

Tuesday, 26 November 2024

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(10.00 am)

MR GRIFFIN: ... Amanda, put up the photograph.

(Photograph was displayed)

Thank you. Now play the video.

Pre-recorded statement by KAREN MICHEL

MS MICHEL: Marion was born in August 1965 and grew up in Jersey in a small family which consisted of her parents and younger sister, me. Whilst growing up, Marion enjoyed days out at the beach, playing board games and cycling with friends. She didn't really enjoy school but passed her exams and started work in a Bank after leaving school. Finance, maths and organisation came naturally to her. She then worked in various office administration roles and also during some of the summer seasons worked at various hire-car companies. Marion enjoyed office work and continued to work in these roles on and off throughout her life. Due to her mental health and difficulties dealing with stress, eventually working became a struggle. She subsequently enjoyed working part time as part of an organised work scheme. Her last role being in environmental health, where she enjoyed having insider knowledge about local restaurant ratings.

Marion learned to drive at 17. She liked cars and

1 driving, starting out with a bit of a banger then
2 progressing quickly to a black Mini which was customised
3 with the help of her Dad: wide wheels, bucket seats etc.
4 Her next car was an upgrade to a turquoise VW Scirocco,
5 which was a classic 1980s car. She cruised round in
6 this listening to the soundtracks of the time, Tina
7 Turner and Dire Straits. She was a keen driver and
8 missed the freedom of owning a car when she lost her
9 liberty in Essex which is explained later.

10 As an adult, Marion liked good food, sweet treats,
11 beauty treatments, swimming, Pilates, sunbathing,
12 flicking through magazines and holidays. I often joked
13 that she was "built for luxury". She enjoyed family
14 holidays, occasions and was probably happiest at these
15 times, which she looked forward to with great
16 excitement. Birthdays were always celebrated with
17 champagne, cake and a meal out.

18 Marion's relationship with her partner spanned some
19 33 years and was very important to her. They went
20 through some stressful, less happy periods along with
21 the happy times, but even when their relationship
22 changed and then ended, they were able to remain firm
23 friends and shared a sense of humour and similar
24 interests.

25 Marion was quite adventurous and travelled widely

1 with her partner, visiting America, Canada, Dubai and
2 most countries in Europe. These trips were some of her
3 happiest times. They also enjoyed Skiing holidays. In
4 the early 1990s they lived with her partner's father for
5 a while in upstate New York. On holidays they hired or
6 took their car wherever they were. Marion would plan
7 and research the best places to eat and stay and find
8 places off the beaten track to explore. They of course
9 went to Las Vegas, which Marion loved. Marion's last
10 holiday was in 2017 to France. Marion still had many
11 places that she wanted to visit.

12 Marion loved Jersey and it was an important place to
13 her. She enjoyed swimming at the beach, driving to her
14 favourite spots and cooking. Daily routines were
15 important to Marion and she anchored her life around
16 these. Marion missed her home when she eventually got
17 transferred to Essex for her mental health. When in
18 Essex she even put herself through watching the TV show
19 "The Real Housewives of Jersey" just to be reminded of
20 the scenery and places she loved.

21 Marion's early adult years were blighted by
22 Glandular Fever and then ME, which was poorly understood
23 then.

24 Schizophrenia is in our family and Marion was
25 unlucky enough to develop it, with her first diagnosis

1 in the late 1990s. She was noted to be in remission
2 during her 40s. Marion had a history of intense periods
3 of mental illness when she would hurt herself with
4 sharps or jumping from heights, and on two occasions
5 hurt her partner. Despite these incidents being very
6 serious, often resulting in periods of time in Intensive
7 Care and hospital, she always survived these episodes of
8 mental illness which occurred whilst in the community.
9 However, she also enjoyed long periods of stability when
10 she lived life to the full. Her relapses always came as
11 a sad shock to everyone.

12 Over time, Marion understood that she found it hard
13 to deal with stress and adjusted her life accordingly.
14 Marion was also found to have Emotionally Unstable
15 Personality traits when she was assessed in Essex. She
16 accepted this and I think this helped her to make some
17 sense of her past episodes when her mental health
18 deteriorated, and the effect this had on her level of
19 functioning.

20 Marion liked to follow a routine and was a natural
21 organiser with a flair for maths and budgeting. She was
22 forthright about what she wanted and could sometimes be
23 impatient and impulsive. Marion would set her heart on
24 certain things and would look forward to them intensely.
25 She wasn't one to dither or change her mind. However,

1 she could also be flexible when plans changed, if given
2 enough notice. At some point Marion had an assessment
3 for Autistic Spectrum Disorder due to scoring above
4 average in this area in other autism indicative tests
5 she had in Essex. She was found not to have it, but
6 a certain amount of rigidity was part of her
7 personality. She was also assessed as having
8 difficulties with problem-solving.

9 In 2018, Marion was remanded in custody, in Jersey,
10 following a serious assault on her partner. When she
11 was assessed by several UK experts as part of the
12 proceedings, they took the view that Marion's mental
13 health issues were so complex that they referred Marion
14 for an assessment at Brockfield House, which is
15 a forensic mental health medium and low secure inpatient
16 unit under the care of Essex Partnership University NHS
17 Foundation Trust. No such provision is available in the
18 Channel Islands. Marion was transferred there from
19 prison in December 2018. She was worried about moving
20 there and as a result hurt herself prior to the first
21 attempt to transfer her. She ended up in Intensive Care
22 again, but she recovered and was eventually transferred
23 to Brockfield House just prior to Christmas. Following
24 assessment, it was decided that Marion should remain at
25 Brockfield House for treatment, under a Hospital Order

1 with Restrictions made in September 2019. In Brockfield
2 House she was initially on Fuji Ward, a medium secure
3 female ward, and then transferred to Aurora Ward, a low
4 secure ward for both males and females in September
5 2021.

6 It was hard for Marion to lose her liberty and
7 although she took up opportunities offered to her and
8 got on with her life as best as she could, I have
9 realised, since her death, how this remained difficult
10 for her. Marion was a fighter, always recovering from
11 difficult periods and adapting well to her situation,
12 however scary. She could always count on her family to
13 support her. Marion's family and friends were proud of
14 how well she settled at Brockfield House. She had
15 a consistently positive approach and took advantage of
16 every opportunity, including therapy and educational
17 courses. She understood that this was her pathway to
18 freedom. Those who loved her felt that at last she was
19 getting the help she needed and that she would be safe.
20 Marion also came off the sleeping tablets that she had
21 been prescribed for about 20 years, which was
22 a significant achievement for her.

23 Marion had been lonely at times in her life and had
24 struggled to feel that she fitted in. She also had
25 issues with fear of abandonment which manifested in some

1 of her relationships. Marion found it much easier to
2 make friends in Brockfield House in Essex than she had
3 done previously, and she formed some important new
4 friendships there. In Brockfield House Marion was in
5 the daily company of women with shared experiences, such
6 as having a diagnosis of a major mental health issue
7 such as Schizophrenia, personality disorders as well as
8 those having spent time in prison. She had two or three
9 close friends and maintained contact with one friend
10 after they had been discharged. Marion adapted and
11 presented a therapeutic course alongside an OT, for
12 other women who were reluctant to engage with staff-led
13 therapy. One good friend wrote that she would miss
14 "their chats, eating Magnums on hot days and making
15 Marion laugh". Many patients and staff attended
16 a memorial for her held at Brockfield after her death;
17 she was well-liked.

18 Marion was both steady and excitable, very kind and
19 generous with a lovely smile and a hearty and at-times
20 mischievous laugh. She will be remembered as someone
21 who gave good advice to others, knew details of their
22 lives and wanted them to do well. She saw the best in
23 people and tended not to question things, preferring to
24 go with the flow. This could make her a bit vulnerable
25 at times. She was also loyal, maintaining strong links

1 with friends and family through phone calls and letters.

2 Marion was very much a big sister to me, often
3 checking on my wellbeing and treating me to meals and
4 gifts. As Brockfield House was closer to my home, we
5 were able to spend more time together, and I will
6 treasure those memories. Marion was also a good auntie
7 to her niece. She cared deeply about her elderly
8 parents and their welfare.

