

Framework: The Inquiry's Approach to taking evidence from Core Participants with lived experience of mental health inpatient services in Essex

Introduction

1. This Framework sets out the Inquiry's approach to requests for evidence under Rule 9 of the Inquiry Rules 2006 from Core Participants with lived experience of mental health inpatient services in Essex during the relevant period. It has been developed in conjunction with the Inquiry's Chief Psychologist.
2. The Framework has been updated following the Inquiry's careful consideration of comments on it in draft form received from Core Participants and their Recognised Legal Representatives (RLRs).
3. The key proposed steps are set out in a flowchart that can be found at **Annex A**.
4. The Framework should be read alongside the Inquiry's Protocol on Vulnerable Witnesses [here](#) and the Inquiry's Protocol on Restriction Orders, Redactions, Anonymity and Special Measures [here](#).

Objective

5. The aim of this Framework is to establish a structured yet flexible and supportive process for gathering evidence from this group of Core Participants, ensuring that each Core Participant is assisted by the Inquiry to give their evidence as safely and as comfortably as possible, minimising distress or trauma as far as is possible and ensuring that each Core Participant has access to support that is tailored to their individual needs.
6. For that reason, arrangements for the provision of written and/or oral evidence by this group of Core Participants will be made in collaboration with each Core Participant and their RLR following receipt of the Inquiry's pre-statement questionnaire and any subsequent liaison with the Inquiry in relation to any vulnerabilities, special measures or adjustments.

Key Principles

7. The Chair places substantial value on hearing evidence from those who have experienced mental health inpatient care from services in Essex during the relevant period. Those who are prepared to contribute that evidence to the Inquiry are to be commended for their courage and resilience in coming forward to assist. Their evidence will be of considerable benefit in informing the Inquiry's investigations into the deaths of inpatients under the care of NHS Trusts in Essex during the relevant period. Evidence from those with lived experience may also assist the Chair in making recommendations for the provision of mental health inpatient care.
8. The Chair recognises that those providing evidence of their experiences of mental health inpatient care may be vulnerable. Individuals will be asked to provide evidence which is personal and sensitive in nature and they may find that recounting those experiences causes them to experience distress. The Chair does not wish to exacerbate trauma or distress. The Chair also recognises that there may be individuals within this group of Core Participants who do not currently consider themselves to be vulnerable or to have any relevant diagnosis. The Chair recognises that engagement with it may nonetheless result in some individuals with historic vulnerabilities experiencing distress as a result of triggering their past trauma.
9. For that reason, it is important that comprehensive steps are taken, in line with the Inquiry's Vulnerable Witness and other relevant protocols, to identify any needs, concerns or vulnerabilities of those with lived experience on an individual and, where needed, ongoing basis. The Inquiry can then work with each Core Participant and their legal representative to put in place any adjustments that are reasonable and appropriate when a vulnerability/individual need is identified. The Inquiry recognises that further assessments of vulnerability may be needed, and that any adjustments may need to alter and adapt to each individual at different stages of their engagement with the Inquiry and in the process of providing evidence.
10. The process set out in this Framework recognises the importance of choice and of allowing each Core Participant to decide, with appropriate support, how they wish to provide their statement in the way that would suit each of them best.

Inquiry Support

11. The Inquiry provides a dedicated independent emotional support service for those engaging with us. This service is managed by the

Inquiry's Chief Psychologist and is delivered by Hestia, an experienced provider of emotional support.

12. The focus of this emotional support is to offer a safe space for individuals to express any concerns or emotions related to the Inquiry. It also includes a range of techniques and strategies to help manage difficult emotions and memories, as well as personal strategies to maintain individual wellbeing.
13. Emotional support is intended to assist individuals during their engagement with the Inquiry and is not an offer of long-term counselling. The Inquiry encourages anyone who requires ongoing support for mental health or wellbeing concerns to speak to their GP.

