

## Duncan Mitchell Interview: November 24<sup>th</sup> 2015

Interview at Manchester Metropolitan University with Nigel Ingham

D of B: 4/4/62

(0:02:33.3) C & B started independently of each other + for different reasons. B started as home for inebriate women. Slightly hazy on details but there was an Inebriacy Act 'and that was B's function.' Started late 19C.

Different to Langho Colony. Ref: PhD on Langho Colony - copy in Manch Uni History of Medicine Archive. Langho Colony - people with epilepsy. Thought mainly people from Manchester. Think closed 1980s, because worked with nurse from LC who came to C as a N/A. Worked there for many years. Senior at LC because Local Auth, but NHS at C - so came as N/A because not a nurse. Bizarre because D felt work was the same. Thought LC poss started in 1920s.

(0:05:20.0) Thought B called B from its onset. C started early part of 20C when Lancashire Asylums Board (LAB) identified need for further asylum in Lancashire, esp. as people perceived as mental defective, feeble-minded. Was before 1913 but for that group of people. asylums crowded at time and wanted to move pwlds out of general asylums, so looking to build new one. Looked at sites at Bolton, Chorley but decided upon Whalley. Driver - LAB = organisation of Local Govt, made up of Poor Law Unions/Guardians, local council and medical representation. LAB ran big Lancashire Asylums e.g. Whittingham, Winnick. Asylums - psychiatric/ld no distinction i.e. state ones were general mental health ones. RA not part of that because independent.

(0:07:57.4) LAB commissioned C. Public enquiry in Whalley about siting of C. Public opposition in Whalley. D researched into local press - Chorley had campaigned for it, because a way of bringing in trade. (Would have been sited 300 yds from where D now lives!). Ready to go just prior to WW1, but then military hospital. Handed over to LAB post-WW1. This now after MD Act 1913. Formally became an institution early 1920s. Don't think ever called 'a colony'. Debate about these terms and their respective philosophies. Architecture: part new with colony blocks, and part old with hospital blocks - c3 of these. Architecture - a compromise.

(0:10:25.9) Not sure where pwlds originally came from to C. Hypothesis - some people admitted to C as their first instit. 'Pretty sure' others transferred from other instits - because of overcrowding. Some opposition to this transfer because in mental health asylums some of pwlds were very able and did quite a lot of the work. More disabled people no problem - but for more able bargaining went on with Medical

Superintendents in specialist asylums. Those that moved to C and similar places 'almost ran' the places under tight supervision. So believes a mixture of folk went to C.

(0:12:27.0) Also patients in military hospital stayed on at C either as patients (poss. badly brain injured)- D not sure about that, but has seen heard oral evidence that some stayed on as staff. C grew - probe peaked in 1960s 2,500 - one of largest in UK. Closed as 'long-stay institution' early 90s. Cond as 'An Assessment and Treatment Unit'. Some people passed from one phase to the next. Most buildings knocked down after long-stay closed.

(0:14:06.1) Relationship between C & B. 'At varying times they were 2 completely separate institutions that had nothing to do with each other at all.' Other times - admin close. Quite difficult to disentangle their relationship. Very interesting - 1950s recruitment campaign. Each of regions somebody had to write a report and send it to the Ministry of Health. Report based on ability to recruit. D read report on C and B - which stated that to all intents and purposes they were same instit i.e. people criss-crossed, common work happening. But D also heard that 'they could have been 100s of miles away.' Staff said they never knew people in the other instit. They attracted from dif geog areas for staff recruiting and residents. D's understanding: C - mainly Manchester residents; B - mainly Lancashire. Health Authorities - B under Blackburn; C under Burnley. D's impression is that neither of them wanted the burden of 2 instits. D there when 2 finally did combine –

'And at that point it was like we were combining with a different planet, I have to say... Nobody who I knew from C knew anybody who had been in Brockhall. Everybody at C thought B was the worst place you could possibly imagine. Standards were dreadful... And I am quite sure that everybody at B thought the same about C.' This all about c1986. 'A decision was taken to close one of the institutions. And I seem to remember we weren't told which one at first. But that we would have to come together. There was quite a big impetus of charge nurses from C went round and inspected all the B wards. And Ch/ns from B came round and inspected all the C wards. And I remember the B nurses coming round to my ward at the time - and I was quite indignant! I have to say. That these B nurses who I saw as having much poorer standards - wrongly I think, it was just this rivalry between institutions - were coming and asking me all these qs. I remember was quite offended by it.'

Then B shut, gradually all remaining staff/residents came to C. Suspect reason that B closed first because much easier to deal with site than C. Now B - prestigious housing. That would have been more difficult at C. (0:18:55.5) Key changes/phases at C during 20C. Identified as following 1959 MH Act + 1971 Better Services. Knows about these things both from own direct experience and mainly 'from what people have told me.'

'The 1959 Act I remember people telling me transformed the hospital. For example when I was training in the early 80s we had a Chief Male Nurse who had been at C who came t talk to us.' Came to talk because students doing an older people's module, so came to talk about retirement. But students wanted to know about C in the past. 'And he said the biggest change had been that before 1959 there were a lot of people who were much more able at C than there were afterwards - intellectually and physically able.

'And he gave the example which I just hope so much is true. I find it a bit difficult to believe. He had no reason to lie to us. It might have been embellished a bit! He told this lovely story about how he'd had to discipline some nurses for laxity. Because what happened was - they used to have coal fires on all the wards - and the nurses were sat on the ward in front of the fire, and did what they should never ever have done and given their keys to one of the patients to go and get more coal. He said it was idle, they should have gone and got the coal or they should have at last gone and unlocked the coalhouse... But they threw the keys. And the patient took the keys and prior to getting the coal and actually made an imprint of the main key and copied it in one of the metal shops. Took it back, with the coal, put it on the fire and all the rest of it. The patients then in the evening used to go out and then they'd come back later on. He said it took quite a bit of work to trace this key back to these idle nurses. And the reason he told us - one because it was a very amusing story was the ability of the patients to have done that was quite significant. He suggested that there wouldn't be people at C in the early 80s who would have been able to do that. And we guess that that was probably right.

