

Project: **'Reflections of trauma, challenges, and healing: An oral history'**

Respondent: David A Allan

Year of Birth: 1958

Age: ***

Connection to project: Respondent

Date of Interview: 28th June 2022

Interviewer: Rachel Kelly

Recording Agreement: Yes

Information & Consent: Yes

Photographic Images: No

Length of Interview: 2.27.51

Location of Interview: David's home in Glasgow

Recording Equipment: Zoom H4n (internal mics)



Time (from: mins/secs)	Description	Transcribed Extract (from- to: mins/secs)
0.35	Interviewer asks where the respondent was born.	
0.37	Respondent states that he was born in Ayrshire in a rail carriage. Respondent then explains why this happened. Respondent then describes his upbringing in Ayrshire in a cottage with his family.	
2.13	Interviewer asks where the respondent lives now.	
2.14	Respondent replies that he lives in Glasgow and that he has for 40 years and that he enjoys the buzz of the city.	
2.32	Interviewer asks the respondent what he did when he first came to Glasgow.	
2.35	Respondent states that he came to Glasgow originally in the '70s to go to art school but he only stayed a few months and then gave that up. He then came back and got a job with Community Service Volunteers. He goes on to describe his duties there which included making sure the young people involved were not being completely exploited. He was supposed to go to Edinburgh but the office burnt down. He was on a tiny, tiny wage and he always said he got the job because he was the oldest person who applied for the position. He got to live in accommodation with rent and bills included at a project for people in Cowcaddens in Glasgow, who had just left the Lennox Castle institution in return for supporting them in the evenings. This was his first professional/semi-professional involvement with people who had had trauma in their life or who had had a hard time. This is how he ended up working predominately with people who had learning support needs.	
5.32	Interviewer asks what a typical day working with the people at the accommodation was like and was there a typical day.	
5.39	Respondent replies that things were very different then and that the project with people that had been in Lennox Castle was very innovative. He says that the idea of people who had been in these institutions living in communities was still seen as strange. It was scary for communities and for the people being put there. When he first started working in the area there was one housing provider that he was dealing with. Three years in he was in contact with seven and then seventeen. So it caught on very quickly. He states that initially it was thought that this would be in core and cluster developments.	

	<p>“But a typical day back then [early 1980s helping people who had live in Lennox Castle in community accommodation] would be very much just dealing with whatever came up. And helping people relax. A lot of supporting people is just helping them to relax and not have things become an issue. So, basically, whatever comes through the door. Sometimes, literally, can be like, you know, a little bomb coming through the letterbox. And that could be anything. It could be an electricity bill and people think, ‘How am I suddenly going to pay this? Can I pay this? Cos I’ve no idea what money I’ve got because I’ve no idea what money is.’ You know, ‘If I don’t pay this will they come and do something to me. Will they take something away and do things like that?’. So, a lot of my time was spent just helping people relax and be calm. And also, was used to be called...We used to glorify ourselves and call it fire fighting. We’re fire fighting all the time. We have to be glorified. And that would be people basically dealing with emotional things. And when you’ve been institutionalised for a long, long time, right, in any situation, routine is a big thing. Cos you...It’s what keeps you safe. Even, at times. Routine of abuse keeps you safe. Cos you know it’s going to happen. But anything that disturbs that routine upsets you equilibrium. So even a bus being late.”</p> <p>“I remember a woman once who witnessed a taxi crashing just outside the house. It wasn’t...No one was killed or anything. Like the taxi crashed into a lamp post or something. And she couldn’t understand why this had happened in her life. Because things like that only happen in films or in the newspaper. And she couldn’t equate her life to this extraordinary thing happening. It was just such a bizarre situation for her. Because she had only ever lived in a large institution. So she’d probably never seen a taxi even. There wasn’t even roads; things like that. Car accidents were just things that happened on the screen. And here she’d seen this car accident. She didn’t really think they were real. You know.”</p>	<p>7.27-9.01</p> <p>9.02-9.50</p>
9.51	<p>Respondent goes on to describe a lady being perturbed by a character in Brookside being killed and then the actor appearing on TV the next day. He goes on to say that people’s perspective on the world was very different.</p>	
	<p>“So, basically I spent my whole day, in those situations, dealing with literally whatever came through the door. And at the same time trying to help people become more confident in dealing with their own life. And dealing...vocalising their own needs and expressing what they wanted and getting it. Cos we were fighting against a lot of very entrenched traditional beliefs. And at that time in the ‘80s a lot of the services for people in any sort of care were still run by people who were very traditional. A lot of care situations came about through people who were...who had money, who were moneyed in care situations. For example, the first supported situations in the community for people with learning disabilities were funded through church organisations by wealthy patrons for their children. So, they tended to come with, shall we say, conservative ideas about what happened. So it was very, very difficult to even get...I remember a trustee of one of the organisations being appalled that someone would be left alone in their own house. You know-What you mean there won’t be someone, what you mean, they can’t...they’re not allowed to be left alone. Person was perfectly capable. So I would spend a lot of time, as well, trying to counteract that sort of</p>	9.59-12.08

