

MUCKAMORE ABBEY HOSPITAL INQUIRY  
SITTING AT CORN EXCHANGE, CATHEDRAL QUARTER, BELFAST

HEARD BEFORE THE INQUIRY PANEL  
ON MONDAY, 26TH SEPTEMBER 2022 - DAY 14

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1 THE INQUIRY RESUMED ON MONDAY, 26TH SEPTEMBER 2022, AS  
2 FOLLOWS:

3  
4 CHAIRPERSON: Good morning. Thank you. Yes. Sorry.

5 MR. McEVOY: Morning, Chair. Morning, Panel members. 10:04

6 Today the Inquiry will hear from three witnesses. In  
7 the morning session the Inquiry will hear from the  
8 father and mother respectively of former patient P24,  
9 and then in the afternoon session the Inquiry will hear  
10 from a witness who is the brother of former patient P25 10:04  
11 and also the uncle of patient, former patient P26, so  
12 one witness but with two familial connections to the  
13 Hospital.

14 CHAIRPERSON: Okay. Yes. So far as using names is  
15 concerned, what name, if any, are we going to use? Are 10:04  
16 we going to use P24 or are we going to use...

17 MR. McEVOY: well, this morning we are going to avoid,  
18 where possible, using P24. We're not going to name the  
19 patient; we're going to go with "B" or "my son".

20 CHAIRPERSON: Because it's just easier I think for the 10:05  
21 witness, and otherwise we're going to be stopping the  
22 transcript all the time. I know everybody will have  
23 read the statements. Because of particular allegations  
24 that are made, I just want to remind everybody that the  
25 restriction orders that I've made are effectively 10:05  
26 lifelong, unless I lift them for any reason, and it  
27 will be obvious to the lawyers in the room, I think,  
28 why I say that in relation to the particular witnesses  
29 that we're having today. But the restriction order

1 applies as before in relation to patient names and  
2 indeed staff. Yes. Thank you.

3 MR. McEVOY: So, sir, the parents, the father and  
4 mother of P24, are content to be known by their first  
5 names, which are fairly... 10:06

6 CHAIRPERSON: Common. Yeah.

7 MR. McEVOY: Common. And those in the view of your  
8 team don't -- that does not present a difficulty,  
9 consistent with what you've just outlined, but we're  
10 going to avoid naming their son. 10:06

11 CHAIRPERSON: Absolutely. Okay. Thank you very much  
12 indeed.

13

14 P24'S FATHER, HAVING BEEN SWORN, WAS EXAMINED BY

15 MR. McEVOY AS FOLLOWS: 10:07

16

17 CHAIRPERSON: So, good morning, and I just want to  
18 welcome you to the Inquiry. It's always a bit  
19 nerve-wracking when you start. No witness who has sat  
20 there has not been nervous. Okay. Maybe you're not, 10:07  
21 but most are, so don't worry about that, Mr. McEvoy is  
22 going to look after you, and all we want to hear is  
23 what you want to tell us about your son.

24 A. Okay.

25 CHAIRPERSON: Right. Thank you very much. 10:08

26 MR. McEVOY: Good morning.

27 A. Good morning.

28 1 Q. Up until now everybody has known you as P24's father,  
29 but I understand you'd like everybody to know you by

1 your first name, which is Stephen?

2 A. Right. Yeah.

3 2 Q. So, Stephen, I'm going to read out a statement which  
4 you provided to the Inquiry statement taking team and  
5 then after I've finished doing that I'm going to ask 10:08  
6 you just a couple of questions about your son. Is that  
7 all right?

8 A. Yeah.

9 3 Q.  
10 "I, Stephen, make the following statement for the 10:08  
11 purpose of the Muckamore Abbey Hospital Inquiry. In  
12 exhibiting any documents I will use my initials, so my  
13 first document will be initialled.

14  
15 My connection with Muckamore is that I am a relative of 10:08  
16 a patient who was at Muckamore. My son was a patient  
17 at Muckamore. The relevant time period that I can  
18 speak about is between 13th May 2017 and 31st July  
19 2017.

20 10:09  
21 My son was a normal baby. When he was around two,  
22 two-and-a-half years old, he began having fits. When  
23 he was four years old he went to nursery school.  
24 Unfortunately after only two or three weeks they felt  
25 they couldn't cope so he had to leave. My son went to 10:09  
26 a school from when he was five years old until he was  
27 16 years old. He was fine there and he was able to get  
28 the bus on his own. My son has a habit of wandering  
29 and he would also go to places and just sit there. One

1 of our previous homes was in a cul-de-sac and it had  
2 benches. My son would just sit on one of the benches  
3 from 8:00a.m. not doing anything, just sitting and  
4 looking around. He would sometimes speak to neighbours  
5 and would always be within view of the house. This was 10:10  
6 one of my son's habits. It was easier in winter when  
7 the days were shorter, but harder in the summer when  
8 the days were longer.

9  
10 He liked to socialise and talk to the neighbours. At 10:10  
11 times it was difficult to get him to come into the  
12 house.

13  
14 On one occasion, when my son was about 10 or 11, he  
15 went missing. It was winter and it was snowing 10:10  
16 heavily. My son had walked from our home to a town not  
17 far away where he was found by the PSNI. I think this  
18 shows that he is intelligent and has a good memory as  
19 he knew where to go.

20 10:10  
21 There was an incident involving some of the neighbours  
22 and my son. The PSNI were called after an altercation.  
23 My son didn't understand what was happening and, when I  
24 arrived, there were a lot of police officers who had my  
25 son pinned down on the ground. One officer had his 10:10  
26 knee on my son's upper back..."

27  
28 CHAIRPERSON: sorry, just for a second. You misspoke.  
29 who had my son as opposed to who my son pinned down.

1 It's fine.

2 MR. McEVOY: Yeah.

3

4 "My son didn't understand what was happening and when I  
5 arrived there were a lot of police officers who had my  
6 son pinned down on the ground." 10:11

7

8 CHAIRPERSON: Yeah. Thank you.

9 MR. McEVOY:

10

10:11

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29

"One officer had his knee on my son's upper back, one  
offer had his knee on my son's back, one officer was  
restraining my son's arms and another officer was  
getting handcuffs. My son is a very slim build and  
isn't threatening at all. It became apparent that one  
of the neighbours had called the police because my son  
was sitting on the bench. There were lots of people  
standing around, they were screaming and shouting at  
him, but nobody saw what actually happened. The PSNI  
said that they were going to take my son to Muckamore  
on his own. We had to negotiate with them so that my  
son's mother could go along with them. 10:11

When my son went to Muckamore, he settled. He was very  
subdued. I recall visiting him and he looked like he  
was falling asleep. I believe that he was heavily  
medicated as it was the quietest I've ever seen him. I  
would visit my son once a week with his mother. We  
didn't get much time to visit and staff only allowed us 10:12

1 visits of 30 minutes.

2

3 Muckamore reminded me of a prison block. It seemed  
4 clean and tidy but everything was locked. The staff  
5 didn't introduce themselves to me and I didn't get to 10:12  
6 see or speak to them much. We didn't see the staff  
7 speak to my son much either. When my son was at  
8 Muckamore he didn't say much and didn't really have any  
9 conversations. He was so doped up on medication.

10

10:12

11 When we were visiting we had to wait until my son was  
12 brought to us. We couldn't go to my son's room to  
13 collect him and, in fact, we never saw the inside of my  
14 son's bedroom. We always had our visits in the same  
15 room, which was behind a series of locked doors and at 10:13  
16 the end of a lot of corridors. Sometimes when we went  
17 to see my son and it was close to dinnertime, the staff  
18 would hurry us and cut our visit short. My son has  
19 never really mentioned any of the staff, either  
20 positively or negatively. My son is always truthful 10:13  
21 and I believe he is incapable of lying. He has no  
22 filter. I try not to talk to my son about Muckamore.

23

24 When my son was in Muckamore his clothes were quite  
25 clean and tidy. I cannot recall seeing any marks or 10:13  
26 injuries on my son when he was at my Muckamore. When  
27 my son was at Muckamore I recall him only wearing long  
28 sleeved and full length trousers so I would not  
29 necessarily have seen any marks or injuries.

1 I talked to people about Muckamore and I feel that the  
2 abuse has been going on for years.

3  
4 When my son was moved out of Muckamore it was all very  
5 straightforward. All his clothes were packed up by 10:14  
6 Muckamore staff and they said goodbye to us. We were  
7 never informed about anything. We were never offered  
8 any choice or advised that there were any alternatives.  
9 We weren't given any advice by Muckamore about my son's  
10 medication. 10:14

11  
12 Communication from staff was poor. I can recall only  
13 one meeting with doctors and nurses and this was when  
14 my son was due to be leaving Muckamore shortly. I  
15 don't recall the date of this meeting, the staff did 10:14  
16 not listen to us. I think that there was no support  
17 for my son to leave and H145, the social worker, had  
18 asked for an extension of my son's stay at Muckamore as  
19 he had failed to make necessary arrangements. H145 had  
20 been my son's social worker from the beginning. I do 10:14  
21 not recall H145 keeping in touch with us at all when my  
22 son was in Muckamore. They didn't make any  
23 arrangements for daycare for my son.

24  
25 All the time that my son was in Muckamore we didn't 10:15  
26 receive any phone calls about any incidents. It is  
27 very important for my son that he gets to go out no  
28 matter what. He likes to go to shopping centres,  
29 coffees and likes drives. He likes to chat and be

1 around people and feels most comfortable in the company  
2 of girls. It isn't an attraction thing, but it is just  
3 who he feels safer around.  
4

5 My son only ended up in Muckamore due to a lack of 10:15  
6 support for us and for him. Me and my son have not had  
7 support following my son's discharge from Muckamore.  
8 We have had issues with getting my son daycare. This  
9 is really important to us and to my son. I am scared  
10 that the longer we go without support the more chance 10:15  
11 there is that my son ends up back in Muckamore or  
12 somewhere like it.  
13

14 The Covid lockdown was very difficult for us and for my  
15 son. It was harder for him to get out and see other 10:16  
16 people. My son really loves colours. He notices when  
17 people have colourful mobile phones. During lockdown,  
18 because of the restrictions, one of the few things that  
19 we could do with my son was go to Superdrug. Here my  
20 son would like to look at the bright colours in the 10:16  
21 nail varnishes. My son always likes different hair  
22 dyes.  
23

24 The impact on my son of being in Muckamore has been  
25 significant. My son's behaviours have changed. My son 10:16  
26 became more withdrawn and quieter. We don't want my  
27 son to be locked up again. This would cause P24 a lot  
28 of damage."  
29

1 I beg your pardon, "my son a lot of damage".

2 CHAIRPERSON: Sorry, can we just -- don't worry at all.  
3 Just stop the feed for a second. Okay.

4

5 [Short pause in proceedings]

10:17

6

7 MR. McEVROY: I'll go back to start that paragraph. I  
8 am sorry. I thought I had got them all.

9

10 "The impact on my son of being in Muckamore has been  
11 significant. My son's behaviours have changed. My son  
12 has become more withdrawn and quieter. We don't want  
13 my son to be locked up again. This would cause my son  
14 a lot of damage. I don't think that my son is ever  
15 going to get over being in Muckamore.

10:17

10:17

16

17 When my son was discharged from Muckamore, he went to a  
18 day centre. My son was going there five days per week  
19 and he was getting on well. He loved it and it was  
20 difficult to get him to come home at the end of his  
21 days there. He had a good routine, which included  
22 trips out where he could get hot chocolate. My son had  
23 choices and the opportunity to do things that he likes.  
24 My son developed good relationships with the staff,  
25 most of whom were younger women, and he could work with  
26 any of them. They engaged well with him and he felt  
27 comfortable. My son has a fear of older people. I  
28 think sometimes when my son sees older people, this  
29 triggers memories for him. These memories are of

10:17

10:17

1 ill-treatment in Muckamore. The staff at the day  
2 centre started to change with a lot of my son's  
3 favourite ones leaving. The staff were not being  
4 replaced and only the older members of staff remained.  
5 I complained about this to H145 more than several times 10:18  
6 and he did nothing. He said that it was nothing to do  
7 with him and there was no alternative placement for my  
8 son. My son started refusing to go to daycare. He  
9 began reducing his days. We kept trying to get my son  
10 to go but he didn't want to. 10:18

11  
12 A routine with daycare, as with other things, my son  
13 needs a bit of a social story and needs to understand  
14 where he is going. This means that I would drive my  
15 son to the day centre and he would wait in the car and 10:18  
16 I would go into the centre to find out which worker he  
17 would be placed with. The worker would then come out  
18 to the car with me and we would speak to my son and get  
19 him to come into the day centre. I recall one Monday,  
20 when I was able to get my son to go up to daycare, and 10:19  
21 they placed him with an older man in his 40s or 50s.

22  
23 My son went into an establishment and it was just like  
24 Muckamore just wanted him off their hands." 10:19

25  
26 I beg your pardon:

27  
28 "It was like Muckamore just wanted him off their hands.  
29 We were scared that if there were any issues in the

1 establishment and we complained, that my son would be  
2 put back into Muckamore.

3  
4 None of the things that were promised to us have been  
5 delivered for my son by Muckamore. My son is supposed 10:19  
6 to receive daycare but this has never happened. We  
7 can't believe that we aren't being listened to. For  
8 example, after six years of working with them, I don't  
9 understand why we have to remind Social Services that  
10 my son doesn't like to be with older people and he 10:19  
11 prefers to be around women. Muckamore have been  
12 compulsive liars. Even Muckamore's own psychiatrist,  
13 H50, said that it was all Muckamore's fault.

14  
15 Caring for my son without the support promised by 10:20  
16 Muckamore has been very difficult. It is a seven days  
17 a week job. We do it because my son is our son, but it  
18 is very difficult on us. It is also expensive. We  
19 have my son's DLA money, but the nail varnish and hot  
20 chocolate that we buy as part of my son's routine is 10:20  
21 expensive. It costs us around £20 per day. We keep  
22 the carers' money separate.

23  
24 I've had a difficult time with the Trust and I feel let  
25 down by them. We have had a number of meetings to 10:20  
26 discuss my son's care. These meetings aren't regular  
27 but we have had maybe 60 in the past six years. I find  
28 that I give my opinion but nobody listens to me. I  
29 attach correspondence and minutes from the Trust.

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29

After a long time, around six years on the waiting list, my son has now had two psychology appointments to deal with his experiences at Muckamore. I hope this will help and I am willing to engage with them. It is hard for my son going to these appointments as he needs to build trust with new people and places. He does not like going into new places but is a bit more comfortable when I am there.

10:21

10:21

Caring for my son is extremely stressful and I am not getting any support. We were promised daycare and this worked for a while. Now all they seem to want to do is to put him into an establishment. They don't want to offer any other type of support.

10:21

What the Trust calls my son's history of non-engagement is because my son isn't being offered the right services with the right people. When my son is with the right people who are properly trained he is fine. When the staff started leaving his daycare and there was a lot of change this was unsettling for my son. My son was really upset when the staff he was familiar with and attached to were leaving. My son couldn't really work with the older staff who didn't know him.

10:21

10:22

I have a difficulty with getting services for my son. For example, my son was refused transport because their policy did not permit my son not to wear a mask,

1 despite him being autistic and exempt from wearing a  
2 facemask. On one occasion I collected my son and,  
3 without my knowledge, my son was wearing a face mask.  
4 I have never made my son wear a face mask as he is  
5 exempt. I complained to a member of staff. I cannot 10:22  
6 remember the exact date or to whom I complained.

7  
8 My hopes for my son is that he has proper daycare, as  
9 he was promised after Muckamore, with staff who are  
10 able to work with him. My son is kind and gentle. He 10:22  
11 has ways and he can be irritating as he likes to keep  
12 repeating sometimes. He has small bits of happiness in  
13 his life, like going to Superdrug and for a drive makes  
14 my son so happy. This is what he looks forward to  
15 every day. 10:22

16  
17 Everything about Muckamore annoys me. How the staff  
18 were able to get away with so much abuse for so many  
19 years without being noticed? I blame the directors who  
20 were running Muckamore. They can't say that they were 10:23  
21 unaware of this for so many years.

22  
23 I have found the hardest things about my son having  
24 been in Muckamore is how the staff could get away with  
25 so much abuse of innocent patients like P24 and how 10:23  
26 they suffered because Muckamore is so badly run."

27  
28 I beg your pardon. Sorry, pause the feed. I've done  
29 it again.

1 CHAIRPERSON: I'm sorry, I misheard. I didn't hear it.  
2 Can you pause the transcript. Where did you make an  
3 error?

4 MR. McEVOY: Just the start of 38.

5  
6 [Short pause in proceedings] 10:23

7  
8 CHAIRPERSON: Sorry, thank you. You might need to read  
9 that paragraph again.

10 MR. McEVOY: I'll do the paragraph again. Sorry, 10:23  
11 Stephen.

12 CHAIRPERSON: Are you ready to go? Yeah.

13 MR. McEVOY: Sorry, Stephen.

14 CHAIRPERSON: Don't worry.

15 MR. McEVOY:

16  
17 "I have found the hardest things about my son having  
18 been in Muckamore is how the staff could get away with  
19 so much abuse of innocent patients like my son and how  
20 much they suffered because Muckamore was so badly run. 10:24  
21 Now because of Muckamore my son won't work with older  
22 people. Before Muckamore my son was absolutely fine  
23 with older people. It was Muckamore which made my son  
24 like this.

25 10:24

26 I think it will take him years to trust older people.  
27 It is not fair that my son is being treated badly and  
28 being called demanding and failing to engage when he  
29 can't be around older people because of things that

1 Muckamore staff did to him. My son's mistrust of older  
2 people came from all he experienced in Muckamore. I  
3 feel like Muckamore has not treated us or my son  
4 properly. They have hung us out to dry. If I could  
5 say one thing to the head of Muckamore it would be to  
6 do the decent thing and resign." 10:24

7  
8 Stephen, I have just a number of questions arising from  
9 the story you've told the Inquiry in your statement  
10 about your son. If you need a break at any time, the 10:24  
11 Inquiry will be more than willing to facilitate that.

