

Monday, 13 July 2026

(10.00 am)

(Proceedings delayed)

(11.02 am)

THE CHAIR: Ms Troup, good morning.

MS TROUP: Chair, thank you.

This morning the Inquiry will hear evidence from the bereaved families of those who died while under the care of Trusts in Essex. We will hear evidence today from Victoria Sebastian.

Victoria is going to give evidence about her daughter, Elise Sebastian, who was born on 24 May 2004 and who died on 19 April 2021, aged just 16.

Chair, as with previous days, there may be aspects of today's evidence that are difficult to listen to. For some people, it may not be possible to sit through the session. As with other days, anyone in the Inquiry room should feel free to leave at any time.

May I take this opportunity to remind those engaging with the Inquiry that emotional support is available for all who require it. Present here again today are emotional support staff from Hestia, an experienced provider of emotional support at these types of hearings. They are currently in this room and can be identified by their orange-coloured scarves.

1 There is a private room downstairs where those who
2 need emotional support can talk to Hestia support staff,
3 or, if you prefer, you can speak to a member of the
4 Inquiry team and we will put you in touch with the
5 emotional support staff. Inquiry staff are wearing
6 purple-coloured lanyards.

7 For those following the hearing online, information
8 about the emotional support that is available can be
9 found on the Lampard Inquiry website
10 @lampardinquiry.org.uk, and the "Support" tab is near
11 the top right-hand corner. We want everyone engaging
12 with this Inquiry in whatever way to feel safe and
13 supported.

14 Could we have the witness sworn, please.

15 **VICTORIA SEBASTIAN (sworn)**

16 **Questioned by MS TROUP**

17 **MS TROUP:** Thank you.

18 The first thing I'm going to ask you to do is to
19 state your name for the record, please.

20 **A.** Victoria Sebastian.

21 **Q.** Thank you. The second thing I'm going to ask you to do,
22 I think, please, Vicky, is just to move your chair
23 slightly forward towards the microphone just to make
24 sure they can pick up your evidence.

25 You've asked that I call you "Vicky" during this

1 morning's oral evidence, so I'll do that.

2 A. Thank you.

3 Q. Vicky, you are the mother of Elise Sebastian --

4 A. I am.

5 Q. -- who, as we've said, was born on 24 May 2004 and died
6 on 19 April 2021, aged just 16.

7 Vicky, you first came before this Inquiry in
8 September 2024 when we were hearing commemorative
9 evidence in Chelmsford, and you gave then commemorative
10 evidence about Elise, about her life, and about the
11 impact of her loss on your family.

12 We thank you for that evidence and for your evidence
13 today.

14 Vicky, you've now provided to us, and you will have
15 a copy of it in front of you, a witness statement under
16 Rule 9 which runs to 51 pages. The thing that I'm going
17 to ask you to do before we begin is to turn, please, to
18 page 48 of that statement. Do you have it?

19 A. *(The witness nodded)*.

20 Q. That is the page that you -- was dated so we can see
21 it's 9 March 2026. And although your signature is now
22 redacted for privacy reasons, that is the page where you
23 made a statement of truth and signed?

24 A. Yes.

25 Q. Just to check, sitting here today, are you content that

1 the content of your statement is true and accurate?

2 **A.** Yes.

3 **Q.** Thank you.

4 I should also say you're accompanied today by your

5 legal representative, who is here to support you while

6 you give your evidence.

7 **A.** *(The witness nodded)*.

8 **Q.** Thank you.

9 Vicky, you tell us at the very start of your

10 statement that you make this statement from your own

11 recollection of events as well as from your own

12 knowledge, from the inquest into Elise's death, and from

13 analysis of what records you do have in relation to

14 Elise's care and treatment; is that right?

15 **A.** Yes.

16 **Q.** You endured what I think you described as a gruelling

17 inquest process before a jury in 2025?

18 **A.** Yes.

19 **Q.** It ran for almost a full month --

20 **A.** *(The witness nodded)*.

21 **Q.** -- and concluded on 28th May of last year?

22 **A.** It did, yeah.

23 **Q.** The jury did conclude that Elise's death was contributed

24 to by neglect on the part of the Trust.

25 **A.** *(The witness nodded)*.

1 Q. And nine months after May 2025, the coroner issued
2 a Prevention of Future Deaths report to the Trust?

3 A. *(The witness nodded)*.

4 Q. One of the things that I think you are very keen for
5 this Inquiry to understand is that your witness
6 statement to us about Elise's life is not simply an
7 account of symptoms or incidents or events, and that
8 what you are very keen to get across to us is that it's
9 an account of the challenges that shaped her life.

10 A. Yes.

11 Q. It's an account of her courage.

12 A. Yes.

13 Q. And it's an account of the failings that she and
14 therefore you as a family endured.

15 A. Yes.

16 Q. Is that a fair summary?

17 A. Yes.

18 Q. You tell us, much later in your statement, that looking
19 back, because it was now five years ago that you lost
20 your daughter, you do not consider that any of those
21 responsible for any aspect of Elise's care and treatment
22 really understood either her or the extent of her
23 suffering.

24 A. No.

25 Q. Is that a fair summary?

1 **A.** Yes, it is.

2 **Q.** Can we talk first, please, about what Elise was like as
3 a young child. I understand that she was the youngest
4 of your four children.

5 **A.** She was, yeah.

6 **Q.** And you tell us a little in the early part of your
7 statement about how even as quite a young child, you
8 felt that she was different from your other children and
9 from other children?

10 **A.** Yeah, it was -- at first obviously I understood that she
11 was the baby, so she was very much my baby, in every
12 aspect. But as she got older, I realised that actually,
13 she wasn't becoming any more independent. Like, she
14 would still hold on to my trousers everywhere we went,
15 she wanted to be with me at all times, she couldn't,
16 like, go from one room to another without literally
17 wanting to take every toy with her, you know, like,
18 everything that mattered to her to be with her at all
19 times.

20 **Q.** She would carry with her the things that made her feel
21 safe; is that right?

22 **A.** Yeah, yeah, yeah, yeah, she was renowned for having
23 a backpack with, like, every single doll in it.

24 **Q.** Yes.

25 **A.** And to the point where I bought her a drag-along

1 suitcase because it was much easier for her than to try
2 to squeeze them into a little backpack.

3 Q. Did you say you bought her a suitcase?

4 A. Yeah, just likely a little kids' one because it was
5 easier and she was trying to --

6 Q. Ah, like a wheelie trolley --

7 A. -- (overspeaking) --

8 Q. A wheel-along one, I understand.

9 And one of the things you tell us about what you
10 noticed was that even as a young child, apart from sort
11 of not coming to hit what we might describe as ordinary
12 milestones of independence, she appeared to you to be
13 both incredibly sensitive to the world around her --

14 A. Very much so.

15 Q. -- and incredibly anxious.

16 A. Very much so. It was, like, the anxiety started when
17 she, sort of, like, got to around 10'ish, but I didn't
18 really notice because she was my baby and I was quite
19 happy to spend as much time with her as she wanted to
20 spend with me.

21 Q. Of course. So at first you didn't really notice it,
22 she's was the baby of the family, you loved being with
23 her?

24 A. *(The witness nodded).*

25 Q. Loved her being with you?

1 **A.** *(The witness nodded).*

2 **Q.** You did everything together?

3 **A.** Yeah.

4 **Q.** I understand from both your witness statement and from

5 the commemorative evidence you provided that yours is --

6 was then and remains a very close family?

7 **A.** Very much so, yeah.

8 **Q.** One of the things you tell us is that as quite a young

9 child, Elise would sometimes become so intensely anxious

10 that she would vomit?

11 **A.** Yeah, she had, I think they call it emetophobia: a fear

12 of being sick. So the fear was of being sick, which

13 obviously now makes sense because she had a prolapsed

14 bowel. So maybe, like, anything that would make her

15 feel a little bit unwell --

16 **Q.** Make her stomach upset?

17 **A.** -- would make her -- yeah. So she wasn't ever sick as

18 a child; she was just sick one day when she came home

19 from school, and that was it forever. Anyone who was

20 sick, anyone who remotely didn't feel very well, that

21 was her. She would panic that she would be sick.

22 **Q.** I understand. So you mentioned her prolapse. Let's go

23 on to that, because one of the other -- Elise also

24 endured a number of very serious physical health

25 problems.

1 **A.** She did.

2 **Q.** So let's deal with those so that they are clear. From
3 quite early childhood you tell us that she suffered
4 frequently with severe abdominal pain --

5 **A.** She did.

6 **Q.** -- and rectal bleeding?

7 **A.** Yeah.

8 **Q.** Those episodes of pain or bleeding were obviously
9 frightening for her?

10 **A.** Yes, yeah, yeah. Of course. Yeah. We had to keep food
11 diaries and things like that. Like, it was always, it
12 had to be something else. Always.

13 **Q.** What do you mean?

14 **A.** Like, we'd keep food diaries or something. It had to
15 be, like, she weren't drinking enough. No one wanted to
16 investigate, you see?

17 **Q.** Oh, I see.

18 **A.** It was always, you know, "Have you tried this, have you
19 tried that? Does she drink enough?" -- you know --

20 **Q.** So you took her from early childhood --

21 **A.** Yeah, from about 2 we were back and forth from the
22 doctors, it was always: "Drink this medication every
23 day," "Do this", you know? It was never anyone wanting
24 like to help me. I just looked like a very over-anxious
25 mum, I -- (overspeaking) --

1 Q. Is that how you were made to feel?

2 A. Yeah, of course, you know, but my other two children
3 didn't rarely go to the doctors unless it was important.
4 But with Elise we spent an awful of lot of time
5 backwards and forwards from the doctor's because, you
6 know, I'm the one sitting in the bathroom with her
7 holding hands while she's crying because she can't go to
8 the toilet.

9 Q. Yeah.

10 A. That's me, looking like she was going to pass out, and
11 it was really distressing for both of us. Mostly her,
12 obviously, but yeah.

13 Q. Yes, and extremely painful for her, and worrying. It
14 frightened her?

15 A. Very much so.

16 Q. So you made sustained efforts over the course of her
17 childhood --

18 A. Yeah.

19 Q. -- to take her to doctors to say, "No, no, there's
20 really something wrong"?

21 A. Yes.

22 Q. You are very clear in saying you were not listened to?

23 A. A hundred per cent.

24 Q. And in fact all of your fears were born out --

25 A. Yes.

1 Q. -- because it was discovered just prior to Elise's
2 death --

3 A. Yeah.

4 Q. -- that she was suffering from an internal rectal
5 prolapse --

6 A. Yes.

7 Q. -- and she was at that stage too late, in your eyes, put
8 on a waiting list for the required treatment?

9 A. Yeah. Well, Elise was made to feel like she had had
10 health anxiety from when she was, like, 11 or so.
11 I remember she would get up and she'd want to go to
12 school and she would spend ages doing her hair and
13 getting ready. And then when she would get to school,
14 she would panic. And I know that she didn't used to,
15 like, go into the toilet if anyone was in the house, if
16 anyone could hear her. So because she had a --
17 obviously, it makes sense, that she had an overwhelming
18 need to feel like she had to go to the toilet like 24/7,
19 like, all of the time. She didn't want to go to school
20 because she needed to go to toilet -- but she didn't
21 want anyone to know. So, like, she would behave like
22 she had an alien in her belly, like, something needed --
23 you know, and she'd be in pain, and so we'd take her to
24 A&E and we'd see -- over and over again, we'd see lots
25 of different doctors, and they told her it was all in

1 her head and that she needed therapy.

2 Q. I see.

3 A. And that's the very first day that mental health was

4 ever -- but we was in A&E because of her stomach.

5 Q. I understand.

6 Vicky, I know this is very difficult, I'm going to

7 ask you to try to slow your speech --

8 A. Sorry.

9 Q. -- it's all right, please don't apologise. It's really

10 hard. These are incredibly difficult things for me to

11 ask you to talk about.

12 A. It's just that -- yeah, sorry.

13 Q. I know. I know it's so difficult. It's only because

14 I want the transcriber to be able to accurately record

15 your evidence --

16 A. No, that's fine.

17 Q. -- because it is so important. I'll keep reminding you

18 because it's really difficult and this is unnatural and

19 I understand all of that.

20 I want to ensure that I understand this correctly.

21 By the time she was about 11, your sustained attempts to

22 have someone actually investigate these ongoing really

23 serious bowel problems --

24 A. Yeah.

25 Q. -- resulted in clinicians telling both Elise and you

1 that it was an anxiety, that it was in her head?

2 **A.** Yeah, basically I just remember him saying, "Do you
3 think it's in her head?" And she was sitting there.
4 And I'm thinking: well, no, it's in her stomach.

5 **Q.** Yes. And nothing in her head, to state the obvious,
6 would have explained rectal bleeding, on a frequent
7 basis?

8 **A.** No, and I still have pictures on my phone to this day
9 where she would send them to me when I was at work.
10 Yeah.

11 **Q.** Is this right, and you must tell me if I'm summarising
12 wrongly, it was that suggestion, as a result of what it
13 turned out you were right to believe was a serious
14 physical health problem --

15 **A.** Yes.

16 **Q.** -- it was that suggestion, both to her and to you, that
17 it might all be in her head, that it might be an anxiety
18 symptom, that she might need therapy, that I think you
19 said led Elise down a mental health route?

20 **A.** Yeah, I --

21 **Q.** That was the start?

22 **A.** Yeah, so roughly around the same time I started to
23 realise that as Elise went to secondary school that
24 there's a possibility she could be autistic because when
25 all the other kids stopped talking about toys and

1 playing, she was lost, so lost.

2 **Q.** She couldn't find her place?

3 **A.** She couldn't, no.

4 **Q.** I understand, and I remember you explaining that once

5 she hit that transition period into secondary school and

6 I think we can sort of accept that children's

7 friendships, teens' friendships become more complex --

8 **A.** Yeah.

9 **Q.** -- and they're moving on from Harry Potter, or whatever

10 it was, she just -- she couldn't find how to stabilise

11 herself in that environment anymore?

12 **A.** Yes.

13 **Q.** So is this what you just said, forgive me: that's when

14 you as a family or you, as a mother, began to think:

15 I wonder if Elise might be autistic?

16 **A.** Yes.

17 **Q.** Yes.

18 **A.** Yeah.

19 **Q.** Before we -- I'm so sorry, go ahead. I don't want to

20 interrupt you.

21 **A.** No, no, that's fine. I was going to say that socially

22 she was really struggling. Like, really struggling.

23 **Q.** In what way? Tell us a little bit about how -- was she

24 very socially anxious?

25 **A.** Yeah, she didn't really, like -- I suppose, like, when

1 she went to secondary school she had a mobile phone, so
2 she'd be texting her friends, and she would not quite
3 understand what it -- how they might be putting it
4 across.

5 Q. Yes.

6 A. And she would be like, "Oh, I don't think my friend does
7 want to talk to me anymore", or, "He's got the hump with
8 me because of the way he said it." And I used to have
9 to say to her, "Do you think he might have meant it like
10 that?" But she --

11 Q. So you had to --

12 A. -- used to be so hard on herself because she felt, like,
13 she couldn't maintain friendships and there was
14 something wrong with her. And there was nothing wrong
15 with her at all.

16 Q. I understand.

17 A. She just needed --

18 Q. Support?

19 A. -- to be understood.

20 Q. Yes. I understand. Let's come back if we can, please,
21 to Elise's autism diagnosis. I just want to stick for a
22 moment with the physical health challenges --

23 A. Yeah.

24 Q. -- that Elise endured, because the other thing that you
25 tell us is that she had a form of scoliosis?

1 **A.** Yes.

2 **Q.** A complex spinal deformity?

3 **A.** She did.

4 **Q.** Now, to add to all the other issues that Elise had the
5 courage to deal with in going to school every day,
6 I understand that for a period of about two years, she
7 had to wear a very bulky back brace?

8 **A.** Yeah.

9 **Q.** It was uncomfortable?

10 **A.** It was hot.

11 **Q.** It was hot. It was obvious.

12 **A.** Yes.

13 **Q.** Other children were deeply unkind to her about it.

14 **A.** Yeah.

15 **Q.** The teasing, which I think turned into bullying,
16 impacted her confidence even further.

17 **A.** Yeah, she stopped -- she started to, like, refuse to
18 wear it. She would get very upset. She knew, like,
19 when she was at home and when we would go on holidays or
20 whatever she would keep it on, but not in school.

21 **Q.** No. Because of the bullying --

22 **A.** Yeah.

23 **Q.** -- is that right?

24 **A.** Yeah.

25 **Q.** What you tell us is that by the age of around about 10

1 or 11, there was simply so much for her to cope with as
2 a little girl that she started to self-harm, I think
3 initially by cutting her arms; is that right?
4 **A.** She did.
5 **THE CHAIR:** What sort of age did she start self-harming?
6 **A.** About 11.
7 **THE CHAIR:** So just before she went to secondary school?
8 **A.** No, she was 11. So maybe about 11, 12.
9 **THE CHAIR:** Whilst she was in secondary school?
10 **A.** Yeah.
11 **MS TROUP:** At about the same time, my understanding from
12 your witness statement is that when she was about 12,
13 there was a referral to CAMHS.
14 **A.** Yeah.
15 **Q.** So community, sort of, outpatient appointments. And one
16 of your enduring frustrations is that the records from
17 CAMHS from that period state that Elise was felt to be
18 suffering from school anxiety.
19 **A.** Yeah.
20 **Q.** Those are the words that are used.
21 **A.** Yeah.
22 **Q.** And is this right, Vicky: I think, to you, that
23 demonstrates a fundamental misunderstanding about how
24 serious the problems that Elise was facing were?
25 **A.** Yes.

1 **Q.** Because she wasn't simply anxious about school?

2 **A.** She was really, really clever.

3 **Q.** Yes.

4 **A.** Really, really, really clever and really, like, good at

5 art and she read way beyond before she should have,

6 et cetera. The school wasn't a problem for her, she

7 used to really look forward to it, she would have all

8 clothes on, she'd done her hair, like, six times before

9 I'd even got up. She was good -- there was just

10 something that stopped her doing that.

11 And they tell us she was a refuser. She didn't not

12 want to go to school.

13 **Q.** No, it wasn't that?

14 **A.** She just wanted help being there.

15 **Q.** Yes. Can I ask at that time, so during the transition

16 into secondary school, you told us that you started or

17 you as a family started to consider autism and whether

18 or not --

19 **A.** Yeah.

20 **Q.** -- Elise might be autistic. What about CAMHS or the

21 school? Did anyone else suggest to you that that was

22 a possibility, or did you raise it with anyone at that

23 time?

24 **A.** No. Well, I raised it, she was obviously having therapy

25 and stuff, and I tried to get as many people behind me

1 to think: well, maybe this is the situation, but I don't
2 remember how old she was. I know there was a bit of
3 a wait and I think she might have been, like, 13 maybe,
4 and --

5 **Q.** Thirteen?

6 **A.** Yeah, and we took her for an appointment to be, like,
7 tested for autism and --

8 **Q.** Yes, for an assessment?

9 **A.** -- and they said she's not autistic.

10 **Q.** I see. At 13?

11 **A.** Yeah.

12 **Q.** Now, we know that later, at 16, 15 or 16, she was
13 diagnosed as autistic?

14 **A.** Yes.

15 **Q.** And we'll come to that?

16 **A.** Very much so and they literally told her within five
17 minutes. Yeah. So I don't think -- the lady didn't
18 really do a job -- a real job of it, you know? It was
19 just we went in a room, they asked us some questions,
20 and she comes across as shy, but really intelligent.

21 **Q.** Yes, I see. So --

22 **A.** But with girls, it's just in here (gestures to
23 chest/heart) you know, and they're very good at masking
24 it. And she didn't want to be autistic, you know. At
25 the end of the day, she knew why she was there and --

1 **Q.** She --

2 **A.** She just wanted to be like everybody else. That's all

3 she was ever striving to be, was the same as everybody

4 else.

5 **Q.** To fit in?

6 **A.** Yeah.

7 **Q.** I understand. You said something about girls and their

8 ability to mask.

9 **A.** Mm-hm.

10 **Q.** So can I take it that you do not consider that that

11 first autism assessment was a thorough assessment?

12 **A.** Not at all.

13 **Q.** Thank you. The other thing, before we go on, my

14 understanding is that at 13 and connected, obviously,

15 with Elise's scoliosis, she underwent major spinal

16 injury.

17 **A.** She did. And she was so brave. She was.

18 **Q.** She had I think what are called myoclonic seizures --

19 **A.** She did.

20 **Q.** -- which are muscle jerks or twitches that would occur

21 very suddenly?

22 **A.** Yes.

23 **Q.** And although she was medicated for those, I think an

24 anticonvulsant epilepsy medication --

25 **A.** She wasn't given medication until she was properly

1 diagnosed.

2 Q. I see.

3 A. Yeah.

4 Q. Thank you. Concerns were raised, as I understand it,
5 that she might have been suffering from Ehlers-Danlos
6 Syndrome. We understand that to be a genetic disorder
7 affecting the connective tissue.

8 A. Yeah.

9 Q. So she was eventually, because we bear in mind that you
10 have told us that from about age 2 you had been pressing
11 clinicians and saying there's something that's plainly
12 not right, in particular in relation to her ongoing
13 bowel issues. She was eventually referred to I think
14 the Rheumatology Department at Colchester Hospital and
15 you've set out in your witness statement some of the
16 symptoms that were listed in that referral letter: bowel
17 prolapse, popping joints, dislocation of small joints in
18 her toes and hands, easy bruising and stretch marks.

19 There was I think at least a four-month wait after
20 that referral to the Rheumatology Department at
21 Colchester. And one of the things that I think, again,
22 is a matter of enduring distress to you is that all of
23 that came too late.

24 A. Yeah.

25 Q. And that in fact you were contacted by the Rheumatology

1 Department to follow up those problems on the day of
2 Elise's death?

3 A. Yeah, and I told them "It's too late."

4 Q. One of the things you tell us, just thinking about the
5 autism diagnosis that finally came for Elise in
6 March 2020 is that to you, is this right, it helped
7 a great deal to explain a lot of things about Elise?

8 A. Yeah, because we had some, like, parenting lessons,
9 which is weird, because obviously she's then just
10 (unclear).

11 Q. Say that again? I'm so sorry, Vicky, I'm struggling
12 a little bit to hear you. Can I ask you to move forward
13 a little bit more.

14 A. Sorry.

15 Q. It's all right, if you move your chair towards --

16 A. I always worry I'm shouting, because I'm deaf.

17 Q. You're not shouting, I promise. Not at all.

18 A. No, we had, like, from her (redacted) her counsellor,
19 she helped us to kind of have some parenting lessons.

20 Q. Okay.

21 A. Which is weird because she's being the youngest of four
22 but it was like in ways to speak to her. You know,
23 like, we had to give her little small bits of
24 information and we'll get to the ultimate goal but
25 don't --

1 Q. Overwhelm her?

2 A. Yeah, yeah, yeah. So yeah -- which was very helpful.

3 Q. It was helpful?

4 A. Yeah.

5 Q. One of the things that you say is that the problem for

6 you is that by the time of her autism diagnosis in

7 March 2020, you can see that Elise had already spent

8 quite a number of years struggling without the tailored

9 support that she otherwise might have had?

10 A. Yeah. She was just made to think that it wasn't real.

11 Q. She was made to think that what, I'm so sorry?

12 A. That it wasn't real, that what she was feel -- that all

13 this is because she's not okay. You know?

14 Q. Yes. That she was imagining the problems?

15 A. Yeah.

16 Q. Is that also how you were made to feel?

17 A. No, I always knew. Because she weren't faking when she

18 was 2.

19 Q. I want to move, please, to Elise's admissions to

20 adolescent mental health units. We'll take it at your

21 pace, and you're going to stop me if you would like to

22 stop and have a break, all right?

23 A. Okay.

24 Q. Or your solicitor will indicate to me if you need to do

25 that.

1 Vicky, what you tell us is that by the time Elise
2 was 15, she had had four admissions to inpatient CAMHS
3 units.

4 **A.** She did.

5 **Q.** I want to look at the first, please, which was between
6 4 September and 26 November 2019.

7 **A.** Yeah.

8 **Q.** And that was to Rochford Hospital --

9 **A.** It was.

10 **Q.** -- and to the CAMHS unit there, which was Poplar; the
11 Poplar Unit.

12 **A.** Yeah.

13 **Q.** One of the things I understand from your witness
14 statement, you talked about Elise starting to self-harm
15 at around about age 11.

16 **A.** Yeah.

17 **Q.** But what you tell us is that by late 2019, her mental
18 health had deteriorated very significantly, and that on
19 30 August of that year, 2019, Elise took an overdose,
20 I think of paracetamol, told you what she had done, and
21 you took her to A&E at Broomfield; is that right?

22 **A.** (Witness nodded)

23 **Q.** Thereafter, there was a referral from what you describe
24 as the Emotional Wellbeing and Mental Health Service to
25 the Adolescent Unit at Rochford.

1 **A.** Yeah.

2 **Q.** At that unit, a particular psychiatrist who we're
3 calling Dr A, for the purpose of your evidence,
4 recommended that Elise be admitted as an inpatient for
5 treatment and for her safety?

6 **A.** Yes.

7 **Q.** That was an informal admission. So it was a voluntary
8 admission.

9 **A.** Yeah, they felt it was a good idea because she'd just
10 lost one of her friends to suicide.

11 **Q.** Yes.

12 **A.** Yeah.

13 **Q.** Losing a friend of hers to suicide had affected her very
14 deeply --

15 **A.** Yes.

16 **Q.** -- and one of the things that you tell us about Elise in
17 general is that she was -- I don't know that I want to
18 quite use the phrase "easily influenced" but she was
19 strongly influenced by external factors.

20 **A.** Yes.

21 **Q.** So things she saw on the Internet, things she read about
22 on the news.

23 **A.** Yeah.

24 **Q.** And later, as we'll come to see, the behaviour of other
25 young people in the CAMHS units that she was admitted

1 to.

2 **A.** Yeah. I believe that social media had a massive impact
3 on Elise too.

4 **Q.** You believe that?

5 **A.** Social media didn't help at all because she was --
6 people were able to message her through Instagram.

7 **Q.** Yes.

8 **A.** And that's how come her friend ends up in hospital and
9 the same people done it to Elise, and then they put
10 Elise in hospital.

11 **Q.** Through social media?

12 **A.** Through Instagram.

13 **Q.** Instagram in particular?

14 **A.** Yeah.

15 **Q.** Thank you.

16 **A.** She asked me to take her to the police and then she told
17 them everything that happened to her friend and then
18 I took her to the school, and they knew one of the
19 girls.

20 **Q.** I see?

21 **A.** But she had gone to another school and yeah, that
22 teacher still to this day believes that that is one of
23 the massive impacts on Elise's mental health.

24 **THE CHAIR:** Sorry, I'm having difficulty hearing you, but
25 she had identified people on Instagram who had been

1 bullying her friend?

2 **A.** Yeah.

3 **THE CHAIR:** And you told the school about this.

4 **A.** I did, Elise asked me to take her to the police station

5 because she didn't want to show me the messages but

6 apparently they was the most horrific pictures they had

7 found on the Internet of animal mutilation and

8 self-harm, and they'd sent them to this girl, and my

9 daughter.

10 **THE CHAIR:** Thank you.

11 **A.** And the police have got all of that.

12 **MS TROUP:** Thank you.

13 One of the things you tell us is that during this

14 first admission, so Rochford Hospital --

15 **A.** Yeah.

16 **Q.** -- during it, so having been admitted first as

17 a voluntary patient, so not under section --

18 **A.** Yeah.

19 **Q.** -- on 21 September, a decision was taken to convert her

20 status as a patient and to section her under the Mental

21 Health Act?

22 **A.** It was kind of a joint decision.

23 **Q.** I see. Tell me about that.

24 **A.** Because Elise was like -- obviously, Elise had massive

25 attachment issues to me, and so trying to leave her

1 there was awful.

2 **Q.** Of course.

3 **A.** But then I had to take the decision away because it was

4 like so painful every day, trying to get to leave, or

5 trying to leave her, which I didn't want to do, and she

6 didn't want me to go. I had to take the decision away

7 for her to be able to leave, because it was too

8 distressing for her because she knew she can and I'm

9 just not taking her.

10 And I didn't want to take her. I didn't want her to

11 be there.

12 **Q.** I understand. So the decision was to take that away as

13 an option?

14 **A.** A very hard decision to make, yes.

15 **Q.** Of course. An impossible one.

16 **A.** Yes.

17 **Q.** But made with the intent, the sole intention of, as far

18 as possible, taking that option away --

19 **A.** Yes.

20 **Q.** -- and thereby making it less distressing, even by

21 a little.

22 **A.** Yeah.

23 **Q.** I understand.

24 **A.** For her, it was meant to be a little bit easier, but for

25 me, I just felt like I'd let her go, you know? But

1 I was scared of the alternative.

2 Q. Of course. You were in an impossible situation.

3 A. I wanted her to get better.

4 Q. Of course you did. Above all things.

5 A. And I wanted her to be safe and I wanted her to come

6 home and --

7 Q. Be well.

8 A. -- be Elise.

9 Q. Yes. It was extremely difficult for her to be away from

10 you and the rest of the family --

11 A. Yeah.

12 Q. -- and one of the things I understand you to say about

13 her experience at Rochford -- on the Poplar Unit in

14 general is that in fact, possibly partly because of her

15 vulnerability and the way in which she sort of soaked up

16 information from others, you consider that her being

17 around other very distressed young people in fact made

18 things worse for her, not better?

19 A. Yeah. They spent a lot of time sitting around giving

20 each other ideas, rather than being helped, and coached,

21 and try and take that away, they will -- they're like

22 together all sitting there plotting. Making ideas up,

23 giving each other, you know, I'm -- obviously, I don't

24 want to be triggered anymore --

25 Q. No, I understand.

1 **A.** -- but there are things I wouldn't even know how to do.

2 **Q.** I understand.

3 **A.** Like, where did you all learn to do these things, you

4 know?

5 **Q.** So giving one another ideas essentially about self-harm?

6 **A.** Yeah.

7 **Q.** As far as you -- I understand that you visited very

8 regularly --

9 **A.** Every single day. If I didn't get my cuddle. I needed

10 to cuddle my baby every day, because knowing the

11 thoughts in her head, I never knew whether that was

12 going to be my last one, and they meant so much to me.

13 **Q.** Of course. You've described these young people on the

14 Poplar Unit sitting around discussing methods of

15 self-harm and other things that were plainly unhelpful

16 to Elise, if not all the others. You may not know,

17 Vicky, but as far as you can remember, what shape did

18 the day take? What did they do? What was there for

19 these children and young people to do over the course of

20 a day on that unit?

21 **A.** I know they had, like, like, they had schooling, and

22 things like that, I do know that.

23 **Q.** Yes. How did she deal with that, as far as you can

24 remember?

25 **A.** She's not -- she wasn't -- I don't know. I don't think

1 she wanted to do it. It's not because of her ability,
2 because she was -- she could already read and write and
3 like nothing really phased her in that department.

4 **Q.** She was very bright as you've said.

5 **A.** Yeah, so like, yeah, so she wasn't going to finish
6 school and not be able to read and write, because she
7 could already do that.

8 **Q.** She was already there. I understand.

9 **A.** Yeah, it was like a competition with her older sister,
10 there was being 20 months between them, like, who was
11 going to learn these words first?

12 **Q.** I see. Because they were close in age they had that
13 kind of sibling competitiveness between them?

14 **A.** Yeah, Elise would come -- (overspeaking) -- like, I can
15 read my spellings, and she'd be like, "I can do yours,
16 as well," you know, she'd be two years older.

17 **THE CHAIR:** But did she attend the schooling at the unit?

18 **A.** I think she tried, to be honest, her stay there was
19 quite short. Yeah, it was very short. In fact I don't
20 think she should have left when she left but it was --

21 **MS TROUP:** Yes, let's come to that. I understand it was
22 your feeling and the feeling of your family as a whole
23 that she was discharged too early --

24 **A.** Yes.

25 **Q.** -- from that admission?

1 **A.** Yeah.

2 **Q.** One of the things you tell us -- because she was
3 discharged, I'm so sorry, on 26 November?

4 **A.** Yeah.

5 **Q.** So it was less than a three-month stay?

6 **A.** Yeah.

7 **Q.** One of the things you say is that a doctor who we're
8 calling Dr B on Poplar Unit noted, in the psychological
9 report, that she did engage with therapy sessions while
10 she was on the unit and, Vicky, you tell us in your
11 witness statement that although you came to feel that
12 she had been discharged too early, you did feel, as
13 a family, that she had made some noticeable progress
14 during that admission; is that fair?

15 **A.** I can't a hundred per cent tell you, because obviously
16 it was a very long time ago.

17 **Q.** I know it was.

18 **A.** And I just remember her doing things in the hospital
19 which made me feel like maybe she wasn't ready to come
20 home.

21 **Q.** Yes.

22 **A.** You know? Because I remember when I came to visit her,
23 and they told me that they're discharging her and they
24 had all her stuff in bags, and she's standing there
25 saying to me "I want to die." Apologies. Do you know

1 what I mean? I'm thinking, I can't take -- how can
2 I take her home?

3 **Q.** On the day of her discharge she said that to you?

4 **A.** Yeah, yeah, yeah.

5 **Q.** I see.

6 **A.** And as I'm trying to -- I'm trying to say that but we
7 still went home.

8 **Q.** Yes, because the discharge had been decided.

9 **A.** Yeah.

10 **Q.** Did you have any input into the decision to discharge
11 her on that date? Did anyone ask you --

12 **A.** I don't think so.

13 **Q.** -- what you thought about it?

14 **A.** No, I remember the doctor being where and him pretty
15 much saying, like, hey, like -- I don't know. I can't
16 remember what he said.

17 **Q.** Don't worry.

18 **A.** I can't.