9 Marion died on 4 March 2022 whilst an inpatient on
10 Aurora Ward, Brockfield House. Staff found her in her
11 bathroom, having inflicted fatal injuries. A narrative
12 ruling was made by the coroner. She died on the
13 19th day of a Covid-19 ward lockdown. She had been
14 through the whole of the pandemic at Brockfield House
15 and was no stranger to ward lockdowns. However,
16 I believe that this one was different for Marion as in
17 addition to the lockdown, she was also subjected to
18 a lot of changes to her routines, planned important
19 meeting dates and to her living arrangements. I believe
20 that cumulatively this was very stressful for Marion.

21 There were plans for Marion to be discharged, near
22 to me, in August 2022. Marion was so close to beginning
23 an exciting new chapter in her life. She had a lot to
24 look forward to and live for. She would have had
25 continued support from us all and would no doubt have

1 stayed in touch with her Essex friends. This has been
2 one of the hardest things for her loved ones to accept,
3 as we had been waiting for the day when she was
4 discharged and we could all spend time together again,
5 but it was not to be.

6 Marion's death has been a shock and has brought much
7 sadness and changed all our lives forever. We miss her
8 deeply.

9 Below are a few of the ways in which Marion's death
10 has had an impact on me and other friends and family:

11 Loss of a continuing relationship and future shared
12 experiences of a daughter, sister, and aunt.

13 Dealing with the Jury Inquest process, all that goes
14 with it and the toll it takes on loved ones.

15 Losing faith and trust in public bodies and "the
16 State". Feeling cynical about the motives of
17 organisations when things go wrong.

18 Feeling that you can only "fight" so much and then
19 having to decide what issues to take up and those that
20 you can't stretch yourself to.

21 On a personal note, changes to my life in an immense
22 way, for example, effect on employment and my ability to
23 focus.

24 Having the burden of balancing the needs of the
25 living -- elderly parents and my own immediate family --

1 as well as seeking justice for the person that has died.

2 Having to live with the fact that although positive
3 changes have been made at the Trust because of my
4 sister's death, the magnitude of the failings in her
5 care is so very hard to comprehend.

6 MR GRIFFIN: Chair, we will see some more photos in a moment
7 but may I again make clear that this was the account for
8 Marion Michel by her sister -- in a video recorded by
9 Karen.

10 I understand my first words this morning may not
11 have been caught by the live feed and I am sorry about
12 that. We are very grateful for Karen's account.
13 Amanda, would you now please put up the remaining
14 photographs. Thank you.

15 (Photographs were displayed)

16 Chair, that is the end of the account.

17 THE CHAIR: I'd like to add to the thanks to Karen Michel
18 for the account of her sister.

19 MR GRIFFIN: Thank you, Chair. In fact, now we'll take
20 a break until 10.45. This is to accommodate a witness
21 and, in the interval, Chair, I know you will view
22 a private account that has previously been submitted to
23 the Inquiry. So could we reconvene at 10.45. May
24 I make this clear, 10.45 is the time for those on the
25 live feed. Those watching via YouTube are subject to

1 a 10-minute delay, so it will be ten minutes after that
2 for those on YouTube.

3 Thank you very much. 10.45 for the live feed.

4 (10.19 am)

5 (A short break)

6 (10.45 am)

7 MR GRIFFIN: Chair, in a moment, you'll hear from Sacha
8 Gregory, who will speak about her mother, Denise
9 Gregory.

10 Sacha, hello, my name is Nick Griffin, I'm Counsel
11 to the Inquiry, I just want to make sure you're settled
12 and ready to start in a moment?

13 Yes, great. Before you start, we're going to put up
14 a photograph and then I'll ask you to start. Is that
15 okay?

16 Could you please, Amanda, put up the photo.

17 (Photograph was displayed)

18 Thank you very much.

19 Sacha, please start when you're ready. I'm just
20 going to ask that you unmute. Someone can help you with
21 that. Start whenever you're ready.

22 Statement by MS GREGORY

23 MS GREGORY: Thank you so much.

24 This my commemorative and impact statement in
25 respect of my late mother, Denise Gregory. My mum,

1 Denise Gregory died on 25 October 2004, aged 40, whilst
2 an inpatient at the Linden Centre. My mum died by
3 hanging herself. I was 15 years old.

4 My mum grew up with my nan, auntie and uncle. She
5 was born in Ipswich on 25 January 1964. I don't know
6 much about her childhood or early life. These are
7 questions I would like to ask her but I will never have
8 the opportunity.

9 I grew up with my younger sister and half brother in
10 Ipswich. It was a difficult childhood. I remember that
11 my mum suffered a number of serious traumatic
12 incidents -- and so did I -- that affected her deeply
13 and she had her hands full with three children.

14 My mum, brother, sister and I moved into Chelmsford
15 August 2003 from Ipswich, into a safe place. I remember
16 the day we moved to Chelmsford vividly, it was my 14th
17 birthday.

18 I do not think my mother had given much thought of
19 the move to Chelmsford. I believe she thought it was
20 temporary until she received a call in October 2003 to
21 be told that her house in Ipswich was no longer our
22 home. It had been given away.

23 I saw a real decline in my mum's mental health from
24 here, she became really depressed and withdrawn.

25 As a four we stayed at the shelter for several

1 months before we were housed in a 40-foot block of flats
2 in Meadgate, Chelmsford. I remember not wanting to be
3 at home. I think this was a combination of being
4 a teenager and because of how ill and not herself my mum
5 was.

6 Now that I'm thinking about it, there were a few
7 incidents where my mum showed unusual behaviour whilst
8 we were at Meadgate. I was at the front door waiting
9 for her to answer to let me in but I could see her on
10 the so why through the front door just sitting there
11 ignoring me. Another time, I opened my curtains and saw
12 my mum sitting on the edge of the roof just staring down
13 as if she wasn't even there.

14 I will never forget being so scared that I didn't
15 even want to make a noise because I thought, if I did,
16 I would have made her jump, as she didn't know I was
17 there at all. I just wanted to scream "Mum", but I know
18 if I did, she would have fallen. I think I knew at both
19 these points she was completely gone.

20 Before she became ill, my mum took pride in her
21 appearance. She used to tell us not to shave the hair
22 otherwise that it will grow back thicker and that you
23 must pluck your hairs instead. She went to someone who
24 was very intricate to not looking after herself at all.

25 She used to have very loving ways, I have memories

1 of being sat on her lap; she then had no fight in her
2 and she had just totally given up.

3 I never saw my mum attempt to end her life, however
4 my brother and my sister did. They found my mum after
5 she had jumped out the window of our flat. She
6 fractured her pelvis and needed skin grafts. I don't
7 think I will never be able to comprehend why the staff
8 at the women's shelter housed a mother of three into
9 a 40-foot block of flats when she was a flight risk.
10 They were all so lovely at the centre but what risk
11 assessment did they do?

12 I do not know what support, if any, she was given
13 for her mental health before her suicide attempt. My
14 mum was in hospital for a little while, while she
15 recovered, and then was transferred to the Linden
16 Centre, where her journey got worse. My mum did not
17 have the confidence to fight or have any fight left in
18 her. She had totally given up.

19 My brother and my sister moved back to Ipswich. My
20 sister moved in with a family friend and my brother went
21 to live with my step dad. I was placed in a children's
22 home.

23 I would visit my mum on my own when she was in the
24 Linden Centre and she had no life in her. She once just
25 sat there and said, "Sacha, can you put your hands

1 around my neck and just kill me?" I was 14 years old
2 and the nurses at the Linden Centre would reassure me
3 that my mum would be okay.

4 My mum absconded whilst at the Linden Centre and was
5 gone for hours. She had made her way to the train
6 station. That was one time I was really scared.

7 On 25 October 2005 my nan received a call from the
8 hospital and was told that my mum had passed away.
9 I was hysterical. The Linden Centre allowed me, at the
10 age of 15 to see my mum. She had hung herself. When
11 I arrived at the hospital, she was still on some kind of
12 life support. They told me that she has gone, but not
13 fully gone.

14 I remember her almost looking like a zombie, her
15 eyes weren't open but she was bloodshot all over her
16 body. I laid my head on her stomach and felt her
17 pulsating, and three memories of us flashed before my
18 eyes. I couldn't believe that it was even my mum. If
19 I close my eyes, I can still see my mum.

20 I truly believe you never forget the footprints that
21 follow you as a child. I continued to live in the
22 children's home until I was placed into a foster home at
23 the age of 16. I got my flat at the age of 17 and
24 a half on good merit and still live in this flat today
25 at the age of 35.

1 I feel as though I shouldn't be giving this account
2 as my mum should be here, I should still have my mum.
3 Had my mum not have been failed, I believe my life would
4 be a different one. As an adult, that's what I think is
5 really sad: that I never had any option to do anything
6 with her. I never got to experience a mother and
7 daughter relationship.