	stuff.”	
12.09	Respondent talks about how he remembers big debates in the early ‘80s about how much education they should do for the general populace. Was it their role to do that? And back then it was. He goes on to state that that is something that has changed during Covid 19.	
	“And a lot of my time was spent as well coming up with creative solutions to stop people basically being barred from living an everyday life. In a very basic way that would be practical things like, people would say- Oh, they’ll set the cooker on fire if they live on their own. And I would say- That’s fine we’ll just not give them a cooker. Hey just can’t have a cooker. They can have a microwave.-Oh, they’ll blow that up. I’d say- that’s fine, they can go to a café and have their lunch. They won’t clean the house- Ok, we’ll get them a cleaner. So, you know, on a practical level you would try and resolve things.”	12.34-13.13
13.14	Respondent states that every day was very different in that job and that then he moved to a different organisation. This was client based and clients would be referred to him. He would then have to do an assessment and then put together a support package of care.	
	“Up until then a support package of care basically meant that you would be found a wee thing to do at a day centre. And you would be found somewhere to live. Usually in a hostel. And I took the words support package of care to mean anything. And basically ran with it. And nobody was brave enough to stop me. So I said, you know, If somebody decides that what is going to make them happy is, you know, a purple velvet dress, that’s what we’re striving for. And everything else can be sorted out. If that’s the one thing that makes someone’s life complete, everything else, the practicalities of life, the emotional things, we can park to one side and we put them in a box. Because the purple dress is the most important thing and we run with that. And we basically started working with staff to say that they had to listen to people.”	13.48-14.51
14.52	Respondent talks about how very quickly he developed a very good relationship with all the clients.	
	“And people who had lived very disturbed or challenging or whatever sort of lives, whatever words you want to use, and I seemed to get on very well. I could empathise with them. And maybe that’s because of my own background where I was excluded from a lot of things because of my sexuality. I was, you know, at the forefront of getting a lot of abuse and stuff. Because I was very visual. I was an obvious target.”	15.10-15.36
	“But the clients and I got on absolutely fine. And through that, because of that I started to get referrals for people who were deemed to be even more challenging. To use the words of the time. Or, that basically no one else would work with. Everyone had failed with. Or, no they had...the clients had eternally failed. It was always the client’s faults back then. And through that because I was dealing with sorting out these people’s lives and working with them and sorting out their lives, I got known as the ‘mad man’ Which was very strange. It wouldn’t happen now.”	15.37-14.23
14.24	Respondent goes on to describe some of these situations.	
	“So I was given the opportunity, and I always saw it as an opportunity to meet someone else and say-Hello, what’s happening in your life? Do you want to tell me about how we’ve got to here today? And see how we can get to where you want to go. And for so many people that was so strange. First of all that someone was interested at all just to listen to them. Was interested in their story and their history from their point of view as opposed to the mass of files that would come with them. And	16.56-17.41

	also interested in actually trying to find out where they saw themselves in five years or whatever time or in the future.”	
17.42	Respondent reiterates that he spent his time supporting people that had been through very, very challenging situations and finding a way for them to take the skills that they had in a positive way towards a better future for them. He goes on to say that it wasn't about getting people to be perfect people but getting them to be safe from themselves. Also to stop them having deal with some of the issues they had themselves. He talks about getting people to be quiet and trying to explain the consequences of not changing the behaviour clearly and fairly. He hopes it came across that way and he states that he knows that other workers would threaten people in order to try and modify their behaviour.	
20.37	Respondent talks about working with people that were self-harming and how they had seventeen different reasons for doing that but were lumped into groups as he says often happens. He says this was a great experience for himself as a professional because it made him realise that sometimes you have to find an alternative to the harmful behaviour. He goes on to describe using henna to mimic the scars of self-harming. Because on your arms it looks like scabs and you can pick them off. Also using ice cubes to make your skin go numb. He states that if you take that approach with anything at all you can help someone relax into that situation. He also talks about people being banned from services and how sometimes this was as a result of learned and comforting behaviours. For example if I shout at the housing officer then I won't have to deal with this scary new house and I can just sleep on a park bench like I used to do.	
	“A lot of the time I just thought it was really, really bad that people would be wheeled in and be expected to deal with all their traumas. Suddenly like-Here you are. I'm your new social worker or whatever. And we're going to deal with the fact that you were abused for twenty seven years and then someone tried to murder you. And then...and all that. And we'll just deal with it now and we'll deal with it in half an hour. So we're just going to deal with this. We're going to send you, you know, to a little session and we're going to get your doctor and all that sort of stuff, you know. Why do people have to deal with things? You know. Sometimes dealing with things is not dealing with them in the way that people want. You know. Sometimes it's finding out what box you can lock them in. And I think we all deal with trauma. I think we've all got trauma in our lives. We all have trauma. And there are all the different forms of trauma. You know. And there are some of us, unfortunately who have had to deal with extreme trauma. But, again, people deal with that very differently, you know. And all my career, I think, was about helping people see themselves as individuals. And helping workers and other professionals see people as individuals with individual issues or individual stories that they wanted to tell and they wanted a solution to sort out. I wasn't about-Oh, here's someone who's been battered. This is how we deal with battered people. It was about- here is Jean. How do we support Jean?”	24.39-26.28
	“And I am sure as people know you know. Cause there's so many different situations people sail through things that other people would freak at. You don't know what's going to be a trigger. There are people who...I mean, me myself, I was...Someone tried to murder me once and I can honestly say...I would honestly say that I didn't find that very traumatic. I found it a bit of an inconvenience which sounds silly. And a bit annoying but it didn't destroy me. It didn't ruin my life. I was a wee bit upset and a wee bit in shock at the time but it didn't traumatise me.	26.32-28.10

