

KATH BEATTIE

SIZE 7

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My name's Katherine Beattie, I'm a senior social worker. I work for Devon County Council in West Devon.

We've got a mixed population of people, lots of sort of rural poverty issues and then lots of people who perhaps have retired to the west country because it's lovely. And it's a really green spot. And then they've become sort of much, much older and frailer. And are in isolated spots, that perhaps in their sixties seemed lovely but in their eighties are beginning to be a bit scary for them. I knew at eighteen I wanted to be a social worker. I knew and I felt very sure about that. When I think back, I was at primary school, and all of my friends needed support, I was someone who's naturally drawn to people that I thought needed help and I probably was a mini-social worker at the age of five probably.

My mum was a social worker, so part of the reason I don't have as many friendships now where I feel I'm kind of rescuing people is because I watched Mum do it. She gave so much of herself, it affected her health, and the sad thing for me is that we'd spend lots of time saying "Mum", you know, "Make time for yourself," and "Please relax and, you know, do things for you", and one of the things I've grappled with a lot probably, since she died, is how do I be a really good empathic person. But keep myself well, you know, because you can burn out so easily. Our retirement age, my retirement age, is sixty eight, so the one thing I'm thinking is, if I have to wait till then, can I do that? Can I sustain this till then? And we talk about it here, and wonder, and I've got friends that have stayed in social work well into their sixties and been brilliant and I think, how have they done that? I worked with a lot of people in the past who, between their forties and fifties were burning out, and really cynical, shouldn't be there. I had a couple of friends who burnt out really badly and I worked with someone who committed suicide. And then I had someone close to me who burnt out and had a sort of, had a breakdown really, and had to sort of stop work for quite a chunk of time.

There's some really good research by someone called Christina Maslach and she talks about the fact that, if you're not careful, and you don't get the work life balance right, and you're not resilient enough, people can get something called compassion fatigue so it begins with - I'm with someone, they're telling me something awful, and it doesn't touch me in any way shape or form, and that's a clue that something's not quite right, because we're not having an emotional response at all, and I felt it myself in parts of my probation career. I remember sitting thinking, I've heard this so many times before, and I don't care anymore, it was that kind of situation, and each time I felt I was exhausted, and I would leave that particular post, move into a different branch of the service and have almost like this energy revival.

So, yeah, lots of the day I'm sitting on a computer. They didn't have computers when I first qualified. I'm in my later forties and, you know, I've been doing this sort of twenty two years, and I feel at this point I've got a good work life balance. I love my job, I really love my job, and when I'm here I give it one hundred ten percent, and I'm really passionate about what I do, and I know that I take that home, so I know that, you know, I can't pretend that I've got a magic button that I press when I walk out of the office, so, some nights, the way I would say I take it home, is that I'm mentally exhausted. And I'm quite a serious person, and I think - was I serious before I became a social worker or has social work made me serious? You're working with people in distress the whole time.

This team here is an NHS team and they're the intermediate therapy team, so they do all the emergency responses if someone has a fall or is in crisis, so they go out first and then, if they identify that someone needs a social worker, they come back to us and we step in. When I was first

here, I had a case where everyone in the team had worked with this person and she was a really chronic, chronic drinker and the first thing that happened was the care agency said to me "We're pulling out, we can't go in anymore," because she was drinking and soiling herself and everything was just horrendous in her house and they were going in finding her covered in sort of faeces and her bed was soaked. So we actually had to make a decision as a team, that with no agencies prepared to go in, because none of them would go, and we had to leave her for a bit and see what happened, and what that really meant was that we kept in touch and I'd pop out and see her but it was dire. And then she fell down stairs broke her neck. But survived. And we started this journey together, where she was discharged from hospital into a home, because if she moved her head she'd die or become paralysed and was there for a bit, and started drinking again, and then stopped, and then said to me "Take me home," and on the way home she said, "Can we stop for a newspaper?" and I said "Fine!" like a fool. And she went into the shop and came out and I could hear clanking, this bag clanking. And I said "Do you want to talk to me about anything?" "No, no, I'm fine." "Please talk to me because I think you bought alcohol." "No I haven't, no I haven't." Took her home. "Please talk to me, please talk to me." "No, no, I'm fine. Just go!" So she relapsed again and again, it was really, really bad. Each time she went to rock bottom. I think can you go any lower than that in terms of how she felt? And I think there was a time when I thought "I think I'm getting too emotionally affected by this," because I was really, like, beside myself, because I'd go home thinking she's going to die. And I didn't miss the fact that she and my mum would have been the same age and she had a daughter.

So I don't know, I have very big ups and downs. I think with all of it. Days when you think, "Oh, it's so bleak," and then days where a human thing happens and you think that's really lovely. I've had people on my caseload who've been fighter pilots in the war, some land girls. Some of them have been in domestic service, some of them have been prisoners of war. Some of them of just stayed at home and had their babies but the group of people I work with, it just feels like an honour really, they're interesting. They're not just going to listen to everything you say and agree with you. You have a debate with them about stuff and I love the team because it's the kindest, nicest, most generous team I've ever worked in, it's a team of real individuals, they've all got hobbies. They've all got a life outside work, you know, they go home and do other things but we come in and, when we're here, we're really focused and we care. When I first qualified, people would come to the office as much as I went to them. Nowadays receptions have been closed, buildings are closed and the work happens in the person's home and front line queries about things, that perhaps years ago people would just drop in, they have to now ring a call center, which is the face of modern social work really, or social care.

Social care has always been under-resourced and we are in a situation now where we're more and more having to say to someone "I'm really sorry, I can't get you the care. I'm really sorry but the home that you want is full and we've got to send your mum or dad fifty miles away. I'm really sorry but your mother or father's got to stay in hospital because we can't find them anywhere." So there's much more tension, a lot more discussions about money as well.

Lots of battles with families about the cost of care, for example, at three thirty yesterday we got a notice from a local home - it's a private provider, chap that's been up with them for a couple of weeks. Who's not settling. They'd served notice and said to us "You have to take this man away by tomorrow morning," and the truth is, we've got nowhere to take him at all, got nowhere, there aren't any mental health beds. There aren't any other homes with the immediate beds and it's really sensitive and, on top of that, he's got a daughter that is beside herself, you know, so we're reliant on the private sector who can, at a whim, say, "Right, get this person out, we don't want them anymore," and it's really, really difficult. So we were ringing around at three thirty, frantically trying to find other homes that were willing to support him to go. All of them were full. So then we found one that said "Yes, we have got a vacancy, ring us back tomorrow. We can't tell you anything till tomorrow," so we rang back and the home said, "Well, actually, we have got a vacancy, but not for him and, if he did come, we want a thousand pounds a week to take him." Very few homes in the private sector are going to say "Yes, we'll take someone who's really challenging, yes we'll take him tomorrow morning." So there's a really sort of wobbly period, where you're trying to make a referral that's honest, whilst also remembering we're talking about a person. You know, who's got needs, who's not all bad. And he's not bad at all, but you know he isn't going to be straightforward. But sometimes, when it is at its bleakest and darkest, you'll find a bit of compassion in the service. So, for example, this chap is in a really dire situation, who's got a home that's being very business

led. "He's a nuisance, get him out." The home that actually we finally found said they'd come and see him and said "Oh this sounds like, you know, he needs a bit of support to settle," and "Yeah, that's fine, that's absolutely fine," - who got a much more compassionate view of him as a human being, and if that works I think that will make me feel a lot better, because there still is that sort of hope.