12 A. Right.

13 4 Q. So, just going back really to the beginning of what you  
14 told us in the statement. You mentioned that your son  
15 was there for a period in 2017? 10:25

16 A. 2017. Yes. Yes.

17 5 Q. Was he there at any other time?

18 A. No, he was only there for three months in total. Was  
19 it three months? Three months in total, yeah.

20 6 Q. Okay. 10:25

21 A. He had never been there before.

22 7 Q. Can the witness be heard?

23 CHAIRPERSON: Yeah. If you could just speak up a  
24 little bit.

25 A. Okay. Yeah. Can you hear me now? 10:25

26 8 Q. Okay. Yeah. That's better. I know it is difficult.  
27 We've had a number of weeks to get used to it. So,  
28 2017, that period of a number of months in 2017 was his  
29 only period in Muckamore?

1 A. Yes.

2 9 Q. Okay. And was he there at any other time, apart from  
3 that time in 2017?

4 A. No. No.

5 10 Q. You described in your statement a visit where you 10:26  
6 thought your son looked like he was falling asleep?

7 A. Yes. Yes, he was very subdued. He couldn't really  
8 talk much and he just looked like he wanted to go to  
9 sleep, you know. It's not like him because he's -- do  
10 you know what I mean, he's talkative, you know. So it 10:26  
11 was definitely not -- he weren't right, you know.

12 11 Q. You thought on that visit that he had maybe been  
13 medicated?

14 A. I would say so, yes.

15 12 Q. Did any of the staff in Muckamore tell you that he had 10:26  
16 been medicated?

17 A. No. They never said nothing to me.

18 13 Q. Did any of the Muckamore staff ever discuss medications  
19 that your son was given when he was there?

20 A. No, not at all. Never. 10:27

21 14 Q. And in terms of his behaviour during that visit, did he  
22 pick up at all, or how did the conversation go, if  
23 there was any?

24 A. He was just, he was just very, he was very drowsy then,  
25 and we brought up crisps and some sweets for him and 10:27  
26 every time we was trying to talk to him, he'd just like  
27 -- he was trying to fall asleep all the time, you know.

28 15 Q. And was there a reason why -- I know you've said staff  
29 didn't mention it to you, was there a reason why you

1 didn't mention it to any of the staff there?

2 A. I just didn't really think of it, you know. I just  
3 thought, you know, I just didn't really think what to  
4 say. You know?

5 16 Q. Did you have -- amongst the staff, did you have like a 10:27  
6 point of contact, a person you could speak to about  
7 your son's care?

8 A. There was no one -- no one. No one. I mean there was  
9 just a person, we went in -- we went in, like we went  
10 in to a room, a person brought him in and then she went 10:28  
11 out again, or he went out, and that was it. We had a  
12 half an hour, or maybe 20 minutes, and then we left.  
13 There was no one, you know. There was no one I knew we  
14 could talk to about it.

15 17 Q. And did you ever see the same -- was it ever the same 10:28  
16 person twice?

17 A. You mean the same person?

18 18 Q. Yeah, the same staff member?

19 A. I think twice, yeah, on one occasion, yeah. I think it  
20 was a woman, as far as I can remember. 10:28

21 19 Q. Did they introduce themselves to you? Did they tell  
22 you their names?

23 A. I don't think they did, actually. I can't remember, I  
24 can't remember them saying their names or what have  
25 you, you know. 10:28

26 20 Q. Did they make any conversation with you?

27 A. Not really, no. You know?

28 21 Q. Would they have said --

29 A. Like they just said to us "you can go -- we'll take you

1 to this wee room, you sit down". We sat in there for  
2 about five minutes, then they brought my boy out of  
3 where he was into that room and then they just walked  
4 out again and left us to basically be with him. You  
5 know? 10:29

6 22 Q. would they have said, would they have said anything to  
7 you, you know, would give you an idea of what kind of  
8 day your son was having or make any conversation with  
9 you?

10 A. No, not at all. Never. 10:29

11 23 Q. Did you get an opportunity to sort of -- I know those  
12 were the -- at sort of the start and the end of the  
13 visits, but did you see the staff members interacting  
14 with your son? Did you notice them in conversation or  
15 anything like that? 10:29

16 A. No. No. They just brought him in and that was it and  
17 then they just went off. You know?

18 24 Q. And the arrangements for visiting. Can you tell us a  
19 little bit -- can you describe the room where the  
20 visits took place? 10:29

21 A. The room was, well, it was just a small -- it weren't  
22 very big the room, not very big. There was just a  
23 table, a few chairs. There was -- they locked the door  
24 when they brought him in and went off and locked the  
25 door, and then we were just there with him for about 20 10:30  
26 minutes to 30 minutes. Like I said, he was very -- he  
27 was very tired and -- you know.

28 25 Q. Yeah. Was there anything in the room? How was it --  
29 like what way was it furnished? Was there anything in



1           whether -- just looking for the last question. Yes,  
2           not being comfortable around older people.

3           MR. McEVOY: Yeah. Sorry. You described in your  
4           evidence about how your son wasn't comfortable around  
5           older people and being more comfortable around younger   10:32  
6           people and girls. Was he always like that?

7           A. No. Before he went into Muckamore he was being taken  
8           out by an older person, which was quite regular, and he  
9           didn't seem to mind that. It's when he come out of  
10          Muckamore and he started going to daycare, he was       10:32  
11          always saying he wanted to work with younger people,  
12          you know. He weren't too happy -- see when I took him  
13          one day and they put him on with staff who was older,  
14          he'd refused to work with them because it brings back  
15          memories of people who have probably abused him of       10:33  
16          older age, you know.

17        32 Q. He left Muckamore in the summer of 2017?

18           A. Yes, that's correct. Yeah.

19        33 Q. How long after he had left Muckamore did you first  
20          notice that change in his behaviour, that sort of       10:33  
21          discomfort around older people?

22          A. He just told me he didn't want to go with older people.  
23          He has basically told me himself. You know?

24        34 Q. And how long afterwards was that?

25          A. Since he really started daycare, well maybe a month   10:33  
26          afterwards when they got a daycare sorted out for him.  
27          But he was working with -- there was loads of quite  
28          young girls there and he was happy, you know, there was  
29          four or five girls he could work with, and over the

1 course of the period of the year them girls moved on to  
2 other jobs.

3 35 Q. Yeah. Yeah.

4 A. And so it was just left with, I mean, older people.  
5 And these were meant to be all team leaders, but they 10:34  
6 had no team to lead.

7 36 Q. Yes. Yes, of course.

8 A. Mm-hmm.

9 37 Q. And I know you described very clearly like when your  
10 son didn't have that continuity of like a worker or a 10:34  
11 carer, and it changed, that that would be very  
12 disruptive for him, is that right? That's my word, but  
13 is that...

14 A. Yeah, yeah. He refused to go in. And I tried to bring  
15 it up with the social worker that the reason he is not 10:34  
16 going back there is because he refuses to work with  
17 older people, he likes working with the younger girls.

18 38 Q. Yeah.

19 A. And he told me because it weren't run by social  
20 services, it's run by an independent company, he 10:34  
21 couldn't do nothing about it. You know? I tried to  
22 explain to them as well that he wouldn't work with  
23 older people but they said that they didn't have the  
24 staff to facilitate him at the time.

25 39 Q. Yeah. And what you're describing, that kind of 10:35  
26 discomfort that he has when staff change over, like  
27 it's unfamiliar staff member.

28 A. Yeah.

29 40 Q. Again, is that something that he would have, would he

1 have had any behaviours like that before he was in  
2 Muckamore?

3 A. No, not really, no, no. Like I say, he was being taken  
4 out by someone who was in her - probably in her 50s.

5 41 Q. Yeah. 10:35

6 A. Now it was a woman of course, though, but usually he  
7 wouldn't even go work with older women you see, so...

8 42 Q. Yeah. Was that before he was in Muckamore, that older  
9 person?

10 A. Yes, yes, yes. She was taking him out. 10:35

11 43 Q. And that wasn't a problem?

12 A. No, no. She was taking him out in her car and he was  
13 going with her fine.

14 44 Q. Yeah. Yeah.

15 A. Mm-hmm. 10:35

16 45 Q. Okay. And in terms of how he's getting on like more  
17 generally at the minute, is there anything you would  
18 like to tell the Inquiry about how he is managing  
19 day-to-day himself and with you and your partner and...

20 A. Well, at the moment we're getting no help from Social 10:36  
21 Services. Nothing. I've been taking him out - it  
22 works out over 600 days now, and out of them 600 days  
23 I've not even got one hour's support from Social  
24 Services.

25 46 Q. And just going back to when your son left Muckamore. 10:36  
26 Did you have like a point of contact? Did anybody come  
27 up from Muckamore to sort of explain to you and to your  
28 family about the transfer out of the Hospital?

29 A. All we had was that we was to go and pick him up on a

1 certain day to take him home on that day. There was no  
2 social worker there when we arrived to pick him up or  
3 nothing like that, we just went and picked him up and  
4 then they gave us his clothes and we put him in the car  
5 and just went home, basically.

10:37

6 47 Q. Were you given any -- was he sent home with any  
7 medicine at that time?

8 A. I don't think so, no. I don't think he had no  
9 medication, you know. I can't remember, you know, but  
10 I don't -- I don't think he had no medication that they  
11 gave us to take with us. You know?

10:37

12 48 Q. Okay. Those are the questions that I was going to ask  
13 and you've answered them all very clearly for me. It  
14 may be that the Panel members have some questions for  
15 you.

10:37

16 A. Okay.

17  
18 STEPHEN, P24'S FATHER, WAS QUESTIONED BY THE INQUIRY  
19 PANEL AS FOLLOWS:

20  
21 CHAIRPERSON: I've got a few and then I'll turn to my  
22 colleagues. I think Prof. Murphy may as well. Can I  
23 ask about your son's level of communication? Can you  
24 hear me all right?

10:37

25 A. Yes.

10:38

26 49 Q. Sorry. About your son's level of communication. Is he  
27 to some extent verbal? Does he tell you what he wants?

28 A. Oh, yes, yes. If he wants to go out he'll tell me how  
29 many nail polishes he can get that day and what colours

1 he wants, and that he wants a large hot chocolate.  
2 Certain cakes he likes, which one he likes and he  
3 wants. He'll tell me which cake he wants on that day,  
4 you know, so he knows.

5 50 Q. So he can ask you for things that he wants, but if you 10:38  
6 were to ask him, you know, what happened on such a day,  
7 he wouldn't be able to communicate that to you?

8 A. You mean --

9 51 Q. Or would he on a basic level?

10 A. You mean the day I took him out and what he had? 10:38

11 52 Q. Yeah. Say you said to him, you know, "what did we do  
12 yesterday?", would he --

13 A. Oh, yes, he will remember that all right. Oh, yes.

14 53 Q. And he could tell you.

15 A. He has got a very good memory, an extremely good 10:38  
16 memory. He can remember people from six months ago,  
17 their names, and he has only met them once.

18 54 Q. If you were to ask him what happened to me at -- what  
19 happened to you at Muckamore...

20 A. I don't really talk about it. 10:39

21 55 Q. No. All right. Okay.

22 A. I just...

23 56 Q. When he was first admitted, it was obviously very  
24 upsetting -- it must have been very upsetting for you  
25 because of the police involvement and all of that. Do 10:39  
26 you know what the basis of his admission to Muckamore  
27 was? Was he sectioned?

28 A. Yes, as far as I am aware of he was sectioned.

29 57 Q. Right. Were you given any information by anybody about

1           whether you could challenge that or how that process  
2           worked?

3           A.    No, not at all.

4   58   Q.    Then you would go and see him, and I think you said you  
5           never saw his room? 10:39

6           A.    No, I never saw his bedroom.

7   59   Q.    would it have helped you to have seen it or wouldn't it  
8           have made much difference to you?

9           A.    It probably would have made a difference there, but we  
10          weren't given no options. 10:40

11   60   Q.    No.

12          A.    We were just taken to a room and that was it.

13   61   Q.    No, no, I understand.  So he's -- he's living at home  
14          with you now?

15          A.    No, he lives with my ex-partner. 10:40

16   62   Q.    Right.  Okay.  who we're going to be hearing from.

17          A.    I have my own place.  I leave on my own.

18   63   Q.    But you see him obviously.

19          A.    I take him out seven days a week.

20   64   Q.    Right.  Right.  And you said that there's no sort of 10:40  
21          assistance being offered to you.  Is there no respite  
22          care of any sort?

23          A.    There's nothing.

24          CHAIRPERSON:  All right.  Prof. Murphy.

25   65   Q.    PROF. MURPHY:  Yes, I wanted to ask a little bit more 10:40  
26          about when your son first went into Muckamore.  You say  
27          he was sectioned.

28          A.    Yes.

29   66   Q.    And that people didn't explain to you what that meant

1 really?

2 A. No, no one explained to me.

3 67 Q. Given that Muckamore was a hospital, did you feel that  
4 he was getting treatment there or did you feel it was  
5 like a punishment of some kind? 10:41

6 A. Well, obviously I thought when he went in there they  
7 would give him treatment, but obviously it wasn't  
8 treatment. They were giving him treatment of their  
9 own, you know?

10 68 Q. So you never met a doctor, for example, who said to you 10:41  
11 "well, we think your son would benefit from this  
12 medication or that medication or from seeing a  
13 psychologist", or anything like that?

14 A. No. No.

15 69 Q. And so what do you think about why he was released, 10:41  
16 given that he didn't seem to be having any treatment?

17 A. Because we were gone up there and wanting to know when  
18 he would be taken -- released from there, because he  
19 shouldn't have been in there in the first place.

20 70 Q. Yes. 10:42

21 A. If the reason he went in there in the first place  
22 because of the lack of services we were getting from  
23 social services. We were getting three hours a week.  
24 A week!

25 71 Q. Yes. Yes. 10:42

26 A. A disgrace.

27 72 Q. Yes. Okay. Thank you.

28 A. That's 36 minutes a day.

29 CHAIRPERSON: So you were getting three hours a week

1 before he went into Muckamore?

2 A. Yes.

3 73 Q. And what was that? what form of assistance?

4 A. That was my daughter taking him out for three hours.

5 74 Q. That was?

6 A. My daughter.

7 75 Q. Ah! Right. So that wasn't something provided to you  
8 by...

9 A. No, it was set up by Social Services, yes. It was done  
10 by direct payments and she was taking him out for three  
11 hours a week, but they couldn't give us no more. That  
12 was it.

13 CHAIRPERSON: Right. Right. Just give me a second.  
14 All right. Well that's all that we've got.

15

16 END OF QUESTIONING BY THE INQUIRY PANEL

17

18 CHAIRPERSON: Can I thank you very much for coming  
19 along. It's always stressful coming to do these  
20 things, and the night before is always probably worse  
21 than actually, I hope, when you get here. But the  
22 information, the evidence that you've given to us is  
23 important to us and we will take it into account. So  
24 thank you very much, indeed, for helping the Inquiry.

25 A. Okay.

26 CHAIRPERSON: If you'd like now to go with the  
27 Secretary to the Inquiry. Thank you. Sorry,  
28 Mr. McEvoy, I should have asked if there was anything  
29 else that you wanted to ask.

1 MR. McEVoy: No. Stephen, is there anything else you  
2 would like to say to the Inquiry?

3 A. No, not -- well, the -- the only thing I'd like to say  
4 is I haven't got no, no help for the last nearly  
5 year-and-a-half from Adult Social Services, you know. 10:44

6 CHAIRPERSON: You need help?

7 A. Yes.

8 CHAIRPERSON: All right. Look, I can't make you any  
9 promises, you know that, and that's not something we  
10 can directly assist with, but I know there are people 10:44  
11 in the room who will have heard your evidence, and I  
12 hope they take account of it. We will also be making  
13 recommendations, I hope, to help people like you. But  
14 can I thank you again for coming to assist us.

15 10:45

16 THE WITNESS THEN WITHDREW

17

18 CHAIRPERSON: I think we'll take a short break before  
19 the next witness. Is 15 minutes enough? Thank you  
20 very much. Fifteen minutes. 10:45

21

22 THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS:

23

24 CHAIRPERSON: Thank you. I am sorry we're starting a  
25 bit later than we intended, but I think the witness 11:22  
26 asked for a bit of extra time. Are we now ready to go,  
27 Mr. McEvoy?

28 MR. McEVoy: We are, Chair. So the next witness, as  
29 indicated, is the mother of P24.

1 CHAIRPERSON: Yeah.

2 MR. McEVROY: And for the record, she is content to be  
3 known by her first name, which is Michelle.

4 CHAIRPERSON: Okay.

5

11:23

6 MICHELLE, P24' S MOTHER, HAVING BEEN SWORN, WAS EXAMINED  
7 BY MR. McEVROY AS FOLLOWS:

8

9 MR. McEVROY: Good morning, Michelle.

10 A. Morning. Morning.

11:24

11 76 Q. I've explained to everyone present that you're content  
12 to be known by your first name, Michelle?

13 A. Yeah.

14 77 Q. And we're going to try to avoid using your son's name.

15 A. Okay. Angel.

11:24

16 78 Q. Yeah. Yeah. Okay. And angel, just to be clear,  
17 angel, that's a pet name for him?

18 A. A nickname, yeah. Yeah.

19 79 Q. Okay. All right. So, there are two statements which  
20 you have made with the Inquiry statement taking team,  
21 and those are dated then 15th July 2022 and 8th  
22 September 2022, and I am now going to read those into  
23 the record. All right? So I'm going to start with the  
24 one dated 15th July. So:

11:24

25

11:25

26 "I, Michelle, make the following statement for the  
27 purpose of the Muckamore Abbey Hospital Inquiry. In  
28 exhibiting any documents I will use my initials. So my  
29 first document will be my initials followed by 1.

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My connection with Muckamore is that I am a parent of a patient who was at Muckamore. My son was a patient at Muckamore.

11:25

The relevant time period that I can speak about is between 13th May 2017 and 31st July 2017.

There are six of us in our family. I was previously in a relationship with Stephen, although we are now separated, we raised four children. Three girls and a boy."

