

PRIVATE & CONFIDENTIAL

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

HEARD BEFORE THE INQUIRY PANEL  
ON WEDNESDAY, 28TH SEPTEMBER 2022 - DAY 16

Gwen Malone Stenography  
Services certify the  
following to be a  
verbatim transcript of  
their stenographic notes  
in the above-named  
action.

GWEN MALONE STENOGRAPHY  
SERVICES

16

## APPEARANCES

CHAIRPERSON: MR. TOM KARK KC

INQUIRY PANEL: MR. TOM KARK KC - CHAIRPERSON  
PROF. GLYNIS MURPHY  
DR. ELAINE MAXWELL

COUNSEL TO THE INQUIRY: MR. SEAN DORAN KC  
MS. DENISE KILEY BL  
MR. MARK McEVOY BL  
MS. SHIRLEY TANG BL  
MS. SOPHIE BRIGGS BL  
MR. JAMES TOAL BL

INSTRUCTED BY: MS. LORRAINE KEOWN  
SOLICITOR TO THE INQUIRY

SECRETARY TO THE INQUIRY: MS. JACLYN RICHARDSON

ASSISTED BY: MR. STEVEN MONTGOMERY  
MS. KAREN MCGUIGAN  
MS. FINOLA FRIEL

FOR ACTION FOR MUCKAMORE &  
SOCIETY OF PARENTS AND  
FRIENDS OF MUCKAMORE: MS. MONYE ANYADIKE-DANES KC  
MS. HELENA WILSON  
MR. STEPHEN McQUITTY

INSTRUCTED BY: PHOENIX LAW SOLICITORS

FOR GROUP 3: MR. CONOR MAGUIRE KC  
MS. VICTORIA ROSS

INSTRUCTED BY: O'REILLY STEWART SOLICITORS

FOR BELFAST HEALTH &  
SOCIAL CARE TRUST: MR. JOSEPH AIKEN KC  
MS. ANNA McLARNON BL  
MR. MATTHEW YARDLEY BL  
MS. LAURA KING BL

INSTRUCTED BY: DIRECTORATE OF LEGAL SERVICES

FOR DEPARTMENT OF HEALTH: MR. ANDREW MCGUINNESS BL  
MS. EMMA TREMLETT BL  
MRS. SARA ERWIN BL

INSTRUCTED BY: DEPARTMENTAL SOLICITORS  
OFFICE

FOR RQIA: MR. MICHAEL NEESON BL  
MR. DANIEL LYTTLE BL

INSTRUCTED BY: DIRECTORATE OF LEGAL SERVICES

FOR PSNI : MR. MARK ROBINSON KC

INSTRUCTED BY: MR. COLIN HANNA  
DCI JILL DUFFIE

COPYRIGHT: Transcripts are the work of Gwen Malone  
Stenography Services and they must not be photocopied or  
reproduced in any manner or supplied or loaned by an  
appellant to a respondent or to any other party without  
written permission of Gwen Malone Stenography Services

I N D E X

WITNESS	PAGE
<u>HELEN - P28' S MOTHER</u>	
EXAMINED BY MS. KILEY .....	8
QUESTIONED BY THE INQUIRY PANEL.....	80
<u>ROBERT - P28' S FATHER</u>	
EXAMINED BY MS. KILEY .....	87
QUESTIONED BY THE INQUIRY PANEL .....	116

1 THE INQUIRY RESUMED ON WEDNESDAY, 28TH SEPTEMBER 2022  
2 AS FOLLOWS:

3  
4 CHAIRPERSON: Thank you very much. I am sorry for the  
5 short delay, but the witness wanted a little bit of 10:17  
6 time. Could I just mention two things before we start.  
7 I am sorry to say that tomorrow afternoon's witness is  
8 unwell - it's not a Covid related issue, it's something  
9 else - and so it is unlikely we're going to be able to  
10 sit tomorrow afternoon because we don't have other 10:17  
11 evidence that we can put in place, but tomorrow morning  
12 we hope will be effective.

13  
14 Could I also just mention it is particularly important  
15 with the witnesses that we have today, that you have 10:17  
16 your phones on silent. No dings, please. Preferably  
17 on airplane mode if you can bear it, but at least on  
18 silent. Thank you very much. Okay.

19 MS. KILEY: Chair, may I mention a couple of  
20 housekeeping matters before the witness comes in? 10:18

21 CHAIRPERSON: Yes.

22 MS. KILEY: So the witness is on the schedule as the  
23 mother of former patient P28. She wishes to be known  
24 by her first name, which is Helen. The patient,  
25 Helen's son, will also be known which his first name, 10:18  
26 which is Danny, and there will also be mention I think  
27 in this morning's evidence to this witness's husband,  
28 who himself is due to give evidence this afternoon, and  
29 he will be known as Robert. One of the things I wanted

1 to mention is that this witness will be accompanied by  
2 two people in the room. So sitting beside her in -- at  
3 the witness table --

4 CHAIRPERSON: Hold on a second. Yes. Sorry, continue.

5 MS. KILEY: Sitting beside the witness at the witness 10:18  
6 table will be the Reverend Colin Taylor, who knows that  
7 his role is a supporting one and that he isn't to  
8 intervene in evidence. But the witness has also asked  
9 that her husband sit at the table beside the Secretary  
10 to the Inquiry by way of support. 10:19

11 CHAIRPERSON: Okay. So obviously in normal court  
12 proceedings one would not have witnesses in the room  
13 when another witness is giving evidence. These are not  
14 court proceedings, this is an Inquiry, and we are  
15 entitled to take whatever seems to be the best course 10:19  
16 with any particular witness and there's no reason why  
17 we can't do that.

18 MS. KILEY: Yes.

19 CHAIRPERSON: I also understand that the witness -  
20 certainly the first witness - may need regular breaks. 10:19

21 MS. KILEY: About every 20 to 30 minutes, Chair. So we  
22 will keep an eye on it. But that there should be  
23 pretty regular breaks throughout this evidence.

24 CHAIRPERSON: No problem with that. Okay. One other  
25 thing to mention, which I am sure you've noted and 10:20  
26 people who have been following will have noted, the  
27 photographs that have been uploaded to Box are pretty  
28 difficult to view, and I think you've arranged that we  
29 can get better photographs at least on to the screens.

1 MS. KILEY: Yes, we're going to call them up on the  
2 screens. Now, unfortunately not every photo is  
3 compatible with the screens, we're not able to call  
4 them up, so we're going to use a mixture of electronic  
5 copies and hard copies, but I will call them up by 10:20  
6 their exhibit reference number whenever we're ready to  
7 deal with them.  
8 CHAIRPERSON: Okay.  
9 MS. KILEY: And the final thing to say, Chair, is that  
10 both these witnesses are Core Participants and they're 10:20  
11 represented by O'Reilly Stewart.  
12 CHAIRPERSON: Right. Thank you very much. And,  
13 finally, there is no special restriction being asked  
14 for --  
15 MS. KILEY: No, not at this stage, Chair. Now this 10:20  
16 first witness has indicated she is willing to try and  
17 give her evidence in open forum, and she has flagged  
18 that she may find difficulties with others being in the  
19 room, but if that's the case she will indicate that to  
20 us and we'll take a a break and take it from there, but 10:21  
21 she is going to try in the first instance.  
22 CHAIRPERSON: That's fine. And no reason why Hearing  
23 Room B should not be open?  
24 MS. KILEY: No.  
25 CHAIRPERSON: okay. Thank you. 10:21  
26  
27  
28  
29

1 HELEN, P28' S MOTHER, HAVING BEEN SWORN, WAS EXAMINED BY  
2 MS. KILEY AS FOLLOWS:

3  
4 CHAIRPERSON: Thank you. Can I just welcome you to the  
5 Inquiry and thank you very much for coming along today. 10:23  
6 I know how difficult this is for you. And if you need  
7 breaks, all you need to do is to say so.

8 THE WITNESS: Thank you.

9 CHAIRPERSON: I would also say this: Every witness  
10 finds the first three minutes nerve-wracking and then 10:23  
11 it just goes. It's magical. So don't worry if you are  
12 nervous now. I have never in 35 years known a witness  
13 who isn't nervous, but all we want you to do is tell us  
14 about Danny, and we're going to start with Ms. Kiely  
15 actually reading through your statement. If you need a 10:23  
16 break at any stage at all, just put your hand up and  
17 let me know. All right?

18 THE WITNESS: Thank you.

19 CHAIRPERSON: Okay. Ms. Kiley.

20 MS. KILEY: Good morning, Helen. 10:23

21 A. Good morning.

22 1 Q. You should have in front of you a black ring-binder  
23 that has your statement of evidence in it. Have you  
24 got that?

25 A. Yes. 10:24

26 2 Q. So as the Chair said, the first thing I'm going to do  
27 is read your statement into the evidence aloud. Okay?  
28 So after we do that, I will then ask you some questions  
29 about it, but, for now, all you need to do is listen to



1 me read it. Now, you will notice that in your  
2 statement some names have been redacted and replaced  
3 with a cipher, so that's some staff names and they've  
4 been replaced with a cipher that starts with the letter  
5 H and has some numbers beside it, and to help you 10:24  
6 follow that, you should also have a cipher list in  
7 front of you. Have you got that?

8 A. Yes, thank you.

9 3 Q. Okay. So as you know, I'm not going to be saying their  
10 names, I'll refer to them by their number, and in your 10:24  
11 evidence, if you want to refer to them I would ask you  
12 to do the same. Okay.

13 A. Thank you.

14 4 Q. So are you ready for me to read the statement, Helen?

15 A. I am. 10:24

16 5 Q. Thank you.

17

18 "I, Helen, make the following statement for the purpose  
19 of the Muckamore Abbey Hospital, MAH, Inquiry. In  
20 exhibiting any documents, I will use my initials H. So 10:25  
21 my first document will be H1.

22

23 My connection with MAH is that I am a relative of a  
24 patient who was at MAH. My son, Daniel, known as  
25 Danny, was a patient at MAH. I attach two photographs 10:25  
26 of Danny taken on 19th April 2014 at H1 and H2."

27

28 CHAIRPERSON: should we not just be using H in the  
29 circumstances?

1 MS. KILEY: Yes. Yes. Perhaps that's better.

2 CHAIRPERSON: we can sort the transcript out later.

3 MS. KILEY:

4

5 "...on an outing to the shops and prior to his 10:25  
6 admission to MAH. I also attach a photograph of my  
7 husband, Bob, with Danny in our home at H3. The  
8 relevant time period that I can speak about is between  
9 January 2017 and 18th February 2019."

10

10:26

11 Now, Helen, I'm going to pause there because when we  
12 met this morning, you highlighted to me that that  
13 reference in paragraph 5 to "January" should in fact  
14 read February 2017. Is that right?

15 A. Yes. Daniel was admitted to Muckamore on the 14th 10:26  
16 February.

17 6 Q. Okay. Thank you. So I will read what should be the  
18 corrected version of that sentence then. So:

19

20 "The relevant time period that I can speak about is 10:26  
21 between February 2017 and 18th February 2019.

22

23 I have four children, three boys and a girl. Mike,  
24 Danny, Ben, Naomi - Dotty. I had four children in  
25 four-and-a-half years. 10:26

26

27 Danny was born in 1987 and is the eldest of twins.  
28 Danny and Ben were premature. They were born at 26  
29 weeks as I found it very difficult to carry full term.

1 We were over the moon with the twins, especially as we  
2 had previously lost a baby. We discovered that they  
3 were disabled when they were around 18 months old. Ben  
4 was starved of oxygen at birth and his heart and lungs  
5 collapsed at three days old.

10:27

6  
7 Danny was older and initially the stronger of the  
8 twins, but he took a turn for the worse at around three  
9 weeks old.

10  
11 We always knew that Ben was very sick. We thought that  
12 we would lose him and we prepared ourselves for that.  
13 We got a phone call and rushed to the hospital thinking  
14 that we were indeed losing Ben. However, when we got  
15 there, we found out that Danny had developed  
16 septicaemia. They were both very sick and Bob's dad  
17 very kindly got the grave sorted in the event that they  
18 died.

10:27

10:27

19  
20 They were diagnosed as having disabilities when they  
21 were around 18 months old. I was pregnant again by  
22 that stage with our daughter Naomi - Dotty. I was over  
23 the moon with Dotty, a little girl that I could pamper.

10:28

24  
25 Ben was having fits due to the starvation of oxygen at  
26 birth. Danny was cross-eyed and could never focus. He  
27 couldn't sit up properly and didn't meet his  
28 milestones.

10:28

1 We eventually received a diagnosis of cerebral palsy,  
2 brain damage, sight impairment and epilepsy.

3  
4 Danny would have grand mal seizures. He would go blue  
5 and his heart would stop. We struggled through those 10:28  
6 years with four tiny kids, two of them disabled. We  
7 had very little help and support, especially as Bob's  
8 mum had been diagnosed by that stage with terminal  
9 cancer. It felt like a constant fight to get help.

10  
11 Danny couldn't really walk properly so he was in a  
12 wheelchair for a long time. There were social issues  
13 with that. People would say "Why don't you get him out  
14 of the buggy?".

15  
16 We got some support from Carrickfoyle and the Me Too  
17 Club, which helped our other children to understand the  
18 disabilities. We even took the children to Disney Land  
19 around that time in 1997, where Danny met the real  
20 Barney and was given a little stuffed Barney by him. 10:29  
21 Those are special memories.

22  
23 We laugh when we think back to the plane journeys with  
24 the four kids, but we managed it. Sadly, it was the  
25 only time we were able to take the children abroad and 10:29  
26 so it was very special for us all.

27  
28 When Danny was ten years old, he had major surgery on  
29 his legs and feet to help him to walk. He had the

1 bones broken in his feet and legs and bone grafts from  
2 his hips. He now wears Pedro boots to help with his  
3 mobility. It is quite important that he wears those  
4 boots. We have been through a lot to get him mobile.  
5 It has taken its toll. Obviously, looking after 10:30  
6 disabled kids is challenging.

7  
8 Danny had to leave Carrickfoyle at the age of 10 years  
9 old. We had to look after a disabled child after  
10 surgery and he was still in his plastercasts. There 10:30  
11 was a rule that it was only up to the age of 10 years,  
12 and despite the situation post-surgery, they could not  
13 change that. We felt abandoned as they were a vital  
14 help and we could even ring them in the middle of the  
15 night for support, so we missed them very much. 10:30

16  
17 Eventually, we got a fantastic opportunity from Ards  
18 TRC when Danny left school. Danny was there from the  
19 age of 19 years old until he was 29 years old. They  
20 were like an extended family. It is a daycare centre 10:30  
21 but we still called it "school". Danny went there  
22 every day. It was safe and secure and Danny loved it.  
23 He was very happy there.

24  
25 You could turn up during the day to see what Danny was 10:31  
26 doing and you were made to feel very welcome. We could  
27 drop in for coffee and a chat and just stand and watch  
28 him to see what he was up to.

29

1 Danny loved relaxing in the evenings at home and we had  
2 good quality family time. We could go for walks in the  
3 summer, to the beach or forest, or to the shops. Danny  
4 loved to help with the groceries. Danny loved music  
5 and singing. My husband and I can both play 10:31  
6 instruments and Danny enjoyed this time.

7  
8 Danny had a bedtime routine. He would wind down with  
9 music, a shower, PJs, and sometimes a hot chocolate  
10 with marshmallows to help Danny sleep. 10:31

11  
12 Danny would go to bed with his favourite toys,  
13 including Barney and Tigger, and we would sing the  
14 Barney song. I treasure those special memories as I  
15 know they will never happen again. 10:32

16  
17 My husband, Bob, has not been well for a number of  
18 years. He has had heart problems, angina, and what was  
19 thought to be meningitis which gave him bad headaches.  
20 He had several heart incidents which they thought were 10:32  
21 attacks, so he had to have stents fitted. He had  
22 problems with his spine where his vertebrae began to  
23 crumble. He was losing his balance and was falling  
24 over. He had problems with his vision and his hands.  
25 There were a lot of issues in our lives. I had Bob to 10:32  
26 look after and Danny.

27  
28 Bob had to have extensive surgery on his spine and he  
29 took time off work for his illness and recovery. He

1 has never been able to return to work. He still has a  
2 lot of mobility problems. He was in a wheelchair for a  
3 while. We are both now disabled as I now have mobility  
4 problems and fibromyalgia.

10:32

5  
6 Danny would go to school but would come home every  
7 evening and weekends. I was having to get help in the  
8 house because it was a lot to handle. Dotty and Mike  
9 had to help out a lot. Ben moved out into supported  
10 living and is married now.

10:33

11  
12 We managed as a family for a period of time. However,  
13 just prior to Bob's surgery we got to a stage where we  
14 felt we couldn't manage Danny's needs properly. There  
15 were mornings when I was literally crawling to get  
16 ready because I was in so much pain due to my  
17 fibromyalgia. We wanted to care for him at home, but  
18 we couldn't do it physically. We had to think of  
19 Danny's future and make sure he was looked after  
20 properly, and by that stage Mike and Naomi wanted lives  
21 of their own. They wanted their own families.

10:33

10:33

22  
23 We made the painful decision to contact Social  
24 Services. We needed help as Bob was having the  
25 surgery. We wanted Danny somewhere safe and secure.

10:33

26  
27 Initially, we dealt with H149 from Social Services.  
28 She is a senior social worker, and H146 is in that  
29 position now.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

There were options for Danny but they weren't very good. They were very noisy, and one was in Downpatrick. It alarmed us about the options because Danny came from a quiet home and he liked quiet due to his autistic tendencies. 10:34

We went to view Facility A in Donaghadee close to our home and saw that there were only four residents. There were pets, a rabbit, and a cat, and we thought that it was brilliant. We have a cat and Danny likes animals. We got a care plan together that was quite extensive and it included a great deal of input from Ards TRC, which was important for the long-term plan for Danny. They knew him and they were like an extended family. We felt that the care plan had been extensively worked through. It was a slow transfer from September 2014 onwards and Danny moved permanently in January 2015. Part of me was relieved because I could focus on Bob. He had to go to Dublin for his surgery in the March and a lot of my attention was on that. 10:34

Danny was in Facility A for approximately two years. There were red flags from the start. Things like dirty bathrooms. You couldn't put your finger on it, but you knew it wasn't what you expected it to be. It should have been better care than he had at home. They were the trained professionals, but it wasn't, it was 10:35



1 supposed to be safe. Over time, we realised it wasn't.

2  
3 There was a time when Danny turned up to daycare at  
4 Ards TRC with a big black eye. It was passed off that  
5 he might have done it to himself, but he had never had 10:35  
6 an injury like that before. We took him to the  
7 Hospital. That was alarming and a shock. I don't know  
8 how he got the injury. It looked really bad.