19 **Q.** Please don't worry.

20 **A.** He wasn't going to undo it. That's for sure. And I --

21 **Q.** The decision had been made?

22 **A.** Yeah, so I remember carrying all Elise's stuff down to
23 the car and being quite worried about it, it just being
24 me and her, you know, and I had not had any training on
25 how to deal with this situation. What if something

1 happened?

2 **Q.** Were you given any information on discharge about how to
3 help Elise? What you should look out for? What to do
4 if things deteriorated?

5 **A.** No. No. There was supposed to be, like, a period of
6 time where she was meant to get some support in learning
7 to be able to be back in -- like into normal life.

8 **Q.** Yes.

9 **A.** But that didn't happen. So she started to self-harm
10 again.

11 **Q.** Yes. So you tell us that in fact, during --

12 **A.** It was a very short time --

13 **Q.** A very short time?

14 **A.** Yes.

15 **Q.** So less than a month, about three weeks --

16 **A.** -- yes.

17 **Q.** -- that she was at home after that discharge?

18 **A.** Yeah.

19 **Q.** And you tell us that although she initially seemed to be
20 doing well, very quickly thereafter, her self-harming
21 deteriorated to a point that -- and this is my summary,
22 Vicky, and you must tell me if it is wrong -- was
23 unmanageable for you as a family?

24 **A.** It -- I don't want to go into detail of the things she
25 done but it got to the point where there was nothing

1 left to hide. But where she found out how to do these
2 things, like literally.

3 Q. I understand you had to go around your home removing
4 ligature points, removing certain products, and at one
5 stage you tell us that she was self-harming twice a day?

6 A. Literally, I had two safes. One with any sharp objects,
7 kitchen equipment, whatever. And the other one, every
8 bit of medication in the home, because she took a lot of
9 medication, as well. And I used to wear the keys like
10 around my neck, so that nobody could take them.

11 Q. We bear in mind that you have three other children who
12 were in the home.

13 In the event, Elise was admitted this time to the
14 Priory at Roehampton --

15 A. She was.

16 Q. -- on 20 December 2019, so we come to her second
17 admission.

18 A. Yes.

19 Q. And she was there from 20 December until 19 April 2020
20 so that was a slightly longer stay. What you tell us
21 about that is that you don't have access to her medical
22 records from that inpatient stay but that she described
23 that inpatient admission period at the Priory in
24 Roehampton as largely positive?

25 A. Yeah, I felt like it was a much more -- I mean, at the

1 time obviously I was -- didn't have much for comparison.

2 **Q.** No.

3 **A.** But in the scheme of things, looking back, it was 100

4 times better.

5 **Q.** Yes.

6 **A.** All her clothes were stored under her bed so the risk

7 was gone, locked away. You wasn't, you know, they was

8 searched in and out on every visit.

9 **Q.** Yes.

10 **A.** Like me, them, every -- I just feel like what happened

11 after --

12 **Q.** Yes.

13 **A.** They should all take these things on board, to be fair.

14 **Q.** So let's put it really, really clearly you're -- we're

15 talking about clothing because Elise later came to use

16 items of clothing or bedding and so on --

17 **A.** Yes.

18 **Q.** -- in attempts to ligature?

19 **A.** Mm-hm.

20 **Q.** Your recollection of the way in which, if I can put it

21 in this way, that risk was assessed and managed at the

22 Priory in Roehampton, knowing what came later, you can

23 now look back and say those systems were effective?

24 **A.** A hundred per cent.

25 **Q.** Risk was properly managed?

1 **A.** It was. At the time, obviously, Elise had still managed
2 to do some things but in comparison to what I know now,
3 pretty minor, but for me, every tiny thing was a massive
4 thing. So ...

5 **Q.** Was it --

6 **A.** Sorry --

7 **Q.** I'm so sorry, during Elise's stay at the Priory in
8 Roehampton, did you also see her daily?

9 **A.** Yes.

10 **Q.** And I understand that on that particular unit, you -- is
11 this right -- were able to go into her bedroom area with
12 her?

13 **A.** Yeah.

14 **Q.** So you could see --

15 **A.** And the doors were open, you know, while they were
16 sitting on her bed, and, yeah, give her a cuddle. Yeah.
17 Talk to her. Play with her hair.

18 **Q.** One of the things you tell us, Vicky, is it was during
19 that admission at the Priory in Roehampton that in
20 March 2020 that Elise came to be finally diagnosed with
21 autism?

22 **A.** She did. They brought her down to Chelmsford and we
23 finally got it done, yeah.

24 **Q.** Asking in very general terms, once Elise had had that
25 diagnosis of autism, and thinking about the periods of

1 admission that came after that diagnosis, so those were
2 at the Priory Chelmsford and then the St Aubyn Centre --
3 **A.** Yeah.
4 **Q.** -- are you able to tell us what you think about whether,
5 and if so how, Elise's autism was taken into account --
6 **A.** It wasn't. It wasn't. She shouldn't have been in there
7 with the same people, those types of people, because
8 there was kids in there who had had drug problem or
9 other mental health issues of some variety, that wasn't
10 like Elise's. Because of Elise's black and white
11 thinking, you know, it was -- she should have been with
12 like-minded people, rather than, you know, there was
13 fights there, she got punched in the face, you know,
14 there was --
15 **Q.** We'll come to that. We'll come to that.
16 **A.** It was like borderline a bit like somewhere you'd go if
17 you were a naughty kid.
18 **Q.** A detention centre?
19 **A.** Yeah.
20 **THE CHAIR:** That's the St Aubyn Centre?
21 **A.** Yes.
22 **MS TROUP:** We'll come on to that. Thank you.
23 In terms of, Vicky, what you were told or what was
24 shared with you about approaches to mental health care
25 and treatment for Elise, can you recall any discussions

1 about -- so -- sorry, my question is: after she had
2 received her autism diagnosis in March 2020, can you
3 recall any discussions with you about changing the
4 approach to her care and treatment or medication because
5 of the fact of that diagnosis of autism?

6 **A.** No.

7 **Q.** The third admission, if we can come to that, was to the
8 Priory Chelmsford?

9 **A.** Yeah.

10 **Q.** And that was a very short admission?

11 **A.** Yes, it had to be.

12 **Q.** That came between 4 June and 25 June 2020?

13 **A.** Yeah.

14 **Q.** The aim of it, you explain to us, was it was intended to
15 be a short admission, I think, to break her cycle of
16 self-harming --

17 **A.** Yeah.

18 **Q.** -- that had continued.

19 **A.** And Elise did say that she wanted to use this admission
20 to get better.

21 **Q.** Yes. She --

22 **A.** She wanted to be better.

23 **Q.** Yes. She was very clear about that herself?

24 **A.** Very much so.

25 **Q.** In fact, that isn't what happened at all.

1 **A.** No.

2 **Q.** And what you tell us in the main about Elise's stay at
3 the Priory in Chelmsford is that she was bullied very
4 badly by other patients.

5 **A.** Very much so.

6 **Q.** Can you tell us what you remember about that? Do you
7 know that because Elise would call you?

8 **A.** Yeah, me and Elise would speak every single day, and
9 obviously I would see her. I remember going to see her
10 and her being, like, relatively excited. Like, it was
11 only like a day in or something that they had -- had
12 been quite honest with each other. So, like, on
13 a Monday afternoon. I can't remember it in detail.

14 **Q.** That's all right. Who was being honest with each other?

15 **A.** Like Elise could be quite open with the people providing
16 the care.

17 **Q.** The staff?

18 **A.** Yeah, and they said -- sorry, Elise -- they said they
19 had like an open conversation with anything they wanted
20 to say, they would say, and it would, like, hopefully
21 have an effect on what their stay was going to be like.
22 So Elise had said, "I don't want anyone to talk to me
23 about any form of harm. At all. I'm here to get
24 better." And that was the first time she'd -- that was
25 her goal. "I want to be better." Maybe learning she

1 was autistic and she was going to, you know, I don't
2 know, but at this point she was probably at the best
3 place and wanted the treatment.

4 **Q.** Yes.

5 **A.** The other children were not in agreement with Elise, and
6 just pretty much told her they wanted to kill her
7 instead.

8 **Q.** One of the things you tell us is that, far from Elise
9 being able to be in an environment where self-harm was
10 not discussed endlessly, the opposite occurred?

11 **A.** Yeah.

12 **Q.** It's what -- essentially the environment was incredibly
13 unhelpful --

14 **A.** Yeah.

15 **Q.** -- for Elise in that way.

16 **A.** Yeah.

17 **Q.** And some of those young people and children were in fact
18 encouraging one another to harm themselves?

19 **A.** Yeah. I remember going to meet her and we had lunch in,
20 like, I don't know like a little seating area outside.

21 **Q.** Outside the unit?

22 **A.** Well, it was inside their grounds but it was just like
23 somewhere for me to --

24 **Q.** Take her and be with her?

25 **A.** -- sit with her. Yes, the lady was with us. We were

1 not on our own. They were much better with one-to-one
2 care, believe me.

3 **Q.** At the Priory?

4 **A.** Yeah. So there was someone else there with us and
5 I could hear all the kids screaming over the fence to
6 her what they want to do to her. And I didn't want to
7 leave her there.

8 **Q.** To your daughter?

9 **A.** Yeah. They -- they wanted her to be dead, basically.

10 **Q.** That was being shouted by other young people who were
11 patients over the fence --

12 **A.** Yeah.

13 **Q.** -- while you we're sitting with Elise?

14 **A.** Yeah.

15 **Q.** And you've just told us that there was a member of staff
16 there too.

17 **A.** Yes.

18 **Q.** What was the reaction of that staff member?

19 **A.** I can't remember, I was just horrified that these people
20 wanted so much harm to be done to my daughter, to be
21 fair.

22 **Q.** Of course.

23 **A.** And then I said to them, like, obviously, I need to --
24 for Elise to be able to -- I didn't want to leave her in
25 that hospital, obviously.

1 **Q.** No.

2 **A.** And then she rang me one evening, and she's like,
3 "They're trying to come through my door", you know, and
4 to go home. And I decided to drive there and then
5 saying that -- but then they let me take her.

6 **THE CHAIR:** Did you raise that with the staff?

7 **A.** Yes. Yeah, yeah. They ended up -- I don't know, I
8 can't remember she was on -- if she was on section or
9 not, but I remember her being like -- she must have
10 been. Because she was on one-to-one care, they was,
11 like -- basically, they felt it was would be better if
12 Elise left.

13 **MS TROUP:** Yes, and you did, in the end, I think, take her
14 home.

15 **A.** Within seconds. As soon as that was allowed, I took
16 her.

17 **Q.** As far as you can remember, and Vicky, it may be that
18 you can't, did staff acknowledge the environment you've
19 described? It's difficult to see, given what you've
20 described, how anyone would have been unaware, but were
21 they aware of the environment that you've told us about,
22 this screaming and shouting?

23 **A.** Well, I'm guessing so but, to be honest, all I could
24 think of is getting her out of there, taking her home
25 and then never going there again. Like, I wasn't

1 thinking in the long --

2 Q. No, of course.

3 A. -- because all the -- you've got to remember, I've now
4 got Elise back home. She hasn't had any help.

5 Q. Yes.

6 A. And we're back to square one.

7 Q. Yes. So you're back to square one when you manage to
8 take her home from the Priory, Chelmsford, on 25 June --

9 A. Yes.

10 Q. -- of 2020.

11 A. Yes.

12 Q. And one of the things -- her fourth admission then came
13 in September. So she was at home basically for the
14 summer of 2020.

15 A. *(The witness nodded)*.

16 Q. Tell us what you can remember about how she was then.
17 So that's after you had brought her home from the
18 Priory, Chelmsford, and before her first admission to
19 Longview at the St Aubyn Centre.

20 A. From what I remember, I think Elise was -- well, she was
21 still wanting to be well, and at this point I'm guessing
22 not really wanting to go back into hospital after all
23 that happened.

24 Q. Yes.

25 A. But I'm -- I can't remember what made her start to be

1 sad.

2 **Q.** No.

3 **A.** But it was really difficult for me to be able to let her

4 go and be round people of her own age. She hadn't

5 really been going to school.

6 **Q.** Yes.

7 **A.** She found it hard to retain friendships anyway. And

8 obviously, you know -- I lived in the middle of nowhere.

9 So -- and even if I didn't, like, I wasn't going to let

10 her go out and play when she was at such a high risk.

11 **Q.** Of course.

12 **A.** So she had -- you know, maybe loneliness.

13 **Q.** When Elise was first admitted to the St Aubyn Centre in

14 September 2020, what you tell us in your witness

15 statement is that again, you had hoped and envisaged

16 that it would be a fairly short stay.

17 **A.** Yeah.

18 **Q.** You also hoped, I would think with increasing

19 desperation, that it would be the admission that would

20 lead to meaningful improvement in her mental health?

21 **A.** Yeah, I remember going down to when she had, sort of,

22 she was having -- had therapy, and they said -- they

23 told me about the St Aubyn Centre. They gave me like

24 a pack, which I don't know where it is now, and --

25 **Q.** A pack about the St Aubyn Centre?

1 **A.** Yeah, yeah.

2 **Q.** Okay.

3 **A.** And I remember thinking: well, this is ticking quite
4 a few boxes on paper of what Elise needs. I was told
5 that it was a fairly good hospital, and it wasn't very
6 far, because there was risk that they was going to send
7 her -- I remember, I think she was going to have to go
8 to Manchester or --

9 **Q.** Sheffield, I think.

10 **A.** Sheffield, that was it. And I remember thinking --

11 **Q.** That's far too far, hours away?

12 **A.** Yeah, yeah.

13 **Q.** So it came as some relief that a bed came up in the
14 St Aubyn Centre?

15 **A.** Yeah.

16 **Q.** And as you've said, on paper it appeared to be what
17 Elise might need, and you were maybe cautiously but
18 hopeful, is that fair?

19 **A.** Yeah.

20 **Q.** In fact, to summarise -- and you must tell me if I'm
21 wrong -- in Longview Ward Elise's mental health
22 deteriorated very significantly --

23 **A.** Yeah.

24 **Q.** -- to the point where she was ligaturing or attempting
25 to ligature nearly every day?

1 **A.** Yeah.

2 **Q.** Following one of those very serious attempts, her
3 patient status was converted in October of that year and
4 she was detained under section.

5 **A.** She was.

6 **Q.** You had noticed, you tell us, some changes in her
7 character, or some behaviours that were out of character
8 for her?

9 **A.** Yeah.

10 **Q.** Some, might describe it as irritability or frustration
11 coming to the surface?

12 **A.** Yeah.

13 **Q.** And at times you acknowledge that she came across as
14 hostile towards other patients and/or staff?

15 **A.** She did.

16 **Q.** You also became aware, I think not very long before
17 Elise was placed under section, which was in October,
18 you became aware that on 25 September, there was an
19 incident in which, in summary, Elise was physically
20 assaulted by another patient?

21 **A.** She was and she had come from the Priory in Chelmsford.

22 **Q.** That patient had come from the Priory in Chelmsford?

23 **A.** She knew who Elise was and Elise knew who she was and
24 I think that's what made her worry, because this person
25 was one of many that wanted her to be dead and then all

1 of a sudden she's stuck in a building with them and
2 I can't imagine how that would make me feel.

3 Q. I see. What you tell us in your witness statement,
4 Vicky, is that police were called?

5 A. Yeah.

6 Q. There was some police involvement --

7 A. There was.

8 Q. -- in that assault?

9 A. Yeah.

10 Q. But that you can't remember in particular any outcome to
11 that?

12 A. No.

13 Q. You presumably, as her mother, as a statement of the
14 obvious, were shocked that she hadn't been kept safe
15 from physical assault in that environment?

16 A. Elise had never had a fight in her life.

17 Q. Yes. One of the other things that you tell us and
18 I think this is as a result of having had the
19 opportunity, with your legal representatives, to look at
20 some of the records, one of the things that you tell us
21 is that in the records, we see some notes around some of
22 the things that Elise would say, and what's clear is
23 that she felt that staff didn't care about her, that
24 others didn't care about her.

25 A. Yeah, bank staff.

1 **Q.** Temporary staff. Yes.

2 **A.** The real staff, she said, some of them were so lovely,
3 they would play music to her and sit with her while she
4 went to sleep. But not the bank staff. She was scared
5 of the weekends.

6 **Q.** She was scared at the weekends?

7 **A.** Yeah.

8 **Q.** What was she scared of in particular?

9 **A.** They was bank staff, and they don't care.

10 **Q.** Did you say, I'm so sorry, I'm checking, did you say
11 that the permanent staff were kind to her?

12 **A.** Most of them. Most of them. Not all of them. But most
13 of them. I just don't know who they are by name.
14 Obviously I wouldn't be able to say that, but yeah,
15 I can't.

16 **Q.** That's all right. It's very useful to hear the
17 difference. Really what you're saying is that Elise
18 herself was making a clear distinction between permanent
19 members of staff who knew her, perhaps knew her records,
20 were prepared to spend time with her, be with her as she
21 was going to sleep or play music to her, or whatever it
22 was, in a caring and therapeutic role?

23 **A.** Yes.

24 **Q.** And bank or agency staff who did none of those things?

25 **A.** Yeah, basically weekends scared her and weekends scared

1 me. I literally have multiple messages that I sent
2 Elise's care coordinator just saying, "I'm terrified."
3 And that I was going to lose Elise and it was going to
4 be at a weekend.

5 Q. You said that to Elise's care coordinator?

6 A. Yeah, I've still got the messages to this day. And you
7 can't get through to the hospital. They never, ever
8 answered the phone.

9 Q. Yes. Did you visit every day still?

10 A. Yeah.

11 Q. One of the things that you and your legal
12 representatives have found in the records from that
13 period on Longview Ward -- actually, I'm so sorry, this
14 is from the Discharge Summary which is dated
15 7 January 2021, is this, and this is a sort of summary
16 or a record of how Elise was found to be on the ward and
17 it reads like this for those following, you don't need
18 to look at it unless you want to, Vicky, it's at the
19 very top of page 9:

20 "On the ward Elise's mood tended to fluctuate fairly
21 rapidly and often to extremes."

22 I'm paraphrasing, but it says: when bright in mood,
23 she would engage with patients and staff. Good
24 attendance at therapeutic groups. And it says:

25 "However, when experiencing periods of lower mood,

1 her engagement would reduce rapidly, alongside
2 a significant increase in her risk profile. At such
3 times, Elise would become hostile towards staff and
4 kicking through doors."

5 Now, crucially, one of the things that you do not
6 find, as I understand it in her notes, is any sort of
7 analysis or understanding of why it might have been that
8 Elise began to behave like that.

9 **A.** Yeah.

10 **Q.** What you say is that although you accept, of course,
11 that there were times when Elise's behaviour could be
12 very challenging, there was generally a reason for that.
13 And that appears to you never to have been even
14 explored --

15 **A.** No.

16 **Q.** -- let alone understood?

17 **A.** No.

18 **Q.** One of the things you say in your witness statement is
19 that it's very clear to you that putting Elise's
20 behaviour down to sort of bad behaviour or an aggressive
21 child was not right?

22 **A.** No, because this had happened to me, but only, like,
23 which -- so she started -- she tried to go to college
24 because she'd got into college.

25 **Q.** I remember, she had been -- I remember from your

1 commemorative evidence she had been accepted, I think,
2 to do an animal management course, is that right?

3 **A.** Which was her ultimate goal.

4 **Q.** She wanted to be a veterinary nurse.

5 **A.** She used to do, like, like, she used to go and help out
6 on the little petting zoo and stuff locally. She used
7 to love it. She loved animals. She wanted a lama.

8 **Q.** She wanted a lama at home?

9 **A.** Yeah. Not one, two. Yeah, to go with the parrots and
10 the cats and everything and the lizards that she had.
11 But yeah, animals were everything to her.

12 **Q.** Yes.

13 **A.** Yeah. And so she -- I remember I took her, I drove down
14 and I took her and I sat at the college and we tried to
15 do college, so she would try.

16 **Q.** Yes.

17 **A.** And risk became a bit of a factor.

18 **Q.** Of course.

19 **A.** Because she was, like, really doing well until I'd given
20 her some money to get some food and she was -- she just
21 saw a pencil sharpener and she bought it.

22 **Q.** I understand.

23 **A.** And then I realised, because she said -- she rang me and
24 said, "Can you take me home?", and I thought: well, I'm
25 only outside. So I thought: well, we're doing good,

1 because we're doing little bits. So I tried to take her
2 home. And she said, "Can I go to Costa?" And I said,
3 "Okay, that's fine", and I said, "How much money have
4 you got left?"

5 And she told me, and then I said, "Well, what did
6 you have for lunch, then? Why are you hungry?"

7 And she said, "Well, I didn't buy any food."

8 Then I realised: well, what else could you buy and
9 then we got into -- and she's like, "Well, I bought some
10 stationery."

11 **Q.** Right.

12 **A.** The sharpener is where the self-harm starts.

13 **Q.** Yes.

14 **A.** And then she got very violent with me because she
15 wouldn't let me have it but I couldn't let her have it.

16 **Q.** No, of course. Of course you couldn't.

17 **A.** Yeah. She punched me a few times.

18 **Q.** One of the other things you tell us is that it was very
19 clear to you, and should -- you don't say it quite like
20 this, so I'm paraphrasing -- that if Elise became
21 hostile, and you've described an example of when she did
22 that with you, her beloved mother. So if that was
23 the sort of behaviour she was displaying on the ward, it
24 was because of escalating distress and that needed to be
25 understood rather than treated as aggression?

1 **A.** A hundred per cent.

2 **Q.** The other thing you tell us is that during that

3 admission at Longview, the records show that Elise began

4 reporting hearing voices telling her to kill herself?

5 **A.** *(The witness nodded).*

6 **Q.** And what you describe as psychotic-like symptoms, people

7 following her, observing her, taking pictures of her.

8 Is that something you knew at the time, that she was

9 starting to experience those symptoms?

10 **A.** She did explain that to me but I didn't know anything

11 about Oxevision and I'm worried if that -- I didn't know

12 about that until recently, to be fair.

13 **Q.** Ah, do you now think that might have had something to do

14 with her sense of being watched and observed?

15 **A.** Yeah, I think it's conversations that was had, maybe

16 a bit of -- rather than whether she knew, or whether it

17 was conversations that people think: oh I feel like

18 people's watching me. Because Elise used to mimic. A

19 hundred per cent she used to mimic.

20 **Q.** Yeah, she would mimic those around her?

21 **A.** Yeah, yeah. She told me she had Tourettes, but she

22 could swear in front of anyone but me. You know, like,

23 you've not got Tourettes; you're just behaving in front

24 of me, you know? So she mimicked everything. So if

25 other people said that this was a possibility that they

1 were being watched, or whatever, she would definitely --

2 **Q.** She would say the same?

3 **A.** Of course.

4 **Q.** I understand. One of the things that has been noted is

5 that Elise reporting to clinicians that she was hearing

6 voices, felt observed, felt that pictures are being

7 taken of her, doesn't appear to have led to any change

8 to the treatment regime, if we can put it in that way,

9 that was then in place?

10 **A.** No.

11 **Q.** The other thing that I just want to cover, which I know

12 is again of enduring distress and concern to you, is

13 that you have found that the records describe, from

14 about September 2020, so again during this admission at

15 Longview at the St Aubyn Centre, describe Elise as

16 reporting severe abdominal pain?

17 **A.** Yeah.

18 **Q.** Reporting blood in her stool?

19 **A.** Yeah.

20 **Q.** And then noting that she had health anxiety. That's

21 what's in the records.

22 **A.** Yeah.

23 **Q.** And the notes also make reference to Elise being highly

24 preoccupied with her state of physical health?

25 **A.** Yeah.

1 **Q.** You feel, I think, and you will tell me if I have it
2 wrong, that that is another concrete example of her
3 actual serious physical health concerns being written
4 off as an anxiety or a pre-occupation as though the
5 physical health issues did not exist?

6 **A.** Yes, because Elise went backwards in her thinking that,
7 like, obviously we'd that the colonoscopy and we'd seen
8 it in pictures in front of myself and Elise, Elise's
9 prolapse. And I said to her, you know, this is true,
10 this is real, you know. And we'd gone backwards now to
11 her saying, "It's all in my head." And I'm thinking:
12 you had concrete -- you could see it. We could see it,
13 Elise. And you are not well.

14 **Q.** Yes. As far as you know, Vicky, was there any treatment
15 or consideration of treatment for those physical health
16 symptoms during that inpatient stay at the St Aubyn
17 Centre?

18 **A.** No.

19 **Q.** Thank you.

20 Vicky, I'm going to stop there for a moment, I'm
21 being reminded that we probably -- we've been going for
22 about an hour and 15 minutes, so Chair, as long as you
23 are content, I'm going to at this time ask, please, for
24 a 15-minute break.

25 **THE CHAIR:** Fifteen minutes.

1 **MS TROUP:** Thank you.

2 **THE CHAIR:** 15-minute break, we're going to have.

3 **THE WITNESS:** That's fine. Sorry, I am deaf on that side.

4 **(12.10 pm)**

5 **(A short break)**

6 **(12.29 pm)**

7 **THE CHAIR:** Ms Troup?

8 **MS TROUP:** Chair, thank you.

9 Vicky, before the break we had been talking about
10 the period that Elise spent at Longview and we know that
11 after that first inpatient stay at Longview, she was
12 discharged on 7 January 2021.

13 **A.** Yes.

14 **Q.** And was at home, then, for a couple of months.

15 **A.** Yeah.

16 **Q.** And you tell us that on that occasion there was
17 a community support plan in place --

18 **A.** Yeah.

19 **Q.** -- and that one of the things that was offered was
20 therapy for Elise and family therapy?

21 **A.** Yes.

22 **Q.** But you tell us that although as a family you wanted to,
23 and tried to, engage with the family therapy, it -- what
24 you say is that it was of limited benefit. Can you
25 remember why that was? You say in your witness

1 statement that:

2 "Due to the circumstances at the time it was of
3 limited benefit and did not fully meet Elise's needs."

4 Can I take it it wasn't enough?

5 **A.** I think it was more aimed at us as her parents more than
6 Elise.

7 **Q.** I see.

8 **A.** Our understanding of Elise.

9 **Q.** Yes. You also explain, as you did in your commemorative
10 account about Elise, that she had a very caring, very
11 compassionate personality, she could be very bubbly, her
12 character could be very positive.

13 **A.** Yeah.

14 **Q.** But her mood could change quickly.

15 **A.** Yeah, so quickly.

16 **Q.** And when it did and her mood dropped, she could very
17 quickly become extremely low.

18 **A.** Yeah.

19 **Q.** There were, following her discharge in January 2021,
20 I think, a number of incidents of self-harm, and one of
21 the things that you tell us is that you found yourself,
22 again, if I can put it in this way -- these are my words
23 but you'll tell me if they are wrong -- in an impossible
24 situation because you wanted her home, you loved having
25 her at home, but you were living, as far as I can make

1 out, in almost a state of hypervigilance.

2 **A.** Yeah, it was one of the worst times, which was when
3 Elise had come home at the, like, when she'd been
4 discharged, I think it -- I can't remember if it was
5 Christmas Day or something, she wrote a Facebook post
6 just saying how happy she was to be alive and how much
7 she loved being with her family and she thanked us for
8 supporting her.

9 **Q.** Yes.

10 **A.** Yeah, and then that didn't ... I don't know. It --

11 **Q.** It would change and she would drop very low in mood.

12 **A.** Yeah.

13 **Q.** One of the incidents that you mentioned to us is that in
14 very early March of 2021, while Elise was out for a walk
15 with her support worker, she sort of fled her support
16 worker, and jumped from a bridge into a river.

17 **A.** She did.

18 **Q.** She was rescued, paramedics attended, and she was taken
19 to hospital.

20 **A.** Yeah.

21 **Q.** But on the same day, having been spoken to by
22 psychiatrists, she was discharged home.

23 **A.** Yeah. So I drove her to where she was meeting the lady.

24 **Q.** Her support worker?

25 **A.** Yeah, yeah, yeah. I stayed there, because I was

1 never -- I didn't ever go anywhere, I just stayed
2 sitting in my car.

3 **Q.** Somewhere nearby, always stayed nearby?

4 **A.** Literally, yeah, I was so close to her. And they went
5 for a walk, and within five minutes the lady rang me and
6 I knew something was wrong. And she said that Elise had
7 thrown herself off the bridge. So I drove to where they
8 were, because there's, like, a road between us,
9 a driveway over there, to where they pulled her out, and
10 there was a few ambulances there and a police car.

11 **Q.** She did escape that with minimal physical injuries.

12 **A.** Yes, and no. I was always concerned, obviously, that
13 Elise had fallen from a height and had metal rods in her
14 back.

15 **Q.** Of course.

16 **A.** And I did worry that there would be some sort of spinal
17 leak or something, because some of the symptoms that she
18 described when she was in -- had been admitted again,
19 were very similar to that.

20 **Q.** Yes, in terms of back pain?

21 **A.** No, the constant headaches and stuff.

22 **Q.** All right. Thank you, we'll come back to that because
23 after that incident which was on 2 March --

24 **A.** Yeah, so I went -- at the hospital they took Elise
25 for -- they did, they checked her over and then they

1 took her to another room with a mental health --

2 **Q.** Team?

3 **A.** -- person, who literally come back and she was, like,

4 "Right, come on, we're going home", and I was thinking,

5 all of a sudden, now, it's me and you again, in the car,

6 we'd already had an incident in Colchester where she had

7 tried getting out of the car at the traffic lights and

8 had to --

9 **Q.** With you?

10 **A.** Yeah, because she wanted to run away, and the police had

11 to come and get her because I had to kind of hold on to

12 her at the set of traffic lights because she was trying

13 to get out of the car to run off and I had to use the --

14 like, press it, and she was punching me in the face but

15 I wasn't going to let her go because I knew what she

16 wanted to do.

17 **Q.** Yes. Was that before the incident with her jumping from

18 a height?

19 **A.** So I can't remember if it was just before or just after.

20 **Q.** That's all right. What I understand from your witness

21 statement is that the incident with Elise leaving her

22 support worker while they were on a walk and jumping

23 from a height happen on 2 March 2021?

24 **A.** Yeah.

25 **Q.** And then on 4 March Elise's care coordinator took the

1 decision that she should be readmitted to Longview at
2 the St Aubyn Centre?

3 **A.** Yeah, I felt like I shouldn't have took her home from
4 the hospital on that day, from A&E. They just gave her
5 back to me. So we went home and I think -- I thought it
6 was the next day -- the --

7 **Q.** It might have been --

8 **A.** The care coordinator said, "Could you", like, could
9 I see Elise? Because I think I had told her what has
10 happened and she said, "Does Elise want to see me?" And
11 Elise always wanted to see her because Elise loved her.

12 **Q.** Okay.

13 **A.** So I drove there, and she was very concerned for
14 Elise's, like, wellbeing.

15 **Q.** For her safety?

16 **A.** Yeah, yeah, yeah. Yeah. So afterwards, Elise said to
17 me, "Can I get something to eat?" And I wasn't very
18 good at saying no to Elise, so, yeah, we walked through
19 the high street in Chelmsford because she wanted to get
20 some MacDonald's or something, I can't remember.

21 **Q.** After you had left A&E?

22 **A.** No, when I left (redacted).

23 **Q.** Oh, I see.

24 **A.** And there was water there. And I felt like I was
25 holding her, like, just the thought of water, that she

1 would do something silly.

2 **Q.** Yes.

3 **A.** So yeah, I got her back to -- but it was really scary.

4 It was so -- it just felt really scary.

5 **Q.** Of course.

6 **A.** And then they came to my house that night, four of them,

7 and they sectioned her. But obviously that should have

8 been done 24 hours beforehand. She'd just made

9 a massive attempt on her life and she'd just been

10 allowed to go home.

11 **Q.** Yes. Were you, just sticking with that for a moment,

12 when she was allowed to go home from A&E, given her

13 history, just tell me what you can remember. You said

14 she was taken -- she had her physical check over,

15 obviously --

16 **A.** Yeah.

17 **Q.** -- because she had fallen from a height?

18 **A.** Yeah.

19 **Q.** And then she was taken into another room by a mental

20 health member of staff?

21 **A.** Yeah, because they left me.

22 **Q.** Did you go with her?

23 **A.** No.

24 **Q.** So you don't know what was asked?

25 **A.** I was never allowed to go with her. They used to come

1 out every time we'd go to A&E and just give me
2 a piece -- they'd say to me, "You need to sign this
3 piece of paper to say you're going to keep her safe."
4 **Q.** Yes, I see.
5 **A.** And I'd be like: well, I'm doing my very best. I've got
6 keys, you know.
7 **Q.** Yes. When Elise was readmitted to Longview Ward on
8 4 March, or thereabouts, in 2021, what you tell us is
9 that an initial assessment was completed and two main
10 triggers were identified in that assessment as sort of
11 at the base of her distress. And you tell us that the
12 first was Elise's concerns about your relationship at
13 the time with Elise's father; the second trigger was her
14 ongoing and, as we've described, entirely understandable
15 anxiety about her physical health problems in relation
16 to her bowel.
17 **A.** Yeah, well, what we need to remember is obviously having
18 a child that wants to do the things that she did puts
19 a massive strain on anybody. So, yeah.
20 **Q.** Of course. A massive strain on the family as a whole.
21 **A.** Yeah, at the end of the day we were both fighting for
22 her to be okay --
23 **Q.** Yes.
24 **A.** -- you know, and it put -- it was very difficult because
25 she had our hundred per cent attention all of the time

1 and it meant that the others got pushed out, and
2 (*redacted*) is only 20 months older, you know, and it was
3 like she didn't have any parents, you know.

4 **Q.** Yes, thank you. That's helpful.

5 When Elise was admitted back into Longview on
6 4 March what you tell us is that you remember discussing
7 with the psychiatrist, who we're calling Dr F, the
8 purpose of the admission.

