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Positioning and Respectful Professional Interventions for Working with the Legacy of Irish Institutional Care

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Introduction

Since the late 1990's, there has been an outpouring of stories of abuse and maltreatment of residents in Irish institutional settings. The use of institutional care for children and adults in need crosses many cultural and geographical boundaries. Two major differences exist between institutional care in Ireland and that provided elsewhere. First is the extent of the practice and, secondly, the delay in change and the slow pace of commencement of family-based care. Paradoxically, Ireland now has one of the highest rates of family-based care in the world. (O'Brien & Cregan 2015).

A significant part of this Chapter is given to an analysis of the context in which the institutional care of children occurred in Ireland to enable professionals to have a better understanding of:

- what occurred in Irish institutional settings and why;
- the impact of the institutional experience for people and their families, with a focus on trans-generational issues;
- the extent to which an emigration experience intersected with the institutional experience;
- the complexity involved for therapists and professionals working with people with an institutional experience;
- The importance of professionals' sensitivity to resilience and strengths and their own position in retaining a focus on justice as a core value
- the non-homogeneity of the people involved and the need to be careful to avoid processes that may be experienced by users as stigmatising, pathologising and as inherently disrespectful as were some of their experience of institutional care.

This Chapter is drawn from four major bodies of work which include:

- Auto-biographical accounts of people that experienced life in various institutions;
- The Commission to Inquire into Child Abuse, 2009 (or CICA) which is referred to throughout the Chapter as the Ryan Report / Ryan;
- Two Irish studies that captured clients experiences
    - SENCS (2003) study which evaluated people's experience of the counselling services set up by the Irish State (and partly sponsored by the religious institutions) for people that experienced abuse across institutions and family contexts; and
    - Carr et al (2009, 2010) study of people who gave testimony about their institutional and subsequent life experience at the Ryan Commission of Inquiry;
- Literature reviews of historical and contemporary child welfare practice, the effects of abuse and effective service and therapeutic intervention;

The work also draws from the author's clinical work and supervision of those working with this population. It is this context that inspires me to review the legacy of the past so as to try shape better futures through reflection.

The Author's Positioning

The journey to develop an understanding of the institutional care of children, which can be of benefit to professionals and the clients of their services, has been challenging. I begin this chapter with a short explanation of my own positioning and how this is an influence in writing this account. I hope this will be helpful in locating the work.

I am an Irish woman born in 1960, a time when Ireland was beginning to change. While the pace of change was to be slow and arduous from my youthful perspective, nonetheless, it was a period that provided me with opportunity to live a life that was largely denied to previous generations of Irish women. Access to third level education was a key to change. My willingness to challenge what was taken for granted by others, and a zest for experiences that were just about in reach, provided situations in which I could take risks, make mistakes and shape possibilities.

My curiosity about Irish society was aroused by hearing stories of times gone by; however, I had a keen appreciation that many stories remained untold. I was well informed of both urban and

rural social life around a small country town in Ireland by a mother who had many inter-generational stories and was willing to shine a light on the dark spaces. Aspects of community life were explained. I understood that even strong connections could be quickly severed if individuals transgressed from what was seen as 'normative'. My education was in a Catholic Convent School (Sisters of Mercy) in which the potential for change was juxtaposed with reminders of Catholic doctrine. My views were shaped by the emergence of a social justice perspective, and my sense of righteous outrage was evoked frequently in response to situations of disadvantage and discrimination that I could see.

I had a strong desire to get away from what I saw as the constraints of a small town and the shackles of Catholicism. I succeeded, largely through determination, in realising a possibility which had been barely imaginable to study social science in University College Dublin. Parallel involvement in feminist and political movements provided me with experiences through which I was to gain a broader understanding of my local history as well as a curiosity about why things occurred as they did. Subsequent study and training as a social worker at the LSE in London was followed by training as a systemic therapist and supervisor, which provided me with a skill set and conceptual base for working with various groups of people.

I have had opportunity to gain understanding of the events, processes and contexts that surrounded institutional care of children and families in Ireland. I have also had opportunity to consider my own relationship with these events - a relationship that involved unearthing family and community secrets and cultural stories that were painful and fascinating in equal measure.