9  
10 He also showed up with his Pedro boots on the wrong 10:36  
11 feet. I couldn't understand how professionals don't  
12 know how to put them on. That was picked up by Elaine  
13 and Carrie in Ards TRC. Other times he turned up in  
14 dirty clothes. He was even in a lady's size 20 lilac  
15 top on one occasion. He was normally cleaned to an 10:36  
16 inch of his life and I had always made sure of that  
17 even when I was in excruciating pain. He had lovely  
18 clothes. I always made sure he looked and smelt nice,  
19 and Ards TRC can verify that.

20 10:36  
21 The bathroom at Facility A wasn't clean. They were  
22 even using other tenants' towels and there was no  
23 privacy.

24  
25 Another tenant sat in her wheelchair at Danny's door. 10:36  
26 There was cat mess left and not cleaned up.

27  
28 When we took Danny out he stank of urine and had faeces  
29 in his delicate areas. Ards TRC also flagged up these

1 concerns. I explained to the care staff that this  
2 would burn him there. Sometimes they did not give him  
3 his epilepsy medication, which was very concerning for  
4 us.

5  
6 I complained to Social Services and said I was not  
7 happy at all. We went to meetings at the care  
8 providers' offices, which were upstairs, and hard on  
9 Bob and myself to access due to our disabilities.

10 There was no privacy there either and it was an open  
11 plan space. The Secretary was part of our church and  
12 she could hear everything. Some of the care workers we  
13 were discussing were also in our church, which caused  
14 us difficulties and socially damaged our family. We  
15 don't go to that church anymore as they made it  
16 impossible for us to stay.

17  
18 It was a direct result of the connection with the care  
19 home and the stress that we were being put through. We  
20 raised the issues, but they were brushed aside and we  
21 were not listened to.

22  
23 We found out that Facility A had called the police out  
24 because of Danny's behaviour a few times. Danny was  
25 always very good at home, he never so much as knocked  
26 over an ornament. In all the years at daycare, or  
27 after his surgery at home, he had never behaved like  
28 that. I thought that things must be very bad to cause  
29 this. Never once in our lives have we had to call the

1 police for Danny.

2

3 We went up to Facility A and it was horri fic. We went  
4 into the room and everything he had was smashed, all  
5 the things he had treasured from home. We were 10:38  
6 bewildered. It was like he wasn't our child, he was  
7 someone else. His cupboards and drawers were pulled  
8 out and the wood was smashed. His toys were thrown  
9 everywhere. His music player that he loved was smashed  
10 and the police were holding Danny with his arms behind 10:38  
11 his back.

12

13 Danny has the mental age of an 18-month old child.  
14 They were pushing him forward and he nearly fell on his  
15 face. The police officer said "You will need to 10:39  
16 leave", and I said "No, you are the imposter, you  
17 should leave". Bob sat and held Danny. H146 from  
18 Social Services was there and she was like a headless  
19 chicken. She almost seemed to delight in what was  
20 happening. She was pushing us to send him to MAH. Our 10:39  
21 baby was fine when he left our home and in two years  
22 they wanted him locked up. Bob and I said no. We were  
23 told that if the police had to be called again within  
24 48-hours, Danny would have to be sent to MAH.

25 10:39

26 I think he was given sedation but they called the  
27 police again 24-hours later. When we got the call, we  
28 got into the car and tried to get there before the  
29 police arrived. We literally grabbed our child and

1 everything he owned and put him in the car because we  
2 didn't want him to go to MAH."

3  
4 Are you okay for me to continue? If you would like a  
5 break we can break there. 10:40

6 A. I am fine. You can continue.

7 7 Q.

8 "We kept Danny at home and we were promised a care  
9 package by the weekend. They set us up to fail as the  
10 care package never came. We begged them to put the 10:40  
11 care package in place and to bring Danny's hospital bed  
12 down for us. We offered to get it but they refused,  
13 despite the fact that it belonged to Danny, he needed  
14 it for his own safety due to his epilepsy. I believe  
15 that they had no intention for him to stay in our 10:40  
16 house. They wanted him to go to MAH.

17  
18 I went to collect some of Danny's things from Facility  
19 A. The care workers kept changing and the young male  
20 worker there didn't know that Danny had a wheel chair. 10:40  
21 The care plan should have been in his room and they  
22 should have been following it. I was shocked because  
23 the care worker had been working with Danny for a  
24 while. The carer couldn't find the wheel chair and just  
25 said to get him another one. I insisted on finding it 10:41  
26 as it was Danny's and it was suited to his needs. I  
27 eventually found it being used as a clotheshorse in the  
28 sunroom.

29

1 Danny was at home for around two weeks. He was not our  
2 son during this time. He was a monster and I couldn't  
3 reach him. Even Tigger and Barney didn't ease him.  
4 When we tried to hug him, he cowered and put his hands  
5 up to protect himself, like we were going to hit him. 10:41  
6 He was having massive seizures. Bob would put his feet  
7 out to stop Danny coming at him and Danny would try to  
8 bite them. I don't know what they did to my son at  
9 Facility A to make him behave like this. We were  
10 totally overwhelmed and didn't know how best to help 10:41  
11 Danny; we just knew that we didn't want him to end up  
12 in MAH.

13  
14 Bob and I had no sleep for the two weeks. Danny was at  
15 home, but we were both in a lot of pain. Bob was on 10:42  
16 morphine for his back and I had fibromyalgia, and  
17 around that time I had a suspected stroke. I rang  
18 Social Services every day begging for help, for Danny's  
19 bed, and to put the care package in place.

20 10:42  
21 I was frightened Bob was going to have another heart  
22 attack as it was so much pressure on us having Danny at  
23 home. It was very traumatic.

24  
25 Social Services said the care package would be another 10:42  
26 eight weeks, but I said "We won't last another eight  
27 hours". We felt we had no choice but to allow Danny to  
28 be admitted to MAH. We were unable to look after him  
29 at home without the care package. It came to the point

1 of choosing between my son and husband.  
2  
3 I didn't understand what had gone wrong and why Danny  
4 would not settle for us at home. We had made his room  
5 like before. We had tried so hard to make him feel 10:42  
6 safe and, yet, it had not worked. I couldn't  
7 understand why Danny was so different and unreachable.  
8 Why did he attack us and cower from us? We were  
9 covered in bruises and we were exhausted. I barely  
10 remember what went on the night he was admitted to MAH 10:43  
11 except we came home without Danny."  
12  
13 A. Can I have a break, please?  
14 8 Q. Yes. Sure.  
15 CHAIRPERSON: Okay. We will take ten minutes to see 10:43  
16 how that does, but just let me know when you're ready,  
17 and if you can let your colleagues know.  
18 MS. KILEY: Yes. Okay. Thank you.  
19 CHAIRPERSON: Thank you.  
20  
21 THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS: 10:44  
22  
23 CHAIRPERSON: Thank you.  
24 MS. KILEY: Chair, I am also just being told the  
25 witness is having some difficulties hearing you 11:01  
26 whenever you speak, so it may be that your microphone  
27 could come closer to you?  
28 CHAIRPERSON: I won't be saying very much, but I have  
29 got a very soft voice so I'll speak up.

1 A. Thank you very much.

2 CHAIRPERSON: All right. Thank you.

3 MS. KILEY: Okay, Helen, I'm going to resume reading  
4 your statement at paragraph 32.

5 A. Thank you.

11:01

6 9 Q.

7 "Danny did not deserve to be in MAH. The staff at  
8 Facility A were responsible. Danny was abused and  
9 neglected in Facility A. I felt so guilty. I am his  
10 mum and I was supposed to protect him. There were  
11 bruises on him, unexplained bruises. I know they did  
12 it and they did not care for him. The only way he  
13 could communicate it was through wrecking his room.

11:01

14

15 Danny was sectioned and sent to MAH on 14th February  
16 2017. Taking Danny to MAH was like the betrayal of a  
17 deep trust. It is incredibly harrowing to recall all  
18 the months of stress and worry that eventually came to  
19 this point.

11:01

20

21 Compiling this statement has inevitably meant recalling  
22 painful memories. It has had a very detrimental effect  
23 on our health and well-being.

11:02

24

25 As we arrived at MAH we were afraid for our son. They  
26 said it was the best for Danny and for us and that he  
27 would get the treatment he needed. I trusted them. I  
28 didn't know how to fix Danny and I couldn't look after  
29 both Danny and Bob.

11:02

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

The general practitioner was there - I can't recall their name - and H146 from Social Services.

When we got there it was a bit of a blur and there was a lot of focus on the paperwork rather than on Danny. We were told by the doctors, the consultant and the care staff, that Danny would be cared for and that this was the best place for Danny. They gave us a lot of reassurance.

The social workers were really there to hand over care of Danny and get the papers signed. It didn't feel like they were there to support us, but, rather, to relieve themselves of a problem case.

Every night Danny was with us we would sing the Tigger song. Danny would bounce to it and then we would put him in bed, gently turn down the lights, and sing the Barney song: "I love you, you love me, we are a happy family. With a great big hug and a kiss from me to you, won't you say you love me too".

Although this was a big part of Danny's night-time routine, his previous care-givers were less than willing to continue this for him and I wondered if anyone at MAH would hug and kiss Danny that night or sing his songs with his special friends before bed.



1 I have attached a photograph of Bob putting Danny to  
2 bed with Barney at H4.

3  
4 When we left Danny in the bungalow at Facility A we  
5 thought he had a loving home. We had sung in the car 11:04  
6 all the way back to our house as we had felt sure it  
7 was a blessing for us all. In stark contrast to that,  
8 we cried all the way home from MAH as we felt that we  
9 had abandoned our son and failed to protect him.

10 11:04  
11 I could not believe what was happening and I was in  
12 shock as the reality of the situation set in. Bob says  
13 that to this day he feels it has never left him and he  
14 finds hard to choke back the tears.

15 11:04  
16 We went back the next day to take Danny's bedding,  
17 clothes and toys. Danny was on the Cranfield Ward. It  
18 felt alien and intimidating, but we wanted to see Danny  
19 and try to help him as best we could.

20 11:04  
21 His room was small and everything was screwed down.  
22 You couldn't even open a window, and the whole place  
23 felt more like a prison. It was so wrong, but we were  
24 constantly reassured that it was best for Danny. We  
25 made up his bed and sorted things in his room. I put 11:05  
26 some changes of clothes in his wardrobe. It felt like  
27 we were visiting our son in a prison: the security, the  
28 looking of the doors. It felt more like punishment  
29 than the caring treatment we wanted for Danny. We felt

1           like a terrible injustice had been done. He was being  
2           punished for the incompetence at Facility A.

3  
4           We were invited to meetings and these seemed to be on a  
5           monthly basis. We were given a family liaison officer 11:05  
6           - I can't recall her name - and she disappeared after a  
7           while. We never had any private time with her or time  
8           to build a trusting relationship.

9  
10          There was another man who was supposed to be an 11:05  
11          advocate for Danny called H93. He was assigned fairly  
12          late and seemed to be annoyed he wasn't involved from  
13          the start. We didn't know who to trust or, indeed, if  
14          anyone assigned to us could be trusted at all. There  
15          never seemed to be an opportunity to build up trusting 11:06  
16          relationships and there was never any privacy away from  
17          other clinicians and Social Services' representatives.  
18          We never had any private or confidential time.

19  
20          At the meetings, there were various staff members, 11:06  
21          nurses, social workers, the guy in charge of Danny's  
22          care, H40, and H93. Elaine and Carrie came up from  
23          Ards TRC.

24  
25          In these meetings we were able to discuss some of our 11:06  
26          concerns. In the beginning we mainly focused on  
27          behavioural challenges and a few health concerns.  
28          Danny was thought to have dental issues, so there was a  
29          plan of action put in place to deal with that. We

1 asked that continuity of care be paramount, especially  
2 due to the history of distress that Danny had already  
3 endured and because it was a vital part of his care  
4 plan. We asked for him to continue with his own dental  
5 consultant, Brian, but we were told that he had 11:07  
6 retired, which he had not. We often met Brian out for  
7 coffee and he had become a family friend, so we were  
8 shocked with that as a reason. When we questioned  
9 this, we were told that Board boundaries would be  
10 crossed and there would be financial implications. 11:07

11  
12 Danny then ended up going through more traumas at the  
13 Royal Victoria Hospital without us present. Danny  
14 normally went to Down Hospital with us present. We  
15 felt pushed aside and ignored. It felt like the 11:07  
16 patient's needs were less of a priority than financial  
17 boundaries.

18  
19 The other major health issue was seizure control and  
20 this was discussed at the meetings. They were logging 11:07  
21 when he was having fits and seizures, and I was happy  
22 with that. They didn't do that at Facility A.

23  
24 I am sure that Danny had his medications mismanaged at  
25 Facility A, and there is strong evidence to support 11:07  
26 this. It had affected the way the drugs worked for him  
27 and his seizure control was compromised. It meant a  
28 whole change in how his epilepsy was managed from that  
29 point on. It was difficult as parents to keep up with

1 these changes. Often we didn't know what drugs he was  
2 on or the dosage.

3  
4 We had shared a video of when Danny was having a  
5 seizure and how our then 6 year old granddaughter could 11:08  
6 tell when Danny was having a fit. While at the time  
7 the staff at Facility A could not.

8  
9 At MAH, it was clear that Danny needed intervention and  
10 restructuring of the epilepsy management plan, so all 11:08  
11 this meant more changes. Getting the medication sorted  
12 out and getting the fits under control was a vital  
13 priority. Danny had a history of grand mal seizures  
14 that resulted in heart failure when he was very tiny.  
15 All of the care teams and Social Services have been 11:08  
16 informed of this. The mismanagement of the epilepsy  
17 care plan and the failure to maintain correct drug  
18 usage was a major concern to us.

19  
20 I trusted that MAH would ensure this didn't happen. 11:09  
21 However, they changed his medication and we didn't know  
22 what it was. If they were not balanced right it would  
23 affect his behaviour.

24  
25 The monthly meetings went on throughout the time that 11:09  
26 Danny was at MAH. I put a great deal of trust in the  
27 clinicians who were in charge of Danny's welfare. At  
28 no time were we told that Danny had been involved in  
29 the abuse concerns that later came to light. In fact,

1 it was the very opposite, that he was receiving the  
2 very best of care. However, as the months progressed,  
3 I began to see changes that started to flag up red  
4 lights for myself and my husband. Eventually, these  
5 meetings were geared towards Danny's release. 11:09

6  
7 We were told that he would be at MAH for at least six  
8 to eight weeks. We felt we can deal with the six to  
9 eight weeks. In the end, he was there for two whole  
10 years. It was a prison sentence. 11:10

11  
12 There were many lost opportunities during Danny's time  
13 at MAH. Danny was due to be best man at his twin  
14 brother's wedding in February 2017. There were all  
15 sorts of issues with staff, his care, even if he should 11:10  
16 be allowed to go at all. In the end, he missed the  
17 day. He spent it alone in MAH away from his family.  
18 This was, and is, a day tinged with sadness for us. He  
19 is absent from the wedding photos.

20 11:10  
21 Another significant event was Danny's 30th birthday. I  
22 tried to make the best of the bad situation, but Danny  
23 wasn't even allowed a cake.

24  
25 Things had started off okay at MAH. Initially, Bob and 11:10  
26 I were accepted into the ward and could see Danny's  
27 room. At the beginning when we visited Danny it was  
28 more welcoming and the staff let us sit in the dayroom  
29 with him. There, we were able to let him have his

1 music and play with his toys, and we had a level of  
2 interaction. We would encourage him to eat and we  
3 could even walk him to his room. We would change him  
4 or arrange his things in his room. I tried to make the  
5 room homely, but it was impossible. I arranged his 11:11  
6 trucks and spread them out so they looked nice. I  
7 arranged his nappies and toiletries. I put a throw on  
8 his bed and his special friends on his pillow. I tried  
9 to make his room like it was at home. This was really  
10 difficult because it was not normal. It was the best I 11:11  
11 could do, but it still felt like prison.

12  
13 As the weeks and months went on, things began to  
14 change. Things were going the same way as Facility A.  
15 I was living it all over again. It was a long and 11:11  
16 tiring drive from -- your home. Often when we would  
17 get to MAH only to be told we were not allowed on to  
18 the ward or we couldn't visit Danny.

19  
20 We got to know that if there was one particular member 11:12  
21 of staff on duty there was always a reason why we  
22 couldn't get on to the ward. I cannot recall her name  
23 but she was distinctive as..."

24  
25 -- and you describe some distinctive features which I'm 11:12  
26 not going to read out, Helen.

27  
28 "It felt like they simply didn't want us there. They  
29 would bring Danny out to the visitors' room. The

1 visitors' room was totally inappropriate as there were  
2 only seats in there. Danny had toys in his room and we  
3 could engage with him, which made for a better family  
4 visit.

5  
6 Sometimes we were given an alarm to get staff if we  
7 needed them. This shocked us. We were to press the  
8 alarm if Danny attacked us. All I could think of was  
9 the police at Facility A and for that reason we were  
10 never going to press the button. I attach a photograph 11:12  
11 of Danny and me in the visitors' room at MAH at H5.

12  
13 It was very hard to have a good visit with Danny in  
14 these circumstances, and in many ways it was set up to  
15 fail and cause a behavioural incident. We tried to 11:13  
16 last an hour, but it was virtually impossible.

17  
18 Danny needed music, so we tried to play stuff on our  
19 phones. He needed his bricks and toys. But we could  
20 not access them. In the end Bob would sing to him and 11:13  
21 cuddle him and that was pretty much it really.

22  
23 Sometimes we would put our foot down and tell them we  
24 didn't care what they said, we were going to see our  
25 son in his room. I just wanted to know that he was 11:13  
26 okay and safe, after what happened at Facility A, and I  
27 wanted to see for myself.

28  
29 Our family unit was being crushed and shattered. No

1 other relatives felt that they could cope to visit, so  
2 we went alone. On the occasions that we did get into  
3 the unit at Cranfield 1, we were able to play with  
4 Danny. I attach a photo from this time which shows  
5 Danny playing with his toys at H6." 11:14  
6  
7 Helen, I can see you looking at the screens, and I know  
8 the photos...(INTERJECTION)  
9 A. There's a delay.  
10 10 Q. I know they're not up on them yet, but you can see them 11:14  
11 now, can you?  
12 A. Yes.  
13 11 Q. And I will give you an opportunity to tell the Panel a  
14 bit more about those later on in your evidence. Okay?  
15 A. Yes. 11:14  
16 12 Q.  
17 "However, I also found him increasingly difficult to  
18 engage with us and he would look at us with empty eyes.  
19  
20 As time went by there was a definite change in the 11:14  
21 atmosphere. The staff were changing more frequently  
22 and continuity of care was starting to become an issue.  
23  
24 Things that we had taken for our son were now broken or  
25 had gone missing, even though they had been marked with 11:14  
26 his name. I was constantly running after his  
27 belongings.  
28  
29 During this time, Danny's toy Barney went missing. It



1 had been with Danny for 22 years since our trip to  
2 Disneyl and when he met the real Barney, so he was very  
3 special and he was now gone. Someone had replaced  
4 Barney with a giant Tigger, which Danny fell in love  
5 with and he still carries it about with him to this 11:15  
6 day. Someone stole Barney and replaced him, but no one  
7 has ever admitted taking him or acknowledged this. I  
8 know there was CCTV for abuse evidence gathering, I  
9 have asked if the theft of Barney was seen in these  
10 videos, but I am met with strange looks as if it is of 11:15  
11 no consequence, but it is important to Danny and,  
12 therefore, to us.

