Interview 16, "Rose"

2 Date: 1.7.2019, Duration: 132min, Location: University cafeteria

I = interviewer, P = participant

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So, to start the interview. Can you tell me a bit more about the caring situation, so how did caring come about?

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It came about as a natural process. Um. [ex-husband] he's my ex-husband and. Um. We were still living together. And about 10 years ago. And he lost his job. And he was about 58. But prior to that we had noticed that he was a bit grumpy, bit more bad tempered. Anyway, losing his job, he went into deep depression. So, we went to the GP. And he saw different people. And eventually was put on anti-depressants but it didn't really help, his memory was pretty terrible, and he was falling. Not often but falling nevertheless. So, I pursued the doctor which took a long, long time because they put it down to lots of different things. And eventually he went to the [hospital] and he was diagnosed with Asperger's syndrome. So, from there he went on to different places like [specialised group] for Asperger's in [city]. But his condition just kept deteriorating. So again, I had to push and push and push. The doctors, he had lots and lots of tests, lots and lots of scans. And only last year was he diagnosed with frontotemporal lobe dementia. And a rightside weakness, they call it. But it's like wandering limbs, so his, his arm will just go out for no reason or he'll clench his fist. And his leg will just throw itself out in front of you. And so, it took nearly ten years to get that diagnosis, up until that point we just had to get on with it and we did have some input from physios. And OTs that came out to the house and, and they were fantastic support, I have to say, they really were, but it was limited what they could do without a diagnosis. Unfortunately, I think it's the same no matter what condition you think you might have, or you've clearly got a condition, but it's not got a name, not given a title. There's no services there, there's none whatsoever until you get that diagnosis apart from the very basic, your GP who is vastly overworked and OTs, again overworked. And, but they got us a bath chair to get him in and out of the bath because you couldn't get him in the bath to get a wash. And they got handrails outside the house for us so you can get up and down the steps and it's very simple things but it makes a massive difference, not just to our lives but to him, you know, he was getting to the point where he was in the house all the time because he couldn't get out. They provided us with different walking aids to try and help him. And, so, it was just a progression because he was getting worse. And we were all living together that, I couldn't have not looked after him, you know. And, because [ex-husband] lost his job, and obviously the income into our home dramatically reduced, I had to start, consider seriously- So, I think in working, I did work anyway, I have always worked. But more hours, you know, at the beginning I did have to work my full 10 hours plus overtime [per shift] for a good few years, but now we seem to, financially, just be able to cope with it all now, as long as I do my one or two extra shifts a month. We can just, we can cope with it. So, it was a progression that wasn't something that I just suddenly thought 'Oh well, he's ill, I'll move in here and look after him' you know. It was a fact that, it's somebody that you loved at some point, still love, you know, and I mean you get to take care of, and there's no services to take care of him anyway.

I: So, do you still live together?

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Yeah. Yeah but you are we're not together. We're divorced, divorced. We divorced a decade or so ago.

That was before all of that started? (Yes.) And so, in terms of the kind of care that you provide, can you tell me a bit more about that?

Well it's everything, from the minute he gets up in the morning. Helping him down the stairs because we don't have a stair lift or anything, he can manage the stairs but very slow, methodical. And he's incontinent and so, it's a bed change every morning and cause, so that's another service that's sadly lacking, incontinence products. We're in the process of sorting that out. So, he gets up, he's generally wet, and so he goes to shower, we now have a wet-floor shower room installed. So, that's helping him downstairs, into the shower, has a shower and gets dressed, comes through to the living room, and get him sitting, and then I go through to the kitchen, prepare his breakfast. And make sure he takes his tablets. And put the telly on, he sits and has his breakfast, he then has to get a freshen-up because he's sticky from the toast and honey. And, generally from there he is all right for an hour or two, he'll sit and watch the telly, he'll potter about and then he'll go, if he has an accident sometimes, he'll go [to the toilet], if his bowels have an accident. But it's getting a bit rarer at the moment. So, we seem to be managing that. But he wears incontinence products through the day. So, go to the toilet to change, then lunch, prepared his lunch, giving him his lunch and more medication. And in between all this I'll be picking up tablets, taking him to appointments and OTs will be coming in and social workers will be coming in that fit in some new gadget or another. And then. Again, in the afternoon you know maybe come into the garden with me if it's nice. And if I'm working and I try and get some sleep, I just put my head on the couch, there's no point to go to bed anymore, and then prepare his tea, give him his tea. Gets ready for, he goes up to bed quite sharp, he does like it, he has his SKY and everything up in his room. So, about seven o'clock he gets a freshen up, brushes his teeth, puts his incontinence product on and I take him to bed. (Mm hmm). If I'm not working I'll take his tablets up about ten o'clock and if I'm working, and there's always someone with him at night, whether that's his brother or our daughter. (Mm hmm). And they'll give him his tablet. I'll go to work and as soon as I come in in the morning, he's generally pottering down the stairs. So that's a 13-hour shift and then I start again. (Mm hmm). Do breakfast, getting washed, dressed, get settled. I'll go up for a couple of hours sleep, I get up for his lunch come back down, give him his lunch, tablets, make sure he's dry and comfortable. And then I'll go back and try and get another couple of hours sleep (Mm hmm) before I get up and prepare his dinner. And then I make sure he's sorted before I go out to work, so, and I'll put his incontinence products and so on, I leave for work about ten past seven and he goes up about seven o'clock. So, he's safe in his bed. He has a falls watch, so we set all that up. And, so, that, that is, that's a, that's a day that we are just in the house.

But life's not like that. You know, he does have appointments he has to keep. And it's more difficult to get him to the dentist, it's more difficult to get him to the doctor's, it's very difficult to get him out of the house now. (In terms of his mobility?) His mobility and the fact that, because of his condition he is becoming, not, not aggressive that's not it, but he gets agitated about going out and meeting people. Once he's there it's fine but he gets very anxious, so he can get quite grouchy, not so much with me but with his brother and [daughter]. He really can be, and again his condition, his inhibitions are going through, the swearing, he kind of swears a bit now. (Mm hmm) So is, his condition is quite rapid which in many ways is a blessing. Because the end won't be 15 years from now, it's more likely to be five years from now. And. But it's still very difficult, very difficult to cope with. It can be quite aggravating. You know. And. But this week, this is my week off, I finished last Thursday morning, I have ponies, so sort my ponies out, when I finish they get a full muck-out and things. And then 'Bye' and I'm in the house and it's washing, ironing, cleaning, shopping, paying bills, taking [ex-husband] to appointments. Anything I have to do, or take the dogs to the vet or, you know. This is the only afternoon I had nothing booked in for, for the whole week. And it's like that every week, you know. He now has, because he's got his diagnosis and because I contacted the Red Cross in [place], there was a lady there, and [support organisation] she just happened to mention 'has anybody registered [ex-husband] with Alzheimer's Scotland'. And I said 'Well, not as far as I'm aware. I've never had any literature from them'. And they've been fantastic since they've been involved, that's obviously how you got my number. And he now goes to, Monday morning and Brain Gym and every other Tuesday, when I'm off I take him to the group in [place]. But again, that comes with stress to try and get him to his groups on time, pick him up from these group. The Tuesdays are fine because I'm off on a Tuesday afternoon. But the Mondays, his brother is supposed to take him and I pick him up but that can be a bit, but he does get there and he just enjoys it. So that's two things that he's going to, he's on the waiting list for an afternoon and at [organisation] as well. And. So that's a waiting list for that. So, you know, that he has a life and but it's, other people are having to, don't give up their lives but alter what they would be doing so we can get [ex-husband] to do something. Otherwise he would just sit in the house 24/7 and go nowhere.