As I write, I reflect on the people whose lives have been shaped by these events. In bringing a focus on this topic, I am guided by a number of points. Firstly, the legacy of the past is one interwoven by state, church, community and family processes. Secondly, while I think it important to give voice to stories of the past, I am also conscious that there are many people who managed to live lives characterised by resilience, positivity and achievement. Despite the poverty, the trauma, the abuse and the pain of the institutional settings, hope, fulfilment and love were to the fore in many lives subsequently. It is crucial that therapists and professionals working with people critically examine their own relationship with the stories told and untold and irrespective of whether the professionals hold an 'Insider Irish' or 'Outsider' position, it is work that is required on an ongoing basis. The centrality of this work and the processes that

require attention will become clearer as the history of what occurred and how it has and continues to shape lives is illustrated in the forthcoming sections. As professionals, the extent to which we are both shaped by past and current discourses and simultaneously involved in shaping them is now well recognised in the field (Flaskas et al 2007), and thus the ethical responsibility to undertake this work is more important than ever.

What occurred

The Ryan Report states that an estimated 170,000 children were placed in institutions in Ireland between 1936 and 1970, but that caution is needed given the limited data sets from which the trends have been established. Approximately 105,000 children were committed by the courts and an estimated 25,000 were placed in institutions on a 'voluntary' basis by local authorities (Raftery & O'Sullivan, 1999). The institutions had their genesis in the 1868 Industrial Schools Act. Under this Act, Industrial Schools were intended to provide practical training rather than an academic education for children that were neglected, orphaned or abandoned. In the early twentieth century, there were 71 industrial schools in Ireland with 8,000 children, but this declined by the 1940s to some 52 industrial schools accommodating 6,000 children. By 1969, 31 industrial schools were still in operation, catering for some 2,000 children (Ferguson, 2007).

The circumstances in which children entered industrial schools/ institutions have been illustrated by the Ryan report. This report shows that children from low income and large families, single parent families, orphans and mentally ill children were more likely to enter the institutions. Carr et al's 2009 study showed that 72% of the children were admitted from their family homes, while a further 14% were admitted from other institutions such as children's homes and mother and baby homes. The extent to which agencies that had responsibilities towards children in need were also involved in keeping up the numbers of children to enable the institutions to continue is also illustrated by Ryan.

Legacy issues associated with the treatment of children and their families by the child welfare system have been a recurring theme in Ireland for the past fifteen to twenty years. The investigation of abuse of children within institutional settings and by members of the Catholic Church (Murphy 2009) have resulted in both public outrage and debate on the country's failure to protect vulnerable children. The issue of child abuse and children's rights has occupied a high position on the political agenda, culminating in recent times with the creation of a full

Government Minister and Department of Children, and that agenda has been propelled routinely by the emergence of the latest scandal (O'Brien 2014a).

What is known

The testimonies about what occurred in Irish institutions have been gathered and presented in Government Inquiries and through various accounts given in the media, books and films. The evidence is frequently harrowing. Coleman's book (2010), which narrates ten individual stories, illustrates some of the difficulties associated with separation, fragmentation of identity and abuse experienced by the children. It also illustrates how traumatic events were remembered so clearly throughout the adult lives. The stories include the way the children left family homes:

> *'She was dragged from my sister's arms and put in that car, she is dead now.....*

The dehumanising effects of taking people's identity are illustrated:

> *'My name was taken from me and I was given a different name. I was given the name Frances'*

For another person:

> *I was a number, mine was 253.*

These actions occurred in a country where membership of and loyalty to one's family, community and nation, were, and continue to be, of the utmost importance. In the accounts, there is constant reference to the hardship of work and what the children endured:

> *We didn't rake hay with rakes...we raked hay with our hands and the thistles...oh my god.. and how they stuck in your skin.*

The theme of harsh physical work was compounded by neglect as well as physical, emotional and sexual abuse, the effects of the abuse, and the callous indifference of the perpetrator, is painfully shared:

> *I was left marked for days and days. Sunday morning he put holy communion in my mouth as if....*

Secret hope for retribution on their tormentors was dreamed of while in the institutions:

> *That man should have died a horrible death on the alter that morning ....if there was any God there at that time ..... and I would have been delighted.*

Another man gives a succinct analysis:

These were brutal, brutal, brutal places, they were concentration camps, children were slave labour.