9 **A.** Yes.

10 **Q.** And it was again agreed between you that the plan would
11 try to be for it to be a short admission to stabilise
12 her risks to herself.

13 **A.** Yeah.

14 **Q.** And that, as I understand it, that if that failed, an
15 admission to a low secure unit would need to be
16 considered?

17 **A.** Yes, yes. Which, to be fair, I was kind of hoping that
18 would be the case.

19 **Q.** You were hoping it would be the case?

20 **A.** Well, you know, we'd been doing this for a couple of
21 years at many different places and she wasn't getting
22 the level of care that I know she needed.

23 **Q.** Yes, and we bear in mind that underlying everything,
24 what you wanted, very obviously as her mother, was for
25 her to be safe and to work towards becoming well?

1 **A.** Yes, mentally and physically.

2 **Q.** Yes. One of the things that you also tell us is that

3 the records show that on the ward, at first, Elise

4 appeared to be coping well?

5 **A.** Yeah.

6 **Q.** Engaging with therapy sessions and group activity

7 sessions. I think she was learning the guitar?

8 **A.** She was.

9 **Q.** And it was agreed that she could have home leave up to

10 three times a week?

11 **A.** There wasn't much --

12 **Q.** Tell us --

13 **A.** -- conversation.

14 **Q.** I see.

15 **A.** Because I remember I went to IKEA to get some stuff for

16 my daughter for university, and Elise rang me and

17 said -- and it was after all this that had happened with

18 the bridge and et cetera -- saying, "You need to come

19 and get me, because I'm coming home."

20 **Q.** Out of the blue?

21 **A.** Out of the blue. They never ever once released this

22 whole -- had a conversation with me about, after a ward

23 round or whatever, to say, "We're planning for Elise to

24 be sent home." It just felt like they just kept giving

25 her to me.

1 **Q.** So to be clear, that wasn't to be discharged, it was
2 home leave --

3 **A.** No.

4 **Q.** -- up to eight hours?

5 **A.** No, she literally kept on being discharged. She'd be
6 standing on the door, bags and everything, guitar in
7 hand, and I'm thinking: you only jumped off a bridge
8 last week. What are we doing here?

9 **Q.** No one consulted you about that?

10 **A.** No, not about any one of her discharges from that
11 hospital.

12 **THE CHAIR:** This wasn't a permanent discharge, it was to
13 come home for a period of time? Or was it a permanent
14 discharge?

15 **A.** What time was this, sorry?

16 **MS TROUP:** So this is --

17 **A.** Sorry, she was backwards and forwards all the time.
18 Sometimes they would just give her to me and then she
19 would get readmitted and sometimes, like when she ran
20 away the second time and she tried to -- she ran away
21 from counselling when her nan took her, which was just
22 after she'd been successful in doing it -- jumping off
23 the bridge -- she was running for the bridge and the
24 police just came and she agreed to go back to hospital.
25 So sometimes there was, like, no break in admission, but

1 there was a break in admission because they kept giving
2 her home to me. So there's probably no records to say
3 that she was discharged, because they didn't even tell
4 me she was being discharged.

5 **Q.** I understand, and --

6 **A.** So it's really hard for me to get a pattern of when she
7 was discharged to come home, it was just a case of
8 whether she was being picked up for a few hours or a day
9 or so, or whether or not there was a stack of bags and
10 a guitar there. That's the only difference.

11 **Q.** I see.

12 **A.** Yes. So I rang --

13 **Q.** So because you were told nothing --

14 **A.** I rang (redacted), I rang (redacted) and I said to
15 (redacted) They're trying to send her home to me." Then
16 she came to my house and sectioned her, with the
17 doctors. And she was frantically trying to get hold of
18 them.

19 **Q.** Yes.

20 **A.** But then I've got Elise saying on the phone "Are you
21 coming to get me?" How am I supposed to say, "No,
22 I don't want to"?

23 **Q.** I understand.

24 **A.** Do you know what I mean? Because that's how she's going
25 to take it. She's going to think I don't want her.

1 Q. Of course. And that would have had an enormously
2 negative impact on her?

3 A. Well, of course.

4 Q. I understand.

5 A. Because she's thinking, yeah, I'm going home, I'm going
6 to see my cat, I'm going to do all these things, and
7 then I'm thinking, "Oh my god, what if you -- something
8 happens, and I can't help you this time?"

9 Q. Vicky, during any of those periods, whether they were
10 leave or discharge, doesn't matter what we might call
11 them, during any of those periods where you were taken
12 by surprise and Elise was coming home, did anyone give
13 you any help or guidance or advice as to how to take
14 care of her and how to manage the risk she posed to
15 herself?

16 A. No. It was just a case of: "This is how many tablets
17 I'm going to send you home with for X amount of days",
18 but because Elise was in and out in and out, I had all
19 her medications anyway. I was fully, like,
20 -- (overspeaking) --

21 Q. Yes. Let's --

22 A. So obviously, they would just say, "Oh, this is one day,
23 this is two days." Whatever. Do you know? However
24 many days she's going home for.

25 Q. It was dictated to you --

1 **A.** But there was no conversation, no nothing, not even
2 "We're going to touch base with her, or you," or
3 anything. It was just like, "Please, take her" --
4 **Q.** "Here she is"?
5 **A.** -- you know what I mean?
6 **Q.** Yes, I understand.
7 **A.** "And if it goes wrong, we'll take her back."
8 That's how it felt, you know?
9 **Q.** Could I ask you, please, to briefly have a look at the
10 top of page 14 of your witness statement, and what is
11 listed there are the medications that were being
12 prescribed to Elise during this second admission to
13 Longview. So we're in the spring of 2021.
14 **A.** Yeah.
15 **Q.** And there's quite a long list of different medications,
16 but in particular, we can see there are some
17 anti-convulsants?
18 **A.** Yeah.
19 **Q.** We can also see that, at the second bullet point there,
20 there's aripiprazole, which I -- we understand to be
21 effectively an antipsychotic medication.
22 **A.** Yes.
23 **Q.** And also sertraline at a dosage of 200mg?
24 **A.** Yeah.
25 **Q.** Because I want to come on to the medication error that

1 took place.

2 **A.** Yeah.

3 **Q.** You considered, in the round, that the medication Elise

4 was on at the time had been helping her to some extent;

5 is that right?

6 **A.** I was nervous about changing because of her epilepsy

7 medication and obviously, we had tried previously to

8 change medications, but some didn't agree with -- and

9 you can't take them if you take epilepsy medications.

10 **Q.** Yes, so there were complications for her in changing

11 medication?

12 **A.** Yeah. Yes, of course.

13 **Q.** But also -- complications for her in terms of the

14 interaction of different drugs?

15 **A.** Yes.

16 **Q.** But also, and I suppose I'm stating the obvious, some

17 never nerves on your part about making any change

18 because --

19 **A.** Well, yeah, because I didn't want her to be worse than

20 it was.

21 **Q.** Yes. What you explain is that it was in fact Elise who

22 had asked for her sertraline to be changed?

23 **A.** I think they'd had some sort of meeting with her, with

24 (redacted) -- sorry.

25 **Q.** Yes. You tell us there was a meeting because what Elise

1 had been reporting, and that she considered that this
2 might be a side effect of the medication was a feeling
3 of emotional numbness.

4 **A.** Yes, so that is something that she had suffered from for
5 quite a while, after I lost my nan and we lost her great
6 aunt, she would tell me she doesn't know how she's
7 supposed to feel about it, because she knows she should
8 be really upset because of how the closeness of my
9 family is, and she'd grown up there, you know? But she
10 didn't feel nothing and she didn't like not being able
11 to understand why she didn't feel like that.

12 **Q.** Yes.

13 **A.** So yeah, so she did ask to see if they could just change
14 her medication.

15 **Q.** Yes. And we understand from a statement that one of the
16 psychiatrists who we're calling "Dr F" produced for
17 inquest, what we understand is that the records show
18 that Elise had expressed her own view that the
19 medication was not helpful --

20 **A.** Yes.

21 **Q.** -- and so that psychiatrist agreed to trial, releasing
22 the sertraline gradually --

23 **A.** Yes.

24 **Q.** -- and then switching to a different antidepressant
25 medication.

1 **A.** Yes.

2 **Q.** What we know is that the dose was first reduced because

3 it had to be gradual --

4 **A.** Yeah.

5 **Q.** -- from 200mg to 175?

6 **A.** It did, yes.

7 **Q.** We also know that shortly thereafter, Elise asked to go

8 back up to the original dose of 200mg?

9 **A.** Yes, she got very anxious because she felt like she was

10 going backwards.

11 **Q.** Yes.

12 **A.** And she -- that was obviously not the aim, the aim was

13 for her to go forward.

14 **Q.** Yes. So Dr F agreed, and what we understand in fact

15 happened was this, and you must tell me if this accords

16 with your understanding, having agreed to go back up

17 from 175mg to 200, the prescription chart or the drug

18 chart was amended and the dosage of 175mg was crossed

19 out?

20 **A.** It was.

21 **Q.** But -- and obviously the intention had been to replace

22 it with --

23 **A.** With --

24 **Q.** -- with 200?

25 **A.** Yes.

1 Q. But in fact, as far as anyone has been able to
2 understand from the records, because the drug chart had
3 sort of run out of space --

4 A. Yes.

5 Q. -- the 200mg dosage was not entered on to that drug
6 chart?

7 A. For the sake of a piece of paper, Elise went with no
8 medication.

9 Q. Say that again, please.

10 A. For the sake of a piece of paper, Elise was not on the
11 right amount of medication.

12 Q. Right. And one of the things you point out, Vicky, is
13 that to you, it is unfathomable that what is essentially
14 a piece of stationery that could have been fetched from
15 a cupboard so that there was a new drug chart with space
16 on it for the appropriate new dosage to be written, in
17 fact it just fell away?

18 A. Yeah. So I know this because they sent Elise home.

19 Q. Yes.

20 A. And they gave me medication for the day. I can't
21 remember how long -- I think this might have been a
22 three-day stay.

23 Q. Yes, I think that's right because --

24 A. Yes, because I know it was multiple days.

25 Q. Yes, it was.

1 **A.** And I took her home and we was all right, and she was in
2 a fairly -- she was in a very good mood, actually.

3 **Q.** She was in a good mood, did you say?

4 **A.** To be home. Back with her -- it doesn't mean she's in
5 a good mood. She was just excited to see her things.

6 **Q.** Of course.

7 **A.** So she'd gone to play with her cat or whatever, see her
8 sister, whatever she was doing, and I got her medication
9 out after dinner so I could give it to her, to find
10 there was hardly anything in the bag. I had her
11 epilepsy medication and I had several other medications
12 but absolutely no antidepressants whatsoever. The fear
13 of God came over me.

14 **Q.** Yes.

15 **A.** I've now got my daughter, who is in and out of
16 a psychiatric ward, on no medication. I've rang them
17 and I've said to them, "I don't understand why Elise has
18 got no sertraline."

19 **Q.** What has happened?

20 **A.** "What has happened?"

21 **Q.** Yes.

22 **A.** And he said, he said, "No, no, no, it was taken off
23 because Elise didn't -- was going to change."

24 **Q.** Yes.

25 **A.** And then it wasn't put back on because it wasn't on the

1 chart, so, I suppose, the handover was this piece of
2 paper with no sertraline on, or whatever. And I said,
3 "Well, no, that's not the case."
4 Q. Yes.
5 A. And I said to him, "I have Elise's medication at home.
6 I'm going to put her back on it."
7 Q. Yes.
8 A. And I consulted a pharmacist or whatever, and they said,
9 you know, she can't go --
10 Q. -- do that?
11 A. -- from 175 to none. And it turns out that she'd had no
12 medication for about four days.
13 Q. Yes, so if we look at the dates, actually, if you want
14 to look at them, it's at the top of page 16 of your
15 statement. You don't need to, we can talk them through.
16 In fact, it turns out that she was without sertraline
17 altogether as a result of that drug chart error --
18 A. Yes.
19 Q. -- on 30 and 31 March?
20 A. Yes.
21 Q. She then was given sertraline by you?
22 A. Yes.
23 Q. At home?
24 A. Yes.
25 Q. On the 1st, 2nd and 3rd?

1 **A.** Yes.

2 **Q.** When she returned to the ward on the 4th, 5th and 6th,

3 she was, again, without either sertraline or any

4 antidepressant.

5 **A.** Yeah, so and at that point she had gone for therapy with

6 her nan, escaped her nan, and tried jumping off

7 a bridge.

8 **Q.** That was on the 7th --

9 **A.** And that's when the police and myself and her nan found

10 her just by where she was the first time, and --

11 **Q.** Near to the same bridge that she had jumped from?

12 **A.** Yes, yes.

13 **Q.** And I understand --

14 **A.** So we kind of worked out that if she was going to go

15 anywhere, she would probably head in that direction

16 because it's not that far from her therapy. So that's

17 where we found her.

18 **Q.** So that happened on 7 April while she was on home leave?

19 **A.** Yes.

20 **Q.** Now, one of the things that Dr F stated for the inquest

21 was that although the missing doses of sertraline could

22 have had an impact on Elise's mood and in particular on

23 her anxiety levels, it is hard to tell the impact this

24 had in isolation. Whether or not that's right, what you

25 have noted is that the Trust's serious incident report

1 notes that restarting or starting an antidepressant or
2 that antidepressant is particularly associated with an
3 increase in suicidal ideation.

4 After the incident you've just told us about on
5 7 April, I understand that -- take your time.

6 **A.** No, it's fine, I just know where we're going.

7 **Q.** All right.

8 **A.** Yeah.

9 **Q.** After that incident, I understand that police spoke to
10 Elise for an hour or so and convinced her to return to
11 the St Aubyn Centre?

12 **A.** Yeah, because she did -- they explained to her, because
13 she was, like, determined she wasn't going to go,
14 because she was not going to leave the car park,
15 et cetera, et cetera. They said that she would
16 either -- I then spoke to her and explained to her that
17 if the police took her, she would go to a police
18 station.

19 **Q.** Yes.

20 **A.** And it would be really long winded. You'd end up where
21 you're going to go, but it would be really horrific.

22 **Q.** Yes, unpleasant in the interim.

23 **A.** Yeah, of course. And she wouldn't have me standing with
24 her, you know? So in the end, she agreed to go back to
25 the hospital.

1 Q. Yes, and when she did, having been assessed, she was
2 placed under Section 3 of the Mental Health Act?

3 A. She was.

4 Q. In part, as a result of that incident, a CPA meeting
5 that had been due to take place, a --

6 A. Yeah.

7 Q. -- Care Programme Approach meeting that had been due to
8 take place was postponed until the following week?

9 A. It was.

10 Q. As I understand it, in a way to give Elise time to
11 settle after that incident; is that right?

12 A. Um, yes, yeah. Elise was very, very distressed after
13 that.

14 Q. Yes. It was decided that Elise would need more time in
15 a hospital setting --

16 A. Yes.

17 Q. -- and that there was going to be a referral to a low
18 secure unit.

19 A. Yes.

20 Q. Elise was aware of that?

21 A. Yes, which I think was a massive mistake.

22 Q. A massive mistake to make her aware of it?

23 A. Yes.

24 Q. Tell us why.

25 A. Because rather than -- because of the way it was sold to

1 her, like -- we were -- I would be in the same room as
2 her while these conversations were taking place and they
3 would say things like "You're going to be, you know,
4 quite far, and you're not going to be able to see your
5 mum every day anymore, and that you are not going to be
6 able to come home for about six months."

7 **Q.** Yes. Elise's reaction to all of this was what?

8 **A.** She was horrified. She didn't want to go. It turned
9 out that wasn't even true. They didn't need to say that
10 to her.

11 **Q.** Right.

12 **A.** You've just told her that she's not going to be able to
13 see her mum every day; I'm the only constant.

14 **Q.** In her life? Yeah.

15 **A.** Yes, obviously she has family who love her just as much
16 as me, but she knows I was here every single day,
17 regardless, you know. It didn't matter. I knew she
18 wasn't going to be able to come home and see her cat
19 and, you know, do all the things that she, you know,
20 you're just saying that she's going to pretty much get
21 locked up for about six months and she won't see
22 anything she loves.

23 How can you say that to someone who is autistic?

24 **Q.** Vicky, as I understand it, when Elise was returned or
25 went back to the St Aubyn Centre and was placed under

1 section, her observation levels remained at level 2, and
2 both you and Elise's father became very concerned by
3 that and voiced those concerns to ward staff?

4 **A.** Yes. So I think it was like -- I remember on the Sunday
5 they rang me, because they would tell me most of the
6 time Elise had an incident, and I think it's because
7 they know Elise would tell me anyway.

8 **Q.** Yes.

9 **A.** You know? Otherwise I'm not so sure.

10 **Q.** Because she would tell you herself?

11 **A.** Yes. Yes.

12 **Q.** I understand.

13 **A.** So I -- she -- well, she wouldn't, like, openly go, be
14 like "Oh by the way, I" -- I'll be like -- I could tell
15 by her mood, and the avoidance that she was trying to
16 hide something that then I would have to get out of her,
17 you know?

18 **Q.** Yes, and then she would tell you.

19 **A.** Kind of. But it wasn't -- I know Elise, I know Elise
20 inside and out, so I'm fully aware of what Elise is like
21 in those moments.

22 **Q.** Yes.

23 **A.** And she kept on having marks all over her. She had
24 broken blood vessels on her face, and at one time she
25 had blood halfway up her eyes and they were just acting

1 like none of this stuff had even happened.

2 **Q.** Did you say a few moments ago that you consider that

3 staff might not have told you, had they -- about those

4 incidents had they not been aware --

5 **A.** Because they wouldn't originally.

6 **Q.** -- that Elise would tell you herself?

7 **A.** They wouldn't originally. They wouldn't tell me or her

8 dad but we, yeah, we was quite adamant that we wanted to

9 know every single little thing because we were so

10 terrified.

11 **Q.** Yes. You expressed that fear repeatedly to ward staff;

12 is that fair?

13 **A.** I did, yeah.

14 **Q.** Vicky, I understand that there came a point, I think on

15 13 April, where your fears and concerns about the levels

16 of observation were finally taken on board.

17 **A.** Yes, so if that was a Sunday, on the Sunday, he rang me

18 and he'd rung -- I was -- I went to work, and then

19 I found out something had happened, and then after work,

20 I went to see her, and, on my drive home, I was almost

21 home, and they rang me and I was like "So she's had

22 another incident?" And I'm like "If you don't put her

23 on section, like one-to-one observation, we're going to

24 be having a totally different conversation." I was

25 absolutely mortified and I just knew she wasn't going to

1 be safe. And he was -- didn't want to. He did not want
2 to. And then they did and by the Tuesday morning, when
3 we had the ward round meeting, whatever it was, and
4 everyone was on there, he made it sound like it was his
5 idea and I was saying, "I was begging you and begging
6 you and begging you to put her on one-to-one."
7 **Q.** Yes, but that wasn't done until Tuesday the 13th?
8 **A.** No.
9 **Q.** And in fact when it was done, I think, as I understand
10 it, Elise's observation levels were increased to level 3
11 only when she was in isolation --
12 **A.** Yes.
13 **Q.** -- so not when she was in a social area where they would
14 remain on level 2.
15 **A.** 2, yeah.
16 **Q.** But level 3 for any periods where she was alone or in
17 her bedroom area?
18 **A.** Yeah.
19 **Q.** I'm not going to go through this in any detail, Vicky,
20 but what you know from the records and from your own
21 recollection is that between 7 March and 15 April 2021,
22 where were at least 14 incidents involving ligatures?
23 **A.** Yes. And they promised me they was going to keep her
24 safe. I went to see her on the Friday before, I think
25 it was the Friday before, and they took me to this,

1 like, little room off the side of the social area, and
2 they got her, and I was so excited to see her but she
3 just seemed really, I don't know, like, not there.

4 **Q.** She seemed not present?

5 **A.** Yeah. And she had all these marks all over her face.
6 And I thought, like, I was thinking: has she got, like,
7 is it an allergic reaction, chickenpox? I don't know,
8 I was just thinking what are these things on her? So
9 I asked the lady what brought her to me, what was wrong.

10 **Q.** Yes.

11 **A.** And as if it was nothing, just says, "They're broken
12 blood vessels from what she'd done." And I was like
13 "What?" Her face was covered in these marks.

14 **Q.** Yes.

15 **A.** And then I saw (redacted). I made her see me, and
16 I said to her, "I don't feel safe leaving her here.
17 I don't want her to be here anymore."

18 **Q.** Yes.

19 **A.** And I wanted to take her home, but I would get arrested
20 because she was on section. I wasn't allowed to take my
21 child home and she was not safe.

22 **Q.** When you expressed that fear to the psychiatrist, what
23 response did you get, Vicky?

24 **A.** That I could trust them.

25 **Q.** Let me ask you something about one of the reports that

1 was submitted for inquest by a Consultant Psychiatrist
2 we're calling Dr K. If you want to look at it, I'm
3 looking at page 20 and paragraph 81, you don't need to,
4 Vicky, but for those following, one of the things that
5 that psychiatrist gave an opinion on was that -- do you
6 remember you had said to us that initially the aim of
7 this admission was for it to be short --

8 **A.** Yes.

9 **Q.** -- and to break the cycle of self-harm?

10 **A.** Yes.

11 **Q.** And Dr K, in a report for the inquest, stated that it
12 was, to him, unclear what was actually being achieved
13 during that admission in Longview.

14 **A.** Yeah.

15 **Q.** And that being on a psychiatric ward did not improve
16 Elise's mental health state --

17 **A.** No.

18 **Q.** -- especially around her autism?

19 **A.** Yes.

20 **Q.** That much, I think it's fair for me to say, was very
21 clear to you?

22 **A.** A hundred per cent.

23 **Q.** One of the things you note is that, you've mentioned it
24 a number of times, is you describe Elise's thinking as
25 quite black and white?

1 **A.** Yeah.

2 **Q.** White rigid thinking, and that affected, as I understand
3 it, in particular, how Elise processed her own emotions,
4 her own distress, it affected in particular how she
5 processed change --

6 **A.** She can't -- (overspeaking) --

7 **Q.** -- and disruption to her routine?

8 **A.** Yeah, yeah.

9 **Q.** Tell us -- that was something that was very difficult
10 for her; is that fair?

11 **A.** A hundred per cent. Yeah, she couldn't cope with it,
12 and you would try and, like, talk to her about it and
13 try to make her understand it, but she would never in
14 a million years, not for one second, take anyone's
15 feelings on it for her own. Everything had to be from
16 her point of view, and she -- I would say to her "Elise,
17 like, I love you, like, please, like what can I do to
18 help you?" And she'd say to me, "It's not about you."

19 **Q.** Yes.

20 **A.** I'm like "You are my most important thing and I want to
21 help you." And she'd look at me like I was in the wrong
22 for being upset, because she wasn't.

23 **Q.** Yes. I ask you about change and how that affected
24 Elise, because what I understand from your witness
25 statement is that on 16 April Elise called you in

1 significant distress to tell you that she had been asked
2 to move rooms?

3 **A.** Yeah, to the boys -- near the boys.

4 **Q.** To the male corridor on the ward --

5 **A.** She'd didn't want to go. She was like "No, no, no, no,
6 no."

7 **Q.** Yes, and the matching entry in the medical records for
8 that time says this -- you've set it out for us very
9 helpfully in your witness statement:

10 "Elise has been quite rude towards staff and at
11 times quite demanding. Much of this seems to surround
12 being moved into another room and she seems unable to
13 accept that in a hospital, this is likely. Elise has
14 called her mother demanding that her parents step into
15 this and has been very rude and personal about staff."

16 Now, Vicky, as you make clear, characterising her
17 behaviour in that way demonstrates, in your mind, how
18 utterly misunderstood your daughter was by those on the
19 ward.

20 **A.** Yeah.

21 **Q.** What you say is that this was plainly a young girl, we
22 bear in mind she was 16, in acute distress, and
23 struggling to cope with that sudden change.

24 **A.** Yeah.

25 **Q.** You will know, because as you've explained, you knew her

1 inside and out, that that news will have made her feel
2 inherently unsafe; is that fair?

3 **A.** She already didn't feel safe. She told me she did not
4 trust the staff there. And that she was scared,
5 especially at weekends. Of which I could totally agree.

6 **Q.** You also expressed a fear about weekends, did you not?

7 **A.** I did, yeah. Because it would happen more and more and
8 more. And obviously when I would go and visit Elise,
9 they -- it was just totally different atmosphere. They
10 was --

11 **Q.** At the weekends?

12 **A.** Yeah.

13 **Q.** In what way?

14 **A.** Just, like, they would give her to me to sit in a room,
15 which is like next to the reception.

16 **Q.** Yes.

17 **A.** And then forget that she's with me, bearing in mind
18 they're supposed to be taking care of her, you know?
19 And she would tell me that she's scared and no one,
20 like -- I don't know, I don't know, it's -- yeah -- that
21 she -- that no one cared about her, to be fair.

22 **Q.** Yes. That's something that Elise expressed to you on a
23 number of occasions, I think.

24 **A.** Yeah.

25 **Q.** The other thing that you say, I don't want to repeat

1 matters, but it's really important that we make it
2 clear, is you express the view in your witness statement
3 that moving a teenage girl with autism to a male
4 corridor on a mental health ward was plainly
5 inappropriate.

6 **A.** She was mortified.

7 **Q.** Yes.

8 The next day, on the 17th, I understand that you
9 visited Elise at around midday?

10 **A.** Yeah, with my -- with her shopping list.

11 **Q.** Yes.

12 **A.** And she seemed in very good spirits, I will say.

13 **Q.** Had the move taken place or was it still about to take
14 place, the move of room?

15 **A.** It hadn't happen.

16 **Q.** It hadn't --

17 **A.** It didn't -- yeah, it hadn't happened. She was in a
18 fairly good mood. She was happy to see me -- or the bag
19 of sweets, the biscuits, and whatever else.

20 **Q.** Yes, or both?

21 **A.** The list that I brought with me.

22 **Q.** Yes, I understand.

23 **A.** Yes, and she was eating well. Because of her stomach,
24 she didn't really like eating because it caused her
25 massive discomfort.

1 Q. Pain? Yes.

2 A. So she was quite hungry. She ate the lunch that they
3 brought her at -- to the room. And the lunch -- half
4 the stuff that I brought with me, she took that as well.

5 Q. Yes.

6 A. Yeah, she was quite caring about the other kids on the
7 ward, because they wasn't allowed to take things if
8 there was any, like, allergies in there. So she would
9 sit there and just check that she wasn't going to make
10 someone sick by --

11 Q. She would check that with you when you brought food to
12 her?

13 A. Yeah, of course.

14 Q. Vicky, I'm not going to take you through the events of
15 17 April in any kind of detail, and that's something
16 that you and I have discussed. I understand, we
17 understand, as an Inquiry, that it's profoundly
18 distressing to you --

19 A. Yeah.

20 Q. -- to discuss that day, and I don't intend to do it.
21 I want to note for you that this Inquiry will consider,
22 whether or not you and I touch on it now, all relevant
23 evidence with the greatest of care.

24 A. Mm-hm.

25 Q. For the purposes of your evidence today, all I will say

1 is this: we are aware from subsequent investigations and
2 from the inquest of the gravest of failings in relation
3 to Elise's care that day.

4 **A.** Yeah.

5 **Q.** Those include Elise not being observed as she should
6 have been.

7 **A.** Yeah.

8 **Q.** That she was able to enter her room alone.

9 **A.** Yeah.

10 **Q.** And to be alone there for a substantial period of time.
11 That observation records were found at the coroner's
12 court to have been falsified, and that relevant
13 Oxevision systems or alarms were either not working
14 and/or not being responded to in the way that they
15 should have been.

16 **A.** It's not fit for purpose for a mental health unit. It's
17 not instead of someone else. Elise was without oxygen
18 for 20 minutes.

19 **Q.** Twenty minutes alone.

20 **A.** She was without oxygen for 20 minutes. She was
21 braindead. My baby, she was gone.

22 **Q.** All right.

23 **A.** She had a heart attack on her own, and nobody tried to
24 resuscitate her or knew how ... she stood no chance.
25 She just died.

1 Q. All right. Vicky, I'm going to suggest, unless you want
2 to go on -- and this is entirely up to you, take some
3 deep breaths -- we either can take a short break now --
4 A. *(The witness shook head)*.
5 Q. -- or you want to go on?
6 A. I can't do it again. I want to do it now.
7 Q. All right. What I am going to take you to now, you take
8 your time, I will talk for a few moments, all right?
9 Take some deep breaths. I am going to keep talking and
10 we'll push through.
11 A. Uh-huh.
12 Q. Either you or your solicitor will tell me if you want to
13 break.
14 There were a number of investigations following your
15 daughter's death. One of those, and the first that
16 we're going to come to, was the Serious Incident Report
17 produced by the Trust.
18 A. Uh-huh.
19 Q. That was issued on 6 January 2022, and it's something
20 you've been able to look through in detail; yes?
21 A. Yes.
22 Q. Vicky, what you've done very helpfully is set out for us
23 some of the main weaknesses that were identified during
24 that investigation --
25 A. Yes.

1 Q. -- as well as some of the recommendations.

2 A. Yes.

3 Q. I think one of the overarching points for us to note --

4 I will take you through them -- but you don't know, is

5 this right, whether any of the recommendations in that

6 internal report have been acted on?

7 A. Well, they haven't. I don't see the point in coroner's

8 courts either. You go to coroner's court, they give you

9 a list of recommendations, they don't get done,

10 otherwise Elise would be here and many, many other

11 families would not be going through what I've gone

12 through. They are a complete waste of space. There is

13 no justice for letting you lose your loved one. You can

14 go and you can let someone die, and there is no

15 consequence. It cannot be that there is no -- it's not

16 against the law. You can't -- what, so it's not against

17 the law to follow a care plan? You know. I take my

18 daughter to -- I give them my most precious possession,

19 I want to take her home and I am told I cannot look

20 after my own child, and then they let her die, pat me on

21 the back and say, "I'm sorry about that." Not actually

22 be sorry, or do anything about it, and let people die.

23 They're still dying. My daughter meant nothing.

24 Absolutely nothing.

25 Q. Take a breath, please. We're going to take this in

1 stages.

2 I'm not censoring you, I just want to take this in

3 stages. Because your evidence is so important, we must

4 record it. So let's slow down.

5 **A.** Sorry.

6 **Q.** Don't say "sorry".

7 **A.** I just love her.

8 **Q.** Of course you do.

9 **A.** And I miss her so much every single minute of every day.

10 **Q.** Vicky, there's nothing to apologise for, nothing. We're

11 going to take these reports in stages and we'll look at

12 some of the main findings.

13 You said to me a few moments ago, "They haven't

14 acted on those recommendations."

15 **A.** No.

16 **Q.** Let me ask in this way. Did anyone ever get in touch

17 with you to tell you, anyone from the Trust, to tell you

18 about any action that might have been taken or not?

19 **A.** No.

20 **Q.** Thank you.

21 Can I ask you with your solicitor, please, to take

22 a look at page 30 of your witness statement.

23 **A.** I can't really see it --

24 **Q.** You don't need to read it, but --

25 **A.** My eyes are very blurry now.

1 Q. That's all right. Of course. If your solicitor kindly
2 has her eye on it as we go through, all I'm going to do
3 is take you through the matters you've set out, and what
4 I will ask you to do is to stop me if you want to say
5 more about any of these weaknesses that were identified,
6 but we're talking about a 57-page report --

7 A. Yeah.

8 Q. -- that listed 17 system process weaknesses. That's how
9 they're described.

10 A. Yeah.

11 Q. And just looking through those, they include a series of
12 missed opportunities to keep your daughter safe --

13 A. Yes.

14 Q. -- including no effective system in place to ensure that
15 bedroom doors were locked so that she couldn't have
16 entered and been alone.

17 A. No.

18 Q. CCTV and body-cams not being in operation --

19 A. Yeah.

20 Q. -- or not operating correctly.

21 A. Yeah.

22 Q. Technology limitations due to wi-fi connectivity
23 problems with the Oxevision system?

24 A. Uh-huh.

25 Q. Oxevision monitoring tablets therefore not functioning

1 properly and not being carried around the ward by
2 whatever member of staff was supposed to be carrying out
3 observations.

4 **A.** Mm-hm.

5 **Q.** In terms of staffing, the Trust's own investigation
6 revealed that at the relevant time there were a total of
7 11 patients on the ward on level 2 observations, meaning
8 -- and one member of staff to carry those out --

9 **A.** Yeah.

10 **Q.** -- meaning, if we put it in one way, that that one
11 member of staff would have been required to observe
12 a different patient every 54 seconds.

13 **A.** Yeah.

14 **Q.** And the process of observation is not intended simply to
15 be a glance; it's a requirement to meaningfully engage
16 with each patient.

17 **A.** Yeah.

18 **Q.** So when we think about any member of staff being able to
19 do that every 54 seconds, that is, in practical terms,
20 impossible.

21 **A.** And it didn't happen.

22 **Q.** And did not occur. Quite right. Thank you.

23 **A.** I know this because obviously I was able to walk around
24 the building and spend many evenings standing by the
25 window, touching Elise's hand through the mesh thing,

1 and I would talk to her, and I'd been mortified that all
2 her clothes was just all over the floor, like, bearing
3 in mind what she was doing. I could see them, and then
4 they was meant to have come and obviously observe her.
5 I didn't see them once.

6 **Q.** Was that during a Covid lockdown, Vicky?

7 **A.** Well, most of it was, that -- (overspeaking) --

8 **Q.** So you would go while --

9 **A.** I think it was meant to -- it was Mother's Day.

10 **Q.** I see.

11 **A.** Because yeah, she was going to have some leave, I think,
12 to go and have dinner with me but there'd been an
13 incident --

14 **Q.** Understood.

15 **A.** -- because I remember her saying to me, I was, like,
16 "Where do you want to go for lunch?"