	<p>However, at another period of my life someone threatened to murder me and I found that much more traumatic. That did, really, really, you know, unsettle me for a long time. And it's almost...And looking at that now. That's because when I was a kid my parents used threats of violence a lot to attempt to negate our behaviour. And that would just be usual child behaviour. You know, My parents obviously had, looking back, had a very difficult time. Not that I'm trying to justify how they behaved with things but they had a very difficult time. And even, like, me and my sister making child noise was not acceptable. And that would be dealt with, with threats of violence. So, obviously, threats of violence I find really upsetting."</p>	
28.11	<p>Respondent goes on to talk about a person that he had some of his friends know who he would deem a sexual predator. He had to have a talk with friends about how they all had to do something about it as that can be traumatising for people. He told them that although that might not seem traumatic to them it could be to others. He then talks again about his own fear of the threat of violence and what caused that.</p>	
	<p>"So, I think helping people understand how complex the situation is so, so difficult cos it's such a complex situation. Cos trauma is something that is different for everyone. Everyone is different. And what triggers you off can be very different. So, if you're trying to help professionals deal with that. But you're also trying to support the person themselves deal with that. Because their coming with their own education of what trauma or how they should deal with issues are. It's very difficult. And so that's why... So, someone who deals with all their issues by, I don't know, drinking lots of alcohol because that's what you do in their background. You drink lots of alcohol. Someone else...I knew a woman, you know, she dealt with all her issues by bottling them all up. And if they tried to come out they would destroy her. And people kept saying- You have to get it all out, you have to get it all out. And she would say- No, I'm fine. I can get through the day if I just don't think about it and don't talk about it. I just bottle it all up and it's all in there. I'm not going to therapy groups. I'm not doing that. If I do that what will I be? Totally destroyed. So, it's such a complex issue to deal with. That all you can do is think; I have a person in front of me whose love of life is the same as mine. How do I make...Help make their day a bit better? And that's usually about control. I think in the end it all comes down to self-control and self-worth. If you can help someone or yourself feel in control of that situation. Even if it is a negative situation. Even if they...A lot of it is about understanding as well-This is happening because this happened or I'm doing this because this happened. But I know that I can do this thing at the other end and maybe it will be better. And maybe the next time I won't have to be this extreme in this behaviour. Or, the next time it won't knock me for six. Or maybe the next time I won't have to spend six days in bed crying or take all these medications. Maybe I can do other things? And the fact that that other thing can be really valuable. And that other thing doesn't necessarily have to be something that a professional says is ok. Maybe just sitting reading a book is what I need to do. Or, you know, having my feet in a bucket of warm water. Or going and lying in the sand or just going and doing some shopping cause that's better than sitting in the house reading a book. You know. It's all contradictory."</p>	29.25-32.20
32.22	<p>Respondent says that he loved his career. He was really happy to get the opportunity. And he always saw it as an opportunity that people would let him into their lives. And that together they could maybe try and make things a bit different. He was known to 'adopt' people and keep in touch</p>	

	<p>and get them in touch with services and even just do very simple everyday things. Simple things like getting a bus pass when you were banned from various services. Things that could perpetuate and drive people down a hole. He says that's not to negate the really, really awful traumas that people need a lot of help and support with. However the small things can go a long way to help in some instances. He says it can give people the sense that they have control over things even in dire circumstances. He says he thinks that's maybe what he spent his career doing. Helping people corral things. He talks about how trauma is such a hard thing to deal with that sorting out the small things can help with that. He talks about a lady who used to have imaginary spoons and she would scoop bad things out her brain with them and throw it away. It was exhausting but it got her through the day. It was a coping mechanism. He goes on to talk about how trauma is such an individual thing that sometimes support groups find it hard to deal with. And sometimes the best thing is for people to sit and just be. Like they were a wounded veteran. They have been through different things but they have a collective consciousness of what trauma is like. You don't have to do anything. He goes on to talk about a queer group he was in called ice breakers in the '70s. Where people could just come along. Some people would say that they had never been in a room with other gay people.</p>	
	<p>"I mean back then it was really difficult. So, if you take people with trauma, for example; back the in the '80s in the early '80s the idea of a support group for trauma would probably be getting all the traumatic together and getting them to scream. You know. It would be like-WE MUST DEAL WITH THE TRAUMA! As opposed to-Let's deal with the person and see what they need at that moment. I mean, because, everything was just so different then. Everything was turned back on its head. I mean the first training course I was ever sent on was pin down. That was the thing that was deemed most appropriate for me. That I had to learn how to wrestle someone to the floor and sit on them. You know and basically disarm them and stuff. That was before health and safety, before first aid, before anything. That was the way it was. You were going to be dealing with, and that was it you were dealing with... You had to deal with the situation. You were going to deal with really challenging people. And that was the words that were used when I started. Challenging behaviour and therefore you need to know how to disarm them and get them on the floor. You know, and that's the way the attitude was. So changing that was really, really difficult It was slow, slow ticking away. And changing that for the people that had been traumatised as well was very difficult. Because of course that was their learned behaviour. And learned behaviour is often comforting like self-harm. Self-harm is comforting that's why people do it, it's a release so, it's very, very difficult to change these things. Very, very, difficult."</p>	39.35-41.25
41.26	<p>Respondent talks about how it takes a long time to build up confidence and a sense of control. He says that the trauma and control are different things. You will get some people who sail through the fact they have been in a major train crash or plane crash. He gives examples of this. He goes on to say that because trauma is so individual it requires inventiveness and creativity. It requires services to support this. He thinks that is what he was very good at early on in his career.</p>	
44.11	<p>Interviewer asks the respondent to tell her about any examples of good and bad practice that he witnessed in the early '80s.</p>	
	<p>"Oh gosh, well bad practice happened all the time. There was always people being taken into an office for a 'quiet word' and you could hear</p>	44.21-46.23