The vindication of the truth of abuse allegations by the Government investigation into the events led Irish historian, Diarmuid Ferriter, to conclude

> 'By presenting such an overwhelming body of evidence about what went on behind closed doors, the report provides a corrective to the atmosphere of secrecy and shame that surrounded these experiences for so many years' (2010 p 333).

For the practitioner working with people whose lives have been touched by institutional care, the Ryan Report sets out in detail the manner in which decisions were made for children to enter the institutions, the effects of abuse, and the errors that the institutions made in responding to children's needs. Furthermore, there is now a sizable body of literature about the effects of childhood abuse and how these experiences can give rise to adult adjustment and social, psychological and emotional difficulties. The negative effect of such adversity is generally related to the severity, frequency, variety and duration of the experiences.

In the next section, attention is focussed on unraveling the context in which the particular form of Irish institutional care evolved for the benefit of professionals working with survivors. A key goal is that by attuning professionals to what occurred and why, a more aappropriate service response and professional positioning will be provided. There is also the bigger hope, that by appraising the stories of history, societies may avoid repeating the mistake of taking similar actions at a future time.

Factors That Gave Rise to the Negative Treatment of Children

The position of children in society, the historic evolution of the State vis-a-vis colonisation, the dominance of Catholic social teaching and the slow development of a professional input into child welfare and the care of children are seen as key to our understanding the Irish institutional legacy. Historically in Ireland, the position of children and their welfare was viewed as a matter of private responsibility, where parents were considered the sole and duty-bound providers of care and protection of their children (Considine & Dukelow, 2009). According to Ridge (2008: 380) this resulted in the 'familialisation' of children where 'their needs and interests have remained hidden within the private sphere of the family'. This 'principle of family autonomy'

(Richardson, 2005: 160), a basic tenet of Catholic teaching, was reinforced by the 1937 Irish Constitution insofar as it identifies the family as the 'primary and fundamental unit of society' and provides parents with 'inalienable and imprescriptible' rights (Constitution of Ireland, 1937, Article 41.1.1). The family that was privileged, however, was and remains the family based on marriage.

Eugenics theory was a strong influence on the type of institutions that evolved. This ideology purports to show that those children with problems such as poverty, neglect, or abuse are biologically flawed due to the moral and biological make up of their parents (Smith, 2011). Thus, children in need were treated as the 'moral dirt' of society and were subjected to a form of 'ethnic cleansing' (Ferguson, 2007: 125), accomplished by assuming control over them (Maguire 2009). Mahood & Littlewood's (1994: 555) earlier work shows that 'the moral status of abused children was seen as dubious and the challenge was to catch these children early and channel them into an appropriate regime of moral rehabilitation'. This approach to treatment of children was not just an Irish phenomenon. It also occurred in England where children in need were sent to Australia, Canada and other British colonies (Humphries 1996). However, the system of institutionalization, which took a firm hold in Ireland endured for much longer than in other countries.

The extent to which care was provided almost exclusively by religious congregations has its genesis in the evolution of the welfare system in Ireland and also reflects how the church positioned itself. There is ample evidence of the religious orders being involved in safeguarding their own interests, both in terms of saving catholic souls, as well as the temporal needs of their institutions. There is also evidence that the burden of care was often found to be excessive during the period (Ryan 2009). The State's peripheral involvement and its abdication of responsibility in resourcing, regulating and inspecting institutions has been well portrayed through the various reports and commentaries. O'Sullivan and O'Donnell's 2012 work concludes that confinement across a range of Irish institutions was characterised by higher levels of coercive practices and was sustained for longer, compared to other jurisdictions.