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Is it possible for you to put a number on how many hours a week on average you would provide care for him?

Oh well, it takes about, it takes a good hour in the morning and, and it takes, I suppose, does that include stripping beds, washing beds? (Yes) There you go, it's got to be, it's got to be four hours a day if not more. And if you've got appointments to go to or anything like that, but it's certainly four hours a day by the time I've done the morning round with him, cleaned up after him, after the washing, washing of the bed. Lunch. You know. Often, his incontinence, that's a change of clothes in. So, yeah, four hours, that's only one day.

So, you briefly mentioned at night, when you are not there, there would be someone else with him (Always, there's somebody in the house). Would he get up at night?

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He used to. He used to get up at night and. But he doesn't now, he has a urine bottle in his room and as I say we have, now got the district nurses on board. I don't know if you're interested in all that saga with them. (Yes) To get any incontinence products now, because they are so expensive, you have to do a 3-day fluid-in, urine-output. So, we did that. And. Then it was sent to panel and goes to a panel, they decided that [ex-husband] drank too much coffee, not enough water and so they refused him incontinence products. So, we were just buying what you could buy which was costing about 22, 26 pounds a week for those, for day and night. And my GP got involved and they wanted him to take a urine sample to the doctors they wanted a prostate test done, bloods taken, they wanted him to stop drinking the coffee and drink more water. Well, my GP was not impressed. And so, she wrote a very strong letter to say that [ex-husband] wouldn't tolerate an examination, we did take the blood and we did get a urine sample. And but still we heard nothing. And again, it was outside of [support group] on a Tuesday afternoon that had district nurses that were coming in to tell us about the incontinence products. And they made it sound like it was simple, you just filled in this form for three days and you'll get what you need. So, I explained that I filled in the form and certainly didn't get what we need. So, they got involved and they pushed things along. So, we've had a trial now, of night incontinence products. So hopefully. And I've said that you're fine but it's a twelve-week waiting list now before we actually get them. A twelve-week waiting.

Do they deliver the products or give you the money for you to get them yourself?

Delivery. You'll get a pack a month. Well, again, that's ridiculous because it's 28 per pack a month. Well, apart from one month, you know, two or three days a month you're not actually going to have that. That's beside the point. The point is, it's still 12 weeks from when they agree to provide them to actually get them. And these are the things. And I know that the health and social care is falling to bits. I work in it. You know that's, that's what I work as, in a care home at night. So, I know what it's like. We're cutting back on. And. But. There has to be a line where people have to be respected and they have to be allowed to have dignity. Now, in [ex-husband]'s case, maybe because I work in the industry and I look after people like [ex-husband] every day. Yes, it's difficult because you're more involved, you're more physically, mentally and emotionally involved with [ex-husband] but I still know what he's entitled to. But trying to get through all the red tape and all the people to actually get it is absolutely ridiculous. There's, too many people involved. They don't talk to each other which is the biggest problem. You have an OT, she gets you a piece of equipment, then she signs you off. So, if you ever need an OT again, you have to phone back into the service, you get given another OT that comes out and you have to explain everything again. It's madness. The whole system's madness. But I start ranting, I'm sorry. But yeah, the incontinence products, we've got that, hopefully, in twelve weeks.

In terms of the appointments that you were talking about, is that usually something that you can plan for, plan ahead, or is that something that might come up and you would have to rearrange them?

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Yes. Yeah. Well, both, both, and the appointments at neurology have now stopped because there is no, there's no treatment for what [ex-husband]'s got. None at all. And they wanted him to go to the memory clinic but he's well past that and he's not going to tolerate it. He doesn't like going to the hospital. I think he's convinced he'll be kept in because he was very ill and had to be kept in, 18 months ago he had his gallbladder removed. And. So. The hospital appointments are not so bad because they're quite far in advance but things like the District Nurses, they just turn up on your doorstep and expect you to be there. And twice they did that now and got me out of bed.

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They didn't even give you prior notice?

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No, no. They were in the area and just thought they'd pop in and see us.

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What if you had been at work?

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Well, exactly, well, they know I work nights (okay) but I was sleeping. And the OTs and things, if they come in with equipment, the equipment service, they're not very, again, they're not very flexible. On Monday they deliver to [home area] and that's it. You know, so, and they'll just turn up with stuff and the OTs are limited because a lot of them are part time. So, ours is fab and she is she's wonderful. She knows I work nights and, mostly everybody that's involved will contact me on my mobile. If I don't answer it, leave a voicemail and when I'm on my week off, or coming up to my week off, I contact everybody. But then of course that means that my week off is absolutely block on block with things and people coming in and out again. But it's quite calm at the moment. The bathroom's done, he's got his new wheelchair, he's got his walking aid which we used yesterday. I'm trying to think what else is in the offing. Their coming to put a ramp in at the front of the house so that'll be an awful lot of disruption. And they'll just come and do that, I don't have to be there, they just have to measure up for that. (Mm hmm.) I think that's it at the moment. You know we have just been told that we have a package, of care. Well actually, we were given the package of care last August. But there were no carers available to provide the actual care. And they apparently, Midlothian council had no carers and they put it out, this is what we were told, they put it out to an agency but they had nobody either. It was only for three mornings a week, for 45 minutes to give him a shower. And that was on a Tuesday, Wednesday, and Friday, because the way my rota works, I work on Monday night, Tuesday night, Wednesday night, but I wouldn't work a Thursday. But the next week again I work a Thursday, Friday, Saturday, back to back, so it's Friday, Saturday- Thursday, Friday, Saturday. Sunday off. Work Monday, Tuesday, Wednesday. So out of 7 I work 6 [days]. So that, that's what we agreed. So, when I'm coming in in the morning I don't need to shower him, somebody could do that. And when I am off it's fine, I would do it then myself. And so, nothing, nothing, nothing. (Almost a year?!) Yes. And, and I probably abused my position as a [council] employee. But I had a bit of a meltdown at work. To be fair it wasn't [ex-husband] that the meltdown was about, it was about issues at work. And I was explaining that it's not just. 13 hours in here, you know, people have a home life. And I look after somebody at home with dementia, which they didn't know. I don't really tell people. Because it, for one, it shouldn't and must never really affect my work. And also, I have quite a few health conditions myself and didn't tell work either. Anyway, my boss said to me 'Email this 211 lady', she's my boss's boss, well she's my boss as well and her boss 'And explain that you 212 work here and that you're finding homelife very, very difficult. There's a package of care 213 but no carers to carry it out'. So, I did, and she got back to me a couple months ago, 214 because I did this in January. And, and she wanted some more details, and said that she 215 can't promise anything. And she hopes that in the future, you know, we'll be able to get 216 care for [ex-husband] as soon as possible. Never heard another thing. You can't really, I 217 didn't expect it to be honest, but suddenly, last week we were told that we'd be getting 218 the care that we wanted, and an increased package of care provided by the council. So, I 219 don't know if she had anything to do with it or not, but it seems like it. Three months 220 ago, we were told there was nobody at all able to give us care and then now we're 221 getting it seven mornings a week. Seven afternoons a week. Well. It's supposed to be 222 afternoon, but I used to work in the community too, you can't be everywhere at the 223 same time. So, they'll come in in the morning and between 7 and eight. Again, he only 224 gets 3 showers a week from the council because that's all they provide. But just fantastic 225 as far as I'm concerned because that's three days I didn't have to do it. I can maybe you 226 know get a shower myself and get to bed early and lunchtime, they're saying eleven 227 o'clock which is a bit sharp for lunch, but I'm not arguing that, the fact that we're going 228 to get it and that starts on the 16th of July, that's soon. So that's what I'm in the middle 229 of just now. I'm having to do literally a bullet-point step by step '[ex-husband] does this, 230 he'll need help with this'. Yes, they'll write it all down, but being here and doing that, I 231 know what it's like to go in blind into a house you've never been into before and have no 232 idea of the layout of the House and what you're going into, you know, because it's, it's so 233 beautifully packaged, you know, this person likes this, that and the other, but they don't 234 actually tell you about their passion and their attitude and how they'll be towards you. 235 So, I started that last night for the carers that are coming in. But hopefully, with it being 236 in [council area], I'll probably know the girls anyway. So that would be good. So that's, that's brilliant. What we do have is animals in the house, so that could be an issue 237 238 because there will be some that will say that 'We're not coming by because you've got 239 dogs', so it might take a month or so for it all to settle, but it will, it will all settle down. 240 So that will be great when it starts.

