



**Opening Statement to the Joint Committee on Children, Equality, Disability, Integration and Youth
on the provisions of the General Scheme of the Mother and Baby Institutions Payments Scheme
Bill 2022: Delivered by Mary Lou O’Kennedy on 24th Mary 2022**

OAK welcomes the opportunity to appear before you, the Joint Committee on Children, Equality, Disability, Integration and Youth to discuss the provisions of the General Scheme of the Mother and Baby Institutions Payments Scheme Bill 2022, and is thankful to the Committee for extending the invitation to us to do so.

We do this from the perspective of the survivors based on their expressed views to us during the consultation process undertaken with them in March 2021. A total of 561 individuals participated in the consultation process, in 17 online meetings which were held with 186 attendees over approx. 60 hours and in the form of 450 written submissions. We acknowledge and thank all of those who took the time to participate in the consultation process, which for many reopened painful memories and feelings.

In this opening statement I will focus on some of the key needs expressed by the survivors which are not provided for within the current provisions of the Bill. A more balanced review of wider aspects of the Bill are contained within our written submission.

The greatest disparity between the provisions of the Bill and the views of the survivors, exists in relation to eligibility. Survivors overwhelmingly asked for a universal common experience scheme that recognised all survivors regardless of duration of time spent by them in the homes. Eligibility for financial redress is provided for all mothers regardless of duration of residence but only for survivors who as children spent more than six months in the homes. The Bill also uses duration of stay as a determinant for eligibility of an enhanced medical card for both mothers and children and will be provided, again, only to those who spent more than six months in the homes.

The survivors described the nature of the harms they experienced and for which reparation was needed. The Bill provides for a general payment of redress for unspecified harm, trauma, discrimination and stigma experienced by mothers and children whilst resident in the homes. The survivors however identified at least 17 different harms suffered by them, many with lifelong negative consequences. The primary harm described by them is the involuntary loss of the mother child bond. Four of the 17 harms are recognised within the Bill but not the primary harm of the loss of the mother child bond.

Similarly, when considering financial recognition, survivors felt a universal common experience payment was the most suitable form of redress with an additional 12 categories of claim identified and that an initial interim payment of €15,000 (on average) should be paid immediately. The Bill provides a general payment starting at €5,000 for mothers who were resident up to three months, and €12,500 for children resident for at least 6 months, with an additional two categories of claim confined to length of stay in the homes and the period of work undertaken, in excess of three months, by mothers (/pregnant women) without pay.

The survivors stressed the importance of a human rights based approach to the design of the scheme and in particular the need for accountability, truth-telling, identification of harm,

participation, inclusion, equality, apology and restorative justice, which provide greater opportunity for them to healing. The eligibility and financial payments provisions of the Bill are evidently based on a rights based approach operating within the current statutory framework of entitlements particularly those applying to Residential Institutions Redress Scheme (RIRS) and the Magdalen Restorative Justice Ex-Gratia Scheme (which similarly to what is recommended for this scheme, comprises a general payment based on length of stay and a work type payment) rather than on the particular human rights violations and common experience of harms particular to the Mother and Baby Homes survivors, the main defining feature of which is, the loss of the mother child bond they suffered.

Other key concerns identified by the survivors that are not provided for in the Bill are:

Financial Redress and Enhanced Medical Card

- The option of financial payment by lump sum/periodic payments or enhanced pension payments
- Trauma informed counselling/psychotherapy beyond that of the counselling services provided by the HSE National Counselling Service and survivors and for family members
- A HAA medical card equivalent and extra supports to those provided for in the Bill including free genetic testing and health screening, free transport to medical appointments, fuel allowance, phone allowance, services for genetic illness linked to ethnicity, addiction services
- Private health care for survivors living overseas to provide equivalency with provision in Ireland

Application

- Delivery of the scheme by trauma trained and experienced staff
- A new independent agency tasked with all matters to do with the government's response with local offices at county or regional level
- An independent board/panel to decide on claims
- Provision for oral, written or video testimonies

Administration

- Assistance of a personal liaison/advocate/social worker/advisor to assist with applications and provide the necessary emotional and practical support they need
- The right of appeal of a decision on eligibility to the court
- Remote appeals process
- Greater accessibility through e.g. GPS's, digital literacy/literacy supports and financial advice
- No cut-off date/period of long duration for the scheme

Our written submission provides summary tables of all of the key requests made by the survivors and the extent to which these are provided for in the Bill with a summary commentary on each.

Whilst focusing on the issues not provided for within the Bill as it currently stands, this does not ignore the amount of work and attention brought by the Department to providing for the needs of the survivors and we make our observations with the intention of continuing to represent the needs of the survivors as expressed by them in a way that will enhance the scheme.

Thank you for this opportunity to appear before you and for listening to my statement.