As part of this historical exploration, one has to ponder on the place of community and the much-cherished family during this period. The institutions were usually situated in towns and cities and therefore they had visibility and status in these communities. There is evidence of

unwillingness, reluctance or inability to intervene in the institutions on behalf of the disadvantaged children. While there are examples of individual testimonies whereby complaints were made to relevant authorities and children were helped to escape, the extent to which communities remained silent and largely inactive is part of the story that remains to be told.

The Evolution of the Professional Sphere

During the first six decades of the twentieth century, the professional voice was largely missing from child welfare provision in Ireland. Instead the 'voice and power of Catholic teaching' was seen, according to Skehill 1999, as sufficient to meet the service needs of the day. The role of social work was slow to develop in Ireland, compared to other western jurisdictions. Major developments are traced back to the 1970 Health Act. Social work has been a developing part of child welfare since then(O'Brien 2014a). This Act coincided with the publication of a government report, which examined institutional care and explored why the preference for family-based care, provided for in Boarding Out Regulations made in 1954, was slow to develop. This report was scathing of many aspects of institutional care provision and, in particular, stressed the ineffective nature of the state inspection system.

> 'In other countries the Inspectorate acts as a link between those in the field and those in Central Authority. In this way, the system ensures that no one school or centre is working in isolation, unaware of developments in other regions. This has not been the position here' (Kennedy 1970, p 28).

Ultimately, the Kennedy report heralded the closing of large-scale institutions and forged the way for a change to family-based care for children in need. However, the stories of what had been happening in the institutions were to remain largely buried for another twenty years, other than for those professionals who encountered the consequences. A shift to family-based care has occurred and the social work profession has been pivotal in delivering this achievement (O'Brien and Cregan 2015).

The Role of Popular Media in telling the Stories of Institutional Life

Investigative journalists, films, documentaries, newspapers, books and radio have all played a role in opening up the extraordinary stories of institutional life in Ireland. The work of Raftery

& O'Suillivan (1999), resulting in Raftery's powerful TV documentary *States of Fear (1999*) regarding the treatment of children in institutions, was pivotal to this awareness. The first episode opens with the statement '*The one good thing about Christmas day was that there was no sexual abuse'*. This set the tone for the uncovering of the high levels of abuse that occurred in these institutional settings (Prior, 1999). Raftery's work built on earlier documentaries such as *Dear Daughter* (*1996)* and *Sex in a Cold Climate (1998)* in which people who had grown up in the institutions told aspects of their stories. The documentary makers continued to probe into other aspects of Irish institutional life, including clerical abuse *Suing the Pope (2002)* and the Magdalene Laundries, as depicted in *The Forgotten Maggies (2009)*. These documentaries and films such as *Philomena* contain powerful telling of individual stories. Biographical accounts have also played an important part in bringing forth lived experiences. Books such as '*Nothing to Say* by Mannix Flynn (1983), *The God Squad* by Paddy Doyle; *Freedom of Angels* by Bernadette Fahy (1999), *Childhood Interrupted* by Kathleen O' Malley (2005), *Beyond Belief* by Colm O'Gorman and Tyrell and Whelan's 2006 *Founded on Fear,* have played their part, amongst others. Some of these authors tell stories of reluctant publishers, which again is an indication of the difficulty in overcoming the silence that surrounded these institutions.

Following Raftery's work in 1999 the public outpouring of the accounts of institutional life began in earnest. People told personal stories on radio and in print. The nature and scale of revelations prompted a community and societal response, and finally a political one, that had been awaited a long time by the people who grew up in the institutions. The survivors of these institutions told stories of the culture of silence that allowed these atrocities to re-occur over many decades; they gave harrowing accounts of what actually happened; they spoke of the effects of sexual, physical and psychological abuse and especially the impact of their powerlessness to save other children; and they spoke of the cover-up by the responsible institutions.

The stories of those who experienced care and kindness and were afforded opportunities and how they managed to survive and create stable lives for themselves were slower to emerge. Such stories of resilience, I would contend, have yet to be fully told, though some are now making their way via support groups onto web sites that are run by survivors, principally in Ireland and

the UK[i]. Like family and community involvement in mother and baby homes, this aspect may not sit easily with the ineffectual state/ evil church narrative about institutions.