	<p>the shouting down the corridor. You could hear the shouting miles away. It was like...there were lots of threats. There was lots of em...Well, I was, I was lucky. I suppose I never worked anywhere...I mean there's all these appalling stories of abuse coming out now and I never actually witnessed any of that. I never actually worked anywhere where I thought... There was one situation where I did think there was sexual exploitation happening. And it was really difficult for me to deal with that at the time because there was no way of flagging that up. There was no way of doing it. There was also the fact that I was a very out queer person. And my word was treated....My opinions weren't actually validated a lot. So, it was doubly difficult to deal with anything. But there were lots and lots of in...something that was very prevalent in care systems in bad practice was just this idea of having control. I remember talking to a worker once who said-'Oh, we don't have rules here. We have no rules here. People are very free. This is people's homes they can do what they want. We're the staff and we do what they want. It's like we're their servants.' I said - 'Oh, you do have rules, you do have rules.' 'No we don't, no, we don't' I said 'Well. I was in the office with you earlier and a man came in and said-'Can I have my food money' Cos at that time people had to be dealt out food money a week. 'And you said-no I'm too busy come back in an hour.' 'Why did you say that' -'Oh well em, well em.' I said 'Because you weren't busy. You weren't busy. You just said it coz you could say it. It's a form of control. You're in charge.' So there were lots of those. That was very, very, very prevalent."</p>	
46.23	<p>Respondent talks about going into someone's house and finding the furniture in lots of odd places. This was because one of the carers was bringing in her partially blind husband with her. He asked the client if they liked their furniture there but they said it's because the carer didn't like leaving her husband in the house. He says this was another example of controlling behaviour of which there was many. There was no sense amongst workers that this was bad. He goes on to say that there was lots of shouting and talking to people as if they were children. He had a boss who wasn't happy unless he had reduced someone to tears that day and would grin afterwards. He was always mopping up this boss's messes. He says he knows of people who were evicted, who were moved through various housing situations. People who were told not to grow beards.</p>	
	<p>"It was just, control, control, control. It was almost like...Social care...the reason so much...Social care in itself is a very complex thing. And one of the reasons that so much abuse cases are coming up now is social care was so devalued. You could literally walk off the street and get a job that day. You could literally...That is why there's a lot of queer people work in social care. Because a lot of queer people were transient and couldn't get jobs. Because of the backgrounds and things that they had. So, they worked in social care because you could get that. But it also attracted a lot of...because you could walk in off the street it attracted a lot of near do wells and people who could be exploitative. And, of course, anyone's...anyone who has a vulnerability that other people think needs supporting. That same vulnerability attracts people who will exploit it. So lots of people who would be deemed to be unsavoury ended up in social care. And people who are unsavoury are predators so they look out for situations."</p>	48.39-49.53
49.54	<p>Respondent goes on to say that it's well known that people who are known to be paedophiles will search out young parents that are vulnerable. He goes on to say that there were all these people working in social care who's best interest probably wasn't the client.</p>	

	<p>“So, there was a great deal of control on a day to day basis. There was a great deal of, what would probably be termed of, abuse, verbal abuse at the time. There was the use of pin down, the use restrictions and the use of medication was unreal. Oh my gosh... They used to just pump people full of medication. It was like being in a big dysfunctional family. You know, were everyone shouted at everyone all the time. And people would just do bizarre behaviours. And that’s how work was and trying to bring calm into that was really difficult.”</p>	50.41-51.24
	<p>“On a good side. I have seen...One of the best things I ever learned as a worker in social care was this woman who was American and she came and I was at some conference or something and she was making a presentation. And she said-‘the most important thing when you’re working with anyone is that what you’re saying or trying to do makes sense to them. And the only way that it’s going to make sense to them is for you to understand where they are at that time.’ So if the most important thing to them is that their friend Pauline gets this pink cardigan and that has to happen this day and she has to take that to them then that makes sense. If you try and divert that and say-oh you could do that tomorrow because we need you to do this today. No, that won’t make sense.”</p>	51.25-52.29
52.30	<p>Respondent then describes how you have to be clear with people in order to make them see that some behaviour was damaging to them. How it’s difficult to stop people from seeing themselves as a victim as that can be a comfort to them. He goes on to say the abuse can become their identity. He talks about a social worker who explained that boundaries have to be enforced and how you can give people a sense of control by showing them they have agency. He says that this is where activities and art workshops can come in to play. Also showing people that they can be in a group of people without any abuse happening.</p>	
	<p>“I remember this big fella who breenged about and made all these noises and stuff and would shout and bawl and everything. And he would come in and everybody would sort of scatter. Well, there’s always day rooms. People always lived in these stupid centres. And everybody would sort of scatter because he would just lash out at whoever it is. And I was there in this place one day. And he came in and he was unhappy and he was lifting things and smashing them down and stuff like that. And this worker came in and looked at him and said-‘Do you need a hug?’ and he went-‘Aye, ok.’ You know. Whereas another worker would probably have went-PIN DOWN, PIN DOWN. Pin him down. You know. Sort of stuff. And observing bits like that. Observing little bits like that. You think, that’s good, that’s good, that’s good.”</p>	56.15-57.08
57.10	<p>Respondent talks about how he recalls in the 1980s talking to people about not smoking in other people’s houses. He also talks about the simple thing of just having respect and taking your coat off when you go into a house and being polite about taking cups of tea etc. He mentions not being rude to the client in the street and hustling them along. He reiterates that good practice is seeing the person. You’re with a person. You are in their environment. He observed that many workers at that time saw themselves as doing good and thought that the client should be grateful. He points out that the person has invited you into their life and it’s a privilege. He reiterates that good practice puts the person at the centre.</p>	
100.16	<p>Interviewer asks the respondent about his job in which he worked with people from Lennox Castle.</p>	