17 And she was, like, "Your favourite, Wagamama's."
18 That's her favourite, not mine.

19 That's where she is in this picture.

20 **Q.** That's where the picture was taken, at Wagamama's?

21 **A.** It was the only place I could get her to go. But yeah,
22 and then we didn't, no.

23 **Q.** Is this right, I just want to ensure I heard you
24 correctly, you would go round to her window when she was
25 on Longview Ward --

1 **A.** Yeah.

2 **Q.** -- and see her and visit with her through the window,
3 basically?

4 **A.** Yeah.

5 **Q.** Having noted, as we did earlier in your evidence, that
6 when she was at the Priory Roehampton in particular, all
7 of her clothes were kept locked away --

8 **A.** Yeah.

9 **Q.** -- and she was observed according to a proper schedule?

10 **A.** Yes.

11 **Q.** You would spend quite a period of time standing at
12 Elise's window engaging with her up to, what, an
13 hour-and-a-half, two hours?

14 **A.** Oh, quite a long time, because there had been times
15 where she'd said to them, "Oh, can I have a drink?" at
16 some point, and she would be like, "I haven't had my
17 drink yet" and I'm standing there, my heart is racing
18 because I'm thinking, we haven't seen anybody, babe, but
19 I can't take that to her.

20 **Q.** So you would be standing there for a fairly substantial
21 amount of time --

22 **A.** Yes.

23 **Q.** -- and observe that no one was coming to observe Elise?

24 **A.** Yes, so afterwards I would ring them and be -- I think
25 they aware, pretty much sometimes, that I was there.

1 They knew I did it.

2 **Q.** Yes. You also noted, I think, that you would observe,
3 when you visited her in that way, that there was
4 clothing all over her floor?

5 **A.** Yeah. It looked like a normal child --teenage girl's
6 bedroom, to be fair, but with the point in that she was
7 doing what she was doing --

8 **Q.** Yes, and the obvious risks to her.

9 **A.** Well, yeah, because otherwise they wouldn't have been
10 locked away when she was at Roehampton.

11 **Q.** Yes, I understand.

12 **A.** And that's why they did it. So we being able to know
13 that she'd obviously been doing what she was doing, and
14 how many times she was doing it, you're literally giving
15 her the tools for the job.

16 **Q.** Yes.

17 **A.** And that terrified me. And I kept telling them that.

18 **Q.** Yes. One of the other things that the Trust's
19 investigation report noted -- well, it concluded, that
20 report concluded that staffing levels during the shift
21 were appropriate, but -- I see you shaking your head,
22 you disagree?

23 **A.** A hundred per cent.

24 **Q.** It did also note that almost half of the staff on shift
25 were new to the ward and unfamiliar with patients.

1 **A.** Yeah.

2 **Q.** We note, given everything you have told us about your
3 fears for the weekend and Elise's fear of the weekend,
4 it being staffed primarily with bank or agency staff,
5 that 17 April was a Saturday.

6 **A.** It was.

7 **Q.** Those staff were found by the Trust's own investigation
8 to have been unfamiliar with their own roles in the
9 unit, and that their roles were ill defined, another way
10 of putting that, I think, was that they didn't know what
11 they were supposed to be doing.

12 **A.** No. They were just heads.

13 **Q.** There are also noted weaknesses around staff's response
14 to the emergency situation.

15 **A.** *(The witness nodded)*.

16 **Q.** And an examination of Trust records show that a large
17 number of staff who were involved had not completed
18 mandatory resuscitation training.

19 **A.** Yeah, with the most vulnerable people there, because
20 that's what they want to do.

21 **Q.** Yes.

22 Vicky, one of the things that is not mentioned in
23 the Trust's report we just note for now, please, is
24 anything about falsification of observation records.

25 **A.** Okay.

1 Q. The Serious Incident Report went on to make a number of
2 recommendations, 11, I think, and you've listed the main
3 ones in your witness statement.

4 Essentially various reviews -- various reviews are
5 recommended or the development of more robust systems
6 around some of the weaknesses that we've just been
7 through.

8 A. *(The witness nodded)*.

9 Q. You've heard nothing further about any of those?

10 A. No, no. From them all I've had is that one report.

11 Q. Yes.

12 A. Nothing before and nothing after.

13 Q. Yes.

14 Can we talk just briefly, please, about the
15 Oxevision system.

16 A. Yes.

17 Q. You know that to be a form of surveillance technology --

18 A. Yes.

19 Q. -- that was being utilised on Longview?

20 A. Yes.

21 Q. But you tell us that before Elise was hospitalised you
22 knew nothing about it.

23 A. No, I didn't even know until not that long ago, that it
24 was even a thing. Because there's no way, Elise
25 wouldn't have liked it, and to be fair, I wouldn't have

1 liked it.

2 **Q.** No. Were you --

3 **A.** Not at all.

4 **Q.** Were you told anything about that surveillance system or

5 the use of surveillance technology when Elise was

6 admitted to Longview?

7 **A.** I think possibly, but not that it was like a monitoring

8 thing. Do you know what I mean? Not that it was

9 instead of people.

10 **Q.** Yes.

11 **A.** That it was alongside -- like --

12 **Q.** A monitoring system.

13 **A.** Yeah. Yeah. Not that it had ... I don't know. Not

14 instead of people.

15 **Q.** Yes, I understand. You note that you now recall Elise

16 mentioning that some of her friends on the ward referred

17 to it as though they felt like they were being watched

18 by Big Brother?

19 **A.** Mm-hm.

20 **Q.** And you say that you do now have concerns about the

21 reliability and the suitability of that technology for

22 use in inpatient mental health wards.

23 **A.** Well, yeah, because I'm not saying it should be instead

24 of people, but technology led to it being -- obviously

25 it not working on the iPads or whatever it was supposed

1 to be doing, but also, the ability to mute it, or for it
2 not to sound, bearing in mind Elise was there for a good
3 number of minutes, 20 at minimum, without anyone even
4 being alarmed to it.

5 **Q.** Yes, being alerted to the fact that the alarms were
6 going off?

7 **A.** No, no.

8 **Q.** They had been muted. And in fact one of the other
9 things that you learned --

10 **A.** I don't know how you should be able to do that.

11 **Q.** Yes, so one of the things you are asking --

12 **A.** The idea is it tells you if someone is not well or needs
13 support and if it's not on, you don't know.

14 **Q.** So your question is, why does it even have that
15 function? Why does it have that option to mute?

16 **A.** Yeah, yeah.

17 **Q.** One of the things you have noted, I think --

18 **A.** I think my views on it, when they described it was more
19 that it was, like, instead of disturbing them -- like,
20 not when they're at their worst, but just to monitor as
21 if -- like, when you're in hospital and they go round,
22 just checking your, like, levels and stuff. Just
23 checking you without constantly disturbing you, not that
24 it would be -- to be used to monitor Elise's mental
25 health.

1 Q. Or her safety?

2 A. Yeah.

3 Q. Yes, I understand.

4 A. And obviously Elise has got physical problems, so for

5 me -- probably, you know. Yeah. I don't know.

6 Q. One of the things you learned, I think from the Serious

7 Incident Report itself, is that -- and this is set out

8 in that report -- that the day after the 17th, so on

9 18 April, a Senior Leader from EPUT had visited Longview

10 and found that the Oxevision monitor was still muted; is

11 that right?

12 A. Yeah.

13 Q. Yes. You also understand that on 11 May 2021, there was

14 an unannounced CQC inspection.

15 A. There was.

16 Q. What do you know about that? What can you remember

17 learning about that?

18 A. That it was deemed inadequate, and closed.

19 Q. You learned that a Section 31 Order under the Health and

20 Social Care Act had been put in place --

21 A. Because there had been a serious incident, that being my

22 daughter's death.

23 Q. Yes.

24 Vicky, as long as you're all right to continue, I

25 want to move on, if we can, to talk a little about the

1 inquest. Are you all right to continue?

2 **A.** Mm.

3 **Q.** As we have noted that took place in late April to late
4 May 2025. You've described it as gruelling?

5 **A.** Yes, one of the most painful things other than,
6 obviously, the actual losing of my daughter.

7 I will -- I just want to add that when we -- when
8 Elise had passed away and I got the phone call
9 eventually to go to the hospital, they never told us
10 where Elise was. I just drove down the A12 hoping
11 that I might find her, but I had absolutely no idea
12 where she was. Nobody told us that much. They just
13 said that Elise had been taken to hospital,
14 unresponsive. That's it.

15 **Q.** Yes.

16 **A.** When I got to the hospital, they knew who I was straight
17 away, because I said to them, "You're going to tell me
18 that my daughter's -- my baby's dead, aren't you?" And
19 they took me into this little bit, because they didn't
20 even know how old Elise was. They thought she was
21 a minor. I know she was 16 but, you know, they didn't.
22 They thought she was, like, under 16, and she was on
23 a children's -- like, she was on a children's ward,
24 because, like, in, like, in critical care.

25 **Q.** Yes.

1 **A.** But I sat down and the lady -- there was a lady there,
2 and then the nurse came out, and she said, "I know who
3 you are. She's having a CT scan." And I said to them,
4 "You're going to tell me there's nothing left of my
5 baby, aren't you?" I knew exactly what that meant.

6 **Q.** Yes.

7 **A.** And they asked -- they said to the lady who was there, I
8 don't know who she was -- well, I'd recognised her, but
9 I just -- obviously I know my daughter has gone; do you
10 know what I mean?

11 **Q.** Yes.

12 **A.** And they told her to leave and they went for a walk, and
13 then she came back. And she was someone who was
14 supposed to be doing Elise's one-to-one. So they put
15 someone on her one-to-one when she was dead, but they
16 didn't have anyone to put her on one-to-one when she was
17 dying. What the hell is that about?

18 **Q.** When did you come to learn who that was later?

19 **A.** I worked it out, but I was right. I was right.
20 I recognised her. But at the time, I'm like: her dad's
21 about to turn up, I've got to tell him. We had no idea.
22 We knew that they'd been able to resuscitate her and
23 that she was breathing, but we was waiting to find out
24 what was going to happen. Then they came and said, "She
25 hasn't got no brain activity."

1 Q. Vicky, you explain that before you had been told that
2 formally by doctors, you knew it already.

3 A. He was really kind. The people at Colchester was very
4 kind. There was this really lovely man there, his name
5 was (redacted). And he treated Elise like a little
6 princess. Like, I know she wasn't really -- she was
7 there, but she wasn't there.

8 And he was, like, talking to her and making sure she
9 brushed her teeth and stuff, and being looked after all
10 right.

11 Q. Yes, with kindness.

12 A. I will never forget him, because more care was put into
13 Elise when she was gone than it was when she was here.

14 Q. Right.

15 Vicky -- one of the things that you and I have
16 discussed in your preparation for your evidence today is
17 the amount of time that this has dragged on for you,
18 investigation after investigation after set of
19 proceedings after hearing after another.

20 A. Yeah.

21 Q. And I think one of the things you mention, that just
22 before the inquest, so I think about a month before, the
23 Trust made a formal admission in relation to Elise's
24 care and treatment?

25 A. Yes.

1 Q. You've set that out for us in your witness statement.
2 What it amounts to is an admission that the Trust failed
3 in its responsibilities towards your daughter by
4 allowing her to leave the social area and enter her
5 bedroom alone.

6 A. Yes.

7 Q. The Trust accepted in that formal admission that those
8 failings were causative of Elise's death.

9 A. Yes.

10 Q. The jury at the inquest into Elise's death --

11 A. Were unanimous.

12 Q. Yes.

13 A. They were so lovely, them people. I had to thank them.
14 I could -- when I was reading my statement I could hear
15 these people, strangers, listening to my story --
16 Elise's story, I could hear them crying, because she was
17 just a kid who's died.

18 Q. Yes.

19 What they say, and for your solicitor, I'm looking
20 at the top of page 38, you don't need to go to it, what
21 the jury said was this:

22 "We the jury unanimously agree that Elise's death
23 could have been prevented or her life prolonged if not
24 for the multiple failings in her care whilst at
25 St Aubyn's."

1 **A.** Yes.

2 **Q.** The jury found two main factors that probably caused her
3 death: poorly administered observations due to poor
4 staffing levels and falsified information on observation
5 forms. That's the first.

6 And the second: the ability to gain access to her
7 room in an isolated area.

8 And Vicky, I'm mindful that you expressed earlier
9 a view that the coroner's report, the Prevention of
10 Future Deaths report that was issued in February 2026,
11 you consider not to have been acted on either.

12 **A.** They're a waste of time. Because I read ones, before
13 I've lost Elise, and they say the same things. And if
14 they'd been acted upon, I would still be here, right --
15 well, I wouldn't be here, I would be at home with my
16 daughter.

17 **Q.** Yes.

18 **A.** So just like Elise, I would sit there for five weeks.
19 The jury were unanimous and the outcome will be the
20 same. So what is the point in putting me and my family
21 through that pain? For absolutely nothing, all over
22 again.

23 **Q.** I think, Vicky, we have your evidence and we have the
24 coroner's Prevention of Future Deaths report. I don't
25 intend to take you through each of the matters that were

1 listed.

2 A. Yes.

3 Q. I'd like to move, please, to talk just briefly or for as
4 long as you would like to, about the impact on you,
5 because you write in your witness statement that you
6 simply don't have the words to convey the enormity of
7 the loss that you as a mother and you as a family have
8 suffered.

9 A. *(The witness shook head)*.

10 Q. You tell us that "none of us", talking about your
11 family, are the same as you were.

12 A. How can we be? She meant so much to us.

13 Q. Of course.

14 A. My son got married last month -- last week, whenever it
15 was, and it should have been a really happy day. But
16 I had this looming over me. My son is 30 on Wednesday.
17 We should have been doing something. But do you know
18 what, we're not? Because everybody knows what I'm doing
19 here today for Elise.

20 Q. Yes, I understand.

21 A. My family can't -- every -- at the wedding her sisters
22 were bridesmaids. She should have been a bridesmaid.
23 When *(redacted)* graduated, and I've got photos with her
24 brother and sister, I'm always looking for Elise but
25 she's missing, she's gone.

1 Q. Of course.

2 Vicky, you have provided to us a number of photos of

3 Elise that we're going to look through in a few moments.

4 A. I've got about 11,000 of them in my phone. She is my

5 everything.

6 Q. Before I ask for those photographs to go up on the

7 screen, I want to ask you, because you have set out some

8 very succinct but comprehensive recommendations for

9 change suggestions in your witness statement.

10 A. I have, yes.

11 Q. Let's go through those.

12 A. Yeah.

13 Q. And then, as long as you're content, I'll be --

14 A. This is the most important thing. There is nothing now

15 that can bring my daughter back to me. But as I've

16 learnt the hard way, no change is happening. It has to

17 stop now.

18 Q. If we look, please, if I can ask your solicitor to turn

19 to page 46 of your witness statement. What you tell us

20 at the top is that you've set out -- there are many,

21 many recommendations you would want to urge the Chair to

22 make. You have agreed, as I understand it, with those

23 that have come from bereaved families before you who

24 have given their evidence to this Inquiry.

25 A. Yes.

1 Q. What you have done in your witness statement is set out
2 what you think are the most important and the most
3 pressing, in terms of urgency.

4 A. Yeah, right.

5 Q. Is that right?

6 A. Not another two years.

7 Q. So the first, looking at paragraph 148, is that you
8 consider that all staff must undergo comprehensive
9 training covering essential aspects of both physical
10 healthcare and resuscitation.

11 A. Yes.

12 Q. You say that it -- and I think, given our discussions,
13 my understanding is that it's almost unfathomable to you
14 that you should be having to propose this as
15 a recommendation because, to you, this is so basic and
16 so fundamental, you say --

17 A. I work in a shop and I can tell you where the bleed kit,
18 is, and the -- I can't remember what it's called.

19 Q. The defibrillator?

20 A. Yes, and I know exactly where they are.

21 Q. Yes.

22 A. And I work in a shop. My daughter was on a mental
23 health ward and she wanted to die, and she can.

24 Q. What you say, Vicky, is that this training should be
25 thorough, ongoing, and regularly refreshed --

1 **A.** Yes.

2 **Q.** -- to ensure that staff remain knowledgeable and
3 prepared to respond effectively in emergencies.

4 **A.** Yes.

5 **Q.** You call for --

6 **A.** And should they not be medical professionals of some
7 variety?

8 **Q.** Thank you. You call for a thorough review of the use of
9 Oxevision on mental health inpatient wards.

10 **A.** Yeah, it needs to be taken out. No Oxevision.

11 **Q.** Say that again, I'm so sorry.

12 **A.** I don't think there should be Oxevision.

13 **Q.** You don't think it should be there at all?

14 **A.** No, I do not.

15 **Q.** Patients should be fully informed about all available
16 treatment options.

17 **A.** Yes.

18 **Q.** Do you want to expand on that at all? I think we've
19 covered it mostly.

20 **A.** Yeah.

21 **Q.** Families should be kept in the loop with the
22 decision-making process.

23 **A.** Yes.

24 **Q.** And last --

25 **A.** I think, depending on --

1 Q. Go ahead.

2 A. -- like, with Elise where she was autistic, whether or
3 not it was suitable that she is within the loop, until
4 you can explain it in a way that's not going to terrify
5 them. Do you not think that I think they said to her
6 "Oh, we're going to move you next week" and she's, like,
7 "Well, next week? I'm never going -- I ain't going to
8 see my mum again, I ain't going to see this again." And
9 she took the opportunity, and now she's gone.

10 Q. Yes.

11 A. Do you think that I think she -- they should -- we -- if
12 I had to have lessons on how to talk to my daughter, and
13 I've been a mum for 30 years now, should they have not
14 known how to speak to Elise?

15 Q. Yes.

16 I think part of what you want to say, is this right,
17 is that where an inpatient is an autistic person and
18 where they likely struggle to process certain
19 information, you should be given time, you knew her
20 inside and out, you were hardwired into her system as
21 her mother --

22 A. Yes.

23 Q. -- and you would know that she shouldn't be given that
24 kind of utterly terrifying news and then just left to
25 try to cope with it?

1 **A.** Yes, yeah. So I think these conversations, we should
2 have had, like, without Elise there. And then we would
3 discuss how we was going to approach this with Elise.

4 **Q.** Yes, careful --

5 **A.** Not sit her in a room, she's on the camera, as well,
6 this was at the children in -- the children, wherever it
7 was, on a Friday, making these plans for her to be moved
8 next week, whatever, and she's there. She's learning
9 about it alongside me the whole time I'm looking at her
10 and I am terrified, because I know exactly what she's
11 thinking. She was autistic. And I know she probably
12 wouldn't be happy for me to discuss this, say this,
13 really. But she didn't have the brain of a 16-year-old
14 girl. She loved Harry Potter. She loved being silly.
15 She was not ready to adult, in any way, shape or form.
16 And they should have known that.

17 **Q.** Yes.

18 And then, Vicky the last thing you say, is that
19 there should be a continuous and thorough review of
20 a patient's physical health needs that should be
21 maintained throughout their admission.

22 **A.** Yes.

23 **Q.** You note, and this is something that I think we've been
24 over, that physical health issues, Elise's physical
25 health issues were dismissed overlooked or ignored,

1 despite the fact that they significantly impacted her,
2 both physically and mentally?

3 **A.** She would try and tell people, as would I, about
4 Elise -- like, that Elise's bleeding and things were
5 getting worse, and do you know what people would say to
6 her and to me? Is that it's anxiety. And I used to say
7 to them, "Anxiety does not make you bleed." I have
8 those pictures. It's -- my daughter was bleeding.

9 **Q.** I understand.

10 Those are your very comprehensive, very succinct
11 recommendations. And Vicky, it is the case that I have
12 now come to the end of my questions for you.

13 Chair, do you have any particular questions for this
14 witness?

15 **THE CHAIR:** I don't. Thank you very much.

16 **MS TROUP:** Because -- go ahead --

17 **A.** I do believe that there is room to improve on handover.
18 I think it's a very dangerous time.

19 **Q.** Handover is a dangerous time?

20 **A.** Yes. I think it should be, that it's not just, like,
21 one to -- there needs to be a third wheel in the middle
22 to observe and keep an eye. Because they would all
23 disappear, the alarms would go off, I'd be waiting to
24 see Elise. I don't know if that's my kid, you know?
25 But no one is watching them because it's like the height

1 of -- they think: oh, there's no one about, do you know?
2 We're going to do something. They should never be on
3 their own at handover. There should be three parts to
4 this so that the children are never on their own.

5 **Q.** So there's some constant oversight?

6 **A.** Yes.

7 **Q.** Yes, I understand.

8 **A.** Because handover obviously wasn't very good when they
9 did happen. They was either rushed or no one was
10 listening, because obviously, how did no one know that
11 Elise was -- (unclear) the handover: "Elise was meant to
12 take this amount of medication. Elise's mood has been
13 like this today. Elise has been like that." You know?

14 **Q.** Understanding the information and the history and the
15 triggers?

16 **A.** All they're doing is going, "Right, at 7 o'clock, give
17 her some meds. Bye, I'm going to have my dinner."

18 **Q.** Yes.

19 **A.** Or whatever. That's how it feels like. The alarms are
20 going off, it feels dramatic, you know, something is
21 happening to one of the kids. Because it didn't matter
22 to them because when I sat there in a room with Elise
23 she had blood halfway up her eyes where she'd tied
24 a ligature that tight. Nobody looked worried in that
25 room apart from me.

1 **Q.** All right.

2 Vicky, as long as you are content for me to do so,
3 I'm going to ask now that the beautiful photographs of
4 Elise that you've provided be put up on the screen one
5 after another. And once that's been done, that will be
6 the conclusion of your evidence.

7 **A.** Thank you.

8 **Q.** All right?

9 **A.** I'm sorry.

10 **THE CHAIR:** There's nothing to apologise for.

11 Before we see those photographs, I want to thank you
12 very much indeed for coming to give evidence. It's very
13 important to us, and I'm very, very grateful.

14 **A.** I pray you help them kids. I mean it. Please. Don't
15 let the blood be on your hands now. You can change
16 things.

17 **MS TROUP:** Can I ask, please, that we see the photographs
18 now.

19 **(Photographs were displayed)**

20 **A.** She loved her so much, you know ... I don't have
21 pictures of them separate. *(Redacted)* Loved Elise, and
22 Elise *(redacted)* so much.

23 Does she look sad to you? Does she? No, she was
24 happy.

25 I've got Flopsy. Whenever the boxes came back from

1 the hospital, I was just looking for it. Because her
2 dad made it for her when she was about eight, and she
3 loved it.

4 That's her when she was born.

5 They used to hide in my bed, and I knew they were
6 there. I used to say to them "Oh, I don't know where
7 you are, but you need to go to bed." And they'd all go
8 [verbalises]. And I was like, "Ah, I'll have to look in
9 your room."

10 She was well creative.

11 I can hear her running, clicking of the (unclear).
12 And I heard her running, going "[redacted]!" She was so
13 excited for her brother to be there.

14 **MS TROUP:** Vicky, thank you for sharing those with us. That
15 does conclude your evidence.

16 And Chair, I'd now only ask that this witness be
17 released, and I understand that we'll sit again tomorrow
18 at 10.00 am.

19 **THE CHAIR:** 10.00 am tomorrow. Thank you very much.

20 **THE WITNESS:** Sorry.

21 **(1.47 pm)**

22 **(The hearing adjourned until 10.00 am the following day)**

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I N D E X

VICTORIA SEBASTIAN (sworn)	2
Questioned by MS TROUP	2

MS TROUP: [13] 1/6 2/17 17/11 27/12 31/21 38/22 43/13 57/1 57/8 67/16 116/16 118/17 119/14 THE CHAIR: [17] 1/5 17/5 17/7 17/9 26/24 27/3 27/10 31/17 38/20 43/6 56/25 57/2 57/7 67/12 116/15 118/10 119/19 THE WITNESS: [2] 57/3 119/20	20 minutes [1] 91/18 200 [2] 73/17 73/24 2004 [2] 1/12 3/5 200mg [4] 70/23 73/5 73/8 74/5 2019 [4] 24/6 24/17 24/19 35/16 2020 [10] 22/6 23/7 35/19 37/20 39/2 39/12 44/10 44/14 45/14 55/14 2021 [11] 1/13 3/6 50/15 57/12 58/19 59/14 61/23 64/8 70/13 83/21 104/13 2022 [1] 92/19 2024 [1] 3/8 2025 [3] 4/17 5/1 105/4 2026 [3] 1/1 3/21 109/10 21 September [1] 27/19 24 hours [1] 63/8 24 May 2004 [2] 1/12 3/5 24/7 [1] 11/18 25 June [1] 44/8 25 June 2020 [1] 39/12 25 September [1] 47/18 26 November [1] 32/3 26 November 2019 [1] 24/6 28th May [1] 4/21 2nd [1] 76/25	6 6the [1] 77/2 7 7 April [1] 78/5 7 January 2021 [1] 50/15 7 o'clock [1] 117/16 7th [1] 77/8 8 81 [1] 85/3 A A12 [1] 105/10 abdominal [2] 9/4 55/16 ability [4] 20/8 31/1 103/1 109/6 able [24] 12/14 26/6 28/7 31/6 34/7 37/11 38/4 41/9 42/24 45/3 49/14 72/10 74/1 80/4 80/6 80/12 80/18 91/8 92/20 96/18 96/23 99/12 103/10 106/22 about [113] 1/11 2/8 3/10 3/10 3/10 5/6 6/2 6/7 7/9 9/21 12/11 12/21 13/25 14/23 16/6 16/13 16/25 17/6 17/8 17/11 17/12 17/23 18/1 18/20 20/7 21/10 22/4 22/7 24/14 24/15 25/16 25/21 27/3 27/23 29/12 30/5 33/13 33/23 34/2 34/15 35/21 36/15 37/25 38/4 38/24 39/1 39/3 39/23 40/2 40/6 40/23 43/21 44/16 45/23 45/25 48/23 48/24 54/11 54/12 55/14 56/22 57/9 58/10 64/12 64/15 66/22 67/9 67/10 71/6 71/17 72/7 76/12 78/4 80/6 80/21 82/3 82/15 84/25 86/12 86/18 86/23 87/15 88/6 88/21 89/13 90/6 93/21 93/22 94/18 95/5 95/6 96/18 100/2 100/24 101/9 101/14 101/22 102/4 102/20 104/16 104/17 104/25 106/17 106/21	107/22 110/4 110/10 111/4 113/15 115/9 116/3 117/1 119/2 Above [1] 29/4 absolutely [5] 75/12 82/25 93/24 105/11 109/21 accept [3] 14/6 51/10 87/13 accepted [2] 52/1 108/7 access [2] 35/21 109/6 accompanied [1] 4/4 according [1] 98/9 accords [1] 73/15 account [6] 5/7 5/9 5/11 5/13 38/5 58/10 accurate [1] 4/1 accurately [1] 12/14 achieved [1] 85/12 acknowledge [2] 43/18 47/13 across [4] 5/8 15/4 19/20 47/13 Act [3] 27/21 79/2 104/20 acted [4] 93/6 94/14 109/11 109/14 acting [1] 81/25 action [1] 94/18 activity [2] 66/6 106/25 actual [2] 56/3 105/6 actually [7] 6/12 12/22 50/13 75/2 76/13 85/12 93/21 acute [1] 87/22 adamant [1] 82/8 add [2] 16/4 105/7 adjourned [1] 119/22 administered [1] 109/3 admission [30] 25/7 25/8 27/14 31/25 32/14 35/17 35/23 37/19 38/1 39/7 39/10 39/15 39/19 44/12 44/18 45/19 54/3 55/14 65/8 65/11 65/15 67/25 68/1 70/12 85/7 85/13 107/23 108/2 108/7 115/21 admissions [2] 23/19 24/2 admitted [8] 25/4 25/25 27/16 35/13 45/13 60/18 65/5 102/6	adolescent [2] 23/20 24/25 adult [1] 115/15 advice [1] 69/13 affected [4] 25/13 86/2 86/4 86/23 affecting [1] 21/7 after [31] 5/1 21/19 34/17 36/11 38/1 39/1 44/17 44/22 57/11 60/23 61/19 62/21 66/17 66/22 67/22 72/5 75/9 78/4 78/9 79/11 79/12 82/19 93/20 101/12 104/8 107/9 107/18 107/18 107/19 107/19 118/5 afternoon [1] 40/13 afterwards [2] 62/16 98/24 again [21] 1/21 11/24 21/21 22/11 34/10 43/25 45/15 55/12 55/14 58/22 60/18 61/5 65/10 74/9 77/3 92/6 109/22 113/11 114/8 114/8 119/17 against [2] 93/16 93/16 age [6] 16/25 17/5 21/10 24/15 31/12 45/4 age 2 [1] 21/10 aged [2] 1/13 3/6 agency [2] 49/24 100/4 ages [1] 11/12 aggression [1] 53/25 aggressive [1] 51/20 ago [5] 5/19 32/16 82/2 94/13 101/23 agree [3] 71/8 88/5 108/22 agreed [8] 65/10 66/9 67/24 72/21 73/14 73/16 78/24 111/22 agreement [1] 41/5 Ah [3] 7/6 54/13 119/8 ahead [3] 14/19 114/1 116/16 aim [4] 39/14 73/12 73/12 85/6 aimed [1] 58/5 ain't [2] 114/7 114/8 alarmed [1] 103/4 alarms [4] 91/13
--	--	--	---	--

A alarms... [3] 103/5 116/23 117/19 alerted [1] 103/5 alien [1] 11/22 alive [1] 59/6 all [83] 1/21 6/15 6/18 10/24 11/19 11/25 12/9 12/19 13/17 13/25 15/15 16/4 18/7 20/2 20/12 21/22 22/15 22/17 23/12 23/22 26/5 27/11 29/4 29/22 30/3 30/16 32/24 33/22 36/6 36/13 39/25 40/14 40/23 42/5 43/23 44/3 44/22 47/25 49/12 49/16 56/11 60/22 61/5 61/20 64/25 66/17 67/17 69/6 69/18 75/1 78/7 80/7 80/19 81/23 84/5 84/5 90/22 90/25 91/22 92/1 92/7 92/8 95/1 95/2 97/1 97/2 98/6 99/4 101/10 102/3 104/24 105/1 107/9 109/21 112/8 113/13 113/15 113/18 116/22 117/16 118/1 118/8 119/7 allergic [1] 84/7 allergies [1] 90/8 allowed [6] 43/15 63/10 63/12 63/25 84/20 90/7 allowing [1] 108/4 almost [5] 4/19 59/1 82/20 99/24 112/13 alone [7] 51/16 83/16 91/8 91/10 91/19 95/16 108/5 along [2] 6/25 7/8 alongside [3] 51/1 102/11 115/9 already [7] 23/7 31/2 31/7 31/8 61/6 88/3 107/2 also [20] 4/4 8/23 23/16 37/8 45/18 47/16 55/23 58/9 66/2 70/19 70/23 71/13 71/16 73/7 88/6 99/2 99/24 100/13 103/1 104/13 alternative [1] 29/1 although [7] 3/21 20/23 32/11 34/19 51/10 57/22 77/21	altogether [1] 76/17 always [10] 9/11 9/12 9/18 9/22 22/16 23/17 60/3 60/12 62/11 110/24 am [12] 1/2 1/4 3/4 57/3 68/21 92/7 92/9 93/19 115/10 119/18 119/19 119/22 ambulances [1] 60/10 amended [1] 73/18 amount [5] 69/17 74/11 98/21 107/17 117/12 amounts [1] 108/2 analysis [2] 4/13 51/7 animal [2] 27/7 52/2 animals [2] 52/7 52/11 another [14] 6/16 26/21 30/5 41/18 47/20 56/2 61/1 63/19 82/22 87/12 100/9 107/19 112/6 118/5 answered [1] 50/8 anti [1] 70/17 anti-convulsants [1] 70/17 anticonvulsant [1] 20/24 antidepressant [4] 72/24 77/4 78/1 78/2 antidepressants [1] 75/12 antipsychotic [1] 70/21 anxiety [11] 7/16 11/10 13/1 13/17 17/18 55/20 56/4 64/15 77/23 116/6 116/7 anxious [6] 7/15 8/9 9/24 14/24 18/1 73/9 any [35] 1/18 5/20 5/21 6/13 33/10 33/24 34/2 35/6 38/25 39/3 40/23 44/4 48/10 51/6 53/7 55/7 56/14 65/3 67/10 69/9 69/11 69/13 71/17 77/3 83/16 83/19 90/8 90/15 93/5 94/18 95/5 96/18 101/9 115/15 116/13 anybody [2] 64/19 98/18 anymore [5] 14/11 15/7 29/24 80/5	84/17 anyone [19] 1/17 8/19 8/20 9/23 11/15 11/16 11/21 18/21 18/22 33/11 40/22 43/20 54/22 69/12 74/1 94/16 94/17 103/3 106/16 anyone's [1] 86/14 anything [9] 8/14 40/19 54/10 70/3 75/10 80/22 93/22 100/24 102/4 anyway [3] 45/7 69/19 81/7 anywhere [2] 60/1 77/15 apart [2] 7/10 117/25 Apologies [1] 32/25 apologise [3] 12/9 94/10 118/10 apparently [1] 27/6 appear [1] 55/7 appeared [3] 7/12 46/16 66/4 appears [1] 51/13 appointment [1] 19/6 appointments [1] 17/15 approach [3] 39/4 79/7 115/3 approaches [1] 38/24 appropriate [2] 74/16 99/21 April [12] 1/13 3/6 35/19 77/18 78/5 82/15 83/21 86/25 90/15 100/5 104/9 105/3 April 2020 [1] 35/19 April 2021 [3] 1/13 3/6 83/21 are [48] 1/15 1/21 1/24 2/5 3/3 3/25 5/4 5/8 9/2 10/22 12/10 17/20 17/20 20/18 20/20 30/1 38/4 49/13 53/6 55/6 56/13 56/23 58/22 58/23 67/8 68/20 70/11 70/16 80/5 84/8 86/20 91/1 93/12 94/25 100/13 101/4 103/11 105/1 106/3 110/11 111/20 112/2 112/20 116/10 117/4 117/19 118/2 119/7 area [7] 37/11 41/20	83/13 83/17 84/1 108/4 109/7 aren't [2] 105/18 106/5 aripiprazole [1] 70/20 arms [1] 17/3 around [18] 7/13 7/17 13/22 16/25 24/15 29/17 29/19 30/14 35/3 35/10 48/21 54/20 85/18 89/9 96/1 96/23 100/13 101/6 arrested [1] 84/19 art [1] 18/5 as [125] ask [22] 2/18 2/21 3/17 12/7 12/11 18/15 22/12 33/11 56/23 70/9 72/13 84/25 86/23 94/16 94/21 95/4 111/6 111/7 111/18 118/3 118/17 119/16 asked [10] 2/25 19/19 26/16 27/4 63/24 71/22 73/7 84/9 87/1 106/7 asking [2] 37/24 103/11 aspect [2] 5/21 6/12 aspects [2] 1/14 112/9 assault [2] 48/8 48/15 assaulted [1] 47/20 assessed [2] 36/21 79/1 assessment [5] 19/8 20/11 20/11 64/9 64/10 associated [1] 78/2 at [136] ate [1] 90/2 atmosphere [1] 88/9 attachment [1] 27/25 attack [1] 91/23 attempt [1] 63/9 attempting [1] 46/24 attempts [3] 12/21 36/18 47/2 attend [1] 31/17 attendance [1] 50/24 attended [1] 59/18 attention [1] 64/25 Aubyn [12] 38/2 38/20 44/19 45/13 45/23 45/25 46/14 55/15 56/16 62/2	78/11 80/25 Aubyn's [1] 108/25 August [1] 24/19 aunt [1] 72/6 autism [13] 15/21 18/17 19/7 20/11 22/5 23/6 37/21 37/25 38/5 39/2 39/5 85/18 89/3 autistic [11] 13/24 14/15 18/20 19/9 19/13 19/24 41/1 80/23 114/2 114/17 115/11 available [3] 1/20 2/8 113/15 avoidance [1] 81/15 aware [9] 43/21 47/16 47/18 79/20 79/22 81/20 82/4 91/1 98/25 away [16] 28/3 28/6 28/12 28/18 29/9 29/21 36/7 46/11 61/10 67/20 67/20 74/17 98/7 99/10 105/8 105/17 awful [2] 10/4 28/1 B babe [1] 98/18 baby [7] 6/11 6/11 7/18 7/22 30/10 91/21 106/5 baby's [1] 105/18 back [31] 5/19 9/21 15/20 16/7 34/7 36/3 36/23 44/4 44/6 44/7 44/22 60/14 60/20 60/22 61/3 62/5 63/3 65/5 67/24 70/7 73/8 73/16 75/4 75/25 76/6 78/24 80/25 93/21 106/13 111/15 118/25 backpack [2] 6/23 7/2 backwards [5] 10/5 56/6 56/10 67/17 73/10 bad [1] 51/20 badly [1] 40/4 bag [2] 75/10 89/18 bags [3] 32/24 67/6 68/9 bank [5] 48/25 49/4 49/9 49/24 100/4 base [2] 64/11 70/2 basic [1] 112/15 basically [6] 13/2 42/9 43/11 44/13 49/25 98/3 basis [1] 13/7
---	---	--	---	--