Despite the transformation of recent years, there is one aspect of recent developments, which is a definite barrier to our progress, because it contributes to the silencing of institutional stories. I refer to the 'gagging clause' laid down in the Residential Institutions Act 2002. This prohibits recipients who accept compensation under the institutional redress scheme from speaking of their experiences and provides for fines and even prison sentences if offences occur. An attempt to overturn this provision via a Private Member's Bill (The Institutional Abuse Bill) in 2009 was defeated. The continued prohibition continues to be a source of great distress for many.

The Political Response

While there were initial attempts by political figures to distance themselves from the past following the publication of Raftery's work, the public ground swell of outrage created a seismic shift. The harrowing accounts by adults of what happened to them as children, the part played by religious congregations and the total ineffectual response of the State led to a quick shift in the political response. The Government offered apologies in 1999; a Commission of Inquiry was set up and a Redress Board provided a level of compensation to the survivors, provided they undertook not to make public the terms of settlement. The publication of the Reports of the Commissions of Inquiry into abuse of children within institutional settings and by members of the Catholic Church and, more recently, into the deaths of children within the care system (Shannon and Gibbons 2012) resulted in continued public outrage on Ireland's failure to protect vulnerable children. These accounts have had a cumulative effect and collectively contribute to the resolve to break the culture of silence. Thus, issues of institutional child abuse and children's rights have occupied a position high on the political agenda for more than a decade now (O'Brien 2012). Ironically, this follows several decades of Catholic Church led pressure on Irish politicians to protect 'unborn' children, leading to constitutional amendments aimed at prohibiting abortion in Ireland while women continue to have to travel abroad. The Catholic Church's moral high ground has been severely dented by the revelations of the reality of what they presided over in institutions providing for vulnerable Irish children.

This has arisen alongside the focus on other institutional abuses that occurred, such as in relation to women placed in the Magdalen laundries (Smith, 2007; Report of the Inter-departmental

Committee 2013) and more recently on death rates in mother and baby homes (O'Brien 2013). There has been a political readiness to explore single institutional issues, but there is still work to be done on how the network of institutions, the various religious congregations and the state machinery operated in the lives of people, families and communities.

Key Context Markers: What is known and the Implications for Services

What is known

While the topic has received huge attention in recent years in the stories told (Powell et al 2013), there is little by way of reliable study or data on the children who lived in the institutions. Even less is known about what happened to them in later life as adults. There is no reliable estimate of the number of people that are still alive, or at what point they are in their lives. The paucity of baseline data on admissions and biographical information makes it impossible to devise reliable statistics now. At best, service providers can only guessestimate on the likely trends from the earlier research studies. They may also be informed by trends observed in clinical and service arenas.

Drawing on 1007 people who provided information to the Commission of Inquiry in 2009, and adjusting for the time lag between data collection and 2015 but not accounting for death rates, O'Higgins (2010) calculates that 38% of the population who were in institutions may be between 60 and 70 and the remaining 62% are over 70 years of age. The majority of this population live in Ireland (58%) but a significant number (37%) are in the UK. There are implications therefore for professionals working in both jurisdictions, and the focus on 'Insider Irish' and 'Outsider' is put forward to enhance and attune professional positioning and will help to work with the impact of both colonisation and emigration.

The socio-economic profile presented in 2009 is also worthy of note in getting a picture of the people. At that time, 45% were dependent on various social benefits, 33% were employed, and 22% were retired. The educational background was, by and large, limited with the vast majority obtaining a primary level education. However, 10% reported obtaining a third level education at later stages of their lives. Two thirds reported that they had worked throughout their lives, but most in semi-skilled or non-skilled jobs. 44% reported owning their own homes, 36% had local

authority tenancies and the remainder were in the private rented sector (10%). Up to 20% reported being in temporary accommodation of various types. This latter figure suggests a level of vulnerability which, when combined with other data, is a cause for concern.