	<p>“It was decided that the large institutions would close. However, it was envisaged really that people would move out into the community. But what that meant was that they would move into, sort of, core and cluster. Sort of thing. Sort of like these little residential units where they would maybe be twelve or fifteen people living in a perhaps a shared environment. Some little sort of shelter...like a little sheltered housing unit. And that’s possibly the best way to imagine it. Sort of stuff. I thought-Well, why can’t people just live in houses in a normal street. Doing normal boring lives and being bored.”</p>	100.31-101.14
1.01.15	<p>Respondent talks about how he used to tell them at work that people are allowed to be bored and they are allowed to be miserable.</p>	
	<p>“So I said-Why can’t people just live ordinary by themselves? It was really strange looking back to it. It was just bizarre. Cos looking back the objections people had. It was almost like...It’s really weird because it’s almost like these people who needed support had become aliens. I suppose in a way it was...I suppose in a way it was like people become... Sometimes countries or institutions try to dehumanise people and make them different so they can be persecuted. And maybe that’s what had happened. But people would come up with the bizarre situations-‘Well, I mean they won’t be allowed to go on the bus.’ Why not? I mean what they going to do start eating the seats? You know. But then you do have to deal with the fact that a lot of these people had never been on a bus. They’d literally never been on a bus. You know. So you had to go through the process. So, you know, we’ll do that. We will deal with that process but you know that can be dealt with. And I spent so much... I would say I spent two and a half years of my career knocking down barriers. Of people coming up with the stupidest things. Some of them were big barriers. You know. Not in my back door. Nimby’s things. You know-Oh, we’re not having those people here. Oh. They’ll do what? They’ll cause riots. They’ll murder the children. They’ll, you know, they’ll eat the dogs. They’ll cause lots of noise. They won’t be able to manage their front door. The number of times I heard that-He won’t be able to manage his front door. He won’t be able to manage his front door. And that is a big thing because obviously we get cuckoo syndrome where people are exploited and their premises become used. I said-‘we will deal with that. That’s what we are here for. We are here to support this person with what they need and we will sort it as much as we can.”</p>	101.37-103.34
103.35	<p>Respondent talks about the fact he refused to use the word normal. He also reiterates that there was a lot of opposition to people who had lived in institutions coming into the community.</p>	
	<p>“So there was lots of opposition to people living individual ordinary lives. And that took a big lot of constant challenging. And unfortunately the only way we could get people to accept that was to an extent to use people as experiments. And we got seven tenancies in the East End of Glasgow. Which, again, freaked people. -‘You’re going to put vulnerable people in the East End of Glasgow?’ And I would say-‘Actually you will find that poor communities are more supportive much more supportive of people who have different behaviours, you know. This is how it works. Someone shouting and balling in the street in the middle of Shettleston Road. Doesn’t bo...Nobody’s going to blink an eye. You know. Somebody looking a bit worse for wear on a Monday morning in Tollcross is... Somebody going into a shop and saying-I’ve only got thirty five pence. Somebody trying to nick something from a shop you know is not going to...Somebody being a wee bit weird. Hasn’t taken their pills that day. Yes, he’s going to stick out in the middle of Hyndland. You know</p>	1.04.05-107.24

	<p>Shettleston Road...So whether...We didn't consciously do that, But I remember having those discussions at the time and whether we were being I don't know. Prejudice in our own way. What's that reverse prejudice thing or whatever the hell that is. I don't know. So, we got seven tenancies in the East End of Glasgow. And I...I can't remember whether I did this deliberately or not. And I honestly can't remember if it was or whether it was coincidental. The first seven people were all people who had previously been rejected as unsuitable to live in the community by themselves. And I chose those seven people. I went through all these people and I hand chose these seven people. These were the first people in Glasgow who'd lived individually, without support right beside them in a peripatetic living situation. And of those seven tenancies only one broke down. And it broke down for reasons not to do with the tenancy. And we basically had to use that and say- Oh, look. Look what we can do. Look at this. Look at this works. And we got housing on our side. We got the housing associations on our side. Because at the time housing providers had to give so many percentage of their tenancies to vulnerable groups .And what they would do is just give allocation like to a group say-it could be Women's Aid, it could be young people coming out of care it could be prisoners or something. And what they found was that people would get supported maybe to move in but then that support would disappear. So they would end up dealing with a lot of issues. They would have a lot of housing management issues around that. What we said, what I said was-'We will stick in there and we will stay. And anything that comes up we will sort. But what we also do is we will work with you and we will work with the neighbours to pick out what is an actual issue with the tenancy or what is just something that happens.'</p>	
107.25	<p>Respondent talks about an abusive letter which he received from one of the neighbours of the seven tenants which he started to use in training. Also about a client who accidently set fire to her kitchen in a way that could happen to anyone. The neighbours found her shouting outside the house as anyone would and concluded that she couldn't live there because she couldn't deal with things like that. He says that people expected people to be perfect. You had to live a perfect life. He then talks about the team he hand-picked for this job and it didn't include people with twenty years' experience. He picked a team of 'strange' people and it worked. They worked with the police and worked with everyone. They stopped having big case conferences.</p>	
	<p>"So, the housing then, the housing depart...All the various different housing associations and things realised that if we were on board it was easier because they didn't have to house management so much. Still issues were coming up but issues were coming up and being dealt with. And then they started to use what we were doing to deal with their housing management things. Stop seeing the person as the problem. Or yes, start identifying at times that yes the person was the problem. You know because that's good you've stripped it all away. And yes the person is the problem so you have to tell the person they're the problem and get them to sort it out. They've got to get a grip or this will happen. But quite often the person isn't the problem there's other issues. So we did that and from that we then went to other places. But then very quickly within a period of a year a lot of other housing providers started coming to me. And saying will you come and help us organise this? Well first of all they said-'Can you come and do this for us. And I said, 'no, no. Well I can do wee bits. And what I can do is come and show you how it works and</p>	107.26-112.09