8 I recently found an article dated 2006, and I'm
9 relieved that I never saw this as a teenager. The
10 information is untrue. My mother's date of death is
11 wrong and it states as her being a drug addict. When
12 she moved from Ipswich she was not on drugs. She done
13 the rehab for a better life. The article insinuates
14 that my mother's tragedy would have happen anyway. My
15 birthday is a bigger trigger point for me as this was
16 the day we moved to Chelmsford. It's not only a bigger
17 reminder of what I had but also of what I lost and what
18 I should have.

19 It feels I have woken up in my 30s and I am now
20 remembering all that I have been through. I am now
21 reliving through the Inquiry all of the years between
22 the day my mother died until now. The Inquiry is
23 bringing all of the suppressed trauma to the surface.
24 New memories have been unlocked, including my fears.

25 It is only since I started therapy that I have been

1 able to talk. Therapy has given me a wider outlook on
2 my life and future. Therapy has made me realise, due to
3 the failings that occurred in my mum's life, I now fear
4 having my own kids, the reason being that I now have no
5 faith in the mental health service, and so I would
6 want -- I would not want to risk my kids having to
7 access mental services and have to go through what
8 I have been through. My mum is gone but I am still
9 trying to live my life and it's only through my own
10 strength that I am here today.

11 I am really proud of myself. I may seem outgoing
12 but sometimes I'm a prisoner to myself. I'm unable to
13 hold down a job. I am a qualified personal trainer but
14 I struggle how I can relate to people and what they are
15 going through. I take it home and it becomes a constant
16 memory of what I've been through.

17 I'm learning so much about myself but, at the stage
18 of -- but at the age of 35 I feel I should be more. The
19 person I am when I wake up is not the same person I am
20 by the time I go to the kitchen. I have been diagnosed
21 with anxiety and ADHD and I'm on anti-depressants. I am
22 going through a healing process right now. The
23 breakdown in my relationship triggered me to go into
24 counselling. I have been going to therapy once a week
25 for the last 14 months and I talk a lot about my

1 childhood and my mum. I did not realise how blasé
2 I described my life, it is only until recently that
3 I became aware of what I've been through and how awful
4 and differently it really is.

5 I feel as though I am now strong to deal with the
6 trauma and take part in this Inquiry.

7 When I was invited to give this commemorative
8 account, I wrote down four points on how my mum's death
9 has affected me.

10 1. It's broken up my family, my past relationships
11 and my relationships in life and work.

12 2. The attachments I have with people.

13 3. My own mental health has been damaged.

14 4. The what-ifs in my life, the things I could have
15 done with my life that I will never know about missing
16 what you don't know.

17 Due to my mum's death, I was an angry teenager,
18 I now feel that I am a broken adult. I'm the shell of
19 a person I could be and this Inquiry is not just for me,
20 it's for the -- for what they did and what they are
21 still doing to other families.

22 MR GRIFFIN: That's the end of Sacha's account.

23 THE CHAIR: Sacha, can I thank you very much indeed that
24 account.

25 MS GREGORY: Thank you, thank you.

1 THE CHAIR: It's obviously not been easy, but we are very,
2 very grateful to you and you've done an excellent job.
3 Thank you.

4 MR GRIFFIN: The next account will be read by Counsel to the
5 Inquiry, Rachel Troup. It's the commemorative account
6 of Samantha Reains for her uncle, Keith Stubbings.

7 Before Rachel reads the account, Amanda, would you
8 please put up the photograph first.

9 (Photograph was displayed)

10 Thank you, and Rachel, please start when you're
11 ready.

12 Statement of SAMANTHA REAINS by MS TROUP

13 MS TROUP: "Samantha Reains, commemorative statement for my
14 uncle, Mr Keith Stubbings, 12 May 1957 to 24 April 2019.

15 "My uncle was the most gentle, loving and sensitive
16 person that I have ever met. He was incredibly strong
17 in personality and everyone who met or knew him spoke
18 highly of the man he was.

19 "My uncle was born on 12 May 1957 to his proud
20 parents and extended family. As a baby, he lived with
21 his mum, dad and grandparents in a small house built by
22 his grandad in Broomfield Chelmsford.

23 "All of his aunts and uncles loved him and enjoyed
24 helping to look after him. His parents were so proud of
25 their beautiful, healthy, baby boy.

1 "Eighteen months after his birth, his parents
2 welcomed another child, Keith's sister. At this point,
3 they moved to a house, still within Broomfield, where
4 his parents had more room for their developing family.
5 My uncle in total had one brother and three sisters, all
6 living at home with their doting parents.

7 "As Keith was the eldest, he would help look after
8 his siblings. He would take his sisters fishing, always
9 showing a loving and caring attitude. Keith was part of
10 the choir at Broomfield church. He progressed to be the
11 head choirboy, which was something he was immensely
12 proud of. He would also be the person who was asked to
13 carry the cross during ceremonies. Such a big
14 responsibility, which he fulfilled.

15 "As my Uncle Keith got older, he wanted to
16 experience other fun things, such as going to football
17 matches with his mates every Saturday, bringing home
18 memorabilia of his team, West Ham.

19 "My uncle also loved reading and this was a hobby he
20 continued through all of his life. Maybe, within books,
21 he could transport his mind to other places.

22 "Keith was also keen to work, starting at the age of
23 11 years old, where he took on a paper round. He then
24 moved on to retail work, making suits at Burton's
25 Tailors. He would measure customers for their suits in

1 preparation for them to be purchased. My uncle's nan
2 bought him his first suit, of which he was so proud.

3 "My uncle's dream was to one day be a train driver.
4 He accomplished this dream from when he first drove
5 passenger trains to then freight trains, which he did
6 until he left this world.

7 "The 3 August 1981 was a day when my uncle's life
8 changed dramatically. On this day, his father passed
9 away in a road traffic accident. This was the biggest
10 shock and the most devastating news to all of our
11 family, especially my uncle, as he was supposed to be
12 going with his father that day, a thing that he lived
13 with all of his life, questioning why it happened and
14 would it have been different if he had gone with him?

15 "This event is where we believe my uncle's mental
16 ill health started from. We believe he kept this awful
17 event inside, eating away at him. He felt that he had
18 to now be the head of the family, as he was the eldest
19 sibling, a role he was afraid of and too young to take
20 on.

21 "As my uncle's life went on, some traits of mental
22 ill health became apparent. At times, he would become
23 distant from his family, worry about others having
24 traffic accidents, people leaving him, and that he was
25 not worthy of any love.

1 "He struggled with these thoughts until he had
2 a breakdown in 1999. My uncle initially took on some
3 private counselling, which was ended before he felt he
4 was better. My uncle asked to continue with this, but
5 they refused.

6 "He was eventually referred for assessment under the
7 NHS from 2003 to 2006, which included cognitive
8 behavioural therapy, family therapy and behavioural
9 psychotherapy. My uncle was diagnosed with depression
10 in 2000 and depression and anxiety in 2003. He attended
11 all available treatments and also agreed to some
12 medications to help with his dark moods. He even
13 explained that he wanted the anger management courses to
14 continue but these were taken from him.

15 "In March 2019, my uncle attempted to take his own
16 life. He was hospitalised for this in Broomfield
17 Hospital, Mayflower Ward.

18 "At this time, being in hospital, he said that he
19 felt safe as there were people looking after him. The
20 ward staff spoke to my uncle and asked how he was. My
21 uncle explained that he had been feeling very down at
22 the moment, as his marriage had recently broken down.
23 They then contacted the mental health team at the Linden
24 Centre who came to see my uncle. The following day, the
25 hospital discharged my uncle as they needed the bed and

1 said that he could manage his injury at home. Once
2 more, my uncle asked if he could stay, as he felt safe
3 in the hospital.

4 "The hospital refused and then allowed him to walk
5 home from Broomfield Hospital to Springfield where he
6 lived, approximately three miles along very busy roads
7 and also alongside a river. In my uncle's state of
8 mind, he could have done anything to himself on this
9 journey.

10 "Keith then had his family with him each day, trying
11 to help him rebuild his health and life, which was
12 a struggle, as he did not see that anything good or
13 positive would ever happen for him.

14 "The mental health team tried to call him and, on
15 a couple of occasions tried to visit him at home.
16 Obviously, for somebody with a past like my uncle's,
17 eg diagnosed depression, therapies and an attempt to end
18 his life, more care should have been in place.