11:25

Is that correct

A. Yeah.

11:25

80 Q. Just for shorthand?

A. Yeah.

81 Q. And your son is the person about whom you are giving a statement.

A. Yeah. Yeah.

11:25

82 Q. And then you go on to say then:

"One of your daughters is a support worker for the South Eastern Health and Social Care Trust, another daughter is a housewife at the moment but has done tattooing and hairdressing in the past, and another daughter works in the education sector and is going to college in September.

11:25

1 Our son was born on 7th August 1998. My son had been  
2 pulling himself up and beginning to walk but his speech  
3 was slow. When he was around two-and-a-half years old,  
4 he had two seizures. His personality changed and he  
5 began to headbutt the walls and doors. I was concerned 11:26  
6 so I spoke to the health visitor who told me to ignore  
7 them.

8  
9 One of my daughter was about eight years old when my  
10 son was born and she was brilliant with him. They 11:26  
11 slept in the same room and played games. He really  
12 loved spending time with her one-to-one. Once that  
13 daughter left, my son's behaviour became worse. He  
14 became very impulsive. We had to get window locks and  
15 a six foot high fence in the garden. 11:26

16  
17 My other daughter was about six years old when my son  
18 was born. That daughter and my son didn't get on as  
19 well as my other daughter and my son. That daughter  
20 used to hoke in my son's room and he didn't like his 11:27  
21 space being invaded.

22  
23 My son and another daughter would clash.

24  
25 My son went to a nursery school locally. He wouldn't 11:27  
26 sit still. He would be attracted to bright colours,  
27 prams and rattles. That nursery school didn't have  
28 enough staff to manage my son and he didn't have a  
29 statement then so my son was moved to another school.

1 My son settled well there. The structure was good for  
2 him and he liked painting, playing with sand and jigsaw  
3 puzzles.  
4  
5 Following a social worker referral my son was assessed 11:27  
6 by an educational psychologist for special educational  
7 needs. At the appointment he wouldn't even sit still.  
8 He received a diagnosis of autism and a borderline  
9 diagnosis of attention deficit hyperactivity disorder  
10 or ADHD. 11:28  
11  
12 When my son was young, he would be so active that I  
13 would have to watch him all the time and I would need  
14 to put a harness on him when we were shopping.  
15 11:28  
16 My son had speech therapy when he was about  
17 two-and-a-half years old, which helped. He was also  
18 slower at getting potty trained.  
19  
20 My son had some friends at school. There was one wee 11:28  
21 girl that he liked. My son was sometimes scared  
22 because of the behaviour of others.  
23  
24 When my son was 15 years old he had a college  
25 assessment and it showed that my son had computer 11:28  
26 skills. My son is quite clever in his own way. He  
27 goes on to Google Earth and other sites. We thought  
28 that he could get a job in IT.  
29

1 Really disappointing, my son has had no respite since  
2 he left that school. When my son was at respite he  
3 liked it and we were told that there were no problems  
4 with him. It was difficult because my son always  
5 needed picked up from one facility and another 11:28  
6 facility. My son was moved from one facility to the  
7 other facility because he was so well behaved.

8  
9 Once my son left school everything became more  
10 challenging. On one occasion someone called the social 11:29  
11 workers as we had to drag him into the house. He had  
12 been knocking doors and playing with lots of children.  
13 It was a really difficult time for us.

14  
15 My son had an interest in art. At daycare he had the 11:29  
16 opportunity to do art and he really liked it. My son  
17 told me that it was too noisy at school. He said that  
18 children were having meltdowns, scrabbing each other,  
19 and I don't think that the teachers could handle the  
20 pupils properly. I recall one time, although I am not 11:29  
21 sure when this was, that I heard about a student  
22 pushing a teacher into a duck pool and that the teacher  
23 had told the class not to say anything about what had  
24 happened to their parents.

25 11:29  
26 I think the atmosphere was tough for my son because it  
27 was mostly male with only one female student. My son  
28 is quite soft and this was quite a rough environment.  
29

1 I also recall hearing that the teachers put a  
2 four-year-old child in time out because they had thrown  
3 food. I thought that it was wrong because a child so  
4 young can't really understand the reasons for being in  
5 time out. I cannot recall exactly when this incident 11:30  
6 occurred but it annoyed me.

7  
8 A number of the pupils there would be non-verbal and  
9 wouldn't be able to tell anyone what happened or if  
10 anything happened. I think that my son learned from 11:30  
11 this that there would be consequences from actions and  
12 that if he messed around he would be punished.

13  
14 I recall one incident that shows how clever my son is  
15 but how much support my son needs. When my son was 11:30  
16 about 12, around Christmas, he knew that Stephen was  
17 going to get him his Christmas gift, a computer game.  
18 My son disappeared from our house and we became worried  
19 and searched for him. We were going to report it to  
20 the police when they contacted us to say that my son 11:31  
21 had been found by members of staff in Superdrug who had  
22 got him to stay with them and have cake. This meant  
23 that my son had walked from our town to another local  
24 town on his own in the slush and the snow.

25 11:31  
26 We have had monthly meetings with children services  
27 since around 2003. My son has had different social  
28 workers, and I remember one social worker was sick for  
29 six months and there was a student covering their work.

1 We had positive experiences and engagement with H144.  
2 He provided my son good support and arranged respite.  
3 H144 arranged my son going to a facility for respite  
4 one summer, three overnights per month. This doesn't  
5 sound very much but it was very important to us, 11:31  
6 especially during summer holidays, and it gave us a  
7 rest and allowed us the space to spend time with our  
8 other children.

9  
10 H144 retired and when my son transitioned to adult 11:31  
11 services H145 became my son's social worker. He met my  
12 son every two months, or even three months. This  
13 wasn't enough for my son during the summer when we  
14 needed more support.

15 11:32  
16 My son had three hours per week with Positive Futures  
17 before he went to Muckamore.

18  
19 It is upsetting for me to talk about how my son ended  
20 up in Muckamore. Where we used to live there were a 11:32  
21 number of houses and there were a couple of benches  
22 that my son used to like to go and sit on. He would  
23 just sit there for hours. He would keep to himself and  
24 wouldn't cause any problems for anyone. He wasn't a  
25 harm to anyone. We hadn't any issues with the 11:32  
26 neighbours then. My son was polite and happy and would  
27 say "hello" to our neighbours, ask them where they were  
28 going to that day. There were a lot of kids and my son  
29 prefers quiet. We had tried to get out of there and

1 get a bungalow somewhere quieter and with a bit more  
2 space for my son, but this was refused because my son  
3 doesn't have physical disabilities. What we really  
4 needed was to be somewhere rural, a house in the  
5 country. Social Services were no help. 11:33

6  
7 Things became more difficult with the neighbours.  
8 There was another autistic young person in the area and  
9 I think that they had some problems with the neighbours  
10 too. There was an incident with one of the neighbours. 11:33  
11 My son had called a girl fat. The girl's father came  
12 to see us and threatened Stephen. He warned us to keep  
13 my son away from his daughter.

14  
15 There was another more serious incident involving an 11:33  
16 elderly neighbour. I wasn't there at the time but I  
17 found out afterwards that my son is supposed to have  
18 kicked him. I think that the elderly neighbour or her  
19 son pushed my son out of the garden. Nobody said  
20 anything, but my son would not normally behave like 11:33  
21 this.

22  
23 There were a lot of people shouting at my son and he  
24 was upset and it would have triggered him. The people  
25 were cursing and swearing at him and he was very 11:34  
26 frightened. I was worried about my son's safety, so I  
27 called the police. I was worried about some of the  
28 people in the crowd, which included a family with a  
29 serious criminal past and you wouldn't have messed with

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them.

My son wasn't even 7 stone and was a threat to no one. There were three police officers and they pinned him down on the ground with their knees on my son. Even the neighbours complained to them that the police were being too heavy with him. The police put handcuffs on my son and put them on really tightly. There was no need for that. My son was crying.

11:34

11:34

The police told me that they would have to take him to hospital and he was taken to the Ulster Hospital. Once the handcuffs were off and I managed to calm him down, he was fine.

11:34

When my son arrived at the Ulster Hospital he was calm and was friendly to the nurses. We had to wait until late that night until the social worker attended and told us that my son had to go to Muckamore. They said that they would have to take him on his own and I tried to negotiate and argue with them to let me go with him, but the police didn't let me.

11:35

My son does not like to talk about this incident and there are times that he is scared, like when he is in the car and passes our old home. When we are visiting my daughter's house we have to go the long way around so that we avoid it and he doesn't see it.

11:35

1 Muckamore detained my son because he hit a member of  
2 the public. The decision was made by the emergency  
3 social worker and my son's usual social worker wasn't  
4 involved.

5  
6 When I visited my son the day following his detention  
7 at Muckamore, he said that he was fine. When I phoned  
8 Muckamore I was told that my son had kicked a nurse but  
9 I wasn't told what had happened. This was unlike him,  
10 I cannot recall who told me this."

11  
12 I'm going to then move on, missing the next sentence  
13 due to the Memorandum of Understanding. I'll come back  
14 to that.

15  
16 "There wasn't any structure for my son and this wasn't  
17 good for him. We tried to get them to let him have  
18 nail polishes, as this calms him. The staff ignored  
19 this for the first couple of weeks and then when  
20 someone gave him a nail polish they saw how this calms  
21 him and the staff began pleading with me to bring some  
22 nail polishes for him.

23  
24 My son would just sit at night and put on nail polish  
25 and then take it off and then put on a different  
26 colour.

27  
28 I was allowed to visit my son twice per week. My son  
29 was in Cranfield Ward the whole time.

1  
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29

As my son settled into Muckamore he became quieter. He was always asking when he was coming home and we could not tell him as we didn't have any information communicated to us from Muckamore staff.

11:37

Our visits took place in the communal room. We never saw my son's bedroom where he slept. We never asked to see his bedroom but I don't think they wanted me to see it. We bought nail polish, sweets and clothes to my son. Muckamore seemed clean. I would describe it as spotless.

11:37

There were lots of different staff we met at Muckamore but we didn't get to know any of them very well. I remember one lovely girl, aged around 30 years old, who was from the South. She was all smiles. My son liked her. I remember one bloke who was about 34 who had gingery blonde hair. He always seem pissed off. I didn't like him. I remember one woman who was in her 40s who always rushed us. I didn't like her. I do not recall any of their names now.

11:37

11:37

I think that there was some art and other activities but there was no daycare for my son for the first six weeks. My son needs structure and daycare provides this for him. The lack of daycare was difficult for him and has been since he was discharged from Muckamore. We didn't have good communication and

11:37

1 discharge was delayed because of a lack of daycare  
2 provision by Muckamore.

3  
4 My son was very quiet in Muckamore, I think he was too  
5 quiet, this was concerning to me because my son is  
6 normally quite vocal. My son told me that Muckamore  
7 were giving him diazepam and injections.

11:38

8  
9 When my son now sees Muckamore on television he gets  
10 flashbacks and says things like "that's where they did  
11 it". He becomes upset. When my son saw Muckamore on  
12 the BBC News on television he told me that "they did it  
13 near the tree". I am not sure what this means. I have  
14 noted these in a diary and attach a copy as an exhibit.

11:38

15  
16 My son and I were watching EastEnders and there was a  
17 story line involving domestic violence and abuse where  
18 Greg abused his wife Chantelle. My son reacted to this  
19 and said "They did that to me in the bedroom" and that  
20 "They did that all over me". I am not sure what  
21 precisely he meant but I am concerned about abuse.

11:38

11:39

22  
23 I am worried about staff members trailing him and  
24 whacking him. I am worried about my son's bedtime and  
25 whether that means anything. I think that because  
26 there was so much going on that my son was scared and  
27 that he wouldn't be able to sleep. This would have  
28 really upset his routine and he would have become  
29 irritated and anxious. Sometimes my son shakes when he

11:39

1 talks about Muckamore or when it is mentioned. I do  
2 not recall my son having any marks or bruises when he  
3 was at Muckamore.

4  
5 My son told me that he had been offered cigarettes, Red Bull and other energy drinks and alcohol. My son has  
6 never smoked and drank alcohol. My son would have  
7 refused all these things and my son has told me that he  
8 was then given injections. When my son is offered  
9 things that he doesn't want, he is very clear about  
10 what he wants and doesn't want. I think that when my  
11 son refused these things, the staff injected him with  
12 tranquillisers to calm him. My son now gets flashbacks  
13 when there is discussion of Covid vaccinations and he  
14 doesn't like mention of Covid. I think the injected  
15 medication tranquillisers was the reason why my son  
16 slept until 3:00p.m. on one occasion that we visited.  
17 There is no way he would normally ever sleep to this  
18 time. His routine was like clockwork. He would wake  
19 up at 8:00a.m. and go to bed at 12:30a.m.  
20

21  
22 In relation to medication, Muckamore said that they  
23 gave my son diazepam for anxiety. Muckamore also gave  
24 him antibiotics for a chest infection. Muckamore also  
25 gave my son medication to treat thrush in his mouth.  
26

27 Since my son has come out of Muckamore he doesn't go  
28 into the kitchen or the garden anymore. I am not sure  
29 what this means but it is a change from before. I

1 suspect that this is because something bad happened to  
2 my son in those places in Muckamore and the kitchen and  
3 garden bring back memories for him.  
4

5 My son needs special shoes. He has to wear softer 11:41  
6 shoes because he has Raynaud's Syndrome and he also has  
7 to take medication. We brought in a new pair of shoes  
8 rooms and they didn't put them on him. When my son  
9 came home we saw that the labels were still on the  
10 shoes and that they had never been worn. This meant my 11:41  
11 son wore the same shoes the whole time he was there.  
12

13 My son was in Muckamore from the beginning of May until  
14 the end of July 2017. During this period, we moved  
15 house as we didn't feel that it would have been safe 11:42  
16 for us to stay where we had been living. My son  
17 couldn't wait to get out. We had an initial date and  
18 we were working towards that. Then we found out that  
19 Muckamore had not arranged daycare so they could not  
20 discharge him. This meant that the discharge was put 11:42  
21 back. We had to keep saying to my son "maybe next  
22 week". It was very upsetting for us and I don't think  
23 that it was fair on my son. We gave him more treats so  
24 that his behaviours wouldn't increase.  
25 11:42

26 My son could have been discharged earlier if the  
27 daycare had been arranged or if the option of direct  
28 payments had been offered by Social Services to us.  
29 There were no options that were offered to us that

1 would have allowed my son to be discharged when he was  
2 supposed to be.

3  
4 My son loves our new house. It is in a quieter area  
5 and there are older families around here. One of our 11:43  
6 neighbours even takes him out. My son was supposed to  
7 go to Praxis. As I mentioned before my son prefers to  
8 be around women as they are less threatening to him and  
9 he is more comfortable. He had a favourite member of  
10 staff but then she left. They put him with men and 11:43  
11 that just doesn't work.

12  
13 Since my son has been discharged from Muckamore I have  
14 seen my son show different and new behaviours. As I  
15 mentioned, my son doesn't go into the kitchen or the 11:43  
16 garden anymore. He doesn't like to go outside which he  
17 always loved to do before. My son has also started  
18 exhibiting some obsessive compulsive or OCD behaviours,  
19 things like touching himself, touching the floor, and  
20 pulling out his pubic hairs. I thought that these were 11:43  
21 just new autism behaviours, but I now realise that this  
22 is because of the abuse in Muckamore.

23  
24 My son now does a lot of rocking back and forward and  
25 also touching his neck. These are coping mechanisms 11:44  
26 for him to try to manage his own anxiety. My son did  
27 not do these things before.

28  
29 Since being in Muckamore my son has had to be

1 prescribed more medication to deal with his increased  
2 behaviours and anxiety.

3  
4 Before being in Muckamore, my son had a good routine,  
5 and since he has been discharged he will not sleep 11:44  
6 without the lights on. My son needs to have the light  
7 on in winter from 4:00 o'clock or 4:30 in the  
8 afternoon.

9  
10 Since my son has been discharged from Muckamore he has 11:44  
11 also lost weight.

12  
13 After my son was discharged from Muckamore he received  
14 daycare for two years, but then this became  
15 inappropriate for him because of his experiences at 11:44  
16 Muckamore. My son now only feels safe around younger  
17 people or girls. The daycare staff changed from being  
18 younger members of staff dealing with him to older team  
19 leaders. The staff whom my son felt comfortable with  
20 at daycare left and were not replaced. We kept trying 11:45  
21 to encourage my son to go. Stephen kept bringing my  
22 son up to daycare, driving him to the front door of  
23 daycare and getting one of the members of staff to come  
24 out and speak to my son. We tried to get the staff to  
25 coax my son to come in. They would send out some of 11:45  
26 the older members of staff, and my son, because of his  
27 experiences in Muckamore, would just not work with  
28 older people. Stephen and I told the staff that my son  
29 will not work with older people because of what he has

1           been through at Muckamore, but they did not listen to  
2           us. The provider did not offer us any alternatives and  
3           eventually my son refused to leave the house to go to  
4           daycare. This was prior to Covid.

11:45

5  
6           Since then, despite us pleading with the various people  
7           including our social worker, H145, and having meetings  
8           with senior management, my son has no support from  
9           Social Services and he has not had any daycare or  
10          respite. This lack of services means that my son has  
11          been abandoned and this means he is bored and has no  
12          routine. This has the knock-on effect of his  
13          behaviours escalating. There have been four occasions  
14          where my son has had physical outbursts on me, Stephen,  
15          and his younger sister. This has led to us having to  
16          contact the PSNI for assistance and we have repeatedly  
17          asked the social worker and senior management for  
18          support, but they have not offered us anything  
19          appropriate. I attached Agreed Actions document at  
20          Exhibit 3.

11:46

11:46

11:46

21  
22          Apart from me, the only real support my son has is  
23          Stephen taking him out every day. The only thing that  
24          we have been offered is inappropriate for my son  
25          because of his needs and his experiences at Muckamore.  
26          We have been offered a nursing home, which is like a  
27          hospital. What my son really needs is supported  
28          living. I don't want him to be institutionalised and  
29          it is important that my son has some support but also

11:46

1 that he can see people. I attach meeting minutes with  
2 additional notes with the family liaison team at  
3 Exhibit 4.

