

## ORAL HISTORY EXTRACT TRANSCRIPT

### 'Fighting for our Rights' project

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#### Extract 1: male staff on YPD team

Interestingly enough, because the client group was under 65, you had a lot more--, not a lot more but equal numbers of men to women clients, whereas in the home help service it was all women home helps initially, because we were looking at older people and the majority of older people that needed help were women. But as you got to 65 and under, of course, you got an increasing number of men that needed support, so then we had male staff So that was quite new as well, you know, and they all worked really well as a team. They had a lot of fun. But when you look back you think, well actually, it was a very good service. But, because I wasn't told not to do anything, just let it flow, the service, and just see where the needs actually gravitated towards, you know, so mostly it was--, I think the great benefit at the time was preventing younger people going into residential care. Because you had the Leonard Cheshire homes, you had quite a lot of young people in their twenties, thirties in a home, because unless you'd got the money to care for you in the community, there just weren't services that were adequate to provide that. So on reflection it was a very good scheme really.

#### Extract 2: intrusion and carers' needs

Well, sometimes it was word of mouth, because some of the users used to be at the Crescent Resource Centre and they'd say, "Oh, I've got help, you know, going to bed and that." So initially people identified as probably in need, that were having a bit of homecare service but it wasn't meeting their need and they were being put to bed--, so some clients transferred over from the normal homecare service, over to us so that we could give them more flexible time and things like that. From a service user, I think once they actually accepted support, they were highly delighted from it. Some service users, we had to be a bit devious into putting service in, because--, what I found was, you've got to have a very strong marriage. If suddenly your partner becomes very ill with MS or something that demands a lot of time, a, it's difficult for you to cope and, b, I found the most huge learning curve was the intrusiveness of people coming in morning, noon and night to assist your partner. I mean, if that happened to me I'd be putting the gin bottles away the night before, you know what I mean? I'd have to have a good old tidy up if somebody came in to my partner, I thought, oh, are they going to look at the bottle of wine--, you know what I mean? It's a huge intrusive thing that you don't realise. So unless you've got a very strong marriage, you know, it can be very, very difficult, so you have to really--, really highlighted at the time also carers' needs, and that really came into the assessment.

#### Extract 3: work of the YPD team

Well, 65 at the time, anybody under 65, that was it. There was a difficulty at one point because people that were attending the Crescent Resource Centre, which was a day centre, were suddenly told, "Well, you're 65, you've got to go off to an older people's day centre." So there was a big hoo-

ha, which was fair enough because, well, just because you've hit 65 doesn't mean you're older people, you know. So there was a lot of hoo-ha about, you know, whether they could stay there because of their disability. So I think some people transferred across and they did something else. But yes, but it was between 18 and 65. But also we supported in the practical sense-- , you know, if there was a woman with a disabled child maybe, although we weren't looking at the disabled child, we might help the parent by doing some practical things, if they-- , you know, and this particular woman that I said that we were devious to get in, she had a young family, so we actually went and did about three hours' ironing for her during the week because she felt if the pressure was taken off with the practical tasks she could then help her husband a bit more with the-- , there was always such a mishmash of assessments going on and needs and finding-- , because you would initially go to that person if they were accepting help or not and just saying, "What do you feel is the most important thing for you at this moment?" Because you might think, well, getting up in the morning-- , it's like, "Well no, actually, to get to the library, I would really love to get to the library," something silly like that that would really make my day. "Okay, we'll do that," you know. Not what you think at all. But I was very fortunate because all the staff that worked in the team were really good and they were all really dedicated. They got on well together. And it wasn't like a service in a way because it became quite informal and that helped the user group as well, not feeling like they'd got a service going in, you know. It could be quite casual really, the way the service was done. And they were very good, I was very lucky-- , because I didn't have a deputy or anything, so I was responsible for the service 365 days a year, morning and night, but because the staff were so dedicated they would-- , I think only once was I worried, about 7am, because one of the staff had had an accident in a car, not serious, and couldn't, you know, start off work, but mostly they would get on with it. They were very knowledgeable staff, you know, about medical issues and other issues, that they didn't need to worry me. They might later on in the day say, "I'm just letting you know so and so," but I very rarely got a call. I did sometimes. Very often I had to go out and help with somebody on holiday or something. I usually got cover, and then it was like all hell let loose, because I was alright with managing but actually doing it... [laughs]. "I'll make the tea there while you get on"!