Anonymity

14. The Inquiry published a Note [here](#) in July 2024 explaining the Chair's decision to exercise her discretion under section 19 of the Inquiries Act 2005 to anonymise all those with lived experience who are engaging with the Inquiry. This means that all Core Participants with lived experience will be provided with a cipher. They will be referred to by this cipher in their engagement with the Inquiry and in any documents which are published. All ciphers for individuals with lived experience start with the letter "X".
15. The Chair is aware of the highly sensitive nature of the evidence which is to be provided by those Core Participants. All evidence submitted by Core Participants with lived experience to the Inquiry will be read and carefully considered by the Inquiry. The use of a cipher in no way reduces the impact or importance of the evidence provided to the Chair.
16. There are a number of ways in which ciphered individuals can provide oral evidence to the Inquiry, should they wish to do so, while ensuring that their identity is protected. Those include, for example, giving evidence during a private session, or at a hearing where public attendance is restricted, or in pre-recorded evidence to be viewed by the Chair. Where a Core Participant from this group does decide that they wish to provide oral evidence, the Inquiry will work collaboratively with the individual and their RLR to ensure that any arrangements are tailored to suit the needs of the Core Participant as far as is possible.

Safeguarding

17. The Inquiry takes very seriously its safeguarding responsibilities to ensure the welfare and safety of those we engage with. It is important for individuals engaging with the Inquiry about their lived experience to understand how information may be shared if a safeguarding concern arises.
18. If we identify a risk, we may need to take action to address it. While the Inquiry will always aim to seek the consent of those involved before making any safeguarding referrals, there may be situations where we are required to share information without the consent of the individual(s) involved. This would include if:
- we identified a risk of significant harm to a child;
 - we identified a risk of significant harm to an adult;
 - we identified a risk relating to a serious crime; or
 - we were ordered by a court of law or required by some other legal reason.
19. In such cases, we would need to share information about this risk to the relevant authority, such as the police or the local authority. In some cases, the information we share may include details that identify the individual we are engaging with. Unless it would place the individual engaging with us, or anyone else, at risk, the Inquiry team will inform the individual about the information we are sharing, to whom we are sharing it with, and why.
20. Please note, there may be instances where a safeguarding concern related to patient safety arises, in which case the Inquiry may need to make safeguarding referrals to Essex Partnership University NHS Foundation Trust (EPUT). In such cases, the Inquiry will involve the Integrated Care Board (ICB) to provide oversight of the process.

Pre-Statement Questionnaire

21. Prior to seeking a statement from any Core Participant with lived experience of mental health inpatient services in Essex during the relevant period, each Core Participant will be sent, via their RLR, a questionnaire. The questionnaire has been designed in consultation with the Inquiry's Chief Psychologist. The purpose of the questionnaire is:
- a. to allow each Core Participant the opportunity to raise any particular vulnerabilities or needs they may have;

- b. to address and acknowledge any vulnerabilities previously identified;
 - c. to help the Inquiry to assess if a person may be vulnerable;
 - d. to offer each Core Participant the opportunity to engage in a more detailed assessment with an independent psychologist;
 - e. if a vulnerability is identified, to enable the Inquiry to work with Core Participants and their RLRs to identify what individual approaches or additional measures may be required, in accordance with the Inquiry's Vulnerable Witness Protocol, to assist each Core Participant in providing their evidence to the Inquiry;
 - f. to establish logistical preferences for the Core Participant engaging with the process, tailored to the individual needs of each.
22. The proposed questionnaire can be found at **Annex B** to this Framework. As well as some basic information about where and when each Core Participant received mental health inpatient care, it covers communication needs and reasonable adjustments that may be needed. In addition, the questionnaire will ask Core Participants to decide, with advice and support from their RLR, how they would prefer to respond to provide evidence to the Inquiry.