4  
5 I have consistently raised with Social Services my son 11:47  
6 being placed in a small setting, for example run by  
7 Positive Futures, where there are only a small number  
8 of people and it is quiet. My son does not need full  
9 nursing care. He just needs supported living with  
10 one-to-one support, maybe someone taking him for hot 11:47  
11 chocolate. My dream would be that he would have some  
12 activities and engagement to keep him happy, with the  
13 occasional treats. This is so far from the nursing  
14 home that has been offered to me repeatedly.

15 11:47  
16 On the first day of my son being at the nursing home, I  
17 saw residents hitting the staff. I was worried by this  
18 and I didn't feel that it was the right place for my  
19 son.

20 11:47  
21 Another impact that Muckamore has had on my son is that  
22 he is very scared of ambulances. My son developed a  
23 deep skin infection which needed urgent hospital  
24 treatment. My son wouldn't get into the ambulance as  
25 he was scared and thinking of Muckamore. It took me 30 11:47  
26 minutes to convince my son to get into the ambulance.

27  
28 Since being discharged from Muckamore my son has not  
29 received any respite care. We have been told that

1 there is an issue with getting him respite and also  
2 with him getting taxis. I attach a letter from the  
3 South Eastern Health and Social Care Trust at Exhibit  
4 2.

5  
6 My son has not had good consistent representation and  
7 support by social workers. H145, my son's social  
8 worker, was moved after just three months. How are  
9 they supposed to help my son if they don't even have  
10 time to get to know him?

11  
12 We have had our family liaison officer for a while and  
13 she supports us, including getting to know my son.

14  
15 It was September 2019 when I was contacted by the adult  
16 safeguarding team in the Belfast Trust and told about  
17 my son's treatment at Muckamore. All they said was  
18 "your son has been abused" and I wasn't given any  
19 details. I have tried to contact them since for  
20 updates but I haven't got very far and I got the sense  
21 that they didn't like me calling. I would like the  
22 Inquiry to get to the truth and that we find out what  
23 happened to my son."

24  
25 okay, Michelle, I'm just going to read out then the  
26 next statement, which is the one dated 8th September.  
27 It's a bit shorter.

28 A. okay.

29 83 Q.

1 "I, Michelle, make the following statement for the  
2 purpose of the Muckamore Abbey Hospital Inquiry. In  
3 exhibiting any documents I will number the documents so  
4 my first document will be Exhibit 1.

11:49

5  
6 This is my second statement to the Inquiry, making my  
7 first statement on 15th July 2022.

8  
9 My connection with Muckamore is that I am a parent of a  
10 patient who was at Muckamore. My son was a patient at  
11 Muckamore.

11:49

12  
13 The relevant time period that I can speak about is  
14 between 13th May 2017 and 31st July 2017.

11:50

15  
16 I would like to provide additional documentation to the  
17 Inquiry."

18  
19 And then overleaf you say:

11:50

20  
21 "I have provided a statement to the Inquiry and I now  
22 wish to attach the following documents."

23  
24 And then the documents are in the form of three HAP1  
25 documents. The first one is Exhibit 1 dated 2nd  
26 November 2020, the second one is Exhibit 2 dated the  
27 14th January 2022, and then the third one, Exhibit 3,  
28 is final HAP1 dated 4th April 2022.

11:50

1 And those begin then at -- this is just for the  
2 Inquiry's record, Michelle -- this is 061-5 and run  
3 through to 061-22.

4  
5 So, Michelle, I was just going to ask you a few 11:51  
6 questions about your son's experiences and your  
7 experiences while at Muckamore and since. All right?  
8 And you've explained that your son was in Cranfield  
9 when he was in Muckamore?

10 A. Yes, he was in Cranfield, yeah. Yeah. 11:51

11 84 Q. And can you describe a little bit about the environment  
12 in Cranfield, first of all?

13 A. It was -- the place was like -- it was very clean but  
14 it was like a prison. There was a lot of doors being  
15 locked and stuff. Even when I visited I heard 11:51  
16 screaming but I thought one of them had a meltdown.  
17 Another day when I visited there was a wee Down  
18 Syndrome trying to do a runner and an alarm went off,  
19 but there was nobody coming out to grab him, you know.

20 85 Q. And that was another patient that you're describing? 11:51

21 A. Yeah, another patient. It was a wee Down Syndrome boy,  
22 18, he was trying to do a runner and alarms went off,  
23 and while we were getting out of the car and getting  
24 P24's stuff he was still basically near the front gates  
25 and there was nobody coming out to get him. 11:52

26 86 Q. Okay. Was that on your first visit there?

27 A. That was like the third week visiting P24, but twice we  
28 saw him trying to do runners.

29 87 Q. Okay. And how many times a week were you...

1 A. We saw him twice a week, so we did.

2 88 Q. Okay. And how long did each visit go on for then?

3 A. About 45/50 minutes. Uh-huh. Sometimes my daughter

4 took me up and another girl from Positive Futures took

5 me up, because I don't drive. 11:52

6 89 Q. Okay. And can you describe the facilities that you had

7 for having those visits? Was there a room?

8 A. Yeah, it was just a wee room of a sofa and a chair and

9 a wee coffee table in the middle. Uh-huh.

10 90 Q. And were there any other families or any other 11:52

11 patients?

12 A. I saw some other families just coming up to visit their

13 children like, yeah. Yeah. Young people as well.

14 91 Q. And could you describe then like what would happen if

15 you like -- so you went up to the Hospital to visit. 11:53

16 Were you able to go to the visiting room yourself then?

17 A. Yeah. Yeah. We waited in the room while they brought

18 P24 out to us like.

19 92 Q. Who would -- I think we're going to try not to use his

20 name. I've already done it today. 11:53

21 A. Oh, sorry. Sorry. Angel. Yeah.

22 93 Q. It's okay. You can call him that.

23 A. Yeah. Yeah.

24 94 Q. So when you were, when you were waiting for him then,

25 and your son then would be brought into that -- into 11:53

26 the visiting room?

27 A. Yeah, we'd go in the room first and then we'd wait five

28 minutes until they brought him into the room. Yeah.

29 95 Q. Okay. And how many staff members would be with him?

1 A. It was usually just one like nurse brought him into the  
2 room. Yeah. Yeah.

3 96 Q. Were there ever -- did you ever have any conversation  
4 with the staff member?

5 A. There was a young woman from Southern Ireland he really 11:53  
6 liked, I would sometimes have a conversation with her.  
7 She was very good with him. He liked her. He was  
8 always smiling and happy with her. She was friendly  
9 like. But the rest didn't say too much like.

10 97 Q. Yeah. And would they give you an idea of how he was 11:54  
11 that day or make conversation with you?

12 A. They didn't say too much. But I would ring up at night  
13 and ask how his day went as well like, you know.  
14 Uh-huh. The second day when he was in I rang up and  
15 they said that he had kicked a nurse, but I was 11:54  
16 surprised because that's something he doesn't do. They  
17 said he had kicked a nurse one day.

18 98 Q. Yeah.

19 A. But I was actually surprised because it's something he  
20 doesn't do, because he never kicked staff before when 11:54  
21 he was at school or, you know, anywhere else like.

22 99 Q. Yeah.

23 A. You know.

24 100 Q. So the Inquiry might want to hear a wee bit more about  
25 that. 11:54

26 A. Yeah. I rang up like four nights a week just to ask  
27 what he was doing like, but what I found was a wee bit  
28 -- he had to be took off his medication and be observed  
29 for a couple of weeks before he got the daycare, so he

1 was like four weeks of no daycare, so he must have been  
2 very bored in there. There wasn't enough structure  
3 really.

4 101 Q. Yeah. And that incident where you've described getting  
5 information that he had kicked a nurse. 11:55

6 A. Uh-huh. It's just something he doesn't normally do,  
7 you know.

8 102 Q. Okay. And how did you learn about it?

9 A. I rang up. I rang up. I rang up nearly every night  
10 just to ask how he was getting on and all that there. 11:55  
11 Uh-huh.

12 103 Q. Okay. Can we just go back then just to how your son  
13 came to be in Muckamore. You described in a good bit  
14 of detail in your statement...

15 A. Yeah, just somebody knocked on my door and told me that 11:55  
16 he had kicked one of the neighbours, and I was like in  
17 shock because it's something he doesn't do, and I went  
18 out they were all shouting and screaming at him. So I  
19 rang the police because I knew it was going to -- what  
20 was going to come. When they were all shouting and 11:55  
21 screaming at him, he picked up a bottle and threw it at  
22 somebody.

23 104 Q. We'll just stop for a wee, just a wee second, okay.  
24 I'm going to ask you the question again. Can you just  
25 take it back about two minutes. Okay. 11:55

26 A. Yeah. Yeah.

27 105 Q. It's just so I can hear you clearly, all right, and  
28 then we'll -- you can call him angel.

29 A. Okay. Yeah.

1 [Short pause in proceedings]  
2  
3 106 Q. Okay. So I was just starting to ask you about the  
4 incident that led to him getting into Muckamore, and  
5 you were starting to describe what happened. So if you 11:56  
6 want to take it from there?  
7 A. Yeah. A neighbour knocked my door and said he had  
8 kicked one of the neighbours. Okay.  
9 107 Q. We'll just take it back ten seconds. It's okay.  
10 You're okay. 11:56  
11 CHAIRPERSON: Just the name. We're trying to --  
12 everybody has done it.  
13 A. Yeah. Yeah.  
14 CHAIRPERSON: It's very, very difficult when you're  
15 talking about somebody you know so well. 11:56  
16 A. Okay. Yeah. A neighbour knocked my door to say angel  
17 had kicked one of the neighbours.  
18 MR. McEVOY: Perfect.  
19 A. Okay. So I went out on to the street. When I came out  
20 it was like a circus. There was about 15 people 11:56  
21 shouting at angel and, unfortunately, he picked up a  
22 bottle and threw it at the other neighbours, and then I  
23 knew to ring the police, so I went back in and rang the  
24 police. When I came back out, one of the other  
25 neighbours was actually chasing angel. 11:56  
26 CHAIRPERSON: Just stop for a second, sorry. If you  
27 can use angel.  
28 A. Yeah, I'll try and use angel. Yeah.  
29 CHAIRPERSON: All right. It's just because we're aware

1           there may be other proceedings, so we've got to protect  
2           his name.5.

3           A.    Yeah.  Yeah.

4

5           [Short pause in proceedings] 11:57

6

7 108 Q.   MR. McEVOY:  Okay.  So he picked up a bottle I think  
8           you were starting to say.

9           A.    Yeah.  So he threw that at the neighbour and then the  
10          neighbour chased him, and then five minutes later the 11:57  
11          police came.  It was just a circus.  It was very  
12          stressful.

13 109 Q.   Okay.  Yeah, very stressful.

14          A.    Yeah.  Yeah.

15 110 Q.   Okay.  And you described then when - I think you 11:57  
16          described your son then being taken to hospital?

17          A.    Yeah.

18 111 Q.   And you have described that, so we don't need to go  
19          over it again, but maybe just the Inquiry might like to  
20          know a wee bit more about how he was when he got to 11:57  
21          hospital?

22          A.    Yeah.  He was calm once the handcuffs were out, but all  
23          the way up he cried.  The handcuffs were too tight.

24 112 Q.   Yeah.  Then when the social worker came to speak to you  
25          about what was going to happen next... 11:57

26          A.    Yeah.

27 113 Q.   Did they talk about whether he was going to be -- did  
28          they use a phrase like being sectioned or anything like  
29          that?  Did they use that sort of language?

1 A. Yeah, they used that term. The social worker just  
2 spoke to the doctor and they both agreed to section him  
3 like, yeah, because he had kicked a member of the  
4 public.

5 114 Q. Okay. Right. 11:58

6 A. Yeah.

7 115 Q. And did they give you any -- did they describe to you  
8 what you would be able to do? Any --

9 A. No, nothing. Nothing. Nothing. I didn't know that  
10 much now what I know now about what sectioning means 11:58  
11 like, you know.

12 116 Q. Okay. Okay. Did they give you any idea of how long he  
13 might be there for?

14 A. No idea. They didn't tell me. It was just very quick.  
15 Yeah, yeah, yeah. 11:58

16 117 Q. Okay. At the time when he was taken to hospital that  
17 night and then went on to Muckamore, was he taking any  
18 medicine regularly?

19 A. Yes, he was on medication. Yeah. Yeah. I was trying  
20 to get a medication -- I actually took him on the 11:58  
21 Saturday to get him a mental health check-up, but they  
22 told me they couldn't do nothing until Monday, because  
23 I was wanting the medication changed. I knew he needed  
24 a mental health check-up like because he was getting  
25 lots of new behaviours and stuff. 11:59

26 118 Q. Was that just before this?

27 A. Yes. The Saturday. I had actually took him on the  
28 Saturday at 3:00 o'clock to the doctor's in Newtownards  
29 and he had the big tantrum with the neighbour about

1 6:00 o'clock that same day.

2 119 Q. Okay.

3 A. So I was trying to get something, but they said I had  
4 to wait until Monday.

5 120 Q. Yeah. 11:59

6 A. To get a mental health assessment done.

7 CHAIRPERSON: So he was on medication at that time?

8 A. He was on medication, yeah. Yes, he was. But it  
9 wasn't working. Yeah. It was actually making his  
10 behaviours worse. 11:59

11 CHAIRPERSON: And that was through a GP or was that  
12 through a psychiatrist?

13 A. It was through a psychiatrist. Yeah. Yeah. Yeah. I  
14 was trying to get a medication changed, but you have to  
15 wait a while to get that changed. 11:59

16 CHAIRPERSON: Yeah.

17 121 Q. MR. McEVOY: So when that sort of incident happened  
18 where you had to phone the police and everything.

19 A. I had to phone the police.

20 122 Q. So you had been a bit worried then presumably about how 11:59  
21 he was and his health and his mental health then?

22 A. Yeah. Yeah. I knew he needed a medication change  
23 like, uh-huh, but it's not straightforward, you've to  
24 wait. You can't just take him off, you know.

25 123 Q. Did -- either around the time the decision was taken to 12:00  
26 take your son up to Muckamore, did anybody talk to you  
27 then about his medicine or changing it?

28 A. No, nothing. Nothing. Nothing. But I was trying to  
29 get a medicine change so I was, you know, because I

1 found the medicine was giving him more bad mood swings  
2 and making them worse.

3 124 Q. Yeah. So how long was it after -- how long was it  
4 after he first went in to Muckamore that you got to see  
5 him? How many days or weeks? 12:00

6 A. I saw him twice a week, so I did. Uh-huh. Uh-huh.

7 125 Q. So would you have seen him -- so I suppose what I'm  
8 asking is, when he went in then he was taken up.

9 A. Yeah.

10 126 Q. And then how many days or weeks would have gone past 12:00  
11 before you first saw him then?

12 A. I can't remember. I think it was like a Tuesday or a  
13 Wednesday. He went in the Saturday, so I think it was  
14 like a Tuesday or Wednesday I saw him next.

15 127 Q. Early the next week? 12:01

16 A. Give him time to settle, you know.

17 128 Q. Yeah. Okay. And how did he seem on that sort of first  
18 occasion when you saw him?

19 A. He was just too quiet. Because my son is like a  
20 parrot. He was just very quiet. 12:01

21 129 Q. Yeah.

22 A. Too quiet like. And every time he just asked what --  
23 "when am I coming home? when am I coming home? when  
24 am I coming home?", and I just told him maybe next  
25 week, you know. Until we could actually give him a 12:01  
26 date on when he was coming home. But every time we  
27 went, "when am I coming home? what day am I coming  
28 home? I want to go home".

29 130 Q. Did anybody in the Hospital staff speak to you and say

1 "look he's" -- you know, one way or the other way,  
2 whether he was getting on okay or whether he was  
3 settling?

4 A. They didn't say too much, no. No. No. Just one day  
5 when I was visiting they did say "Can you hurry up?  
6 He's getting his dinner soon", because we were a wee  
7 bit later seeing him, they just said about half four,  
8 "Can you make it quick? He's going to get his dinner",  
9 and they were kind of rushing us out like.

10 131 Q. Mm-hmm. Just in terms of the medicines. You had said 12:02  
11 that -- I think at two separate places in the statement  
12 you had said that your son was taking, or being given  
13 diazepam, and he was able to tell you that and the  
14 Hospital also told you about that?

15 A. No, the Hospital said he was on diazepam in there, 12:02  
16 yeah, yeah.

17 132 Q. Yeah. Okay.

18 A. But they had to take him off his other medication  
19 first. But I think they were giving him diazepam.

20 133 Q. Was that...(INTERJECTION)? 12:02  
21 A. He had to be took off the antidepressant.

22 134 Q. Took him off the medicine he was on before he went in?  
23 A. Yeah, but they were -- they would have been giving him  
24 diazepam like as well because he was too -- you know  
25 when we saw him like he was just too quiet. 12:02

26 135 Q. And you've described in your statement a bit of a fear  
27 that your son got of injections?

28 A. Yeah.

29 136 Q. -- after coming out of Muckamore?

1 A. Yeah. Yeah. Because we visited -- when we visited him  
2 and they said he was sleeping. When I visited him they  
3 wouldn't let me see him, they said he was sleeping, and  
4 I said "Can I see my son again", twice, and they said  
5 he was sleeping. But I knew my son would not sleep at 12:03  
6 3:00 o'clock in the afternoon.

7 137 Q. Yeah.

8 A. He just doesn't have naps. He's up until 1:00 o'clock  
9 in the summer. He doesn't sleep during the day at all.  
10 So I knew they were lying. 12:03

11 138 Q. Yeah. what did he -- you said that he had -- he told  
12 you that he was being given diazepam and injections.  
13 what did he tell you?

14 A. When he had a flashback he told me they gave him a  
15 Covid injection, because that was all over the news. 12:03  
16 So I knew they'd given him a sedative like.

17 139 Q. Okay.

18 A. Yeah. Yeah.

19 140 Q. So he told you that?

20 A. When he had a flashback, yeah, that there. 12:03

21 141 Q. This came up much later then?

22 A. Uh-huh. On the news. All the Covid stuff on the news  
23 and he said they gave him a Covid injection.

24 142 Q. Yeah.

25 A. But I think that's the day when they wouldn't let me 12:03  
26 see him that they've given him that the night before,  
27 and he'd still been sleeping.

