

ANONYMOUS

Witness Name **GRO-B**

Statement No: WITN7508001

Exhibits: WITN7508007

Dated: November 2022

INFECTED BLOOD INQUIRY

EXHIBIT WITN7508007

ANONYMOUS

Witness statement on behalf of GRO-B

My name is GRO-B I am advocating for GRO during this process as he is a vulnerable adult with learning disability, Asperger's Syndrome and ADHD. I have known GRO for over twenty years.

Whilst I did not know GRO at the time, he has asked me to provide more information to the inquiry based upon paper records from his Educational Statement documented in 1994, a year after M's death from HCV in 1993. He has little clear recollection of the events in his life at the time and his autism makes it difficult for him to articulate his feelings. He was only six at the time and would have been classed as extremely vulnerable. We do know that GRO-B Social Services were proactively involved with GRO's care at the time and that his continued placement with his father was subject to a Care Order.

In 1991 GRO joined GRO-B
This following information is taken from GRO's Educational Statement by Birmingham City Council dated 13/07/1994:

M had a close and supportive relationship with the staff.... and visited the school regularly to support GRO in class but, in the GRO-B of that year [1993], died suddenly, leaving GRO an only child, in the care of his father and maternal grandparents. (p.2)

In October 1993, the Head Teacher.... made a formal referral to the Psychological Service as she felt that the school was unable to meet GRO's needs for emotional and academic support. Following several observations with GRO-B .. It was agreed that a formal assessment was required.... A referral was also made to the Child Advisory Social Work Service for some bereavement counselling for GRO (p.2).

He has had a number of incidents of wetting and soiling himself in the past year.... These may be the result of emotional distress due to his recent bereavement. (p.4)

In view of the emotional upheavals that GRO has experienced, I feel that his primary need, at the moment, is for stability and a continuity of relationships (p.6)

The opinion of a psychiatrist should be sought for advice concerning GRO's needs for therapeutic intervention. (p.7)

GRO-B a close friend of the family (and who would later become GRO's stepmother and who continues to be his staunchest supporter and advocate) was helping GRO with GRO's care at the time. She confirms that GRO was referred for bereavement counselling but that the sessions appeared to have a hugely negative effect on him. She remembers him screaming all night having had dreadful nightmares to the extent that the sessions were not deemed to be beneficial and were curtailed.

It is almost impossible to discern, due to GRO's complex diagnoses and inability to articulate feelings, how M's death really impacted him. Now, at the age of 36, he is unable to work but takes some of the responsibility for his father's care while his Stepmother is at work. There is no doubt, however, that M's intervention in his life was important to him and we can only assume that her loss was equally important.

GRO-B

GRO-B

16th November 2022