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So up until now it was just you and your family that provided care? (Yeah, yeah) And to be precise, it was your brother in-law basically and your daughter? (Yes) Is there anyone else that helps?

Well my brother, in the beginning when [ex-husband] first started to take unwell. But when [ex-husband]'s condition was, what's the word, incompatible with going on holiday and things like that, my brother would come and stay, and I'd get away on holiday. And, but not now, he isn't, he can't be cared for by anybody else. No. No. He is too, he's gone too far down the dementia route. They need to be around somebody that really knew what they were doing.

So, with you, your daughter and your brother in-law caring, do you, is that something that you have organized or are they helping out whenever they can?

Yes, basically it is. I do not like to put more pressure on [daughter] and [brother in-law]. [brother in-law], I think sometimes thinks that [ex-husband] is not as ill as he is. And

they've always had a bit of a, it's not love-hate, but they have always wound each other up as brothers. And [ex-husband]'s always had characteristics of Asperger's but obviously when he was a boy it was never heard off. And. So, they've always had this sort of love-hate-ish relationship and they wind each other up, but they love each other dearly at the same time. And so, if [ex-husband]'s been in the house all day and he's lonely and [brother in-law] comes in from work, you know, he'll say things like 'You're just like your father' and that just annoys [brother in-law] and he will fly off the handle. But, he's there and he will look after him. He doesn't like showering him. And [ex-husband] has got very used to me doing it all. So, if we go anywhere he won't go without me and he prefers me to give him a shower. He likes the way I do his breakfast. So, I'm trying to say to [brother in-law] 'Can you just do it like I do it, because it's not a break for me if you do his breakfast and then he says it's horrible'. You know so [brother in-law] can be a bit prickly at times. [daughter], she, she'll go in and just give him a shower. She doesn't bother, but she's only 29, she has a life of her own. So, it's generally just me.

268 I: And you all live in the same house?

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Yes, we all live together. [daughter] had to move back and she had rented a little place but financially it was killing her, well it was killing us trying to keep her going. So, she's moved back in. But it's a bit overcrowded but we get by.

So, in terms of you three coordinating the care for [ex-husband] is it, do you usually do that on a day to day basis?

Generally, a week. You know, I'll say to [brother in-law] 'What shifts are you on this week'. And, he has learnt that if he's going to do overtime he has to actually say so because I've got it all on the calendar, my days, his days, because he does days and nights. So, I have it on the calendar, so I can see instantly if somebody phones up to see, you know, we've got an appointment for [ex-husband] to see blah blah blah. 'Can you do it'. Yeah, I did that, I do that for the whole year at the beginning of the year but [brother in-law] was very bad at just taking an extra shift and not telling anybody. And I have had to take emergency annual leave because of it. But now he'll say 'can I do such and such'. So yeah, we organise it like that and I'll see to it. When we look at the month where we had, [brother in-law] and I are both on nights together, so [daughter] knows that she can't work on Monday, Tuesday, Wednesday night shift and because obviously we are not, we are away, and he goes up at half past 7:00. (Mm hmm). So yeah, we work it between us but again it's me that organizes that, they don't come to me and say 'you know I'm going out blah blah blah. Are you here?' So I don't have a life. Well actually I went for a hen-do on Saturday. And. I was, I can't remember the last time I went out, and I just felt a bit, you know I'd rather be at home. I just, it's terrible because I was the life and soul of the party, you know, I mean I would, I would enjoy myself and I would get the night bus home we used to get a night bus. But not anymore. It's all well organised.

So, to talk about your work a bit more. So, you said you have night shifts?

I do permanent nights, yes (No day shifts?) no day shifts anymore. I used to do the odd day shift. But I can't leave [ex-husband] for that length of time anymore. So, and no I just do nights.

296	l:	And you have a fixed rota? (I do. Yeah.) And you said you were picking up extra shifts?
297 298 299 300 301	P:	Extra shifts. Yeah. So, I try and do that when I know that [brother in-law] has, [brother in-law]'s off. And twice, two weekends of the month. So, I'll try and work a Saturday night shift and in the course of, having finished up on Thursday morning, so I'll have the Thursday night, Friday night at home, do a Saturday extra, and then I'm not back till Thursday night. So, it's not so bad.
302 303	l:	Okay. So how does that work with the extra shifts? Can you rely on that or is that something that-?
304 305	P:	You can always get extra shifts (Okay). They're always desperate for staff. Yeah. Yeah. Definitely.
306 307 308	I:	Can you say that on short notice 'I want an extra shift'? (Yeah). OK. Yeah. So, you said you worked at a care home? (Yeah, yeah) Do you have, like, the ability to take breaks when you need to, or do you have fixed breaks?
309 310 311	P:	Fixed breaks. We get one 20-minute break (One 20-minute break?) in 13 hours. Well, we get 10 minutes as an extra comfort break. So, we get actually half an hour. But we don't get paid for it.
312 313	l:	Wow, that's intense. So, for example, when you would get a phone call would you be able to take that when you are on shift?
314 315 316 317 318 319	P:	I would need to, we're not allowed mobiles. It would be in my bag. And, they do have, the home I work in has different areas, there's five different 'streets' they're called. So, my street is the fourth street. The home has my street phone number. So, if that rang then I would be able to answer that yes. I don't know, if it was an emergency I would go, erm, but in saying that I don't suppose I'll be allowed to go if we were short staffed, so I don't know, I've never been in that position. Touch wood.
320	I:	Has that ever happened, that there was an emergency and-?
321 322 323 324 325 326	P:	No, someone elseno. Oh, imagine there's some, people have gone but it's not left us short staffed. You know they've been quite lucky, that was at a time we were fully staffed. But often it's not, we're not fully staffed. Again, it's the council. It's a council run home. So, you're supposed to have ten staff at night. Often, we're only eight. So, if I left, that would make seven. You know. As far as the care inspectorate goes, that would be very bad.
327	l:	Just out of interest, how many residents are there.
328 329	P:	60 and one respite, sixty permanent. Twelve in each street, apart from one, forth street's got 13, one is a respite.
330	I:	So, every night you would be responsible for twelve-?
331 332 333	P:	Twelve, twelve residents with lots of different types of dementia, not just dementia but complex needs, behavioural problems. And schizophrenia. The whole caboodle. No, (It's usually not quiet), it's not quiet. People think there is a lull, you know, but we hit the