13  
14 I attach at H7 a photograph of Danny with Barney. I  
15 have attached at H8 Danny's special toys, including 11:15  
16 Barney and Tigger.

17  
18 Things began to get much worse and when we went to  
19 visit Danny he was more and more unkempt. When we were  
20 allowed on the ward we noticed more bruising. He 11:16  
21 wasn't as clean as he used to be. His hair was long  
22 and dirty. Alarm bells started ringing. He stank and  
23 smelt of strong body odour and urine. His beard was  
24 long and he was thin and gaunt. His trousers were  
25 falling off him. I attach two photographs of Danny in 11:16  
26 and around this time, H9 and H10.

27  
28 Danny's toys went missing. I was told he had broken  
29 them, but I couldn't understand why he wasn't given

1 supervised play rather than becoming destructive. This  
2 was never a trait in his personality at home. He  
3 wouldn't so much as bump into an ornament. We never  
4 had to put them away, and if he did bump into something  
5 he was very upset. He only ever broke one cup on the 11:16  
6 mahogany table at home. This was a big red warning  
7 sign that things were not right again.

8  
9 Danny was non-verbal. This was his way of  
10 communicating that things weren't right. 11:17

11  
12 I started to notice injuries on Danny and we took  
13 photographs. I often saw unexplained bruises  
14 appearing. Around 4th March 2017, Danny appeared to  
15 have a bruise on his right eye. We complained to the 11:17  
16 staff - I cannot recall who - but this was complained  
17 away. They said that he might have hit himself with a  
18 toy or something. I attach a photograph of the  
19 bruising at H11. There was no investigation, to my  
20 knowledge. 11:17

21  
22 Around Wednesday, 19th July, I noticed more bruising on  
23 Danny's arms. Alarm bells were ringing but there was  
24 nothing that we could do. I attach four photographs  
25 taken of these bruises at H12, 13, 14 and 15. I 11:17  
26 complained to the staff - I cannot recall who - but  
27 this was explained away. I am not aware of any  
28 investigation."  
29

1 CHAIRPERSON: Just so that you know, the photographs  
2 that are on screen are not particularly good. We've  
3 got much better photographs so we can actually see what  
4 you're talking about.

5 A. Thank you. Thank you. I noticed they didn't come up 11:18  
6 quite clearly.

7 CHAIRPERSON: No. Well, I noticed that, yes, and I've  
8 asked for these better copies. So, thank you. (Handed  
9 to the witness). Oh, and you've just been given a set.  
10 Thank you. 11:18

11 13 Q. MS. KILEY:

12  
13 "Danny became even more withdrawn, peering from the top  
14 of his head with empty eyes. His clothes became worn.  
15 His lovely jumpers had been washed in too high a 11:18  
16 temperature and were destroyed. His trousers were torn  
17 and hung from him like rags. I was so upset. I could  
18 not understand how this was happening. They were given  
19 enough money to cover his needs. Yet here we were  
20 again experiencing the same issues we had at Facility 11:18  
21 A.

22  
23 It became very clear to us that we could not protect  
24 Danny at MAH. Often when we saw Danny in the visitors'  
25 room at Cranfield 1 he would present with obvious 11:19  
26 injuries. I have attached two photographs at H16 and  
27 H17, taken on Sunday 15th April 2018, which show an  
28 injury to his head.  
29

1 When we were allowed on the ward, we often changed  
2 Danny and found more bruises. I attach four  
3 photographs taken of Danny's legs on 14th May 2018 at  
4 H18, H19, H20 and H21.

5  
6 I attach another full length picture of Danny on 14th  
7 May 2018 at H22. I would like the Inquiry to see what  
8 MAH did to our child. In the space of four years,  
9 between Facility A and MAH, they turned my son into  
10 this. As Danny's parents we will never forget this. 11:19  
11 He is our child, our baby. How could they do this to  
12 him?

13  
14 There seemed to be a never-ending round of meetings.  
15 This took its toll on our health very much. " 11:20  
16

17 CHAIRPERSON: Just pause for a second. Put the  
18 photographs aside, just for a moment, so just follow  
19 the statement, and I think what will happen, I suspect,  
20 is Ms. Kiley is going to take you back to the 11:20  
21 photographs. All right?

22 MS. KILEY: I am at paragraph 58 now, Helen, if you're  
23 following along.

24 A. Yes, I am.

25 14 Q. 11:20  
26 "We seemed to be in a never-ending round of meetings.  
27 This took its toll on our health very much. There was  
28 little concern or support for us as two disabled  
29 parents. I don't really think that MAH or the South

1 Eastern Trust at the time had any real understanding or  
2 concern for what we were going through. We continued  
3 to battle on in these meetings. I always brought up  
4 the Facility A issues and would never let it disappear  
5 into the midst of time. The staff always tried to shut 11:21  
6 me up and said "This meeting isn't for those issues",  
7 however, this was why Danny was in MAH.

8  
9 H146, the senior social worker, finally took me to an  
10 area off the hall outside the Cranfield Ward. It was a 11:21  
11 public waiting area with little privacy. I felt that  
12 due to the nature of what was being discussed that it  
13 was wholly inappropriate. Bob was not able to sit in  
14 on this meeting as he was at the usual monthly meeting,  
15 so there was no witness. She admitted that the 11:21  
16 standard of care at Facility A was not to the standard  
17 it should have been and she said that Facility A had  
18 admitted there were errors. However despite requesting  
19 the notes at this meeting, they have never been  
20 provided and I have no record of this admission of 11:21  
21 failings. I felt the meeting was more to get me to  
22 shut up about Facility A and move on. I noticed MAH  
23 was becoming like Facility A.

24  
25 We felt the need to take photographs of Danny and his 11:21  
26 injuries to show this was real and so that we would be  
27 believed. When we raised the issue at the meetings we  
28 were told the same old thing - these were  
29 self-inflicted injuries.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

Danny started getting bite marks again at MAH. This happened at Facility A when he came back for Christmas one year, and it started again in MAH. Danny would bite his arms if he was distressed. However, sometimes you could see the injuries were definitely caused by someone else. 11:22

Danny had fingermarks on his arms and bruises in the shape of his hands. The response from the staff was always that they had to restrain him. They said that they needed three people to take him for a bath. I could do it with my disabilities without any help. 11:22

When I think about how things have progressed with the MAH abuse cases, I know in my heart that Danny was ill-treated and neglected, and that was never addressed. No one was ever brought to account for what Danny went through and that they have taken our family on this awful journey. 11:23

I was watching for the signs of it happening again at MAH, and Bob and I felt powerless and ignored.

Our worst fears were realised when the news broke of the abuse cases in MAH. You can imagine our horror at the growing media coverage. There was a family support group set up within MAH by other parents, but we were told by the staff at MAH that Danny had never been 11:23

1 hurt. There were only two members of staff that were  
2 involved and it didn't happen on Danny's ward. Neither  
3 Bob nor I ever attended the meetings because of what  
4 the staff told us and we never received any support  
5 from that avenue.

11:23

6  
7 However, I remain concerned as we had been previously  
8 told that the staff were often rotated around the  
9 different wards.

10  
11 It was incredibly unnerving as I felt that Danny was  
12 showing signs of neglect. He was rapidly becoming more  
13 and more withdrawn. He was looking frail and his face  
14 was grey and his eyes sunken. He no longer sang. He  
15 was no longer happy. The joy had simply been switched  
16 off.

11:23

11:24

17  
18 Bob and I were constantly reassured that Danny had not  
19 been hurt at MAH and his ward, Cranfield, was not  
20 involved. I never imagine that we handed our son over  
21 again to another group of people who would prove in  
22 time to be no better than those who had hurt him at  
23 Facility A, and Danny had been the victim of abuse.

11:24

24  
25 Danny was finally released from MAH on 18th February  
26 2019. This was a long process. Danny had an  
27 assessment or around April 2017, which stated that he  
28 no longer needed treatment and no longer needed to be  
29 detained under the Mental Health Act. He was then a

11:24

1 voluntary patient. It was 20 months before he was  
2 finally released from MAH.

3  
4 They found a bungalow in (a location) for Danny, but it  
5 needed renovation and he couldn't move in until the 11:25  
6 work was done. Danny was made homeless from Facility A  
7 one month later in May 2017.

8  
9 We did not find out until after the event as the letter  
10 was sent addressed to Danny at Facility A. Of course, 11:25  
11 Danny could never manage his own affairs. It was  
12 eventually sent on to Bob.

13  
14 Danny now lives in the bungalow, which is local to our  
15 home. This makes it easier for us to see him. He is 11:25  
16 looked after by Positive Futures who seem to be giving  
17 Danny a good quality of care and lifestyle. He is  
18 still under the care of the South Eastern Trust and the  
19 same Social Services. The bungalow is adequate but not  
20 perfect for his needs. 11:25

21  
22 I want to mention about Danny's finances. Danny was in  
23 receipt of finance regularly when he was in MAH. This  
24 was always signed for and there are receipts. MAH had  
25 enough money to meet Danny's day-to-day needs, such as 11:26  
26 new clothes when required, things like toiletries,  
27 outings, extra food. There was no excuse for his  
28 clothing to be torn like rags and there was no excuse  
29 for his personal hygiene to be compromised.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

On his release from MAH, we had a meeting with H146 who was rather annoyed that Danny didn't have any savings when he left MAH. This was because he was always given money when he was in MAH, and anything left had been used to furnish and decorate his new home to the best of our ability. We even had to take out a small loan.

11:26

When he left he had nothing, but Social Services still threatened to check his bank accounts. H146 suggested that most patients left with a nest egg. We were upset by this attitude and it showed that they didn't really care about Danny's needs for a comfortable home.

11:26

When Danny came out of MAH he was very damaged. He was no longer the same confident, laughing, smiley boy he used to be. It has taken so many months of work to get Danny to be anything like that boy who lived in our home for all those good, happy years we had as a family unit.

11:27

11:27

The daycare centre at Ards TRC decided that as Danny now has so many underlying issues, they are unable to offer him his placement back. Danny had loved his time there and they had become an extension of our family.

11:27

We have also experienced the loss of the structured network of support services that we once relied on and had grown to trust.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

Danny was given a placement in Bangor but this meant that the intimacy of the relationship we had built up over ten years was gone. We never visited the Bangor centre and never built any strong ties with them. Recently it was decided that Danny would no longer attend that placement.

11:27

For us there is a massive loss of the family unit. There is no longer a deep bond between Danny, his siblings and the wider family circle. The loving shared bond that Danny once had with Jessica, his niece, has disappeared. She has been unable to visit him for years and she has grown up without her friend. Danny had a very close and special relationship with Jessica, and he was incredibly gentle with her and even held her when she was a tiny baby. He loved to play games like making Lego towers with her. They functioned on the same mental ability level for a long time when she was small and this cemented a very close bond, which has now been broken.

11:28

11:28

11:28

She is the only one of our five grandchildren Danny has ever had the chance to develop a relationship with, as the other four were born or brought into our family while Danny was in MAH.

11:28

I painfully acknowledge my own sense of self-protection which prevents me from having a deep and meaningful

1 relationship with Danny. It is better that I do not  
2 know of any issues and so that causes me to become  
3 distant and detached. We would be powerless to do  
4 anything, and the threat of his incarceration in a  
5 hospital facility will forever hang over us.

11:29

6  
7 Relating to Danny and his care providers has proved to  
8 be an ongoing problem for Bob and I. Regardless of how  
9 good the staff are, we can't help but view everyone  
10 with suspicion.

11:29

11  
12 Danny has never come back to our family home and we  
13 have never taken him back out on any trips or visits to  
14 the wider family. In many ways it feels like Danny  
15 never really did come home.

11:29

16  
17 Soon after Danny left MAH..."

18  
19 CHAIRPERSON: Are you reading this paragraph?

20 MS. KILEY: Yes.

11:29

21 CHAIRPERSON: okay.

22 MS. KILEY:

23  
24 "Soon after Danny left MAH, I can't recall the date,  
25 the police informed us that they had CCTV footage  
26 showing at least 17 incidents involving Danny and the  
27 mistreatment by staff at MAH, and this was part of  
28 their investigation. At first it was a few incidents  
29 and then it grew. I wasn't allowed to see the videos

11:29

1 and I don't know the details of the incidents or who  
2 was involved in them. I wanted them to explain to me  
3 what happened, but it's largely a blur. It bounces  
4 back on me, my inability to look after my child. He  
5 was in hospital and he was there for his safety. I 11:30  
6 trusted them. MAH said it was the best place for  
7 Danny, but it was the worst place for him.

8  
9 I feel like I let my son down twice. This has crushed  
10 our family. I feel like we have been failed and our 11:30  
11 most vulnerable people and our most vulnerable families  
12 have been failed. It has been a very painful  
13 experience to do this but I just don't want this to  
14 happen to anyone else."

15 11:30  
16 And then, Helen, if you turn over the page, there is a  
17 section that says "Giving Evidence", I'm not going to  
18 read that, and then Section 5, and that is a  
19 declaration of truth, and there's your signature there  
20 and the date at the bottom, the 17th July. 11:31

21  
22 I think you would like a break at the end of this  
23 reading, is that still the case, Helen?

24 A. Yes.

25 15 Q. Yes. Okay. Could we take a short break? 11:31

26 CHAIRPERSON: Okay. Ten minutes or do you need a bit  
27 longer? Do you need to take a walk outside or are you  
28 going to stay on this floor? What's best?

29 A. I think I may take a walk outside and catch some air.

1 CHAIRPERSON: Sure. Okay. we'll take 15 minutes then.  
2 Thank you very much.

3

4 THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS:

5

11:45

6 CHAIRPERSON: Thank you very much. I gather we are  
7 going to try and do another half hour.

8

MS. KILEY: Yes.

9 CHAIRPERSON: So I think what we're going to try and do  
10 is do another half hour, if you can manage that, and  
11 then we'll take a break, and we'll be guided by you as  
12 to how long you need. All right.

11:54

13 A. Thank you. Thank you very much.

14

CHAIRPERSON: Okay. Thank you.

15

16 Q. MS. KILEY: Okay, Helen. So you've now heard me read  
17 out your statement.

11:55

17

A. Yes.

18

17 Q. And having heard me read it, are you happy that the  
19 contents of your statement are accurate?

20

A. Yes.

11:55

21

18 Q. And do you wish to adopt that as the basis of your  
22 evidence before the Inquiry?

23

A. Yes.

24

19 Q. Okay. So I now want to ask you a few questions about  
25 some of the things that you raised in your statement.

11:55

26

The first thing I want to ask you about, Helen, is

27

about Danny and his personality. So thinking back to

28

the time that Danny was at home with you, so before he

29

went into Facility A and before he went to MAH, can you

1 tell the Panel what his personality was like?

2 A. Danny was a happy, healthy, bubbly, engaged person, who  
3 loved life and had a wide circle of family and friends.  
4 He enjoyed his daycare and was involved in a wide range  
5 of interests and hobbies. He loved trips to the beach. 11:56  
6 He loved the shops. He enjoyed going for a coffee and  
7 trips to the ice-cream parlour. He loved animals; we  
8 have animals at home, we had chickens and he loved to  
9 collect the eggs and he was very gentle with them. We  
10 didn't have any smashed eggs! And we have dogs, and he 11:56  
11 loved playing with those. So he loved animals. And he  
12 loved this time of year and the leaves falling, because  
13 we could go to the park and he would kick the leaves.  
14 He loved Lego towers. He would make Lego towers with  
15 his niece, Jessica. They would play for a long time 11:57  
16 together doing things like that. He would build them  
17 up and then smash them down again, and she would go and  
18 collect all the pieces, and so they had a very, very  
19 close relationship. He loved music. He would sing.  
20 He particularly like Shania Twain, and that was 11:57  
21 something that we, as a whole family, had fun with,  
22 because he would stand at the top of the stairs and he  
23 would sing very, very loudly, "Man I feel like a  
24 woman", which would make everybody giggle. He loved  
25 Christmas. He loved Christmas with his family. 11:57

26 20 Q. And the music, Helen, was something you also referred  
27 to in your statement. He loved music, but you also  
28 said he needed music. Can you tell the Panel how music  
29 helped Danny?

1 A. Yes. Music would calm Danny, and we would use  
2 different kinds of music at different times. For  
3 example, often times when he came home from school,  
4 maybe we would have a time where he would play his  
5 tambourine and play with -- he had maracas and he had 11:58  
6 like a rainmaker that we had brought home from Spain,  
7 and he would play with all of those things and join in  
8 with music that we would do as a family at home. I can  
9 play the bodhrán and my husband plays the guitar, so we  
10 had a very interactive time together. But, also, when 11:58  
11 he was calming down for an evening, or when he was  
12 stressed, we would use music to calm him, which meant  
13 that we would have -- we would have a calmer type of  
14 music on, a quieter style of music that would help his  
15 mood and de-stress him, and often times that would be 11:59  
16 going most of the night as well in the background,  
17 quietly.

18 21 Q. And did he have behavioural difficulties whenever he  
19 was at home, and, if so, can you describe those to the  
20 Panel? 11:59

21 A. He, like any disabled child who is non-verbal, would  
22 use behavioural cues to help us to understand how he  
23 was feeling. So if he was upset, he might bite the  
24 back of his hand or reach out for you - maybe he would  
25 nip if he was really cross with you because you didn't 12:00  
26 get what he wanted. But massive behaviour problems,  
27 no, we didn't witness that at all in our home, until  
28 after he'd gone into Facility A.

29 22 Q. Yeah. And I want to ask you a little bit about that

1 now, and I know that you have particular concerns about  
2 Danny's care in Facility A as well, and you have raised  
3 them comprehensively in your statement, and the Panel  
4 have that. What I particularly want to ask you about  
5 is the end of that placement and how the ending of that 12:00  
6 placement led to Danny's admission to Muckamore. And  
7 one of the things you said in your statement was that  
8 at the end of the placement at Facility A, that the  
9 social worker, who is H146, was pushing you to send  
10 Danny to Muckamore. 12:00

11 A. Yes.

12 23 Q. Why did you feel that that was being pushed?

13 A. Because it was the only option she seemed to want us to  
14 take. There didn't seem to be any other options. That  
15 was the one that was on the table. That was the one 12:01  
16 that she kept telling us was the right place for Daniel  
17 to be. But I couldn't understand that my child had  
18 gone from the loving, happy, bubbly boy, to someone who  
19 needed to be locked up in a hospital. I couldn't -- I  
20 couldn't understand how this had happened. I couldn't 12:01  
21 get my head around how this had happened.

