



Social Care: Past and Present

The MERIT Members

V/o:

As we've heard MERIT members attach great importance to their multi-disciplinary way of working. But what's that meant to them in personal/professional terms? Olwyn again.

Olwyn:

I still keep in touch with a lot of my social work colleagues in Rochdale because I worked for Rochdale for quite a long while and before coming to work for MERIT, I was in a mental health team, so I'm still in contact with other social workers so I don't feel I'm like sort of isolated here at all. I feel, you know, I have a valuable contribution to make to the team. As a team I think we work very well. And I offer a social work perspective I suppose to clients, plus I mean I am, or I was, an approved social worker under the Mental Health Act so I do have some knowledge of the Mental Health Act so, you know, if any of my colleagues need sort of any information then I'm able to offer some advice, guardianship for instance, I have quite a lot of experience in the past of using the Guardianship Order. If a member of the public rang and spoke to myself I don't think they'd be aware that I was a social worker unless they actually asked, or unless it was appropriate for me to tell them what my job was. At the end of the day I'm a care manager like the rest of my colleagues, my CPN colleagues in the team. I would just say I'm a member of the MERIT team.

V/o:

Alison Diskin can also see that taking on the care manager role has certain implications.

Alison:

I really do think that being a care manager is sort of a double-edged sword. It's very good for the clients, we can provide a more comprehensive, a much more rapid response and deliver a care package because we're not having to refer out to different people to come and assess and etcetera, etcetera. But I do wonder sometimes if, whilst taking on the role of quasi social worker I'm becoming maybe a little bit de-skilled in other areas that perhaps more traditionally the CPN role, you wonder if your counselling skills are up to scratch or your, you know I've done extra training at university and with psychology departments for behavioural assessment, cognitive behaviour therapy, and whilst you're filling in forms for a commode or welfare benefits application forms you're not doing those sort of things, so yeah, it does make you wonder if you're just becoming very much a generic care worker. I think probably the profession as a whole has to change, it's the way of the future, we have to work more closely with social services. The boundaries between health and social services have to be removed. I think it's inevitable really; we're perhaps all going to get the generic role sooner or later, perhaps more with people working with older people with mental health problems, where there perhaps is more of a call to deal with physical problems more than social problems, etcetera.

V/o:

MERIT is recognised to have achieved successes in this part of Rochdale, but the team members still have their concerns about the limits to the service they provide.

Olwyn:

I've been in the mental health field for twenty odd years and I've seen a lot of changes in my role as a social worker and obviously, you know, the Community Care Act that's totally changed my role. There's a lot of paperwork and I do feel really that a lot of my time is spent in the office filling in various forms, for instance to get funding, and I feel probably less and less of my time is actually spent with the clients. It would be nice, I suppose, if we had, you know, more of like a crisis intervention sort of service where somebody could actually move into somebody's home whilst they were ill, say, you know if somebody had a chest infection

for, you know maybe somebody could actually stay over and sleep with them, and make sure they were having sort of their medication rather, especially you know if somebody's living alone, with no relatives I'm talking about now.

V/o:

Tony Day.

Tony:

I think its, probably its strength's been that it's no one agency because there are four different agencies involved, three health care trusts and the social services department, and none of them have ever wanted to be in a situation where they've undermined, if you like, the service by betraying their staff which probably is what would have happened in such a small team. I still think that we could have achieved a lot more in terms of, say things like the authorities have been willing to do things like devolve budgets down to us and move money out of hospital into other forms of community service, but we could have developed the services that surround us much more quickly, but we've just not been able to do that. If the authorities that we work with had been more willing to take more risks, if you like, in terms of service development with us by devolving budgets or moving budgets around, or whatever it might have been, then we could have actually, I think it's a good service and I think the service that people get is in a range and quality of services is good, but it could be better, and it could have been better if we'd have been allowed to develop the service that we felt met local need better, you know, things like development of a resource centre. It's really long, long overdue, and something that we've been advocating and saying that this should have happened, it would make our job much easier if you had a centre that is much more responsive to carer need rather than block booking respite and, you know, easier access to day care, day care provision in the evening times and at weekends, all these sorts of things that make huge amounts of difference to enable carers to carry on in their caring role are still not always easy to obtain, you know the staff have to really struggle, enter into lots and lots of negotiations to enable sometimes just what we consider to be quite basic service needs to be met. So I think that's the downside of it, but I think the one positive thing is that it's raised the status of the work and it's shown people that work with elderly mentally ill people can be sort of rewarding, positive and you can achieve lots and lots and lots of positive outcomes for people.

Woman:

I suppose there's that granny walking off with the books, isn't there?

Carer:

I don't think so. What books are you talking about?

Woman:

The hymn books.

Carer:

Hymn books?

Woman:

Eh?

Carer:

No, they've not, nobody's taken them.

Woman:

Well that's what I thought that was what you were doing that for.

Carer:

No, no, there's no books been taken.

Woman:

Eh?

Carer:

There's no books been taken.

Woman:

Eh?

Carer:

There's no books been taken.

Woman:

Oh good.

Carer:

Alright?

Woman:

Yes, I'm right, yes.

Carer:

OK now.

V/o:

Mavis Shorrocks and her colleagues at MERIT are now working to help people like Marjorie and Doris so that they can continue to live at home, the very kind of help that Mavis Murphy could have made use of.

Mavis Murphy:

My mother did eventually go into a home and it was just before she went into the home that MERIT became involved but then they did go to see her in the home and, you know, if ever I had problems, I was worried about her in the home, I would ring MERIT and they would go and see her there, you know, so it was a bit late for me in a way, but I mean that's not it, is it, it might be me tomorrow and you know, you never know and it's, I've always joked I'm getting it right for when I need their services, you know.