ground running when we go into work. We go for a report at half past seven, we're on the floor by 8:00 and it is just absolute manic till about 20 to 1, we normally finish. And then I get a bite to eat, at two o'clock we start again, doing incontinence rounds. When we finish until we start again I've got all my paperwork, that's a nightmare, all the paperwork to fill in, from when I came on shift, get something to eat, stock my trolley up, do another incontinence round, that's about three o'clock before we finish that. We've got duties to do at night as well. We've got cleaning duties, filing. You name it. Anything you can think of, clean microwaves, anything you can think of they get us to do at night. Because they're still convinced that we're doing nothing. And then we'll go for a break at five o'clock. Then start again. And finish at 8. So, when you do your last round, we call it, you do your incontinence round from one end of the street to other then you have to start giving out the pre-morning meds and then obviously there are some on the street who want to get up and have a shower. So, you toil to finish up by 8:00. So, it's a quick night. It goes by fast.

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Just coming back to emergencies very briefly. So, you said that hasn't happened yet. But how would you, how do you think, if something were to happen and you would be notified of that at work, how would, then think, that you would react in that situation?

Well, we're supposed to have a practitioner who is a grade five and on at night, so she would be my immediate boss at night. So, if it did happen I would go and see her, and I'd say to her you know that, I don't know if they would know, but I would tell her that I'm [ex-husband]'s primary carer. 'It's an emergency at home and can I go?' and I'm sure if we were fully staffed she would say 'absolutely. Off you go'. But, again working for the council, there's not always a practitioner. Because. The rotas are done so badly. And in a month, you can guarantee that half of my shifts we won't even have a practitioner. So, it would just be care staff, grade 3s. And. So, if we were fully staffed I would go to my colleagues and I would say like, you know '[ex-husband]'s had an accident'. Cos my, my colleagues I work with on my rota, they all know about my home situation. And they wouldn't hesitate if we were fully staffed and probably even if we weren't. They would muck in and take over. And, I don't know if there would be any backlash from that, because as I say it's never happened. But I'm sure if we had a practitioner on, it wouldn't be an issue. I would hope it wouldn't be an issue if we were fully staffed. But I don't know, if we weren't.

Would [brother in-law] and [daughter] be able to handle emergency situations when you are at work?

[daughter] probably better than [brother in-law]. [brother in-law] kind of panics, everything has to go through me, you know. I think [daughter] would step up to the mark more than [brother in-law]. And but she would still expect me to appear at some point just to make sure it was all done right. [daughter] also has cerebral palsy, a mild form of cerebral palsy, but obviously she's had it all her life. So, you know, I've always been a carer. You know for [daughter]. But she's done pretty well for herself.

So, when you think about combining work and care, other than obviously when you come home and you would like to sleep after a busy night, can you think of any, any

other instances where caring and work sort of collided? Where one impacts on the other?

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Well yes. When we couldn't leave [ex-husband] at one point, you know, because he was getting up and he was falling over. And that still happens now. I mean I can go up to my bed. And as I say we do have animals, so they go to doggy day care a couple of times a week just to take the pressure off us for walking them and things. So, I'll wait till doggy day care's come, which is about, half nine, quarter to ten, [ex-husband]'s had his coffee, I'll go to bed. Um. And I could be in bed half an hour and [ex-husband]'s alarm go off because he's fallen and it's an intercom system, so you can hear it all over the house, and, so, then I have to get back up. (Mm hmm). You have to make sure he's okay. Check him over. Put him back on the couch. Organize him. No point going back to bed because it's lunchtime, so I'll make his lunch. And so that day I've got no sleep at all and I have to go back to work that night. That happens quite a lot, actually. Yeah. Um. And even if I get an appointment with a GP, it always, always falls on when I'm on my night shifts. (Oh boy) so she is fantastic, our GP, she really is, she's a fantastic doctor. She looks after all of us. She knows the whole family and has done for 15 years. And, you know, you go to the doctor, you never, you're never on time, so you're late. She'll spend a good 40 minutes with us. So again, it's 11:00 before we're back home. Then I'll give him his lunch. So, days like that I would get maybe an hour and a half before I have to go back to work. So yeah, at least three, three times, four times a month that'll happen. Or even if it's an appointment for myself. You know, if I'm going to the doctor for something, because he forgets that you work. You know he doesn't remember that. You're coming in in the morning and you've actually just come in from work. And he thinks you just got up. You know. And then. When you come down in the afternoon he'll go 'Oh, hello' as if he didn't even know you were in the House. Although we're in the house, he's downstairs on his own. The minute you hear a bang and knock or something you're up. I now lock the back door to stop him go out the back door. Because of the dogs, he lets the dogs out, obviously, for toileting, he lets the dogs out. Nine times out of ten he won't attempt to get down the back stairs, but he has done, and he has fallen down the back stairs. But that's where this falls alarm is fantastic because it picked it up, set it off and so we find him, pick him up. On. That is an excellent thing, the falls alarm.

But the falls alarm still goes to the call centre? (Yes) And that would then wake you?

That wakes me up. Yeah. It sits in the hallway and it's a big stone open hallway so the minute I hear dialling, because it's an old-fashioned dial tone. You remember that? I don't know if you know that. Yeah. And that's what it does. The instant I hear that, I know that he's fallen so that sends me up.

Would you prefer that you just would not be woken up and people would come and pick him up as it would usually happen when you're not at home? Is that something you would like?

No. No, because I can get him up and with just two of us there we can get him up and I wouldn't want the girls to come out and, you know, if we weren't there. That would be different. But we are here. And. The system's under that much pressure. It wouldn't sit

well with me calling them if I know I could have just done it myself. (Even if it costs you your sleep?) Yeah. Yeah, because, yeah, no I wouldn't. Yeah I wouldn't call them out for that, not if I was in the house.