The options for providing evidence

23. The Inquiry intends to take a flexible approach to obtaining evidence from this group of Core Participants. In all cases where the individual wishes to provide evidence, the Inquiry intends to provide a written Rule 9 request for evidence.
24. Thereafter, there are four options for the Core Participant's preferred method for giving a written statement:
- a. By providing a written statement in answer to the written Rule 9 request from the Inquiry. The Rule 9 request will set out the areas on which evidence is requested and invite the individual to provide a response in the form of a written statement.
 - b. In a session or number of sessions with a member of the Inquiry Legal Team (in person or remotely), supported by the Core Participant's RLR (this is known as a "proofing session"). Through this proofing session, the individual will provide information about their experiences and respond to questions.

This will help the Inquiry Legal team to draft a statement for the individual, based on the information which they have provided.

- c. By receiving a written Rule 9 request to review and begin to formulate answers, followed by (a) shorter session(s) with a member of the Inquiry team (in person or remotely), supported by the Core Participant's RLR to finalise a written statement.
- d. If any witness is unable to produce a written statement, they can provide an account by way of a recorded interview with a member of the Inquiry Legal Team, supported by the Core Participant's RLR.

Proofing sessions

- 25. If a proofing session is the preferred option, the statement-taking team would be made up of members of the Inquiry Legal Team, with the core Participant's RLR present to assist, advise and support. A Member of the Inquiry's Emotional Support Team can also be present if requested.
- 26. It is anticipated that no more than two proofing sessions/interviews should be required per witness, but this could increase depending on the individual needs of each Core Participant. The time and date for those sessions would be arranged with each Core Participant and their RLR. It is expected that the sessions would take place over a period of approximately two weeks. However, a longer period may be applied if a witness needs support after their initial session and before continuing with another, or if a longer period of time is needed for any other reason to assist the witness to give their best evidence.

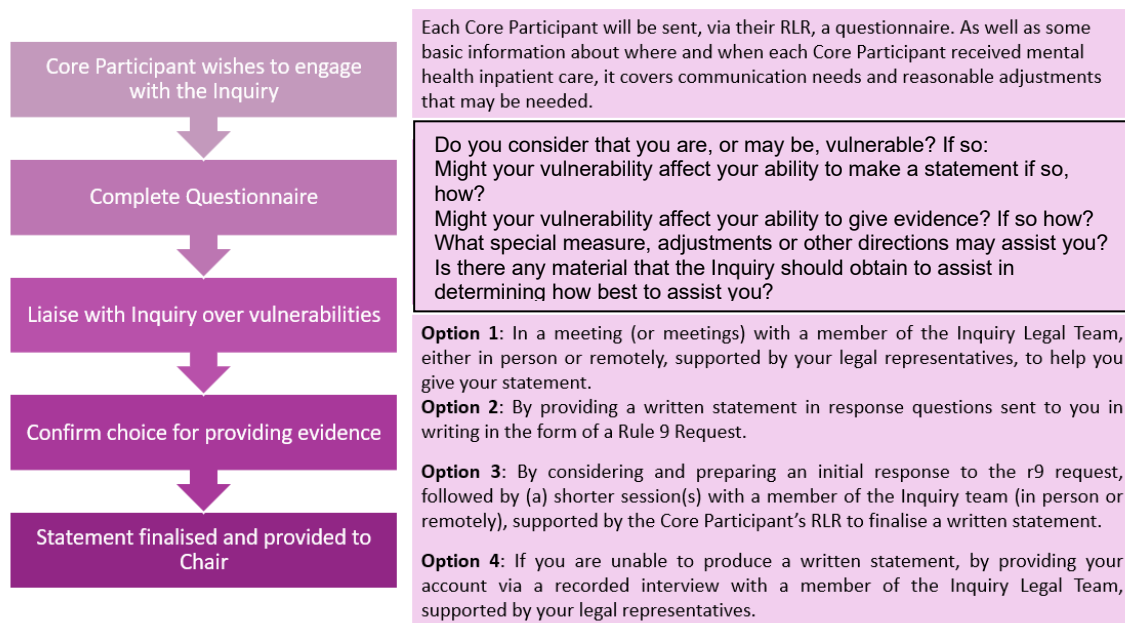
Format of Statements

- 27. Statements for those with lived experience will be drafted as formal witness statements. Once prepared as a final draft, they will be provided to the witness and their RLR to check for any issues, errors or matters which they wish to amend. Sufficient time for this to be undertaken will be factored into the process.