'(0:22:26.1) He said in 1959 most of the patients (0:22:31.1) were made informal rather than compulsory detention. And he remembers the Chief Male Nurse going down the male side and literally just unlocking all the doors that had previously been locked. and Matron going down the female side and unlocking all the doors that had previously been locked. And he said there were - he didn't give a number - but he said quite a lot of patients who then left, never to be seen again. There's the embellishment of the story there and I might have embellished it a bit more but he was saying that if that was the case they were clearly didn't need to be at C. 'Course I wondered why he just didn't bugger off when they had got the key...' '59 clearly a 'big change'. Many able people left. Criteria 'strict' as to who admitted.

(0:23:48.3) Big change after Better Services. Not sure of when exactly it happened - 'but all of the wards were altered substantially.' No. of wards increased. Huge wards broken into smaller ones. May have even doubled in number. Lot of money to brighten up C. More domestic furniture. Residents got own clothes. White Paper cause of all this.

Next big change - decision not to take any more children. D went in 1983 - had to go outside C for 'children's experience'. 'Adolescents experience' still in C. Training had to do so many weeks with kids/adolescents/other groups. Adolescents - late teenagers, early 20s. Stopping children - 'very significant' for a long-stay instit - meant it was less of a total institution. Not happen that come in as a child and stay there most/all of life. By 1983 school had just gone.

(0:26:18.9) D arrived in 1983 - just had a big party to celebrate getting below 1000 residents. 'It was very clear in 1983 that the official view was that it was going to close. A lot of nurses didn't believe it... Certainly our general feeling was that there would be some people left at C who would never be able to move out - and of course we chose the wrong ones. We thought that the people who would be difficult to resettle - this was a general feeling - would be the people who were very profoundly disabled, complex and profound disabilities as we might say now. In fact they were the easiest ones to resettle. The difficult people to resettle were the people who were more able and who had a good deal of freedom and some issues with their behaviour that made them stand out... '

Other changes from reading more widely - massive changes in WW2 - part war hospital, people moved out. (n:c.half)??? D recalls interviewing a woman who was conscripted as n/a in the military bit during WW2 - 'and as far as she was concerned the rest of C might well have not existed. They were so separate.' (NI note: cf to G/burn) D talked to a man who as a resident was moved out during WW2 - for duration prob in Greaves Hall, then returned afterwards. 'His (the man's) perception was that there wasn't any room anymore at C.' Also staffing probs in WW2.

(0:29:07.9) C & B real staffing probs esp in 50s and 60s. Widespread across NHS but esp in Asylums and LD institutions.

Other big change - NHS take over 1948. (0:29:58.0)

Before C - D did a degree in Politics @ University of Kent. D lived in south or abroad because dad in navy. After uni - 'I didn't really know what I wanted to do. And I knew several people who had been involved either in nursing. some had been nurses and then come to university, bizarrely in those days... And others had worked with people with Ids. Quite a few friends who came from the Manchester area. I applied originally just to do nursing assistant work in an institution. I ended up applying for nursing. I am not entirely sure in my mind why I did it now.' N asks where the institution was. 'It was in the Manchester area I was looking. Because I had friends in the Manchester area. I'd lived there. I didn't particularly have an affinity to other places I'd lived. And I wanted to move. Bizarrely I ended up at C. I got a place in the School of Nursing, which I saw at the time - again colleagues would be horrified at me

saying this - almost as nursing assistant work. I never saw it as a career. Doing that for a year or two whilst I worked out I was going to do for a career frankly. And I ended up - that was my career!

N asks about the applying/interview process. 'Yeah. I remember applying. I remember the interview. I'd come up. Stayed with a friend in the area, because I knew quite a few people from university. Had an interview with a Nursing Officer from C and tutor from the Burnley School of Nursing. And my interview was at C. By then it was incorporated into the Burnley, the bigger school of nursing. I had an interview. I was given a place...'

*N ... Had you been to an institution before?*

'I had been to a mental health institution but not a Id one. And I didn't at this stage see a huge difference between the two. It sounds awful now looking back, but I didn't give it a great deal of thought. It ended up that was the opportunity that came along, so I thought I'd try that. So they offered me a place. I started in September 1983 and I'm clearer - as I say I'm not that clear about the apeopleication process - but I'm quite clear about things after that.

(0:33:57.5) 'There were 12 of us in the group. I was the only one who'd had a degree and that was seen as a very odd thing to come with a degree. The others were a mix of people. In C's terms they'd come from a reasonably wide area but we're talking north west towns near C. apart from one guy who'd come quite a distance. I don't know why he'd come into C particularly. But the rest had all come, fairly local people. Two were already enrolled nurses, so they'd worked at C for sometime and needed to do some time to up their qualification to registration. But the rest of us were on the three year programme for registered nurses. So there were 12 of us, couple left but most of us stayed on. We were looking back all white, British, which would have been a change. Only a decade before there would have been a lot of people from the new commonwealth. Do you know there was some body there from Kent as well I remember now, who still works at C. bizarrely. And I don't know why she landed at C. We must have talked about it because we both come from Kent... Three of us blokes, the rest women... We had 6 weeks introductory training and then it followed the pattern that most nursing schools had, where you had 2 week blocks and then 8 weeks experience in between the blocks. That went right the way through for 3 years.

(0:36:15.7) The classes were very - it was like being back at school, the classes. It was very didactic sort of stuff that we had in that first 6 weeks. We had tests on what we'd learnt... the week before, every Monday morning. Very much taught classes, with some discussion.'