So, have you had a carer's assessment for yourself, for your own needs as a carer?

Somebody, then my social worker, I think she did something like that. That was a while back. And. That's when she gave me information about breaks and things like that. But, to be honest, my memory is bad. And, I don't think anything came of it. I don't think anything came out of it. Because again, you know that they say that they've got these places for carers to go. But you have to arrange for somebody to be with the person that you're caring for, so you can go out. And you know sometimes it's just not worth the effort. You'd better just stay at home. Or going for a walk. If [daughter] is in the House, I get more value from going for walks and, I don't mean this to sound derogatory in any way but, the [support group] in [place], they're all a bit elderly and really, I don't really have a lot in common apart from the fact that we all look after somebody with dementia. So, although the information they give you is beneficial and the people that come and have a talk is beneficial, I can't see myself having a relationship with anybody there. Or making an effort to go and have a coffee with someone. (So, it's not the right peer group?) Yeah, yeah that's the word. It's not the right peer group for me. And. They're all very nice. And they're all going through the same thing as I am. No. But.

Would you be more interested if the group was a bit more like yourself? Would that be something that you would then like to attend?

I think so. Probably. Yeah, yeah, a bit more, more my age. Yeah. You know. There are. lots of young people who've got dementia. And. But. I just find that it's more of a hassle. And it's of no benefit. To be fair.

So, talking a bit more about technology, so this falls alarm that, that he has, is that, does he have it on his wrist?

It's like a watch. Yeah, well it's just like a fit-bit. Yeah, it's just a white screen and it doesn't come up with anything.

OK. And he wears that?

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That's no issue. No, no, he likes his watch. He like it. Oh yes. Cause, and he's always had a watch [ex-husband] and due to all these accidents, it must have about 30 watches in the House, they are all broken or in one state of another of repair. And the last one we've got on him is a talking watch and so he presses a button and it tells him what the time is, he absolutely loves it. And so, he has his falls watch on this wrist and he has his watch here. So, he did have the pendant, but he kept taking it off. Yeah. He kept saying 'I'm not wearing a necklace' [both laugh]. Yeah. And so again the OT managed, she, she instantly said 'right. Okay then we'll get you a wristwatch'. So that's terrific. It doesn't pick up every fall. About 80 percent it picks up. It's not 100 percent there yet which is a bit unfortunate. But again, when we hear the bang we know what it is. You know, he fell a lot in the new bathroom because it's always, he goes in to the toilet. It's fine, it's flat, but the minute he goes to the side, because it's a wet room, the floor slopes. So, he kept

falling that way. And so again, we had to have the OT back just to see what we could do.
And so, we've got a couple more hand grips on the walls for him. It doesn't look very fashionable but it's essential. And you know he's not fallen in the bathroom since.

So, the falls alarm, was that something that you came up with? (No, it was the OT) The OT. How long have you had that?

Not that long, maybe, maybe a couple of months. We had the button before, we pay for that. I'm sure we don't pay the full cost of it but we pay to the council quarterly. They send us a bill and we pay.

So, when you say you had the pendant before that was something you had to press yourself? Was he able to do that?

No, he never did. He never did. It was, we found him out in the garden. He had fallen and because his biggest problem, one that he falls because his balance is terrible but because of the right-side weakness he can't actually get himself up anymore. And so, he fell, we used to have hens at the bottom of the garden. And so, he'd gone down to see the hens. And the garden slopes and there's a sort of levels off, and a slope and it levels off. So, the slopes coming back up, he couldn't do it so he fell. But he managed on his hands and knees to get to the table. But he still couldn't get himself up. So, he just stayed there until somebody found him. Broke our hearts. It really did. I mean it was a dry day thankfully.

And he never thought to press?

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No. Never. Never pressed it once. And then the man from doggie day care who is a lovely fella. And he's found him on the floor when he's brought the dogs home because we've got a key safe obviously. So, [man from doggy day care] just comes in and I heard his voice saying 'Oh [ex-husband], you're alright?' I was sleeping upstairs. And I came down and [ex-husband] was in the hallway 'I just can't get myself up. I just can't get myself up'. I said 'How long have you been there'. 'Well I knew, [man from doggy day care]', because you know he seems to have been able to work out that someone will eventually turn up. And he said 'I knew that he was coming'. Well, he doesn't give the dogs names, he can't remember them, but he knew the dog was coming back and. So, he said 'I, I knew, I knew the dog was coming back'. So, [man from doggy day care] and I got him up. That's happened a couple of times. So that's, that tends to be what he does is if he falls, he just stays there until somebody, you know, thinks 'Where is he' and will go find him. (He won't go calling for help?) No. No. No. He will literally just sit there or lie there on the floor.

Can you think of anything how you would like to improve that falls sensor that he has?

This is, this may be a bit far out but, you know how all our fit-bits and mobiles and everything are all connected. It would be good to think that, if you have an I-watch that has a phone in it and you can talk to people and everything on it. It's expensive but. If he falls thing that he wore was, the 99 percent that it could work out that you'd actually fallen over, but that you could communicate through it. (Mm hmm) That would be a good thing. Yeah. You know because, although if he's out in the garden it's supposed to

pick up. The only time he's fallen in the garden since he's had it and it didn't pick it up. But he can't hear them because they're [intercom] here in the house so they don't know what's happened. They don't know if it's an emergency or, if this is an emergency because he's fallen. But if rapid response is for emergencies, how do you decide which ones are important? And you can't communicate with them. And even if it could communicate with the family you know. So even if it could, even if he could just say to it 'dial [participant] or [brother in-law]'. That would be a great thing.

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Do you think he would be able to do that? (He would) Would he be startled by suddenly voices coming from his wrist?

No, I don't think so. No because we get him to set his alarm off anyway and he speak to the call centre as a test and they just say 'Oh well Mr [ex-husband], it's blah blah from the call centre, is everything alright?'. And he speaks to them lovely. And I mean he had his talking watch. He loves that. You know. I think if, if there was a device that he could communicate with us when he fell, even if it's just because he knows we will give him the reassurance and. With the best will in the world, there are times I have to leave [ex-husband] on his own, even if it's just to go shopping or, you know, I don't even go to the hairdressers anymore, the hairdresser comes to me and. But, you know it just happens that he is on his own, you know, for the shortest time he can, he can manage, but he's still left on his own. He can't work the phone anymore. The phone's a no-no. (So, even picking up an answering?) No, he doesn't do it anymore. He just lets the answer machine take it. Unless he sees our names, because our names come up on the phone. So, say for instance I've been taking [daughter] for a new pair of shoes and [daughter]'s been 'No, no I don't like them, I don't like them'. She's 29 going on 6, you know. So, I've said I'll be two hours but I'm not, you know, we're still sitting in [area] trying to decide do we want that colour pink or this colour of pink. And then I'll phone him, so, my name comes up on the phone. So, if he doesn't answer it the first time, I'll speak to the answer machine 'it's just me, I'll phone you back in a minute'. And, because his eyesight is not fantastic anymore. But if he reads your name, [brother in-law] or [daughter] or [participant] he would pick it up. Because often it maybe takes two attempts because it's the button, he doesn't know which button to press. And he never hangs up. But that's fine as long as he knows that we're on our way home. Yeah, but yeah, something like that. Something that you could say 'phone [participant]' and it would work. (Yeah). You know that, you know, I can speak to my iPhone. And when I first got my phone it was fabulous. I could just say to it 'text [friend], I'm going to see her in 15 minutes' you know, and whatever, and it would do it just like that. But since you had all the upgrades on these things it doesn't understand a word I say anymore. So, it has to be pretty good technology. So, um, see, accents are difficult, not that [ex-husband]'s got an accent because he actually hasn't got an accent. And. Yeah, that would be terrific. And the fact it would be fool proof. So, when he did fall, it would definitely know that he'd fallen, and not just 80%. Because I've actually thrown it on the floor and it hasn't worked. (Mm hmm, that's weird) It is. Yes. Yeah. (Have you told the OT about that?) Yeah, they said that it's only 80 percent. And, you know, that it only works 80% of the time.