Documents

28. The Inquiry is currently gathering evidence from those affected by the issues which it is investigating. As part of that process, the Chair has asked that those with lived experience share their concerns around inpatient treatment and any views as to recommendations to improve care in the future. If there are any documents held by those with lived experience which may be relevant to the Inquiry's investigations into inpatient deaths, then we ask that those with lived experience let the Inquiry know. There is no need at this stage to provide any documents to the Inquiry (including medical records). Once the statement has been completed (or a recorded interview has been submitted), the Inquiry will be in touch, should any documents be required.

Annex A – Flowchart



Annex B

Pre-Statement Questionnaire for Core Participants with lived experience of mental health inpatient services in Essex

Introduction

Thank you for participating in the Lampard Inquiry.

This questionnaire is designed to help you to identify any potential vulnerabilities that you have or that may arise, as well as to help the Inquiry to understand your needs and preferences. The aim of the questionnaire is to ensure that you receive appropriate support during the process of giving evidence to the Inquiry.

The information that you and your legal representative provide will allow us to tailor our approach to make sure the process of providing evidence is as comfortable and as accessible as possible. Additionally, it will help us to identify any support or assistance you may require to communicate effectively with us as well as your preferred method for giving your statement. The information that you provide will also help us to work with you to plan arrangements for you and your legal representative to engage with this statement-taking process.

Please note that the process of providing evidence to the Inquiry is a voluntary one; at no time will you be obliged to provide evidence, either orally or in a written witness statement, or to continue to engage with the Inquiry.

Please answer the following questions to the best of your ability. The questions we have posed are not comprehensive. Please feel free to inform us of any additional needs you may have that may require reasonable adjustments, or any concerns you have about any aspect of the process of providing evidence to the Inquiry.

Evidence

1. Do you consider at this time that you would be willing to provide oral evidence to the Inquiry about your experiences if invited to do so? Or do you consider that you would prefer to give your evidence by way of a written statement only? Please note that giving evidence of your experiences is voluntary.

i. [Click or tap here to enter text.](#)

Inpatient experiences

2. Please provide the dates for every period you spent as a mental health inpatient in Essex during the relevant period.

i. [Click or tap here to enter text.](#)

3. Please tell us where you received inpatient mental health treatment during each of those periods (i.e. at which hospital and in which unit or ward).

i. [Click or tap here to enter text.](#)

Preferred way of giving a witness statement

4. How would you like to give your written witness statement? Please indicate your preferred method from the following options that would best assist you to give your statement:

- ☐ **Option 1:** In a meeting (or meetings) with a member of the Inquiry Legal Team, either in person or remotely, supported by your legal representatives, to help you give your statement.
- ☐ **Option 2:** By providing a written statement in response questions sent to you in writing in the form of a Rule 9 Request.
- ☐ **Option 3:** By receiving a written Rule 9 request to review, beginning to prepare your answers to the Rule 9 request alongside your legal representatives, followed by one or more brief meetings (proofing sessions) with members of the Inquiry Legal Team to finalise a written statement.
- ☐ **Option 4:** If you are unable to produce a written statement, by providing your account via a recorded interview with a member of the Inquiry Legal Team, supported by your legal representatives.

Vulnerability

You may wish to inform the Inquiry of any vulnerabilities that may affect your ability to engage with the Inquiry or to provide evidence. These may include, but are not limited to:

- a. A mental health diagnosis of any kind;
- b. A diagnosis of a learning difficulty and/or disability;
- c. A diagnosis of a neurodivergent condition;
- d. Emotional distress, either in general or in specific circumstances or in relation to specific issues.

The Inquiry recognises that vulnerability may present in different ways for different individuals. It aims to work with you to ensure that any individual concerns or vulnerabilities can be identified.