*N: And what were you being taught?*

'It was a range of stuff from basic anatomy and physiology, which I found incredibly hard, although it was basic looking back but I did find it really hard. There was some very basic stuff on mental health legislation which was very interesting in the process because it had all just changed. And we were taught it in a really weird way. I remember a lecturer saying all the old clauses of the MH Act and what they were now. So Section such a thing is now Section whatever, which had absolutely no meaning to us at all, but it would have done to existing staff. and there was some rudimentary Sociology I remember being taught. And then some nursing culture in terms of very little about nursing behaviour, ward routines, things like that. I don't remember doing any history of nursing. Now that doesn't seem much for 6 weeks but nevertheless we had classes from 9 in the morning until 4 in the afternoon... taught classes.'

*N: And where were you living at this point?*

'I had a room in the nurses' home. And it was called the male hostel. There was a male hostel, a female hostel and mixed hostel. They had been built as nurses' homes on site... It was fine. It was not unlike being in student university accommodation. I had a nice room. There were some common areas but they weren't well used in the way they had been intended. Yeah it was quite a nice environment to live in. Isolated of course because... C was quite a way from anywhere, so it's quite a long walk into Whalley... So that was 6 weeks training at the end of which we then had our first ward experience. And was when I re - that was my real shock, the ward experience. I found the stuff in the School of Nursing - well you just had to do it and it was fine. I was happy to sit there as a student. But on the ward I remember the shock. The first morning we had shifts of - long days we had of 7.15 to 7.45 was a long day. You'd have two on, two off, two and a half on, two and a half off. (0:40:05.4) You worked the same shifts as qualified staff and it was a rigid Red Shift and Blue Shift. You would only see your other shift on a Friday lunch time, which was hand-over. That was the only time. It was fairly brief. But to all intents and purposes the two were almost completely different cultures sometimes on some of the wards for some of the people who lived there. But I was on, it was an adolescent unit. There would have been about 15 or 16 people lived in this unit, divided into 2 halves. One half was people with more severe physical as well as Ids. And the other half people were more able, although there were significant disabilities in both. Students always were put with the people with more physical and Ids. And I have to say it was a hard slog. There'd be two of us on. There'd be the student and a n/a on our half. And you'd have three or four young people to look after, which was getting them up, getting them dressed, washed, breakfast and then out. They had activities for the day. So you'd accompany them for their activities and they'd come back, at that stage exhausted, and then you'd sort the ward out until

lunchtime when you'd go and pick up the young people again. They'd come back for lunch and then the same sort of thing would happen in the afternoon.'

*(0:42:06.6) N: And what sort of activities?*

*(0:42:16.4)* 'They would go to Social Education Units and C was very divided between you either worked on the day units or you worked on the wards. People tended to do one or the other and didn't transfer from one or the other. They were two different cultures. You would drop the young people off, same would happen with the older people, and you weren't 100% sure what they did in that time until lunch time. Your job as a nurse was to take them there, Thank you very much. And there would be other nurses who would then do things with them during the day. There would be daytime activities. Later on I worked on some of those activities on placement. It would depend very much on the individual. In some I have to be quite honest not a lot went on, they'd just sit in a bean bag on a day activity, rather than on the ward. On others there was a programme of stimulation for them, education, and on others there were work activities, contract work to be done, depending on their abilities. But not unlike a day centre I have to say, an adult day centre that would have been in the community, where those things would have gone on.

*(0:43:47.9)* 'I was shocked by the behaviours of the young people, the degree of disability and the amount of care that they needed. And I was also shocked by the fact that immediately you were given a group of people, both men and women, to look after and there was very intimate care, which was not something I expected I have to say! Very soon got used to but as far as C was concerned you were a nurse so you looked after the people you looked after and that was an end to it. But obviously I got used to that.'

*N: This is 1983, so in terms of clothing and choice and those sorts of things what was it like on that unit?*

'Well first of all across C every person who lived at C had their own clothes. And whilst that sounds now to be, Well why would they have had anything else? There were still in place some absolute rigid rules to make sure that still happened, because it was within fairly recent memory where people would just go to the clothing store and pick up vaguely what looked like it would fit somebody and put in on them. And the sort of rigid things that were still in place is Nursing Officers or the Director of Nursing at on stage would sometimes when they met somebody who lived at C have a look at the labels of their clothes. That sounds very dehumanising. But would. And we all knew that we'd be in real trouble if the person on their clothes which indicated it wasn't their clothes. It was really clear that people had their own clothes and they were the clothes we had to put people in. *(0:46:07.8)* And I remember staff saying, Oh be really careful that you get the right clothes. So yes they did have their own clothes and it was

really important they used their own clothes, and they were stored in their own wardrobes. There was a rudimentary level of choice that you could hold a couple of garments and some of the residents on that first unit might be able to choose but only some of them I have to say. Most wouldn't have exercised that degree of choice. There was very little choice for them that they'd be able to exercise. That would have been too sophisticated for the first group of people that I worked with. Later on people could choose their own clothes. There was one ward I remember working on that was fascinating because we still had this experience of bundles that you'd get everybody's clothes ready the day before. It was really important that people chose their clothes, so they would choose what went on their bundle, but we still did these bundles so it was all ready for the next morning. So yes it was really important to C that people had their own clothes.'

*N: And the bundles was that when you were training or did that continue when you were a nurse there?*

(0:47:38.4) 'I was a nurse there for a couple of years before I moved to the community. And it was different on different wards. And the ward that I was on - although it was a resettlement ward, this really bad! But there were still bundles done but they were only done - people could choose their own clothes, and did, and many would just get themselves dressed. So other than putting clothes away we didn't have anything really to do with clothes for some of the people, because they were able enough to sort it out for themselves. But when it came to special occasions which would be certainly Xmas and any sort of going out or big thing then bundles were still done. I remember the ward sister being very clear that we sort the clothes out for if people going out. They might be able to choose it the rest of the time. But there still that element of control there. They're an institutional habit and they die hard I suppose'

*N: So what were your thoughts about bundles at the time?*

'Do you know there are several institutional things did not strike me as being odd. Part of that was because I was working in an institution and you very, very quickly get enculturated into an institution, That's what you do. So there was an element of that, that I didn't question some things until quite a lot later. And then there was also my own history that I'd been to a boarding school and a lot of - To give you an example, there was this awful thing that used to happen. And I remember in that first six week, one of the examples one of the tutors gave is that you must never ever when you're making tea for people at C get a teapot and put the milk and the sugar in the teapot with the thing because they said people need to choose. And I sat there thinking, Well what's the problem with that? "cause that's what we used to have - we'd be given our tea with the milk and sugar in, and very nice it was too! So that was me. I remember the other students being horrified that that was the case, but I certainly wasn't.