	come and show you how to do it. And people came up from London people came from abroad. Some people came from Estonia.”	
112.10	The respondent then started going to conferences and telling people that it was a simple system. He thinks he probably annoyed some people looking back.	
	“Maybe I should have been saying to them (at work conferences) –You know what you need? You need to go and get twenty five years of abuse behind your back and being persecuted before you know what these people’s lives are like. When you can do that then you can back and play. You know, sort of stuff. Because I do think that a lot of my personal experiences impacted on my work experiences. And because I had lived that life. I had, had to live with abuse on a daily basis. Literally on a daily basis throughout most of my life. Up until I was in my forties. That helped me see where people were coming from and what the important issues were. And I think as well it helped the people. The clients. In the way that, you know, black people can smell racism...And you know, queer people can spot homophobia a mile away. People who have been traumatised can see if the person who is trying to help them understands. You know that. You just know. So, I would appear in my pink and purple Christian Dior coat and my bag. And remember men didn’t have bags. Men didn’t have bags until the 1990s when they started to carry lap tops. I also had no hair because all my hair fell out because I dyed it with carpet dye. So I had no hair and men didn’t have shaved heads. So everyone thought I had AIDS. I was very skinny. Everyone thought I had AIDS. I would turn up and they would think-Oh, it’s the man who’s dying of AIDS. I also had this sinus problem that I had for years and years and I had to have these big operations so everybody thought I was on cocaine cause I sniffed all the time.”	112.52-114.37
114.38	Respondent goes on to describe the cause of his sinus problem. He then talks about turning up to Barlinnie in his finery and the guards being cautious but the men being accepting. He say it was almost as if they thought-If he can get through life looking like that and come here he must be good so come on let’s do this. People were shocked that unlike many others he came back and followed through with their issues. Respondent goes on to say that housing worked with them because it made their life easier and less costs. The respondent’s team picked up a lot of clients through the housing. The team then started working with people who were homeless. Talks about appropriate housing for individuals. He also worked with ex-prisoners and with young people coming out of care who can be retained in the system and with Holocaust survivors. He also word with people with William’s disease. He states that he became the person that was known with coming up with solutions. He states that the only thing that he had a block with was alcohol. He talks about working with murders and people with sexual deviancies.	
123.41	Respondent talks about curtailments being put on people without them being legally enforceable and without the client understanding why.	
	“It was very interesting looking back how a lot of the stuff now seems very simple. But back then (early ‘80s) were major, major...Oh my gosh! Major issues. Major issues. I remember, you know like, having to deal with some of the housing associations. Housing providers. Who would only give people keys if they also...If the housing provider also had keys to the house. But they felt this was in their best int...’But then if anything goes wrong we’ll be able to help. We’ll be able to sort it. You know, and it’s like they thought they were coming with the best intentions to the this, And trying to...’No you can’t do that. And these are why.’ So you’re	125.02-127.14

	<p>working...You're supporting the person. You're supporting the organisation. You're trying to support society. You know. You're trying to support yourself. And all the time I'm getting bricks thrown at me because I'm walking down Shettleston Road in a pink coat. You know. Sort of stuff. So all this is going on at the same time. And it was all just bizarre. I think looking back at some of it now. But what we did was we broke this link of if you need support you have to be curtailed. Because it's sort of like we'll throw a rope round everybody and things like that. I remember this woman. I don't think she was a social worker. I think she was a community worker or something. Actually saying, you know.-'You know people with disabilities shouldn't be allowed to go out cos they'll just scare...They would maybe scare a member of the public and an accident could happen. This is someone working in social health, a community worker going into someone...And this is at a public meeting they're saying this. And everyone's kind of going-Oh, well, uh huh. And you think-What chance have people got? And that's what it was like back then."</p>	
127.15	<p>Respondent talks about how these problems were bad of that but on top of that the people that he worked with were dealing with years of trauma. He talks about how it seems silly now but they honestly had to fight lots of silly battles.</p>	
	<p>"And of course the thing, as well, that people believe...As I'm sure that many people believe...And I'm sure that everyone who has experienced any sort of trauma has experienced. Is that there will be people who will tell you-Oh, can you not just forget about it? Oh can you not just you know like...Oh just stiffen up! Or people just say-'I just told him to stop it!' 'Oh, right that's going to work'...'And I told him last week to stop it and he's still doing it!' 'Oh really, really, Oh I'm sure I can't imagine why that is. You know, but you know. And at times people would say-'Oh, just forget about it. It's just you want to talk about that all the time.'</p>	127.41-128.27
	<p>"It was so frustrating so much of it. You did very much feel as though you were in this enclave. You and the people you were working with. Were in this separate society. And you did feel very separate. And people would shun you. I mean there wasn't the mixing back then in society in the '80s as there is now. You know, there wasn't the social mix."</p>	128.30-128.57
128.58	<p>Respondent talks about how he felt that Glasgow was more accepting as a place than Edinburgh partly due to the pubs being a mix of people. He talks about how Glasgow was there ripe for people moving into the community. There are examples of the same thing happening elsewhere with not such a positive outcome. People ending a in housing separate from the community.</p>	
131.54	<p>Interviewer asks the respondent about his work during the last days of Lennox Castle.</p>	
132.05	<p>Respondent says that he was not involved with the early stages of the closure. He was involved in the early stages of people moving out and then it was decided on the closure. It became a lot more challenging professionally when the end came. This was because the people who were left in the castle were deemed the most difficult to place. He says that a lot of the best staff had left as well. Staffing was low and administrators had been brought in from outside to help with the closure. They knew little about the castle.</p>	
	<p>"So, suddenly here was this group of people whose homes (Lennox Castle) were being demolished round about them. Whose history was being demolished. Whose history was being burned in fires literally on their lawn. You know. Sort of stuff. Who were being told that-You don't</p>	133.09-135.06



