



Social Care: Past and Present

Working Together

V/o:

Working together. MERIT is a multi-disciplinary care scheme operating in Middleton, part of Rochdale Borough. Its primary aim is to help older people with mental health problems. The experience of looking after her mother led Mavis Murphy to campaign for better services for carers like herself.

Mavis:

We had to bring her to live with us because she wasn't safe on her own, she couldn't cope, and you'd get a 'phone call from one of my mother's neighbours, you know, your mother's walking about, she's got a nightie and three lots of clothes on, and she doesn't know where she is, and all this, so it was getting so often that we decided we'd better bring her to live with us.

V/o:

But there were still difficulties, even after her mother came to live with Mavis and her family.

Mavis:

used to go upstairs and to the toilet, my mum had put my electric kettle on my gas stove, and rub all sorts on her knees, toothpaste over her tights and whatever 'cos her knees were sore, and throw toffee papers and things on the gas fire. It really was very, very horrendous at times, you know.

V/o:

In the 1980's life in Middleton was difficult for carers of people with dementia. Mavis Murphy and others decided to do something about it.

Mavis:

Well at the time there was no services for the elderly mentally ill, you know you could go to your doctor and then that was the end of the story, you just had to go home and get on with looking after the person who was, you know, senile dementia or Alzheimer's. There seemed at the time to be quite a few people caring for people at home with Alzheimer's who were really having a rough time. The social worker that my mother had where I cared for was visiting quite a few people who were in the same position, and she said had we ever thought of getting together and forming a carers' group, so with her help we did set up the group. We decided right away that we had to get something done, approached social services and health authority through guidance from the social worker 'cos we hadn't a clue where to go or who to write to, and we really got you know the putting off letters, well there's no resources and the usual 'bumf' that you get, so we decided that we would hold a public meeting, and invite someone down from North West region which was then the headquarters were in Manchester at Piccadilly. I don't know what his title was but he came down, and he listened to what we had to say, and he started kind of waffling round it and giving you all the excuses, and things got quite heated by people who were there, the public, and I think this is why all the carers were so uptight at not hearing, that there was no hope, sounding like nobody was really interested. Anyway the man who came agreed that he would go back to the regional head office and see what could be done. I think it was about six months later and he came back and said that they were trying to sort out some funding, they realised that we did need services for the elderly mentally ill, something needed setting up, and that they were looking to find funding.

V/o:

At the time Tony Day was a community psychiatric nurse working in nearby Manchester.

Tony day:

Although the town belongs to Rochdale Borough there were a number of outlying health authorities it was then before the health service reorganisation in the '90's, which meant it was difficult for people to be assessed and treated, all the people with mental health problems, so really it was at the whim of the different health authorities and consultants who were around in North Manchester and Oldham as to whether people would actually get any assessment and treatment. And the consequence of that was a lot of ailments went undetected, unrecognised and untreated.

V/o:

Following the public meeting organised by Mavis Murphy and the other carers a pilot scheme was set up, initially with money from the Gatsby Trust which in the 1980's before the Griffiths Report had an interest in developing care management systems for people with mental health problems.

Tony:

The Gatsby Trust initially did a feasibility study into Middleton to see whether this was, it was worth investing any money into this service, and a man called Graham Lomas did some initial work, and his conclusion was about two things, one is that there was a huge amount of unmet need within the town, elderly mentally ill people were a very marginalised group of people, there isn't a great deal of investment in service, and there's a very sort of negative view about what is possible within the community care setting for people with a mental health problem.

So we were saying the only way to really try and resolve this initially is a pilot, was to try and develop a sort of one-stop shop, if you like, in terms of what people could get in terms of assessment, to try and pull people together from different disciplines who were working in the community, and to link those people into their sort of parent agencies so that they could get access to a whole different range of services, depending on the needs identified through assessment. And that really led into this service coming about.

V/o:

Known as Middleton Elderly Resource and Intervention Team, or MERIT, from the outset Tony Day has been the Manager. The service ran for three years under charitable trust money before it was agreed that the local health authority and Rochdale Social Services should take on the costs between them.

Tony:

MERIT achieved mainstream status in 1992 and it came about, well I suppose for a variety of reasons, one is that there was a high degree of carer satisfaction, and the other aspect was that because it was charitable trust funding and their insistence that it was quite heavily researched and evaluated independently of the service, and in a sense that sort of proved the point that the people were being maintained for much longer periods than the community then could normally be expected, that things like the level of admissions into the local hospital for the population size was drastically reduced, even from a very early stage, and that the level of service provision, and the range of service provision that was being brought to bear on the assessed need of people with n the community was much greater that you would normally expect, primarily because of the fact that the staff had access to all these different agencies' resources, there weren't barriers put on those resources, and the fact that the staff were willing to work flexibly right from day one, so that they weren't just saying well I'm just going to work within my own stated role and just as act as a nurse, they were attempting to do two things – they were acting as nurses and care managers, and case co-ordinators, if you like.