(0:50:12.8) 'So some of the institutional practices were not unlike some of the things you get in boarding school. So there was that element for me, but also we were so quickly encultured into the S- They were things that we were critical of, myself and the other students when we came back into school... I can't think of example. But some of things looking back we just accepted as being part and parcel of - '

*N: So what would be examples of those Duncan?*

'The things that really horrified us were if there were things that we perceived to be poor care. That was more about either neglect or - I didn't come across really bad physical abuse - but where there would be either carelessness or brusqueness with people, or even I suppose a harsh language. We would be very critical of that. And it was known that there were some staff who weren't as kind as they should be. We would be very critical of those staff who didn't bother to much about residents' clothes and things. But that was an official thing that there were rules about. We used to have a lot of debate about freedom, individual freedom but it was more around the practicalities of - (0:52:05.6) So a good example - there was a rule that there were no locked doors at Calderstones. That was a really big thing - can't have locked doors at Calderstones. One - it is illegal to have locked doors at Calderstones. And also it's not right. And I remember that first ward I was on, we used to lock the doors. If we hadn't locked the doors there was one young woman in particular on there who was, would have been really at significant risk. She would run out on to the road. At best there were two staff for probably 8 or 9 people, so we couldn't have one to one. And locking the door was just keeping her safe. Now we knew we weren't allowed to do it but we also know we did do it. The Nursing Office knew we did do it. And now and again she would come in and 'tut tut' at the locked door, but then she would lock it after her, 'cause we all had these shutter keys - one key would lock and unlock all the doors. So we had a lot of discussion around what was right and what was wrong about individual freedom. And also choice. I remember lots of discussions about choice. Would we be critical about staff who didn't help people with choice? Yeah we would. There was that issue. But then there was the same issue about... for example if somebody we worked with chose to wear a t-shirt in January, we'd have quite long debates about, Well that's their choice to wear t-shirt in January. But then they're going to be cold and that's not safe. They were the sorts of debates we used to have.

*N: Thinking about how you would frame some of those debates at this time are talking about normalisation and - ?*

(0:54:13.2) 'Yeah normalisation - and it was still called that , we'd not got on to Social Role Valorisation - was a - I don't remember when we first had discussions about it, but I remember it through most of training of being an issue. It was something that staff on the wards were aware of and we were aware

of. And many had been on workshops around it. The debates that I remember were around the scope of it. We hadn't quite got the bit about the social value I have to say. We had got the bit about living lives that were seen to be normal. And of course there was that discussion - what's normal and all the rest? But generally I think it was understood that we had to encourage people to be doing things that were age appropriate. And particularly that the environment had to be as homely as possible. We used to go to great lengths to make what was very clearly not a homely environment a homely environment through using ornaments and the sort of furniture that was on the wards and separating the sleeping areas from the living areas from the living areas as much as possible. And it's actually quite difficult within the confines of a large institution (0:55:59.6) to do some of those things. Just as an example there was one ward that I was placed on that was at the back of an old block and it had been really as best it possibly could to be a nice area to be in. But there was this very sensible ruling that to as much as possible everybody should have their own front door. Now the way this block was designed the only way this block could have its own front door was either coming through the front of the block which was another ward - and you weren't allowed to walk through one ward to get to another one. That was a new and again very sensible ruling. - so the front door to this ward was at the back, and now and again you did use it, you used to flout the rule about going through the other one. So you'd go in to the front door and that went through their bedroom, so the front door and then the bedroom. And it was the only way to design this ward. (0:57:07.1) It would have been really difficult to do it in any other way. So you had these crazy sort of things in order to try and make the institution a better place for people to live you had these really bizarre things. At C they were all called by addresses so there'd be 20 Calder Avenue was where I - and you were not allowed to call it S Block, 20 Calder Avenue was S1. The fact that I know it was S1 - although if you ever called it that you'd be in bother. It was 20 Calder Avenue.

*(0:57:46.7) So when did that change?*

'I don't know when it happened. It had happened by the time I was there. It would have been some time I guess in the 1970s. It was all about - prob late 1970s - making the institutions better... Under Better Services it was a two pronged thing: 1. You made the institutions better; and 2. You make services outside better. And the big criticism of it was that there was only one pot of money, and you couldn't do both. In fact some people suggested you'd be better leaving the institutions alone and just getting everybody out of them. but nevertheless C did have a lot of money spending on it, trying to make it better - proper domestic furniture, wardrobes, and yes the address system, whereas there used to be a male side and a female side that was all mixed up. Some of the wards were mixed up so you'd have men and women on the wards. You could no longer call the wards by their alphabetical name, it was Calder

Avenue and Ribble Avenue - and they were the addresses. So prior to that it had been an alphabetical - A Block to - I don't know how far it went up to actually... to R Block?

*Had that been the situation from its inception?*

I think so but not sure...