B bathroom [1] 10/6 be [174] bear [4] 21/9 35/11 65/23 87/22 bearing [3] 88/17 97/2 103/2 beautiful [1] 118/3 became [5] 47/16 47/18 52/17 53/20 81/2 because [151] become [4] 8/9 14/7 51/3 58/17 becoming [2] 6/13 65/25 bed [5] 36/6 37/16 46/13 119/5 119/7 bedding [1] 36/16 bedroom [5] 37/11 83/17 95/15 99/6 108/5 been [75] 19/3 21/5 21/10 26/25 27/16 32/12 33/8 33/21 38/6 38/11 40/12 43/10 43/20 45/5 48/14 51/7 51/13 51/25 52/1 55/4 56/21 57/9 59/3 59/21 60/18 62/7 63/8 63/9 65/20 67/22 71/4 72/1 73/21 74/1 74/14 74/21 79/1 79/5 79/7 82/4 87/1 87/10 87/15 91/6 91/12 91/15 92/20 93/6 94/18 95/16 96/11 97/1 97/12 98/14 99/9 99/13 100/8 101/6 103/8 104/20 104/21 105/13 106/22 107/1 108/23 109/11 109/14 110/15 110/17 110/22 114/13 115/23 117/12 117/13 118/5 been put [1] 104/20 before [24] 3/7 3/17 4/17 14/19 17/7 18/5 18/8 20/13 44/18 47/16 57/9 61/17 61/19 83/24 83/25 101/12 101/21 107/1 107/22 107/22 109/12 111/6 111/23 118/11 beforehand [1] 63/8 began [3] 14/14 51/8 54/3	begging [3] 83/5 83/5 83/6 begin [1] 3/17 behave [2] 11/21 51/8 behaving [1] 54/23 behaviour [6] 25/24 51/11 51/20 51/20 53/23 87/17 behaviours [1] 47/7 behind [1] 18/25 being [48] 7/22 7/25 8/12 8/12 18/14 22/21 29/16 29/20 31/10 33/14 33/23 33/23 40/10 40/14 41/9 42/10 43/9 54/14 55/1 55/6 55/23 56/3 56/21 59/7 67/5 68/4 68/8 70/11 72/10 85/12 85/15 86/22 87/12 91/5 91/14 95/18 96/1 96/18 99/12 100/4 101/19 102/17 102/24 103/4 103/5 104/21 107/9 115/14 believe [5] 13/13 26/2 26/4 42/2 116/17 believes [1] 26/22 belly [1] 11/22 beloved [1] 53/22 benefit [2] 57/24 58/3 bereaved [2] 1/8 111/23 best [2] 41/2 64/5 better [9] 29/3 29/18 36/4 39/20 39/22 40/24 40/25 42/1 43/11 between [8] 24/5 31/10 31/13 39/12 49/18 60/8 65/10 83/21 beyond [1] 18/5 Big [1] 102/18 biscuits [1] 89/19 bit [11] 8/15 14/23 19/2 22/12 22/13 28/24 35/8 38/16 52/17 54/16 105/19 bits [2] 22/23 53/1 black [2] 38/10 85/25 bleed [2] 112/17 116/7 bleeding [5] 9/6 9/8 13/6 116/4 116/8 blood [6] 55/18 81/24 81/25 84/12	117/23 118/15 blue [2] 66/20 66/21 blurry [1] 94/25 board [2] 36/13 82/16 body [1] 95/18 body-cams [1] 95/18 borderline [1] 38/16 born [4] 1/12 3/5 10/24 119/4 both [10] 7/13 8/4 10/11 12/25 13/16 64/21 81/2 89/20 112/9 116/2 bought [4] 6/25 7/3 52/21 53/9 bowel [5] 8/14 12/23 21/13 21/16 64/16 boxes [2] 46/4 118/25 boys [2] 87/3 87/3 brace [1] 16/7 brain [2] 106/25 115/13 braindead [1] 91/21 brave [1] 20/17 break [11] 23/22 39/15 56/24 57/2 57/5 57/9 67/25 68/1 85/9 92/3 92/13 breath [1] 93/25 breathing [1] 106/23 breaths [2] 92/3 92/9 bridesmaid [1] 110/22 bridesmaids [1] 110/22 bridge [8] 59/16 60/7 66/18 67/7 67/23 67/23 77/7 77/11 briefly [3] 70/9 101/14 110/3 bright [2] 31/4 50/22 bring [1] 111/15 broken [2] 81/24 84/11 Broomfield [1] 24/21 brother [3] 102/18 110/24 119/13 brought [7] 37/22 44/17 84/9 89/21 90/3 90/4 90/11 bruising [1] 21/18 brushed [1] 107/9 bubbly [1] 58/11 building [2] 48/1 96/24 bulky [1] 16/7	bullet [1] 70/19 bullied [1] 40/3 bullying [3] 16/15 16/21 27/1 but [117] 6/12 7/17 10/2 10/4 10/12 11/20 12/4 15/10 16/20 19/1 19/20 19/22 22/22 22/24 24/17 25/18 26/21 26/24 27/5 28/3 28/17 28/24 28/25 30/1 30/17 31/17 31/20 33/6 34/9 34/25 35/1 35/22 36/3 37/2 37/3 41/2 41/22 43/5 43/9 43/20 43/23 44/25 45/3 46/17 48/10 49/4 49/12 49/14 50/22 51/22 52/11 53/15 54/10 54/21 54/22 57/22 58/14 58/23 58/25 59/21 61/14 63/3 63/7 67/25 68/20 69/18 70/1 70/16 71/8 71/13 71/16 72/9 73/21 74/1 75/12 78/21 80/16 81/19 82/8 83/7 83/16 83/20 84/2 84/19 85/4 86/13 89/1 93/4 94/24 95/6 97/12 97/21 98/18 99/6 99/21 101/21 102/7 102/24 103/1 103/20 105/11 105/21 106/1 106/8 106/15 106/19 106/20 106/23 107/7 110/15 110/17 110/24 111/8 111/15 115/13 116/25 119/7 buy [2] 53/7 53/8 Bye [1] 117/17 C call [7] 2/25 8/11 40/7 69/10 105/8 113/5 113/8 called [5] 20/18 48/4 86/25 87/14 112/18 calling [5] 25/3 32/8 65/7 72/16 85/2 came [24] 3/7 8/18 21/23 22/5 32/11 32/22 36/15 36/22 37/20 38/1 39/12 44/12 46/13 46/13 47/13 63/6 67/24 68/16 75/13 82/14 106/2 106/13 106/24 118/25	camera [1] 115/5 CAMHS [6] 17/13 17/17 18/20 24/2 24/10 25/25 cams [1] 95/18 can [58] 1/24 2/2 2/3 2/8 2/24 3/20 6/2 14/6 15/20 18/15 20/10 22/12 23/7 28/8 30/17 30/23 31/14 31/15 33/1 36/20 36/22 38/25 39/2 39/7 40/6 43/17 44/16 52/24 53/2 55/8 57/24 58/4 58/22 58/25 62/17 63/13 70/16 70/19 76/15 80/23 86/17 92/3 93/13 93/14 94/21 98/15 101/14 104/16 104/25 110/12 111/15 111/18 112/17 112/23 114/4 118/15 118/17 119/11 can't [28] 10/7 32/15 33/1 33/15 33/18 40/13 42/19 43/8 43/18 44/25 48/2 48/10 49/15 50/7 59/4 61/19 62/20 69/8 71/9 74/20 76/9 86/6 92/6 93/16 94/23 98/19 110/21 112/18 cannot [2] 93/15 93/19 car [7] 33/23 60/2 60/10 61/5 61/7 61/13 78/14 care [27] 1/8 4/14 5/21 38/24 39/4 40/16 42/2 43/10 48/23 48/24 49/9 50/2 50/5 61/25 62/8 65/22 69/14 79/7 88/18 90/23 91/3 93/17 104/20 105/24 107/12 107/24 108/24 cared [1] 88/21 careful [1] 115/4 caring [3] 49/22 58/10 90/6 carried [1] 96/1 carry [2] 6/20 96/8 carrying [2] 33/22 96/2 case [6] 65/18 65/19 68/7 69/16 76/3 116/11 cat [3] 69/6 75/7
--	---	--	---	--

C cat... [1] 80/18 cats [1] 52/10 causative [1] 108/8 caused [2] 89/24 109/2 cautiously [1] 46/17 CCTV [1] 95/18 censoring [1] 94/2 cent [9] 10/23 32/15 36/24 54/1 54/19 64/25 85/22 86/11 99/23 centre [13] 38/2 38/18 38/20 44/19 45/13 45/23 45/25 46/14 55/15 56/17 62/2 78/11 80/25 certain [2] 35/4 114/18 cetera [4] 18/6 66/18 78/15 78/15 chair [9] 1/6 1/14 2/22 22/15 56/22 57/8 111/21 116/13 119/16 challenges [2] 5/9 15/22 challenging [1] 51/12 chance [1] 91/24 change [13] 55/7 58/14 59/11 71/8 71/17 72/13 75/23 86/5 86/23 87/23 111/9 111/16 118/15 changed [1] 71/22 changes [1] 47/6 changing [3] 39/3 71/6 71/10 character [3] 47/7 47/7 58/12 characterising [1] 87/16 chart [7] 73/17 73/18 74/2 74/6 74/15 76/1 76/17 check [4] 3/25 63/14 90/9 90/11 checked [1] 60/25 checking [3] 49/10 103/22 103/23 Chelmsford [10] 3/9 37/22 38/2 39/8 40/3 44/8 44/18 47/21 47/22 62/19 chest [1] 19/23 chest/heart [1] 19/23 chickenpox [1] 84/7 child [10] 6/3 6/7 7/10 8/9 8/18 51/21	64/18 84/21 93/20 99/5 child --teenage [1] 99/5 childhood [3] 9/3 9/20 10/17 children [12] 6/4 6/8 6/9 10/2 16/13 30/19 35/11 41/5 41/17 115/6 115/6 117/4 children's [3] 14/6 105/23 105/23 Christmas [1] 59/5 circumstances [1] 58/2 clear [11] 9/2 10/22 39/23 48/22 49/18 51/19 53/19 67/1 85/21 87/16 89/2 clearly [1] 36/14 clever [2] 18/2 18/4 clicking [1] 119/11 clinicians [3] 12/25 21/11 55/5 close [3] 8/6 31/12 60/4 closed [1] 104/18 closeness [1] 72/8 clothes [4] 18/8 36/6 97/2 98/7 clothing [3] 36/15 36/16 99/4 coached [1] 29/20 Colchester [4] 21/14 21/21 61/6 107/3 college [4] 51/23 51/24 52/14 52/15 colonoscopy [1] 56/7 coloured [2] 1/25 2/6 come [33] 15/20 19/15 25/24 26/8 29/5 31/14 31/21 32/19 35/16 38/15 38/15 38/22 39/7 43/3 47/21 47/22 59/3 60/22 61/3 61/4 61/11 63/25 66/18 67/13 68/7 70/25 80/6 80/18 92/16 97/4 106/18 111/23 116/12 comes [1] 19/20 coming [7] 7/11 47/11 66/19 68/21 69/12 98/23 118/12 commemorative [5] 3/8 3/9 8/5 52/1 58/9 community [2] 17/15 57/17	comparison [2] 36/1 37/2 compassionate [1] 58/11 competition [1] 31/9 competitiveness [1] 31/13 complete [1] 93/12 completed [2] 64/9 100/17 complex [2] 14/7 16/2 complications [2] 71/10 71/13 comprehensive [3] 111/8 112/8 116/10 concern [1] 55/12 concerned [3] 60/12 62/13 81/2 concerns [6] 21/4 56/3 64/12 81/3 82/15 102/20 conclude [2] 4/23 119/15 concluded [3] 4/21 99/19 99/20 conclusion [1] 118/6 concrete [2] 56/2 56/12 confidence [1] 16/16 connected [1] 20/14 connective [1] 21/7 connectivity [1] 95/22 consequence [1] 93/15 consider [8] 5/20 18/17 20/10 29/16 82/2 90/21 109/11 112/8 consideration [1] 56/15 considered [3] 65/16 71/3 72/1 constant [3] 60/21 80/13 117/5 constantly [1] 103/23 Consultant [1] 85/1 consulted [2] 67/9 76/8 contacted [1] 21/25 content [5] 3/25 4/1 56/23 111/13 118/2 continue [2] 104/24 105/1 continued [1] 39/18 continuous [1] 115/19 contributed [1] 4/23	conversation [5] 40/19 66/13 66/22 70/1 82/24 conversations [4] 54/15 54/17 80/2 115/1 convert [1] 27/19 converted [1] 47/3 convey [1] 110/6 convinced [1] 78/10 convulsants [1] 70/17 coordinator [4] 50/2 50/5 61/25 62/8 cope [4] 17/1 86/11 87/23 114/25 coping [1] 66/4 copy [1] 3/15 corner [1] 2/11 coroner [1] 5/1 coroner's [5] 91/11 93/7 93/8 109/9 109/24 correctly [3] 12/20 95/20 97/24 corridor [2] 87/4 89/4 Costa [1] 53/2 could [36] 2/14 11/16 13/24 31/2 31/7 35/10 37/14 40/15 42/5 43/23 51/11 53/8 54/22 56/12 56/12 58/11 58/12 58/14 58/16 62/8 62/8 66/9 70/9 72/13 74/14 75/9 77/21 81/14 84/24 88/5 97/3 97/21 108/14 108/14 108/16 108/23 couldn't [9] 6/15 14/2 14/3 14/10 15/13 53/15 53/16 86/11 95/15 counselling [1] 67/21 counsellor [1] 22/18 couple [2] 57/14 65/20 courage [2] 5/11 16/5 course [32] 7/21 9/10 10/2 10/16 28/2 28/15 29/2 29/4 30/13 30/19 42/22 44/2 45/11 51/10 52/2 52/18 53/16 53/16 55/3 60/15 63/5 64/20 69/1 69/3 71/12 75/6 78/23 90/13 94/8 95/1	110/13 111/1 court [2] 91/12 93/8 courts [1] 93/8 cover [1] 55/11 covered [2] 84/13 113/19 covering [1] 112/9 Covid [1] 97/6 CPA [1] 79/4 CQC [1] 104/14 creative [1] 119/10 critical [1] 105/24 crossed [1] 73/18 crucially [1] 51/5 crying [2] 10/7 108/16 CT [1] 106/3 cuddle [3] 30/9 30/10 37/16 cupboard [1] 74/15 currently [1] 1/24 cutting [1] 17/3 cycle [2] 39/15 85/9 D dad [2] 82/8 119/2 dad's [1] 106/20 daily [1] 37/8 dangerous [2] 116/18 116/19 Danlos [1] 21/5 date [1] 33/11 dated [2] 3/20 50/14 dates [1] 76/13 daughter [19] 1/12 5/20 27/9 42/8 42/20 66/16 75/15 87/18 93/18 93/23 95/12 105/6 106/9 108/3 109/16 111/15 112/22 114/12 116/8 daughter's [3] 92/15 104/22 105/18 day [40] 8/18 9/23 12/3 13/8 16/5 19/25 22/1 26/22 28/4 30/9 30/10 30/18 30/20 33/3 35/5 40/8 40/11 46/25 50/6 50/9 59/5 59/21 62/4 62/6 64/21 68/8 69/22 74/20 74/22 80/5 80/13 80/16 89/8 90/20 91/3 94/9 97/9 104/8 110/15 119/22 days [7] 1/14 1/17 69/17 69/23 69/24 74/24 76/12 dead [4] 42/9 47/25 105/18 106/15 deaf [2] 22/16 57/3 deal [5] 9/2 16/5 22/7 30/23 33/25
--	--	---	---	---

D	22/5 23/6 37/25 38/1 39/2 39/5 diaries [2] 9/11 9/14 dictated [1] 69/25 did [73] 4/22 4/23 7/3 8/2 9/1 9/5 16/3 17/4 17/5 18/21 18/22 20/17 20/19 24/4 27/4 29/4 30/3 30/17 30/18 30/23 31/17 32/9 32/12 33/10 33/11 37/8 37/22 39/19 43/6 43/13 43/18 47/15 49/10 49/10 49/24 50/9 53/5 53/21 54/10 56/5 58/3 58/9 58/16 59/17 60/11 60/16 60/25 63/22 64/18 69/12 72/13 73/6 75/3 78/12 79/1 82/2 82/13 83/1 83/2 84/23 85/15 88/3 88/6 88/7 94/16 96/22 98/5 99/1 99/12 99/24 106/18 117/9 117/10 didn't [56] 7/17 7/21 8/20 10/3 11/14 11/19 11/20 14/25 18/11 19/17 19/24 26/5 27/5 28/5 28/6 28/10 28/10 30/9 34/9 36/1 42/6 42/24 45/9 48/23 48/24 53/7 54/10 54/11 59/10 60/1 65/3 68/3 71/8 71/19 72/10 72/10 72/11 75/23 80/8 80/9 80/17 83/1 87/5 88/3 89/17 89/24 96/21 97/5 97/22 100/10 101/23 105/19 105/21 106/16 115/13 117/21 die [5] 32/25 93/14 93/20 93/22 112/23 died [5] 1/8 1/13 3/5 91/25 108/17 difference [2] 49/17 68/10 different [9] 6/8 11/25 65/21 70/15 71/14 72/24 82/24 88/9 96/12 difficult [10] 1/15 12/6 12/10 12/13 12/18 29/9 43/19 45/3 64/24 86/9 difficulty [1] 26/24 dinner [3] 75/9	97/12 117/17 direction [1] 77/15 disagree [1] 99/22 disappear [1] 116/23 discharge [10] 33/3 33/8 33/10 34/2 34/17 50/14 58/19 67/12 67/14 69/10 discharged [11] 31/23 32/3 32/12 57/12 59/4 59/22 67/1 67/5 68/3 68/4 68/7 discharges [1] 67/10 discharging [1] 32/23 discomfort [1] 89/25 discovered [1] 11/1 discuss [3] 90/20 115/3 115/12 discussed [3] 41/10 90/16 107/16 discussing [2] 30/14 65/6 discussions [3] 38/25 39/3 112/12 dislocation [1] 21/17 dismissed [1] 115/25 disorder [1] 21/6 displayed [1] 118/19 displaying [1] 53/23 disruption [1] 86/7 distinction [1] 49/18 distress [7] 21/22 53/24 55/12 64/11 86/4 87/1 87/22 distressed [2] 29/17 79/12 distressing [4] 10/11 28/8 28/20 90/18 disturbing [2] 103/19 103/23 do [71] 2/18 2/21 3/1 3/17 3/18 4/13 5/20 9/13 9/23 13/2 15/9 19/18 20/10 23/24 28/5 30/1 30/3 30/18 30/19 30/22 31/1 31/7 31/15 32/25 34/3 35/1 37/2 40/6 42/6 51/5 52/2 52/5 52/15 54/13 54/13 61/16 63/1 64/18 68/24 69/6 69/23 76/10 80/19 85/5	86/17 90/20 92/6 92/6 93/22 94/8 95/2 95/4 96/19 97/16 100/20 102/8 102/20 103/10 104/16 106/9 110/17 113/14 113/18 114/5 114/11 116/5 116/13 116/17 117/1 117/2 118/2 doctor [2] 32/7 33/14 doctor's [1] 10/5 doctors [6] 9/22 10/3 10/19 11/25 68/17 107/2 does [9] 9/19 15/6 62/10 103/14 103/15 116/7 118/23 118/23 119/15 does it [2] 103/14 103/15 doesn't [4] 55/7 69/10 72/6 75/4 doing [24] 11/12 18/10 32/18 34/20 52/19 52/25 53/1 64/5 65/20 67/8 67/22 75/8 97/3 99/7 99/7 99/13 99/13 99/14 100/11 103/1 106/14 110/17 110/18 117/16 doll [1] 6/23 don't [62] 12/9 14/19 15/6 19/1 19/17 22/25 25/17 29/23 30/25 30/25 31/19 33/12 33/15 33/17 33/19 34/24 35/21 40/22 41/1 41/20 43/7 45/24 49/9 49/13 50/17 53/19 59/10 63/24 68/22 68/25 75/17 76/15 82/22 84/3 84/7 84/16 84/17 85/3 88/20 88/20 88/25 90/20 93/4 93/7 93/9 94/6 94/24 102/13 103/10 103/13 104/5 106/8 108/20 109/24 110/6 113/12 113/13 116/15 116/24 118/14 118/20 119/6 done [14] 18/8 24/20 26/9 34/25 37/23 42/20 63/8 83/7 83/9 84/12 92/22 93/9 112/1 118/5 door [2] 43/3 67/6	doors [3] 37/15 51/4 95/15 dosage [4] 70/23 73/18 74/5 74/16 dose [2] 73/2 73/8 doses [1] 77/21 down [9] 13/19 33/22 37/22 45/21 51/20 52/13 94/4 105/10 106/1 downstairs [1] 2/1 Dr [8] 25/3 32/8 65/7 72/16 73/14 77/20 85/2 85/11 Dr A [1] 25/3 Dr B [1] 32/8 Dr F [4] 65/7 72/16 73/14 77/20 Dr K [2] 85/2 85/11 drag [1] 6/25 dragged [1] 107/17 dramatic [1] 117/20 drink [4] 9/19 9/22 98/15 98/17 drinking [1] 9/15 drive [2] 43/4 82/20 driveway [1] 60/9 drop [1] 59/11 dropped [1] 58/16 drove [5] 52/13 59/23 60/7 62/13 105/10 drug [6] 38/8 73/17 74/2 74/5 74/15 76/17 drugs [1] 71/14 due [5] 58/2 79/5 79/7 95/22 109/3 during [18] 2/25 18/15 27/13 27/16 32/14 34/11 37/7 37/18 54/2 55/14 56/16 69/9 69/11 70/12 85/13 92/23 97/6 99/20 dying [2] 93/23 106/17
			E each [6] 29/20 29/23 40/12 40/14 96/16 109/25 earlier [2] 98/5 109/8 early [6] 6/6 9/3 9/20 31/23 32/12 59/14 easier [3] 7/1 7/5 28/24 easily [1] 25/18 easy [1] 21/18 eat [1] 62/17 eating [2] 89/23 89/24	

E	51/1 engaging [4] 1/19 2/11 66/6 98/12 enormity [1] 110/6 enormously [1] 69/1 enough [3] 9/15 9/19 58/4 ensure [4] 12/20 95/14 97/23 113/2 enter [2] 91/8 108/4 entered [2] 74/5 95/16 entirely [2] 64/14 92/2 entry [1] 87/7 environment [6] 14/11 41/9 41/12 43/18 43/21 48/15 envisaged [1] 45/15 epilepsy [4] 20/24 71/6 71/9 75/11 episodes [1] 9/8 EPUT [1] 104/9 equipment [1] 35/7 error [2] 70/25 76/17 escalating [1] 53/24 escape [1] 60/11 escaped [1] 77/6 especially [2] 85/18 88/5 essential [1] 112/9 essentially [4] 30/5 41/12 74/13 101/4 Essex [1] 1/9 et [4] 18/6 66/18 78/15 78/15 et cetera [4] 18/6 66/18 78/15 78/15 even [17] 6/7 7/10 16/16 18/9 28/20 30/1 45/9 51/13 68/3 70/1 80/9 82/1 101/23 101/24 103/3 103/14 105/20 evening [1] 43/2 evenings [1] 96/24 event [1] 35/13 events [3] 4/11 5/7 90/14 eventually [3] 21/9 21/13 105/9 ever [7] 8/17 12/4 20/3 50/7 60/1 66/21 94/16 every [25] 6/11 6/17 6/23 9/22 16/5 28/4 30/9 30/10 35/7 36/8 36/10 37/3 40/8 46/25 50/9 64/1 80/5 80/13 80/16 82/9 94/9 94/9 96/12	96/19 110/21 everybody [3] 20/2 20/3 110/18 everyone [2] 2/11 83/4 everything [11] 6/18 8/2 26/17 52/10 52/11 54/24 65/23 67/6 86/15 100/2 111/5 everywhere [1] 6/14 evidence [25] 1/7 1/9 1/11 1/15 2/24 3/1 3/9 3/10 3/12 3/12 4/6 8/5 12/15 25/3 52/1 90/23 90/25 94/3 98/5 107/16 109/23 111/24 118/6 118/12 119/15 exactly [3] 106/5 112/20 115/10 examination [1] 100/16 example [2] 53/21 56/2 excited [4] 40/10 75/5 84/2 119/13 exist [1] 56/5 expand [1] 113/18 experience [2] 29/13 54/9 experienced [1] 1/22 experiencing [1] 50/25 explain [7] 22/7 39/14 54/10 58/9 71/21 107/1 114/4 explained [4] 13/6 78/12 78/16 87/25 explaining [1] 14/4 explored [1] 51/14 express [1] 89/2 expressed [6] 72/18 82/11 84/22 88/6 88/22 109/8 extent [2] 5/22 71/4 external [1] 25/19 extremely [3] 10/13 29/9 58/17 extremes [1] 50/21 eye [2] 95/2 116/22 eyes [4] 11/7 81/25 94/25 117/23	31/19 34/11 39/5 39/25 41/17 46/20 71/21 73/14 74/1 74/17 76/16 83/9 103/5 103/8 116/1 factor [1] 52/17 factors [2] 25/19 109/2 failed [2] 65/14 108/2 failings [4] 5/13 91/2 108/8 108/24 fair [15] 5/16 5/25 32/14 36/13 42/21 46/18 54/12 65/17 82/12 85/20 86/10 88/2 88/21 99/6 101/25 fairly [6] 45/16 46/5 50/20 75/2 89/18 98/20 faking [1] 23/17 fallen [2] 60/13 63/17 falsification [1] 100/24 falsified [2] 91/12 109/4 families [4] 1/8 93/11 111/23 113/21 family [21] 3/11 5/14 7/22 8/6 14/14 18/17 29/10 31/22 32/13 34/23 57/20 57/22 57/23 59/7 64/20 72/9 80/15 109/20 110/7 110/11 110/21 far [14] 28/17 30/7 30/17 30/23 41/8 43/17 46/6 46/11 46/11 56/14 58/25 74/1 77/16 80/4 father [2] 64/13 81/2 favourite [2] 97/17 97/18 fear [7] 8/11 8/12 75/12 82/11 84/22 88/6 100/3 fears [3] 10/24 82/15 100/3 February [1] 109/10 February 2026 [1] 109/10 feel [23] 1/18 2/12 6/20 8/15 8/20 10/1 11/9 11/18 23/12 23/16 32/11 32/12 32/19 36/10 48/2 54/17 56/1 72/7 72/10 72/11 84/16 88/1 88/3 feeling [3] 31/22	31/22 72/2 feelings [1] 86/15 feels [2] 117/19 117/20 fell [1] 74/17 felt [17] 6/8 15/12 17/17 25/9 28/25 35/25 43/11 48/23 55/6 55/6 62/3 62/24 63/4 66/24 70/8 73/9 102/17 fence [2] 42/5 42/11 fetch [1] 74/14 few [8] 46/4 53/17 60/10 68/8 82/2 92/8 94/13 111/3 fi [1] 95/22 Fifteen [1] 56/25 fight [1] 48/16 fighting [1] 64/21 fight [1] 38/13 finally [4] 22/5 37/20 37/23 82/16 find [6] 14/2 14/10 51/6 75/9 105/11 106/23 findings [1] 94/12 fine [5] 12/16 14/21 53/3 57/3 78/6 finish [1] 31/5 first [22] 2/18 3/7 6/2 6/10 7/21 12/3 20/11 24/5 27/14 27/16 31/11 40/24 44/18 45/13 57/11 64/12 66/3 73/2 77/10 92/15 109/5 112/7 fit [2] 20/5 91/16 five [4] 5/19 19/16 60/5 109/18 five years [1] 5/19 fled [1] 59/15 floor [2] 97/2 99/4 Flopsy [1] 118/25 fluctuate [1] 50/20 follow [2] 22/1 93/17 following [9] 2/7 47/2 50/17 54/7 58/19 79/8 85/4 92/14 119/22 food [5] 9/10 9/14 52/20 53/7 90/11 forever [1] 8/19 forget [2] 88/17 107/12 forgive [1] 14/13 form [4] 15/25 40/23 101/17 115/15 formal [2] 107/23 108/7
----------	---	--	---	--