	<p>want all that rubbish. You know. You know you're going somewhere else so, you know, the one wee bedside cabinet they'd had for forty seven years was basically being taken away by somebody and thrown in a fire outside their front window. And they were being moved to another room. Which was-Oh, look it's got beautiful curtains and beautiful things! It was like you know... There very clothes were practically being torn off their back and they were being given other things, you know, sort of stuff. It was really difficult. Really, really difficult for these people. And they were being tried to make nice. And they were being moved throughout the country. Because as things got more difficult or things got more...as places filled up it was like-oh gosh, you know, we don't have any space in Glasgow. Oh, Margaret, Margaret, oh look Margaret's got a second cousin in Inverness. That means she's got a live connection to Inverness. That means we can get the social worker in Inverness to take her on. Right, well just shove Margaret up to Inverness and poor Margaret would be shoved to Inverness. If she was lucky she would go on a train but usually they would just stick her in the back of an ambulance. And you know the two ambulance men would be off for a wee jolly for that day up to Inverness for a wee drive. A wee stop at Loch Lomond for an ice cream and a poke of chips. You know sort of stuff. And Margaret would just be dumped wi her wee bag. Wi nothing. It would be like-Oh you don't want all that rubbish. Just leave that rubbish Margaret. Just leave that. Just like-you don't need that Margaret, you don't need that. You don't need that hot water bottle. The place will probably be nice. You don't need that hot water bottle you've had for forty two years. You know you don't need that. And Margaret would be dumped in Inverness."</p>	
135.12	<p>Respondent says that it was really difficult and people were being put into elderly care homes and dementia units that they didn't need and the staff there was not trained to care for them. People would have melt downs and not understand why they were not getting their usual injection. The respondent's team had to fire fight things like that. He says it was also an upheaval for the remaining staff at Lennox Castle.</p>	
	<p>"Imagine how awful it must be just to be uprooted and stuck somewhere. And stuck somewhere where you don't know anybody. You don't know any of the staff. And people are so...People know everything about you. They've got a file this thick. And they start calling you by your first name and they know everything about you. They know things you don't even know. Cos you can't remember. So you don't know but they know everything. Then they change and next week it's somebody else. You know. It's just...Think how awful that must be and how traumatising that must be. And everyone expects you to behave and be nice because you're now in a nice place as opposed to the horrible hospital that you were in before. And all you actually want to do is...The only way you've ever had control or felt in control of yourself before is to get men to buy you mars bars so you'll give them blow jobs. That's how you've, sort of, structured your life and structured your day. And now you're living in a nice flat in Drumchapel with all these nice things, with nice people and you haven't a clue what to do. You don't know. And people can't understand why you're suddenly drinking four bottles of vodka a day and smoking twenty fags and stealing from the shop."</p>	137.24-139.02
139.03	<p>Respondent talks about how people with a lot of physical problems from Lennox Castle were housed in care homes. He states that the shutdown was implemented without being thought through. He then goes on to say that places like Lennox Castle in their early days were never seen as</p>	

	<p>punishment it's was somewhere that people went for their own protection.</p>	
	<p>"Cos you can guarantee no one in Lennox Castle was ever consulted about what was going to happen. No one was ever, ever asked. You know what they wanted to do. If they were it was totally disregarded. 'Where would you like to live?' 'I'd like to live in Helensburgh.' 'Oh, well you can't do that.' It was literally at that level. 'I'd like to live in Helensburgh cos my gran lived in Helensburgh.' 'Oh, well you can't do that your gran's dead' And I've sat in on these conversations. 'Your gran's dead, your dad's been dead for years. You don't know anybody in Helensburgh. I mean do you even know how to get to Helensburgh? Do you know how to get to Helensburgh? You can't get on the train. How are going to go to Helensburgh? You're going to Drumchapel.' and that was your starting point. And because all the good people had sort of left. You know the all the people who had sort of been there for years and knew people and stuff. It was quite challen...It was quite difficult right at the end. Really, really, difficult. So a lot of people ended up in very inappropriate places and then got stuck. And then because they were...the support wasn't there to help them deal with the process. You know. Things for them unfortunately probably became more difficult. But for a lot of people, I would hope for the majority of people, life was a lot better. You know in the end life was a lot better."</p>	<p>140.25 - 141.49</p>
	<p>"I mean at the time. Like with any new idea or any new faction or whatever you have. It tends to work on extremes and then as time passes things settle down. If we were doing it now I would take into account much more the fact that there...that, yes there probably would be a lot of people who would like to live together. And that was kind of disregarded because it was sort of seen that people had to live by themselves. They had to make lives for themselves. And we didn't take into account the co-dependency that people have. And also what would be seen as the sort of...I can't think of a word to describe this. The sort of unusual co-dependency's. Like you would have this sixty four year old. You'd have you know this sixty four year old very matronly lady who would be best pals with...Cos this happened quite a lot in the institutional situations. Whose best pal would be a thirty five year old alcoholic man who smoked all the time. You know. And the idea of putting the tow of them together in a living situation. You'd think-this is bizarre. But things like that would work now. And I think going back that's something I would look at more."</p>	<p>141.59- 143.34</p>
143.35	<p>Respondent talks more about alternative living arrangements and how that could work in the modern world. This includes group supportive situations and looking at people as sort of family units. He says that support was seen in the early '80s as a practical thing and we see it more now as somebody being at the end of a phone or supporting you emotionally. He states that that is how you learn and you grow as an individual by getting that interaction and support from people. He then says that if all he could have done was open the gates and tell everybody to run then he would have done that and said to them to go and make a community in the Campsies. He then talks about it is a shame that the money isn't given anymore for these services and hasn't been since around 2005. He talks about how people realised how much it cost and people did not realise its value. He then goes on to talk about his dislike for befriending schemes.</p>	
	<p>"So people they ended up they realised (around 2005) that it was costing lots of money. And because it's such a complex thing supporting people who have had stress situations or trauma situations. It's such a</p>	<p>149.05- 150.42</p>