28 143 Q. And up until your son mentioned this to you then, this  
29 flashback as you say, him describing it as a Covid

1 injection, had anyone ever mentioned to you the fact  
2 that your son had been given --

3 A. No, nothing. Nothing.

4 144 Q. -- been given injections?

5 A. No. They just said they were going to change the 12:04  
6 medicine, take him off the medication he was on and put  
7 him on a new medication, obviously. Mm-hmm.

8 145 Q. You were also very clear in your description of your  
9 son describing -- being offered cigarettes and Red Bull  
10 and things? 12:04

11 A. Yes.

12 146 Q. And you said that he would be very clear if he didn't  
13 -- if he was refusing something.

14 A. If you forced him to do something he'll have a major  
15 meltdown. 12:04

16 147 Q. Yeah.

17 A. Uh-huh. Uh-huh. His first meltdown with me was  
18 actually trying to get him dressed to go to school,  
19 when he stopped going to school. That was his first  
20 meltdown with me. Because I was trying to get his 12:04  
21 trousers on to go to school, and because I was trying  
22 to push that maybe a wee bit, he kicked me then and  
23 pushed me out of the room. That was his first tantrum.  
24 You cannot make him do something he doesn't want to do  
25 or he'll have a full meltdown. 12:05

26 148 Q. Yeah.

27 A. So if they were trying to give him a cigarette he would  
28 have had a big meltdown.

29 149 Q. Yeah.

1 A. You don't want to see a big meltdown! You know.

2 150 Q. Yeah. And you also said your son, if he didn't have  
3 like structure he could get bored?

4 A. He would get bored. He would rhyme. Yeah. Yeah. He  
5 would rhyme and rhyme. 12:05

6 151 Q. Did anybody ever ask you for information about that?  
7 Did you ever get the opportunity to tell anybody "You  
8 need to make sure he has structure and make sure he  
9 doesn't get bored"? Did anybody ever --

10 A. They just told me that he had to be observed and then 12:05  
11 after three-and-a-half weeks he would go into daycare  
12 in the Hospital, and there was like a meeting every six  
13 weeks with the psychiatrist to review when he was going  
14 to come home.

15 152 Q. Yeah. And when you had those meetings, did anybody 12:05  
16 want to hear what you had to say? I mean as his mum,  
17 as you say in your statement, he got bored and he needs  
18 structure. Did anybody ever --

19 A. A psychiatrist explained to me that the reason he ended  
20 up in Muckamore because there was no structure. He 12:06  
21 told me everybody needs structure in your life. I'm a  
22 housewife. You've got your job to go. Everybody needs  
23 to be doing something. He said it was out of boredom  
24 he ended up in there because there was no structure,  
25 that the child needs structure. 12:06

26 153 Q. Yeah. And what did you --

27 A. I agreed with him. Uh-huh.

28 154 Q. Yeah.

29 A. He says it's vital he has a daycare and that he kept

1 him in longer because he wanted him to have a daycare  
2 once he came out of Muckamore straight into daycare so  
3 we wouldn't have problems with him, and we couldn't get  
4 -- they couldn't get a daycare until he was 19. Just  
5 the way the system is, they couldn't get a daycare 12:06  
6 until he turned 19. So that's why they kept him in  
7 there, to near his birthday, his 19th, so he could go  
8 straight to the daycare.

9 155 Q. Yeah. And in those -- in those meetings, or in that  
10 meeting, was the Hospital explaining what they were 12:06  
11 doing for your son during the day?

12 A. I think it was after four weeks he got into the daycare  
13 to get structure like, uh-huh, but he had four weeks of  
14 no daycare. They were supposed to just be observing  
15 his behaviours like. So he was probably doing very 12:07  
16 little, like. He would have been very bored, like.

17 156 Q. And once --

18 A. I think they took him out after six-and-a-half weeks  
19 for a cup of coffee in the community. I think it was  
20 after six-and-a-half weeks they took him out for a 12:07  
21 thing -- because I told them he likes getting like a  
22 wee hot chocolate and out in the community. I think it  
23 wasn't until six-and-a-half weeks before they took him  
24 out in the community for a wee treat like.

25 157 Q. And at that point did you notice him feeling any better 12:07  
26 or in better form?

27 A. He was just the same as when he went in, to be honest.  
28 There was no difference like. There was no therapy.  
29 You know. He must have been so bored like, you know.

1 In the hot summer being in a place like that, you know.  
2 158 Q. Yeah. You kept -- I mentioned them there -- you kept  
3 some -- I'm not going to take you through them, but you  
4 kept some diary notes.  
5 A. Yeah. 12:07  
6 159 Q. And it's just for the benefit of the record, the diary  
7 notes start at 035-17 and go through until 035-27. I'm  
8 not going to ask you questions about what's in them,  
9 but what I would like you to be able to tell the  
10 Inquiry about is what made you keep that diary? What 12:08  
11 was it that prompted you to keep a note?  
12 A. In case I would forget, because you might not get  
13 nothing with him for 3 or 4 months and then he would  
14 suddenly see something on TV and get a flashback.  
15 160 Q. Okay. 12:08  
16 A. So he would.  
17 161 Q. And those flashbacks that you're describing, roughly  
18 when or how long after he came out of Muckamore did he  
19 start having them?  
20 A. He was just so quiet when he came out of Muckamore he 12:08  
21 wasn't getting the flashbacks then. It was just like  
22 about maybe seven months after he was starting to get  
23 them. It just depends what's on the TV and what he is  
24 watching like.  
25 162 Q. And was it seeing things on TV that was the -- 12:09  
26 A. It was mostly when he saw the hospital building he was  
27 getting it, or scenes in EastEnders if there's violent  
28 scenes, or if he sees --  
29 CHAIRPERSON: I'm just going to pause for a moment for

1 this reason: I do think it's important that we have  
2 some detail about these. But being aware of the MOU  
3 and our duties under the MOU, can I just ask the  
4 witness this, are you -- just answer this yes or no:  
5 Are you currently in touch with the PSNI in relation -- 12:09

6 A. Yes. Yes, I am.

7 CHAIRPERSON: You are. At the moment we are in public  
8 session and hearing -- I don't know if there's anyone  
9 in Hearing Room B, but that means that members of the  
10 public can be in there and the press could report from 12:09  
11 Hearing Room B. I think because of the sensitivity of  
12 the material that we may be about to go into, even with  
13 light touch, given our duties under the MOU, it would  
14 be sensible - and I apologise to members of the press  
15 and those in Hearing Room B - to cut the feed to 12:10  
16 Hearing Room B so that we only have those in the room  
17 who have signed the confidentiality agreement and  
18 immediate relatives. I don't know if you've been  
19 discussing with Mr. Doran the approach to this  
20 evidence? 12:10

21 MR. McEVOY: Yes.

22 CHAIRPERSON: But it does seem to me that it may  
23 require a greater degree of sensitivity than the other  
24 material we have been looking at.

25 DR. MAXWELL: I am not sure if the witness understands 12:10  
26 what an MOU is.

27 CHAIRPERSON: Yes. The witness doesn't need to  
28 understand this just for a moment.

29 A. Yeah. No worries.

1 CHAIRPERSON: All right. We can explain it to you.  
2 Just because of what's going on with the police --  
3 A. Yes, the court proceedings.  
4 CHAIRPERSON: We want to make sure we don't traipse all  
5 over their turf, as it were, in relation to this. 12:10  
6 Their investigation.  
7 A. Yeah.  
8 CHAIRPERSON: Mr. McEvoy, I'll be guided by you, but it  
9 seems to me we ought to take care over this. Is the  
10 PSNI counsel in the room or not? 12:11  
11 MR. McEVROY: I don't believe so. I don't see a legal  
12 representative.  
13 CHAIRPERSON: That's unfortunate. Yes.  
14 MR. McEVROY: Chair, I wonder if the most prudent course  
15 may just be to have a brief pause in proceedings just 12:11  
16 so that I can confer with Mr. Doran just to ensure that  
17 any --  
18 CHAIRPERSON: Yeah. All right. I am sorry to do this  
19 in the middle of your evidence, but I think it's better  
20 that we do tread carefully because the last thing you 12:11  
21 would want is for us would to mess up any possible  
22 meetings.  
23 A. Right.  
24 CHAIRPERSON: So we're just going to pause for ten  
25 minutes I think, but I do think this requires 12:11  
26 consideration. All right. Thank you. All right.  
27  
28 THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS:  
29

1 CHAIRPERSON: Thank you. Right. Do we have a way  
2 forward?  
3 MR. McEVOY: We do, Chair and Panel members. So what's  
4 proposed is that I am going to complete what may be  
5 described as open evidence. 12:27  
6 CHAIRPERSON: General evidence, yeah.  
7 MR. McEVOY: General evidence with the witness. The  
8 three issues really just to probe shouldn't take too  
9 long, and then at the conclusion of that, what is  
10 proposed is that you, you then impose a reporting 12:27  
11 restriction in relation to some of the more sensitive  
12 issues, which will be self-evident.  
13 CHAIRPERSON: Yeah. No, understood. Okay. Fine.  
14 Don't injure yourself as you sit down, otherwise we'll  
15 get sued. First of all, can I just say, it's nothing 12:28  
16 that you said or did.  
17 A. Okay.  
18 CHAIRPERSON: -- that caused that interruption. We  
19 have a particular understanding, a Memorandum of  
20 Understanding, because there are criminal proceedings, 12:28  
21 that may be proceeding.  
22 A. Yes. Yes.  
23 CHAIRPERSON: So, as an inquiry, we want to be able to  
24 continue with our evidence, but equally not do any  
25 damage by anything that happens here to any possible 12:28  
26 police investigation. So that's why I interrupted.  
27 A. Yes. Yes. Yeah.  
28 CHAIRPERSON: Mr. McEvoy is now going to take you  
29 forward with some evidence that you can speak openly

1 about.

2 A. Okay.

3 CHAIRPERSON: And then I will make an order that  
4 restricts the rest of your evidence so that nobody can  
5 report it. 12:28

6 A. Right. Right.

7 CHAIRPERSON: So that's what's happening, and apologies  
8 for interrupting you.

9 A. No worries. No worries.

10 MR. McEVOY: Okay. So maybe we'll pick up, Michelle, 12:29  
11 with some questions just about your description of your  
12 son being more comfortable with women.

13 A. Yes.

14 163 Q. And younger workers, younger staff members. Yeah.  
15 When did you first observe or notice that, roughly? 12:29

16 A. It was after one of the young girls left for another  
17 job about a year-and-a-half ago, and then he wouldn't  
18 go in for a couple of weeks, but then we did get him  
19 back in because they got younger staff. But a  
20 year-and-a-half ago his favourite girl left and then he 12:29  
21 wouldn't go back because it was older staff. He  
22 wouldn't work with the men at all. It was all older  
23 staff like over 50 and he just wouldn't work with them.  
24 And an older lady.

25 164 Q. Okay. So that's -- so the Inquiry is clear, that's 12:29  
26 very much a post Muckamore thing that you noticed?

27 A. Yes. Yes. Because before Muckamore he went out with  
28 an older lady from Positive Futures who was about  
29 45/46. Yeah. Yeah. And in school he worked with

1 different teachers, it was all different ages. It  
2 wasn't --

3 165 Q. You hadn't noticed a problem like that, or an issue  
4 like that beforehand?

5 A. No, nothing. Nothing. 12:30

6 166 Q. Then you, you told us that his medication has been  
7 increased and I think -- yeah, more medication to deal  
8 with his increased behaviours and anxiety?

9 A. I noticed when he came out of the Hospital he was  
10 different. He wouldn't go in the garden or kitchen. 12:30  
11 He didn't really even want to leave the house. And he  
12 was patting the floor, doing like this on the floor,  
13 and all this anxiety and rubbing his neck.  
14 (Indicating).

15 167 Q. Yeah. 12:30

16 A. So I got him on OCD medication because I thought it was  
17 just really OCD behaviours.

18 168 Q. Okay. And who was it that prescribed that?

19 A. The psychiatrist.

20 169 Q. The psychiatrist. 12:30

21 A. Yeah. Yeah. Yeah.

22 170 Q. That was what I was just about to ask then was --

23 A. Yeah, I got medical advice, because I knew it was like  
24 OCD behaviours, anxiety related, so I got him on the  
25 medication to help with it. And that did help stop his 12:31  
26 -- he stopped tapping the floors and stuff. He was  
27 like tapping the floors, so he was. Just strange  
28 behaviours, like nervous, you know. But I didn't know  
29 then he was abused. Like I just thought it was just

1 new behaviours he was getting.

2 171 Q. Okay. So -- because I was just about to ask whether or  
3 not he has had any other specialist input, you know,  
4 since he was --

5 A. Then when I got him on the medication for that, I 12:31  
6 didn't know he was abused then.

7 172 Q. Yeah.

8 A. I just saw these behaviours and I knew it was anxiety  
9 related so I got him on medication to relax him and to  
10 help with the OCD behaviours he was doing. 12:31

11 173 Q. Okay. So he is seeing a psychiatrist about that then,  
12 about what you're describing as these OCD type  
13 behaviours?

14 A. Yeah, anxiety related behaviours. But he didn't do  
15 those behaviours before the thing. He was actually 12:31  
16 tapping the floor and going like this hear and rubbing  
17 his neck and fidgeting thing. (Indicating). I knew it  
18 was anxiety like, you know. So I just got him some  
19 help, you know, to --

20 174 Q. Yeah. 12:31

21 A. -- medication helped, you know.

22 175 Q. Yes. Okay.

23 A. It did help him with it, you know, with his anxiety  
24 like.

25 176 Q. Is he getting any other specialist help, apart from 12:32  
26 psychiatrist?

27 A. Yeah. He's seeing psychology at the minute. Yeah.  
28 Yeah. Once every two weeks he's seeing her. Yeah.  
29 Yeah. He has only had like four appointments with her

1           like, but it's ongoing.

2 177 Q.    So he has only had four appointments?

3           A.    Yeah, he has only had four appointments so far, but

4           it's ongoing therapy.  Yeah.

5 178 Q.    Do you think is it helping? 12:32

6           A.    A wee bit.  Uh-huh.  He's building up a trust in her so

7           he is.

8 179 Q.    Yeah.

9           A.    Yeah.  Yeah.  He seems to like her like because she is

10          young and pretty.  (Laughs). 12:32

11 180 Q.    Okay.  Okay.  Can you tell us a little bit about weight

12          loss.  I know from earlier on in your statement he

13          wasn't -- he wasn't a terribly big fellow before he

14          went into Muckamore anyway, is that right?  He was

15          quite -- 12:32

16          A.    He is quite petite, yeah.

17 181 Q.    Quite petite.

18          A.    Naturally quite thin, yeah.

19 182 Q.    And has he -- I think you describe him as having lost

20          weight since he was in Muckamore? 12:32

21          A.    Yeah, he has lost a bit of weight.  Yeah.  Yeah.  Yeah.

22 183 Q.    Can you tell us a little bit more about that?

23          A.    Just sometimes he doesn't want nothing to eat.

24 184 Q.    Yeah.

25          A.    He eats more in the afternoon, so he does. 12:33

26 185 Q.    Does he --

27          A.    And he eats very slowly.  He eats very slowly as well,

28          just so he does.

29 186 Q.    Yes.  Would he eat a good diet?

1 A. He likes chicken. Yeah, his diet is okay. He loves  
2 chicken, so he does. Yeah. Yeah. And pork. Uh-huh.

3 187 Q. Okay.

4 A. His diet is okay. He just doesn't eat vegetables, so I  
5 give him smoothies to keep the balance like. 12:33

6 188 Q. Yeah.

7 A. Yeah.

8 189 Q. Of course. What are you putting the weight loss down  
9 to? As his mum, what are you putting the weight loss  
10 down to? 12:33

11 A. Probably anxiety related. Yeah. Yeah. Yeah. It's  
12 hard to say like. Medicine or anxiety.

13 190 Q. Okay. Okay. And are you getting any help to deal with  
14 that weight loss side of things?

15 A. I did have a girl -- a dietician came out about a 12:33  
16 year-and-a-half ago and they gave him those build-up  
17 drinks, but he wouldn't drink them.

18 191 Q. Okay.

19 A. Uh-huh. But she told him to give him custard, give him  
20 a pudding after his dinner. 12:33

21 192 Q. Yeah.

22 A. And give him nuts. I was using semi-skimmed milk. She  
23 said to use the cream with milk to try to get the  
24 calories up like.

25 193 Q. Yeah. Yeah. 12:34

26 A. But he's eating a good bit now so I don't have no  
27 concerns like.

28 194 Q. Okay.

29 A. Yeah. Yeah. Yeah.

1 195 Q. Okay. Okay. Okay. Well, look, those are sort of the  
2 more general questions I was going to ask you. All  
3 right.

4 A. Yeah. Yeah.

5 196 Q. So I've got some more specific ones. 12:34

6 A. No worries.

7 197 Q. And I am now going to speak to the Chair. Okay. So  
8 you'll know what's happening. Okay. So, Chair, there  
9 are some matters which I'd like to just take the  
10 witness to. They are all mostly documents which I will 12:34  
11 essentially be reading in from the exhibits, but there  
12 is a certainty sensitivity attaching to them.

13 CHAIRPERSON: Yeah. So you're asking me to make a  
14 restriction order, a specific restriction order in  
15 relation to this evidence? 12:34

16 MR. McEVOY: Yes. Yes.

17 CHAIRPERSON: There may be no reporting of this  
18 material.

19 MR. McEVOY: Yes.

20 CHAIRPERSON: what I'm therefore going to do is I am 12:34  
21 going to - apologies to those who are in Room B - I am  
22 going to cut the feed to Room B. Only those who have  
23 signed confidentiality agreements or immediate members  
24 of the family are allowed to be in here. All CPs and  
25 their lawyers know the effect of this restriction 12:34  
26 order. It is a criminal offence to breach it, and  
27 there may also be referral of proceedings to the High  
28 Court, and I am taking this step - and I will draw it  
29 up later - in order to comply with our obligations

1 under the MoU and to protect any potential criminal  
2 proceedings. Okay.

