G of Judge Quirke's
Magdalen Commission Report)**

Do you require the following:

Access to a Liaison Officer who arranges and pays for all services, either in advance or upon the production of receipts?

Yes No

Chiropody and podiatry services, provided by any qualified professional as frequently as needed without any requirement to obtain prior approval or a doctor's referral?

Yes No

Complementary therapies such as massage, reflexology, acupuncture, aromatherapy, hydrotherapy, chiropractic services and osteopathy, provided by a registered medical practitioner such as a GP, registered nurse or physiotherapist, following an initial doctor's referral?

Yes No

Counselling, including psychological and psychotherapy services, for cardholders and their immediate relatives (including adult children), provided by an accredited professional, without any requirement to obtain prior approval or a doctor's referral?

Yes No

All necessary dental services, provided by dentists participating in the State's Dental Treatment Services Scheme?

Yes No

Hearing tests and aids, without limitation?

Yes No

Ophthalmic (eye) services, without any requirement to obtain prior approval or a doctor's referral?

Yes No

A specialist home nursing service, involving a clinical nurse-led home care plan that is 'individualised, client focused, flexible and easily accessible...which meets the assessed needs at any given time of each client and which is reviewed on a regular basis to reflect changing needs', the aim being 'to provide and support client focused care in the community to enable the individual to be cared for at home and to reduce unnecessary admissions to hospital'?

Yes No

A home support service to assist with household chores, either provided by the State or through direct employment by the cardholder which is reimbursed?

Yes No

All necessary aids and appliances as prescribed by a GP, Consultant, Occupational Therapist or Public Health Nurse?

Yes No

Physiotherapy services, provided by any chartered professional, following a doctor's referral?

Yes No

GP services from any licenced professional without limitation?

Yes No

No charge for any prescription by a GP?

Yes No

Referrals to a consultant doctor by a GP to be facilitated within two weeks?

Yes No

The Right to Establish Parentage and the Right to Know You are Adopted

Do you believe the State should amend Section 35 (1) of the Status of Children Act 1987 so that adopted people (whether legally or illegally adopted) are included in the statutory right to a declaration of parentage?

Yes No

Do you believe the State should establish a statutory right for all adopted persons to know they are adopted?

Yes No

Do you believe the State should amend Section 89 of the Adoption Act 2010 to ensure that all adoption certificates reveal that the person has been adopted?

Yes No

Do you believe the State should legislate so that it is possible for a person to apply for their birth certificate to be amended to state their full genetic heritage?

Yes No

Citizenship and Repatriation

Were you born in Ireland but denied an Irish passport as a result of trafficking for adoption?

Yes No

Would you like to obtain an Irish passport?

Yes No I have already obtained one

If you attempted to obtain an Irish passport, what happened?

If you were adopted domestically in Ireland, would you like the State to give you the option to have your passport registered in both your original and adoptive names?

Yes No

If you have emigrated or if you were sent abroad for adoption would you like to be repatriated to Ireland, or have visits to Ireland facilitated?

Yes No

If yes, make a note of any relevant details.

Financial Needs

Pensions (if applicable)

Do you currently have a pension from the Irish State?

Yes No

Does that pension reflect the time you worked in the institution or in an arrangement organised by the institution?

Yes No

Have you tried to apply for a pension that includes your time in the institution?

Yes No

If yes, was your application successful?

Yes No

If not, please supply any relevant details, e.g. the reason you were given for being refused.

Lost Wages (if applicable)

Did you work for no pay in an institution or in any arrangement organised by the institution?

How many days a week did you work and approximately how many hours a day?

How many weeks, months or years did you work?

Did you receive 'pocket money' while you were in the institution?

Yes No

If yes, for what period of weeks, months or years did you receive 'pocket money' in return for your work?

If yes, do you consider it adequate payment for the work you did?

Yes No

If you did receive 'pocket money' please state how much it was and what you could have purchased with it (e.g., was it enough to buy sweets or enough to buy a bus fare or more?) Please also state if it was 'real money' – i.e., were you given actual money or were you given a token to purchase items in the laundry tuck shop? Please provide any relevant details.

Do you wish to receive lost wages for the time you spent working in an institution or in an arrangement organised by the institution?

Yes No

Do you have enough money to live on?

Yes No

Are you dependent on others for financial assistance? Tick all that apply.

Charities

Family

Friends

Community Welfare

Voluntary group

Money lenders

Other

Please state any other relevant details here:

Compensation for abuse suffered (if applicable)

Do you have recommendations for how compensation amounts should be calculated? (Please tick any that apply to you personally)

Based on the fact of having been in an institution as a child?

Yes No

Based on the fact of having been in an institution as a mother?

Yes No

Based on length of time in an institution?

Yes No

Based on whether or not forced family separation occurred?

Yes No

Based on whether or not a child was placed into a family or situation that the State failed to supervise?