*And I am almost imagining – your nursing training was 83 to 86? (Yes) So there's all these changes - you're going on wards and in your head you're thinking, We've got to make this more homely etc. Were there tensions on some of the wards between the established staff and these newish ideas?*

(0:59:47.8) Yes but what you need to remember is that the wards we'd have gone as students would have been to all intents and purposes the better wards. That in order to be a training ward they had to meet certain standards. So by and large we wouldn't have gone on... the wards with older attitudes. and the charge nurses and staff nurses indeed on the wards would have been assessors on our ward, which meant they had to undergo regular training. There were some wards that I was aware of at C that hadn't changed a great deal and I can think of one of the blocks in particular where there were still some very old practices went on within them. They I would imagine would have been very resistant to change. The wards that we went on, at least they used to talk the talk. Now and again you'd get views of, Well never mind all that, and, This place is never going to close, and typically, It's no good trying to make people normal. Those sorts of views. But by and large they had a training function with us, so we went on yeah the better wards. Having said that, looking back, if you compare it to any form of domestic environment that I would expect for myself or anyone else, they were absolutely appalling. But in terms of the way the institution had been you could also see there'd been massive, massive changes to these places. A huge investment had gone in. And some of the staff used to go to huge lengths to try and make things as pleasant as absolutely possible for people. And some of the care that was good within the - I'm not trying to talk up C 'cause I'd rather see the place bulldozed but within those confines there was some good work that went on. There were still some of the older attitudes but they were generally on some of the other wards. And it was clear that staff would be pushed to some of the other wards. Some wards that people would go on because well it was a disciplinary thing. You'd be sent to certain wards as a - it wasn't a clear punishment but you just knew that people who weren't as good would be sent to certain wards.

*(1:02:36.1) This is staff we're talking about?*

Yeah.

*And to go to your point you were saying about the locked wards - that C had a no-locked ward policy but the ward you were describing there was a blind eye turned to that... I mean when I think about the Royal*

*Albert in the 80s there were still very definitely locked wards, like 'openly' locked wards - were there any 'openly' locked wards at C?*

Well only openly in that everyone knew that they were locked but formally, no. There was no formal recognition that they were allowed to be locked. At least - there was a block at C that then became the secure unit when it changed that did have people who were detained under the MH Act. Now I was never placed there, so I don't really know what it was like. Now they would legally be able to detain people there. But for the rest of the hospital everybody there had the status of being informal and - with one or two very rare exceptions - and if they were informal it meant that they had the freedom to come and go as they wanted. And the law was clear - if you lock a door and they don't have a key to that door you are illegally detaining them. But that's what used to happen, but it was an issue for their safety. At the same time some Adult Training Centres would have been similar, and some hostels would have been similar. And we didn't have any legislation really to deal with those, so you had to turn a blind eye to it. I guess they might have been a little more honest about it at the Royal Albert, but they would have been under the same legislation. unless people were detained under the MH Act you weren't allowed to detain them and locking a door, which they didn't have access to the key, was detaining them. I remember the debates about it we used to have. It's only really the Differentiation of Liberty Safeguards that has cleared that up, as giving a legal framework in which we can detain people under certain circumstances. But up until that point blind eyes just had to be turned. And I know the same would have happened in community settings as well. (1:05:20.3)The problem with C because it was an institution was that you might have had one person on a ward who would have been a danger to themselves if they'd run out somewhere. so everybody was detained by the same thing. I mean that was a real problem with an institutional setting. ...

*During your training what were the other sizes of places you went on (in training)?*

There were similar (to the adolescent ward of 12-16) because I think there was an understanding - and probably a ruling somewhere about the size of wards, because that was one of the ways that change had to happen. And it's bizarre in an institution but to change an institution you have to do it by the institution's means, which you have rules, and there would have been a rule at one time about the size of a ward at C in order to cut them down. I've got in my mind the number 15 but I wouldn't swear to that. But thinking about the wards I was placed that would have been a typical sort of number of people... Some of our placements when we were in training were outside of C. So we did a placement at a special school, we did a children's placement that had to be outside C because we had no children there, so that was in a short-term care children's home, interestingly run by ex-C staff, in fact that might

have still been on the books at C, 'cause that was on the ways they closed C down was by moving staff out but keeping them on the books. And of course then moving clients out.

*(1:07:30.3)... Special School? ... What was that like?*

It was outside of C. It was a special school in Haslingden I went to. It was an odd place actually, this school. It was in an old manor house at... Haslingden. So it wasn't like a school at all. But it was. It was a standard special school and there were children there through the age range from 4 or 5 up to certainly 16, I don't think we had anyone older than 16. They'd have gone on to college then - but other than that it was a standard special school. We did a term there. Then we had to do one placement in a general hospital on a medical ward. It's the only time I've worn a uniform since school. Then we went to be what we used a term 'proper' nurses for 8 weeks! At Burnley General. All of us at the same time went.

*You would use that term at that time?*

Yeah. We used to say, We'll go and do a bit of proper nursing. Yeah we used to joke about that. What else did I do outside? Perhaps they were the only three placements. Oh yeah and then one with a community nurse. I had to spend 8 weeks with a community nurse in Rossendale. So they were my 4 emplacements outside. But all the rest would have been at C.

*And as a student how did you contrast and compare your outside experiences to working at C?*

That's a very interesting question. They were just so different and because they were purposeful they were - so we'd talk about going to a special school as if it was nothing to do with C. That was the interesting thing. I do know that the ward, the unit that I was that was the biggest contrast actually wasn't outside of C, it was in C. And I don't know why I was placed there. But I had one placement in - it wasn't resettlement, it was with people with very profound and multiple-disabilities, and complex disabilities. 3 young people lived in a flat at C, in what had been one of the old staff flats. (1:10:34.9) One of the ways they tried to run C down and change it was when the staff who were entitled to flats rather than rooms when they left or moved on. And typically there would have been a matron's flat and a deputy matron's flat and I think ward sisters who lived in would have been entitled to a flat. When they moved on and there was a vacant flat they would moved 3 residents into it or two, however many it was, with a member of staff. And I had this one placement with 3 young people and 2 staff would have been with these 3 young people. I would have been an additional member of staff... They might have even called it a community placement - God knows why I was there. But anyway I was there and that was biggest contrast because these were people who I knew had been on the C wards, and it really opened my eyes to the way we should have been supporting people rather than on a ward. Because they had been on a ward with even trying to do personalised care. The bathrooms were these horrible

big institutional tiled things. Usually because of the numbers of staff you'd leave the bathroom door open even though you were helping somebody in the bath, because there'd be somebody you were keeping your eye on outside and all that sort of stuff. It wasn't very personalised really. But on this unit, I remember there was one young man for example who used to love just lying in the bath. And I couldn't believe it. Well we could do! You'd sit with him to support him so obviously he didn't drown in the bath but other than that if he wanted to be for three quarters of an hour, an hour, so he could as long as the water hadn't gone cold. And I thought, Blimey this is how we ought to do it. And I remember the shock. And that was the real contrast for me - it was bizarrely that flat which was in C, rather than any of the community placements, some of which were still pretty institutional I have to say.