3 MR. McEVOY: I am grateful, Chair. Thank you.

4 CHAIRPERSON: Feed to B is cut. Thank you. I should  
5 say, I am so sorry, the transcript will have to be  
6 separated. 12:35

7 MR. McEVOY: That's right. That's right. Arrangements  
8 have been made in relation to the transcript. Yes. We  
9 have spoken to the stenographer just to make that  
10 clear. 12:35

11 CHAIRPERSON: Thank you. Yeah.

12

13 [BREAK IN PROCEEDINGS]

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1 THE INQUIRY RESUMED AFTER A SHORT BREAK AS FOLLOWS

2  
3 CHAIRPERSON: Is there anything else in more general  
4 terms I think you are being asked that you want to tell  
5 us? 12:50

6 A. I just think my son shouldn't have ended up in that  
7 place in the first place, and we were failed as a  
8 family, and social services let us down. He should  
9 never have been in that type of place. You know three  
10 hours a week is a joke, and even now I'm getting no 12:50  
11 help. It's just a flipping joke. I'm just one of many  
12 hundreds of parents in Northern Ireland that's not  
13 getting no support, and young people is ending up in  
14 care because there's no help.

15 CHAIRPERSON: Yeah. No, I understand. 12:51

16 MR. McEVOY: I don't have any other questions for you.

17 A. No worries. Thanks.

18 MR. McEVOY: Okay. It might be now that the panel  
19 members have some questions for you.

20 END OF DIRECT EXAMINATION BY MR. McEVOY 12:51

21  
22 MICHELLE, P24; S MOTHER, WAS QUESTIONED BY THE INQUIRY  
23 PANEL AS FOLLOWS:

24  
25 CHAIRPERSON: You told us that you didn't have anybody 12:51  
26 particular that you felt you could speak to at  
27 Muckamore?

28 A. No. No.

29 198 Q. But you also said you rang up every night to see how he

1 was?

2 A. Yeah, like every other night.

3 199 Q. So when you would ring up, who would you speak to?

4 A. I forget the name. I think it was a staff duty nurse.

5 200 Q. So it would just be the duty nurse? 12:51

6 A. I can't remember the name. Yeah, it was just the duty

7 nurse. Yeah.

8 201 Q. Would it always be the same person you spoke to?

9 A. Nearly mostly the same person like, yeah. Yeah, yeah.

10 202 Q. And would they be able to tell you -- 12:51

11 A. It would always be pretty quick, like he has just had

12 his dinner and he is going to get a shower and that.

13 It was all just pretty routine. It was very quick.

14 She was always very quick with you on the phone.

15 203 Q. Would they be able to tell you how your son was and 12:51

16 what he was up to or not?

17 A. They just said he had a good day and he had his dinner

18 and well fed and going to get a shower. It was just

19 routine. It was just very quick the information she

20 was giving me, if you know what I mean. It wasn't 12:52

21 really enough information, to be honest like, you know.

22 204 Q. When he was first taken into Muckamore and you

23 explained that he was, you know, this terrible term

24 "sectioned", but that's what happened to him, sadly.

25 A. Yes, unfortunately, yeah. 12:52

26 205 Q. Did you understand what that really meant --

27 A. No. No understanding.

28 206 Q. Did anybody sit you down?

29 A. I just told him because he had a chest infection and

1 he'd be out maybe a week or two weeks, because he went  
2 in with a chest infection, and I just told him "You'll  
3 be out in two weeks because you've a chest infection",  
4 because he was on antibiotics, and I just told him  
5 that. Because he wouldn't understand what section 12:52  
6 actually means like, you know.

7 207 Q. So that's what you told him?  
8 A. Yeah. Yeah.

9 208 Q. Oh, I see.  
10 A. I thought it would be kinder just to tell him that. 12:52  
11 Yeah, yeah, yeah.

12 209 Q. But did anybody explain to you what your rights were as  
13 his mother?  
14 A. I don't think so. No, I don't think so.

15 210 Q. No. 12:53  
16 A. I understand more what sectioning means, how hard it is  
17 to get somebody --

18 211 Q. Yeah. Well I am sure.  
19 A. -- but I didn't know as much information then.

20 212 Q. No. Quite. 12:53  
21 A. Yeah. Yeah.

22 213 Q. And you told us that you think they changed his  
23 medication when he was in Muckamore?  
24 A. Yeah. Yeah. He had to come off the medication he was  
25 on and go on a new medication. I knew about that, 12:53  
26 yeah.

27 214 Q. So when he came home --  
28 A. He had new medication, yeah.

29 215 Q. And did they explain what that was to you?

1 A. Yeah. Yeah, at the meeting they said he was putting on  
2 a certain medication, the psychiatrist. Yeah, yeah.

3 216 Q. And then you had to ensure that he took this?

4 A. Yeah. Yeah. Mm-hmm.

5 217 Q. There's quite -- there's quite a long letter that you 12:53  
6 produced in relation to the resettlement and trying to  
7 get him some help after he came back from Muckamore.  
8 Were there attempts by the Trust to get daycare?

9 A. I couldn't get him a daycare until he was 19. So  
10 that's why he had to stay in the extra three-and-a-half 12:54  
11 weeks. So they released him on a Friday - because it  
12 was his birthday the day before - and then they got him  
13 into the daycare on the Monday.

14 218 Q. Yeah. Let me just have a look. Right. But then the  
15 daycare didn't -- 12:54

16 A. They also wanted us - we were moving house as well -  
17 they also wanted us away from that area, and they  
18 thought it was good we were moving house, because they  
19 said it wouldn't probably be safe for us to be in that  
20 area really with all that had happened like. 12:54

21 219 Q. Right. But Stephen told us earlier about trying to get  
22 help and then not being --

23 A. We tried to move him years ago but they just kept  
24 giving us other council houses in cul de sacs, which  
25 would be -- 12:54

26 220 Q. Yeah. I am more trying to focus on your son and any  
27 help you can get with him specifically. In terms of  
28 daycare or respite care or any of that?

29 A. I've had no respite for seven years for my son, which

1 is a disgrace. Since he left school.

2 221 Q. Well that's what I want to ask you.

3 A. Yeah, that's a disgrace like, you know.

4 222 Q. What's been -- I've read the letter, but what have you  
5 understood was the problem with that? Why couldn't you 12:55  
6 get respite care or help?

7 A. They just said there was none available, you know.  
8 They just --

9 223 Q. Does your son sometimes --

10 A. He has had a couple of visits in a Downpatrick place, 12:55  
11 and that's ongoing.

12 224 Q. Yeah.

13 A. But the problem is because he'll only work with younger  
14 people, they don't know whether there's going to be  
15 young staff to accommodate him like. 12:55

16 225 Q. So he has tried a couple of places, hasn't he, and then  
17 they didn't --

18 A. He has. It is still ongoing, yeah. Probably to get  
19 more tea visits, it is ongoing like.

20 CHAIRPERSON: All right. No, I think that's all that 12:55  
21 we want to ask, unless you've got anything else,  
22 Mr. McEvoy?

23

24 END OF QUESTIONING BY THE INQUIRY PANEL

25 12:55

26 MR. McEVROY: No, nothing arises. Thank you.

27 CHAIRPERSON: No. Can I just thank you very much.  
28 It's always stressful coming to do this, but it is so  
29 important to be able to come and tell us about your

1 son, who you know I met very briefly in the past week.  
2 A. Yes. Yes.  
3 CHAIRPERSON: So I just want to you thank you on behalf  
4 of the Inquiry, and we will take all the evidence you  
5 have given us into account, and it is important to us 12:56  
6 to have that. So thank you very much.  
7 A. Thanks. Thanks a lot.  
8 CHAIRPERSON: Thank you.  
9  
10 THE WITNESS THEN WITHDREW 12:56  
11  
12 CHAIRPERSON: I think that's the first full morning  
13 that we've managed to accomplish. Perfect timing.  
14 MR. McEVROY: On the stroke of one o'clock.  
15 CHAIRPERSON: so thank you very much, and we'll start 12:56  
16 again at about five past two. Thank you.  
17  
18 THE INQUIRY ADJOURNED FOR LUNCH  
19  
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29

1           THE INQUIRY CONTINUED AFTER LUNCH AS FOLLOWS:

2  
3           CHAIRPERSON: Thank you. Right. Mr. McEvoy.

4           MR. McEVOY: Thank you, Chair, Panel members. So this  
5           afternoon's evidence is that of Patrick, who is the  
6           brother of P25 and uncle of P26. 14:07

7  
8           PATRICK, P25'S BROTHER AND P26'S UNCLE, HAVING BEEN  
9           SWORN, WAS EXAMINED BY MR. McEVOY AS FOLLOWS:

10  
11           CHAIRPERSON: Good afternoon, Patrick. Thank you very  
12           much for coming to help the Inquiry. 14:09

13           A. Good afternoon.

14           CHAIRPERSON: It's always a bit nerve-wracking when you  
15           start, but once you get going you'll be fine. 14:09

16           A. That's no problem.

17           CHAIRPERSON: Mr. McEvoy is going to ask you some  
18           questions. We're going to try to avoid naming people.

19           A. Yeah.

20           CHAIRPERSON: But if you do name anybody, don't get in 14:09  
21           a panic about it, every witness so far has done so. It  
22           just means that we've got to pause the transcription  
23           and get it sorted. Okay.

24           A. That's okay.

25           CHAIRPERSON: So if I say "stop", it's not really for 14:09  
26           you, it's just that -- Mr. McEvoy normally makes the  
27           first mistake.

28           MR. McEVOY: Yes.

29           CHAIRPERSON: All right. Okay.

1 MR. McEVOY: I'm just making sure everybody is paying  
2 attention. So, Patrick, good afternoon. We met a few  
3 moments ago. As you know, my name is Mark McEvoy and I  
4 am one of the barristers helping the Inquiry with its  
5 work. So I'm going to read out the statement that you 14:10  
6 prepared with the Inquiry statement taking team on 1st  
7 August, and as the Chair said, we'll avoid mentioning  
8 any surnames and we won't, we won't identify your  
9 family member specifically.

10  
11 "I, Patrick, make the following statement for the  
12 purpose of the Muckamore Abbey Hospital Inquiry. There  
13 are no documents produced with my statement.

14  
15 My connection with Muckamore is that I am a relative of 14:10  
16 two patients who are at Muckamore.

17  
18 My sister, P25, and nephew, P26, were patients at  
19 Muckamore. The relevant time periods that I can speak  
20 about are between 1996 and 2008, 2010, and between 2016 14:10  
21 to date.

22  
23 Our mother, Susan, worked in Gallagher's cigarette  
24 factory. Our father, Edward, worked as a site foreman.  
25 He died in 2003. Together they had ten children; seven 14:10  
26 girls and three boys. P25, Noreen, Rosaleen, Maura,  
27 Bridget, Kathleen, Grainne, Eamonn, Con and me.

28  
29 P25 had a learning difficulty but she was still able

1 and could manage a house and pay her bills. We think  
2 that she may have been on the autistic spectrum.  
3 Although she had a learning difficulty she was the best  
4 writer and speller in the whole family.

14:11

5  
6 P25 married Billy and they had six children together.  
7 P26, Kevin, Donna, Liam, Francis and Karen. P25 and  
8 Billy had a happy enough life until one of their  
9 children, Liam, died. Billy couldn't handle it and  
10 started drinking. P25's mental health deteriorated  
11 because of the grief. P25 ended up going into care.  
12 Anyone who loses a child will have a tough time, but it  
13 was very hard for them. Someone had left the gate open  
14 and Liam crawled out and a car went over his head and  
15 he died.

14:11

14:11

16  
17 Billy had a wee slowness and he was not fit to look  
18 after their children on his own. My mum and I took the  
19 children and my mother, Susan, applied for care and  
20 responsibility for the children.

14:11

21  
22 P25 was placed in a facility and then in and around  
23 1996/1997 she went into Muckamore. I think this is  
24 because she took a lot of tablets. She did this on a  
25 number of times.

14:12

26  
27 When P25 was in Muckamore we would regularly go up to  
28 visit her. P25 went through different stages at  
29 Muckamore. She found it tough, mainly due to being

1 separated from the children. P25 rang the kids three  
2 or four times per week. We regularly brought the  
3 children up to see her and we brought her out to see  
4 them.

5  
6 At the beginning we had visits actually inside  
7 Muckamore. Then she had her own house on the grounds  
8 where we had visits. P25 was sectioned on a number of  
9 occasions and she had to be locked up. I think she was  
10 only in the locked part a couple of times, however most 14:12  
11 of the time 25 was just in the supported housing area.

12  
13 The best of it was that P25 was happy in Muckamore.  
14 She never complained of things and we never saw  
15 evidence of abuse. P25's clothes always seemed fine. 14:12  
16

17 My impression of Muckamore was that it was clean  
18 enough. It was a well guarded area and not the kind of  
19 place you would want to be. It was sad to see a loved  
20 one there. 14:13  
21

22 When P25 was on the ward I didn't see her room. It was  
23 like a prison with high security and the atmosphere  
24 wasn't at all relaxed. When Muckamore moved P25 to one  
25 of the cottages or houses, she had more freedom and it 14:13  
26 was much nicer for her. I did see inside the cottage  
27 and it was more normal. P25 said she felt safer in the  
28 cottage.  
29

1 P25 always looked happy to see me and introduced me to  
2 her friends. Despite what P25 said to me, I think that  
3 there were some people there who were very dangerous.  
4 I recall meeting one of P25's friends who had killed a  
5 family member.

14:13

6  
7 During some of the time when P25 was at Muckamore, she  
8 had a little job. I think she served food or something  
9 like that. P25 got out of Muckamore for visits on  
10 special occasions like for Christmas dinner. I think  
11 that she was institutionalised as she would look  
12 forward to going back.

14:14

13  
14 I didn't really meet many of the staff at Muckamore,  
15 particularly when P25 was in the main locked section.  
16 I met some staff when P25 was in the cottages. I  
17 remember P25 setting up things with one of the nurses  
18 and them laughing together.

14:14

19  
20 P25 never mentioned any bad treatment and I never had  
21 any real concerns or made any complaints. When leaving  
22 her, I didn't have concerns. I don't recall any  
23 injuries. I do remember one occasion, although I am  
24 not sure when this was, that P25 went missing from  
25 Muckamore. We were very worried for her.

14:14

26  
27 Towards the end of P25's life she was discharged by  
28 Muckamore to a facility near Coleraine. This was much  
29 nicer for her. She was there for two to three years

1 before she passed away. P25 died when she was only 53.  
2 We are not sure about what her cause of death was,  
3 nobody in our family knows. She smoked a little but  
4 had no health scares. Our mum thought that there was  
5 something suspicious about how P25 died, that there was 14:15  
6 something sinister that she didn't know. Our mum  
7 thought one of the men who was in the same  
8 accommodation as P25 was dangerous. She thought that  
9 there was a cover-up.

10  
11 P25 was not scared of anyone. She had a lot of  
12 friends. She was very quick-witted and always had a  
13 comeback. She was very funny, a bit like Tommy  
14 Tiernan.

15  
16 The biggest part of P25's life was taking care of her  
17 children. She was always happy and content knowing  
18 that they were safe with our mother. She always loved  
19 her children and would never let go of them, no matter  
20 that she wasn't with them. 14:15

21  
22 P25's and Billy's three children came to stay with my  
23 mother and father, their grandmother and grandfather,  
24 and me, in our family home. P26 was only 3 when he  
25 came to us. He was the most difficult to look after of 14:15  
26 the three children. He has special needs. He was  
27 still in nappies when he came to us and he cried a lot,  
28 even as he got older. Even just looking at him caused  
29 him to cry.

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P26 was loving towards his brother and sister. He was never violent and would never have broken anything.

As he grew older P26 calmed down and his crying decreased. P26 developed a very good sense of humour. He was quite funny. One of his jokes was when I had been out at the weekend he would come up and knock the door repeatedly. He would say "Addy, Addy, Addy, up". 'Addy' was what he called me.

14:16

14:16

My mother and father were great with the children. They took them to Bundoran twice a year for holidays. They regularly took them out to parks and other places. Even though P26 has always had special needs, we would have been able to send him to the shops on his own.

14:16

When P26 grew older, when he became a teenager, he started becoming difficult again. When he was around 15 or 16 he had normal sexual urges and he became frustrated. P26 found himself attracted to girls. I remember that there was an incident with a statue of an African woman on a trampoline. There was also an incident involving a statue when he mounted it with his penis out. There was a further incident when he went to the shops. He was in Fairhill Shopping Centre and he climbed on top of a mannequin. We had problems with P26's sexual appetite and we didn't know what to do.

14:16

14:17

1 Although P26 had special needs, he was clever. He  
2 figured out how to call chat lines. I recall he  
3 accumulated a Sky bill of £400 - £500 telephoning these  
4 chat lines.

14:17

5  
6 A few years later, when he was in town, P26 groped a  
7 girl and the police became involved. There was a court  
8 case relating to this incident. This was the start of  
9 P26 being taken out of my mum's control. We were  
10 concerned as the girl was only 14 or 15. I do not  
11 think that P26 had the sense to know what was right or  
12 wrong and that it was wrong to put your hands on  
13 someone else.

14:17

14  
15 As a result of the court case, P26 was taken out of my  
16 mum's care. He had become a bit of a liability and my  
17 mum, who was in her 70s by that point, wasn't able to  
18 control him.

14:17

19  
20 In and around 2011, P26 was moved to another  
21 establishment. He stayed there for a while and they  
22 couldn't really control him there because of his sexual  
23 urges. He was doing things like dropping his trousers.  
24 This was the beginning of P26 being put on heavier  
25 medication.

14:18

14:18

26  
27 The staff there couldn't understand how my mum had  
28 controlled him for so long. P26 seemed to be playing  
29 up more. I think this was caused by a mixture of the

1 change in surroundings from my mum's house, his sexual  
2 urges and his frustration. Eventually the facility  
3 found P26 too hard to deal with and they moved him to  
4 Muckamore.

