

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 though 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 Department¹, 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

¹ 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 the 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.'² 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.*

² 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.