19 "My uncle never answered his phone as he slept all
20 day, but yet no further action was taken by the mental
21 health team. On the odd occasion that they called to
22 his house, my uncle would come to his window, looking
23 dishevelled and unkempt, but yet they still took no
24 action. One time, when my aunt was at the house, the
25 mental health team visited. They came in and spoke to

1 my uncle. When my aunt asked about the possibility of
2 him returning to work, the mental health member smirked
3 as if to mock my uncle.

4 "On 24 April 2019, my Uncle Keith took control of
5 his life and decided to end it. He locked himself away
6 so nobody else was affected until the time came that my
7 husband sadly found his body. My Uncle Keith was let
8 down by so many people, doctors, nurses, mental health
9 teams and Broomfield Hospital. Although, in the end, he
10 took the control back and did what he needed to do and
11 I am so proud of him.

12 "After my uncle's death, the Linden Centre contacted
13 me as they were holding an investigation into his care.
14 I went to all of the meetings held at the Linden Centre,
15 and was told by a highly qualified individual that 'We
16 could have brought Keith here but he still would have
17 done what he did'.

18 "This broke my heart, as I realised there and then
19 that nobody was going to help my Uncle Keith.

20 "One main outcome to the investigation was for the
21 mental health team to communicate with the patient's
22 family members to also discuss about medications and
23 ensure that they are being taken regularly. None of
24 this happened for my Uncle Keith.

25 "To end this statement, I want to express how hard

1 it was for my Uncle Keith. He could not carry on in the
2 torment he was in. I believe that he was severely let
3 down by Broomfield Hospital, doctors and nurses, and
4 also the mental health team based at the Linden Centre.
5 They all knew my Uncle Keith's mental health background,
6 also what he did to try to take his own life. But yet
7 they did nothing to keep him safe.

8 "Sleep well, Uncle Keith, until we meet again and
9 I get that big hug from you. All our love, your proud
10 family."

11 MR GRIFFIN: Chair, that is the end of Samantha's account.

12 THE CHAIR: I hope someone will pass on my thanks to
13 Ms Reains for her very moving account of her uncle.

14 MR GRIFFIN: Thank you. We now hear from Emma Cracknell,
15 who is speaking about her mother, Susan Spring. May
16 I ask first that the photograph is put up, please.

17 (Photograph was displayed)

18 Thank you very much. Amanda, can you play the
19 video, please.

20 Pre-recorded statement by EMMA CRACKNELL

21 MS CRACKNELL: My name is Emma Cracknell and I am the
22 daughter of Susan Spring who sadly lost her life on
23 1 February 2012.

24 My Mum, Susan Spring, was a confident, caring and
25 loving person. The reason I use confident to describe

1 my Mum is due to her amazing courage that she had, at
2 such a young age of 18, to leave a loving family in
3 Gloucestershire where she was born, to follow in her
4 grandfather's footsteps and join the metropolitan police
5 force. She left home to attend Hendon to train to be
6 a WPC and patrol the streets of London. I am ever so
7 proud of her and to have been able to say that she was
8 my Mum.

9 As her only child and daughter our relationship was
10 like no other which is why I feel so let down by the
11 services that supported my Mum as I was asking for help
12 and no one was listening.

13 My Mum was so strong and only in those last days
14 I knew what mental health was and how badly it can
15 affect somebody as my Mum was no longer my Mum but
16 an anxious and concerned person who was not getting the
17 care she needed. The closest people near to her were
18 not supported and their views were not recorded.

19 I feel that my Mum required sectioning after her
20 first attempt, which was in its very own act, more than
21 a cry for help. My question has always been: what more
22 did she need to do to have been sectioned? When does
23 the decision get taken from a person that so obviously
24 is unable to keep themselves safe at that moment in
25 time?

1 PAUL STEEL: Adam was 36 when he passed away on
2 14 October 2021 in the Peter Bruff unit at Colchester
3 Hospital. It was sudden, unexpected and somewhat
4 unexplained.

5 He had been blighted with bipolar disorder since his
6 late teens. Although he suffered with bouts of
7 depression interspersed with the occasional manic
8 episode he didn't allow the chronic condition to define
9 his life.

10 In fact, to his credit, he managed to hold down
11 a full time job as a leisure attendant and swimming
12 teacher from the time he left school up until his
13 passing with very few periods of absence from work.

14 He was also in remission from testicular cancer. He
15 took everything in his stride with very little fuss in
16 relation to his health issues.

17 Adam had his demons and was afflicted with
18 a gambling addiction for most of his adult life.
19 Although this was the cause of great consternation, he
20 always received the support of his loving family.

21 He also struggled with his weight, something which
22 he was trying to address at the time of his passing.

23 As a person Adam was a larger than life character
24 who was the life and soul of the party with a great
25 sense of fun and mischief. He made us all laugh and

1 would strike up a conversation with anyone.

2 His great passion in life was Tottenham Hotspur
3 football club where he had been a member and season
4 ticket holder since the age of six.

5 He leaves behind his loving wife, who he had been
6 with for ten years and married for three.

7 His sister, Sophie, wanted to share these thoughts:

8 "Growing up with Adam we always had a close bond and
9 through the years we would go out and socialise
10 together, speak on a daily basis and always texting.
11 I miss sharing stuff with him like siblings do. Since
12 his passing my life feels like there is a massive void,
13 life isn't the same. I find it devastating that he has
14 missed out on seeing my little boy, growing up. Adam
15 had 2 years of being in his life and in that time he was
16 a devoted uncle and really did dote on him, always
17 taking him to the park or for days out. Adam would have
18 absolutely loved him now and his fun character. Life
19 will never be the same again since losing Adam, he was
20 such a special person with a big personality. He was so
21 kind and thoughtful and would always make people laugh.
22 I miss so much about him and his presence in our family
23 life."

24 Both his Mother and I miss him dearly. He used to
25 visit a couple of times each day and was always on the

1 phone or texting us. He would bring in errands and
2 a newspaper, we affectionately nicknamed him "The paper
3 boy" It's very strange no longer hearing the back gate
4 open and him striding up the garden path to the kitchen
5 door.

6 His passing has left a huge hole in all our lives,
7 one that can't be filled. They say that time is a great
8 healer, but I am not so sure.

9 We are all struggling to come to terms with his loss
10 at such a young age. It's as though a bright, shining
11 light has been switched off and plunged us into
12 darkness.

13 It was testament to his popularity and the love for
14 him, that on the day of his funeral people were queuing
15 outside the chapel to pay their last respects to Adam.
16 The celebration of a life cut short was continued at
17 Harlow Town FC.

18 His 2 sets of friends from Waltham Abbey and
19 Loughton organise a memorial charity football match
20 every year in his honour.

21 Although he has departed, Adam is always in our
22 hearts and mind will never be forgotten.

23 MR GRIFFIN: Chair, that is the end of that account.

24 THE CHAIR: My thanks to Paul Steel.

25 MR GRIFFIN: Chair, we now take a break for 20 minutes. So

1 back at 11.35 for those on the live feed. Thank you
2 very much.

3 (11.16 am)

4 (A short break)

5 (11.35 am)

6 MR GRIFFIN: Chair, the next account is about Angela Ling.

7 It's provided by her mother, Christine Pitt and friend

8 David Oldershaw. It is being read by Richard Hyland.

9 Please play the video now.

10 Pre-recorded statement of CHRISTINE PITT and DAVID OLDERSHAW

11 read by MR HYLAND

12 MR HYLAND: This pen portrait of Angela Ling is spoken on

13 behalf of her mother, Christine Pitt.

14 My daughter, Angela, was born on 12 October 1972.

15 A baby sister to her older brother Martin, she was

16 a happy baby who grew into a happy little girl. She

17 enjoyed playgroup and later school. She did well at

18 primary school and had lots of friends, was always

19 enthusiastic to join activities. She played netball,

20 sang in the choir, did swimming, country dancing and

21 played Nancy in the school production of Oliver. She

22 later learned disco dancing, gaining many medals. She

23 had a happy secure childhood with both parents and

24 always enjoyed her time spent with much loved

25 grandparents. She was very able at school and did well

1 at primary school, however, her time at secondary school
2 was not so productive. Although very able, she lost
3 interest in school during her teenage years. She did
4 gain some qualifications though. A few GCSEs and
5 a couple of A levels.

6 She didn't want to go to uni, and instead worked in
7 the care sector with adults with learning difficulties.
8 She then decided that she would gain some further
9 education and completed an open university degree in
10 social sciences.