I: Is there any other technology that you are currently using? (No, nothing) So, a bit of an abstract question, if you had a magic wand, if there were no limitations whatsoever, what would you like technology to do for you? In regards to caring and combining work and care?

Well, I suppose, being able to see, when you're sleeping, being able to see that he's actually okay and talking to him, you know. You see these adverts on the telly with somebody coming to your door with a delivery of whatever, and there's a camera. That, that would be superb. Not to spy on him, because that's not what it would be about at all, but it would be nice to know that he's safe. He's in his bed and he's watching the telly. And even to be able to do it from downstairs to upstairs, you know, that I don't have to go, it's just walking up the stairs 25 times that day you just think, you know 'Oh no. [ex-husband] come on, what are you doing now?' And then you get up and you realize he's not fallen at all, he's just tried to open his bedside cabinet and that's what you've heard banging. You know, so even for his room to my room, you know, if I could even just put my phone on, I take my phone to bed, you know, you can get a wee screen, can't you and see 'Oh, he's fine' and then you can rest easy. Yeah. Just like a baby phone.

Yeah. So, that will be something that you would use at home when you are sleeping, not at work?

Well yeah, I could. Yeah. That's the thing, I could do it wherever I am. It would be nice just to dial up your house and it shows you that the dogs are behaving, because they run rings around him for a packet of biscuits. And see that he's ok, that he's watching the telly or sitting, or, you know, is not in any discomfort or what have you, and that he's okay.

So, if for peace of mind?

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Yeah, exactly. That would be terrific. Because, you know, we do phone home. He doesn't always answer the phone. And then the buttons get a bit dodgy, and there's no point in having these phones that have the big buttons. They don't have cordless phones. So, well that's a pointless thing because my generation, I mean, I remember when you were stuck just sitting at a seat beside the phone table. I mean. He doesn't even remember that now, he picks up a phone and expects to go wherever, he'd pull it down from the wall.

Can you think of anything else that would make it easier for you to combine work and care? It could be technology, or it could be not technology related?

To combine work and care, well, I'm, I would like to be able to work less. And, and to do that we would need financial help from the government. And we don't get any. Well [exhusband] gets his pension and, and [exhusband] always paid upper-rate for his insurance. Because [exhusband] used to have a very good job, years ago anyway, he worked in the print trade. So, he earned a lot of money. And we were always thinking about our future, that was very important to us. And. So he gets, he always paid over and above. You could pay the lower rate, or the ordinary rate or the higher rate. And he always paid the higher rate. So, his pension's a bit more than your average. And, we now

584 get PIP, Personal Independence Payment, and again that was a total fiasco. I can see why 585 people don't even attempt to do that. The form itself is like War and Peace to go 586 through, it's mundane, it's repetitive, it almost feels like it's trying to catch you out on 587 different questions, you know, because you're answering the same thing in a slightly 588 different way. Every bit of it. And then he was told that he wasn't going to get it. So, we 589 had to appeal against it. They came out to the house and da-da-da-da-da. Anyway, it the 590 end we did get in and that's how we got the car. Which is absolutely fab, we can get the 591 wheelchair in the boot, we can get his walker in it and stuff. It's been brilliant. And again, 592 we got the OT to put all the equipment in so that we can get him in and out the car, so 593 he's got a turntable and a hand grip and such like. We had to buy them obviously. So, 594 that's it. He gets his pension and he gets PIP, because I, I work full time and [brother in-595 law] works full time and [daughter] works full time, we aren't entitled to anything. Yes, 596 we all live in the same house but we all have lives and our money is all put together 597 which is a bit unfair really because [daughter] doesn't earn a fortune. I don't earn a 598 fortune. I work for the council. I mean yeah, it's better paid than a lot but it's not 599 fantastic. So, financially if I could go to part time, hat would make a massive difference 600 to my life. But then we would be losing six, seven hundred pounds a month. I couldn't do 601 that. No. So, we don't have a lavish lifestyle. It's pretty basic. We don't go anywhere on a 602 weekly basis. I mean, we were at the Highland Show but that's an annual event for our 603 family because we love animals. We love the Highland Show. And it always comes down 604 to money, at the end of the day, everything is about money. We leave lights on in the 605 house, so, it costs more electricity. The tumble dryer's never off because of the washing, 606 the washing machine's never off. Ironing. You know. All these things. And if you think 607 when [ex-husband] finished his work to now, what we pay for gas, electricity, telephone. 608 [ex-husband] wasn't earning a bad wage 10 years ago, and I've had to work more and 609 more and more and more to pay for all those things because of all that but his pension 610 hasn't gone up. (Mm hmm.) So, the only thing that keeps us afloat really is the car. The 611 fact that we get the car and we don't have to pay for the car. (Mm hmm.) That is a 612 godsend. But my daughter applied for a PIP because she had to have her car, and she's 613 just been refused her car. She went to appeal, and she was refused again. So that's been 614 very difficult. But there is no financial support for us. No. And. It's. It's not like we earn a 615 fortune. And it seems a bit unfair, you know, it seems really unfair that all our savings 616 have gone. Any savings that we had have definitely disappeared, even for just day-to-day 617 living, you know. And he goes through his clothes like nobody's business. But. Anyway. 618 That, that would be the only benefit to me, to be working part time, not having to work, 619 actually I'm not sure I could not work at all but. Because it's an escape as well, and I 620 know it's an escape to the same thing, but you've got your colleagues and you know, you 621 talk about different things. So, although you know, so I'll come back to work tomorrow, 622 you think 'oh no' but once you're there it's different. But part time would be brilliant, 623 two nights a week that would be the ideal. But apart from the finances, there really isn't 624 anything else. You know, we rub along all right. We booked a holiday, we've got a place 625 that we could take [ex-husband]. And this is all [ex-husband] orientated, as is our whole 626 lives. And that can take its toll. And, like [daughter] and I are escaping in November for a 627 week's holiday together. I'm so looking forward to that. But our family holiday, we 628 always have a family holiday, every year, and we try and do it with extended family as