Social Relations

Carr et al's study gives a further picture of the people who were in institutions. 90% of the people had reported experiencing abuse. 40% were still married in their first relationship, 11% had never married and the remainder reported various stages of separation and divorce. Almost 90% had children of their own. Of this population, 95% reported that they had brought up the children themselves, with 5% reporting their children had spent time in care.

All reported experiencing various life difficulties, including mental health (74%), substance abuse (38%), frequent illness (30%), unemployment (54%) and anger control in relationships (26%). Relationships, good supports and a good attitude were factors cited by many as helping them deal with these challenges.

There are some concerns, both among survivors and people that work in this field, that the profile projected in the above studies is not representative and may lead to misunderstanding of what the issues really are. There are real difficulties in accessing these stories, as the political nature of the subject is such that many may be silenced in the same way that the horrors of abuse were previously. O'Higgins (2010) indicates that there is a level of evidence that the majority have led 'normal lives of work, relationship and children' (p 15). She also maintains that many have lived lives of relative poverty and disadvantage, which is directly related to the childhood they experienced in institutions. She maintains that the people that did not manage to build stable lives 'could be among the most marginal in society both here and in the UK, a situation exacerbated now by their ageing' (p 13). A cohort, mostly men, have complex and challenging needs, they have substances abuse issues, lack family supports and are known to homeless, mental health and prison services. Amongst survivors in general, many report feeling misunderstood by health and other professionals. Significantly, they express fear about their needing institutional care as they enter older age and their health deteriorates.

The Emigration Factor – Issues for Professionals Working with Irish Clients

There is evidence that people who left the institutions were part of the waves of Irish emigrants who went to the UK, while a smaller number went further afield. Again, while there is some knowledge of the broad trend, there is limited information available in respect of the numbers involved or specific details of the institutional population. If meeting the service needs of disparate groups is to be addressed, the history of the Irish abroad but especially in the UK needs to be considered. While many Irish people have been highly successful in the UK, the history of the colonial relationship, the impact of the 'Troubles' in Northern Ireland and the corresponding impact on the Irish community in the UK are important contexts markers for understanding the relationship between the two countries and the communities involved. Consequently, it is important to keep abreast of general trends in respect of the Irish in the UK population, as it may be a useful starting point in appraising the relationships involved and the needs of the former institutional residents group.

In the 2001 census, the Irish comprised the largest and oldest ethnic minority in the UK. By 2011, the numbers had dropped due to deaths and people returning to live in Ireland, possibly associated with the economic upturn from 2001 to 2007 and people reaching retirement age. Wall, in a 2001 study, showed that the Irish population in the UK, which includes both first and second generation, had consistently poorer physical and mental health when compared to the rest of the population. An urgent need to consider the mental health structures was stressed by Wall but, according to Garret, this did not happen and he contended that 'there has been an embedded failure to recognise the specificity of Irish people' (2004, p 1). Evidence of this was found in a recent study by O'Connor (2014) in which she explored the relationship between counselling and therapy professionals and Irish clients. She suggests that, due to the myth of white homogeneity, the Irish continue to remain 'outside the public discourse on ethnicity and are predominantly ignored in policy decisions, practices and debates.' She also found evidence that negative stereotypes of the Irish still abound, with Irish clients experiencing exclusion, anti-Irish sentiment and being subject to anti-Irish jokes and discrimination based on accent, name and use of Hiberno–English. She also found that the trans-generation, inter-cultural issues associated with the colonial past were ever present for the Irish client as the 'elephant in the room' (p 118).

Inter- Generational issues across the Irish

It is also important to consider trends associated with life opportunities and experiences of the second generation Irish population in the UK. There is evidence showing that the task of establishing a coherent identity proves problematic for this group. Hickman (2005) noted that many people are rejected in both countries as not being either fully Irish or English. These broad trends, which remain largely invisible, are important for professionals to take into account when working with people from an Irish background. It is especially important, however, where clients' parents have institutional histories, especially when the risks associated with inter-generation trauma and abuse are considered. The fact that the population of Irish residents in the UK which grew up in institutions remain invisible compounds difficulties for many of their children and grandchildren when they are users of services. Clients may not be comfortable telling the story of their parents, as in some ways it may reinforce negative Irish stereotypes. By remaining silent on such backgrounds, it may leave professionals ignorant of processes that are occurring. Clients may come from families where the stories remained largely silent. To open the stories of the past runs the risk of opening too many family sores. For others, the effects of a parent's institutional experience were very pivotal in the lives lived. These findings are important for professionals in the UK working with Irish people who have been touched by the experience of Irish institutional care and also for professionals working in other jurisdictions, including Ireland.