11 During her studies she became very unwell with
12 a neurological condition. After a couple of years and
13 many hospital appointments she was referred to the
14 national neurological hospital in London and eventually
15 diagnosed with a severe vitamin B12 deficiency causing
16 total fatigue, vertigo, and right sided weakness. She
17 even had to take her final degree exam at home with
18 an invigilator present as she needed rest breaks. Such
19 was her determination to pass. Her health did improve
20 to a degree with lifelong B12 injections, although she
21 did have periodic ongoing related problems.

22 She continued her career working at a secure unit
23 with children and young people who had come to the
24 attention of the law and were very damaged. The work
25 was often challenging and harrowing. She also worked at

1 a probation service.

2 It was around this time that she met and later
3 married her husband Andy, and it wasn't long before they
4 started a family. She had four beautiful children,
5 Jack, Abbie, William and Ethan. They were all very
6 close in age and they were her absolute world. As she
7 had young children, she decided to embark on a teaching
8 career as she felt this would be more family friendly.
9 She did a post-graduate degree in teaching, only
10 completing her final school placement when her youngest
11 baby was just a few months old.

12 She went on to teach in a primary school for some
13 years, eventually making the move to become a specialist
14 educator adviser for the youth offending team for the
15 Essex County Council, teaching young people who had
16 made, for a variety of reasons, not fared well in the
17 main stream schools. She was an excellent teacher and
18 well-liked by her students and colleagues.

19 There is so much to tell about my dear Angie. She
20 was kind, generous, clever, bubbly and fun. She was
21 feisty, tenacious, and held strong opinions and was well
22 educated entirely by her own determination. Following
23 on from previous qualifications she went on to get
24 a masters in law and a masters in psychology. She was
25 still studying the further qualifications in education

1 at the time of her death. She was also very empathetic,
2 especially to those worse off than herself. She would
3 always speak to the homeless, give money, food or
4 a blanket, whatever she had at the time, and she was
5 friendly and hospitable and a number of friends of her
6 own and would always welcome many of the children's
7 friends into their family home, sometimes for extended
8 periods.

9 She was a great animal lover and had been
10 a vegetarian since she was 13 and the last few years,
11 a voracious vegan. She had many pets. The children, of
12 course, had the usual hamsters, rabbits etc. My
13 daughter loved her dogs and at one time had 11 dogs and
14 5 cats.

15 As you could tell she could be quite extreme at
16 times. She had a full-time job, additional private
17 tutoring, running the home and looking after four
18 children did take its toll on her. All this whilst
19 studying for further qualifications. So life for her
20 was extremely busy. She did get very stressed,
21 understandably so, and had periods of depression. She
22 always made light of this and I didn't think she was
23 ever seriously depressed although I did constantly
24 advise her to ease back but she went her own way.
25 Angela was never a person to do things by halves. In

1 her own words "you know me mum, I'm all or nothing".

2 She was a loving mum and fiercely protective of her
3 children, her family, her home but most of all, her
4 children were everything to her. She had, in the past,
5 talked of looking ahead to her retirement years. She
6 told me she just wanted to potter in her home, tend to
7 her garden, grow herbs and vegetables. She had talked
8 of wanting to extend the family home so that her
9 children could bring their children to family events.
10 She recently said she wanted to travel and have family
11 holidays. However, tragically this future was not meant
12 to be.

13 Above all she was our beautiful, precious,
14 irreplaceable daughter and we loved her beyond measure.
15 Our hearts have been shattered into a thousand pieces
16 because she deserved better and so much longer.

17 MR GRIFFIN: Chair, that is the end of the account.

18 THE CHAIR: Well, I want to thank Angela's family, her mum
19 Christine, and her friend Dave, who, along with the
20 councillor, helped to prepare this account of Angela's
21 deeply impressive life. Thank you.

22 MR GRIFFIN: We will hear now the account of Joanne Woolley,
23 it's about her father, Norman Dunkley and it will be
24 read by Counsel to the Inquiry, Kirsty Lea.

25 Kirsty, please start when you're ready.

1 Statement of JOANNE WOOLLEY read by MS LEA

2 MS LEA: The commemorative statement of Joanne Woolley
3 regarding Norman Noah Dunkley.

4 "My father, Norman Noah Dunkley, was born on
5 8 October 1931 in Loughton, Essex. He grew up with
6 a strong work ethic, which defined much of his life.

7 "My dad, Norman, grew up in Chingford with his mum,
8 dad, and three sisters, Hattie, Jean and Audrey. My dad
9 was also brought up with animals -- dogs, chickens,
10 rabbits, guinea pigs -- which he used to help his dad
11 look after.

12 "This dad had horses that they would ride and also
13 drive in a horse and cart. My Auntie Jean said they
14 were the original Darling Buds of May, like the
15 television programme. As my dad grew older he said he
16 would like a small farm of his own.

17 "While my dad was out one night in the pub, the Fox
18 & Hounds, Sewardstone Road, he met my mother, Patricia
19 Dunkley. They had a short courtship and got married in
20 1968 and built a life together at Oak Farm where they
21 raised my sister, Sharon, and me.

22 "My mum and dad decided they would like their own
23 property as they were living with my grandparents. So
24 my dad had been working as a forklift driver and saved
25 all of his money so he could buy a small holding in High

1 Beech, where he and my mum could live with my sister.

2 "When my dad bought the farm, there was nothing
3 there, just 14 acres of pasture land. So my dad went to
4 the local council and asked them for planning
5 permission, and they said he could put a caravan on the
6 land to live in for him and his family, which he did.

7 "The farm is what can best be described as
8 an isolated farm on 14 acres of pasture land, with
9 a bungalow built in the late 1970s. It was not just
10 a family home but the heart of my father's life's work.
11 My parents worked hard to develop the farm, turning it
12 into a thriving business with horses, pigs, sheep and
13 cattle.

14 "The farm was the primary source of income, and my
15 father would often turn the cattle out on the forest to
16 preserve his pastures. In March 1970, I was born,
17 Joanne. My dad was still a forklift driver and now
18 there were four of us living in a caravan. My dad
19 started to get some animals on the farm: he had pigs,
20 horses, sheep rabbits and goats.

21 "My sister and I used to help our dad look after the
22 animals. As we got bigger we loved it: we had horses
23 that we used to ride. It was idyllic.

24 "As things progressed, Mum and Dad decided they
25 would like to build a bungalow for us all to live in, so

1 dad went to the council and asked for planning
2 permission as we had lived in the caravan for nine
3 years, and it was granted. So Dad built the bungalow,
4 also stables to rent out for horses, with my mum right
5 by his side helping all the way.

6 " My dad then bought cattle for beef, which he would
7 graze out on the local forestry and then take them to
8 market for beef cattle. This is how my mum and dad made
9 their living, with my dad renting stables out for horses
10 and taking the cows to market. My mum used to do all
11 the book work for the farm and also look after us all.

12 " My mum and dad loved living in High Beech as my dad
13 now had what he always wanted. Sharon and I had
14 a lovely upbringing and she wants to be part of this
15 story as well, like also Paul Dockley(?) is such a big
16 part of our story.

17 " Paul has known my dad for 60 years and we look at
18 Paul like a brother. Paul wanted to be part of this
19 statement too and help write this statement.

20 " In 1962, our father hired a then young Paul
21 Dockley. Paul cared for and rode our father's horses,
22 and over a period of 60 years he would become a close
23 family friend and a reliable source of support. I would
24 say that our father wasn't the easiest man to deal with
25 at the best of times, though Paul was able to act as

1 an intermediary on occasions in which our father would
2 disagree with my sister and I, as he had known and
3 accommodated our father's strong viewpoints since before
4 we were born.

5 "My sister and I spent all our childhood through to
6 adulthood on the farm. Oak Farm was a place of warmth
7 and hard work. My sister and I grew up alongside the
8 animals, spending our days exploring the fields,
9 learning about farming, and being surrounded by nature.
10 We built many happy memories.

11 "My sister, Mrs Sharon Anne Bramman, wanted to
12 say the following:

13 "I am the eldest daughter of me and my sister.
14 Growing up on Dad's farm was lovely childhood memories.
15 I would go with him mostly everywhere, for example, to
16 collect the hay and straw for the farm for the horses
17 and cows he had, and go to the market with him to sell
18 the cows he had brought up. The highlight of going to
19 the market was to get a sausage roll with him. Another
20 one was he would ride his pushbike and I would ride my
21 horse and he would follow behind so I could take the
22 horse out for a ride. And another one, he would take me
23 and my sister and mum to the Ridgeway Park on a Sunday
24 afternoon, and we would go on the rides."