5  
6 When P26 was moved to Muckamore it was very difficult.  
7 We could see that he was very frustrated. P26  
8 definitely didn't like Muckamore. My mother and I  
9 visited him regularly there and took him out for meals  
10 and trips. We would take him out to the Corner House  
11 Cafe. 14:18

12  
13 P26 put on a lot of weight when he went in to  
14 Muckamore. He had been healthy when he was at our  
15 house, but within a year at Muckamore P26 had put on a  
16 lot of weight. 14:19

17  
18 P26 has always been in the main building at Muckamore.  
19 I found the place clean. It has lots of locked doors  
20 and is very secure. When we went to visit P26 the  
21 staff would bring him out. I have never seen his  
22 bedroom. 14:19

23  
24 We gradually noticed the longer P26 was in Muckamore  
25 and the longer that he was on the heavier medication  
26 that he became more tired looking and his speech became  
27 very slow. He didn't seem to be the same P26 that he  
28 was before he went in to Muckamore. P26 would have  
29 been stubborn but full of fun. He wouldn't have been 14:19

1 scared or afraid. However, after a while in Muckamore  
2 P26 totally changed in all those ways. It was like he  
3 became a totally different person. You would talk to  
4 him but there was no excitement about him. He was  
5 always in tracksuits and not dressed up. When he was 14:20  
6 in Muckamore, P26 always looked like someone who had  
7 slept in for too long that day.

8  
9 P26 is very well-liked and popular. He is very  
10 well-mannered. P26 did tell me about a nurse taking 14:20  
11 him to the cinema where he had popcorn. P26 also told  
12 me about taking to football.

13  
14 We asked but could not get an explanation why P26 was  
15 on such heavy medication. He didn't pose a threat and 14:20  
16 my mum had been able to control him, so surely these  
17 professionals could have controlled him? I feel that  
18 if my mum had been a bit fitter he could have stayed at  
19 home and she would have been able to control him and he  
20 would not have needed to be in Muckamore. It didn't 14:20  
21 really take much to control P26.

22  
23 I recall on one occasion in and about 2016 or 2017, P26  
24 confided in me and mum that he had been head-butted by  
25 another older patient. I'm not sure of the precise 14:21  
26 date. We had not been told about this incident and my  
27 mum said to one of the staff nurses, a couple of months  
28 after P26 told us about this incident, the same patient  
29 that P26 had complained to us about head-butted another

1 patient. This made us very worried for P26's safety.  
2 I didn't feel comfortable telling the nursing staff  
3 about this as they already knew about it happening  
4 before and I didn't want to cause trouble.

14:21

5  
6 On another occasion, I am not sure of the precise date,  
7 but I was concerned about what P26 told me. P26 wasn't  
8 physically a threat to a man, perhaps he might have  
9 been slightly threatening to a small woman, but I have  
10 never thought that he posed a threat to anyone. On  
11 this occasion, P26 told me that a male member of staff  
12 - whose name I do not know - put P26's arm up behind  
13 his back and had used one of his submission holds on  
14 P26. P26 explained it to me like "one of those holds  
15 that you see in boxing".

14:21

14:22

16  
17 Following P26 telling me about this, I contacted Social  
18 Services and Noreen, Rosaleen and I, went to an  
19 appointment with H165 and another senior staff member,  
20 H166. I told H165 that P26 had been assaulted by being  
21 head-butted on two occasions and that the assaults had  
22 been very serious. Head-butting is a very serious  
23 assault and I was worried about P26's safety. I  
24 reported the first incident to H165 and I expected her  
25 to take action.

14:22

14:22

26  
27 The patient who head-butted P26 was allowed to remain  
28 in the same area of Muckamore as P26, and I feel this  
29 should have been looked at.

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P26 was head-butted a second time and I don't think that this should have happened. They should have taken better care to protect P26 after I first warned them. They continued to allow P26 to be exposed to a threat. I felt that, as a social worker, it was part of their job to represent P26 and our family and that by a social worker querying the incident it would have made more impact and more likely to have been sorted. After these incidents I lost total faith in social workers.

I expressed my view that P26 had been put into care to be protected and not assaulted. Even in prison if someone is assaulted it is investigated and they are moved to a separate wing. I was very distressed at the response of H165 and H166. H165 was very blasé and said "I'm sure they're fit to manage", but I felt very strongly that P26 needed to be protected. It was like talking to a brick wall. It was very worrying and I felt that when P26 was assaulted I wanted to have a word with the man myself. Muckamore and Social Services didn't investigate it at all. They dismissed it entirely and I was very frustrated that I couldn't help him. Nobody raised an alarm when P26 was so doped up on medication I was concerned what could be done to him.

On one further occasion - I am not sure about the date - I was visiting P26, a really big patient came out of

1 his room and into where I was. He was shouting and was  
2 aggressive. The staff told me that I had to leave as  
3 it was dangerous. I was a professional boxer, but even  
4 I was afraid.

14:24

5  
6 Once the allegations came out on the news I was very  
7 upset. I thought back over the incidents that I knew  
8 about when P26 told me about being head-butted and that  
9 he was scared of some of the staff members. When  
10 further news of the abuse started emerging I felt very  
11 angry. I thought about the two social workers in 2016. 14:24  
12 If only they had made one phone call. Maybe they could  
13 have found out more about the assaults and could have  
14 shone a light about the abuse? It is bad enough when  
15 it is one of your loved ones affected, but when that 14:24  
16 person has special educational needs it is even more  
17 difficult. I keep feeling like the social workers have  
18 never listened to us and to what P26 needs. Has P26  
19 not got human rights?

14:25

20  
21 I would love to see P26 get back to his old self. At  
22 the moment, it feels like he is being soft-coshed,  
23 being given heavy medication and doped. P26 has never  
24 been any real trouble, only the sexual stuff was the  
25 problem. P26 was not violent. P26 would not have got 14:25  
26 into any trouble when he was properly supervised. Our  
27 mother was an elderly woman and she was able to  
28 supervise and keep P26 out of harm. I do not  
29 understand how trained nurses, particularly male

1 nurses, could not control P26 in a hospital setting.  
2 Our mother did not require medication to control P26.  
3 I do not know why Muckamore staff had to give P26  
4 medication to control him. I think that he was given  
5 too much and unnecessary medication by Muckamore staff. 14:25

6  
7 I never saw P26 being violent towards anyone growing  
8 up, so I am not sure why any of this treatment by  
9 Muckamore was necessary.

10  
11 P26 is still in Muckamore. He has been there for eight  
12 to ten years. I am still not really on first-name  
13 terms with any of the staff. There is one nurse whom  
14 my mum knew, and I am on good speaking terms with her.

15  
16 P26 is intelligent, has a good memory, and he can have  
17 a good rational conversation. He has a good sense of  
18 humour, which has slowed down due to all the tablets  
19 that he has been put on.

20  
21 I have a number of concerns about P26 being in  
22 Muckamore. Firstly, I have concerns about P26's  
23 quality of life. Muckamore doesn't seem to be engaging  
24 with P26 to provide him with any activities. Things  
25 like riding a bike or fishing, there's nothing like 14:26  
26 that. There are some trips to the cinema and football,  
27 but I think that there should be more.

28  
29 Secondly, I have concerns about P26's weight. P26 has

1 gained a lot of weight. I thought that it was down to  
2 medication, but I think it is a lack of activity as  
3 well. P26 looks soulless. There is a person in there  
4 somewhere but he does not have much of an existence. I  
5 sometimes think that P26 would have more of a life if 14:27  
6 he were in prison. For example, there are football  
7 fields at Maghaberry Prison. P26 is being treated like  
8 he is a dangerous patient, but he isn't.

9  
10 Thirdly, I have concerns about P26's medications. P26 14:27  
11 now has very slurred speech. I am not a doctor, but  
12 there are nurses and people there to control him,  
13 people trained to deal with people like him. I don't  
14 think that he has ever done anything to deserve being  
15 sedated like this. He is not a danger nor a sexual 14:27  
16 threat to anyone now.

17  
18 Fourthly, I have concerns about his voice and that  
19 people are not listening to him. P26 should be able to  
20 express how he is feeling. Maybe an independent 14:27  
21 person, someone not like the Muckamore, is needed to  
22 help P26 express himself and to ensure that he is  
23 listened to.

24  
25 I have this feeling that if P26 complained, nobody 14:28  
26 would listen to him. They have to remember the  
27 humanity of these patients. P26 is a person. I love  
28 P26 like a brother. He is very funny. My mum did a  
29 great job with him on her own. She wouldn't have

1 required much respite, even though she was 68 when she  
2 took on P25's kids. My mother would be very sad for  
3 P26. She was sometimes tearful about it.

4  
5 Muckamore is running the show now and I feel like they 14:28  
6 are always going to have the final say about what is  
7 going to happen to P26. I would like P26 to be moved  
8 to somewhere more suitable, like a house. He is not a  
9 danger to anyone.

10  
11 Finally, I would like to say again that I would like 14:28  
12 P26's voice to be heard. Muckamore and the Inquiry  
13 have to listen to the patients' voices and hear what  
14 they are saying."

15  
16 Okay. So, Patrick, that's your evidence then. 14:28

17 A. Yes.

18 226 Q. Do you adopt that statement as your evidence to the  
19 Inquiry?

20 A. Yes. 14:29

21 227 Q. And, Patrick, just for the record, do you know roughly  
22 how old your nephew is now?

23 A. P26 would be in around 30/31.

24 228 Q. That's -- just take it back there.

25 A. Oh, sorry. 14:29

26 229 Q. You're okay.

27  
28 [Short pause in proceedings]  
29

1 A. My nephew would be in around 31.

2 230 Q. Yeah. I'll repeat the question. Just for the record,  
3 do you know how old your nephew is now?

4 A. My nephew would be 30/31.

5 231 Q. Thank you. And do you know what ward he was or he is 14:29  
6 in up at Muckamore?

7 A. I can point it out on the map here.

8 232 Q. Yeah.

9 A. It's this one here. (Indicating).

10 233 Q. Just for the benefit of the transcript, you've been 14:30  
11 given a map and the secretary I think is going to help  
12 you?

13 A. Just across from Corner House.

14 SECRETARY TO THE INQUIRY: So he is pointing to Six  
15 Mile 14:30

16 234 Q. So you're pointing to Six Mile ward then on the map.  
17 Yeah. Okay. Thank you. Can you give the Inquiry some  
18 idea of what happened -- what happens when you go up to  
19 see your nephew at Muckamore?

20 A. Well, on most occasions I go up, my mother went in to 14:30  
21 get him, so she did, and in the past we would have took  
22 him out, so we would have, for a bite to eat and some  
23 food and that there, and then he would have told us how  
24 he was getting on.

25 235 Q. Okay. Sometimes you would take him out. Were you able 14:30  
26 to take him out of the Hospital grounds or did you take  
27 him to somewhere within the Hospital?

28 A. Sometimes we took him across to the Corner House for a  
29 wee bite to eat and then some other times we were able

1 to take him down to McLarnon's, the Ramble Inn for food  
2 and that there.

3 236 Q. Yeah. Okay. I see. How did he appear when you -- or  
4 how would he appear when you would go to visit him?  
5 A. Well, he looked groggy so he did, you know. He looked 14:31  
6 like he had been sleeping in. He has put on weight,  
7 and he showed a little bit of excitement when he was  
8 getting to go out with us, you know, but wasn't really  
9 -- he wasn't able to tell you much what was going on,  
10 you know. If you were talking to someone else, how 14:31  
11 their week went or that there, he wasn't able to say  
12 much that happened, you know.

13 237 Q. So that everybody present understands, and I don't  
14 think there's any controversy about this, you're not  
15 your nephew's next of kin, isn't that right? 14:31  
16 A. That's correct. I am not his next of kin.

17 238 Q. Technically. So in that respect then you're not able  
18 to make sort of full enquiries about how your nephew is  
19 getting on?  
20 A. No, I am not able to make full enquiries. 14:31

21 239 Q. But even with that, we know that you describe that you  
22 had a meeting with Social Services after the second  
23 incident that you described?  
24 A. Yes.

25 240 Q. Of head-butting? 14:31  
26 A. Yes.

27 241 Q. And can you just tell us a bit -- I know you've  
28 described it your statement, but can you tell us a wee  
29 bit more in your own words now about what you recall

1 about that?

2 A. It was very disturbing, so it was, you know. I was  
3 angry at the first time I heard him telling us he was  
4 head-butted, you know, with an older and bigger person  
5 you know. 14:32

6 242 Q. Yeah.

7 A. And we were -- I think my mum had said to him at the  
8 time, you know, "does the staff know about it?", and we  
9 were well aware that they did know about it, and then  
10 on the second occasion he had told us he was 14:32  
11 head-butted again, and it was very concerning, you  
12 know, because you're leaving your loved one there, you  
13 know. Because P26 was reared with me, so he was.

14 243 Q. We will just pause there.

15 A. Oh, sorry. 14:32

16 244 Q. It's okay.

17 A. Sorry.

18

19 [Short pause in the proceedings]

20 14:32

21 245 Q. So you were just saying that your nephew was reared  
22 with you.

23 A. Yes, my nephew was reared with us, and it was very  
24 concerning once you found out for the second occasion  
25 that he had been head-butted with an older and bigger 14:33  
26 person, you know.

27 246 Q. On the first occasion -- I think you had said a moment  
28 or so ago there you had said that you thought or you  
29 understood that the people in the Hospital, the staff

1 knew that it had happened?

2 A. Yeah. They were well aware.

3 247 Q. How do you know that?

4 A. Well my mum had a conversation with one of the girls in  
5 the Cosy Corner and they were well aware of it, so they 14:33  
6 were. You know it was, it was common knowledge. Also  
7 I think at the time she asked the nephew, you know her  
8 grandson, about it, did they know, and they knew all  
9 about it.

10 248 Q. Yeah. So the second time around then, after the second 14:33  
11 incident you went with one of your sisters then to  
12 speak to the social workers?

13 A. There was three of us in total. Two sisters.

14 249 Q. And I know you described in your statement what took  
15 place, but were you advised of any -- were you or your 14:33  
16 mum -- your mum was the next of kin, is that right?

17 A. Yeah. Yes.

18 250 Q. Were you, or your mum, or your sisters who were  
19 present, was anybody given any information about a  
20 complaints procedure or -- 14:34

21 A. No, there was no -- there was none of that. It was  
22 just, you know, it was like talking to yourself. And  
23 you see that was probably one of my biggest fears was  
24 if us as, you know, people that hasn't special needs  
25 couldn't be listened to, who is going to listen to P26 14:34  
26 with special needs, you know?

27 CHAIRPERSON: Sorry, just stop.

28 A. Oh, sorry. Sorry. I keep forgetting myself.

29

1 [Short pause in proceedings]

2

3 251 Q. MR. McEVROY: Okay. So you were just saying if you as  
4 people who didn't have special needs, who would listen  
5 to your nephew who did?

14:34

6 A. Yeah. We didn't think -- you know I addressed it twice  
7 to the social workers and I wanted to be heard, you  
8 know, and I was very adamant like this should not be  
9 happening, he's in there to protect it -- and I was  
10 just very frustrated and angry about it.

14:35

11 252 Q. And what way was it left when you, when you went away a  
12 from that meeting with your sisters and the social  
13 workers, what way did you understand things had been  
14 left with the Hospital and the social workers?

15 A. Well, I mean, I was in contact with my sister the other  
16 day about this and she had told me that she had chased  
17 it up for a couple of years and there hadn't been  
18 nothing done about it. At the time, I was hoping that  
19 something would have been done and then it could have  
20 been revisited this year and, you know, as I said in  
21 the statement there, once it did come out on the TV and  
22 stuff I was hoping if they would have investigated it  
23 at that time, maybe the whole thing of the abuse and  
24 stuff could have come out about everybody, you know.

14:35

14:35

25 253 Q. Yeah.

14:35

26 A. It could have shone a light on stuff.

27 254 Q. Yes. Can you tell us a little bit about his weight,  
28 and we will be estimating, I suppose, but when he went  
29 into Muckamore would you have an idea of roughly what

1 sort of weight he would have been?  
2 A. Because I used to box and stuff, you could be pretty  
3 good at guessing people's weights.  
4 255 Q. Of course.  
5 A. And I'd say -- 14:36  
6 256 Q. Don't guess mine!  
7 A. Well... It's 15 stone.  
8 257 Q. Bang on. (Laughs).  
9 A. With one foot off the scale. He was probably in or  
10 around about 10.5 stone. 14:36  
11 258 Q. Yeah. Okay. Then after a while then, when did you  
12 start to notice the weight like going on?  
13 A. You noticed it very quickly, you know. I would say the  
14 last time I seen him he was in around 12.5/13 stone.  
15 259 Q. Okay. And most recently, where would you have guessed 14:36  
16 it to be?  
17 A. In around 13.5/13 stone.  
18 260 Q. Yeah. Okay. Okay. And do you have the impression  
19 he's getting any physical activity or any exercise?  
20 A. He only mentioned the soccer a couple of times. He 14:36  
21 didn't say it was a regular occurrence.  
22 261 Q. Yeah. How often do you think? It's not something  
23 that's happening weekly?  
24 A. Definitely not.  
25 262 Q. Yeah. 14:37  
26 A. You know, he didn't -- he didn't seem to have any  
27 excitement about it whenever when we seen him, you  
28 know.  
29 263 Q. Yeah. Before he went into Muckamore would he have been

1 -- would he have been an active kind of person?  
2 A. He was able to ride bicycles and stuff, and I had said  
3 if you could see the pictures of him when he was with  
4 my mum that I was hoping that I could have been able to  
5 show the Inquiry, and when he was in Muckamore. 14:37  
6 264 Q. Yeah.  
7 A. You know what I'm saying to you is, you'll be able to  
8 see it for yourselves.  
9 265 Q. Yeah.  
10 A. You can see it in his eyes. There's, you know, there's 14:37  
11 no, there's no real excitement or -- he looks soulless.  
12 266 Q. So you would say you can see there's not just a  
13 physical change but you think there's a -- what you're  
14 describing as a change in his expression?  
15 A. Yes. Yes, definitely. Definitely. 14:37  
16 267 Q. Okay. Well, I know that you had indicated that there  
17 are photos, and I think maybe the Inquiry team will  
18 speak to you about making a statement to ensure that  
19 those photos are made available?  
20 A. Yeah. One of the things I'd like to say is, you know, 14:38  
21 P26 got into a little bit of trouble, so he did, you  
22 know when he wasn't supervised when he was in my  
23 mother's care.  
24 268 Q. Yes.  
25 A. You know when he was, when he was being supervised by 14:38  
26 her he wasn't in any trouble. It was just when she let  
27 him out of her sight, and she was a 74-year-old woman,  
28 and at that time she also -- he wasn't on any  
29 medication, you know, so that's one of the wee things I

1 want to clear up.