F	34/6 39/20 40/23 50/7 52/20 61/11 61/13 62/17 62/19 66/15 66/19 67/19 68/6 68/17 68/21 80/20 81/16 84/19 84/23 93/9 94/16 97/21 getting [5] 11/13 43/24 61/7 65/21 116/5 girl [5] 17/2 27/8 87/21 89/3 115/14 girl's [1] 99/5 girls [3] 19/22 20/7 26/19 give [14] 1/11 4/6 22/23 37/16 64/1 67/18 69/12 75/9 79/10 88/14 93/8 93/18 117/16 118/12 given [11] 20/25 34/2 43/19 52/19 63/12 76/21 100/2 111/24 112/12 114/19 114/23 giving [6] 29/19 29/23 30/5 66/24 68/1 99/14 glance [1] 96/15 go [70] 6/16 8/22 10/3 10/7 11/11 11/15 11/18 11/19 11/20 14/19 16/19 18/12 20/13 28/6 28/25 34/24 35/3 37/11 38/16 43/4 44/22 45/4 45/10 46/7 51/23 52/5 52/9 53/2 60/1 61/15 63/10 63/12 63/22 63/25 64/1 67/24 73/7 73/13 73/16 76/9 77/14 78/13 78/17 78/21 78/24 80/8 81/13 83/19 87/5 88/8 92/2 92/5 93/8 93/14 95/2 97/8 97/12 97/16 97/21 97/24 103/21 105/9 108/20 111/6 111/11 114/1 116/16 116/23 119/7 119/7 goal [3] 22/24 40/25 52/3 god [2] 69/7 75/13 goes [1] 70/7 going [88] 1/11 2/18 2/21 3/16 10/10 12/6 14/21 16/5 23/21 30/12 31/5 31/11 33/20 40/9 40/21	41/1 41/19 43/25 45/5 45/9 45/21 46/6 46/7 49/21 50/3 50/3 56/20 56/21 56/23 57/2 61/4 61/15 64/3 68/24 68/25 69/5 69/5 69/6 69/17 69/24 70/2 73/10 75/23 76/6 77/14 78/6 78/13 78/14 78/21 79/17 80/3 80/4 80/5 80/12 80/18 80/20 82/23 82/25 83/19 83/23 90/9 90/14 92/1 92/7 92/9 92/16 93/11 93/25 94/11 95/2 97/11 103/6 105/17 106/4 106/24 111/3 114/4 114/6 114/7 114/7 114/8 115/3 117/2 117/16 117/17 117/20 118/3 119/12 gone [11] 26/21 36/7 56/10 75/7 77/5 91/21 93/11 106/9 107/13 110/25 114/9 good [16] 1/5 18/4 18/9 19/23 25/9 46/5 50/23 52/25 62/18 75/2 75/3 75/5 89/12 89/18 103/2 117/8 got [35] 6/12 7/17 15/7 18/9 27/11 34/25 37/23 38/13 44/3 44/4 50/6 51/24 53/4 53/9 53/14 54/23 63/3 64/5 65/1 68/20 73/9 75/8 75/15 75/18 84/2 84/6 104/4 105/8 105/16 106/21 106/25 110/14 110/23 111/4 118/25 gradual [1] 73/3 gradually [1] 72/22 graduated [1] 110/23 grateful [1] 118/13 gravest [1] 91/2 great [2] 22/7 72/5 greatest [1] 90/23 grounds [1] 41/22 group [1] 66/6 groups [1] 50/24 grown [1] 72/9 gruelling [2] 4/16 105/4 guessing [2] 43/23 44/21 guidance [1] 69/13 guitar [3] 66/7 67/6	68/10 H had [157] hadn't [5] 45/4 48/14 89/15 89/16 89/17 hair [3] 11/12 18/8 37/17 half [3] 90/3 98/13 99/24 halfway [2] 81/25 117/23 hand [3] 2/11 67/7 96/25 handover [6] 76/1 116/17 116/19 117/3 117/8 117/11 hands [3] 10/7 21/18 118/15 happen [7] 34/9 61/23 88/7 89/15 96/21 106/24 117/9 happened [15] 26/17 34/1 36/10 39/25 44/23 51/22 62/10 66/17 73/15 75/19 75/20 77/18 82/1 82/19 89/17 happening [2] 111/16 117/21 happens [1] 69/8 happy [6] 7/19 59/6 89/18 110/15 115/12 118/24 hard [7] 12/10 15/12 28/14 45/7 68/6 77/23 111/16 hardly [1] 75/10 hardwired [1] 114/20 harm [13] 17/2 24/14 27/8 30/5 30/15 34/9 40/23 41/9 41/18 42/20 53/12 58/20 85/9 harming [4] 17/5 34/20 35/5 39/16 Harry [2] 14/9 115/14 has [18] 55/4 62/9 74/1 75/17 75/19 75/20 80/15 84/6 87/10 87/13 87/15 95/2 104/4 106/9 107/17 111/16 117/12 117/13 hasn't [2] 44/4 106/25 have [111] 2/14 3/14 3/18 4/13 9/18 9/18 12/22 13/6 13/8 15/8 15/9 18/5 18/7 19/3	21/5 21/10 22/19 23/9 23/22 27/11 31/20 33/10 35/11 35/21 36/1 38/6 38/11 40/21 43/9 43/20 46/7 50/1 50/12 51/7 51/13 53/3 53/6 53/15 53/15 54/13 55/7 55/13 56/1 57/2 62/3 62/7 63/7 65/3 66/9 69/1 70/9 74/14 74/21 76/5 77/22 77/25 78/23 81/16 82/3 88/1 90/16 91/6 91/12 91/15 93/6 94/18 95/15 96/11 97/4 97/11 97/12 98/15 99/9 100/2 100/8 101/25 101/25 102/20 103/14 103/15 103/17 105/3 106/16 107/15 108/23 109/11 109/23 109/23 110/6 110/7 110/15 110/17 110/22 111/2 111/7 111/10 111/22 111/23 111/24 112/1 114/12 114/13 115/2 115/13 115/16 116/7 116/11 116/13 117/17 118/20 119/8 haven't [4] 93/7 94/13 98/16 98/18 having [16] 6/22 18/24 26/24 27/16 45/22 48/18 58/24 59/21 64/17 73/16 79/1 81/23 82/24 98/5 106/3 112/14 he [13] 15/8 15/9 33/16 33/20 75/22 75/22 82/17 83/1 83/1 83/4 107/3 107/5 107/8 he'd [1] 82/18 He's [1] 15/7 head [11] 12/1 13/1 13/3 13/5 13/17 30/11 56/11 77/15 92/4 99/21 110/9 headaches [1] 60/21 heads [1] 100/12 health [35] 8/24 11/10 12/3 13/14 13/19 15/22 23/20 24/18 24/24 26/23 27/21 38/9 38/24 45/20 46/21 55/20 55/24 56/3 56/5
----------	---	--	---	---

H	hm [5] 20/9 36/19 90/24 96/4 102/19 hold [3] 6/14 61/11 68/17 holding [2] 10/7 62/25 holidays [1] 16/19 home [56] 8/18 16/19 29/6 32/20 33/2 33/7 34/17 35/3 35/8 35/12 43/4 43/14 43/24 44/4 44/8 44/13 44/17 52/8 52/24 53/2 57/14 58/24 58/25 59/3 59/22 61/4 62/3 62/5 63/10 63/12 66/9 66/19 66/24 67/2 67/13 68/2 68/7 68/15 69/5 69/12 69/17 69/24 74/18 75/1 75/4 76/5 76/23 77/18 80/6 80/18 82/20 82/21 84/19 84/21 93/19 109/15 honest [4] 31/18 40/12 40/14 43/23 hoped [2] 45/15 45/18 hopeful [1] 46/18 hopefully [1] 40/20 hoping [3] 65/17 65/19 105/10 horrific [2] 27/6 78/21 horrified [2] 42/19 80/8 hospital [23] 21/14 24/8 26/8 26/10 27/14 32/18 42/25 44/22 46/5 50/7 59/19 60/24 62/4 67/11 67/24 78/25 79/15 87/13 103/21 105/9 105/13 105/16 119/1 hospitalised [1] 101/21 hostile [3] 47/14 51/3 53/21 hot [2] 16/10 16/11 hour [3] 56/22 78/10 98/13 hours [5] 46/11 63/8 67/4 68/8 98/13 house [3] 11/15 63/6 68/16 how [48] 6/7 10/1 14/10 14/23 15/3 17/23 19/2 23/16 26/8 30/1 30/23 33/1 33/25 34/2 35/1 38/5	43/20 44/16 48/2 50/16 53/3 59/6 59/6 68/21 68/24 69/13 69/14 69/16 70/8 72/6 72/8 74/21 80/23 86/3 86/4 86/23 87/17 91/24 95/8 99/14 103/10 105/20 110/12 114/12 114/14 115/3 117/10 117/19 However [2] 50/25 69/23 huh [3] 92/11 92/18 95/24 hump [1] 15/7 hundred [9] 10/23 32/15 36/24 54/1 54/19 64/25 85/22 86/11 99/23 hungry [2] 53/6 90/2 hypervigilance [1] 59/1 I I ain't [2] 114/7 114/8 I always [1] 22/16 I am [5] 3/4 57/3 92/9 93/19 115/10 I ask [7] 18/15 22/12 70/9 86/23 94/21 111/6 118/17 I asked [1] 84/9 I believe [1] 26/2 I bought [2] 6/25 53/9 I came [1] 32/22 I can [7] 31/14 31/15 36/20 58/22 58/25 111/18 112/17 I can't [9] 32/15 33/1 33/18 44/25 48/2 49/15 69/8 92/6 98/19 I cannot [1] 93/19 I could [7] 42/5 43/23 75/9 88/5 97/21 108/14 108/14 I couldn't [1] 53/15 I decided [1] 43/4 I did [4] 27/4 60/16 82/13 88/7 I didn't [10] 7/17 28/5 28/10 42/6 42/24 54/10 54/11 60/1 71/19 101/23 I do [3] 86/17 113/14 116/17 I don't [19] 15/6 19/1 19/17 30/25 31/19 40/22 59/10 68/22 68/25 75/17	84/16 84/17 88/25 90/20 93/7 109/24 113/12 116/15 118/20 I drove [4] 52/13 59/23 60/7 62/13 I felt [3] 35/25 62/3 62/24 I found [1] 82/19 I get [1] 62/17 I give [1] 93/18 I got [2] 105/8 105/16 I had [14] 28/3 28/6 33/24 35/6 61/11 61/13 62/9 69/18 75/10 75/11 105/11 108/13 110/16 114/12 I have [8] 56/1 76/5 90/16 98/15 107/15 111/10 116/7 116/11 I haven't [1] 98/16 I heard [2] 97/23 119/12 I just [12] 13/2 15/21 28/25 32/18 36/10 49/13 60/1 82/25 94/7 97/23 105/10 106/9 I kept [1] 99/17 I knew [5] 60/6 61/15 80/17 106/5 119/5 I know [17] 11/14 12/6 19/2 30/21 32/17 37/2 55/11 74/18 74/24 81/19 81/19 96/23 105/21 106/2 106/9 112/20 115/10 I left [1] 62/22 I literally [1] 50/1 I lived [1] 45/8 I made [1] 84/15 I mean [2] 35/25 118/14 I miss [1] 94/9 I need [1] 42/23 I needed [1] 30/9 I never [1] 30/11 I pray [1] 118/14 I raised [1] 18/24 I rang [2] 68/12 68/14 I read [1] 109/12 I realised [2] 52/23 53/8 I recognised [1] 106/20 I remember [17] 11/11 14/4 32/22	33/22 40/9 41/19 43/9 44/20 45/21 46/3 46/7 46/10 51/25 51/25 52/13 66/15 97/15 I said [10] 42/23 53/3 53/5 56/9 68/14 76/2 76/5 84/16 105/17 106/3 I sat [3] 52/14 106/1 117/22 I saw [1] 84/15 I see [18] 9/17 12/2 19/10 19/21 21/2 26/20 27/23 31/12 33/5 48/3 58/7 62/9 62/23 64/4 66/14 68/11 97/10 99/21 I should [1] 4/4 I shouldn't [1] 62/3 I started [1] 13/22 I stayed [1] 59/25 I still [1] 13/8 I supposed [1] 68/21 I take [5] 1/19 20/10 33/2 58/4 93/17 I then [1] 78/16 I think [63] 2/22 4/16 8/11 13/18 14/6 16/15 17/2 17/22 19/3 20/18 20/23 21/13 21/19 21/21 24/20 31/18 39/15 43/13 44/20 46/7 46/9 47/16 47/24 48/18 54/15 58/5 58/20 59/4 62/5 62/9 66/7 71/23 74/21 74/23 79/21 81/4 81/6 82/14 83/9 83/24 85/20 88/23 93/3 97/9 98/24 101/2 102/7 103/17 103/18 104/6 107/21 107/22 109/23 112/12 113/18 113/25 114/5 114/11 114/16 115/1 115/23 116/18 116/20 I thought [4] 52/24 52/25 62/5 84/6 I told [1] 22/3 I took [5] 26/18 43/15 52/13 52/14 75/1 I touch [1] 90/22 I tried [1] 18/25 I understand [42] 6/3 7/8 8/4 8/22 12/5 12/19 14/4 15/16 15/20 16/6 20/7
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I	23/11 26/24 28/8 29/23 32/3 33/1 33/6 33/6 37/7 40/23 43/23 44/21 44/25 46/20 49/10 49/10 50/2 50/13 50/22 52/24 53/20 54/11 56/11 56/20 56/20 56/23 64/5 66/19 67/7 69/5 69/5 69/6 69/7 69/17 71/16 76/6 80/13 81/9 81/20 82/22 83/19 85/2 86/20 90/14 92/1 93/21 94/2 95/2 98/17 98/18 102/23 106/20 108/19 109/8 110/18 110/24 113/11 114/7 115/9 117/17 118/3 118/9 118/13	imagining [1] 23/14 impact [6] 3/11 26/2 69/2 77/22 77/23 110/4 impacted [2] 16/16 116/1 impacts [1] 26/23 important [8] 10/3 12/17 86/20 89/1 94/3 111/14 112/2 118/13 impossible [4] 28/15 29/2 58/23 96/20 improve [2] 85/15 116/17 improvement [1] 45/20 inadequate [1] 104/18 inappropriate [1] 89/5 incident [17] 47/19 60/23 61/6 61/17 61/21 77/25 78/4 78/9 79/4 79/11 81/6 82/22 92/16 97/13 101/1 104/7 104/21 incidents [5] 5/7 58/20 59/13 82/4 83/22 include [2] 91/5 95/11 including [1] 95/14 increase [2] 51/2 78/3 increased [1] 83/10 increasing [1] 45/18 incredibly [4] 7/13 7/15 12/10 41/12 indeed [1] 118/12 independence [1] 7/12 independent [1] 6/13 indicate [1] 23/24 influenced [2] 25/18 25/19 informal [1] 25/7 information [7] 2/7 22/24 29/16 34/2 109/4 114/19 117/14 informed [1] 113/15 inherently [1] 88/2 initial [1] 64/9 initially [3] 17/3 34/19 85/6 injuries [1] 60/11 injury [1] 20/16 inpatient [9] 24/2 25/4 35/22 35/23 56/16 57/11 102/22	113/9 114/17 input [1] 33/10 inquest [10] 4/12 4/17 72/17 77/20 85/1 85/11 91/2 105/1 107/22 108/10 Inquiry [12] 1/7 1/17 1/20 2/4 2/5 2/9 2/12 3/7 5/5 90/17 90/21 111/24 inside [4] 41/22 81/20 88/1 114/20 inspection [1] 104/14 Instagram [4] 26/6 26/12 26/13 26/25 instead [6] 41/7 91/17 102/9 102/14 102/23 103/19 intelligent [1] 19/20 intend [2] 90/20 109/25 intended [2] 39/14 96/14 intensely [1] 8/9 intent [1] 28/17 intention [2] 28/17 73/21 interaction [1] 71/14 interim [1] 78/22 internal [2] 11/4 93/6 Internet [2] 25/21 27/7 interrupt [1] 14/20 into [23] 4/12 7/2 11/15 14/5 16/15 18/16 33/10 34/7 34/24 37/11 38/5 44/22 51/24 53/9 59/16 63/19 65/5 87/12 87/14 105/19 107/12 108/10 114/20 investigate [2] 9/16 12/22 investigation [6] 92/24 96/5 99/19 100/7 107/18 107/18 investigations [2] 91/1 92/14 involved [1] 100/17 involvement [1] 48/6 involving [1] 83/22 iPads [1] 102/25 irritability [1] 47/10 is [190] isn't [1] 39/25 isolated [1] 109/7 isolation [2] 77/24 83/11	issued [3] 5/1 92/19 109/10 issues [7] 16/4 21/13 27/25 38/9 56/5 115/24 115/25 it [324] it's [49] 3/21 5/8 5/11 5/13 12/9 12/9 12/12 12/13 12/13 12/18 13/3 13/4 19/22 22/3 22/15 31/1 41/12 43/19 49/16 50/18 51/19 54/15 56/11 61/5 68/6 76/14 77/16 78/6 81/6 85/20 86/18 88/20 89/1 90/17 91/16 91/16 92/19 93/15 93/16 96/15 103/13 112/13 112/18 116/6 116/8 116/18 116/20 116/25 118/12 items [1] 36/16 its [1] 108/3 itself [1] 104/7
I understand... [31] 24/13 28/12 28/23 29/12 30/2 30/7 31/8 31/21 35/3 37/10 52/22 55/4 61/20 68/5 69/4 70/6 77/13 78/5 78/9 79/10 80/24 81/12 82/14 86/2 89/8 90/16 102/15 104/3 110/20 116/9 117/7 I understood [1] 6/10 I used [4] 15/8 35/9 116/6 119/6 I want [9] 12/14 12/20 23/19 24/5 32/25 40/25 70/25 90/21 118/11 I wanted [4] 29/3 29/5 29/5 84/19 I was [29] 7/18 13/9 29/1 36/1 42/19 46/4 59/25 60/12 61/4 62/24 65/17 71/6 80/16 82/18 82/20 82/21 82/24 83/5 83/5 84/2 84/6 84/8 84/12 86/21 96/23 106/19 106/19 108/14 119/1 I wasn't [4] 43/25 45/9 61/15 84/20 I went [5] 60/24 66/15 82/18 82/20 83/24 I will [7] 89/12 90/25 92/8 93/4 95/4 105/7 107/12 I wonder [1] 14/15 I worked [1] 106/19 I would [11] 40/9 45/18 80/1 81/16 86/16 88/8 97/1 98/24 109/14 109/15 109/18 I wouldn't [4] 30/1 49/14 101/25 109/15 I'd [9] 18/9 28/25 52/19 64/5 97/1 106/8 110/3 116/23 119/16 I'd even [1] 18/9 I'd recognised [1] 106/8 I'll [5] 3/1 12/17 81/14 111/13 119/8 I'm [75] 2/18 2/21 3/16 10/6 12/6 13/4 13/11 14/19 22/11 22/11 22/16 22/16	I've [16] 44/3 50/6 64/5 68/20 75/15 75/16 75/17 93/11 101/10 106/21 109/13 110/23 111/4 111/15 114/13 118/25 idea [5] 25/9 83/5 103/12 105/11 106/21 ideas [3] 29/20 29/22 30/5 ideation [1] 78/3 identified [5] 1/25 26/25 64/10 92/23 95/5 if [61] 2/3 11/15 11/15 13/11 14/15 15/20 22/15 23/21 23/24 30/9 30/16 33/25 34/4 34/22 36/20 38/5 38/16 39/7 43/8 43/11 45/9 46/20 53/20 53/22 54/11 54/24 55/8 56/1 58/22 58/23 59/4 61/19 65/14 69/7 70/7 71/9 72/13 73/15 76/13 76/13 77/14 78/17 82/17 82/22 84/11 85/2 90/7 92/12 95/1 95/4 96/10 103/12 103/13 103/21 104/25 108/23 109/13 111/18 111/18 114/11 116/24 ignored [1] 115/25 IKEA [1] 66/15 ill [1] 100/9 imagine [1] 48/2	January [4] 50/15 57/12 58/19 92/19 January 2021 [2] 57/12 58/19 January 2022 [1] 92/19 jerks [1] 20/20 job [3] 19/18 19/18 99/15 joint [1] 27/22 joints [2] 21/17 21/17 July [1] 1/1 jumped [3] 59/16 67/7 77/11 jumping [4] 61/17 61/22 67/22 77/6 June [3] 39/12 39/12 44/8 jury [7] 4/17 4/23 108/10 108/21 108/22 109/2 109/19 just [101] 1/13 2/22 2/23 3/6 3/25 7/4 8/18 9/24 11/1 12/12 13/2 14/10 14/13 15/17 15/21 17/7 18/9 18/14 19/19 19/22 20/2 22/4 22/9 23/10 25/9 28/9 28/25 32/18 33/23 36/10 41/6 41/22 42/15 42/19 49/13 50/2 52/20 54/23 55/11 59/6 60/1		

J just... [60] 61/19 61/19 62/4 62/25 63/4 63/8 63/9 63/11 63/13 64/1 66/24 66/24 67/18 67/21 67/24 68/7 69/16 69/22 70/3 72/13 74/17 75/5 77/10 78/4 78/6 80/12 80/15 80/20 81/25 82/25 84/3 84/8 84/11 88/9 88/14 90/9 91/25 94/2 94/7 95/11 97/2 97/23 100/12 100/23 101/6 101/14 103/20 103/22 103/22 105/7 105/10 105/12 106/9 107/21 108/17 109/18 110/3 114/24 116/20 119/1 justice [1] 93/13	knowing [2] 30/10 36/22 knowledge [1] 4/12 knowledgeable [1] 113/2 known [2] 114/14 115/16 knows [3] 72/7 80/16 110/18	45/3 45/9 51/16 53/15 53/15 61/15 84/25 93/14 93/20 93/22 94/16 118/15 let's [8] 8/22 9/2 15/20 31/21 36/14 69/21 94/4 111/11 letter [1] 21/16 letting [1] 93/13 level [6] 65/22 81/1 83/10 83/14 83/16 96/7 levels [7] 77/23 81/1 82/15 83/10 99/20 103/22 109/4 life [8] 3/10 5/6 5/9 34/7 48/16 63/9 80/14 108/23 ligature [4] 35/4 36/18 46/25 117/24 ligatures [1] 83/22 ligaturing [1] 46/24 lights [2] 61/7 61/12 like [183] like -- I could [1] 81/14 like -- I remember [1] 81/4 like-minded [1] 38/12 liked [2] 101/25 102/1 likely [3] 7/4 87/13 114/18 limitations [1] 95/22 limited [2] 57/24 58/3 list [5] 11/8 70/15 89/10 89/21 93/9 listed [5] 21/16 70/11 95/8 101/2 110/1 listen [1] 1/15 listened [1] 10/22 listening [2] 108/15 117/10 literally [9] 6/16 19/16 35/2 35/6 50/1 60/4 61/3 67/5 99/14 little [19] 6/6 7/2 7/4 8/15 14/23 17/2 22/12 22/13 22/23 28/21 28/24 41/20 52/6 53/1 82/9 84/1 104/25 105/19 107/5 lived [1] 45/8 living [1] 58/25 lizards [1] 52/10 locally [1] 52/6 lockdown [1] 97/6 locked [5] 36/7 80/21 95/15 98/7	99/10 loneliness [1] 45/12 long [13] 32/16 44/1 47/16 56/22 70/15 74/21 78/20 98/14 101/23 104/24 110/4 111/13 118/2 longer [1] 35/20 Longview [16] 44/19 46/21 50/13 54/3 55/15 57/10 57/11 62/1 64/7 65/5 70/13 85/13 97/25 101/19 102/6 104/9 look [19] 18/7 24/5 34/3 36/23 48/19 50/18 70/9 76/13 76/14 85/2 86/21 92/20 93/19 94/11 94/22 111/3 111/18 118/23 119/8 looked [4] 9/24 99/5 107/9 117/24 looking [10] 5/18 10/10 36/3 85/3 95/11 108/19 110/24 112/7 115/9 119/1 looming [1] 110/16 loop [2] 113/21 114/3 lose [2] 50/3 93/13 losing [2] 25/13 105/6 loss [2] 3/11 110/7 lost [7] 5/19 14/1 14/1 25/10 72/5 72/5 109/13 lot [4] 10/4 22/7 29/19 35/8 lots [1] 11/24 love [4] 52/7 80/15 86/17 94/7 loved [12] 7/22 7/25 52/7 58/24 59/7 62/11 93/13 115/14 115/14 118/20 118/21 119/3 lovely [3] 49/2 107/4 108/13 loves [1] 80/22 low [4] 58/17 59/11 65/15 79/17 lower [1] 50/25 lunch [5] 41/19 53/6 90/2 90/3 97/16	32/19 33/21 44/25 47/24 63/8 83/4 84/15 88/1 107/23 119/2 main [6] 40/2 64/9 92/23 94/12 101/2 109/2 maintain [1] 15/13 maintained [1] 115/21 major [1] 20/15 make [17] 2/23 4/10 8/14 8/16 8/17 28/14 48/2 55/23 58/25 79/22 86/13 87/16 89/1 90/9 101/1 111/22 116/7 makes [2] 8/13 11/17 making [7] 28/20 29/22 49/18 71/17 107/8 113/22 115/7 male [2] 87/4 89/3 man [1] 107/4 manage [2] 44/7 69/14 managed [3] 36/21 36/25 37/1 management [1] 52/2 Manchester [1] 46/8 mandatory [1] 100/18 many [11] 18/25 47/25 65/21 69/16 69/24 93/10 93/10 96/24 99/14 111/20 111/21 March [13] 3/21 22/6 23/7 37/20 39/2 59/14 60/23 61/23 61/25 64/8 65/6 76/19 83/21 March 2020 [4] 22/6 23/7 37/20 39/2 March 2021 [1] 61/23 March 2026 [1] 3/21 marks [4] 21/18 81/23 84/5 84/13 married [1] 110/14 mask [1] 20/8 masking [1] 19/23 massive [10] 26/2 26/23 27/24 37/3 63/9 64/19 64/20 79/21 79/22 89/25 matching [1] 87/7 matter [4] 21/22 69/10 80/17 117/21 mattered [1] 6/18 matters [3] 89/1
---	---	---	--	--

M matters... [2] 95/3 109/25 may [11] 1/12 1/14 1/16 1/19 3/5 4/21 5/1 30/16 43/17 104/13 105/4 May 2025 [1] 105/4 maybe [9] 8/14 17/8 19/1 19/3 32/19 40/25 45/12 46/17 54/15 me [121] mean [9] 9/13 33/1 35/25 68/24 70/5 75/4 102/8 106/10 118/14 meaning [2] 96/7 96/10 meaningful [1] 45/20 meaningfully [1] 96/15 meant [11] 15/9 28/24 30/12 34/6 65/1 93/23 97/4 97/9 106/5 110/12 117/11 media [3] 26/2 26/5 26/11 medical [3] 35/21 87/7 113/6 medicated [1] 20/23 medication [24] 9/22 20/24 20/25 35/8 35/9 39/4 70/21 70/25 71/3 71/7 71/11 72/2 72/14 72/19 72/25 74/8 74/11 74/20 75/8 75/11 75/16 76/5 76/12 117/12 medications [6] 69/19 70/11 70/15 71/8 71/9 75/11 meds [1] 117/17 meet [2] 41/19 58/3 meeting [6] 59/23 71/23 71/25 79/4 79/7 83/3 member [8] 2/3 42/15 42/18 63/20 96/2 96/8 96/11 96/18 members [1] 49/19 mental [21] 12/3 13/19 23/20 24/17 24/24 26/23 27/20 38/9 38/24 45/20 46/21 61/1 63/19 79/2 85/16 89/4 91/16 102/22 103/24 112/22 113/9	mentally [2] 66/1 116/2 mention [1] 107/21 mentioned [4] 8/22 59/13 85/23 100/22 mentioning [1] 102/16 mesh [1] 96/25 message [1] 26/6 messages [3] 27/5 50/1 50/6 metal [1] 60/13 methods [1] 30/14 microphone [1] 2/23 midday [1] 89/9 middle [2] 45/8 116/21 might [22] 7/11 13/17 13/17 13/18 14/15 15/3 15/9 18/20 19/3 21/5 23/9 46/17 47/10 51/7 54/13 62/7 69/10 72/2 74/21 82/3 94/18 105/11 might describe [1] 47/10 milestones [1] 7/12 million [1] 86/14 mimic [3] 54/18 54/19 54/20 mimicked [1] 54/24 mind [8] 21/9 35/11 65/23 87/17 87/22 88/17 97/3 103/2 minded [1] 38/12 mindful [1] 109/8 mine [1] 97/18 minimal [1] 60/11 minimum [1] 103/3 minor [2] 37/3 105/21 minute [3] 56/24 57/2 94/9 minutes [8] 19/17 56/22 56/25 60/5 91/18 91/19 91/20 103/3 miss [1] 94/9 missed [1] 95/12 missing [2] 77/21 110/25 mistake [2] 79/21 79/22 misunderstanding [1] 17/23 misunderstood [1] 87/18 Mm [6] 20/9 36/19 90/24 96/4 102/19 105/2	Mm-hm [5] 20/9 36/19 90/24 96/4 102/19 mobile [1] 15/1 moment [3] 15/22 56/20 63/11 moments [5] 81/21 82/2 92/8 94/13 111/3 Monday [2] 1/1 40/13 money [2] 52/20 53/3 monitor [3] 103/20 103/24 104/10 monitoring [3] 95/25 102/7 102/12 month [6] 4/19 21/19 32/5 34/15 107/22 110/14 months [6] 5/1 31/10 57/14 65/2 80/6 80/21 mood [13] 50/20 50/22 50/25 58/14 58/16 59/11 75/2 75/3 75/5 77/22 81/15 89/18 117/12 more [14] 6/13 14/7 22/13 35/25 58/5 58/5 79/14 88/7 88/7 88/8 95/5 101/5 103/18 107/12 morning [3] 1/5 1/7 83/2 morning's [1] 3/1 mortified [3] 82/25 89/6 97/1 most [13] 27/6 49/12 49/12 49/12 81/5 86/20 93/18 97/7 100/19 105/5 111/14 112/2 112/2 mostly [2] 10/11 113/19 mother [8] 3/3 14/14 48/13 53/22 65/24 87/14 110/7 114/21 Mother's [1] 97/9 move [10] 2/22 22/12 22/15 23/19 87/2 89/13 89/14 104/25 110/3 114/6 moved [2] 87/12 115/7 moving [2] 14/9 89/3 Ms [4] 1/5 2/16 57/7 120/4 Ms Troup [4] 1/5 2/16 57/7 120/4 much [35] 5/18 6/11	7/1 7/14 7/16 7/19 8/7 10/15 17/1 19/16 30/12 33/15 35/25 36/1 39/24 40/5 41/6 42/1 42/20 53/3 59/6 66/11 80/15 80/20 85/20 87/11 94/9 98/25 105/12 110/12 116/15 118/12 118/20 118/22 119/19 multiple [3] 50/1 74/24 108/24 mum [5] 9/25 80/5 80/13 114/8 114/13 muscle [1] 20/20 music [2] 49/3 49/21 must [7] 13/11 34/22 43/9 46/20 73/15 94/3 112/8 mute [2] 103/1 103/15 muted [2] 103/8 104/10 mutilation [1] 27/7 my [68] 6/11 6/14 7/18 10/2 13/8 15/6 17/11 20/13 27/8 30/9 30/10 30/12 31/15 34/21 35/10 39/1 42/20 43/3 56/11 58/22 60/2 63/6 64/5 66/16 68/16 69/6 69/7 72/5 72/8 75/15 82/20 84/20 86/20 89/10 91/21 93/17 93/18 93/20 93/23 94/25 98/16 98/17 103/18 104/21 105/6 105/18 105/18 106/4 106/9 108/14 108/15 109/15 109/20 110/14 110/16 110/21 111/4 111/4 111/15 112/13 112/22 114/8 114/12 116/8 116/12 116/24 117/17 119/5 myoclonic [1] 20/18 myself [2] 56/8 77/9 N name [3] 2/19 49/13 107/4 nan [5] 67/21 72/5 77/6 77/6 77/9 naughty [1] 38/17 near [3] 2/10 77/11 87/3 nearby [2] 60/3 60/3 nearly [1] 46/25 neck [1] 35/10	need [18] 2/2 11/18 13/18 23/24 42/23 46/17 50/17 64/2 64/17 65/15 66/18 76/15 79/14 80/9 85/3 94/24 108/20 119/7 needed [7] 11/20 11/22 12/1 15/17 30/9 53/24 65/22 needs [6] 46/4 58/3 103/12 113/10 115/20 116/21 negative [1] 69/2 neglect [1] 4/24 nerves [1] 71/17 nervous [1] 71/6 never [16] 9/23 30/11 43/25 48/16 50/7 51/13 60/1 63/25 66/21 71/17 86/13 105/9 107/12 114/7 117/2 117/4 new [3] 74/15 74/16 99/25 news [3] 25/22 88/1 114/24 next [6] 62/6 88/15 89/8 114/6 114/7 115/8 night [1] 63/6 nine [1] 5/1 no [97] 5/24 9/15 10/19 10/19 12/16 13/4 13/8 14/3 14/21 14/21 16/21 17/8 18/13 18/24 22/18 23/17 29/25 33/14 34/5 34/5 36/2 39/6 40/1 43/1 44/2 45/2 48/12 51/15 51/17 51/22 53/16 55/10 56/18 60/12 60/21 62/18 62/22 63/23 67/3 67/5 67/9 67/10 67/25 68/2 68/21 69/16 70/1 70/1 74/7 75/12 75/16 75/18 75/22 75/22 75/22 76/2 76/3 76/11 78/6 83/8 85/17 87/5 87/5 87/5 87/5 87/6 88/19 88/21 91/24 93/13 93/14 93/15 94/15 94/19 95/14 95/17 97/22 98/23 100/12 101/10 101/10 101/23 101/24 102/2 103/7 103/7 105/11 106/21 106/25 111/16 113/10 113/14 116/25 117/1
---	---	---	---	--