629 well. But this year it's just the four of us. And, again it's [ex-husband] orientated. 'Where 630 would you like to go?', to Longleads safari park. So, a few years or a couple of years ago 631 now he wanted to go to Chester Zoo and we stayed there for a few days and he loved it. 632 So, we rented a property down in Somerset which is all on one level for him. He's got his 633 own bedroom, his own wet room, everything that you could want. And so, we've taken it 634 for a week, so we've got two days at Longleads for him and a few other things, so that's 635 our family holiday. But then [daughter] and I are going off to somewhere in Spain, warm 636 anyway. But we had a big family holiday last year. But it was difficult with him, it was 637 difficult. Because it was all, all our nieces and nephews. And last year, because they miss 638 the [ex-husband] that they used to know, because he was so much fun you know, and 639 they remembered him as being, you know, the daftest person on the planet. He used to 640 take them in the car and take his hands off the steering wheel and they remember things 641 like that. You know, he used to push them down the hills in shopping trolleys, I hadn't 642 known anything about that. But they remembered. I mean, unfortunately, one of our 643 nephews was diagnosed with terminal cancer last year (Oh no, I'm sorry). And, so we all 644 put into the kitty and all went to Cyprus. Took a big villa in Cyprus. It was a struggle 645 getting [ex-husband] on the plane because he was adamant that he didn't need the 646 assistance. And, because actually his condition is hidden, you know, you take his arm and 647 he's walking, yes, he's slow. You probably, today, seeing him today, think that there's 648 something not quite right there, but last year you wouldn't until you spoke to him. Just 649 looking at him he was like any other ordinary person getting on a plane. Hidden 650 disabilities can be very frustrating. Extremely frustrating when you're going through 651 security and he's not doing what he's told. (Oh dear.) But anyway, a very nice lady from 652 the airport came and I explained and she, they actually have lanyards at the airport, green ones, so that would show the security people that you have a hidden disability. I 653 654 didn't know that existed. (That's really good to know) Because he wouldn't do what he 655 was told. At least we weren't in America (Oh my god) [both laugh]. That would have 656 been a different issue altogether because that was his favourite holiday actually, was 657 Miami, Florida and New York he loved. No but a, (Yes, many things that you don't ever 658 think about really), you don't know, because you just take your case you put it on the 659 thingy belt, take your belt off, take your shoes off. Whereas he's going 'Why do I have to 660 take my shoes off?' 'Because it's security' 'But what's security got to do with my shoes?' 661 '[ex-husband] you just take your shoes off' 'No. I'm not taking my shoes off. I can't get 662 my shoes back on if I take my shoes off'. Which is true actually, it's very difficult for him. 663 And you know, they were getting a bit stressed about it. And we thought, we can just 664 walk through, we had all the extra bags checked in, you know, we didn't have to carry 665 anything so 'Just do that [ex-husband], you have to walk straight in front of you, and 666 then a man will come and say come on and you just walk right straight through'. And 667 then he had his trainers on, and the guy said 'Will you take your shoes off' 'No, no'. He 668 went trough and it went beep 'Have you got your belt on?' 'Yes' 'You have to take your 669 belt off' 'I'm not taking my belt off'. Really anything just to be aggravating. And then he 670 refused to have assistance to get onto the plane. Well it was quite tricky. (Did you have 671 to go up the steps?) Yeah. But that's what he wanted. We didn't want to stay in a 672 wheelchair. We wanted to go up the steps. Now, I mean, it takes 15 minutes for him to go up the stairs. Now he couldn't attempt the steps actually, he just couldn't. But last year. Anyway. We got to Cyprus and we got home again.

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Sounds like quite an adventure [both laugh] (It was worth it though, we all had a good time). Yeah, I can imagine. So, I just have a few more questions, if you met someone else in a similar situation, who was also combining working looking after someone with dementia, what kind of advice would you give that person?

Don't accept what you're being told. And by anybody, and that includes professionals, anybody. Right down to the incontinence nurse. If you feel that there's something wrong with that person, keep going. And you know them better than anybody else. You know if there's something wrong. And access as many services as you can for yourself. Don't wait, because I was maybe a bit slow and expecting things to happen and they didn't. It's tiring, it's frustrating. But, get your GP on board and get yourself a social worker as soon as possible. So, contact the council and ask for an emergency, cause that's what I did in the end for [ex-husband] in the house. I go, I phoned social services, and I explained that I needed somebody to come out and assess [ex-husband] because he was falling all the time. And she said to me 'would you class that as an emergency?'. I almost said no, because again you go back to work, and you think 'can I go or would that be an emergency? No, actually it wouldn't'. But then I went 'yeah, yeah it's an emergency'. So, we got an emergency and referral, and somebody was out within two days. So, do that because actually it is an emergency for you. You know. And. So really, try and access as many services as you can. And don't give up. And. Write everything down, (That's good advice) everybody that you speak to, write it down, ask for the name, write down the time of the phone call, why you phoned, what the outcome of a phone call was, did you feel as if you've been fobbed off. All of it. Because I wish I had done that from the very beginning, because I can't remember. I don't have a terrific memory. I used to have a spot-on memory, it's changed. Maybe you're just losing brain cells. But my memory is not what it was. I could remember a conversation word for word a few years ago. But not now. So yes, that would be my best advice. (That's really good advice) Write everything down, when you phoned, what time you phoned, who you spoke to, how long, everything, because they can record all of these calls. So now I've done that, I've done that with a certain District Nurse, I've said to her 'If you record the calls, you go back to when I spoke to whatever her name was two weeks ago, you know, and she didn't say the same as you'.

Hmm. Mm hmm. Mm. Hmm. That isn't really good advice. Thank you for that. Um. Can you identify any positive aspects as well of combining work and care, being a carer?

I think the only positive coming from it is, I know what's coming. And we are future-proofing the house. And. So, as a family we, we have discussed that [ex-husband] will not go into care unless medically we can't provide for him at home. But even, you can get a hospital bed at home now. So even if he did need, you know, I.V. fluids, although we have discussed all that, we don't have a DNR in place, but we have an anticipatory care plan in place. So, basically, if [ex-husband] needs to be resuscitated, if it's not going to benefit him, it's not happening. So, if he's already got to the stage where he has no quality of life he wouldn't be resuscitated. So, chances are [ex-husband] will end his life

at home. I can see the future. I know what's coming so we have planned all that. And the fact that I can talk to people at work and they understand. And I think I'm just maybe more aware of, he's not aware of what he's doing. And I can see that for some spouses and family members, they must think to themselves 'This is crackers, just madness. How can that person turn into this person'. And I can see that that's fine, because that's what happens. No, they're not the same person. That person is no longer there. And the fact that I just look out for things that maybe people wouldn't, you know, check his teeth, nails, skin. Oh. I'm on the ball with all that, and all that. I know how important very small things are. Because then people are ill they forget bedsores, or they get sores of any kind and they don't heal like they would for you and I. You know, that, that's, that's a benefit. And I think, that dealing with professional people as in the doctors at the hospital, the nurses at the hospital, all of them, they don't, erm, they don't intimidate me. I talk to doctors all the time at work and you know CPNs, and they don't intimidate me. So, they're just people who can make mistakes too and they often do. So, yeah, I think from that side of it, I think I've benefited from that. I don't feel like I need to be a little mouse. Yeah, I can be 'Well actually no, I don't agree with that. Yeah. Why do you say that. Why do you think that? No, I'm not doing that, or [ex-husband] is not doing that'.