2 269 Q. Yes. So he wasn't on medication before his admission  
3 to Muckamore?

4 A. He may have been on something light, but he wasn't on  
5 the, you know -- he was like a zombie nearly when you 14:38  
6 came up to see him.

7 270 Q. When you say something like -- do you mean medication  
8 for his behaviour or some other medicine?

9 A. Maybe just some -- you know, I'm not fully sure now I  
10 can say on that, but he was on something maybe light, 14:38  
11 you know.

12 271 Q. Yes.

13 A. Only when he was starting to play up a little bit, but  
14 I couldn't really say he was playing up because he  
15 wasn't being supervised, you know. You need 14:39  
16 supervision for all kids, it doesn't matter if they  
17 have special needs or not.

18 272 Q. Yeah. Yeah. Does he -- would you suffer from boredom?  
19 Does he need interaction with other people or  
20 activities? 14:39

21 A. Well, when he was being supervised and taken places  
22 with my mother and father, he was fine. It was great.  
23 He wasn't in any bother. You know he was out on the  
24 bike, he was able to go to the park on his own, you  
25 know, and he was full of life. 14:39

26 273 Q. Yeah. Yeah. Okay.

27 A. You know. Anybody would be bored if they were just the  
28 same day routine, you know, up in Muckamore like.

29 274 Q. Yes. And can you tell us, has there been any impact of

1 the lockdown on your ability to be able to see and  
2 visit?

3 A. Well, there's two things. We weren't able to see him  
4 at lockdown because of Covid and then also personally  
5 for myself I didn't want to go up there in case anybody 14:39  
6 thought I was getting information for, you know, for  
7 this here Inquiry.

8 275 Q. Okay.

9 A. So I haven't been there. And I wanted to get this out  
10 of the way first before I could see if it was okay to 14:40  
11 visit him, you know.

12 276 Q. Okay. So you didn't want to risk going and visiting  
13 your nephew in case -- can you just explain that just a  
14 bit more so the Inquiry understands?

15 A. Well I didn't want to like, you know it was probably 14:40  
16 like, you know, if it was a different court case, you  
17 know, you'd be sitting thinking that you don't want to  
18 be talking to a witness to get information. You know  
19 I wanted to just base my information on what the past  
20 is before this came out, you know. 14:40

21 277 Q. And did you think that somebody at the Hospital might  
22 say something to you about the Inquiry?

23 A. Well, you know, I don't know, you know, because I think  
24 my mum did try to get a couple of visits, you know even  
25 when Covid was on, and it wasn't forthcoming like, you 14:40  
26 know. So... I am not saying there would have been, but  
27 I just didn't want to be seen as, you know, trying to  
28 get extra information.

29 278 Q. Okay. And you know you've mentioned -- you mentioned

1 that your sister, your late sister had, on balance,  
2 your memory or recollection is that she had a  
3 reasonably positive experience, or certainly that was  
4 your impression at the time?

5 A. She had a reasonably positive experience. But, you 14:41  
6 know, when you're talking about going up and seeing her  
7 in the part there where they're all sectioned, you  
8 know, it's not positive really, you know, because  
9 you're still coming out of it and it is -- you know  
10 your sister is in a lock-up. 14:41

11 279 Q. Yes, of course.

12 A. It's not called a lock-up, you know, for nothing, like.

13 280 Q. Yeah. Yeah. But when she moved into the cottage?

14 A. She moved into the cottage you seen a different person,  
15 so you did, you know. 14:41

16 281 Q. Yeah. Yeah. Okay. Okay. And maybe it's worth giving  
17 you the opportunity just to explain it, if you want to  
18 add anything to it, but I know you had said that your  
19 mother had suspicions around your sister's death and  
20 that time. Is there anything you want to add? 14:42

21 A. Well, you know, my mum mentioned that to me. She just  
22 thought there was something -- we didn't get the full  
23 story. They didn't say what she passed away with, you  
24 know, and 53 wasn't -- it's not that old, you know, and  
25 she didn't really seem to have a big pile of health 14:42  
26 scares, you know, apart from her mental health and  
27 smoking.

28 282 Q. Yeah. Yeah.

29 A. So my mum wasn't happy with, you know, the situation.

1 I think she did ask, you know, what happened to her,  
2 you know? She wasn't happy. She thought, you know,  
3 she is an older woman, she thought there was something  
4 suspicious on it, you know.

5 283 Q. Did she ever get any satisfactory explanation? 14:42  
6 A. She never got no clarification on what even she passed  
7 away with.

8 284 Q. Okay.  
9 A. But she had her suspicions, you know.

10 285 Q. We need to just take it back there. You just mentioned 14:43  
11 your sister's name. It's okay. We'll just take out  
12 your sister's name. Don't worry.  
13

14 [Short pause in proceedings]  
15 14:43

16 286 Q. Okay. So I was asking you just about whether or not,  
17 you know, you had -- your mum or you got satisfactory  
18 answers about the circumstances of your sister's death?

19 A. No. No, we didn't get a satisfactory answers to her  
20 passing away or what happened. 14:43

21 287 Q. Okay.  
22 A. Or even why she died.

23 288 Q. Yeah. Okay. And what do you -- I mean what do you  
24 understand? Like what was the official cause of death?

25 A. Well, we don't believe we were told what the official 14:43  
26 cause was. You know it was -- I think my mum felt it  
27 was covered up a wee bit, like, it wasn't "oh she, she  
28 was just found".

29 289 Q. We'll just stop there.

1 A. Oh, sorry.

2

3 [Short pause in proceedings]

4

5 CHAIRPERSON: I think this is quite speculative. 14:44

6 MR. McEVOY: Yes, it is. Is there anything else you  
7 would like to say about the care of your sister or your  
8 nephew at Muckamore?

9 A. Well, I'd probably just like to say that hopefully  
10 there could be changes maybe in his medication and 14:44  
11 maybe his quality of life, he'd maybe get a few more  
12 activities, and hopefully there's -- maybe this Inquiry  
13 comes some kind of body that he feels like he can talk  
14 to, that's not in-house, or the same as ourselves, you  
15 know, we're -- like because I couldn't go to a social 14:44  
16 worker in my life again, I just, I just definitely  
17 couldn't, you know, because I think it should have been  
18 addressed.

19 290 Q. Have you ever heard of an organisation called the RQIA?

20 A. No. 14:45

21 291 Q. Have you ever heard of an organisation called the PCC  
22 or the Patient Care Council?

23 A. No.

24 MR. McEVOY: Okay. It may be that the members of the  
25 Inquiry have some questions for you. 14:45

26

27 END OF EXAMINATION BY MR. McEVOY

28

29

1 PATRICK, P25' S BROTHER AND P26' S UNCLE, WAS QUESTIONED  
2 BY THE INQUIRY PANEL AS FOLLOWS:

3  
4 CHAIRPERSON: My colleagues -- can I just start, and  
5 then I'll turn to my colleagues? I just want to get an 14:45  
6 idea of timing. When your nephew went into Muckamore,  
7 you say in paragraph 33: "In and around 2011 he was  
8 moved to a place in"... and then -- I did it. I think  
9 that's my first infraction. Sorry.

10  
11 [Short pause in proceedings] 14:45

12  
13 CHAIRPERSON: You say your nephew was moved to a place  
14 and then you mention a place name. You said:

15  
16 "He stayed there for a while and then eventually they  
17 found it too hard to deal with him and they moved him  
18 to Muckamore." 14:45

19  
20 Do you remember what year it was? 14:46

21 A. I'm not good with dates.

22 292 Q. Okay.

23 A. I am taking a guess that it was in or around -- between  
24 2010 and 2012.

25 293 Q. Yeah. Because we know that you say in 2016 or '17 14:46  
26 that's when the head-butting occurred?

27 A. Yeah.

28 294 Q. Now, you also say that the Hospital didn't tell you  
29 about that incident?

1 A. The Hospital? No.

2 295 Q. No. But you say:

3

4 "We had not been told about this incident and my mum

5 said to one of the staff nurses, a couple of months 14:46

6 after my nephew told us about this incident."

7

8 So I just want to understand how did you first find out

9 that your nephew had been head-butted?

10 A. Eh, my nephew told us. Oh, sorry. My nephew told us. 14:46

11 296 Q. Right. Sorry. We'll sort that.

12 A. Sorry. Sorry.

13 297 Q. We have all done it now.

14

15 [Short pause in proceedings] 14:47

16

17 CHAIRPERSON: okay. so he told you?

18 A. Yeah.

19 298 Q. Do you know how long after the incident?

20 A. I'm not sure. 14:47

21 299 Q. Was it within days or was it later than that?

22 A. It's because it's a good while ago, I can't really say

23 for sure.

24 300 Q. All right. But nobody from the Hospital called you and

25 said "look, you need to know that your nephew has been 14:47

26 injured"?

27 A. Nobody told us that from the Hospital.

28 301 Q. Did he have an injury as a result of the head-butting?

29 A. Well, possibly, because I'm not sure of the timeline.

1 It could have been a couple of weeks before I was up  
2 there, because I live a good distance away from him,  
3 but I do know, the same as any -- most people, a  
4 head-butt is a serious injury. It's a serious --  
5 302 Q. But you can't recall did you see an injury on him or 14:47  
6 not?  
7 A. No.  
8 303 Q. No. All right.  
9 DR. MAXWELL: Can I just go back to when he was first  
10 admitted. So after the court case he was taken out of 14:48  
11 your mother's care. Did he go to Muckamore straight  
12 from the court case?  
13 A. No, he went to Magherafelt. It was like a period of --  
14 a period of time. It wasn't just right away, it was --  
15 there was a bit of time, because I believe there was 14:48  
16 something else, maybe, some small incident after that  
17 and the family just believed -- I think it was the  
18 family believed that he couldn't be looked after, you  
19 know.  
20 304 Q. So after the court case, did he go home or did he go 14:48  
21 straight to this other care facility?  
22 A. No, he went home.  
23 305 Q. So he went home after the court case?  
24 A. Yeah.  
25 306 Q. And then things got a bit more difficult and he was 14:48  
26 admitted to a care facility?  
27 A. Yeah. well, I think it was, it was just -- it was a  
28 needs related thing with my mum not being able to  
29 supervise him.

1 307 Q. Yeah. No, no, that's fair enough. So then that wasn't  
2 working, and so was there a discussion with you about  
3 -- with the family about moving him to Muckamore, or is  
4 it a decision that other people took?  
5 A. It was a decision that other people took. It was out 14:49  
6 of our hands.  
7 308 Q. And then all the time he's been in Muckamore has there  
8 ever been any discussion about trying to move him to  
9 another supported living or care home facility?  
10 A. There's been no discussion at all. Definitely not. We 14:49  
11 probably would have loved to have seen him in like  
12 something the same as my sister.  
13 309 Q. Yeah.  
14 A. You know. Because it was day and night when you seen  
15 them in two different places. As I said there in one 14:49  
16 of the statements there was when I was up visiting  
17 there was an older bigger patient and he was very  
18 frightening so he was. I felt unsafe when he was  
19 there. He was huge.  
20 DR. MAXWELL: Okay. Thank you very much. 14:49  
21 A. No problem.  
22 PROF. MURPHY: Yes, I wanted to ask you also about that  
23 time when he was a teenager and things started getting  
24 difficult.  
25 A. Yeah. 14:50  
26 310 Q. Because of sexual difficulties, which are not uncommon  
27 in men with learning disabilities.  
28 A. Yes.  
29 311 Q. Was he ever referred to a psychologist for help with

1           that?

2           A.    No.

3 312 Q.    And, so, later on after the court case, was he referred  
4           to a psychologist for help?

5           A.    No. 14:50

6 313 Q.    So he has never been offered psychological treatment  
7           for that?

8           A.    Not as far as I can recall.

9 314 Q.    Not even when he was in Muckamore?

10          A.    I don't believe so. I believe what he was given was 14:50  
11          stronger tablets. You know. It's just he -- to slow  
12          him down a little bit.

13 315 Q.    Because it sounds as though they were treating it with  
14          medication but not with cognitive behaviour therapy?

15          A.    Well from what I believe, and a thing I can remember is 14:51  
16          that in around the time he started playing up a bit  
17          when he was 15 with the sexual stuff, I think that's  
18          when he was given medication from the doctor, you know,  
19          from his own doctor. And I think that was to slow him  
20          down a little bit. 14:51

21 316 Q.    Yeah. And was the aim of that medication, do you  
22          think, supposedly to reduce his sexual urges? Was that  
23          what they were trying to do?

24          A.    Well, I would believe so.

25          PROF. MURPHY: Yes. Okay. Thank you. 14:51

26          CHAIRPERSON: And, sorry, I meant to ask you this: He  
27          is still there now?

28          A.    He is still there.

29 317 Q.    And when did you last see him?

1 A. It was before -- before Covid. And also, as I said to  
2 the barrister there that I didn't feel -- I didn't want  
3 to compromise this Inquiry by going up there.

4 318 Q. All right. Well please don't worry about that, you're  
5 perfectly entitled to go and see him. So the last time 14:51  
6 you saw him would be what, a couple of years ago?

7 A. A couple of years ago, maybe coming near three years  
8 maybe.

9 319 Q. And even then did he seem to you to be medicated?

10 A. Oh, definitely. Without a doubt. Every time you seen 14:52  
11 him he was medicated.

12 320 Q. And how does that show itself? How do you realise that  
13 he is medicated?

14 A. Well, slow of speech, you know, no excitement. Slow --  
15 everything is, you know like even when he is walking, 14:52  
16 you know, and his eyes. Probably why I would recognise  
17 it more is because years back myself I was on  
18 medication for depression, so I would be familiar with  
19 the --

20 321 Q. Yes. All right. And no one -- has anyone ever 14:52  
21 explained to you what his medication is or what they're  
22 trying to do with him?

23 A. Nobody has ever explained that to us, and probably my  
24 big thing that I'm talking about is, my mum was able to  
25 look after him really with no medication when she was 14:52  
26 an old woman, and these people here, you know, some of  
27 them do judo and stuff, you know. He's not a threat  
28 like. It was the sexual thing was the biggest thing,  
29 and he only done that kind of stuff when he wasn't

1 supervised, you know.

2 CHAIRPERSON: Yes. Anything else? No.

3

4 END OF QUESTIONING BY THE INQUIRY PANEL

5

14:53

6 CHAIRPERSON: Anything else, Mr. McEvoy?

7 MR. McEVOY: There might just be one matter arising  
8 just from that question and also from Prof. Murphy's  
9 question.

10

14:53

11 FURTHER EXAMINATION BY MR. McEVOY

12

13 322 Q. MR. McEVOY: Patrick, just in your statement, you know  
14 towards the end of your statement you said pretty  
15 clearly that your nephew is not a danger or a sexual  
16 threat to anyone now. Is that your opinion or has  
17 someone said that to you?

14:53

18 A. It's my opinion because he has slowed down and I think,  
19 you know, with the medical staff that's there I believe  
20 they're all trained to subdue him within seconds.

14:53

21 323 Q. Okay. And that's more on the danger side of things.  
22 Just in terms of the sexual threat, is there a reason  
23 why you think you can say that?

24 A. Well --

25 324 Q. That that's not there any more?

14:54

26 A. Probably because of the medication.

27 325 Q. Yeah.

28 A. That's what I think, and from my own experience, from  
29 depression years ago when I was on medication for a

1 while, that's how I felt, you know, wasn't really  
2 amorous.

3 MR. McEVOY: Okay. Thank you very much indeed. Thank  
4 you.

5 A. No problem. 14:54

6

7 END OF FURTHER EXAMINATION

8

9 CHAIRPERSON: All right. So can I thank you very much  
10 for coming on to tell us about your sister and your 14:54  
11 nephew.

12 A. That's great. Thank you very much.

13 CHAIRPERSON: It's been really helpful. I know it's  
14 difficult to do this, so we are very grateful to you,  
15 so thank you. 14:54

16 A. Well, thank you for listening to me, and hopefully we  
17 will get a wee change.

18 CHAIRPERSON: Hopefully we will. Thank you.

19 A. Thank you.

20 CHAIRPERSON: All right. If you would like to go with 14:54  
21 the Secretary to the Inquiry.

22

23 THE WITNESS THEN WITHDREW

24

25 MR. McEVOY: Chair, I have a note that we missed the 14:55  
26 witness give P26's name at approximately 2:40p.m. and  
27 the feed wasn't stop, and the transcript will need to  
28 be redacted. So I'll ensure --

29 CHAIRPERSON: will you have a word afterwards. Thank

1 you. I am sorry. I missed that as well.

2 MR. McEVOY: I just want to make sure that that's  
3 noted. I think it was sort of a dynamic exchange  
4 anyway so it's in the nature of these things. Chair,  
5 members of the Panel, that concludes the evidence for 14:55  
6 today.

7 CHAIRPERSON: And then we've got two witnesses  
8 tomorrow. Well certainly one of whom is likely to be  
9 quite long.

10 MR. McEVOY: Two witnesses tomorrow. Yes, they are 14:55  
11 both patients.

12 CHAIRPERSON: And I think it's likely in relation to  
13 the first witness tomorrow that I am going to have to  
14 make a full restriction order, just to warn anybody in  
15 here, but also in Hearing Room B. It is likely we will 14:55  
16 have to close Hearing Room B I think. So apologies  
17 again. All right.

18 MR. McEVOY: Thank you very much.

19 CHAIRPERSON: Thank you very much. Thank you,  
20 everybody, 10:00 o'clock tomorrow, please. 14:55  
21

22 THE INQUIRY WAS THEN ADJOURNED TO TUESDAY, 27TH  
23 SEPTEMBER 2022 AT 10:00 A.M.  
24  
25  
26  
27  
28  
29