*(1:13:03.6) In what ways?*

Well the practices, the culture was institutional. There was still the - the nursing hierarchy was very hierarchical between the sister and the staff nurse and you'd still use those terms... You wouldn't eat with the people you were supporting. You'd help them eat and then you'd eat separately. It was things like that. Whereas on this flat it was quite different. It was a real intention to staff and people supported would do things together. There was adequate staffing for the needs that people had - and that shuck me up more than anything else I think on that - and bizarrely it was in C itself. But they wouldn't use any C facilities so if people wanted to go out you'd get in a car and you'd go out of C and do something outside of C, and that was a big change. The intention was that those young people would move out of C, possibly with that staff group, possibly not, ... as soon as it was possible, and possible meant as soon as the facilities were available outside.

*(1:14:31.7) And roughly what stage in your training did you experience that?*

Would have been nearer the end than the beginning certainly but I can't remember exactly when. It wasn't my last placement but it would have certainly in that final year I think...

*And you were suggesting earlier that throughout your training there was a feeling that C was going to close?*

There was, although at the same time there was resistance to that. There was an understanding - I reckoned that C was going to close. There was no fut - and I reckon that in terms of my career. I thought I had no career at C. There were others in my group who had the same feeling but you might, you'd get your first job at C and then you'd move out to something. There were a lot of staff would say, Oh of course this place is going to close. There would be some people who didn't agree with that and there would be others who would say - I think sincerely - that, This will get smaller but there will be some people who will never be able to leave. And the other resistance came from a small number of residents

who had been there a long, long time and had a privileged position within C. There was one guy I remember, very able bloke, ... he was the one who'd gone to Greaves Hall during the Second World War, but other than that he'd been at C all his life. He was very articulate, he now had his own - he shared a flat with somebody else at C. He saw himself as having quite a privileged position, and indeed he did. Lovely guy. And he used to say, Oh I don't ever want to live anywhere else. I think he actually died at C but I'm not sure. And there were one or two other residents like that who didn't want to move. So yeah there was some resistance to it. (1:16:58.5) But there was a - I know memory plays tricks but my understanding is that there was a general consensus is that C wasn't going to last last much longer. And bizarrely it has...

*And what was the position of the trade unions at that time?*

I was a union steward at one stage. There was a very different view in C to B. And the reason I know that is 'cause as trade unions we did come together at C and B, we had joint meetings. B unions were strongly fighting the closure plans at B. And the C unions weren't. There was an acceptance that C was likely to close and there was an agreement that the job of the unions was to negotiate the best possible terms for staff, one whilst C was still around and I think the understanding was that although it was going to close we're not talking in the next 2 or 3 years, we're talking possibly the next 2 or 3 decades, that there would be a gradual contraction. And that something needed to be sorted out for staff when C did close. And that would either be a transfer to employment elsewhere or decent terms for redundancy. That was the sort of thing that was - But because the uni - I was in COHSE which itself is now, obviously an old fashioned term now, UNISON now. It was interesting because (I forget the term) but the senior bloke in the union was married to a Nursing Officer who was not only responsible for the resettlement areas but was a real advocate of resettlement. So you'd get these really different odd things going on... There certainly wasn't active resistance from the unions to the closure.

*(1:19:50.1) Was there any deal around jobs? That if you didn't want to take early retirement or take a redundancy package and you wanted to carry on working that you'd be guaranteed work in the future?*

There wasn't - no not then. There was later. But not then. Not whilst I was there. It wasn't an issue whilst I was there. I applied for a job outside of C 'cause I didn't see a future career at C. Basically I wanted to work outside. When I qualified I worked on resettlement. And then from resettlement I applied for a community nurse post. And my understanding was that really anybody who wanted a career that what's they needed to do. But anybody who just wanted a job would have been all right for a while at C because there were enough people retiring anyway, provided that lots of new staff weren't taken on. That they would probably either see their careers out at C or they would be able to move at

some - It wasn't seen as being a real issue when I left. Although later on I do know that there were all sorts of arrangements made to make it easier for people to move on.

*You just mentioned there that when you qualified - so you went into resettlement?*

Yeah.

*Tell me more about that.*

(1:21:29.2) It was a bizarre place. It was a ward at C. 21 Calder. Which was 2 floors of one of the old big blocks. The first and second floor. And they had been turned into flats to as best as people could. And some things about the flats looked very nice. And I know whenever we had visitors it was always this block that people would come round and look around. And very often visitors would some times say, Oh this is marvellous. And they 'd say. And why are we shutting this place. And by then I was a real advocate for closure of the place. And I used to think, Why? Send them round somewhere else! I use d to think. But even so it was only some of it that was nice. So there would be this massive long corridor as you got in, with side rooms either side. One or two that we used as bedrooms but mostly used as store rooms, and then an office. Then what had been the massive long dormitory at one time had then been split into 4 flats. And each flat would have had either 2 or in one case 5 people in. And there would have been a bedroom and a living room and a kitchen in each of those flats. Some of them were lovely. They'd been furnished beautifully. Sometimes with ppl's own furniture. The intention was they'd buy the furniture and then when they'd left they'd take it with them. And sometimes... really nice furnishings. The problem with them - well there were several problems - one was that although the living room and the kitchen and the bedroom were in one, the bathroom was still the old block, the bathroom blocks. And so for somebody to use a bathroom they would have to come out of their flat and walk a fair distance to one of the old blocks where thee would be a nasty old cold bathroom, and a series of toilets with - they didn't have half-doors but certainly the doors with the gaps at the bottom and at the top. And on one of the floors we used to have to take the loo paper out because there was one resident who'd stuff it down the toilet, and so people used to go with their - bit of loo paper. It's like when you're in a campsite really. Everybody knows what you're going to do. So that bit wasn't at all good. But yeah they were - other than that the bestest that could be done in a bleak old institution. They were nice flats that people were getting ready to move out. And by getting ready crucially they were living with the group of people they'd be moving out with. And by then we had come to recognise that that was the most important thing. But the intention when those flats were built was that they would learn how to cook and how to look after their flats and things. And we'd realised at that stage was that was the least of people's problems. It didn't matter whether you could cook or not. It's really easy to provide food for people

outside or for them to purchase it themselves. The problem is if you haven't got the relationships right with people. And that was the intention. They would be living with the people they would be moving out with.