Survivors: Inter-cultural and Older Person Issues

As found in the research, it is evident that the Irish in the UK experience certain inter-cultural issues. What is the likely impact of the inter-cultural / emigrant experience for people who also have had negative experiences in institutions when in therapy and /or when they are users of health and social services? The testimonial accounts illustrate how a sense of shame, injustice, anger or loss, arising from institutional experience, have prompted many people to remain silent. This may be further exacerbated by the 'absent but present' processes O'Connor found that occur between Irish clients and professionals. The clients assumed that professionals lacked awareness of Irish cultural heritage, the inter-linked history, trans-generational trauma, the inter-cultural emotion legacy and their current experiences of racism or discrimination (p 119). On the other hand, O'Connor found that English professionals felt a '– sense of threat, shame, guilt and stuckness' (p 122) in relation to the inter cultural issues, when working with the Irish clients.

These themes were particularly present when they were dealing with trans-generational, relational trauma and its affective legacy. O'Connor's study also sheds some light on the strategies clients used to avoid a focus on the inter-cultural elements. Strategies, such as silencing a traumatic relational past and hiding or adapting the 'Irish cultural self', are used by clients to defend against a 'felt sense of potential discrimination but also to avoid the internalized shame, self-blame, guilt, anger, sadness and loss'. Interestingly, these are strategies found also in the trauma literature. The intersectionality between the intercultural and trauma findings has implications, not only for working with the generation who lived in the institutions, but also for their family members who have been born into this legacy. Furthermore, it has implications for professionals working across cultures and while a focus on cultural competence has been a major part of service provision in recent times, there is evidence that more action is still needed.

Enhancing Service Response

While gaps remain in respect of the current profile of people who lived in the institutions, their experience of service use and outcomes desired require consideration if future service delivery is to be enhanced. Summary trends, which relate to the population, referral pathways, services co-ordination and client experience, are presented to assist this development.

Firstly, the population in question is not homogenous, but it is aging with the majority now over seventy years of age. Many are now part of second, third and even fourth generation families, while some are more socially isolated. There are a number of population subsets therefore that need to be considered, and the range of experiences of persons accessing services need to be kept in mind. Secondly, people rarely disclose that institutional care has been part of their past when accessing services or presenting problems. Furthermore, O'Higgins noted that it is unlikely to emerge while they are in receipt of services, unless a particularly strong relationship is built up between service and survivor. Thirdly, where services have been accessed and people have disclosed this aspect of their past, many services operate independently of each another and the opportunity to co-ordinate responses at a multi-disciplinary level is limited. Yet, when we consider some of the sub-sets of the population involved, co-ordination, communication and co-operation are crucial if outcomes are to be optimised for clients. Fourthly, turning to the client experience of counselling services, there is evidence that people encountered different levels of competence, and the institutional experience and its effects were largely avoided in the work.

However, the responsibility for this was attributed by clients to both themselves and the professionals (SENCS 2003). O'Higgins on the other hand found many people's experience is not understood by some professionals and she expressed a level of concern "at the lack of expertise among psycho-therapists and 'helping professionals' of the effects of abuse and the dangers that their interventions could do more harm than good" (2010 p 13).

A number of measures are suggested aimed at improving service outcomes and client engagement, based on both the work of O'Higgins and the research on which this chapter is based. The proposals take into account that the pathways by which clients access services, and the types of services accessed, will vary. Some clients may access services specifically connected with the institutional legacy, while the majority will continue to access a range of services in which the institutional experience will not be head-lined and thus a range of professionals and diverse services will likely to be involved. The extent to which services and professional practices need to examine and change their service and practice will vary.