25 That's the end of the words from Mrs Sharon Anne

1 Bramman.

2 "As our parents got older, it was evident they would
3 need to be cared for. They had cared for Sharon and I,
4 so there was no question in our minds that we would do
5 the same. We agreed that I would be the primary carer
6 for our mother and, latterly, our father during the week
7 and, at weekends, my sister would cover to provide me
8 with some respite.

9 "In 2000, our mother was diagnosed with lung cancer,
10 which she endured for 10 years until she passed away in
11 2010.

12 "Within weeks of getting the news of Mum's illness,
13 I decided to do reduced hours at work, so I could look
14 after Mum and be there for Dad, as he was devastated at
15 the thought of Mum being ill, as we all were.

16 "I cared for Mum for 10 years, going to every
17 hospital appointment and doctor's appointment with her,
18 and then nursing Mum at home with palliative care.

19 "Our mother's passing left our father deeply
20 heartbroken and lost. Their marriage had been a strong
21 partnership and, without her, he struggled to adjust.
22 Nevertheless, he continued to live at Oak Farm,
23 determined to maintain the life they had built together
24 from nothing.

25 "My dad was so lost when my mum passed away. She

1 was the love of his life. That's what he said. They
2 were always together and worked hard. They loved living
3 in High Beech, and all that they had achieved, to build
4 a bungalow and to bring me and my sister up. We are
5 a very close family and always looked after each other.
6 We couldn't have had a better mum and dad. That's why,
7 when Mum passed away, I knew Dad wouldn't cope. So
8 I would go every day and cook and clean for him, and
9 make sure he was okay and, at the weekend, my sister,
10 Sharon, used to go while I was at work. But, although
11 he had me and Sharon, he was still lonely, and missed
12 Mum terribly, and never got over Mum passing away.

13 "Up until his early 80s, my father successfully held
14 the reins on running Oak Farm. However, over the next
15 decade, his health began to decline. He suffered
16 a triple heart bypass in 2005 which marked a significant
17 turning point in his ability to manage the farm.
18 Although his mind was still sharp, physically he could
19 no longer work as he once had.

20 "I took on the role of his primary caregiver,
21 travelling by bus and bike, as I did not drive, to the
22 farm every day to cook for him, manage the house and the
23 farm's administrative tasks. On weekends, Sharon would
24 help to relieve me.

25 "As time went on, Dad's health deteriorated. He had

1 already suffered a triple heart bypass back in 2005. We
2 think that was the stress of Mum being diagnosed with
3 lung cancer.

4 "I was devastated when Mum passed away. We were so
5 close. We would be together all the time. She was
6 a lovely, caring Mum to me and Sharon. I found it hard
7 when Mum passed, as I did everything for Mum and it left
8 a big hole in my life. Mum said to me, 'Look after Dad
9 when I pass away', and I said of course we would, as Dad
10 couldn't cope without Mum. She did everything for him.
11 He was not used to being on his own.

12 "As his health continued to deteriorate, my father
13 began to experience mood swings and confusion. It
14 became increasingly difficult to care for him. Looking
15 after my dad was not easy but we loved him and would not
16 see him being not cared for. As time went on, my dad's
17 health got worse, and I was with him every day, helping
18 to dress and wash, as he was unable to do this for
19 himself.

20 "Then, the unacceptable became the acceptable, as
21 how could I leave him to care on his own, because
22 clearly he couldn't cope? In 2019, we noticed a marked
23 deterioration in our father's mental health. One
24 incident that particularly stands out was when he
25 started seeing people riding horses around the paddock

1 close to the house at night. To allay his fears, we
2 installed a CCTV system but he was still adamant that
3 there were people outside the house, when the CCTV
4 showed evidence to the contrary. Sadly, these
5 hallucinations continued time and time again in our
6 father's mind.

7 "His hallucinations grew more frequent and he would
8 sometimes call the police late at night, convinced that
9 intruders were trying to harm him. He would explain to
10 them that sirens should not be used on their arrival
11 but, when of the police arrived with sirens, he would
12 say the people, in his hallucinations, had disappeared.

13 "By October 2021, our father's condition had
14 worsened significantly. One night, he went outside
15 during the night and fell, spending hours lying outside
16 the bungalow, unable to get up. The following morning
17 my husband and I rushed to the farm after my father had
18 managed to call. I was visiting him as I did every day.
19 He had not been able to get into the bungalow. So my
20 husband and I got him in and settled him and I stayed
21 with him to make sure he was okay.

22 "There was another incident, the last one when my
23 father had been up all night saying people were trying
24 to kill him, and he locked himself in and he called me
25 from his phone indoors. I don't know how he remembered

1 my number, because he was in a state when I arrived,
2 claiming that people were in the house and were trying
3 to blow it up and kill him. When we arrived, my father
4 was locked inside and unable to get to the front door,
5 so I managed to get him to open a window and then
6 I climbed inside.

7 "It was devastating to see, his eyes were black and
8 he was covered in sweat as he had obviously been up all
9 night panicking, thinking these people were going to
10 blow up the property. He looked so ill. It was evident
11 that all he reported was a figment of his imagination.

12 "We eventually calmed him down and rang for
13 an ambulance. My sister also came up to the farm. The
14 ambulance advised my father needed to go to hospital.
15 He was taken to Whipps Cross Hospital, where we waited
16 for 15 hours in Casualty, where several doctors saw him.
17 The doctors initially wanted to send him home but, on my
18 insistence that he needed to stay overnight, they
19 agreed.

20 "The next day, he underwent further assessment by
21 a member of the mental health team who diagnosed him
22 with Lewy body dementia and said that he was more ill
23 than he presented. Our father was then moved to the
24 mental health unit at St Margaret's Hospital in Epping.
25 During this time, our father kept talking about his

1 property having been blown to smithereens and people
2 from his past who had died.

3 "This was an incredibly difficult time for our
4 family, as it was the beginning of the Covid-19 lockdown
5 and we were not permitted to visit him. Once the
6 restrictions were lifted, we were able to visit him
7 again. When Dad was hospitalised at St Margaret's,
8 Epping, it was mid-October 2021. We visited him
9 regularly every week and weekend, up until January 2022.
10 Then lockdown began and we could only speak to him on
11 the phone, which was very distressing for our dad and us
12 as well.

13 "Dr Chiraz(?), mental health doctor, rang my sister
14 and said that Dad was diagnosed with vascular dementia.
15 We asked for a meeting which took place early December.
16 In January 2022, we had a meeting with Adult Social Work
17 and Care. Our dad was moved into a home as they said he
18 was not palliative care. He was in the home a week,
19 Wensley House, Epping, and Dad passed Tuesday, 15 March
20 2022. Dad's one wish he always wanted was to pass away
21 at home, which was Oak Farm, Essex, which he was denied,
22 as they said he wasn't palliative care.

23 "It was evident that there was significant
24 deterioration in our father's physical condition and
25 wellbeing. His mobility was reduced and he had become

1 withdrawn.

2 "After a month of being in hospital, I received
3 a call from the occupational therapist treating our
4 father to consider our father's future care and whether
5 he could return home to Oak Farm or be accommodated in
6 a care home. I knew for certain that my father wanted
7 to return to the place he loved most, the farm. Despite
8 expressing our and our father's wishes for him to return
9 home, he was moved to Princess Alexandra Hospital in
10 Harlow. I was never told why he was moved to this
11 hospital, and it only added to our sense of confusion
12 and frustration.

13 "Throughout this period, we struggled to find
14 clarity about his care. Despite raising concerns about
15 his mental and physical welfare, it felt like his wishes
16 were not being fully considered. In late 2021, a mental
17 health doctor at St Margaret's advised he should into
18 a care home. It was clear from the symptoms my father
19 was displaying for many months now that he was not
20 receiving the correct care and was becoming very
21 insular. This was heartbreaking to see.

22 "Paul and I attended a meeting with the doctor
23 regarding my father's care. We raised several issues,
24 including his mental welfare and medical care. I also
25 asked about palliative care, having been through the

1 process whilst caring for our mother. However, we were
2 told he was not a case for palliative care and a care
3 home would be the best option. This was disheartening,
4 as we felt it would have been the best option for his
5 dignity and comfort towards the end of his life.

