

## **HEATHER GLITHEROW SIZE 5**

Audio Producer: Mark Vernon

My name is Heather Glitherow and I'm a team manager for the adult social care team in Billingham in Stockton on Tees. I manage a large team of occupational therapists and social workers which also include a team of admin occupational therapists, assistants and assistant care coordinators. We provide assessments for people at age eighteen and upwards, care act assessments, carers assessments, and we look at support planning and implementing service for people who are eligible.

My job, no day's the same - yes we get the referrals in, different referrals every single day and that's part of my job is to look at the referrals. And to ensure that they get dealt with in a timely manner and allocated onto social workers.

I was a senior social worker for about nine years before actually stepped up to team manager and I liked the role of the senior, I think it was the thought of the responsibility that kept me at that level because at that level, I still had the hands on going out seeing the clients carrying a case load, but decisions that you made, you always could run by your manager. But once I stepped up, it just goes up a level anyway because yes, you do make more decisions. Yes, you do have more responsibility. However you also have your manager then to go to as well if you are unsure.

It is hard, it is a big team, it's a very large team but I delegate as well, we delegate. So we share the supervisions out. We share the support between myself the seniors and the O.T. team leader. It's having a good staff. Good seniors below you and good support from above you and I think that I'm one cog in a big wheel really and it's ensuring that you've got the support around you and then the staff have got the support around them as well.

Basically the reason I came into social work is from my own previous experiences. Having a child at seventeen with severe physical and mental disabilities, having him dependent on me for eight years and that changed me as a person. He was diagnosed when he was two year old with a very rare genetic disorder. Which meant I had to become a full time carer for him. He got progressively worse and I had a lot of, basically my day to day life was around hospitals, the professional services, nurses, occupational therapists, social workers, speech and language therapists, specialist skills - he had a lot of assessments consultants appointments. So for eight years, my whole life revolved around the care that he needed and he became my priority.

Within that time I went off and did little courses around business and holistic therapies. I was a holistic therapist and I had my own business for a period of time. And when he sadly passed away, which was expected when he was eight year old, I then reassessed my life and thought "what do I really want to do?". I had another the two young children at this point as well and I thought well, all I've ever known is the supportive services. I spoke to the manager of the social work team that supported me at that time through carers assessments and the role with Jamie and also his nurses as well and they said it would be a good career for me to kind of look into given my background. So I thought, well, social work is something that I would look into and giving something back really for the support that I'd already had myself throughout the course, it became very, very apparent to me it was the social work side of it that I was more drawn to than the nursing, and hence when I qualified I went into social work initially in children's services to get a good grounding for two years.

I did a lot of child protection work, I then went into the children's disability team where I provided support for carers and children who were living in very, very similar situations to what I'd lived in, and that was very rewarding actually in that respect but also difficult as well because I could see the challenges.

Back then health and social services needed to be working together more jointly and I think they do now, they do. From my own experience of working in the sector we do work together a lot more back then it was very disjointed, that was my experience as a service user or client at that point. I had support of family, my family were very very supportive. My friends, because I was so young, my friends were all at college or university - I was married very, very young and then because I did have a few friends and I made friends who had babies at the same time I did, but because Jamie was disabled and he didn't develop like their children did, I felt quite isolated and alone that I couldn't join in like groups that they would go into. And I suppose because I was so young as well, I didn't know how or what was expected really and my life at that time was spent around hospitals, doctors' appointments, speech and language appointments, I lived a very different life to my friends at that time. So I suppose when I think back now I probably was quite socially isolated within my own peer group and everybody I met who had a situation the same as mine all seemed to be older parents. But to me that was life and I just got on with it. I just got on with it and I didn't think there was a lot more help out there. I didn't think there was anything out there, I just thought that's my life I've got to get on with it regardless of how it is.

My own experience with both the health and social care sector. I couldn't fault it - they were very supportive of me. They were there if I needed anything, but I always felt that there were things that needed to be changed as well in regards to how carers was seen at that point. The strain and the stress that they go under, because something one of my community nurses once said to me, I would always put on my make up, put on a face, make the world see that everything was fine and the day that I ran to the hospital without my make up on, and I needed that support that's when everybody came around and went "Oh my God what's happened". It was, it was the day, basically that I broke down and said I need help now, and all it was, was a little bit of respite to get my own strength built back up. Because I spent a lot of time in the hospital, a lot of time doing the caring, a lot of time being up in the night that my own resources really, were completely depleted and I just needed that little bit of time and for people to say "yes, we'll give you that time and then we'll take on the caring role for a few days for you. We'll put a package of respite in" and give me the strength to be able to continue on and it was after that that I got regular respite because that's what I needed and that's what my family needed at that time. It improved things, remarkably. Because I could have time with my other children. Because at the time I had a four year old who knew no different apart from being around hospitals, around oxygen, around suction machines in the home. And then I had a six month old baby as well. So it was about understanding the role, understanding the strains understanding that you need to be valued as a carer as well. that was that that was the crux of what brought me to social services I suppose.

I think in my role when I was working in children's services, especially in the children's disability team, and again when I was a children's community nurse in regard to carers assessments. I think people did listen to me if they knew about my background but, it took me a lot basically to share initially with people what I'd been through. I say that in interviews now, that I always have a different dimension to myself. Because yes I've done the training but I've also got the experience of being that carer, that other side of it as well. My rule of thumb in life is treat others as you would expect to be treated yourself. And I think if you live like that, to that philosophy, you can't go wrong really. Especially in this this role and always put yourself in that person's shoes because you don't know their story and you don't know. I mean I've had it said to me now thinking about it, I've had it said to me before when I have gone out an assessments as a worker - families can get quite distressed when they're looking at choices around other family members who might be incapacitated to make that decision at the time and they can be angry that you can't provide everything because we cant, we haven't got a magic wand we can't. We're tied by resources and these challenging times, that is difficult to kind of balance people's needs against the resources that are there and making sure everything's fair and equitable across the board and it is difficult

and sometimes people find that in times of need quite distressing and they'll say to you "you don't know what it's like" but in some circumstances, a lot of people in this profession they actually they do. They do, you know and we wouldn't here if we didn't. But we're doing the best we can. And with what we've got. It's very stressful and and challenging but it's also quite rewarding as well.