The stated mission of the organisation is a good starting point. Mission statements generally speak to organisational delivery models that aim to be respectful, adaptable, flexible, and transparent, client-centred, non-discriminatory services. Services should examine their mission statements against the issues that have been identified for this group of people, asking 'does the way we say we are providing services fit with the needs of the people involved?' Secondly, services could evaluate if a learning culture is embedded in organisations, if there is curiosity regarding developing trends and if they routinely engage with service users regarding what they think is needed. Thirdly, in terms of improving client engagement, it is important for services to examine if there is a sufficient knowledge base and understanding in respect of effects of trauma and the place resilience plays. Historical legacies, and how these may impact on an inter-generational basis, and if the general tasks and transitions involved in older age take into account how the impact of earlier institutional experience, challenges encountered and resiliency developed over people's lives need to be woven into the work?

Conclusion and Recommendations to Enhance Professional Work

This chapter aimed to give professionals, and people with an interest in this subject, an overview of the past and a consideration of how service and therapeutic work needs to engage people who were involved in institutional care in Ireland. While it is written with this context in mind, it is likely that there are parallels here for people in other jurisdictions who both experienced institutional abuse and those that are working with it. The research and clinical practice show that the processes that continue to push people who experienced institutional trauma to remain silent should be uppermost in the professional's mind. Key to the work is role clarification, relationship building and development of a 'reflective and critical voice'. These take into account an appreciation that the professional may be working with a range of commissions/ referrals. It is seen as likely that, while there is a level of knowledge about this population, much remains unknown. Curiosity on the part of the professional, and a commitment to social justice, will remain key to successful engagement.

The particular client and professional relationship, and why they are working together, needs to be to the fore. The question of how experiences can be spoken, heard, seen and understood is key. Professionals need to have an understanding of the past, while at the same time appreciating that the picture is far from complete and that, at an individual level, the pictures may vary greatly.

The importance of the professional examining their own value base, their relationship with the institutional experience, their own history and how past legacies can shape both the present and future is important. The opening up of one's own stories, and how the professional positions themselves, is key to enhanced service delivery and client engagement, as I learnt from my clinical experience and research endeavours. In particular, through an exploration of my own story, as an Irish woman reared in 1960's Ireland, I worked hard to remove the shackles of a Catholic and rural upbringing. But in this process, I ran the risk of failing to respect how clients may still yearn for the very features of life that I was rejecting.....and thus the iterative process is a crucial anchor.

In my clinical and supervision work, I have learnt that the processes and relationship fields involved are complex, emotional, sometimes polarised and characterised by varying levels of ambivalence. A systemic lens, the positioning compass (Partridge 2007) and fifth province model (McCarthy & Byrne 1988; Byrne et al 2002) provides a useful scaffolding from which to

understand these processes. These models have been useful not only in working with institutional abuse but continue to be useful when working with complex systems such as kinship care (O'Brien 2014b); mother and baby homes (O'Brien 2013) and the forced adoptions of many Irish children to the USA from 1940's to the early 1970's (O'Brien and Pavao 2014).

Finally, the extent to which stories of resilience can be woven into the work and how professionals might influence the wider discourses surrounding the institutional experience to encompass greater telling and hearing stories of strength and survival as well as pain and adversity is important.

At a clinical level it is important that the therapist is attuned to dynamics that lead the client's story to be seen as an individual and private issue principally, and not connected to the context from which it originated. There is a danger in this work that while we talk resilience that the discourses perpetuate victimhood. Therefore we must be vigilant to attend to the various experiences and groupings involved. To this end, I reiterate Higgins's view that, at the end stage of life for those who experienced first-hand the legacy of the past, people should have their needs met in a respectful manner. I would go a step further and say that, as professionals, we have a responsibility - an ethical responsibility - to explore our obligation to advocate for change at political and service delivery level, especially when the vulnerability of many people and their families and the great injustices meted out to them are considered.

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[i] Examples of such groups are as follows

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