N no... [3] 117/9 117/10 118/23 nobody [4] 35/10 91/23 105/12 117/24 nodded [12] 3/19 4/7 4/20 4/25 5/3 7/24 8/1 24/22 44/15 54/5 100/15 101/8 none [4] 49/24 76/11 82/1 110/10 normal [2] 34/7 99/5 not [118] 1/16 5/6 5/20 7/11 10/22 15/2 16/20 18/11 18/18 19/9 20/10 20/12 21/12 22/17 22/17 23/13 27/17 28/9 29/18 30/16 30/16 30/25 31/1 31/6 33/24 41/5 41/10 42/1 43/9 44/22 47/16 49/4 49/12 51/5 51/21 52/9 54/23 56/5 56/13 58/3 67/10 68/9 70/1 72/10 72/19 73/12 74/5 74/10 76/3 77/16 77/24 78/14 80/4 80/5 80/12 81/9 82/3 82/4 83/1 83/13 83/19 84/3 84/4 84/21 85/15 86/14 86/18 88/3 88/6 90/14 90/22 91/5 91/13 91/14 91/16 91/17 93/11 93/15 93/16 93/21 94/2 94/18 95/18 95/20 95/25 96/1 96/14 96/22 97/18 100/17 100/22 101/23 102/3 102/7 102/8 102/13 102/13 102/23 102/25 103/2 103/12 103/13 103/20 103/23 108/23 109/11 110/18 112/6 113/6 113/14 114/3 114/4 114/5 114/13 115/5 115/15 116/7 116/20 note [8] 85/23 90/21 93/3 99/24 100/2 100/23 102/15 115/23 noted [9] 32/8 55/4 77/25 98/5 99/2 99/19 100/13 103/17 105/3 notes [4] 48/21 51/6 55/23 78/1	nothing [20] 13/5 15/14 31/3 34/25 68/13 70/1 72/10 84/11 93/23 93/24 94/10 94/10 101/9 101/12 101/12 101/22 106/4 109/21 111/14 118/10 notice [2] 7/18 7/21 noticeable [1] 32/13 noticed [2] 7/10 47/6 noting [1] 55/20 November [2] 24/6 32/3 now [34] 3/14 3/21 5/19 8/13 16/4 19/12 36/23 37/2 44/3 45/24 51/5 54/13 56/10 61/5 75/15 77/20 87/16 90/22 92/3 92/6 92/7 94/25 100/23 102/15 102/20 111/14 111/17 114/9 114/13 116/12 118/3 118/15 118/18 119/16 nowhere [1] 45/8 number [10] 8/24 23/8 58/20 85/24 88/23 92/14 100/17 101/1 103/3 111/2 numbness [1] 72/3 nurse [2] 52/4 106/2 O o'clock [1] 117/16 objects [1] 35/6 observation [8] 81/1 82/16 82/23 83/10 91/11 96/14 100/24 109/4 observations [3] 96/3 96/7 109/3 observe [6] 96/11 97/4 98/23 98/23 99/2 116/22 observed [4] 54/14 55/6 91/5 98/9 observing [1] 54/7 obvious [5] 13/5 16/11 48/14 71/16 99/8 obviously [39] 6/10 8/13 9/8 10/12 11/17 18/24 20/14 22/9 27/24 29/23 32/15 36/1 37/1 40/9 42/23 42/25 45/8 49/14 56/7 60/12 63/7 63/15 64/17 65/24 69/22 71/7 73/12 73/21 80/15 88/8	96/23 97/4 99/13 102/24 104/4 105/6 106/9 117/8 117/10 occasion [1] 57/16 occasions [1] 88/23 occupation [1] 56/4 occur [2] 20/20 96/22 occurred [1] 41/10 October [2] 47/3 47/17 off [11] 56/4 60/7 61/13 67/7 67/22 75/22 77/6 84/1 103/6 116/23 117/20 offered [1] 57/19 often [1] 50/21 oh [12] 9/17 15/6 54/17 62/23 69/7 69/22 81/14 98/14 98/15 114/6 117/1 119/6 okay [8] 22/20 23/13 23/23 46/2 53/3 62/12 64/22 100/25 old [3] 19/2 105/20 115/13 older [4] 6/12 31/9 31/16 65/2 on [169] once [5] 14/4 37/24 66/21 97/5 118/5 one [102] 5/4 6/16 7/4 7/8 7/9 8/8 8/18 8/23 9/15 10/6 17/15 21/21 22/4 23/5 24/13 25/10 25/16 26/18 26/22 27/13 28/15 29/12 30/5 30/12 32/2 32/7 35/4 35/6 35/7 37/18 41/8 41/18 42/1 42/1 43/2 43/10 43/10 44/6 44/7 44/12 47/2 47/25 48/17 48/20 50/11 51/5 51/18 52/9 53/18 55/4 57/19 58/20 59/2 59/13 66/2 67/9 67/10 69/22 72/15 74/12 77/20 81/24 82/23 82/23 83/6 83/6 84/25 85/4 85/23 86/14 88/19 88/21 92/15 93/3 93/13 96/8 96/10 96/10 98/23 99/18 100/22 101/10 103/8 103/11 103/17 104/6 105/5 106/14 106/14 106/15 106/15 106/16 106/16	107/15 107/21 116/21 116/25 117/1 117/9 117/10 117/21 118/4 ones [2] 101/3 109/12 ongoing [4] 12/22 21/12 64/14 112/25 online [1] 2/7 only [11] 12/13 40/11 51/22 52/25 65/2 67/7 68/10 80/13 83/11 97/21 119/16 open [3] 37/15 40/15 40/19 openly [1] 81/13 operating [1] 95/20 operation [1] 95/18 opinion [1] 85/5 opportunities [1] 95/12 opportunity [3] 1/19 48/19 114/9 opposite [1] 41/10 option [3] 28/13 28/18 103/15 options [1] 113/16 or [95] 2/3 5/7 5/7 5/22 9/8 9/14 11/10 14/9 14/14 15/7 16/19 17/1 18/16 18/18 18/20 18/22 19/12 20/20 23/24 28/4 36/16 38/8 38/23 39/4 40/11 43/8 46/8 46/24 47/7 47/10 47/14 49/21 49/21 49/24 50/16 51/7 51/20 54/16 55/1 56/4 56/15 59/5 60/17 61/19 62/20 64/8 66/23 67/13 68/8 68/9 68/9 68/9 69/10 69/13 69/13 70/2 70/2 73/17 75/7 76/2 76/8 77/3 77/24 78/1 78/1 78/10 80/24 82/7 83/16 89/13 89/18 89/20 90/22 91/13 91/14 91/24 92/5 92/12 93/22 94/18 95/20 100/4 101/5 102/4 102/25 103/1 103/12 104/1 108/23 110/3 114/2 115/15 115/25 117/9 117/19 oral [1] 3/1 orange [1] 1/25 orange-coloured [1] 1/25	Order [1] 104/19 ordinary [1] 7/11 original [1] 73/8 originally [2] 82/5 82/7 other [36] 1/17 6/8 6/9 8/23 10/2 13/25 15/24 16/4 16/13 20/13 25/24 29/17 29/20 29/23 30/15 35/7 35/11 38/9 40/4 40/12 40/14 41/5 42/10 47/14 48/17 53/18 54/2 54/25 55/11 75/11 88/25 90/6 93/10 99/18 103/8 105/5 others [4] 29/16 30/16 48/24 65/1 otherwise [4] 23/9 81/9 93/10 99/9 our [4] 42/1 58/8 64/25 112/12 out [50] 10/10 10/24 13/13 21/15 34/3 35/1 36/8 43/24 45/10 47/7 52/5 59/1 59/14 60/9 61/7 61/13 64/1 65/1 66/20 66/21 69/18 69/18 73/19 74/3 74/12 75/9 75/15 76/11 76/16 77/14 80/9 81/16 81/20 82/19 87/8 88/1 92/22 95/3 96/2 96/8 104/7 106/2 106/19 106/23 108/1 111/7 111/20 112/1 113/10 114/20 outcome [2] 48/10 109/19 outpatient [1] 17/15 outside [3] 41/20 41/21 52/25 over [18] 9/24 10/16 11/24 11/24 30/19 42/5 42/11 60/9 60/25 63/14 75/13 81/23 84/5 97/2 99/4 109/21 110/16 115/24 over-anxious [1] 9/24 overarching [1] 93/3 overdose [1] 24/19 overlooked [1] 115/25 oversight [1] 117/5 overspeaking [6] 7/7 9/25 31/14 69/20
---	--	--	---	---

O overspeaking... [2] 86/6 97/7 Overwhelm [1] 23/1 overwhelming [1] 11/17 own [16] 4/10 4/11 42/1 45/4 72/18 83/20 86/3 86/4 86/15 91/23 93/20 96/5 100/7 100/8 117/3 117/4 Oxevision [9] 54/11 91/13 95/23 95/25 101/15 104/10 113/9 113/10 113/12 oxygen [2] 91/17 91/20 P pace [1] 23/21 pack [2] 45/24 45/25 page [11] 3/18 3/20 3/22 50/19 70/10 76/14 85/3 94/22 95/6 108/20 111/19 page 14 [1] 70/10 page 16 [1] 76/14 page 20 [1] 85/3 page 30 [1] 94/22 page 38 [1] 108/20 page 46 [1] 111/19 page 48 [1] 3/18 page 9 [1] 50/19 pages [1] 3/16 pain [7] 9/4 9/8 11/23 55/16 60/20 90/1 109/21 painful [3] 10/13 28/4 105/5 panic [2] 8/21 11/14 paper [6] 46/4 46/16 64/3 74/7 74/10 76/2 paracetamol [1] 24/20 paragraph [2] 85/3 112/7 paragraph 148 [1] 112/7 paragraph 81 [1] 85/3 paramedics [1] 59/18 paraphrasing [2] 50/22 53/20 parenting [2] 22/8 22/19 parents [3] 58/5 65/3 87/14 park [1] 78/14 parrots [1] 52/9 part [5] 4/24 6/6	71/17 79/4 114/16 particular [12] 21/12 25/2 26/13 37/10 48/10 49/8 70/16 77/22 86/3 86/4 98/6 116/13 particularly [1] 78/2 partly [1] 29/14 parts [1] 117/3 pass [1] 10/10 passed [1] 105/8 pat [1] 93/20 patient [7] 27/17 27/20 47/3 47/20 47/22 96/12 96/16 patient's [1] 115/20 patients [7] 40/4 42/11 47/14 50/23 96/7 99/25 113/15 pattern [1] 68/6 pencil [1] 52/21 people [30] 1/16 18/25 25/25 26/6 26/9 26/25 29/17 30/13 30/19 38/7 38/7 38/12 40/15 41/17 42/10 42/19 45/4 54/6 54/17 54/25 93/22 100/19 102/9 102/14 102/24 107/3 108/13 108/15 116/3 116/5 people's [1] 54/18 per [9] 10/23 32/15 36/24 54/1 54/19 64/25 85/22 86/11 99/23 perhaps [1] 49/19 period [10] 14/5 16/6 17/17 34/5 35/23 50/13 57/10 67/13 91/10 98/11 period at [1] 35/23 periods [5] 37/25 50/25 69/9 69/11 83/16 permanent [4] 49/11 49/18 67/12 67/13 person [3] 47/24 61/3 114/17 personal [1] 87/15 personality [1] 58/11 petting [1] 52/6 pharmacist [1] 76/8 phased [1] 31/3 phone [6] 13/8 15/1 50/8 68/20 105/8 111/4 photographs [5] 111/6 118/3 118/11	118/17 118/19 photos [2] 110/23 111/2 phrase [1] 25/18 physical [16] 8/24 13/14 15/22 48/15 55/24 56/3 56/5 56/15 60/11 63/14 64/15 104/4 112/9 115/20 115/24 115/24 physically [3] 47/19 66/1 116/2 pick [1] 2/24 picked [1] 68/8 picture [2] 97/19 97/20 pictures [7] 13/8 27/6 54/7 55/6 56/8 116/8 118/21 piece [6] 64/2 64/3 74/7 74/10 74/14 76/1 place [14] 14/2 41/3 55/9 57/17 71/1 79/5 79/8 80/2 89/13 89/14 95/14 97/21 104/20 105/3 placed [3] 47/17 79/2 80/25 places [1] 65/21 plainly [4] 21/11 30/15 87/21 89/4 plan [3] 57/17 65/10 93/17 planning [1] 66/23 plans [1] 115/7 play [5] 37/17 45/10 49/3 49/21 75/7 playing [1] 14/1 please [23] 2/14 2/19 2/22 3/17 6/2 12/9 15/20 23/19 24/5 33/19 56/23 70/3 70/9 74/9 86/17 93/25 94/21 100/23 101/14 110/3 111/18 118/14 118/17 plotting [1] 29/22 pm [3] 57/4 57/6 119/21 point [15] 6/25 34/21 34/25 41/2 44/21 46/24 70/19 74/12 77/5 82/14 86/16 93/7 98/16 99/6 109/20 points [2] 35/4 93/3 police [12] 26/16 27/4 27/11 48/4 48/6 60/10 61/10 67/24 77/9 78/9 78/17	78/17 poor [1] 109/3 poorly [1] 109/3 Poplar [5] 24/10 24/11 29/13 30/14 32/8 popping [1] 21/17 posed [1] 69/14 positive [2] 35/24 58/12 possession [1] 93/18 possibility [3] 13/24 18/22 54/25 possible [2] 1/16 28/18 possibly [2] 29/14 102/7 post [1] 59/5 postponed [1] 79/8 Potter [2] 14/9 115/14 practical [1] 96/19 pray [1] 118/14 pre [1] 56/4 precious [1] 93/18 prefer [1] 2/3 preoccupied [1] 55/24 preparation [1] 107/16 prepared [2] 49/20 113/3 prescribed [1] 70/12 prescription [1] 73/17 present [2] 1/21 84/4 press [1] 61/14 pressing [2] 21/10 112/3 presumably [1] 48/13 pretty [5] 33/14 37/3 41/6 80/20 98/25 prevented [1] 108/23 Prevention [3] 5/2 109/9 109/24 previous [1] 1/14 previously [1] 71/7 primarily [1] 100/4 princess [1] 107/6 prior [1] 11/1 Priory [14] 35/14 35/23 36/22 37/7 37/19 38/2 39/8 40/3 42/3 44/8 44/18 47/21 47/22 98/6 privacy [1] 3/22 private [1] 2/1	probably [7] 41/2 56/21 68/2 77/15 104/5 109/2 115/11 problem [4] 13/14 18/6 23/5 38/8 problems [8] 8/25 12/23 17/24 22/1 23/14 64/15 95/23 104/4 proceedings [2] 1/3 107/19 process [5] 4/17 95/8 96/14 113/22 114/18 processed [2] 86/3 86/5 produced [2] 72/16 92/17 products [1] 35/4 professionals [1] 113/6 profile [1] 51/2 profoundly [1] 90/17 Programme [1] 79/7 progress [1] 32/13 prolapse [4] 8/22 11/5 21/17 56/9 prolapsed [1] 8/13 prolonged [1] 108/23 promise [1] 22/17 promised [1] 83/23 proper [1] 98/9 properly [3] 20/25 36/25 96/1 propose [1] 112/14 provided [4] 3/14 8/5 111/2 118/4 provider [1] 1/23 providing [1] 40/15 psychiatric [2] 75/16 85/15 psychiatrist [6] 25/2 65/7 72/21 84/22 85/1 85/5 psychiatrists [2] 59/22 72/16 psychological [1] 32/8 psychotic [1] 54/6 psychotic-like [1] 54/6 pulled [1] 60/9 punched [2] 38/13 53/17 punching [1] 61/14 purple [1] 2/6 purple-coloured [1] 2/6 purpose [3] 25/3 65/8 91/16
---	---	--	---	---

P purposes [1] 90/25 push [1] 92/10 pushed [1] 65/1 put [18] 2/4 11/7 26/9 36/14 36/20 55/8 58/22 64/24 75/25 76/6 82/22 83/6 96/10 104/20 106/14 106/16 107/12 118/4 put -- it [1] 64/24 puts [1] 64/18 putting [4] 15/3 51/19 100/10 109/20	32/19 115/15 real [5] 19/18 23/10 23/12 49/2 56/10 realise [1] 13/23 realised [3] 6/12 52/23 53/8 really [43] 5/22 7/18 7/21 10/11 10/20 12/9 12/18 12/22 14/22 14/22 14/25 18/2 18/2 18/4 18/4 18/4 18/4 18/7 19/18 19/20 31/3 36/14 36/14 44/22 45/3 45/5 49/17 52/19 63/3 63/4 68/6 72/8 78/20 78/21 84/3 89/1 89/24 94/23 107/3 107/4 107/6 110/15 115/13 reason [1] 51/12 reasons [1] 3/22 recall [3] 38/25 39/3 102/15 received [1] 39/2 recently [1] 54/12 reception [1] 88/15 recognised [2] 106/8 106/20 recollection [3] 4/11 36/20 83/21 recommendation [1] 112/15 recommendations [8] 93/1 93/5 93/9 94/14 101/2 111/8 111/21 116/11 recommended [2] 25/4 101/5 record [4] 2/19 12/14 50/16 94/4 records [19] 4/13 17/16 35/22 48/20 48/21 49/19 50/12 54/3 55/13 55/21 66/3 68/2 72/17 74/2 83/20 87/7 91/11 100/16 100/24 rectal [3] 9/6 11/4 13/6 redacted [14] 3/22 22/18 62/22 65/2 68/14 68/14 68/15 71/24 84/15 107/5 110/23 118/21 118/22 119/12 reduce [1] 51/1 reduced [1] 73/2 reference [1] 55/23 referral [5] 17/13 21/16 21/20 24/23 79/17	referred [2] 21/13 102/16 refreshed [1] 112/25 refuse [1] 16/17 refuser [1] 18/11 regardless [1] 80/17 regime [1] 55/8 regularly [2] 30/8 112/25 relation [5] 4/13 21/12 64/15 91/2 107/23 relationship [1] 64/12 relatively [1] 40/10 released [2] 66/21 119/17 releasing [1] 72/21 relevant [3] 90/22 91/12 96/6 reliability [1] 102/21 relief [1] 46/13 remain [2] 83/14 113/2 remained [1] 81/1 remains [1] 8/6 remember [45] 11/11 13/2 14/4 19/2 30/17 30/24 32/18 32/22 33/14 33/16 33/22 40/6 40/9 40/13 41/19 42/19 43/8 43/9 43/17 44/3 44/16 44/20 44/25 45/21 46/3 46/7 46/10 48/10 51/25 51/25 52/13 57/25 59/4 61/19 62/20 63/13 64/17 65/6 66/15 74/21 81/4 85/6 97/15 104/16 112/18 remind [1] 1/19 reminded [1] 56/21 reminding [1] 12/17 remotely [1] 8/20 removing [2] 35/3 35/4 renowned [1] 6/22 repeat [1] 88/25 repeatedly [1] 82/11 replace [1] 73/21 report [17] 5/2 32/9 77/25 85/11 92/16 93/6 95/6 99/19 99/20 100/23 101/1 101/10 104/7 104/8 109/9 109/10 109/24 reporting [5] 54/4 55/5 55/16 55/18 72/1	reports [2] 84/25 94/11 representative [1] 4/5 representatives [2] 48/19 50/12 require [1] 1/21 required [2] 11/8 96/11 requirement [1] 96/15 rescued [1] 59/18 respond [1] 113/3 responded [1] 91/14 response [2] 84/23 100/13 responsibilities [1] 108/3 responsible [1] 5/21 rest [1] 29/10 restarting [1] 78/1 result [4] 13/12 48/18 76/17 79/4 resulted [1] 12/25 resuscitate [2] 91/24 106/22 resuscitation [2] 100/18 112/10 retain [1] 45/7 return [1] 78/10 returned [2] 77/2 80/24 revealed [1] 96/6 review [2] 113/8 115/19 reviews [2] 101/4 101/4 Rheumatology [3] 21/14 21/20 21/25 right [54] 2/11 4/14 6/21 12/9 13/11 13/13 16/23 17/3 17/22 21/12 22/6 22/15 23/22 24/21 37/11 40/14 49/16 51/21 52/2 53/11 60/22 61/4 61/20 71/5 74/11 74/12 74/23 75/1 77/24 78/7 79/11 80/11 91/22 92/1 92/7 92/8 93/5 95/1 96/22 97/23 104/11 104/24 105/1 106/19 106/19 107/10 107/14 109/14 112/4 112/5 114/16 117/16 118/1 118/8 right-hand [1] 2/11 rigid [1] 86/2 ring [1] 98/24 risk [8] 36/6 36/21	36/25 45/10 46/6 51/2 52/17 69/14 risks [2] 65/12 99/8 river [1] 59/16 road [1] 60/8 robust [1] 101/5 Rochford [4] 24/8 24/25 27/14 29/13 rods [1] 60/13 Roehampton [7] 35/14 35/24 36/22 37/8 37/19 98/6 99/10 role [1] 49/22 roles [2] 100/8 100/9 room [20] 1/18 1/24 2/1 6/16 19/19 61/1 63/19 80/1 84/1 87/12 88/14 89/14 90/3 91/8 109/7 115/5 116/17 117/22 117/25 119/9 rooms [1] 87/2 roughly [1] 13/22 round [6] 45/4 66/23 71/3 83/3 97/24 103/21 route [1] 13/19 routine [1] 86/7 rude [2] 87/10 87/15 Rule [1] 3/16 Rule 9 [1] 3/16 run [3] 61/10 61/13 74/3 rung [1] 82/18 running [3] 67/23 119/11 119/12 runs [1] 3/16 rushed [1] 117/9
Q question [2] 39/1 103/14 Questioned [2] 2/16 120/4 questions [3] 19/19 116/12 116/13 quickly [4] 34/20 58/14 58/15 58/17 quite [25] 6/7 7/18 8/8 9/3 15/2 23/8 25/18 31/19 33/23 40/12 40/15 46/3 53/19 70/15 72/5 80/4 82/8 85/25 87/10 87/11 90/2 90/6 96/22 98/11 98/14 R racing [1] 98/17 raise [2] 18/22 43/6 raised [2] 18/24 21/4 ran [3] 4/19 67/19 67/20 rang [11] 43/2 52/23 60/5 66/16 68/12 68/14 68/14 75/16 81/5 82/17 82/21 rapidly [2] 50/21 51/1 rarely [1] 10/3 rather [5] 29/20 38/12 53/25 54/16 79/25 reaction [3] 42/18 80/7 84/7 read [7] 18/5 25/21 31/2 31/6 31/15 94/24 109/12 reading [1] 108/14 readmitted [3] 62/1 64/7 67/19 reads [1] 50/17 ready [3] 11/13				S sad [2] 45/1 118/23 safe [12] 2/12 6/21 29/5 48/14 64/3 65/25 83/1 83/24 84/16 84/21 88/3 95/12 safes [1] 35/6 safety [3] 25/5 62/15 104/1 said [52] 3/5 13/19 14/13 15/8 19/9 20/7 31/4 33/3 33/16 40/18 40/18 40/22 42/23 45/22 46/16 49/2 50/5 52/23 52/24 53/2 53/2 53/3 53/5 53/7 54/25 56/9 60/6 62/8 62/10 62/16 63/13 66/17 68/14 75/17 75/22 75/22 76/2 76/5 76/8