22 24 Q. And so, at that time, whenever it was -- Muckamore was  
23 suggested, you describe you and your husband saying,  
24 no, you didn't want Danny to go at that time. Is that  
25 right? 12:02

26 A. Well, why would we? Why would any parent, faced with  
27 that prospect of your child being -- statement --  
28 locked up in a facility like MAH? It just -- it was  
29 almost too much to get our heads around. We had gone



1 from having a happy, loving, caring family unit, where  
2 Danny was very much the centre of that, to that. How?  
3 Of course we didn't want Danny to go there. We would  
4 have done anything to bring Danny home to get back the  
5 family unit that we had, to get back the child that we 12:03  
6 had once had.

7 25 Q. And you did try to bring Danny home whenever the  
8 placement at Facility A ended, isn't that right?

9 A. Yes, it ended very abruptly. We, we were -- we were  
10 phoned a couple of times after the fact that the police 12:03  
11 had been called to Daniel, which was very alarming for  
12 us because Daniel had never, ever presented in a way  
13 that required that at home, and we'd gone up to find a  
14 horrendous scene, which, even now, thinking about it,  
15 brings me to tears, because I cannot fathom how that 12:03  
16 could ever, ever have come to pass. And then when that  
17 was -- well, we had managed to calm that. I mean it  
18 was horrendous, but being there, cuddling Daniel, I  
19 remember Bob putting Daniel on his lap and just  
20 cuddling him to his chest, because Daniel was 12:04  
21 completely and utterly traumatised. We'd managed to  
22 calm that situation down, and then we were told that if  
23 the police had had to be called again within 24-hours,  
24 that he would be going to MAH. We weren't really given  
25 an option; that was what we were told. So we were 12:04  
26 terrified, absolutely terrified for our child. And  
27 when that phone call did come, we went to get Daniel as  
28 fast as we could. We -- I suppose at that point we  
29 would had imagined that if we could get Daniel and

1 bring him back home where we had given him a safe,  
2 secure and happy environment for 27 years, that he  
3 would be okay.

4 26 Q. And what support did you get to bring Danny home?

5 A. They were very much against it. They were very against 12:05  
6 it. It felt like we were in a massive rush. I felt  
7 like -- I mean I was literally throwing things into  
8 bags and throwing things into the car to get my son in  
9 the car before the police came. It was horrific. I  
10 just wanted to save my child and take him home. I felt 12:06  
11 terribly guilty that I had allowed this situation to  
12 occur. Like, I felt that because I hadn't been able to  
13 care for Bob and Danny together, that it led to that  
14 moment. And I'll never forget it.

15 27 Q. And you got him home, Helen, and you have described in 12:06  
16 your statement he was home for about two weeks, isn't  
17 that right?

18 A. Yes.

19 28 Q. And you described a difficult time. And eventually you 12:06  
20 contacted, was it your GP or Social Services?

21 A. What happened was that he had come home and we were  
22 promised a care package -- we'd had a care package  
23 prior to Danny entering Facility A, so it was  
24 well-known to Social Services that both Bob and I had  
25 disabilities at that stage and that we were in need of 12:07  
26 the care package. They knew that. They were perfectly  
27 aware that we needed a care package. They promised us  
28 that the care package would be there by the weekend.  
29 It wasn't. And Danny wasn't okay.

1 29 Q. And you then contacted, was it Social Services or your  
2 GP?  
3 A. We were forced to do that after two weeks of only what  
4 I can describe as hell on earth. Our child wasn't our  
5 child. 12:07

6 30 Q. And Danny then eventually was admitted to Muckamore on  
7 the 14th February 2017, isn't that right?  
8 A. He was. We - I phoned the Social Services and - I mean  
9 they hadn't even allowed us to have his bed, so  
10 obviously they had felt that the time he was with us 12:08  
11 was only going to be temporary. That's the only  
12 conclusion I can come to. I phoned them and -- because  
13 I had been phoning constantly and asking about the care  
14 package, and I had said to them, "How long is it going  
15 to take?", and they said the care package would take at 12:08  
16 least eight weeks, and at that point I had to tell  
17 them, "we're not going to last eight hours". We had  
18 had no sleep. And so we were forced into Danny going  
19 into MAH.

20 31 Q. And it was Cranfield ward that he went into, isn't that 12:08  
21 right?  
22 A. It was Cranfield ward, yes.

23 32 Q. And you and your husband went with Danny the night that  
24 he was admitted, is that right?  
25 A. Yes, we did. We felt -- we felt we needed to take him. 12:09  
26 We weren't going to let anyone else take him.

27 33 Q. And did you meet some of the staff then at Muckamore  
28 whenever you arrived?  
29 A. Yes, we did.

1 34 Q. And did you have an opportunity to discuss with them  
2 what Danny was like, what he needed, his routine?  
3 Anything like that?  
4 A. I can remember we talked -- we talked a little about  
5 Danny, but there was a lot of paperwork. The night is 12:09  
6 a blur because of the entire amount of stress and upset  
7 involved. I felt there was a lot more emphasis on the  
8 paperwork than on Danny. It was like we couldn't even  
9 really get him settled. It was very, very difficult.  
10 It was harrowing. 12:10

11 35 Q. And how did Danny settle into Muckamore?  
12 A. I think initially it was helpful for Danny. I think  
13 perhaps it was space away from the other Facility A, I  
14 don't know. It seemed that initially he seemed more  
15 settled. Happier. 12:10

16 36 Q. And you and your husband visited him regularly, isn't  
17 that right?  
18 A. We visited him as much as we could, and initially it  
19 was fine, in that we gained access to the ward, I could  
20 sit with Danny in his room, I could arrange things in 12:11  
21 his room. It felt -- it felt very prison-like though.  
22 It didn't feel like a loving, caring environment. It  
23 was difficult, but there was access to his room. There  
24 was the ability to have toys. There was ability for  
25 him to have his special friends on his bed, for 12:11  
26 example, and I put his throw on his bed. But it wasn't  
27 a homely environment. Everything was screwed down.  
28 It, it didn't feel right. It felt like my son was in  
29 prison.

1 37 Q. And when you refer to having access to the ward and  
2 Danny's room at that time, you said that that was  
3 initially. When did that change?  
4 A. Ehm, I would say around six to eight weeks in, it  
5 changed. 12:12  
6 38 Q. And how did that change?  
7 A. There were times when we went up and we weren't allowed  
8 on to the ward. There was always a reason why, and we  
9 were told Danny would be brought out to us.  
10 39 Q. What type of reasons were you given? 12:12  
11 A. There was an incident on the ward.  
12 40 Q. And, so, on those occasions you were told you weren't  
13 allowed into the ward but that Danny would be brought  
14 out to you, is that right?  
15 A. Yes. 12:12  
16 41 Q. And is that to the visitors' room?  
17 A. It is, yes.  
18 42 Q. And I think there is a photo of you and Danny in the  
19 visitors' room at H5. If we can bring that up? It's  
20 on the screen, Helen, and you have it in front of you. 12:13  
21 A. Yeah.  
22 43 Q. Slightly better quality in the printed copy.  
23 A. Yes.  
24 44 Q. When was that taken?  
25 A. I -- I can't say a specific date, but it does look a 12:13  
26 while into Daniel's stay there, because I can notice  
27 from the photograph that Daniel's hair has got quite  
28 long compared to the usual way that he would have his  
29 hair. I noticed that he has lost a tremendous amount

1 of weight, that he is looking quite gaunt.

2 45 Q. I'm going to come on and ask you about that, Helen,  
3 because you have also provided other photos about that,  
4 so I will come on to that. But before we do that, I  
5 wanted to ask you a bit more about the visiting room, 12:13  
6 because you said that you felt that it was totally  
7 inappropriate for Danny?

8 A. Yes, it was.

9 46 Q. Can you explain to the Panel why that was?

10 A. Danny, as we have already said, he loved his toys, he 12:14  
11 loved his music. He was a very active little boy.  
12 Sorry, I know he is a man, but he is still my little  
13 boy. When he was brought to the visitors' room, there  
14 were no toys provided, so he had none of his toys, none  
15 of his bricks, none of his cars. Nothing. He was just 12:14  
16 brought to us the way he was. There wasn't any way of  
17 providing his music, except we discovered that we could  
18 play some music on our phones, so we had to do that.  
19 There was nothing in the room, just chairs, and it's  
20 like in this situation where we are today, as adults, 12:14  
21 we can sit in a situation like this and talk to each  
22 other, but Danny had a mental age of 18 months; Danny  
23 sat on the floor, Danny played with bricks, Danny sang  
24 songs, Danny had teddies, Danny was disabled, he could  
25 not function adequately in a room like that. It was 12:15  
26 like it was set up to fail, and like it was almost set  
27 up to encourage a behavioural incident, because there  
28 was none of the things that made Danny feel safe and  
29 secure there.

1 47 Q. Were you ever told why those things weren't able to be  
2 in the room?

3 A. No.

4 48 Q. Did you ever ask for them?

5 A. Yes. 12:15

6 49 Q. And you said in your statement on some occasions that  
7 you put your foot down and asked to go into the ward?

8 A. Yes, I did.

9 50 Q. How was Danny during those visits whenever you got into  
10 the ward? 12:16

11 A. Sometimes Daniel was wet, sometimes he was dirty. He  
12 -- I found it difficult to engage with him. It was  
13 difficult to -- well, he wouldn't smile, he wouldn't  
14 sing, he wouldn't do any of the things he usually did.  
15 He would basically look at you through the top of his 12:16  
16 head. On one occasion he was still in bed, and I know  
17 that was quite late in the day because it takes quite a  
18 while for us to drive from where we live to the  
19 Hospital, so it was quite late in the day that Danny  
20 was still in bed, and the room was dark. He hadn't 12:16  
21 been changed, he hadn't been washed.

22 51 Q. And you started telling us there, whenever we were  
23 looking at the photograph, about some physical changes  
24 that you started to notice in Danny. When did you  
25 start to see that? 12:17

26 A. I would say it started around March 2017 when we  
27 noticed that Danny had what looked like the remnants of  
28 a bruise under his right eye.

29 52 Q. Mmm. And there were a number of occasions that you saw

1 -- you say you saw bruises, and we have photos of those  
2 and I'm going to come to those, but whenever you  
3 started talking about the physical changes, you had  
4 referred to Danny as looking a bit different, his hair  
5 being different? 12:17

6 A. Yeah.

7 53 Q. And having lost weight. Can you describe to the Panel  
8 what sort of changes you saw to his physical features?

9 A. Yes. Daniel appeared to have lost an incredible amount  
10 of weight. His trousers hung on him and he was very 12:18  
11 grey, very gaunt-looking. His eyes were sunken in his  
12 head. His hair was long. His beard was gankey. He  
13 often stank of urine and body odour. He -- he was  
14 often dirty.

15 54 Q. And did you ever raise any of those issues with staff 12:18  
16 at Muckamore? Did you tell them?

17 A. Yes.

18 55 Q. Would you -- when would you have raised them?

19 A. On every occasion I found my child dirty.

20 56 Q. And what response did you get? 12:18

21 A. They did change him, but I'm not sure they did it when  
22 I wasn't there.

23 57 Q. Did they ever explain why he was in that state?

24 A. Sometimes they said it was because of staff shortage.  
25 But I don't see why my child should have been left 12:19  
26 dirty. My child was never dirty at home.

27 58 Q. And can Danny feed himself?

28 A. Danny needs support. Danny needs support feeding for a  
29 lot of reasons. Danny has a visual problem, so if



1 things aren't placed in front of him, he might not see  
2 them. Danny has cerebral palsy, so he may find it  
3 difficult to lift certain foods, especially foods that  
4 would spill - for example, yogurt or soup. Danny has  
5 epilepsy, so it's very important that he's monitored 12:20  
6 while he's eating in case he may choke on something  
7 while having a fit. So there's lots of reasons why  
8 Danny should be monitored and supervised while he is  
9 eating.

10 59 Q. Did he have a care plan at Muckamore? 12:20  
11 A. Yes.

12 60 Q. And do you know did it mention those sorts of needs for  
13 feeding?  
14 A. Yes, it would definitely have done that.

15 61 Q. Did anyone at Muckamore ever raise with you that they 12:20  
16 were having difficulties feeding Danny?  
17 A. I don't recall that. I just know that Daniel was --  
18 every time that we went, Daniel seemed to have lost  
19 weight, lost condition.

20 62 Q. And did you discuss that weight loss specifically with 12:20  
21 staff at Muckamore?  
22 A. Yes, we did.

23 63 Q. Was any explanation given for the weight loss?  
24 A. No.

25 64 Q. I know there were some photos that you want to show the 12:20  
26 Panel to show how Danny had changed, so I'll ask to  
27 call those up. The first are earlier photos. So, H1  
28 and H2, please. Can you see those, Helen?  
29 A. Yes.

1 65 Q. They were taken in 2014, is that right?

2 A. This, this was taken when we were - I think it was  
3 taken when we were out having coffee. It seems to be  
4 out when we were in the shopping centre. Danny loved  
5 that, and you can see by his face he is smiling and 12:21  
6 happy, and it also shows the way that Danny would  
7 normally have looked when we looked after him at home.  
8 As you can see, his hair was cut short and his beard  
9 was also quite short and well kept and clean. I always  
10 made sure Danny was clean. I even -- I even put 12:22  
11 aftershave on him so he smelt nice when people got  
12 close to him, even though he didn't shave, I thought it  
13 was important that he smelt nice. It's so important  
14 when there's so many reasons why children like ours,  
15 it's difficult to get them socially accepted anyway, so 12:22  
16 smelling nice was one thing that I was particular  
17 about, and obviously his appearance as well. And you  
18 can see there that he was -- he wasn't fat or  
19 overweight in any way, but he was a normal, a normal  
20 size for his height. 12:22

21 66 Q. And so these were taken in 2014?

22 A. Yes.

23 67 Q. And we know he went into Muckamore in 2017. But did he  
24 look like this? This is indicative of what he looked  
25 like when he went into Muckamore, is that right? 12:22

26 A. He looked similar.

27 68 Q. Yeah.

28 A. He, he - he would not have been tremendously different  
29 in weight.

1 69 Q. Yeah. And then there were some photos that you  
2 referred to, taken at Danny's time in Muckamore. So if  
3 we could get up H9 and 10, please. Can you recall when  
4 these were taken?

5 A. I think that was taken in 2018. 12:23

6 70 Q. Were these in the visiting room or on ward?

7 A. This was on a rare occasion where I got into his room.  
8 You can see his blue chair behind him. Initially he  
9 didn't have a chair in his room, but we managed to get  
10 that chair, and he has still got it. So that was one 12:23  
11 thing that was very, very helpful. So, yes, I know  
12 that it was in his room at Muckamore because it's in  
13 the background.

14 71 Q. And if we could bring up H22 as well? I know you want  
15 to show the Panel this, Helen. It should come up on 12:24  
16 your screen. H22. And there's a copy of it at the  
17 back of the file.

18 A. I want people to see how different Danny looks from the  
19 Danny that left our home.

20 72 Q. And this photo no. 22, it was taken in Muckamore as 12:24  
21 well. I can see the chair in the background, is that  
22 right?

23 A. Yes.

24 73 Q. And in fact, I think Danny seems to be wearing the same  
25 clothes as he was in those photos 9 and 10 that we were 12:24  
26 looking at?

27 A. That probably would have been the same day.

28 74 Q. The same day. So in and around 2018?

29 A. Yes.

1 75 Q. And you felt Danny had suffered weight loss and changes  
2 in his physical features?

3 A. Yes.

4 76 Q. Were there any other differences in Danny?

5 A. Well, from the photograph that I can see -- from when 12:25  
6 we used to be in the visitors' room - I'm not sure what  
7 number you've got - but he has a red checked shirt on  
8 and it's in -- oh, sorry, 11. 11, is it?

9 77 Q. H11, please.

10 A. Yes. I mean, that was towards the start of him being 12:25  
11 in Muckamore. That was in the March. And you can see  
12 that he still had the weight on him there.

13 78 Q. Yes.

14 A. So, yes, it's a very, very marked change in Danny. A  
15 marked change in his demeanour as well. The picture at 12:25  
16 11, you can see a smile on his face. So we were -- we  
17 were at that stage able to engage with Danny. He had  
18 some fight left in him there. And when we were able to  
19 be on the ward at that stage, yes, we could, we could  
20 reach Danny at that point, which was encouraging from 12:26  
21 what we had experienced at home, but after that it  
22 spiralled very much, and you can see the result.

23 79 Q. And you referred to noticing injuries on Danny. So  
24 while we have the photos in front of us, I am going to  
25 ask you to refer the Panel to the photos that you took 12:26  
26 in respect of that. So, the first photo that you have  
27 provided is H11.

28 A. Yeah.

29 80 Q. And in your statement, Helen, you said that that was

1 taken on 4th March 2017.

2 A. Yeah, that was shortly after...

3 81 Q. And we have just looked at it and you've said, you've  
4 described his smile and how he looks similar in terms  
5 of weight. 12:27

6 A. Yes.

7 82 Q. But was there also an issue in respect of his eye in  
8 this statement that you want to refer the Panel to?

9 A. Yes. We took this photograph because we noticed that  
10 there had been an injury to Daniel's eye, it would be 12:27  
11 on Daniel's right, and that can be seen in the  
12 photograph. There is a shadow under the right eye and  
13 it was yellowing, and that alarmed us.

14 83 Q. Was that the first occasion that you noticed an injury?

15 A. That was the first occasion that we noticed an injury 12:27  
16 on Daniel at MAH.

17 84 Q. Did you raise that with staff at the time?

18 A. Yes.

19 85 Q. And what explanation did they give?

20 A. We were told that he had perhaps hit himself with a car 12:27  
21 or another one of his toys.

22 86 Q. What did you make of that explanation?

23 A. I was concerned. Naturally I was concerned. That's  
24 why we took the photo.

25 87 Q. And you continued to take photos then. There are 12:28  
26 photos at 12, 13 and 15. Unfortunately, 14, the  
27 quality is very poor. But if we look at 12, 13 and 15,  
28 Helen, these are photos that you say were taken on 19th  
29 July 2017. Can you explain to the Panel what they

1 show?

2 A. Yes. It was quite -- it was quite worrying because  
3 when I did manage to get into the ward and see Danny,  
4 and when I did have cause to remove clothing from Danny  
5 at times when he needed changed or a jumper off if he 12:28  
6 was warm, I would often find injuries like these -  
7 bruising. In 12 you can see a definite bruise to --  
8 bruise to his upper arm - that would be Danny's right  
9 arm, and a bruise on his wrist is just visible. On  
10 picture 13, it looks like the remnants of a grab mark 12:29  
11 on his wrist.

12 88 Q. And 15, then, as well, Helen, was that taken at the  
13 same time as the two that we've just looked at?