5. Do you consider that you are, or may be, vulnerable?

- i. Click or tap here to enter text.

If so:

6. Please describe the nature of any vulnerability or potential vulnerability.

- i. Click or tap here to enter text.

7. Do you consider that any vulnerability may affect your ability to make a statement? If so, how do you think it may do so?

- i. Click or tap here to enter text.

8. Do you consider that your vulnerability may affect your ability to give evidence? If so, how do you think it may do so?

- i. Click or tap here to enter text.

9. What special measures, adjustments or other directions may assist you? For example, if providing your witness statement during a proofing session with the Inquiry, would it assist you to have a friend, family member or intermediary with you? Would it be helpful for you to

attend more than one proofing session? Would it be useful to have regular breaks during the session?

i. [Click or tap here to enter text.](#)

10. If you consider that the Inquiry needs to make reasonable adjustments or put in place special measures to assist you in giving your best evidence, would it assist you to engage in a detailed assessment with the Inquiry's an independent psychologist?

11. Is there any material that the Inquiry should obtain to assist it in determining how best to assist you?

i. [Click or tap here to enter text.](#)

Communication

You may wish to inform the Inquiry of any specific needs you have that could cause communication issues. These may include, but are not limited to:

- e. Literacy or language barriers
- f. A diagnosis of a learning difficulty and/or disability
- g. A diagnosis of a neurodivergent condition
- h. Hearing or visual impairments or difficulties

12. If you have any needs you would like us to be aware of, please let us know in the box below, including any adjustments the Inquiry can make to support your needs, such as providing an interpreter.

i. [Click or tap here to enter text.](#)

13. If you feel that the Inquiry needs to make any adjustments to support your communication needs, but you are unsure what these would be, do you consent to the Inquiry arranging an assessment with an intermediary¹?

i. [Click or tap here to enter text.](#)

¹An intermediary is a communication specialist. If you think that an intermediary may be helpful to you, please discuss this with your legal representative. The Inquiry may appoint an intermediary to assess the additional needs of any witness and to assist them when giving evidence. If you would feel more comfortable giving a statement with the support an independent person who is able to communicate on your behalf during the statement-taking process, you may choose to appoint an intermediary to help and support you.

Reasonable adjustments and accessibility requirements

14. Please let us know if you require any of the following reasonable adjustments to make the process of providing a witness statement easier for you. This might include accessibility needs such as:

- ☐ Wheelchair access
 - i. [Click or tap here to enter text.](#)
- ☐ Large print materials
 - i. [Click or tap here to enter text.](#)
- ☐ Hearing loop
 - i. [Click or tap here to enter text.](#)
- ☐ Adjustments to the environment (e.g., quiet space, specific seating arrangements)
 - i. [Click or tap here to enter text.](#)
- ☐ Other physical adjustments (please specify):
 - i. [Click or tap here to enter text.](#)
- ☐ Other specific adjustments (please specify):
 - i. [Click or tap here to enter text.](#)

Emotional & Practical Support Options

15. We want to ensure you feel supported throughout this statement-taking process. The Inquiry will ensure that you have access to our emotional support service throughout. In addition to this, please let us know if you consider that there is any other emotional and/or practical support that may assist you during the statement-taking process. For example:

- ☐ In addition to your legal representative(s), the support of a friend, relative, or other appropriate adult to sit with you when you give evidence (please specify their name and relation to you):
 - i. [Click or tap here to enter text.](#)
- ☐ If you would like to meet with the Inquiry Legal Team to make your witness statement, your preferred start time (AM / PM), break times (how many, how long), and end time (AM / PM), (please specify):
 - i. [Click or tap here to enter text.](#)

- Any other support needed (please specify):
 - i. Click or tap here to enter text.

Signature

Name (signed):

Date:

NEXT STEPS

Thank you very much for taking the time to complete this form.

The Inquiry will now review the information that you have provided in this document and a member of the Inquiry team will be in touch with your legal representatives in due course.

Thank you for your continued engagement with the Lampard Inquiry.