S said... [13] 78/15 84/16 85/6 94/13 98/15 105/13 105/17 106/2 106/3 106/7 106/24 108/21 114/5 sake [2] 74/7 74/10 same [12] 13/22 17/11 20/3 26/9 38/7 55/2 59/21 77/11 80/1 109/13 109/20 110/11 sat [3] 52/14 106/1 117/22 Saturday [1] 100/5 saw [3] 25/21 52/21 84/15 say [60] 4/4 7/3 10/19 14/21 15/9 22/11 23/5 29/12 32/7 33/6 36/23 39/19 40/20 40/20 48/22 49/10 49/10 49/14 51/10 51/18 53/19 55/2 57/24 57/25 58/22 64/2 64/3 66/23 68/2 68/21 69/22 74/9 75/3 80/3 80/9 80/23 82/2 85/20 86/16 86/18 87/21 88/25 89/12 90/25 93/21 94/6 95/4 102/20 108/19 109/13 112/12 112/16 112/24 113/11 114/16 115/12 115/18 116/5 116/6 119/6 saying [17] 10/22 13/2 21/11 32/25 33/15 43/5 49/17 50/2 56/11 59/6 62/18 66/18 68/20 80/20 83/5 97/15 102/23 says [4] 50/22 50/24 84/11 87/8 scan [1] 106/3 scared [8] 29/1 49/4 49/6 49/8 49/25 49/25 88/4 88/19 scarves [1] 1/25 scary [2] 63/3 63/4 schedule [1] 98/9 scheme [1] 36/3 school [22] 8/19 11/12 11/13 11/19 13/23 14/5 15/1 16/5 16/20 17/7 17/9 17/18 18/1 18/6 18/12 18/16 18/21	26/18 26/21 27/3 31/6 45/5 schooling [2] 30/21 31/17 scoliosis [2] 15/25 20/15 screaming [2] 42/5 43/22 screen [2] 111/7 118/4 searched [1] 36/8 seating [1] 41/20 Sebastian [6] 1/10 1/12 2/15 2/20 3/3 120/3 second [8] 2/21 35/16 64/13 67/20 70/12 70/19 86/14 109/6 secondary [6] 13/23 14/5 15/1 17/7 17/9 18/16 seconds [3] 43/15 96/12 96/19 section [10] 27/17 27/20 43/8 47/4 47/17 79/2 81/1 82/23 84/20 104/19 Section 3 [1] 79/2 sectioned [2] 63/7 68/16 secure [2] 65/15 79/18 see [59] 3/20 9/16 9/17 11/24 11/24 12/2 19/10 19/21 21/2 23/7 25/24 26/20 27/23 31/12 33/5 37/8 37/14 40/9 40/9 43/19 48/3 48/21 56/12 56/12 58/7 62/9 62/10 62/11 62/23 64/4 66/14 68/11 69/6 70/16 70/19 72/13 75/5 75/7 80/4 80/13 80/18 80/21 82/20 83/24 84/2 84/15 89/18 93/7 94/23 97/3 97/5 97/10 98/2 99/21 114/8 114/8 116/24 118/11 118/17 seemed [4] 34/19 84/3 84/4 89/12 seems [2] 87/11 87/12 seen [2] 56/7 98/18 seizures [1] 20/18 self [14] 17/2 17/5 24/14 27/8 30/5 30/15 34/9 34/20	35/5 39/16 41/9 53/12 58/20 85/9 self-harm [10] 17/2 24/14 27/8 30/5 30/15 34/9 41/9 53/12 58/20 85/9 self-harming [4] 17/5 34/20 35/5 39/16 send [4] 13/9 46/6 68/15 69/17 Senior [1] 104/9 sense [3] 8/13 11/17 54/14 sensitive [1] 7/13 sent [4] 27/8 50/1 66/24 74/18 separate [1] 118/21 September [7] 3/8 24/6 27/19 44/13 45/14 47/18 55/14 September 2020 [2] 45/14 55/14 September 2024 [1] 3/8 series [1] 95/11 serious [11] 8/24 12/23 13/13 17/24 47/2 56/3 77/25 92/16 101/1 104/6 104/21 sertraline [9] 70/23 71/22 72/22 75/18 76/2 76/16 76/21 77/3 77/21 Service [1] 24/24 session [1] 1/17 sessions [3] 32/9 66/6 66/7 set [11] 21/15 61/12 87/8 92/22 95/3 104/7 107/18 108/1 111/7 111/20 112/1 setting [1] 79/15 settle [1] 79/11 several [1] 75/11 severe [2] 9/4 55/16 shaking [1] 99/21 shape [2] 30/17 115/15 shaped [1] 5/9 shared [1] 38/24 sharing [1] 119/14 sharp [1] 35/6 sharpener [2] 52/21 53/12 she [493] she'd [24] 11/11 11/23 15/2 18/8 25/9 31/15 31/16 40/24 51/24 59/3 63/8 63/9 67/5 67/22 72/9 75/7	76/11 84/12 86/18 86/21 87/5 98/15 99/13 117/23 she's [31] 7/22 10/7 19/9 22/9 22/21 23/13 30/25 32/24 43/2 48/1 53/9 68/24 68/25 69/5 69/24 72/6 75/4 80/12 80/20 82/21 88/17 88/19 106/3 110/25 110/25 114/6 114/9 115/5 115/8 115/8 115/10 Sheffield [2] 46/9 46/10 shift [2] 99/20 99/24 shocked [1] 48/14 shook [2] 92/4 110/9 shop [2] 112/17 112/22 shopping [1] 89/10 short [11] 31/19 31/19 34/12 34/13 39/10 39/15 45/16 57/5 65/11 85/7 92/3 shortly [1] 73/7 should [35] 1/18 4/4 18/5 31/20 34/3 36/13 38/11 53/19 62/1 63/7 72/7 91/5 91/15 102/23 103/10 110/15 110/17 110/22 112/14 112/24 113/6 113/12 113/13 113/15 113/21 114/11 114/13 114/19 115/1 115/16 115/19 115/20 116/20 117/2 117/3 shouldn't [3] 38/6 62/3 114/23 shouted [1] 42/10 shouting [3] 22/16 22/17 43/22 show [5] 27/5 54/3 66/3 72/17 100/16 shy [1] 19/20 sibling [1] 31/13 sick [7] 8/12 8/12 8/17 8/18 8/20 8/21 90/10 side [3] 57/3 72/2 84/1 sign [1] 64/2 signature [1] 3/21 signed [1] 3/23 significant [2] 51/2 87/1 significantly [3]	24/18 46/22 116/1 silly [2] 63/1 115/14 similar [1] 60/19 simply [5] 5/6 17/1 18/1 96/14 110/6 single [6] 6/23 30/9 40/8 80/16 82/9 94/9 sister [3] 31/9 75/8 110/24 sisters [1] 110/21 sit [8] 1/16 41/25 49/3 88/14 90/9 109/18 115/5 119/17 sitting [9] 3/25 10/6 13/3 29/19 29/22 30/14 37/16 42/13 60/2 situation [5] 19/1 29/2 33/25 58/24 100/14 six [3] 18/8 80/6 80/21 sleep [2] 49/4 49/21 slightly [2] 2/23 35/20 slow [2] 12/7 94/4 small [2] 21/17 22/23 so [187] soaked [1] 29/15 social [7] 26/2 26/5 26/11 83/13 84/1 104/20 108/4 socially [2] 14/21 14/24 sold [1] 79/25 sole [1] 28/17 solicitor [6] 23/24 92/12 94/21 95/1 108/19 111/18 some [44] 1/16 19/19 21/15 22/8 22/19 32/13 34/6 37/2 38/9 41/17 46/13 47/6 47/7 47/10 48/6 48/20 48/21 48/21 49/2 52/20 52/20 53/9 60/16 60/17 62/20 66/15 70/16 71/4 71/8 71/16 71/23 92/2 92/9 92/23 93/1 94/12 97/11 98/16 101/6 102/16 111/7 113/6 117/5 117/17 someone [9] 12/22 42/4 80/23 90/10 91/17 93/14 103/12 106/13 106/15 something [31] 9/12 9/14 10/20 11/22 15/14 18/10 20/7
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S something... [24] 21/11 33/25 40/11 54/8 54/13 59/5 60/6 60/17 62/17 62/20 63/1 69/7 72/4 81/16 82/19 84/25 86/9 88/22 90/15 92/19 110/17 115/23 117/2 117/20 sometimes [5] 8/9 67/18 67/19 67/25 98/25 somewhere [3] 38/16 41/23 60/3 son [2] 110/14 110/16 soon [1] 43/15 sorry [25] 12/8 12/12 14/19 22/11 22/14 23/11 26/24 32/3 37/6 37/7 39/1 40/18 49/10 50/13 57/3 67/15 67/17 71/24 93/21 93/22 94/5 94/6 113/11 118/9 119/20 sort [16] 7/10 7/17 14/6 17/5 17/15 29/15 45/21 50/15 51/6 51/20 53/23 59/15 60/16 64/10 71/23 74/3 sound [2] 83/4 103/2 space [3] 74/3 74/15 93/12 speak [4] 2/3 22/22 40/8 114/14 speech [1] 12/7 spellings [1] 31/15 spend [6] 7/19 7/20 11/12 49/20 96/24 98/11 spent [4] 10/4 23/7 29/19 57/10 spinal [3] 16/2 20/15 60/16 spirits [1] 89/12 spoke [2] 78/9 78/16 spoken [1] 59/21 spring [1] 70/13 square [2] 44/6 44/7 squeeze [1] 7/2 St [13] 38/2 38/20 44/19 45/13 45/23 45/25 46/14 55/15 56/16 62/2 78/11 80/25 108/25 St Aubyn [12] 38/2 38/20 44/19 45/13 45/23 45/25 46/14	55/15 56/16 62/2 78/11 80/25 St Aubyn's [1] 108/25 stabilise [2] 14/10 65/11 stack [1] 68/9 staff [38] 1/22 2/2 2/5 2/5 40/17 42/15 42/18 43/6 43/18 47/14 48/23 48/25 49/1 49/2 49/4 49/9 49/11 49/19 49/24 50/23 51/3 63/20 81/3 82/3 82/11 87/10 87/15 88/4 96/2 96/8 96/11 96/18 99/24 100/4 100/7 100/17 112/8 113/2 staff's [1] 100/13 staffed [1] 100/4 staffing [3] 96/5 99/20 109/4 stage [2] 11/7 35/5 stages [3] 94/1 94/3 94/11 standing [7] 32/24 67/6 78/23 96/24 98/11 98/17 98/20 start [4] 4/9 13/21 17/5 44/25 started [8] 7/16 13/22 16/17 17/2 18/16 18/17 34/9 51/23 starting [3] 24/14 54/9 78/1 starts [1] 53/12 state [6] 2/19 13/5 17/17 55/24 59/1 85/16 stated [2] 77/20 85/11 statement [34] 3/15 3/18 3/23 4/1 4/10 4/10 5/6 5/18 6/7 8/4 17/12 21/15 24/14 32/11 45/15 48/3 48/13 51/18 58/1 61/21 70/10 72/15 76/15 86/25 87/9 89/2 94/22 101/3 108/1 108/14 110/5 111/9 111/19 112/1 stating [1] 71/16 station [2] 27/4 78/18 stationery [2] 53/10 74/14 status [2] 27/20 47/3	stay [11] 31/18 32/5 35/20 35/22 37/7 40/2 40/21 45/16 56/16 57/11 74/22 stayed [3] 59/25 60/1 60/3 step [1] 87/14 stick [1] 15/21 sticking [1] 63/11 still [12] 6/14 13/8 26/22 33/7 37/1 44/21 50/6 50/9 89/13 93/23 104/10 109/14 stomach [4] 8/16 12/4 13/4 89/23 stood [1] 91/24 stool [1] 55/18 stop [5] 23/21 23/22 56/20 95/4 111/17 stopped [3] 13/25 16/17 18/10 stored [1] 36/6 story [2] 108/15 108/16 straight [1] 105/16 strain [2] 64/19 64/20 strangers [1] 108/15 street [1] 62/19 stretch [1] 21/18 striving [1] 20/3 strongly [1] 25/19 struggle [1] 114/18 struggling [5] 14/22 14/22 22/11 23/8 87/23 stuck [1] 48/1 stuff [10] 18/25 32/24 33/22 52/6 60/21 66/15 82/1 90/4 103/22 107/9 submitted [1] 85/1 subsequent [1] 91/1 substantial [2] 91/10 98/20 successful [1] 67/22 succinct [2] 111/8 116/10 such [2] 45/10 51/2 sudden [3] 48/1 61/5 87/23 suddenly [1] 20/21 suffered [3] 9/3 72/4 110/8 suffering [4] 5/23 11/4 17/18 21/5 suggest [2] 18/21 92/1 suggestion [2]	13/12 13/16 suggestions [1] 111/9 suicidal [1] 78/3 suicide [2] 25/10 25/13 suitability [1] 102/21 suitable [1] 114/3 suitcase [2] 7/1 7/3 summarise [1] 46/20 summarising [1] 13/11 summary [6] 5/16 5/25 34/21 47/19 50/14 50/15 summer [1] 44/14 Sunday [3] 81/4 82/17 82/17 support [18] 1/20 1/22 1/23 2/2 2/2 2/5 2/8 2/10 4/5 15/18 23/9 34/6 57/17 59/15 59/15 59/24 61/22 103/13 supported [1] 2/13 supporting [1] 59/8 suppose [3] 14/25 71/16 76/1 supposed [8] 34/5 68/21 72/7 88/18 96/2 100/11 102/25 106/14 sure [4] 2/24 33/20 81/9 107/8 surface [1] 47/11 surprise [1] 69/12 surround [1] 87/11 surveillance [3] 101/17 102/4 102/5 sustained [2] 10/16 12/21 swear [1] 54/22 sweets [1] 89/19 switching [1] 72/24 sworn [3] 2/14 2/15 120/3 symptom [1] 13/18 symptoms [6] 5/7 21/16 54/6 54/9 56/16 60/17 Syndrome [1] 21/6 system [7] 95/8 95/14 95/23 101/15 102/4 102/12 114/20 systems [3] 36/23 91/13 101/5 T tab [1] 2/10 tablets [2] 69/16 95/25	tailored [1] 23/8 take [57] 1/19 6/17 10/19 11/23 20/10 23/20 26/16 27/4 28/3 28/6 28/10 28/12 29/21 30/18 33/1 33/2 35/10 36/13 41/24 43/5 43/13 44/8 52/24 53/1 58/4 68/25 69/13 70/3 70/7 71/9 71/9 78/5 79/5 79/8 84/19 84/20 86/14 89/13 90/7 90/14 92/2 92/3 92/7 92/7 92/9 93/4 93/17 93/19 93/25 93/25 94/2 94/11 94/21 95/3 98/19 109/25 117/12 taken [14] 27/19 38/5 55/7 59/18 63/14 63/19 69/11 75/22 82/16 89/13 94/18 97/20 105/13 113/10 taking [6] 28/9 28/18 43/24 54/7 80/2 88/18 talk [14] 2/2 6/2 12/11 15/7 37/17 40/22 76/15 86/12 92/8 97/1 101/14 104/25 110/3 114/12 talked [1] 24/14 talking [7] 13/25 36/15 57/9 92/9 95/6 107/8 110/10 teacher [1] 26/22 team [2] 2/4 61/2 teasing [1] 16/15 technology [5] 95/22 101/17 102/5 102/21 102/24 teenage [2] 89/3 99/5 teens' [1] 14/7 teeth [1] 107/9 tell [77] 4/9 5/18 6/6 7/9 8/8 9/3 13/11 14/23 15/25 16/25 18/11 22/4 24/1 24/17 25/16 27/13 27/23 32/2 32/10 32/15 34/11 34/19 34/22 35/5 35/20 37/18 38/4 40/2 40/6 41/8 44/16 45/14 46/20 47/6 48/3 48/17 48/20 53/18 54/2 56/1 57/16 57/22 58/21 58/23
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T	40/21 41/22 100/8 100/9 103/20 111/24 115/21 117/3 117/4 them [47] 7/2 13/9 22/3 26/17 27/8 31/10 31/13 35/10 36/10 42/23 48/1 49/2 49/12 49/12 49/12 49/13 63/6 68/18 69/11 71/9 75/16 75/17 76/14 76/15 84/24 93/4 93/18 97/3 97/5 98/15 98/24 99/17 101/10 103/19 105/17 106/3 108/13 108/13 108/16 111/4 114/5 116/7 116/25 117/22 118/14 118/21 119/6 themselves [1] 41/18 then [56] 3/9 8/6 11/13 22/9 26/9 26/16 26/17 28/3 38/2 42/23 43/2 43/4 43/5 43/25 44/12 44/16 47/25 52/23 53/5 53/6 53/8 53/9 53/14 55/9 55/20 57/14 59/10 60/25 61/25 63/6 63/19 67/18 68/15 68/20 69/7 72/24 75/25 76/21 78/16 81/16 81/18 82/18 82/19 83/2 84/15 88/17 93/20 97/3 97/22 106/2 106/13 106/24 111/13 114/24 115/2 115/18 therapeutic [2] 49/22 50/24 therapy [11] 12/1 13/18 18/24 32/9 45/22 57/20 57/20 57/23 66/6 77/5 77/16 there [118] 1/14 2/1 13/3 15/13 15/14 17/1 17/13 18/9 18/14 19/2 19/25 21/19 24/10 24/23 28/1 28/11 29/22 30/1 30/18 31/8 31/10 31/18 32/24 34/5 34/25 35/19 38/6 38/8 38/8 38/12 38/13 38/14 42/4 42/4 42/7 42/15 42/16 43/4 43/24 43/25 46/6 47/18	48/6 48/7 51/11 51/12 56/14 56/20 57/16 58/19 59/25 60/9 60/10 60/10 60/16 62/13 62/24 62/24 66/11 67/25 68/1 68/9 68/10 70/1 70/11 70/16 70/19 71/10 71/25 72/9 74/15 75/10 79/17 82/14 83/4 84/3 88/4 90/8 90/8 90/9 91/10 92/14 93/12 93/14 93/15 96/6 98/14 98/17 98/20 98/25 99/3 100/13 100/19 103/2 104/13 104/15 104/21 106/1 106/1 106/7 107/4 107/4 107/7 107/7 109/18 111/14 111/20 113/12 113/13 115/2 115/8 115/19 116/17 116/21 117/3 117/22 119/6 119/13 there'd [1] 97/12 there's [13] 10/19 13/24 21/11 60/8 68/2 70/15 70/20 94/10 101/24 106/4 117/1 117/5 118/10 thereabouts [1] 64/8 thereafter [3] 24/23 34/20 73/7 thereby [1] 28/20 therefore [2] 5/14 95/25 these [21] 1/23 12/10 12/22 30/3 30/13 30/19 31/11 35/1 36/13 42/19 58/22 69/6 80/2 84/5 84/8 84/13 94/11 95/5 108/15 115/1 115/7 they [160] they knew [1] 105/16 they'd [6] 27/8 64/2 71/23 106/22 109/14 119/7 they're [13] 14/9 19/23 29/21 32/23 43/3 68/15 84/11 88/18 93/23 95/9 103/20 109/12 117/16 thing [17] 2/18 2/21 3/16 15/24 20/13 37/3 37/4 54/2 55/11 82/9 86/20 88/25	96/25 101/24 102/8 111/14 115/18 things [69] 5/4 6/20 7/9 8/8 9/11 12/10 21/21 22/4 22/7 23/5 24/13 25/16 25/21 25/21 27/13 29/4 29/12 29/18 30/1 30/3 30/15 30/22 32/2 32/7 32/18 34/4 34/24 35/2 36/3 36/13 37/2 37/18 41/8 44/12 48/17 48/20 48/22 49/24 50/11 51/5 51/18 53/18 55/4 57/19 58/21 64/18 66/2 69/6 74/12 75/5 77/20 80/3 80/19 84/8 85/4 85/23 90/7 99/18 100/22 103/9 103/11 103/17 104/6 105/5 107/15 107/21 109/13 116/4 118/16 think [93] 2/22 4/16 5/4 8/11 13/3 13/18 14/6 14/14 15/6 15/9 16/15 17/2 17/22 19/1 19/3 19/17 20/18 20/23 21/13 21/19 21/21 23/10 23/11 24/20 30/25 31/18 31/20 33/12 38/4 39/15 43/13 43/24 44/20 45/18 46/7 46/9 47/16 47/24 48/18 52/1 54/13 54/15 54/17 56/1 58/5 58/20 59/4 62/5 62/9 66/7 68/25 71/23 74/21 74/23 79/21 81/4 81/6 82/14 83/9 83/24 85/20 88/23 93/3 96/18 97/9 97/11 98/24 99/2 100/10 101/2 102/7 103/17 103/18 104/6 107/21 107/22 109/23 112/2 112/12 113/12 113/13 113/18 113/25 114/5 114/5 114/11 114/11 114/16 115/1 115/23 116/18 116/20 117/1 thinking [20] 13/4 22/4 33/1 37/25 38/11 44/1 46/3 46/10 56/6 56/11 61/4 67/7 69/5 69/7 84/6 84/8 85/24 86/2 98/18 115/11	third [2] 39/7 116/21 Thirteen [1] 19/5 this [112] 1/7 1/19 1/24 2/12 2/25 3/7 4/10 5/5 9/18 9/22 9/23 12/6 12/18 12/20 13/8 13/11 14/13 17/22 19/1 22/6 23/13 26/22 27/3 27/8 27/13 33/25 34/21 35/13 36/21 37/11 39/19 41/2 43/22 44/21 46/3 47/24 48/18 50/6 50/13 50/15 50/15 50/17 51/22 53/20 54/25 55/14 56/9 56/10 56/23 58/22 64/2 65/20 66/17 66/21 67/12 67/15 67/16 69/8 69/16 69/22 69/23 70/12 72/1 73/15 73/15 74/18 74/21 76/1 77/23 80/7 82/1 83/19 83/25 85/7 87/8 87/11 87/13 87/15 87/21 90/21 91/1 92/2 93/5 93/25 94/2 94/16 96/23 97/19 97/23 104/7 105/19 107/4 107/17 108/21 110/16 111/14 111/24 112/14 112/15 112/24 114/8 114/16 115/3 115/6 115/12 115/12 115/23 116/13 117/4 117/12 117/13 119/16 thorough [4] 20/11 112/25 113/8 115/19 those [42] 1/8 1/19 2/1 2/7 5/20 9/2 9/8 17/20 20/23 22/1 36/23 38/1 38/7 41/17 47/2 49/24 50/17 54/9 54/20 56/15 69/9 69/11 81/3 81/21 82/3 85/4 87/18 91/5 92/15 94/14 95/11 96/8 100/7 101/9 108/7 111/6 111/11 111/22 116/8 116/10 118/11 119/14 though [2] 56/4 102/17 thought [8] 33/13 52/24 52/25 62/5 62/25 84/6 105/20 105/22
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T thoughts [1] 30/11 three [6] 32/5 34/15 35/11 66/10 74/22 117/3 three-day [1] 74/22 through [26] 1/16 26/6 26/11 26/12 43/3 50/7 51/4 62/18 76/15 83/19 90/14 92/10 92/20 93/4 93/11 93/12 95/2 95/3 95/11 96/25 98/2 101/7 109/21 109/25 111/3 111/11 throughout [1] 115/21 thrown [1] 60/7 ticking [1] 46/3 tied [1] 117/23 tight [1] 117/24 time [53] 1/18 7/19 10/4 11/19 12/21 13/22 17/11 18/15 18/23 23/6 24/1 29/19 32/16 34/6 34/12 34/13 35/13 36/1 37/1 40/24 49/20 54/8 56/23 58/2 64/1 64/13 64/25 67/13 67/15 67/17 67/20 69/8 71/4 77/10 78/5 79/10 79/14 81/6 81/24 87/8 91/10 92/8 96/6 98/11 98/14 98/21 106/20 107/17 109/12 114/19 115/9 116/18 116/19 times [14] 6/15 6/19 18/8 36/4 47/13 51/3 51/11 53/17 59/2 66/10 85/24 87/11 98/14 99/14 tiny [1] 37/3 tissue [1] 21/7 today [9] 1/9 1/21 3/13 3/25 4/4 90/25 107/16 110/19 117/13 today's [1] 1/15 toes [1] 21/18 together [2] 8/2 29/22 toilet [4] 10/8 11/15 11/18 11/20 told [30] 11/25 18/16 19/16 21/10 22/3 24/20 26/16 27/3 32/23 38/23 41/6 42/15 43/21	45/23 46/4 53/5 54/21 62/9 68/13 78/4 80/12 82/3 88/3 93/19 100/2 102/4 105/9 105/12 106/12 107/1 tomorrow [2] 119/17 119/19 too [9] 11/7 21/23 22/3 26/3 28/7 31/23 32/12 42/16 46/11 took [22] 9/20 19/6 24/19 24/21 26/18 35/8 43/15 52/13 52/14 60/24 61/1 61/25 62/3 67/21 71/1 75/1 78/17 83/25 90/4 105/3 105/19 114/9 tools [1] 99/15 top [6] 2/11 50/19 70/10 76/14 108/20 111/20 total [1] 96/6 totally [3] 82/24 88/5 88/9 touch [4] 2/4 70/2 90/22 94/16 touching [1] 96/25 Tourettes [2] 54/21 54/23 towards [7] 2/23 22/15 47/14 51/3 65/25 87/10 108/3 toy [1] 6/17 toys [1] 13/25 traffic [2] 61/7 61/12 training [4] 33/24 100/18 112/9 112/24 transcriber [1] 12/14 transition [2] 14/5 18/15 treated [2] 53/25 107/5 treatment [12] 4/14 5/21 11/8 25/5 38/25 39/4 41/3 55/8 56/14 56/15 107/24 113/16 trial [1] 72/21 tried [13] 9/18 9/19 18/25 31/18 51/23 52/14 53/1 57/23 61/7 67/20 71/7 77/6 91/23 trigger [1] 64/13 triggered [1] 29/24 triggers [2] 64/10 117/15 trolley [1] 7/6 Troup [4] 1/5 2/16 57/7 120/4	trousers [1] 6/14 true [3] 4/1 56/9 80/9 trust [10] 4/24 5/2 84/24 88/4 92/17 94/17 100/16 107/23 108/2 108/7 Trust's [5] 77/25 96/5 99/18 100/7 100/23 Trusts [1] 1/9 truth [1] 3/23 try [9] 7/1 12/7 29/21 52/15 65/11 86/12 86/13 114/25 116/3 trying [11] 7/5 27/25 28/4 28/5 33/6 33/6 43/3 61/12 68/15 68/17 81/15 Tuesday [2] 83/2 83/7 turn [3] 3/17 106/21 111/18 turned [3] 13/13 16/15 80/8 turns [2] 76/11 76/16 Twenty [1] 91/19 Twenty minutes [1] 91/19 twice [1] 35/5 twitches [1] 20/20 two [10] 10/2 16/6 31/16 35/6 52/9 64/9 69/23 98/13 109/2 112/6 two hours [1] 98/13 two years [3] 16/6 31/16 112/6 types [2] 1/23 38/7 U Uh [3] 92/11 92/18 95/24 Uh-huh [3] 92/11 92/18 95/24 ultimate [2] 22/24 52/3 Um [1] 79/12 unable [1] 87/12 unanimous [2] 108/11 109/19 unanimously [1] 108/22 unannounced [1] 104/14 unaware [1] 43/20 unclear [4] 22/10 85/12 117/11 119/11 uncomfortable [1] 16/9 under [11] 1/8 3/15	27/17 27/20 36/6 47/4 47/17 79/2 80/25 104/19 105/22 undergo [1] 112/8 underlying [1] 65/23 understand [67] 5/5 6/3 7/8 8/4 8/22 12/5 12/19 12/20 14/4 15/3 15/16 15/20 16/6 20/7 21/4 21/6 24/13 28/12 28/23 29/12 29/25 30/2 30/7 31/8 31/21 35/3 37/10 51/6 52/22 55/4 61/20 65/14 68/5 68/23 69/4 70/6 70/20 72/11 72/15 72/17 73/14 74/2 75/17 77/13 78/5 78/9 79/10 80/24 81/12 82/14 83/9 86/2 86/13 86/24 89/8 89/22 90/16 90/17 99/11 102/15 104/3 104/13 110/20 111/22 116/9 117/7 119/17 understandable [1] 64/14 understanding [7] 17/11 20/14 51/7 58/8 73/16 112/13 117/14 understood [6] 5/22 6/10 15/19 51/16 53/25 97/14 underwent [1] 20/15 undo [1] 33/20 unfamiliar [2] 99/25 100/8 unfathomable [2] 74/13 112/13 unhelpful [2] 30/15 41/13 unit [16] 24/10 24/11 24/25 25/2 29/13 30/14 30/20 31/17 32/8 32/10 37/10 41/21 65/15 79/18 91/16 100/9 units [3] 23/20 24/3 25/25 university [1] 66/16 unkind [1] 16/13 unless [3] 10/3 50/18 92/1 unmanageable [1] 34/23 unnatural [1] 12/18 unpleasant [1] 78/22 unresponsive [1]	105/14 unsafe [1] 88/2 until [9] 20/25 35/19 52/19 54/12 79/8 83/7 101/23 114/3 119/22 unwell [1] 8/15 up [24] 2/24 11/11 18/9 22/1 26/8 29/15 29/22 43/7 46/13 66/9 67/4 68/8 72/9 73/8 73/16 78/20 80/21 81/25 92/2 98/12 106/21 111/6 117/23 118/4 upon [1] 109/14 upset [4] 8/16 16/18 72/8 86/22 urge [1] 111/21 urgency [1] 112/3 us [79] 3/14 4/9 5/6 5/8 5/18 6/6 7/9 8/8 9/3 10/11 14/23 15/25 16/25 18/11 18/16 19/19 21/10 22/4 22/19 24/1 24/17 25/16 27/13 32/2 32/10 34/11 34/19 35/5 35/20 37/18 38/4 39/14 40/2 40/6 41/8 41/25 42/4 42/15 43/21 44/16 45/14 47/6 48/3 48/17 48/20 53/18 54/2 57/16 57/22 58/5 58/21 59/7 59/13 60/8 64/8 64/11 65/6 66/2 66/12 71/25 78/4 79/24 85/6 86/9 87/8 92/22 93/3 100/2 101/21 105/9 105/12 108/1 110/10 110/10 110/12 111/2 111/19 118/13 119/14 use [7] 25/18 36/15 39/19 61/13 102/5 102/22 113/8 used [16] 11/14 15/8 15/12 17/20 18/7 35/9 52/5 52/5 52/6 54/18 54/19 63/25 103/24 116/6 119/5 119/6 useful [1] 49/16 utilised [1] 101/19 utterly [2] 87/18 114/24 V variety [2] 38/9 113/7 various [2] 101/4
---	---	--	---	--

V various... [1] 101/4 verbalises [1] 119/8 very [86] 4/9 5/4 5/8 6/11 7/14 7/16 8/6 8/7 8/20 8/24 9/24 10/15 10/22 12/3 12/6 14/24 16/7 16/18 19/16 19/23 20/21 23/2 24/18 25/13 28/14 29/17 30/7 31/4 31/19 32/16 34/12 34/13 34/20 37/24 39/10 39/23 39/24 40/3 40/5 46/5 46/22 47/2 47/16 49/16 50/19 51/12 51/19 53/14 53/18 58/10 58/10 58/11 58/12 58/16 59/11 59/14 60/19 62/13 62/17 64/5 64/24 65/24 73/9 75/2 79/12 79/12 81/2 85/20 86/9 87/8 87/15 89/12 92/22 94/25 107/3 111/8 116/10 116/10 116/15 116/18 117/8 118/12 118/12 118/13 118/13 119/19 vessels [2] 81/24 84/12 veterinary [1] 52/4 Vicky [46] 2/22 2/25 3/3 3/7 3/14 4/9 12/6 17/22 22/11 24/1 30/17 32/10 34/22 37/18 38/23 43/17 48/4 50/18 56/14 56/20 57/9 69/9 74/12 80/24 82/14 83/19 84/23 85/4 87/16 90/14 92/1 92/22 94/10 97/6 100/22 104/24 107/1 107/15 109/8 109/23 111/2 112/24 115/18 116/11 118/2 119/14 Victoria [5] 1/10 1/11 2/15 2/20 120/3 view [4] 72/18 86/16 89/2 109/9 views [1] 103/18 violent [1] 53/14 visit [5] 32/22 36/8 50/9 88/8 98/2 visited [4] 30/7 89/9 99/3 104/9 voiced [1] 81/3 voices [2] 54/4 55/6	voluntary [2] 25/7 27/17 vomit [1] 8/10 vulnerability [1] 29/15 vulnerable [1] 100/19 W Wagamama's [2] 97/17 97/20 wait [2] 19/3 21/19 waiting [3] 11/8 106/23 116/23 walk [5] 59/14 60/5 61/22 96/23 106/12 walked [1] 62/18 want [61] 2/11 11/11 11/19 11/21 12/14 12/20 14/19 15/7 15/21 18/12 19/24 23/19 24/5 25/17 27/5 28/5 28/6 28/10 28/10 29/24 32/25 34/24 40/22 40/25 42/6 42/6 42/24 50/18 55/11 62/10 68/22 68/25 70/25 71/19 76/13 80/8 83/1 83/1 84/17 85/2 86/20 87/5 88/25 90/21 92/1 92/5 92/6 92/12 93/19 94/2 95/4 97/16 97/23 100/20 104/25 105/7 111/7 111/21 113/18 114/16 118/11 wanted [30] 6/15 7/19 9/15 18/14 20/2 29/3 29/5 29/5 31/1 39/19 39/22 40/19 41/3 41/6 42/9 42/20 47/25 52/4 52/7 52/8 57/22 58/24 61/10 61/16 62/11 62/19 65/24 82/8 84/19 112/23 wanting [4] 6/17 9/23 44/21 44/22 wants [1] 64/18 ward [25] 46/21 50/13 50/16 50/20 53/23 64/7 66/3 66/22 75/16 77/2 81/3 82/11 83/3 85/15 87/4 87/19 89/4 90/7 96/1 96/7 97/25 99/25 102/16 105/23 112/23 wards [2] 102/22 113/9 was [550] wasn't [41] 6/13	8/17 18/1 18/6 18/13 20/25 23/10 23/12 30/25 31/5 32/19 33/20 36/7 38/6 38/6 38/9 43/25 45/9 46/5 58/4 61/15 62/17 65/21 66/11 67/1 67/12 75/25 75/25 78/13 80/9 80/18 81/19 82/25 83/7 84/20 86/22 90/7 90/9 107/6 107/7 117/8 waste [2] 93/12 109/12 watched [3] 54/14 55/1 102/17 watching [2] 54/18 116/25 water [2] 62/24 62/25 way [23] 2/12 14/23 15/8 18/5 29/15 36/20 36/21 41/15 55/8 79/10 79/25 81/14 87/17 88/13 91/14 94/16 96/10 99/3 100/9 101/24 111/16 114/4 115/15 ways [1] 22/22 we [105] 1/9 2/4 2/11 2/14 3/8 3/12 3/17 3/20 6/2 6/14 7/11 9/10 9/21 10/4 12/4 14/6 14/19 15/20 16/19 19/6 19/12 19/19 20/13 21/6 21/9 22/8 22/18 22/23 33/6 35/11 35/16 37/22 39/7 41/19 41/25 48/21 52/14 53/9 55/8 56/12 56/21 57/9 57/10 62/5 62/18 64/17 64/21 65/23 67/8 69/10 70/16 70/19 70/20 71/7 72/5 72/15 72/17 73/2 73/7 73/14 75/1 76/13 76/15 77/14 77/17 80/1 82/8 82/8 82/8 82/9 83/3 87/21 89/1 90/16 91/1 92/3 94/3 95/2 96/10 96/18 97/22 98/5 98/18 99/12 100/2 100/23 101/14 104/25 105/3 105/7 106/21 106/22 106/23 108/22 109/23 109/23 110/12 110/17	111/18 114/11 115/1 115/2 115/3 118/11 118/17 we'd [10] 9/14 11/23 11/24 11/24 56/7 56/7 56/10 61/6 64/1 65/20 we'll [12] 19/15 22/24 23/20 25/24 38/15 38/15 38/22 60/22 70/7 92/10 94/11 119/17 we're [25] 25/2 32/7 36/14 42/13 44/6 52/25 53/1 57/2 61/4 65/7 66/23 70/2 70/13 72/16 78/6 82/23 85/2 92/16 93/25 94/10 95/6 110/18 111/3 114/6 117/2 we've [6] 3/5 56/21 64/14 101/6 113/18 115/23 weaknesses [5] 92/23 95/5 95/8 100/13 101/6 wear [3] 16/7 16/18 35/9 wearing [1] 2/5 website [1] 2/9 wedding [1] 110/21 Wednesday [1] 110/16 week [7] 66/10 67/8 79/8 110/14 114/6 114/7 115/8 weekend [3] 50/4 100/3 100/3 weekends [7] 49/5 49/6 49/25 49/25 88/5 88/6 88/11 weeks [2] 34/15 109/18 weird [2] 22/9 22/21 well [46] 4/11 8/20 11/9 13/4 18/24 19/1 29/7 31/16 34/20 35/9 41/22 43/23 44/20 44/21 46/3 52/19 52/24 52/25 53/5 53/7 53/8 53/9 56/13 64/5 64/17 65/20 65/25 66/4 69/3 71/19 76/3 81/13 89/23 90/4 93/1 93/7 97/7 99/9 99/19 102/23 103/12 106/8 109/15 114/7 115/5 119/10 wellbeing [2] 24/24 62/14	went [19] 6/14 13/23 15/1 17/7 19/19 33/7 49/4 56/6 60/4 60/24 62/5 66/15 74/7 80/25 82/18 82/20 83/24 101/1 106/12 were [95] 3/8 9/8 9/21 10/1 10/22 10/24 13/13 16/13 17/24 21/4 21/16 21/25 23/16 26/6 29/2 30/15 31/12 34/2 35/12 36/6 36/23 37/11 37/15 37/15 38/1 38/17 38/23 41/5 41/17 41/25 42/1 42/10 43/20 46/17 47/7 48/4 48/14 49/2 49/11 49/20 51/11 52/11 55/1 58/19 58/25 60/8 60/19 61/22 63/11 64/10 64/21 65/19 68/13 69/9 69/11 70/11 71/10 80/1 80/2 81/25 82/9 82/16 83/10 83/22 91/11 91/13 92/14 92/23 95/5 95/15 96/6 98/7 99/21 99/25 100/7 100/9 100/11 100/12 100/17 102/2 102/4 102/17 103/5 108/8 108/11 108/13 109/19 109/25 110/11 110/22 114/20 115/25 116/4 118/19 119/5 weren't [2] 9/15 23/17 what [131] what's [2] 48/22 55/21 whatever [18] 2/12 14/9 16/20 35/7 49/21 55/1 66/23 69/23 75/7 75/8 76/2 76/8 83/3 89/19 96/2 102/25 115/8 117/19 whatsoever [1] 75/12 wheel [2] 7/8 116/21 wheel-along [1] 7/8 wheelie [1] 7/6 when [68] 3/8 7/16 8/18 11/10 11/13 13/9 13/24 14/13 14/25 16/19 16/19 17/12 23/17 31/20 32/22 44/7 45/10 45/13 45/21 50/22
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W when... [48] 50/25 51/11 53/21 58/16 59/2 59/3 60/18 62/22 63/12 64/7 65/5 67/19 67/21 68/6 77/2 77/9 79/1 80/24 83/2 83/9 83/11 83/13 84/22 88/8 90/11 96/18 97/24 98/6 99/3 99/10 102/5 103/18 103/20 103/21 105/7 105/7 105/16 106/15 106/16 106/18 107/13 107/13 108/14 110/23 117/8 117/22 119/2 119/4 whenever [2] 110/14 118/25 where [39] 2/1 3/22 6/25 13/9 30/3 33/14 34/6 34/25 35/1 41/9 45/24 46/24 53/12 59/23 60/7 60/9 61/6 69/11 77/10 77/17 78/6 78/20 82/15 83/13 83/16 83/22 97/16 97/19 97/20 98/15 105/10 105/12 112/17 112/20 114/2 114/17 114/18 117/23 119/6 wherever [1] 115/6 whether [12] 18/17 30/11 38/4 54/16 54/16 68/8 68/9 69/9 77/24 90/22 93/5 114/2 which [28] 3/16 8/12 16/15 20/20 22/9 22/21 23/2 24/5 24/10 28/5 29/15 32/19 36/20 45/24 47/17 47/19 50/14 51/23 52/3 55/11 59/2 60/23 65/17 67/21 70/20 79/21 88/5 88/15 while [13] 1/8 4/5 10/7 32/9 37/15 42/13 49/3 59/14 61/22 72/5 77/18 80/2 97/8 whilst [2] 17/9 108/24 white [3] 38/10 85/25 86/2 who [37] 1/8 1/12 1/13 1/21 2/1 3/5 4/5 8/19 8/20 25/2 26/25 31/10 32/7 35/11	38/8 40/14 42/10 47/23 47/23 49/13 49/19 49/24 61/3 65/7 71/21 72/16 75/15 80/15 80/23 100/17 105/16 106/2 106/7 106/8 106/13 106/18 111/23 who's [1] 108/17 whole [4] 31/22 64/20 66/22 115/9 why [10] 19/25 51/7 53/6 57/25 72/11 75/17 79/24 99/12 103/14 103/15 wi [1] 95/22 wi-fi [1] 95/22 will [20] 1/7 1/9 2/4 3/14 23/24 29/21 56/1 87/25 88/1 89/12 90/21 90/25 92/8 92/12 93/4 95/4 105/7 107/12 109/19 118/5 winded [1] 78/20 window [4] 96/25 97/24 98/2 98/12 within [4] 19/16 43/15 60/5 114/3 without [9] 6/16 23/8 76/16 77/3 91/17 91/20 103/3 103/23 115/2 witness [40] 2/14 3/15 3/19 4/7 4/20 4/25 5/3 5/5 7/24 8/1 8/4 17/12 21/15 24/13 24/22 32/11 44/15 45/14 48/3 51/18 54/5 57/25 61/20 70/10 86/24 87/9 89/2 92/4 94/22 100/15 101/3 101/8 108/1 110/5 110/9 111/9 111/19 112/1 116/14 119/16 won't [1] 80/21 wonder [1] 14/15 words [4] 17/20 31/11 58/22 110/6 work [6] 13/9 65/25 82/18 82/19 112/17 112/22 worked [2] 77/14 106/19 worker [4] 59/15 59/16 59/24 61/22 working [2] 91/13 102/25 world [1] 7/13 worried [3] 33/23 54/11 117/24	worry [5] 22/16 33/17 33/19 47/24 60/16 worrying [1] 10/13 worse [3] 29/18 71/19 116/5 worst [2] 59/2 103/20 would [107] 6/14 6/20 8/9 8/10 8/14 8/17 8/21 8/21 11/11 11/12 11/13 11/14 11/21 13/6 13/9 15/2 15/6 16/18 16/19 16/20 18/7 20/20 23/21 31/14 40/7 40/8 40/9 40/20 40/20 43/11 43/20 45/16 45/18 45/19 45/19 48/2 48/22 49/3 50/23 51/1 51/3 52/15 54/20 55/1 55/2 59/11 59/11 60/16 63/1 65/10 65/15 65/18 65/19 67/18 67/19 69/1 69/22 72/6 77/15 78/15 78/17 78/20 78/21 79/14 80/1 80/3 81/5 81/7 81/10 81/16 81/18 82/6 83/13 84/19 86/12 86/13 86/16 88/7 88/8 88/14 88/19 90/8 90/11 93/10 93/11 96/11 97/1 97/8 97/24 98/11 98/16 98/20 98/24 99/2 103/24 109/14 109/15 109/18 110/4 111/21 114/23 115/2 116/3 116/3 116/5 116/22 116/23 wouldn't [13] 30/1 49/14 53/15 78/23 81/13 82/5 82/7 82/7 99/9 101/25 101/25 109/15 115/12 write [3] 31/2 31/6 110/5 written [2] 56/3 74/16 wrong [11] 10/20 15/14 15/14 34/22 46/21 56/2 58/23 60/6 70/7 84/9 86/21 wrongly [1] 13/12 wrote [1] 59/5 Y yeah [250] year [4] 4/21 24/19 47/3 115/13	years [8] 5/19 16/6 23/8 31/16 65/21 86/14 112/6 114/13 yes [240] yet [1] 98/17 you [540] you'd [2] 38/16 78/20 you'll [1] 58/23 you're [18] 4/4 22/17 23/21 36/14 44/7 49/17 54/23 64/3 78/21 80/3 80/4 80/20 99/14 103/21 104/24 105/17 106/4 111/13 you've [27] 2/25 3/14 21/15 30/13 31/4 42/15 43/18 43/19 43/21 44/3 46/16 53/21 54/23 78/4 80/12 85/23 87/8 87/25 92/20 92/22 95/3 101/2 101/9 105/4 108/1 111/20 118/4 young [11] 6/3 6/7 7/10 8/8 25/25 29/17 30/13 30/19 41/17 42/10 87/21 youngest [2] 6/3 22/21 your [95] 2/19 2/22 2/24 3/11 3/12 3/21 4/1 4/4 4/6 4/9 4/10 4/11 5/5 5/18 5/20 6/4 6/6 6/8 8/4 10/24 11/7 12/7 12/15 12/21 17/12 17/16 21/15 22/15 23/20 23/24 24/13 25/3 31/22 31/22 32/10 35/3 36/20 42/8 45/14 48/3 48/19 50/11 51/18 51/25 57/25 58/9 61/20 64/12 70/10 71/17 73/16 76/14 78/5 80/4 82/15 83/20 86/24 87/9 87/17 87/18 89/2 90/25 92/8 92/12 92/14 93/13 94/3 94/21 94/22 95/1 95/12 97/17 98/5 99/21 100/2 101/3 103/14 103/22 107/16 107/16 108/1 108/3 108/19 109/23 110/5 110/10 111/9 111/18 111/19 112/1 116/10 118/6 118/15 119/9	119/15 yours [2] 8/5 31/15 yourself [1] 58/21 Z zoo [1] 52/6
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