14 A. I am not exactly sure...

15 89 Q. Okay. 12:29

16 A. -- of the date of that photograph. But, again, on the  
17 upper arm there is a bruise and that would be somewhere  
18 that Daniel would naturally not be able to reach to  
19 inflict an injury on himself. It would be to the back  
20 of the arm in this area. (Indicating). which alarmed 12:30  
21 us, and that is why we took the photo.

22 90 Q. And you are pointing to the back of the upper arm  
23 there?

24 A. Yeah. There is also, in this photograph, you can see  
25 on his back there's yellowing where he has also got a 12:30  
26 bruise. Now, that would be around here and it would  
27 not be easy for Daniel -- (indicating).

28 91 Q. Just in the - above the ribs?

29 A. It would not be easy for Daniel to inflict that injury

1 on himself.

2 92 Q. Did you speak to staff about those marks?

3 A. Yes.

4 93 Q. And what explanation was given for those?

5 A. That he'd inflicted them on himself in some way. That 12:30

6 it must have been done through play. On another

7 occasion we were, we were told that they had to

8 restrain him. So it was very worrying. Very, very

9 worrying.

10 94 Q. What explanation was given for the need for -- to 12:31

11 restrain Danny?

12 A. Behavioural challenges.

13 95 Q. Did you ever need to restrain Danny at home?

14 A. No. I, I have physical disabilities and I was able to

15 change Daniel on my own to go to his daycare. I was 12:31

16 able to shower Daniel and dress Daniel, and make sure

17 that he was clean and tidy, he had his nappy changed

18 and he had his hair done, his beard trimmed, and he had

19 his aftershave on, and he was always, always clean, and

20 I did that whilst trying to help my husband through his 12:32

21 illness as well. And I did that on my own because my

22 children would come later in the day to help, so mostly

23 I did that alone, and yet I was being told that it took

24 three staff - not one, not two, but three trained staff

25 to take my child for a shower and that he needed 12:32

26 restraint.

27 96 Q. And were you told those things verbally, Helen?

28 A. Yes.

29 97 Q. Did you ever see any incident reports?

1 A. I don't recall.

2 98 Q. Were you aware of any investigations?

3 A. I don't recall.

4 99 Q. And in terms of the possibility of self-infliction, did  
5 Danny self-harm? 12:32

6 A. Yes, he did.

7 100 Q. And in what way did he harm himself?

8 A. If Daniel was very distressed, he may bite the back of  
9 his hand.

10 101 Q. Had you known him to bruise himself or mark himself in 12:33  
11 the type of ways that we see in these photos?

12 A. No. These are completely different injuries to the  
13 injuries that we would have experienced at home if he  
14 was upset.

15 102 Q. I've got two more photos, Helen. I am conscious of the 12:33  
16 time. Are you happy enough for me to finish this  
17 section?

18 A. I am happy to finish this section.

19 103 Q. So the next photo that you referred to in your  
20 statement was one which you took on 15th April 2018. 12:33  
21 Photo 16. And there's a better copy in the hard copy,  
22 Helen, if you'd like to turn it up.

23 A. Yes.

24 104 Q. And can you explain to the Panel what that shows?

25 A. Yes. It shows that -- well, Daniel's hair was left to 12:33  
26 get very long, to start with, and often times it was  
27 dirty and it smelled. You can see clearly on his  
28 forehead that he has an injury. I don't believe it was  
29 a self-inflicted injury. It's alarming that we could



1 see that injury. Again, we were in the visitors' room  
2 and, again, we feel that that was set up to fail and  
3 cause a behavioural incident. Daniel also had, again,  
4 what appeared to be the remnants of a black eye on the  
5 right-hand side.

12:34

6 105 Q. Do you recall raising the observations at that time  
7 with the staff at Muckamore?

8 A. Every time that we saw an injury on Daniel, we raised  
9 it.

10 106 Q. Can you recall what explanation you were given for this  
11 particular injury?

12:34

12 A. That he had hit himself with a toy.

13 107 Q. Can I ask to you turn over and pull up 18, 20 and 21.

14 Now, these were photos, Helen, in your statement you  
15 say you took these on 14th May. 14th May 2018. 19 is  
16 missing because it's poor quality, but can you explain  
17 where on Daniel's body, looking at number 18 first,  
18 what area of Daniel's body does that show?

12:35

19 A. Yeah, that was -- that would have been again on his arm  
20 and his back.

12:35

21 108 Q. And number 20?

22 A. Number 20, yeah, quite alarmed again, because on one of  
23 the rare occasions we did get in and I was able to  
24 change Daniel, Daniel had bruising on his legs, right  
25 up to the top of his legs and his groin.

12:36

26 109 Q. And so that -- is that his inner right thigh that we  
27 can see there?

28 CHAIRPERSON: Left?

29 MS. KILEY: Inner left thigh.

1 A. That would be the left. That would be the left.

2 110 Q. And number 21?

3 A. Basically it's the same picture but showing the size.

4 111 Q. What explanation were you given?

5 A. I wasn't given any explanation at all. 12:36

6 112 Q. Did you specifically raise those marks with Muckamore  
7 staff?

8 A. Yes. Yeah. Every time. We were told that he had  
9 behavioural challenges while he was being changed, so I  
10 presume that meant that they felt that he had, he had 12:36  
11 injured himself, but I wasn't happy with that  
12 explanation. I don't believe he did. In all the time  
13 I had him at home, which was 27 years, I have never  
14 seen these injuries on my son. Ever.

15 113 Q. And you have provided the photos to the Panel. These 12:37  
16 were taken whenever you went to visit Danny?

17 A. Yes.

18 114 Q. So these were things that you noticed on Danny?

19 A. Yes.

20 115 Q. Were you ever telephoned or contacted by Muckamore 12:37  
21 staff in advance of noticing these injuries to let you  
22 know that Danny had marks?

23 A. I don't recall.

24 116 Q. And were you aware of any investigations into any of  
25 these injuries? 12:37

26 A. No.

27 MS. KILEY: I think, Chair, that's an appropriate time  
28 for the break.

29 CHAIRPERSON: How long do you think would help? Do you

1 want an hour or a bit less than an hour?

2 A. Less than an hour?

3 CHAIRPERSON: 45 minutes.

4 A. That would be great. Thank you.

5 CHAIRPERSON: Okay. No worries at all. Okay. We'll  
6 start again then at -- we'll try and start at twenty  
7 five past. All right. Thank you very much. If you  
8 would like to go with Jaclyn. Thank you.

12:37

9

10 THE WITNESS THEN WITHDREW

12:38

11

12 CHAIRPERSON: How much longer do you think?

13 MS. KILEY: I think around half an hour, Chair.

14 CHAIRPERSON: Fine. Thank you very much. Okay. Thank  
15 you very much.

12:38

16

17 LUNCHEON ADJOURNMENT

18

19

20

21

22

23

24

25

26

27

28

29

1                   THE INQUIRY CONTINUED AFTER LUNCH AS FOLLOWS:

2  
3                   CHAIRPERSON: There's not much more to go, so thank  
4                   you. Okay.

5                   A. Thank you. 13:35

6 117 Q. MS. KILEY: Okay, Helen. One of the things I want to  
7                   ask you about now is something that you said in your  
8                   statement was something that was important to you, and  
9                   that was the loss of Barney at Muckamore, and Barney  
10                  was Daniel's special toy, as you had described it, and 13:35  
11                  you have provided photos of Daniel with Barney that I  
12                  know you want the Panel to see, so can I ask for H4 to  
13                  come up, please? And there are -- it should be on your  
14                  screen, Helen, but there are also better qualities in  
15                  the bundle if you would like to look at those. It's 13:36  
16                  number 4. Do you have that?

17                  A. Yes, I do.

18 118 Q. And can you just describe to the Panel what that photo  
19                  shows?

20                  A. That is Danny at home. This is prior to him leaving 13:36  
21                  home, and this would have been a normal bedtime  
22                  routine, where you can clearly see that we've got both  
23                  Barney and Tigger in bed with Danny. Danny looks very  
24                  tired there. What would normally happen would be that  
25                  we would get Daniel changed and he would maybe have a 13:36  
26                  shower, he'd have his marshmallows or hot chocolate,  
27                  and then we would gradually ease him into a bedroom  
28                  routine to help him to sleep. He would be taken up to  
29                  his room and we would do the Tigger song first, "The

1           wonderful Thing About Tigger", as I'm sure you all know  
2           it.

3 119 Q.    - "Cause I'm the only one".

4           A.    Yes, indeed. (Laughs). Yes. And Danny has a very  
5           special Tigger because it's fluffy, so we know which       13:37  
6           one which is Tigger 1, but then he has a plain one  
7           which is Tigger 2, because everyone who knows the  
8           Tigger stories know there is in fact two, because one's  
9           a reflection, so that's important. But those are  
10          important because they were part of a bedtime routine,       13:37  
11          but they were also the toys that helped Danny to stay  
12          calm and to help him to socially interact.

13 120 Q.    And did you discuss that with staff at Muckamore, ever?

14          A.    Yes. I did.

15 121 Q.    So what did you tell them?                               13:38

16          A.    I told them that these were special friends, they were  
17          his special toys, they were very important to him. As  
18          I said, we used to do the Tigger song every night, but  
19          then he used to jump so hard I thought they'd come  
20          through the floorboards. And then we would get him       13:38  
21          tucked up in bed and he would sing the Barney song, and  
22          it's quite a poignant song, if anyone knows the words?  
23          It specifically says "I love you, you love me, we're a  
24          happy family. With a great big hug and a kiss from me  
25          to you, don't you say you love me too". And that       13:38  
26          really sums up how we were at that time: a very happy  
27          family, and every night that would be the song that  
28          would put Daniel to sleep. So, yes, Barney was indeed  
29          very, very important to us, and that he'd had it for so

1 long.

2 122 Q. And you took Barney to Danny in Muckamore, isn't that  
3 right?

4 A. Yes, I did.

5 123 Q. And so did Danny continue to go to bed each night with 13:39  
6 Barney whilst he was in Muckamore?

7 A. I don't know, I was never there at night. I hope so.  
8 I know that the toys were on his pillow. I know that I  
9 would never have taken Tigger without Barney.

10 124 Q. But you did describe a time whenever Barney was lost? 13:39  
11 A. Yes.

12 125 Q. Can you tell the Panel the impact that that had on  
13 Danny?

14 A. I think that had quite a major impact on Danny because  
15 Danny had Barney for 22 years. It was part of his 13:39  
16 life. He -- he had -- he had Barney every night on his  
17 pillow. He had Barney to go to bed with every night.  
18 He had sung the Barney song literally every day since  
19 he got him, and it not only had an impact on Barney but  
20 I think it had an impact on us as well, because Danny 13:40  
21 met the real Barney in Florida, in the real Disneyland.  
22 It was a massive, massively hard job taking two  
23 disabled children to Disneyland, and we did it, and it  
24 was the only time we ever went abroad as a family, so  
25 it was a very poignant reminder of that special time we 13:40  
26 had.

27 126 Q. And when you discovered that Barney was lost at  
28 Muckamore, you raised that with staff, isn't that  
29 right?

1 A. Yes.

2 127 Q. And how do you feel that they reacted to you raising  
3 that?

4 A. That it was only a toy, it wasn't important, you could  
5 get another one, that -- that they never saw it, that 13:40  
6 it was never there, that they would look for it, that  
7 they would look in the laundry. It just never came  
8 back.

9 128 Q. Okay.

10 A. And, instead, a massive great big Tigger appeared. I 13:41  
11 don't know whether it was swapped for Barney or whether  
12 somebody felt bad because Barney was missing, but it  
13 arrived instead.

14 129 Q. Okay. And I want to move on, Helen, and ask you about  
15 medication and what medication Danny was on in 13:41  
16 Muckamore. So, you refer to Danny's epilepsy.

17 A. Mm-hmm.

18 130 Q. And he was diagnosed with epilepsy as a child, is that  
19 right?

20 A. Yes. He has always had epilepsy. 13:41

21 131 Q. And was he on medication for that before he went into  
22 Muckamore?

23 A. Yes, he was.

24 132 Q. And you described in your statement the priority need  
25 to get that, the epilepsy under control. Isn't that 13:41  
26 right?

27 A. Yes.

28 133 Q. And what information were you given by Muckamore about  
29 the medication that they were giving Danny?

1 A. I don't recall I was given specifics. I certainly  
2 wasn't given anything written down. And -- at least I  
3 don't recall being given anything written down. And I  
4 feel like I lost track, and it worries me, it frightens  
5 me because I didn't really know what they were giving 13:42  
6 Danny. I didn't -- when Danny was at home I knew  
7 exactly what he was getting, and exactly when he was  
8 getting it, and exactly what format he was getting it  
9 in. When he was in Muckamore, I had lost track of  
10 that, and in some ways I felt out of control because 13:42  
11 if, if Danny did come back to my care, I didn't know  
12 what he was getting. I didn't -- I felt like I'd lost  
13 control. I felt like I'd lost that vital bit of  
14 information, and I didn't feel -- I didn't feel it was  
15 safe. 13:43

16 134 Q. Was that something that you felt at the time, that it  
17 wasn't safe?

18 A. Yeah. I am very conscious of the fact that before  
19 Daniel was 5, he had several very major seizures, and  
20 he had seizures and status that led to heart failure, 13:43  
21 and for a parent to go through that, to see their child  
22 going blue, and then not just staying blue but going  
23 black and limp in your arms, and trying to get your  
24 child to breathe again, even with some medical  
25 knowledge and understanding of how to revive a child, 13:43  
26 for a parent to go through that is very, very  
27 traumatic. And so I was very, very geared up to the  
28 fact that Daniel was having seizures, and Daniel's  
29 seizures were at that stage described as complex



1 partial seizures, but they tended to come in clumps,  
2 and I was terrified that that would go back to the  
3 pattern, and if it went into that pattern, I was unsure  
4 whether it could be stopped. I was frightened at what  
5 they were doing. I was frightened at the level of care 13:44  
6 they were giving him regarding medication. And I had a  
7 sense that, because I couldn't engage with Danny, I  
8 felt at times he was overmedicated.

9 135 Q. What made you think that?

10 A. It felt like he had a medical cosh because he -- he 13:44  
11 wasn't reacting the way that he normally would have at  
12 home. He wasn't responding to us in the way that you  
13 would normally expect him to. He wasn't engaging. He  
14 wasn't -- if you spoke to him, he, he would look at you  
15 with empty eyes. He would look at you through the top 13:45  
16 of his head. It was like -- it was like the lights  
17 were on and no one was at home.

18 136 Q. Did you ever raise concerns about his medication with  
19 staff at Muckamore?

20 A. Yes. 13:45

21 137 Q. What was the response that you got?

22 A. That they were working out what best medications to  
23 keep his epilepsy under control, and it just felt --  
24 you see, for 27 years I had his medication and his  
25 epilepsy under control. It worked perfectly well. 13:45

26 138 Q. And were --

27 A. I didn't understand the change. I didn't understand  
28 the change. I didn't understand what had happened to  
29 make that not work anymore.

1 139 Q. Were you ever allocated someone who was a key contact  
2 at Muckamore who you could discuss those sorts of  
3 concerns with?

4 A. There was a lady that we were introduced to initially,  
5 and I think she had a kind of foreign accent, but we 13:46  
6 were never -- we were never given any time, private  
7 time with that lady to build up any of a trusting  
8 relationship --

9 140 Q. Is this the family liaison officer?

10 A. I think so. And she kind of disappeared very quickly 13:46  
11 and I never saw her again, and I don't know what  
12 happened to her.

13 141 Q. What about the monthly meetings that took place? Were  
14 they an opportunity to raise concerns?

15 A. Yes, but often -- often I felt like our concerns were 13:46  
16 being dismissed. Like -- like they were the  
17 professionals, so -- and then we were just the parents,  
18 and yet, at times -- at times, we were called heros  
19 because we had looked after Danny, and it kind of  
20 grates on me because we were parents, we did our best 13:47  
21 for our child. We had no special training, we had no  
22 degrees, we had no special -- we had no special courses  
23 on how to deal with things like epilepsy, we just did  
24 it because we loved our child and we cared. They had  
25 all of those things and they didn't look after him. I 13:47  
26 know they didn't.

27 142 Q. And you described in your statement Danny's eventual  
28 discharge from Muckamore. That was in February '19,  
29 isn't that right?

1 A. Yes.

2 143 Q. But you also described how, in April 2017, Danny was  
3 assessed as no longer needing to be detained in  
4 Muckamore?

5 A. Yes, it rather perturbs me a little bit looking at it 13:48  
6 because, just prior to Danny going into Muckamore we  
7 had been asking for a care package and had been told  
8 that it would take eight weeks, at which point, as I  
9 have said, I had told them we wouldn't last eight  
10 hours. Danny went in to Muckamore, February '14th. We 13:48  
11 received a letter in April 2017 that said he had been  
12 assessed and he was no longer detained under the Mental  
13 Health Act but was a voluntary patient. A month later,  
14 we had a letter saying that his tenancy agreement for  
15 -- 13:49

16 144 Q. Facility A?

17 A. -- Facility A, had been terminated, mainly because he  
18 was in breach of contract because he wasn't there.  
19 Now, when I think about it, from February to April,  
20 eight weeks, that's eight weeks, and that's -- that's 13:49  
21 very significant now, because in September of 2017, we  
22 had another letter saying that Daniel was detained  
23 again under the Mental Health Act. As a parent, there  
24 is two things that I want to ask: was the assessment  
25 in the April a mistake or, if it was right, that Daniel 13:50  
26 was okay, then what happened to my son between April  
27 and September to make him regress to the point that he  
28 needed again to be contained under the Mental Health  
29 Act?

1 145 Q. Well, you refer to receiving the first letter in April  
2 2017. Before you received that letter, did anyone at  
3 Muckamore discuss what that letter said? So the letter  
4 told you that Danny no longer needed to be detained,  
5 isn't that right? And did anyone at Muckamore ever 13:50  
6 discuss that status with you before you received the  
7 letter?

8 A. No. Not that I can recall.

9 146 Q. After you received the letter and it told you that  
10 Danny didn't need to be detained, were there any 13:51  
11 discussions then about what would happen next, where  
12 Danny would go?

13 A. We weren't really given a great deal of option.

14 147 Q. And were there discussions with staff at Muckamore  
15 about those options? 13:51

16 A. No. It was just that Daniel had to be given a correct  
17 placement for his needs, and at the time, it felt that  
18 the option of coming home and having the care package  
19 in place was not on the table. And as a parent,  
20 knowing now what I know, that Danny was in Muckamore 13:52  
21 for a further twenty months, which we now know was not  
22 a great place for Danny to be, eight weeks, eight  
23 weeks, folks, seems a really, really significant time.

24 148 Q. Why is that significant to you, Helen?

25 A. Because that's how long we were told a care package 13:52  
26 could be put in place. We could have brought Danny  
27 home if he was well and if the correct care package was  
28 in place.

29 149 Q. You mentioned there --

1 A. -- didn't have that as an option.

2 150 Q. And you mentioned just a moment ago, Helen, having  
3 received a letter in September 2017. what did that  
4 letter tell you?

5 A. That Daniel was again assessed and that he was again -- 13:52  
6 he was again being kept in Muckamore under the Mental  
7 Health Act, which meant to us that his mental health  
8 had deteriorated, that there were issues, behavioural  
9 challenges, that meant that they'd come to that  
10 conclusion. As a parent, knowing what I saw prior to 13:53  
11 him going into Muckamore and the way that he had  
12 responded to what went on before, I now look at that  
13 space of time and I think was he simply asking for  
14 help? was that the only way my son, who is non-verbal,  
15 could tell you that something was very, very wrong? 13:53  
16 And I have photos date-stamped between April and  
17 September which have very clear injuries on my child.

18 151 Q. And was that letter that you received in September a  
19 surprise to you?

20 A. Not really. It was a surprise in one way because, 13:54  
21 again, we faced another six months of him literally  
22 being incarcerated in a prison-like environment, but  
23 not so because, by that stage, we realised that this  
24 was simply what was going to happen, that Danny was not  
25 coming home. we had been told that his stay in 13:55  
26 Muckamore would be six to eight weeks.

27 152 Q. And it was -- how long was it in total in the end?

28 A. Two years. It was a whole two years. My son got a  
29 two-year prison sentence. Those who wanted Daniel

1           there, who expressed that Daniel should be there, they  
2           got promotion; my son got prison.

3 153 Q.    You referred to a number of assessments, whenever you  
4           were talking about the letters that you received. So  
5           he was assessed as not being needed to be detained in 13:55  
6           April '17, and he was assessed as again needing to be  
7           detained in September. Did you have any input into  
8           those assessments?

9           A.    No. I don't feel that I did. I don't feel that we as  
10          a couple did. 13:55

11 154 Q.    He was eventually discharged into a new home, and we're  
12          not saying that name just to protect his -- to protect  
13          Danny -- but he is still in that place, isn't that  
14          right?

15          A.    He is, yes. 13:56

16 155 Q.    And you have a photo of Danny now that I know you would  
17          like to show the Panel. It's at the back of the bundle  
18          and it's entitled "Photo A". Have you got it?

19          A.    Which one are we talking about?

20 156 Q.    The photo of Danny now. 13:56

21          A.    That's the one. Yes. Yes.

22 157 Q.    Can you tell the Panel when that was taken?

23          CHAIRPERSON: Can we just describe this? Is it the  
24          Merry Christmas?

25          A.    No, no. I'm sorry, it is not. 13:56

26          CHAIRPERSON: It's not. Sorry. Just give me a second.

27          A.    This is Danny, and this is Danny in the facility that  
28          he is now in. He has gained weight and you can see  
29          that he has his hair and his beard cut. When I see

1 Danny, Danny doesn't smell of urine, he doesn't smell  
2 of faeces, he doesn't smell of body odour, and he is a  
3 child that I can again engage with, in that he responds  
4 to me and he has got what seems to be a little bit of a  
5 smile on his face there. He is a very different little 13:57  
6 boy to -- I am sorry, he is an adult, but he is still  
7 my little boy, he is still, he is still my child. And  
8 he's more my Danny in that picture. But the truth is  
9 that since Danny went away to Muckamore, he has been  
10 back in my house for less than an hour. (Upset and 13:58  
11 crying). I don't feel like my Danny has come home.  
12 Much like Barney. They have never come home.

13 158 Q. MS. KILEY: And I know, Helen, as well, there's a photo  
14 that you have asked the Inquiry to provide because you  
15 want the Panel to see a comparison of Danny. 13:58

16 A. Yes --

17 159 Q. And we have printed that off in hard copy. You should  
18 have a copy of it in front of you there.

19 A. I do.

20 160 Q. And this is a comparison of some of the photos we saw 13:58  
21 earlier. So H1 is on the left-hand side and H22 is on  
22 the right-hand side. What is it in particular that you  
23 would like to tell the Panel about those photos?

24 A. I want the Panel to look very closely at the picture  
25 from 2014. I had Danny for 27 years at home. Danny is 13:58  
26 happy in that picture. Danny is well groomed in that  
27 picture. Danny is well fed in that picture. Danny has  
28 a look on his face of enjoyment in that picture. And  
29 now look at the other picture. This is what has

1 happened to my son. In four years of so-called  
2 professional care, this is what they've done to my son,  
3 and the pictures tell everything, because the picture  
4 of Daniel in Muckamore is not my son! That is what  
5 they've done.

13:59

6 MS. KILEY: Okay. Thank you, Helen. I don't have any  
7 other questions for you, but the Panel members might,  
8 so if you just stay where you are for the moment.

9  
10 END OF EXAMINATION BY MS. KILEY

14:00

11  
12 HELEN, P28'S MOTHER, WAS QUESTIONED BY THE INQUIRY  
13 PANEL AS FOLLOWS:

14  
15 CHAIRPERSON: I am going to turn to Dr. Maxwell first  
16 of all.

14:00

17 161 Q. DR. MAXWELL: So thank you for sharing all the  
18 experience and in helping us to understand Danny as a  
19 person. So you've talked about how Facility A, you  
20 didn't feel he was being well cared for and he  
21 deteriorated, and there was some incidents with the  
22 police and then you brought him home, and as much as  
23 you wanted to care for him it was just too much with  
24 your disabilities and your husband being ill. So can  
25 you tell me at what stage did he get detained under the  
26 Mental Health Act?

14:00

27 A. We had had Daniel home for about two weeks. We were  
28 absolutely exhausted. Whilst we are being promised, we  
29 were being promised the care package, by the first



1 weekend, it never, it never materialised. We -- it was  
2 very obvious at that stage that it was going to be a  
3 temporary arrangement, because we were not able to get  
4 the bed that he needed, the profile bed that was so  
5 desperately needed. So it was set up to fail. We 14:01  
6 didn't get the facilities that we needed, we didn't get  
7 the support we needed. There were people that came to  
8 the house; an epilepsy nurse and a behavioural nurse,  
9 but there was no actual help with the care regime, and  
10 my husband was still recovering from spinal surgery, 14:01  
11 he'd had two, what they felt was heart attacks, so he'd  
12 had stents put in. I was literally at some stages  
13 crawling on my hands and knees to clean my child, to  
14 keep my child safe, and to ensure that he had what he  
15 needed. So, it was the point where we literally came 14:02  
16 to crisis breaking point, where I was screaming,  
17 screaming down the phone at social services for the  
18 care package, and I said to the social worker at the  
19 time, "where is the care package?", and she said: "It  
20 will take at least eight weeks". And at that point, at 14:02  
21 that point I knew we were done. I knew, and I says "we  
22 won't last eight hours", and that's when he went into  
23 Muckamore, because we had done everything, everything  
24 to stop that happening, everything that we could  
25 possibly do. 14:02

26 162 Q. I completely understand that you had done more than  
27 most people could even imagine doing for him. I think  
28 my question is: you had accepted that, even though you  
29 didn't want him to go to Muckamore, you couldn't give

1 him the care he needed and that he would need to be  
2 admitted. So I am wondering why he went in as detained  
3 under the Mental Health Act if you were happy for him  
4 to go?

5 A. Because by this -- I wasn't happy for him to go. I was 14:03  
6 never happy for him to go to Muckamore.

7 163 Q. Right. Right.

8 A. But what I did have a home was a child that did not  
9 resemble the child that had gone into Facility A two  
10 years prior to that. When Daniel came home, he was 14:03  
11 like a monster. He was cowering, he was -- he was  
12 terrified, and I couldn't -- I couldn't reach him. I  
13 couldn't fix him. And that was the main thing. I  
14 didn't know how to fix him. I didn't know how to undo  
15 the damage. I didn't have the skills anymore and I 14:04  
16 didn't have the -- I didn't know what to do. And the  
17 social worker said Muckamore would help, that he said  
18 it was the best place for him and that they knew what  
19 to do and they would give him the care that he needed,  
20 and in the -- in the photograph that is shown of him in 14:04  
21 the March, in his red shirt, in the dayroom, you can  
22 see that there was a smile there, and I could reach him  
23 at that point. But very, very quickly, things  
24 deteriorated and I felt that I could see a pattern.

25 164 Q. So can I ask, did you know when he was admitted to 14:05  
26 Muckamore that he was being detained under the mental  
27 Health Act?

28 A. Yes.

29 165 Q. So people did discuss that with you before he was

1 admitted to Muckamore?

2 A. Yes.

3 166 Q. And then you had the letter saying he no longer needed  
4 to be detained under the Mental Health Act, but you had  
5 a letter again in the September saying he was detained 14:05  
6 again?

7 A. Yes.

8 167 Q. Was that discussed with you before you had the letter  
9 saying he was being detained under the Mental Health  
10 Act? 14:05

11 A. No.

12 168 Q. So in September, you didn't know about it until after  
13 it had happened?

14 A. Yes.

15 169 Q. But in his original admission, they discussed it with 14:05  
16 you before he was admitted?

17 A. They had discussed it --

18 170 Q. Or told you?

19 A. Well, yes, told us. "Discuss" is the wrong word.

20 171 Q. Yeah. 14:05

21 A. Told. Basically, when things got into crisis at  
22 Facility A, when he was behaving totally out of  
23 character -- I mean, I have never seen my son like  
24 that. I have never ever, ever seen my son my like  
25 that, and I never want to again. It was totally out of 14:06  
26 character, and it was at that point that Muckamore was  
27 first mentioned, that they wanted him to go there.

28 172 Q. And were you ever at any point told what your rights as  
29 a parent of somebody who was detained under the Mental

1 Health Act were?  
2 A. We weren't exactly told, but we were given an  
3 information leaflet. I felt confused. I felt --  
4 (sighs) -- I felt overwhelmed. I, I didn't know what  
5 way to turn. I didn't know what to do that was best 14:07  
6 for Danny. I didn't know what to do that was best for  
7 Bob. I didn't know what was best for anyone. I just  
8 wanted my child fixed. And I didn't know how to get my  
9 child fixed. I trusted them. I trusted them. And  
10 it's the worst thing I could have done. I trusted them 14:07  
11 with my child.  
12 DR. MAXWELL: I understand. Thank you.  
13 CHAIRPERSON: Do you mind -- I just want to ask one  
14 question off the back of that. Plainly, back in  
15 February of 2017, you didn't want Danny to go to 14:07  
16 Muckamore.  
17 A. No. No parent really would, would they?  
18 173 Q. That's what I just want to ask you about. Why not?  
19 what did you know about Muckamore at that time, or what  
20 did you think about Muckamore at that time that made 14:08  
21 you so resistant to Danny going there?  
22 A. Because it was mentioned that he would be detained  
23 under the Mental Health Act, and I had had a happy,  
24 healthy, bubbly, beautiful boy, who was perfectly fine,  
25 who had been in my home for 27 years, who had been in 14:08  
26 his daycare for 10 whole years, who was perfectly fine,  
27 and then I was being told, in the space of two years,  
28 that he had gone from being a beautiful, loving, gentle  
29 -- gentle so much that --

1 174 Q. I have seen the picture with the baby, is that the one  
2 you're looking for?

3 A. Yes, gentle. So much so that I could trust my son to  
4 hold a baby. (Upset and crying).

5 175 Q. Yeah. Just, was it really his detention under the 14:09  
6 Mental Health Act as opposed to the facility that he  
7 was going to? That's what I'm asking about.

8 A. The facility was a hospital. It wasn't a care home.  
9 It wasn't -- it wasn't -- it didn't feel like for  
10 Daniel's care. It was for treatment. 14:09

11 176 Q. Yeah. So it was a different nature sort of place.

12 A. But it felt wrong. It felt so wrong because I felt  
13 that Danny had been crying out for help. It was his  
14 way of telling us something was wrong with what he had  
15 experienced at Facility A. 14:09

16 177 Q. Yeah.

17 A. It wasn't that he was bad, or naughty, or sick. He  
18 just wanted help. And he was traumatised because of  
19 what they did. He was traumatised because of the  
20 police, because of being forced on his face. He was 14:10  
21 traumatised. That's what was wrong.

22 178 Q. All right. All right. Professor Murphy, do you have  
23 anything? No.

24

25 END OF QUESTIONING BY THE INQUIRY PANEL 14:10

26

27 CHAIRPERSON: Is there anything else you want to ask?

28 MS. KILEY: No. No, Chair.

29 CHAIRPERSON: Is there anything else that you wanted to

1 tell us before we thank you?

2 A. I just want to say that Muckamore is only the tip of a  
3 very large iceberg, and it's blatantly obvious now to  
4 us as parents that our children are not safe in the  
5 care system anywhere. Parents need to be listened to 14:10  
6 and red flags need to be fully investigated. And  
7 safeguarding changes have to be made, because if you  
8 don't get this, our children will never be safe in the  
9 care system. And I'll repeat that because it's  
10 important: If you don't get this today, our children 14:11  
11 will never be safe in the care system anywhere. I want  
12 you to continue to look at the pictures, as if you  
13 don't get this, there will always be another Danny.  
14 Please, look at this picture. This could be your child  
15 one day. Please, get this. Please get this. 14:11

16 CHAIRPERSON: I just want to thank you very much indeed  
17 for your very powerful evidence. It's quite obvious  
18 you couldn't have done any more than you did for Danny,  
19 and the evidence that you have given has been extremely  
20 helpful and powerful, and we won't forget these 14:11  
21 photographs. So thank you very much indeed for coming  
22 to assist us.

23 A. Thank you.

24 CHAIRPERSON: we'll take a break.

25 A. Thank you for listening. 14:12

26 CHAIRPERSON: Thank you very much. If you would like  
27 to go with the Secretary to the Inquiry.  
28  
29 THE WITNESS THEN WITHDREW

1 CHAIRPERSON: we'll take a fifteen minute break.

2 MS. KILEY: Fifteen minutes. Thank you, Chair.

3 CHAIRPERSON: okay. Thank you very much.

4

5 THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS: 14:28

6

7

8 CHAIRPERSON: Thank you.

9 MS. KILEY: Chair, as you know, the next witness is  
10 Danny's father Robert. So if he could be called in. 14:34

11 He has asked to be known as Bob actually, so that's how  
12 I'll refer to him.

13 CHAIRPERSON: Thank you.

14 MS. KILEY: Chair, the same arrangement for  
15 accompanying persons applies, or the witness has asked 14:35  
16 for it to apply. So the Reverend Taylor will sit  
17 beside the witness in the box, or at the table, and the  
18 -- his wife will sit beside the Secretary to the  
19 Inquiry.

20 CHAIRPERSON: Oh fine. She is coming back in? 14:35

21 MS. KILEY: She is.

22

23 ROBERT - P28'S FATHER, HAVING BEEN SWORN, WAS EXAMINED  
24 BY MS. KILEY AS FOLLOWS:

25

14:36

26 CHAIRPERSON: Good afternoon. Can I call you Bob?

27 A. You certainly can, yes.

28 CHAIRPERSON: Thank you very much. Thanks very much  
29 for joining us. You've seen how it's done. You've

1           seen your wife give evidence. So, Ms. Kiley is going  
2           to ask you some questions based around your statement.  
3           You won't be here for very long. If you need a break  
4           at any stage at all, if you're uncomfortable, just let  
5           me know and we'll stop. Okay. Ms. Kiley. 14:36  
6           THE WITNESS: Thank you.

7 179 Q.    MS. KILEY: Okay, Bob. So as you know, the first thing  
8           that I'm going to do is read out the statement that you  
9           have made to the Inquiry, and you should have a copy of  
10          that in front of you. Do you have that in the file? 14:36  
11          A.    I do, yes.

12 180 Q.    And you will also -- should also have a list of ciphers  
13           referred to in your statement at the back of the file.  
14           Do you have that?  
15          A.    Yes. 14:37

16 181 Q.    Okay. So the first thing I'll do is read that out and  
17           then I'll ask you some questions:  
18  
19           "I, Robert, make the following statement for the  
20           purpose of the Muckamore Abbey Hospital Inquiry (MAH). 14:37  
21  
22           In exhibiting any documents I will use my initials R.  
23           So my first document will be R1.  
24  
25           My connection with MAH is that I am a relative of a 14:37  
26           patient who was at MAH. My son, Daniel, known as  
27           Danny, was a patient at MAH. I also attach a  
28           photograph of Danny at R1.  
29



1 The relevant time period that I can speak about is  
2 between January 2017 and 18th February 2019."

3

4 Bob, I am just going to pause there, because you will  
5 remember whenever I got to this stage of Helen's  
6 statement she corrected that that reference to  
7 January '17 should in fact be February '17, is that  
8 right?

14:37

9 A. That's correct, 14th February.

10 182 Q. So I'll make that correction and read out the sentence  
11 as it should be.

14:38

12

13 "The relevant time period that I can speak about is  
14 between 14th February 2017 and 18th February 2019.

15

14:38

16 My wife, Helen, has also given a statement to the  
17 Inquiry.

18

19 I find recalling the events surrounding Danny's care  
20 very difficult as I suffer from Post-Traumatic Stress  
21 Disorder. Therefore I have attached to my statement a  
22 file of information and photographs compiled by my wife  
23 and I at R2.

14:38

24

25 A lot happened prior to Danny going to MAH. I will  
26 start at the incident where I was called to Facility A  
27 in January 2017.

14:38

28

29 My son, Danny, who is disabled and has severe learning

1 disabilities, was living at Facility A at the time.  
2 Danny had lived in Facility A in Donaghadee for around  
3 two years prior to being admitted to the MAH.

4  
5 One evening, in or around January 2017, my wife Helen 14:38  
6 and I received a call from Facility A to go up as Danny  
7 had been arrested under the Mental Health Act. Myself  
8 and Helen went up immediately.

9  
10 Danny is a very affable person. To arrive and find him 14:39  
11 in such a state of mind was awful. He had smashed up  
12 his room, but Danny would never have touched an  
13 ornament in our house, or if he did he got upset. We  
14 found him in a terrible state.

15 14:39  
16 I don't want to get into that too much as I suffer from  
17 Post-Traumatic Stress Disorder.

18  
19 Danny used to have his music on, which kept him calm  
20 and happy. There was no music on that night. 14:39

21  
22 After that, we had Danny at home for two weeks but it  
23 was absolute hell. During this time, I wasn't well. I  
24 have heart and back problems and I had a back operation  
25 in March 2015. 14:39

26  
27 The way Danny came back from Facility A would be best  
28 described as "feral". He didn't resemble our son that  
29 we knew. Danny had been a calm, jokey, friendly and

1 loving person prior to this. We couldn't cope at home  
2 with him like this, no matter how much we wanted to.  
3  
4 Danny had been assessed and a care package was promised  
5 to us, but it never came, despite our desperation. 14:40  
6  
7 I tried to manage physically, but I just couldn't, and  
8 neither could my wife, Helen. We were faced with  
9 having no other choice and arranged with the social  
10 worker, H146, to get Danny transferred to MAH. It was 14:40  
11 at our request in the end, but we felt we had no other  
12 choice. He was put into MAH because we were advised  
13 that it was the best thing for him.  
14  
15 The night we took him to MAH was the longest night of 14:40  
16 our lives. He was only supposed to be there for six to  
17 eight weeks, but he ended up there for two years.  
18  
19 Danny was on the Cranfield Ward. It was classified as  
20 an assessment ward, but they took a long time assessing 14:40  
21 him.  
22  
23 Danny's room was very cell-like. The windows opened  
24 only a little bit for air, but you needed a key for  
25 that. It also had bars. The room didn't even have a 14:41  
26 chair at the start. His precious music player was put  
27 into a locked cabinet. Everything was screwed to the  
28 floor.  
29

1 He was put in MAH in his late 20s. It was the hardest  
2 thing we ever had to do to walk out of that place. We  
3 went as often as we could at the start, but we stopped  
4 going as often as it was destroying us.

14:41

5  
6 When Danny went into MAH he was a normal, chubby adult.  
7 After six or seven months in MAH, his face became drawn  
8 and he was covered in bruises. There were many  
9 incidents during his time at MAH, and I have documented  
10 some of them in the file attached at R2.

14:41

11  
12 I always reported the incidents to the nurse in charge.  
13 I can't remember their names, but they said this was  
14 because he was bumping into tables and bumping into  
15 other things, but there is only so long you can use  
16 those excuses.

14:42

17  
18 Some of the pictures in the file at R2 show a grip on  
19 his arm. You can actually see the fingermarks. We  
20 reported many incidents, more than the ones in the file  
21 attached at R2.

14:42

22  
23 Some of the nurses were very friendly. However, there  
24 was a particular nurse who was very dismissive of  
25 anything we said.

14:42

26  
27 During the family liaison meetings we were in some  
28 instances shouted down and at one point Helen was told  
29 to "shut up".

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

We never got any reasonable explanation about his bruises, which is why we began to document things, especially the bruising on his wrist. I made such a scene about that. I demanded that the nurse in charge, I can't recall her name, record it into the incident book. They said they couldn't find the incident book. I told them verbally because I thought that is how it needed to be done. I don't know if they ever did record it because they never informed me.

14:42

14:43

They said they would look into it but I never heard anything back. I am not aware of any investigation into the incident.

14:43

I spoke to the nurse in charge about it again and she said it was being dealt with. I spoke to our social worker, who was very dismissive of the whole thing.

There were other instances when Danny had black eyes. We took photos of some of these and they are documented in the file attached at R2.

14:43

We asked the staff, I can't remember who, "What is going on?" The excuse that was given was that he would walk into things or hit himself when he came out of the shower. The staff also said that Daniel would hit himself with his toys.

14:43

1 There were a lot of injuries during Danny's time in  
2 MAH. On one occasion, I think around two weeks before  
3 Christmas in 2018, we bought Danny some new clothes for  
4 Christmas, and Helen wanted to try them on Danny as he  
5 was back in yet another tracksuit. On changing Daniel, 14:44  
6 we noticed there were bruises on his legs and I spoke  
7 to the nurse in charge and we were promised an  
8 investigation.

9  
10 A few days later when we called up, the answer we got 14:44  
11 back from the MAH staff was that he must have walked  
12 into things or "Danny did it to himself". They said  
13 that Danny had a tendency to hit himself.

14  
15 Danny had a tendency to bite himself when he got 14:44  
16 agitated or upset. These bruises looked like welts. I  
17 was never informed about any formal investigation and I  
18 must have reported at least half a dozen incidents.  
19 Any time I asked for an update, I was told that I had  
20 to speak to my social worker. 14:44

21  
22 I believe that once the..."

23  
24 -- and it's a particular nurse who you describe with  
25 potentially identifying features, so I am not going to 14:44  
26 read those words out, Bob -- but you:

27  
28 "...believe that once that nurse came along Danny  
29 started getting thinner and more agitated.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

After about nine months we just wanted him out of MAH. Before we knew it, it was a year and he had been in there. All this time, Danny just got thinner, thinner and thinner.

14:45

The staff's attitude stank. Their attitude was that they were going to hide in the back and talk and let all the patients run riot.

14:45

On more than one occasion when we went in we were told there was an incident on the ward and that we couldn't come in to see Danny. I can't recall the dates or who the member of staff was on those occasions. We were told that we could go to see him at the visitors' room. However, it had no structure and there were none of Danny's toys or cars. The room was devoid of all love.

14:45

The Minister from our church, Jordan, was refused access when he went to visit Danny, even though he should have been allowed to visit under the Freedom of Religion Act. I do not know the date this happened or the staff member involved. Jordan was allowed to visit and we had told the MAH staff that.

14:45

There seemed to be a complete culture of out of sight, out of mind. At the start, things seemed to be okay as it was winter. By the time it came to summer and the doors were open things seemed happier and more relaxed,

14:46

1 but by the time it got to Christmas the staff didn't  
2 even have a tree up. There was no sign of Christmas,  
3 no warmth of home.

4  
5 By the time of Danny's first Christmas in MAH, he 14:46  
6 basically sat and rocked and was very agitated. If you  
7 approached him too quickly he jumped and instinctively  
8 his hands went up to protect himself.

9  
10 My wife, Helen, and I brought it up to the staff on 14:46  
11 duty. I can't recall who, but we never heard anything  
12 back. We mentioned it at a meeting with H146, Daniel's  
13 social worker.

14  
15 When Danny was in MAH, we brought him a whole load of 14:46  
16 new clothes, but when we visited he was always wet and  
17 dirty. I can't recall specific dates. We had to get  
18 him changed. We had to hunt around to get a towel and  
19 got one from the shower room, even though Danny had an  
20 ensuite. 14:47

21  
22 Whilst getting Danny changed we noticed that he had  
23 bruises all down his legs and back. I tried to find  
24 him some trousers. When I went into the cupboard it  
25 was full of rags, not his clothes. These were not the 14:47  
26 clothes that we had bought Danny. We cried.

27  
28 We were very upset about Danny's clothes. Everything  
29 seemed to be sent to the laundry to be industrially



1 cleaned. That was the explanation we got. Helen and I  
2 wrote Danny's name on everything and we had a laundry  
3 bag, we thought surely it would come back. However, a  
4 lot of it was not the right stuff. Even if it was  
5 Danny's, it was shredded.

14:47

6  
7 On one occasion, we had bought Danny some new trousers,  
8 which he only had for two weeks, and the knees were  
9 shredded and the backside was ripped out of them. Most  
10 of the time he was dressed in a tracksuit. They seemed 14:48  
11 to think that every disabled man should be wearing a  
12 tracksuit.

13  
14 All the nice things that we bought Danny were gone.  
15 All his cars and toys, too. Danny's Barney toy, which 14:48  
16 was so precious to him, was gone. We never got any  
17 explanation for this.

18  
19 I bought some expensive Tonka trucks that were  
20 supposedly indestructible, and they disappeared. We 14:48  
21 reported this to the nurse in charge, or the nurse who  
22 was on duty, but there was no explanation. I can't  
23 recall her name. She was a..."

24  
25 -- and you describe her.

14:48

26  
27 "She seemed to be just doing her job.

28  
29 Shortly after this, we received the word the Danny was

1 getting the bungalow. There was a lot of work to do  
2 converting the bungalow into two separate  
3 accommodations for Danny and another resident. We just  
4 wanted Danny out of MAH. We couldn't bring him home  
5 and there was nothing we could do. We were very 14:48  
6 worried about his weight loss and we reported it to the  
7 nurse in charge and the doctor. I can't recall their  
8 names. They both said that Danny didn't eat much.  
9 However, the staff would bring out food, set it in  
10 front of him and walk away. For example, they would 14:49  
11 put a yogurt pot in front of Danny, but Danny couldn't  
12 open the lid. His eyesight is poor and he has the  
13 mental age of 18 months. He couldn't open it and he  
14 needed assistance.

15 14:49  
16 Sometimes Helen and I were there and fed him, but the  
17 rest of the time they just set it in front of him.  
18 This happened even though the staff were told that he  
19 needed assistance in feeding and we reported it to the  
20 nurse in charge. We were told that there were staff 14:49  
21 shortages due to government cutbacks. It was a  
22 cacophony of horrors. They would blame everything  
23 under the sun except the fact that they were not doing  
24 their jobs.

25 14:49  
26 There were patients on the ward that were dangerous.  
27 They were bigger than me and I'm 6 foot tall. It was  
28 not the right environment and it was a completely  
29 inappropriate place to put Danny.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

His new accommodation came about only by us digging our heels in. It was Positive Futures' accommodation and there was a transition period for Danny to move across to the new bungalow.

14:50

The Positive Futures staff were not happy with the fact that they couldn't take Danny out for the first six to eight weeks of the assessment. They couldn't take Danny anywhere. That's when we realised just how much of a prison MAH had become. Danny had not done anything to warrant a sentence.

14:50

One of the Positive Futures' staff, Gordon, I can't recall his second name, wanted to take Danny out as part of the transition assessment but was not allowed to.

14:50

On another occasion Gordon actually witnessed Danny being manhandled by MAH staff wrongly and that he actually had to step in to help Danny. He said that he reported it to his line manager. Positive Futures came to us and notified us about the incident.

14:50

Positive Futures told us that they observed the issue of feeding - food being left out of reach. They also said they saw breaches of MAPA. They witnessed unsafe handling and rough handling. Anne Coffey is the director of Positive Futures and Simon Ward was the

14:51

1 other member of staff in charge. Gordon reported these  
2 incidents to us.

3  
4 I don't know if there was an investigation in MAH in  
5 relation to these incidents. They were reported and 14:51  
6 the MAH social worker and Danny's social worker were  
7 supposed to be involved in investigating these  
8 incidents.

9  
10 In the final two to three months, the staff from 14:51  
11 Positive Futures were on the ward with Danny more often  
12 for his assessment. Once they were involved we noticed  
13 the bruising stopped. All along Helen and I believed  
14 it was neglect.

15 14:51  
16 We started to notice a deterioration on the ward  
17 regarding staff levels around this time, which would  
18 have been from around October 2018 through to when he  
19 left in February 2019.

20 14:51  
21 We noticed a lack of staff training and that there were  
22 a lot more agency workers and a lot of dinners  
23 untouched.

24  
25 The biggest shock for me with Danny was the weight 14:52  
26 loss, the bruises, the marks and the bumps. Some could  
27 have been accidental, but some were obviously caused by  
28 someone. I took great exception to someone doing this  
29 to Danny and it was reported to the nurse in charge and

1 Clinical Director at family meetings. A couple of  
2 times we were told this was not the best place to  
3 discuss this. But if that is not the place, then where  
4 is?

5  
6 There's another incident that I would like to mention  
7 in my statement which doesn't involve Danny. One day,  
8 I was about to go to Danny's room and I noticed three  
9 members of staff physically dragging someone to the  
10 bathroom. I don't know who he was, but he was a  
11 resident. That would have been around February 2018.

12 There was no one around to report the incident to so I  
13 mentioned it to our social worker, H146, as I didn't  
14 want to be seen to be interfering and it didn't  
15 directly affect Danny. It was always hanging over us  
16 that if we didn't play ball Danny could be sent home to  
17 us. We knew it was going to be hell and that we  
18 wouldn't have been able to cope mentally and  
19 physically.

20  
21 Danny now lives with Positive Futures in the bungalow.  
22 He loves it and he has staff to look after him. It's a  
23 bungalow and it was a good opportunity. It was an  
24 organisation that we have experience with as Danny's  
25 twin was under their care. It is only now when Danny  
26 is at Positive Futures that we are starting to feel  
27 slightly more relaxed. However, we think if the  
28 incidents ever happened again, how would we be able to  
29 cope? I know I wouldn't be able to.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

The professional staff at MAH talked to us like we were stupid. They had a bad attitude and treated us like some lower form of life. They were dismissive and at times damn rude. If Danny had to go through that again, I think he wouldn't make it; I know I wouldn't be able to handle it.

14:53

I feel angry, bitter and frustrated because our son was supposed to be there at MAH in a place of safety, but it is obvious that he wasn't. What makes it a hundred times worse is that I blame myself for putting him in there. If Social Services had done their job right to start with, or given us the help that we needed, maybe Danny would not have had to go to MAH.

14:54

14:54

We didn't receive any notification about the police investigation or arrest to begin with. We found out from the TV that eight staff members had been arrested and charged. Now we are part of the loop and it's easier we are included.

14:54

The police came to our house with another person and told us that there is CCTV evidence showing that there are at least 17 incidents involving Danny being mistreated. Every week there is a phone call telling us about new arrests and updates. The police have not divulged any specifics of the incidents, no names or dates. This is nearly worse as your mind plays tricks

14:54

1 on you. The police are very good at keeping us up to  
2 date. It makes things a lot easier and it is  
3 appreciated.

4  
5 I want to say that Helen and I feel failed. I feel 14:55  
6 that we have been let down and our son has been let  
7 down by what we consider to be caring professionals.  
8 This has tainted the way we look at any professional  
9 now. We have become very insular as a family. Friends  
10 become very scarce if you try to tell them how you feel 14:55  
11 about what happened. We have no friends as such any  
12 more.

13  
14 There has been very little support or help for us  
15 mentally. Danny has received very little help too. 14:55

16  
17 Helen, my wife, has great difficulty bonding with Danny  
18 now because of all the stress. Every time I see Danny  
19 I feel guilty because I took him there to MAH."

20 14:55  
21 I'm not going to read the next section, Bob, which is  
22 just about giving evidence. And if you turn over to  
23 section 5, then you will see the declaration of truth,  
24 and your signature is at the bottom there. Can you see  
25 that? And you have signed that on 14th July 2022. 14:56

26 A. Yes.

27 183 Q. So having heard me read that, Bob, are you happy that  
28 your statement is accurate?

29 A. Yes.

1 184 Q. And do you want to adopt that as the basis of your  
2 evidence before the Inquiry?  
3 A. I do, yes.

4 185 Q. And are you okay to continue? I have a few questions  
5 for you, not too many, are you okay to continue with 14:56  
6 those now or would you like a break?  
7 A. I'll continue.

8 186 Q. Okay. So, Bob, there are two exhibits to your  
9 statements. One is a photograph of Danny, and we've  
10 got a better copy of that - I'll come to that in a 14:56  
11 second. The second is a mixture of photographs and  
12 text, which I think you referred to as a file, that's  
13 something both you and Helen compiled, is that right?  
14 A. That's correct, yes.

15 187 Q. And that was something you compiled to help you prepare 14:56  
16 to make your statement to the Inquiry, isn't that  
17 right?  
18 A. That is right.

19 188 Q. And, in fact, the information in that, and the  
20 photographs in that, are now reproduced in your Inquiry 14:57  
21 statements, in either yours or Helen's, isn't that  
22 right?  
23 A. That's correct.

24 189 Q. So I'm not going to read that all out because it has  
25 already been read as either part of your statement or 14:57  
26 Helen's statement. Are you happy enough with that?  
27 A. I am happy enough.

28 190 Q. And the same goes for the photos that are in that. You  
29 will have seen earlier they were reproduced in Helen's



1 statement and I took Helen through those. There is one  
2 photo that I wanted to bring up, and that is R1, but  
3 the better copy appears at H3. So it should be -- it  
4 should come up on your screen, Bob. And, in fact,  
5 there's an even better copy in hard copy in front of 14:57  
6 you. So these are the same photographs as Helen's,  
7 number 3?

8 A. That's one of Danny and myself at home.

9 191 Q. Yes. When that was taken?

10 A. That was taken, ehm, about a week or so after we got 14:58  
11 him home from Facility A.

12 192 Q. Right. So that was in 2017, then, February -- around  
13 about January or February 2017?

14 A. I think so, yes.

15 193 Q. And you have nice matching shirts on there? 14:58  
16 A. We do.

17 194 Q. And another photo that you have since provided is Photo  
18 C, which is at the back of that bundle, that I know you  
19 also wanted to show the Panel, and I think it can again  
20 come up on the screen. Have you got that? That's you 14:58  
21 and Danny I think dressed as Santa Claus, is that  
22 right?

23 A. That's it. Danny was doing his best for a Santa  
24 impersonation.

25 195 Q. When was that taken? 14:58  
26 A. That was taken not last Christmas but the Christmas  
27 before. That would have been Christmas '20.

28 196 Q. 2020?

29 A. Yeah.

1 197 Q. So was that at your house or his new --  
2 A. That was in his new bungalow.

3 198 Q. And you can see the Christmas tree behind you and  
4 you've also got a fine Father Christmas jumper on  
5 there? 14:59

6 A. That's right, yeah.

7 199 Q. Bob, I wanted to ask you about something in your  
8 statement that you particularly referred to a few  
9 times, and that was the attitude of staff in Muckamore.  
10 You referred to that throughout your statement, and you 14:59  
11 said on one occasion that you felt the attitude of  
12 staff stank. Can you explain what you mean by that to  
13 the Inquiry?

14 A. Most of the staff when we were at - up and down to  
15 Muckamore, and I will say when I say "most of the 14:59  
16 staff", I do mean the majority of staff, their attitude  
17 was out of sight/out of mind. They had the tendency  
18 just to let the inmates run riot, and they preferred to  
19 huddle in groups and talk in the back room and stuff  
20 like that. And any time you asked them for something 15:00  
21 it was almost like you were interrupting them. A  
22 couple of times, like when I would have brought  
23 Daniel's dinner out, they wouldn't even have cutlery.  
24 So how did they expect him to eat?

25 200 Q. And was that something that you observed on the ward? 15:00  
26 A. That was on the ward, yes.

27 201 Q. And so whenever you described the other patients  
28 running around, whereabouts on the ward did that  
29 happen?

1 A. When you go through into Cranfield there's an open area  
2 just as you go into the ward, where they have dining  
3 room tables situated. Daniel, at times, we would find  
4 him sat at a table there and there would be food in  
5 front of him, including things like yogurt with a lid 15:01  
6 on, and Daniel's eyesight is very poor so he wouldn't  
7 be able to find anything to open the yogurt with  
8 anyway, or he doesn't have the dexterity to do it and,  
9 yet, they still repeatedly kept leaving his food there.  
10 And more than once they said "oh, he is not hungry". 15:01  
11 How they knew he wasn't hungry when they didn't bother  
12 trying to feed him is beyond me.

13 202 Q. And where were the staff on those occasions?  
14 A. Generally had two or three staff in behind the counter.  
15 One in the kitchen area and the rest of them would have 15:01  
16 been in a back room.

17 203 Q. And you describe them as hiding?  
18 A. They used to sort of --

19 204 Q. Why did you get that impression?  
20 A. They would put the patients on one side of a counter 15:01  
21 and they would be the other side of the counter. And,  
22 as I said, in one of the points I talk about some of  
23 the residents being bigger than myself. There were  
24 some patients who were in Cranfield who obviously had  
25 mental problems, mental-health problems, and, as such, 15:02  
26 I mean I was frightened of them and I'm 6 foot. I can  
27 imagine some of the staff were probably in the same  
28 way, and I felt at times that they used the barrier as  
29 a way to distance themselves from them. But it also --

1           it always felt like the inmates were running the  
2           asylum.

3   205   Q.   And you also commented in your statement about staffing  
4           levels, and I think you particularly identified a  
5           period between October '18 and February '19 as a time   15:02  
6           when you noticed a particular deterioration in the  
7           staff levels. How was that apparent to you?

8           A.   Well, for argument's sake, a normal staffing level any  
9           time we were there would be between five and six  
10          members of staff. Sometimes when we were on the ward I   15:03  
11          observed only three members of staff to cover the whole  
12          floor, and it seemed to coincide -- now we only know  
13          this with hindsight -- with staff being suspended for  
14          the purpose of investigation, and we only know this now  
15          because of the Inquiry, but there were staff that were   15:03  
16          disappearing off the ward and they weren't replaced, or  
17          if they were replaced, they'd be replaced with an  
18          agency staff member who hadn't a clue what was going  
19          on.

20   206   Q.   And what sort of impact do you think that staff   15:03  
21          attitude and staffing levels had on Danny's care at  
22          Muckamore?

23          A.   We observed a lot more bruising, and a lot more times  
24          when Danny was stinking. He was unkempt. He was  
25          dirty. One day we went in, and it was around half   15:04  
26          eleven, quarter to twelve, and he was still in his bed  
27          and there was a tide mark in his bed from -- I mean  
28          Danny had a tide mark from his neck to his ankles where  
29          he had obviously soiled himself and weed, and he was

1 still lying in that at half eleven, and it shouldn't  
2 have been allowed.

3 207 Q. Was any explanation given to you as to why he was in  
4 that state?

5 A. Oh, I challenged the nursing staff why Daniel was still 15:04  
6 in bed at this time and they said "oh, he was tired".

7 208 Q. Was any --

8 A. He might have been tired, but it wouldn't have hurt  
9 them to change him.

10 209 Q. Did they explain why he hadn't been changed? 15:04

11 A. Well the excuse that we got was "Oh, we were busy with  
12 other patients". There was always an excuse. There  
13 was never -- nobody was ever honest with us.

14 210 Q. You also, in your statement, described observing an 15:05  
15 incident in respect of another patient, not Danny. So  
16 you heard me read that out. That's the incident you  
17 describe at paragraph 38 of your statement.

18 A. Yeah.

19 211 Q. And I think you say it would have been in and around 15:05  
20 February 2018. Can you describe for the Panel what you  
21 saw?

22 A. Daniel's room at that time was on the left-hand side of  
23 the building. So when you came through the main doors,  
24 you had the reception desk on your left -- sorry,  
25 Danny's room was over on the right, second door on the 15:05  
26 right. I had went in to get something and I was coming  
27 out because I couldn't find it and I was looking for a  
28 member of staff, and that meant I was looking directly  
29 left up the corridor, and as I looked up the corridor

1           there was three members of staff - two men and a woman,  
2           and they were dragging, physically dragging a patient  
3           towards what I knew were the shower rooms, because I  
4           had been there before and got a towel before now, and I  
5           mean they weren't being too gentle about it, they were 15:06  
6           physically dragging this person.

7 212 Q.    Do you know if the patient was male or female?  
8           A.    The patient was a male.  Approximately mid-20s, I would  
9           have said.  He was quite stocky.  He was about my  
10          build. 15:06

11 213 Q.    You said you didn't raise that with anybody on the  
12          ward, isn't that right, but you raised it with the  
13          social worker?  
14          A.    I raised it with our social worker.

15 214 Q.    When did you do that? 15:06  
16          A.    Literally when I went home.

17 215 Q.    And what response did you get to that?  
18          A.    She would investigate it and get back to us.

19 216 Q.    Were you ever contacted as part of any investigation?  
20          A.    No, in fact two or three days later I phoned up to 15:06  
21          actually find out if anything was being done about it,  
22          and she said that they were dealing with it, and that  
23          was the last I've heard.

24 217 Q.    I want now to ask you about the transition that Danny  
25          had from Muckamore to his new home, and you describe a 15:07  
26          bit about that in the statement.  And one of the things  
27          you said was that one of the staff in Positive Futures  
28          wanted to take Danny out as part of that transition,  
29          but he wasn't allowed.  Were you given any explanation

1 as to why that wasn't allowed?

2 A. We were told the reason why was because he was  
3 sectioned under the Mental Health Act and he wasn't  
4 allowed to leave the building.

5 218 Q. And who was it - without telling any names, can you 15:07  
6 remember who in Muckamore, what their role was?

7 A. She was the charge nurse.

8 219 Q. The charge nurse told you that. Okay. You also  
9 referred to Positive Futures, an incident that Positive  
10 Futures themselves notified you about, and that was 15:08  
11 something that they observed in interactions between  
12 staff and Danny. Can you recall when that took place?

13 A. It roughly took place around about -- well, between  
14 January and February of 2018/'19.

15 220 Q. What did they tell you about it? 15:08

16 A. They said that they had went in and -- well Gordon,  
17 staff member, said that he had went in and he found  
18 that there was a couple of staff members physically  
19 trying to drag Daniel to change him. And he wasn't  
20 happy with the way they were physically manhandling him 15:08  
21 and actually stepped in and said that he would carry on  
22 and do Daniel, because Gordon was like myself, Daniel  
23 never, ever acted up whenever I changed him, and he  
24 couldn't understand why it took two of these guys to  
25 try and physically change Daniel. But they literally, 15:09  
26 they had Daniel's arm and they had grabbed it that  
27 tight, I actually took photographs of the grab mark.

28 221 Q. When Gordon told you about that incident, was that the  
29 first time that you had heard about it?

1 A. That was the first time I had heard about that one.

2 222 Q. And did you ever discuss that particular one with any  
3 staff at Muckamore?

4 A. I spoke to the nurse in charge and I spoke to the  
5 Clinical Director's secretary, and to the Clinical 15:09  
6 Director, because we had a meeting later that day - one  
7 of these assessment meetings - and I brought it up  
8 there and, once again, I was told it wasn't the place,  
9 you know, not the place to bring it up, and...

10 223 Q. Were you told what was the place to bring it up? 15:10

11 A. No. That was the problem. I mean I reported it in the  
12 best way I can. I mean, the problem is, I just felt  
13 like we were banging our head against a brick wall  
14 because you can't -- you say something to someone and  
15 it just goes down the ether. Nobody ever seems to do 15:10  
16 anything about it.

17 224 Q. Were you aware of any investigation into that  
18 particular incident?

19 A. I know that our social worker, H146, she was told about  
20 it, as well as the family liaison officer up at 15:10  
21 Muckamore, and I was told that they would investigate  
22 the issue and get back to me. Nothing was ever done  
23 about it.

24 225 Q. So you don't know what the outcome of that  
25 investigation was? 15:11

26 A. No.

27 226 Q. One of the other things you describe, Bob, is a lack of  
28 support for, not just Danny but for you and Helen, and  
29 I wanted to ask you a bit about that. What -- what



1 type of measures do you think that Muckamore could have  
2 put in place that would have helped you and Helen feel  
3 supported?

4 A. We could have -- they could have made the place feel a  
5 lot more homely, to start with. I mean, Daniel's room 15:11  
6 literally was a cell. I don't know if anybody in this  
7 room has actually been in a police cell, but I have,  
8 unfortunately, been in one or two -- not as an inmate,  
9 I might add -- in my connection with my church.  
10 Daniel's -- everything in Daniel's room was physically 15:12  
11 bolted down. There was bars on his windows. There was  
12 a key to try and open the window. You couldn't even --  
13 there was no curtains because it was actually wooden  
14 shutters, was for control with a key, and, you know,  
15 there was no pictures. No nothing. It was just a room 15:12  
16 with a bed that was screwed to the floor, a plastic  
17 mattress, an ensuite, and that was the room.  
18 Eventually we managed to get a chair for it. But also,  
19 I mean, there was no -- there was never any offering of  
20 counselling or help with the transition, because both 15:12  
21 Helen and I suffered quite a lot from guilt with  
22 leaving Daniel there, especially the amount of  
23 incidents that we saw when Daniel was being hurt, and  
24 they have been reported, and I must have reported at  
25 least more than half a dozen, a dozen times, incidents 15:13  
26 where Daniel had been hurt, and it was only because I  
27 took my phone with me and I took photographs. And the  
28 only reason why I took photographs was to safeguard  
29 Helen and I, because I was waiting for someone to

1           accuse us of hurting our son.

2 227 Q.    Helen has taken the Panel through the photographs that  
3           you have provided to the Inquiry, and she and you have  
4           both told the Inquiry about how you raised some  
5           incidences that you observed with Muckamore. Have you 15:13  
6           ever shown anybody connected with Muckamore the photos  
7           that you have shown the Inquiry?

8           A.    No.

9 228 Q.    Okay. What about Danny's new home. How is he doing  
10          there? 15:13

11          A.    Danny is doing very well. He's happy. He's put the  
12          weight back on, thankfully, and we -- he is finally  
13          back to his singing and talking a wee bit, which we  
14          hadn't heard for well over four years.

15 229 Q.    What type of facility is that? Is it nursing or 15:14  
16          support living?

17          A.    It's a residential home with -- well there's three  
18          members of staff to look after Daniel and there's three  
19          members of staff look after another resident. So the  
20          staffing levels are quite high in it. It's 24-hour 15:14  
21          care. He has his own living room, bedroom, kitchen and  
22          that, and they're very, very good to him. Take him out  
23          a lot in the car and, you know, they fill his days with  
24          trips and eating.

25 230 Q.    Is he still listening to Shania Twain? 15:14

26          A.    He's still listening to Shania Twain. Unfortunately!

27 231 Q.    Bob, I don't have any other questions for you because I  
28          don't want to ask you to repeat matters that Helen has.  
29          But is there any other matter that you would

1 particularly like to raise with the Inquiry or tell the  
2 Inquiry about?

3 A. It's an answer to a question that was raised by --  
4 sorry, I don't know your name.

5 DR. MAXWELL: That's okay.

15:15

6 232 Q. MS. KILEY: Dr. Maxwell.

7 A. -- one of the Panel members, about why Daniel went in  
8 to Muckamore and how he went in. Whenever we got  
9 Daniel from Facility A, when we were called to Facility  
10 A -- now, if you can imagine Daniel is -- well he is

15:15

11 just slightly shorter than I am, with -- well, he's got  
12 my build now, but he didn't have then, but he was a  
13 normal build -- a giant toddler is the only way to  
14 describe him, because he is 18 months mental age. He

15 would quite happily sit and block with his Duplo or

15:16

16 play with his bricks. When we were called to Facility  
17 A on the night before Muckamore, or two weeks before  
18 Muckamore, and when we got down there and I found a  
19 policeman kneeling on Daniel's back trying to handcuff  
20 him, face down, this kid was screaming the place down  
21 trying to get up. Didn't understand what was going on.

15:16

22 That's why we took Daniel home. We weren't going to  
23 leave Daniel like that. But taking Daniel home, we  
24 were also faced with the fact that the social worker  
25 and the police were ready to section Daniel that night

15:16

26 and I said, no, I was taking Daniel home. So we took  
27 Daniel home, managed him for two weeks with Helen, and  
28 fought with the social services to try and get a care  
29 package. But after the two weeks, it was obvious that

1 we weren't going to cope. Daniel had become completely  
2 feral. I mean there's no other word to describe it.  
3 He would attack anyone or anything that came within  
4 arm's reach. He would lash out, he would bite, and he  
5 just -- I mean he was in full fight or flight mode, and 15:17  
6 that's the reason why eventually we ended up having to  
7 get him committed into Muckamore. Whenever we took him  
8 up to Muckamore it was on the advisement of the social  
9 worker, and it was her that arranged the original  
10 sectioning. So that's the reason why Daniel was taken 15:17  
11 in. But we were faced with that situation because  
12 Social Services didn't do their damn job, and we put  
13 him into Muckamore thinking that we were putting our  
14 son in a place which was actually going to help him,  
15 and within six months of Daniel going into Muckamore, 15:17  
16 he was black and blue. And I don't see any justice in  
17 that.

18 MS. KILEY: Okay, Bob. Thank you. I have no other  
19 questions, but the Panel may have some more for you.

20  
21 END OF EXAMINATION BY MS. KILEY

22  
23 ROBERT, P28'S FATHER, WAS QUESTIONED BY THE INQUIRY  
24 PANEL AS FOLLOWS:

25  
26 CHAIRPERSON: Could I just ask this about the sort of  
27 care package that you were hoping to get and what might  
28 have helped you? What was the level of care package  
29 that you would have hoped for?

1 A. The care package that we were promised was at least  
2 three members of staff to help us with changing Daniel,  
3 settling him down and, you know, helping to get him  
4 back so that we could get him back into the day centre,  
5 because once he was at the day centre -- disabled kids, 15:18  
6 or young people especially, they like routine, and half  
7 the problems with -- Daniel hadn't any routine, so  
8 that's why he was getting agitated. Because in his  
9 mind he couldn't understand why he wasn't at school,  
10 why he wasn't doing the things he wanted to do. And 15:19  
11 that's what we were promised; we were promised help,  
12 especially at night, because while Daniel was home for  
13 two weeks I had approximately two hours sleep in two  
14 weeks.

15 233 Q. And that would have been three members of staff for how 15:19  
16 many hours a day?

17 A. That would have been at least 14 hours a day. Well, we  
18 had two during the day and one sleepover at night.  
19 CHAIRPERSON: Right. Okay. Sorry, Prof. Murphy.  
20 PROF. MURPHY: Thank you for explaining about Daniel's 15:19  
21 time in Muckamore. I wondered if I could ask you about  
22 what you understood about his behaviour in Muckamore,  
23 because usually when people are sectioned under the  
24 Mental Health Act, their behaviour is very disturbed,  
25 and what you describe just before he went in does sound 15:20  
26 disturbed. But after that, did you think he was  
27 showing disturbed behaviour? Did anyone ever say to  
28 you he has attacked members of staff, he has been  
29 restrained, or anything like that?

1 A. After Daniel was put into Muckamore, we never got one  
2 member of staff came to us and said that Danny had  
3 attacked them. And I think actually at the start  
4 Muckamore was very therapeutic because it was a  
5 controlled structure at the start. When their staffing 15:20  
6 levels were fine, there wasn't a problem, but it's only  
7 whenever they -- whenever Daniel went in there, it was  
8 in February. Come the springtime, the doors were open  
9 outside, you know, they were allowed to wander into the  
10 garden, and there was a bit more freedom, and Daniel 15:21  
11 was happy with that. Once the winter started coming  
12 in, that's when they closing in and there wasn't the  
13 staffing levels.

14 234 Q. Did he get to go to daycare in Muckamore? Because  
15 there was daycare there. 15:21

16 A. Only in the last six months of his time there. That  
17 would have been his final year, 2019 -- 2019 -- well,  
18 end of 2018/2019, he went to daycare in Muckamore one  
19 day a week.

20 235 Q. One day a week? 15:21

21 A. That's all they would allow him.

22 236 Q. And they never explained to you why he didn't get that  
23 before? Because he was obviously a young man who had  
24 enjoyed daycare previously?

25 A. Their reason before that was that he wasn't suitable 15:21  
26 for a placement in it. And I don't know, maybe they  
27 had their own criteria, but that was what we were told.

28 PROF. MURPHY: Okay. Thank you very much.

29 CHAIRPERSON: Sorry, I am just following the same line.

1 He was obviously detained under the Mental Health Act.  
2 Then there came a time when you were told he was no  
3 longer detained under the Mental Health Act and he was  
4 there voluntarily. Can you remember how far through  
5 his period of Muckamore that was? 15:22

6 A. Well, I think by the time we got to April -- from  
7 February to April, end of April --

8 237 Q. April '18?

9 A. Yes.

10 238 Q. Yes. 15:22

11 A. He was no longer sectioned then.

12 239 Q. No.

13 A. And he was there classified as a voluntary resident.  
14 By the time we got to September again of that year,  
15 they had re-admitted him as -- under the Mental Health 15:23  
16 Act, and they seemed to have a policy of bouncing  
17 between one and the other, because they were almost  
18 aware of the fact that there was nowhere they could  
19 send them.

20 240 Q. No. And that second admission under the Mental Health 15:23  
21 Act, were you given an explanation as to what had  
22 occurred to trigger that?

23 A. No. We weren't. I was just -- we were in -- I was in  
24 the family liaison meeting and they just brought it up  
25 in front of us and just said "and we're continuing to 15:23  
26 keep Daniel under the Mental Health Act".

27 MS. KILEY: Chair, just on that.

28 CHAIRPERSON: Yes.

29 MS. KILEY: You will recall that Helen also mentioned

1 those times and the letters in April and September, and  
2 I think she can make the letters available to the  
3 Inquiry.

4 CHAIRPERSON: That would be helpful.

5 MS. KILEY: So we can pursue that. 15:23

6 CHAIRPERSON: That would be helpful. And it's  
7 something we're going to want to follow up later with  
8 the Trust. Yeah.

9  
10 END OF QUESTIONING BY THE INQUIRY PANEL 15:23

11  
12 MS. KILEY: Yeah. There's nothing further.

13 CHAIRPERSON: Is there anything else you want to say to  
14 us?

15 A. The only thing I want to say, to reiterate what my wife 15:24  
16 said is that whether it be Daniel or any other patient  
17 in Muckamore, I felt that the staff that worked there  
18 were jaded and didn't really care for their job, and I  
19 think that's reflected in how they treated some of the  
20 patients. 15:24

21 CHAIRPERSON: Yes. Can I just thank you on behalf of  
22 the Inquiry. I know how difficult it has been for you  
23 and your wife to come and give evidence today, and so  
24 we are very grateful for you making such a huge effort  
25 to come along and tell us all about Daniel, and it's 15:24  
26 been very important evidence. So thank you very much  
27 indeed.

28 A. Thank you for allowing us the opportunity.

29 CHAIRPERSON: Thank you.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

THE WITNESS THEN WITHDREW

CHAIRPERSON: I think that completes our evidence for today.

15:25

MS. KILEY: It does.

CHAIRPERSON: Can I just mention publicly that I understand that it is very likely in relation to the witness tomorrow morning that a full restriction order will be applied for, and that is effectively under the MOU that we have. So it is likely that Hearing Room B will have to be closed. Obviously I would need to hear the application tomorrow, but it's just to warn parties who may be interested that there may have to be a full restriction order. And tomorrow afternoon we will not be sitting, for the reasons that we indicated earlier.

15:25

15:26

Can I thank everybody very much for today and we will see you tomorrow morning at 10:00 o'clock.

MS. KILEY: Thank you, Chair.

15:26

THE INQUIRY WAS THEN ADJOURNED TO THURSDAY, 29TH  
SEPTEMBER 2022 AT 10:00 A.M.