6 "In January 2022, Sharon, Paul and I attended
7 a meeting with an Adult Social Care representative. She
8 raised the issue of social care for people at
9 St Margaret's Hospital but, once again, there was no
10 option in relation to palliative care. My family wanted
11 our father to return home with support, as this would
12 have suited him best, but this option was never
13 discussed or encouraged.

14 "We left that meeting feeling further confused and
15 concerned. On Monday, 7 March, my father was taken from
16 St Margaret's to Wensley House care home. Sharon and
17 I went to see him on the Tuesday and it was clear that
18 his condition had worsened. He was uncommunicative and
19 physically frail. It was heart wrenching to see him in
20 such a state.

21 "Finally, the head nurse agreed that he should be
22 administered palliative care and, in consultation with
23 the doctor, it was agreed that the process of palliative
24 care should be initiated immediately but this was
25 actioned too late.

1 Pre-recorded statement by TIM and MARY POOLEY
2 TIM POOLEY: My Brother, Andrew, was born in 1976 to
3 an Irish family. His parents both had significant
4 learning difficulties. Andrew and his two siblings were
5 made wards of court and were each fostered separately
6 across England. Andrew was taken by my parents, Jean
7 and Don, when he was only 10 days old. My parents by
8 that point had already short term fostered over 100
9 children. At the time, they lived in Kent. They moved
10 to Wales when Andrew was about ten years of age.

11 Before Andrew had turned ten, he had already been
12 diagnosed with paranoid schizophrenia and having
13 a learning age of only six. I had left home to get
14 married when Andrew was only seven but maintained
15 excellent relations with my parents and Andrew. Whilst
16 at a special school, Andrew had a friendship with a
17 young girl who had similar learning problems. We later
18 learned that she was the daughter of a famous TV
19 producer. Unfortunately, Andrew suffered a serious
20 incident while at school, so was withdrawn from the
21 school. As soon as Andrew turned 18 years of age and
22 was no longer a ward of court, my parents formerly
23 adopted him.

24 During Andrew's teenage years and into his 20s, his
25 illness made him progressively violent, not towards my

1 parents or other people but by destroying personal
2 effects in the home. My parents maintained
3 an extraordinary level of patience towards him. They
4 recognised that it was only his illness that caused him
5 to act in such a manner and appreciated that he was
6 a loving and loveable young man.

7 The NHS attempted to treat Andrew with a variety of
8 drugs, each with varying rates of success. Before he
9 turned 30, he was successfully titrated on to
10 an anti-psychotic drug.

11 It became possible to get a glimpse of the man he
12 truly was.

13 This had the desired effect of:

14 Releasing him from the frightening mental images he
15 had, caused by paranoia.

16 Enabling him to remain calm and non-violent.

17 Stopping his physical ramblings and vocal utterances
18 that arose out of anxiety and frustration.

19 Not many people knew Andrew very well, as he was shy
20 and retiring, keeping himself to himself. For much of
21 his life he would only venture out of the house with my
22 dad. Those that knew him referred to him as a gentle
23 giant.

24 One doctor called him a real gentleman. Although he
25 could not stay in a social situation for long, he could

1 at least follow the usual social niceties whilst meeting
2 other people. He would then need to withdraw in to his
3 own private space. All this was a marked change in his
4 capacity to handle social situations and to control his
5 behaviour.

6 Following my father's death in May 2012, we were all
7 concerned as to how Andrew and my mum would be able to
8 continue living independently in Wales. He had only
9 made toast, cereal and gallons of Nesquik beforehand.
10 The day following the funeral, with knowledge gained
11 from watching cookery programmes, he made a dinner
12 including both fish and sausages. It wasn't long before
13 he was stripping a full chicken to make a curry, and
14 even prepared his own chicken Kiev. He undertook many
15 other household jobs. He started venturing out on long
16 walks and making use of buses. He achieved all sorts of
17 new goals. He became more self-assured and independent.

18 My mother and Andrew tried to continue living at the
19 family home in Wales, but by the end of 2013, it was
20 becoming clear that they were finding it too difficult
21 to maintain the house. My mother had significant health
22 problems and it was too much to expect Andrew to cope
23 with her needs. I made arrangements for both of them to
24 move permanently to Witham in Essex, within walking
25 distance of my own home. I found a modern rented ground

1 floor flat that was large and comfortable for them both.
2 On the moving day, Andrew wore his favourite shirt and
3 said that he was returning to his native land, having
4 been born in Greenwich. He walked through the new flat
5 in Witham and told us that he loved it and it was just
6 like a dream.

7 Andrew started walking around the town, visiting
8 shops and cafes, some food shopping etc. I visited them
9 twice a day to ensure they both had had their own
10 respective medications, had sufficient meals and
11 similar. I would do some shopping for them, take them
12 out for a walk whilst pushing my mother in a wheel
13 chair, go out occasionally in the car etc. He came out
14 of his shell more and more. He was an incredibly
15 contented and cheerful soul, in spite of being very
16 aware of his illness and condition. We recall a visit
17 to Heybridge Basin, which he adored. On returning to
18 the car, he said that he had seen places like this on
19 TV, but never imagined he would see such a place with
20 his own naked eye. Just prior to his death, we were
21 traveling in the car to London to see our aunt. He
22 spoke up from the back and said, "Tim, I really enjoy my
23 life. I feel like a king". We all became amazed by his
24 natural determination to be cheerful in all
25 circumstances. Although he plainly must have been in

1 pain from time to time, he never complained. He would
2 have a little rest, then start afresh. He was like
3 an adult sized child with great manners having been
4 brought up so carefully. He was a ray of sunshine. If
5 my mother had ever called out for him, he would jump up
6 and thunder down the stairs to see what she needed.

7 He most certainly had a faith in God. It was
8 a simple one, just as it ought to be. Intellect can be
9 problematic. God wants us to come to him as children,
10 which is exactly how his relationship with God was.

11 We will fondly remember Andrew for his determination
12 to stay positive in difficult situations, for his light
13 hearted spirit and his cheerful, happy disposition.

14 The greatest and hardest impact fell upon my mother.
15 She had been there for Andrew from 10 days old to just
16 past his 38th birthday. He had only ever lived with my
17 parents. They were coping with life together in their
18 new home in Witham. My mother recognised for herself
19 how much the move had improved his life. She fully
20 expected to see out her days at that flat before
21 Andrew's death.

22 Following Andrew's death, my mother was almost
23 inconsolable. It was clear that she felt there was now
24 no reason for her life. She wanted to die and told me
25 so every day for the next 6 years of her life. Although

1 her physical health was hazardous, she had managed to
2 keep on top of it by complying with her numerous
3 medications. However, after Andrew's death, both her
4 physical and mental health deteriorated dramatically.
5 Before the year was out she was hospitalised for several
6 weeks. She could no longer return to her home and needed
7 to move into a local care home.

8 I was able to visit her each day. Her state of mind
9 slowly improved, albeit that she would constantly tell
10 me she wanted to die. By the end of 2015, both Mary and
11 I could see the possibility of looking after her within
12 our own home. She lived with us up to her death in
13 October 2020. She had developed vascular dementia,
14 which caused her to lose all her personality and many
15 memories, but she always remember Andrew's appalling
16 untimely death.

17 Even though, at times, she seemed not to recognise
18 me, she never lost sight of her memories of Andrew.

19 The impact upon Mary and I was in needing to cope
20 with my mother's desperately poor reactions to Andrew's
21 death and to help meet her daily needs. Andrew had done
22 so much for her and I only needed to provide assistance
23 for those matters which were too burdensome for him.
24 Life became, understandably, fraught with anxiety for
25 her well being and frustrations at how serious an impact

1 Andrew's death had had on her.

2 My mother's financial benefits were sufficient to
3 cover all her needs, so we were at least spared the
4 pressure of the additional living expense.

5 Due to the absence of Andrew all her needs were
6 fulfilled by Mary and I. This naturally accounted for
7 a high number of hours of devotion, under growing
8 difficult conditions due to worsening ill health in body
9 and mind. Although some care was provided by a care
10 assistant, all medications were administered by myself,
11 including the delivery of her daily insulin needs by way
12 of an injection.

13 There was also a direct impact on Mary and me.

14 As we spoke to one investigation into Andrew's death
15 after another, we never found it any easier to talk
16 about what had happened to him and the awful situation
17 he was in during his last days at the Linden Centre. It
18 preyed on us that he had been alone, unable to receive
19 visitors for the first two days, and was apparently
20 treated as a problem rather than the delightful person
21 he was to us. It galled us that successive health
22 service employees had completely ignored us when we said
23 that he must not be allowed to run out of his prescribed
24 medication.