So, to be a bit more assertive? (Yes, exactly, that's right) So, we're nearing the end of the interview. Is there anything that we haven't talked about that you think would be would be good to speak about? Have we missed anything?

[long pause] It was really all about communication, isn't it? And I think, we talk about dementia on the telly all the time. But it's always very basic dementia and there's a lot of dementias as you know. I don't think it would be a bad thing for people to be aware that it's not just old people, it's not. Young people get it. And it doesn't make them bad people. We need, we need, we don't need care homes. This is my biggest problem here. You think of a care home, you think of elderly people all sitting in a semicircle in front of the telly. And that goes back to when I was a young girl. And that is still happening today. They're still sitting in a semicircle in front of the telly. People with dementia aren't going to sit watching the telly. They're going to get up, they're going to wonder about, they're gonna pick other people's things up, they're going to put them down in other people's rooms, they're going to get undressed, they're going to be incontinent, they're going to spill things, they're going to shout, a lot of them don't like loud noises, and in care homes the volumes of the telly are a hundred because of so many deaf people. There has to be an area where people with dementia are with demented people. And that area is safe. So, we don't want, we don't want it clinical, we want pictures on the walls, but we don't want idiotic cabinets, glass cabinets that they can smash. Ornaments that they can pick up and hit people with. They need, they need a safe environment. Almost like. Um. Like the homes for youngsters, they've all got their own little flat but there's a communal area. That, that would be beneficial. Putting demented people in with people that aren't demented it's actually quite cruel. And that's one bit of my job I find very frustrating. I don't, it doesn't bother me working with people with dementia. I mean, it's taxing. It's challenging it's all that. And there's days that I wish I had worked in TESCOs. But, I feel more compassion for the ones that are in care homes that don't have dementia for having to live with it every day. Through no fault of their own apart from

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760 761 762 the fact that they're just old and they need care. So, I think we have to be more aware and don't bundle everybody in together. And. Because there's nowhere for people with dementia, apart from care homes. And care homes haven't got qualified people to deal with it. And they don't, really, really don't.

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That's an excellent point. Just to finish up, I just have a few brief questions for the context of the interview. Can you tell me how old you are? (53) And how old is [exhusband]. (He's 67). Quite an age gap. (Yeah, yeah. There's 15 years between us.) What's the highest level of education that you have?

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None. I don't have any. And I have severe dyslexia. And my schooling was non-existent. It's a difficult topic. My dad died when I was very young and, and I was the fifth child from my mom and dad but 23 years younger than my oldest brother. So, they had grown up and left home before I was born. And. I'm not sure why my mum didn't do something about my dyslexia but anyway she didn't. We moved from a very, very rural, rural as in the middle of nowhere, to [big city] when I was eleven and I was put into secondary school which was very difficult. I was told I was stupid. To be fair, all my school life I don't remember a good day unless we were doing sport. I was good at sport. And we used to get the belt in those days as well. You know so. Oh yeah. Yeah. So, they'd give you homework, I couldn't do it, 'come and get the belt and sit in the back of the class'. Given more homework, couldn't do it, got the belt. I mean, it was just a constant thing. So I would try to avoid school at all cost, anyway, down South I walked out and said I wasn't going back. With it being [big city] there was much more options around rather than just going to school, so I went to a home tuition centre which was actually for young girls that have babies, and they all had babies. I didn't have a baby and I was never doing that. And I did it once [daughter], anyway and so they managed to get me to pass very basic English. I did English, maths and child development, and to be fair, it was really them that did it. And from the time I left there at 15 and a half I have, on my own, nobody else has helped, tried evening classes. A big plus when I came back to Scotland, because I lived in [big city] for over 20 years before we came to Scotland, did lots of evening classes, trying to get somebody to help me because I knew I wasn't stupid. But, I wanted a job, I wanted to earn money and it was all rubbish jobs, cleaning jobs, bar work. And again, I have a good memory, my memory was terrific when I was younger. And it was amazing how much I could remember. Numbers, always brilliant with them. Letters, you can just, you know, throw a bunch of letters together and I couldn't even tell you, but I could spell words backwards, but I couldn't spell. You know even to this day I still write certain words backwards. But, a few years ago, well, ten years ago, I had another dead-end job, a cleaning job. It was horrible. And I've heard that the government were doing schemes to help people with dyslexia. And so, I though 'Right, I'll get myself down to the job centre', cause I've had it, you know, even most my family still don't even know I have dyslexia. Down at the job centre, they got me an appointment with an educational psychologist, sent me to a consultant, so I went there, they did an IQ test. I was above average intelligence with my IQ test, so they took me in to test me for dyslexia. And the report came back that my dyslexia was so bad that there was really no hope for me to have career. And that the job that I had as a cleaner at that time, that that would be the best I could, I could achieve in my life. And unfortunately, that knocked me for six. And for two years I didn't do anything. I went into deep depression, didn't eat, didn't sleep. And my neighbour next door, she said 'Why don't you join the [organisation]?' And I was a qualified nanny all those years ago. And. So I thought 'Looking after old people, why not? I'll try that' because I'd worked for agencies in [city] doing the same. So, I got a job at [council]. And it was much better paid. So, I thought 'This is great. Now I'm going to pay for a dyslexic teacher. I am going to have a career. I'm not listening to any of this rubbish'. So, I did. She lives 10 minutes from me, I go twice a week. And she again tested me for dyslexia and said it was really terrible. And she could see just by the way that I was writing that I taught myself to write because I don't do it like other people, I don't write like other people, you know, even to write numbers. Certainly, I was never taught to do in class and she could see that as a teacher, you know. But she, she worked absolute wonders, absolute wonders. And, I mean, I got my SUQ2, I got my SUQ3. And I am qualified to do the job that I'm doing and still do qualifications now. I did, study at University for dementia, 'living well with dementia' and passed that. So, yeah, I still have trouble with spelling, but you know I've got an iPhone now, it's not the end of the world. You know, I get by. And so no, I didn't have any education. Any education I've got, I've got in my 40s, I didn't get any. (Mm hmm) [exhusband] on the other hand is a very intelligent person, very, you know. Not that he got any qualifications either but. Um. I think, in a different time, a different place, with different parents [ex-husband] would have gone to university. I think because of his Asperger's he was very frustrating to his mum. And she couldn't wait to get him a job and get him out of the house. But he did do night school and he did English literature at night school and all that sort of stuff. Could do the Telegraph's cryptic crossword in an hour. And now he can't even spell. It's so scary, isn't it? Sorry. Right. You didn't need to know all that, I do tend to ramble. Just tell me to stop.

It was very interesting. Very inspirational. Thank you for sharing. That really concludes the interview actually. So, thanks again. Going to end now.

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