Yes No

Based on whether a person was subjected to a medical trial?

Yes No

Based on testimony by the person affected about abuse inflicted and injuries suffered?

Yes No

Based on written testimony by the person affected?

Yes No

Based on an in-person interview with the person affected?

Yes No

Please state any other recommendations for how you believe compensation should be calculated:

Investigation of Deaths and Identification of Remains

In your opinion, should the State do all in its power to establish the identity and final burial place of children and mothers who died in institutions?

Yes No

If you are a relative of a woman or child who died in an institution, would you like the State to order an inquest to investigate the cause and circumstances of death?

Yes No

Do you know of any unmarked burial sites that need to be investigated? If yes, please provide further details (including GPS coordinates if possible):

Do you have any other concerns about deaths or burials? Please explain:

Memorialisation

Is it important to you that the State establishes a memorial to honour all those who have suffered?

Yes No

Please state your views on this:

Have you taken a legal case, or have you considered taking a legal case?

Yes No

What were the biggest barriers you encountered when taking or considering taking a legal case?
(Please tick all that apply)

Financial barriers

(e.g., unable to afford legal representation)

Statute of Limitations

Lack of legal advice

Unable to access records

Do you believe the State should direct the Chief State Solicitor and State Claims Agency not to plead the Statute of Limitations in adoption and institutional abuse cases?

Yes No

Do you believe the State should provide free legal aid to people wishing to take cases?

Yes No

Legal Advice

Do you feel the need for independent legal advice as you engage with the 'Restorative Recognition Scheme'?

Yes No

Do you want a family solicitor/family member/friend/other to assist you when engaging with the 'Restorative Recognition Scheme'?

Yes No

Do you feel the need for an independent advocate as you engage with the 'Restorative Recognition Scheme'?

Yes No

If yes, you can name the individual(s) here: _____

Have you paid for legal advice related to your adoption/institutional experiences?

Yes No

If yes: I have spent € _____ on legal advice.

Support

Online Peer Support

Please note that Adoption Rights Alliance runs an online peer support group here:
<https://www.facebook.com/groups/adoptionrightsalliance>

Everything discussed in the group is confidential, and membership is vetted to ensure that only those with a genuine connection to adoption are granted access.

In-Person Peer Support

Would you like to attend a support group where you could meet others for support and to share experiences?

Yes No

If yes, would you be happy to attend such meetings at a local or regional community facility?

Yes No

If no, would you be happy to attend such meetings at a community facility elsewhere?

Yes No

Please make a note of any other wishes you have about peer support:

Helpline

Would it help you if the government set up a dedicated helpline for adopted people and institutional abuse survivors as a single point of access for all to information and services?

Yes No

Would you use such a service?

Yes No

Counselling/psychotherapy

If provided, would you be interested in availing of Counselling/psychotherapy?

Yes No

Would you avail of Counselling/psychotherapy paid for by the religious orders?

Yes No

Have you paid for counselling/psychotherapy in the past and can you offer an estimate as to how much you have spent on such services?

Yes No

If yes: I have spent €_____ on counselling/psychotherapy services.

Do you have receipts for this expenditure?

Yes No

Can you revisit the service you attended and acquire a note confirming attendance and costs involved?

Yes No

Mediated Reconciliation Services with the Religious Congregations

Is this something that would interest you?

Yes No

Please make a note of any other wishes you have:

Housing Needs

Do you have particular housing needs?

Yes No

If yes, make a note of relevant details.

Do you currently rent your home?

Yes No

If yes, do you need assistance paying the rent?

Yes No

Make a note here of any details, e.g. arrears, hardship, difficulty with entitlements:

Do you have heating issues in your house?

Yes No

If yes, make a note of relevant details.

Do you require alternative accommodation?

Yes No

If yes, make a note of relevant details.

Education

Would you like the opportunity for continued education?

Yes No

If yes, what sorts of educational assistance would you like?

Literacy (reading and/or writing)

Using a computer

Using e-mail

Accessing the internet

Please state any other educational needs here:

If applicable, would you like your children/grandchildren to have access to funding for their education?

Yes No

Commission of Investigation Report

Have you received a copy of the Report?

Yes No

If not, would you like one sent to you?

Yes No

End of life concerns

Do you worry about end of life issues, e.g., burial costs and suitable headstone?

Yes No

Would you like assistance putting a plan in place addressing these issues?

Yes No

Do you believe the religious congregation(s) should have a role to play in these issues? Please explain:

Other Needs

(Attach an additional sheet if necessary)

Do you have any particular wishes that would help you? E.g., a particular holiday you would like to take? Tick all that apply.

Holiday

Pilgrimage

Family mediation

Reconciliation support

Dedicated service to find family members

Dedicated service to find relatives lost to adoption

Dedicated services to find lost friends

Gravestone inscriptions

Please make a note of any other wishes here:
