

ORGANISATIONAL MODULES 2024

**MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT**

**Statement of Grainne Close
Date: 8th May 2024**

I, Grainne Close, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made on behalf of Mencap in response to a request for evidence by the Inquiry Panel.

This is my first statement to the Inquiry.

There are no documents produced with my statement.

Qualifications and positions

1. I am the Director of Mencap I hold a BSc degree in Community Development. I hold a Master's degree in Voluntary Sector Management.
2. I have held this position in Mencap from August 2021 to present.

Module

3. I have been asked to provide a statement for the purpose of Module 1: Patient Advocacy and Representation.
4. My evidence relates to paragraphs 10 to 13 of the Inquiry's Terms of Reference.
5. I have been asked to address a number of questions/ issues for the purpose of my statement. I will address those questions/issues in turn.

Q1. Please explain the role of Mencap Northern Ireland (Mencap NI) in providing advocacy services and representation for patients at Muckamore Abbey Hospital (MAH) and/or their relatives across the time period covered by the Terms of Reference, that is between 02 December 1999 and 14 June 2021. In answering this question please provide:

i An explanation of the type(s) of advocacy and representation services provided by Mencap NI for patients at MAH and/or their relatives.

6. Mencap originally provided information and advice through a dedicated helpline and region-specific local advisors. This service was designed to assist and support individuals with learning disabilities, and their families in making crucial life decisions. Circa 2008, Mencap offered a specialist independent advocacy service supporting people with learning disability and their families through court proceedings and supported the resettlement of people from long stay hospital into the community.

ii An explanation of the method(s) by which a patient at MAH and/or their relatives is made aware of the advocacy and representation services offered by Mencap NI.

7. Mencap provided an independent advocacy service to individuals and/or families who could also make self-referrals. The advocacy services would have been advertised across all the resettlement teams across all HSCT areas; leaflets, posters, and information would have been available in MAH. Having access to an independent advocacy service, funded by the HSCB, would have been part of the resettlement process, and referrals would have come from the Resettlement Teams, usually social workers within the disability teams for their clients. Our local advocacy advisors would have accompanied individuals and supported families and attended Multi-Disciplinary Team Meetings at MAH and resettlement meetings when requested.

iii An explanation of the method(s) by which Mencap NI can communicate any concerns about MAH which are raised by MAH patients and/or their relatives.

8. Mencap have clear reporting procedures for dealing with concerns and as part of the contract management arrangements, would ensure that a written record including actions taken would be shared with the Trust, as well as the monthly monitoring report identifying the number(s) of HSCT clients supported. If the concern was of a serious nature, this would have been shared with the social worker within one working day of being received. Regular progress reports and updates were provided as well as communication with the individual's social worker and families to ensure that concerns were dealt with. Concerns would be raised with the resettlement team and at the Multi-Disciplinary Team meetings.

iv Where possible, the number of MAH patients and/or relatives who have engaged Mencap NI advocacy and representation services, broken down by year.

9. Loss of funding and reduced service provision have constrained Mencap's data collection process for certain periods; we unfortunately do not have a complete annual breakdown of the number of MAH patients and/or relatives who have engaged Mencap NI advocacy and representation services from 2008 onwards. However, we do have documentation since 2018 via the NHSCT contract.

Q2. Does Mencap NI keep a central register of the types of complaints made by MAH patients and/or their relatives? If so, is that used to identify patterns and trends? If so, to whom does Mencap NI report any identified patterns and trends.

10. Mencap does not maintain a central register specific to NHSCT resettlement clients. The advocacy worker, working closely with NHSCT, provides monthly monitoring reports to Mencap's SMT and NHSCT. The advocacy staff members have a record of concerns and the actions and progress to resolve in accordance with Mencap's policies and procedures and contract management arrangements.

There is a clear protocol in place to ensure all safeguarding concerns are promptly and appropriately reported to the NHSCT.

Q3. Please describe at what level Mencap NI communicated with the Belfast Health and Social Care Trust (BHSCT), or directly with staff at MAH, in relation to advocacy and representation services.

11. When adequately resourced, and pre-Covid, Mencap had a well-established presence, visibility and accessibility in relation to the advocacy and representation of individuals and their families in the resettlement of people from long-stay hospital to the community. The integration of the Mencap Advocacy Service in MAH would have been integral to the transition planning for the resettlement of individuals and their family from hospital to the community – families would have been made aware of the service and referrals would have been made by the community disability teams in BHSCT and/or NHSCT. The advocacy service was well-signposted in MAH and there would have been educational posters, leaflets throughout the resettlement wards. The purpose of the service and details of the advocacy staff would have been provided and the service would have been known to the 'Friends of Muckamore'. BHSCT community-based disability teams, Senior leaders, MDT and MAH hospital staff and external Health and Social Care providers would have been aware of the Advocacy service. However, a loss of funding for the Advocacy service has reduced the capacity and level of service provided.

Q4. In Mencap NI's experience, did BHSCT or MAH staff encourage and assist the provision of advocacy and representation services to MAH patients and/or their relatives?

12. Providing independent advocacy services often entails assertively seeking information, challenging decisions, and asking critical questions to safeguard and promote the best interest of the individuals we represent. In my role as Director of Mencap from 2021, it was never brought to my attention that the advocacy service Mencap provided was discouraged or encouraged by BHSCT or MAH. I was made

aware of the challenges to provide the same service level during and post-Covid for individuals and their families.

Q5. When, and in what circumstances, did Mencap NI first become aware of allegations of abuse by staff at MAH? What action, if any, did Mencap NI take in response?

13. I have been in the position of Director of Mencap NI since August 2021. I do not have detailed historical information about when Mencap first became aware of the allegations of abuse, or the actions taken prior to my tenure. There was a 12-month gap between my predecessor's departure and my accession to the position. I initially reviewed available records and handover notes and any actions taken by my two predecessors. I met with one of the advocacy advice workers; the other was off on long-term absence. I wanted to ensure that ongoing support and advocacy services were being provided to people affected by the allegations. I realised a large number of people with learning disabilities supported by Mencap were indirectly impacted by the reporting in the media. Mencap supported and arranged meetings with people we supported and their families, to offer support. We encouraged families and individuals to participate in the MAH Public Inquiry.

14. In my role as Director of Mencap NI, I sit on the Muckamore Departmental Assurance Group (MDAG) as an observer. I have contributed to the Independent Review of the Learning Disability Resettlement programme in Northern Ireland by Bria Mongan and Ian Sutherland (July 2022).

Q6. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of paragraphs 10-13 of the Terms of Reference?

15. As the Director of Mencap, I want to be as transparent and share as much information to support the learning disability community and their families. I acknowledge the limitations of only taking up position in August 2021. However, I

can direct further queries to appropriate colleagues if further information is required.

16. Since 2018, Mencap have provided a reduced service due to a reduction in funding for Independent Advocacy Services.

Declaration of Truth

The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: *Grainne Close*

Date: 08/05/24