*(1:25:33.0) And how did people select or - these groups of people to move out? How was that done?*

Well it was done on the grounds - Two ways. There was some groups that were done strictly by the fact that- for example I remember 5 men came from Liverpool. There was a resettlement package for 5 men in Liverpool. So they were the 5 men who were going into that package. The purpose of them coming to the flat was to get to know each other. Had there been a huge personality problem clearly it would have been reviewed. But the intention was to try and arrange it there wasn't a huge personality problem. So that was one way. The other way was if there were relationships within C that people had made, and that they could be identified. And that was sometimes a bit tricky. But there were some people who - for example I remember 2 women who got on. And that they didn't get on with many other ppl. They didn't spoil any other pairs. And they both had what we used to call boyfriends, but male partners, who they did not want to live with. They were absolutely clear on that point. One of the grounds that her brother wouldn't approve. She was brought up different from that. So there was no way she was going to live with this - these were women and men in their 60s. But they had relationships with these two men. And it had been decided - with them in fairness - that they would all move to one town - Wigan as it happens I remember - to live in different houses. So the 2 women would live, and the 2 men would live in a different house in Wigan, but near to each other. Now they were established relationships. There had been a little bit of bringing them together. The men and women couple were established relationships in both cases, but we put the women together. (1:27:58.4) And the two women lived in one flat. And the men still lived on their wards as it happened. But they did all move out to Wigan together in their different houses... Looking back that was a quite carefully put together group, but very sensitively done. The 5 men wasn't. There were 5 men because there was a scheme in Liverpool for them to go to. The sensitive bit was checking that they didn't fall out when they were in the flat. It was done in different ways. And it was a mixture - a very pragmatic mixture looking back of what the agreement was with the receiving area and what the relationship was with the individuals.

*(1:28:46.2) And I'm getting the impression that the 2 women and the 2 men originally come from different places?*

Yeah they had. Yeah. What I know now - I didn't know then so much, but I do know now - that then that needed a very careful re-arrangement because of what we called the dowry. That the money would go back to the area that they went to. And I know now because I've seen minutes of meetings that there

was a lot of very careful negotiation that would go on. We didn't know anything about that. Our job as nurses was to help three people in the flats = make sure that they were getting on all right. And if they hadn't we'd have done something about it. And then facilitate the links with the people in the community that they were going to be working with. So typically there'd be lots of visits and sometimes we would take people to the areas they worked in. More usually the staff who were going to be working with them came.

*And at that time at C was there a Resettlement Team? A separate team?\_*

There was... There were Resettlement Officers. And then there were those of us who worked on the resettlement areas. We didn't see ourselves as a resettlement team. We were just the staff who worked on these areas.

*But there were officers who were separate from yourselves?*

Yeah. Yeah. Since I left I said I worked on resettlement because it sounded a lot better. And I did work in the resettlement area. I wasn't part of a resettlement team.

*(1:30:25.5) And what was your position? What was your status on this unit?*

Well I was a staff nurse. And then I was a deputy charge nurse. So I was promoted a few months after I started there... Shift leader basically. I'd be responsible for things that went on whilst I was on duty. And would usually have 2 staff, sometimes a student working me on that. And there's be a ward sister who was in charge of the whole ward. She'd always work opposite to me, so I very rarely, I'd only see her on Friday lunchtime. But nevertheless she was in charge. And she was very, very much in charge! Yes!

(Checking time)

*(1:31:29.7) So you were saying you were there 2 years?*

About that. It might have been a little bit less... Certainly wasn't anymore than that after I'd qualified.

*And you suggested as well that the feeling was you wanted to go out into the community. (Yes) So how did that opportunity arise?*

I applied for several jobs, which I didn't get, until I got one... I applied for a couple of jobs in Burnley. One as a community nurse, one as working in a resettlement scheme that had started in Burnley . Then I applied for a job in Wigan as a home leader... which was somebody responsible for I think 3 houses of people living in those houses and the staff, which I didn't get. Then I applied for a community nurse job in Wigan which I did. So I was looking for jobs that cropped up. Not all of them were nursing jobs particularly. The home leader one wouldn't have been a nursing job. It would have been for the local authority, which is I suspect the reason I didn't get it. And then I applied for a job in nursing as a

community nurse. So as it happened I stayed in the health service. Community nursing was very different then. That's another story! It's not about C!

*(1:33:18.6) ... One of the things you mentioned earlier - and I presume this was when you were in the resettlement unit - was this process of nurses from C going over to B and checking out B and then some coming across from B. And you were saying that you had this visitation from - I just whether you could say a little bit about that?*

Yes. It was a formal scheme... It was some sort of quality assurance scheme. And clearly they'd done it as apart of the integration between C and B. I think if I remember rightly the decision had been taken but I'm not entirely sure, but the decision had been taken to close B and C would stay open. I think that decision was taken before these people from B came over. There was a new Unit General Manager appointed, who was appointed to oversee the whole system. He was the Unit General Mgr for both institutions. And there was a quality assurance scheme that was introduced that basically made all of the wards - all the wards were inspected. Now it might have been a team of C and B who did it - I really don't know. But it was very clear that you had to have somebody from the other institution on the team that was inspecting you. And obviously the purpose behind it wasn't quality assurance, the purpose looking back behind was to get people working together. And it succeeded in that. But yeah I remember - I think it was 2 people - and I remember the B nurse, Charge nurse, I bet it was a C nurse with him. but I don't remember. But I didn't know the people - came and they went through a - I don't remember the questions they asked - but a fairly standard quality thing of our ward. And I guess they would have been asking about the sorts of things we used to ask about choice, and about clothing. All the sorts of things we always used to judge a ward by. Yes... I can see the office and I can see him sat there and I can remember, Don't get cross here (!). It was so stupid looking back. But I did see B as this really backward place. And I know from looking back it wasn't. There were some really backward wards at B but there were at C as well. And there were some really forward thinking at B and there were at C as well. But I since know that's the case with most institutions.

*(1:36:19.0) And you were suggesting it was a general feeling amongst the staff at C in terms of their attitude towards B and vice-versa?*

Yes absolutely. I assume it was at B. I don't know because I wasn't there. But I assume it was. That lingered with me for a while. When I used to work at Wigan and... I used to have to do some work every now and then with B and I used to think it - I didn't like going there. Whereas I was quite happy going back to C.

*And you mentioned there - who was the Unit General Manager then?*

A guy called Jimmy Abbot. Who'd gone from Whittingham. And we all saw him as coming as the butcher, who was going to close the place. The story used to go round that he'd learnt his trade at Whittington. I remember the particular story that used to go on about Jimmy Abbot was that he'd learnt at Whittington - I think it was Whittington, anyway wherever he'd been - he'd learnt that the place was so inter-connected that you couldn't do anything without everyone knowing all about it. 'Cause even all his calls were listened to, because they'd have to go through the switchboard. That was a union person... That the way he dealt with at C, he came in and I remember him coming in really, really firm. He'd change loads of things around, disrupted the place really really quickly, threw his weight around - and yeah shut the place!

*(1:38:08.6) What examples can you give of that?*

It's sheer force of personality. I was a union rep at that time so I remember going to a union meeting, a consultative meeting with him, which was not very consultative. And he laid the law down. There were two Directors of Nursing at C - there was a Director of Nursing and Director of = we used to call them Director of Social Education. It was equivalent. It was the only place I knew who had that, only institution that had it. And we all expected when they introduced the new General Manager that Tom McLean would get it. And he should have got it. No question about it. I still think it's a dreadful injustice that he didn't get it. But they brought Jimmy Abbot in instead. And I remember him sat there with Tom McLean on one side, Tony Stones the other - who was the other Director of Social Education - and as union reps we were arguing and saying we needed more time for this consultation. And I am almost quoting - the words he used were, Listen it's all right for you lot. It's these boys either side of me who are in the firing line here... Completely humiliated them. I still think now it was shocking behaviour. Very much he was in charge. And he was going to close that institution. Now I left fairly soon after that and so I don't know what he was like in the full picture(?) of time. But I remember him starting.

*(1:39:52.0) Who had been the senior person prior to him coming in?*

Well to all intents and purposes it was Tom McLean. But there were 2 directors, one was Tom and the other was a guy called Tony Stones, who was Director of the Day Services. And Tom had the title of Director of Nursing Services, so director of the wards if you like. Then there was a medical consultant but he wasn't in charge of the hospital, he was in charge of the medical services within the hospital. It was fairly well recognised it was Tom McLean. But formerly it was still that group system. Before General Management in the Health Service I think you'd have Director of Nursing, a senior administrator, and the medical person. The three of them together would run the place.

*Consensus management.*

But it was Tom. We all knew that. Tom ran it.

*So who was the administrator?*

Can't remember his name. In comparison to Tom he was younger than Tom. And he hadn't been in place very long. I can't remember his name.

*One of the names you've thrown out at some point Duncan was H Inceman?*

Yes he was the Medical Consultant. The psychiatrist. He was the senior psychiatrist and if he'd have pushed his weight around he would probably have seen to have been the senior person in the hospital. And in some hospitals the medical person was. But he wasn't. He was the senior psychiatrist and that's how he used to work. So it was an interesting dynamic.

*(1:41:40.9) Thinking of terminology - was that a term at the time - 'the butcher'?*

No. He was seen as somebody - I'm influenced by what he did to Tom McLean. And Tom McLean is such a wonderful guy as far as I am concerned, so I am influenced by that... One, there was antagonism towards the general management system 'cause the Tories had brought it in, so that antagonised me in the first place. And there was talk about this supermarket management and all the rest. So whoever was going to get it - I wasn't going to be very pleased about. But then Tom should have got it, so there was that issue. And then there was talk about him coming in and shutting the place. But I think that preceded him 'cause that's what his job was, you know, the place had to be shut. So any other terms I use about him are because of his behaviour and it might not have been around at the time. Strangely enough I met him some years after when I was in education and I was part of a team that was developing the joint nursing and social work programme. And we went to C for a meeting and he was still there. And I have to say he was charm itself. I was expecting this sort of monster and what a charming pleasant man. And I seem to remember Tom was there as well. And they seemed to get on extremely well. So whether that was just a little snap shot in my - you know how snapshots just remain with you! ...

*(1:43:33.4) Is there anything that I either haven't asked you or you haven't mentioned that you think it's worth mentioning?*

(Initially not think of anything - but sure in time will do because interview 'made me reflect. As these interviews always do.) I think the main thing I'd want to say is that we talk about one institution but it was lots of institutions. And the experience of individuals at C would have been very different depending which ward they were on. And it was very different for some of the people who lived there depending which shift was on - they would be a completely different culture. And they used to know what the Red Shift would expect - I mean the fact the residents were constantly saying, Who's on tomorrow? Are you

on? 'Cause they knew the day would be different depending who was on. So it was lots of different institutions. within the one. That was my real memory of the place and subsequently I know that from looking in the records of other institutions as well...

*Thank you very much...*