25 When he was admitted to the Linden Centre we felt

1 that at last he would get specialised care and be
2 reintroduced to this prescribed medication. Nothing
3 could be further from the truth. Our good friend
4 visited and had to beg staff to give him a drink of
5 milk. He was in a very poor state and extremely
6 frightened.

7 Andrew was a very vulnerable man with learning
8 difficulties. Nobody seemed to understand what care he
9 should have.

10 Andrew died as a direct result of not having his
11 prescribed medication and having an unmanaged
12 withdrawal. It was not a good death. It is still
13 something that causes us pain to think about, more than
14 ten years after his death.

15 We have included a picture of him at his 38th
16 birthday party, a happy memory. The other picture
17 provided was taken the year before his death in 2013,
18 which shows, Andrew, my mother and myself.

19 We are very pleased that the inquiry into the
20 disproportionate number of deaths at the Linden Centre
21 is taking place. We would like to thank Baroness
22 Lampard and the whole team for bringing light to this
23 very dark situation.

24 Our daughter, Keziah, who was in her early twenties
25 when Andrew died has also provided an impact statement.

1 KEZIAH POOLEY: When I was a kid I didn't realise that my
2 uncle Andy had learning disabilities and schizophrenia;
3 he was just my shy, sweet uncle. After my grandad died
4 it was like Andy decided to take on all his caring
5 responsibilities without being asked. I was so proud of
6 him. When they moved to Essex I was so happy to be able
7 to spend more time with Andy and my grandma, and I loved
8 taking them to new places. Andy was so excited. Every
9 time he left the house he treated it as if it was the
10 most special adventure, even if he was just going to the
11 shops. He was so joyful about every new day.

12 When his medication ran out, we trusted completely
13 that it would get started again without any problems.
14 It seemed like such a simple thing to sort out. As Andy
15 got more and more sick and more and more scared, we
16 still thought that as long as we could get a doctor to
17 listen, he would be ok.

18 It wasn't until he'd already been in hospital for
19 a week that I started to realise that no one was paying
20 attention at all. Andy was catatonic, unable to speak
21 or react at all. I was telling a nurse about what he
22 was like as a person and she told me "we thought he was
23 always like this". I was devastated to think that they
24 had assumed my funny, sweet uncle was always silent and
25 non-responsive, just because of his learning

1 disabilities.

2 On the day before he died I went to visit him with
3 my grandma. He was obviously scared and distressed.
4 I don't think he was conscious but he looked like he was
5 having bad dreams. My grandma was upset that she wasn't
6 able to get through to him and I reassured her that he
7 was in the right place and he would be fine. The next
8 day we received a call to say he had died. I felt so
9 guilty that I had told my grandma he would be ok. Even
10 though I knew we had done everything we could, it was
11 difficult not to feel guilty. My grandma never
12 recovered from Andy's death. Andy was her light and it
13 was like she had nothing else to live for. My parents
14 looked after her so well for the rest of her life but
15 when I visited you'd hear her praying under her breath
16 "please God let me die". I feel so sad that my final
17 memories of my uncle and my grandma have been overtaken
18 by Andy's death. The memories of everything that
19 happened are so much heavier and more vivid than the
20 happy memories from the rest of my life.

21 MR GRIFFIN: Chair, that is the end of the account, you will
22 have heard Andrew refer to the photo of the 38th
23 birthday party. That was the photo that was shown at
24 the start but I'm going to ask Amanda if she can play
25 that photo again.

1 (Photograph was displayed)

2 There's one more photo to show. Would you show that
3 now too, please?

4 (Photograph was displayed)

5 Chair, that's the end of this account.

6 THE CHAIR: Well, I am grateful to Tim and Mary Pooley, Mr
7 and Mrs Pooley, and their daughter Keziah for that
8 account.

9 MR GRIFFIN: We are now going to hear about Bruce Moorcroft.
10 Rachel Troup will read a commemorative account provided
11 by Bruce's brother, Ash Moorcroft.

12 Before she does that, Amanda, please show the
13 photograph.

14 (Photograph was displayed)

15 Thank you. Rachel, would you please read the
16 account.

17 Statement of ASH MOORCROFT read by MS TROUP

18 MS TROUP: Commemorative account, live of Bruce Moorcroft, 2
19 August 1986 to 29 April 2012.

20 "Bruce was born on 2 August 1986 in Colchester and
21 was the middle child of Michelle. Bruce had an older
22 sister, Jennifer, and younger brother, Ash. Bruce's
23 early life was spent in Colchester attending St Andrew's
24 Primary School, before attending Sir Charles Lucas Arts
25 College in Colchester, and progressing to Colchester

1 Institute to complete a chef's course. Cookery and
2 catering was Bruce's passion. He held many jobs in the
3 catering industry before becoming too unwell to
4 continue.

5 "Bruce was generally mischievous, amiable and loyal
6 to his friends and family. Bruce enjoyed his paper
7 round, had a good friendship circle and always had work
8 of some sort as soon as he was able, including Saturday
9 jobs in his teens, in cafés, et cetera. From the age of
10 13 he had a morning and evening paper round, which he
11 enjoyed as he earned money. Bruce would regularly
12 attend Rileys, his favourite snooker/pool bar and would
13 spend what he had earned. Bruce also enjoyed and was
14 good at darts.

15 "Bruce had three children, the eldest was six years
16 old when he died and the youngest had recently been
17 born.

18 "Bruce's difficulties with mental health began in
19 his teenage years. Bruce would often experience voices
20 and depression. This affected his relationships and
21 work. Bruce experienced voices, which he described as
22 commanding him to take actions, including self-harm, and
23 engaging in very dangerous behaviours.

24 "He unfortunately found himself detained under
25 Section 136 on numerous occasions, but he was never

1 admitted for any period of time to enable a full
2 assessment of his needs. Towards the end of his life,
3 he was imprisoned, having set fire to himself and his
4 home.

5 "Bruce began to self-medicate, which worsened the
6 situation further, but seemed to give health
7 professionals another reason to deny treatment: it's all
8 drugs. But this was a symptom, not a cause. We were
9 told countless times he could not be helped due to drugs
10 but this was occasional use. In fact, his post mortem
11 showed no illicit substances in his system.

12 "It seemed that we got answers and questions from
13 his inquest. The family attempted on numerous occasions
14 to get him admitted to psychiatric care but were denied
15 repeatedly, including taking him to A&E, calling the
16 police and taking him directly to the mental health unit
17 at The Lakes. Unfortunately, the only time as a family
18 we were offered support was the day after he died. 'Let
19 us know if there is anything we can do', they said.

20 "Unfortunately, in writing this commemorative
21 account the memories of childhood, adolescence and early
22 adult life have been overshadowed by the repeated trauma
23 of being denied help and knowing what would happen,
24 given the trajectory that was unfolding before all of
25 our eyes. Bruce was only 25 when he died. The police

1 were helpful and tried, but were also denied by North
2 Essex Partnership.

3 "The indicators in his life that death would follow
4 were ignored: his self-medication, homelessness, family
5 tensions, unemployment, deliberate self-harm and
6 risk-taking behaviours. It seemed the only time we were
7 offered support was after it was too late and too many
8 young people in similar situations have followed
9 afterwards.

10 "From kind, caring and affectionate Bruce the Moose,
11 to a life over far too early, with those who were
12 supposed to support but didn't. It is difficult to
13 recall positives or fond memories because everything has
14 been overshadowed by failure, should haves, and could
15 haves.

16 "Kind regards, Ash Moorcroft."

17 MR GRIFFIN: May we see the further photographs, please.

18 (Photographs were displayed)

19 Chair, that is the end of this account.

20 THE CHAIR: I'm very grateful to Mr Moorcroft for his
21 account of his brother. Thank you.

22 MR GRIFFIN: That's the last of the accounts that you will
23 hear in public. You will hear two further accounts
24 today but they will be in private and the hearing in
25 public will resume tomorrow morning.

1 We will resume tomorrow morning at 10.30, rather
2 than the usual 10.00, and that's because, Chair, you
3 have one private account that you're going to view first
4 of all.

5 So we will see people again tomorrow at 10.30. We
6 will now break and I'm going to ask, Chair, that the
7 live feed is ended.

8 (12.30 pm)

9 (The hearing adjourned until 10.30 am the following day)

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I N D E X

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