	<p>comp...People can't understand it because quite often it looks as though there's nothing happening-'They all just sit in a room and play dominoes. Well can't they just do that at the domino club. Oh well you can play dominoes...Oh no we're cutting the funding for that trauma group cos they can just go and play dominoes with other people then.' It doesn't work like that. 'Well, no, no, no. It's costing us three thousand pounds a month for that. And you know if they amalgamate with the other ones. And look here's the refugees we can amalgamate with them as well. And that means they are all together and it will only cost us four thousand pounds. No it doesn't work like that. And what happens then is people just retreat and hide themselves away and start leading liminal lives on the edges of society. And because you're leading a liminal life, why should you take care of yourself. So, people's perhaps, living situations become less good and things. And they become shunned. They become known in the community as the person who is a bit odd. Who doesn't speak, who doesn't do that, who doesn't do that. So maybe someday we'll come full circle and somebody will say-Do you know it might be best if they go and live in a big house in the country with all the other odd people."</p>	
	<p>Interviewer asks the respondent if he thinks that there is a cure for mental illness.</p>	150.55
150.56	<p>Respondent has a think about this and wonders if being mentally ill is like what people say being an alcoholic is like. You have it for life.</p>	
	<p>"I think mental illness is something that can strike anyone at any time. So, therefore I don't know if there's a cure for it. There's maybe a cure for some of the manifestations of mental illness. The way it is portrayed or the way that people portray that they are unhappy or whatever it is that they are. I think there maybe is cures for parts of that. But it's almost like...if it's going to come out will it just come out in a different way. Or, will it come out in a way that isn't as problematic for your life perhaps? Are we all mentally ill and just some of us deal with things in a different way and some of us are different things? You know I wander round the house singing wee songs and talking to myself and having conversations with the cooker and with the washing machine. You know, two hundred years ago would I be burnt at the stake? You know. Would I be carted away? You know sort of stuff. You know, but I can do that you know sort of stuff. I don't know. I think we all have coping mechanisms. And sometimes our coping mechanisms can damage us. So we need intervention to find a way of stopping the damage happening while we rebalance. So, you know, if my coping mechanism is that I drink lots of alcohol or I, you know, cry lots. Or I just become very delusional. Then I need some support to deal with that. I have friends who have mental illness who have found ways of balancing their life for the moment. One of them, they have a partner who knows about their illness. A new partner who knows about their illness. And that's helping a lot. And also they talk about it quite openly. And that helps them a lot. They've, sort of, de-stigmatised it for themselves. And that helps them a lot and that's their way of dealing with it and it's fine. But also what they know...And perhaps this again is the thing that's gone through the whole thread of all this rambling of mine...Is that now they know and other people can learn that in the end it can be controlled and they can control it . They know that if something goes wrong again it will get sorted out because they have put in...It's almost like they've got these...If this goes wrong then this is what I want to happen. It's not like-If this goes wrong somebody will take me away and do something to me. Maybe the taking away and</p>	151.40-156.27

	<p>doing something is what I've decided wants to happen. So I have...there is a plan in place there is a safety net. There is a safety net that doesn't cause me to abuse myself. You know. My safety net...if I get unwell my safety net is there, Not if I get unwell I have to abuse myself before that sends signals to someone in the safety net. So, is there a cure? I don't think there is an overall cure. I don't think there is a magic pill or a magic bullet or whatever you want to call it. I think there is...Everyone has individual...There are things that work for lots of people. Medication can work for lots of people. But I am a big believer that medication only gives you space to help you work at being better. It gives you a respite space. It's like, we'll take this away for now and you can then be strong. As in...I don't...It sounds as if you're weak. You can be strong as in like physically strong. So, if you've been ill and you've not been eating. If we take that bit away then you can build yourself up and you'll feel better. Maybe that will help you cope a wee bit with this. Then we can deal with this and we can deal with this and it all has a push on effect. So, no I don't really think there is a cure. There's just you know...And should there be a cure? Does there need to be a cure? You know. There just has to be various different complex support ways. Ways of supporting people and supporting yourself."</p>	
156.31	<p>Respondent goes on to ask if you comfort eat are you mentally ill. He thinks probably not. He reiterates the need for support systems for mental health issues.</p>	
157.05	<p>Interviewer asks the respondent if there is anything about himself or the mental health system that he would like to talk about that he has not already covered.</p>	
157.26	<p>Respondent talks about the fact that people forget how strict the system was and how arbitrary it was. How decisions about people's lives could be made by one person and by committees and doctors and that could affect your life for the rest of your life. He talks about a mix up that he had no involvement in in which meant one patient got confused for another. That to his knowledge was never resolved. He says that people don't realise that once you were in the system your fate was beyond your control. He also talks about the fact that people were viewed by the general public as weak if they had mental health issues.</p>	
	<p>"So, no one ever thinks that they're going to have a mental illness or a breakdown. Cos they'll be able to cope. 'Oh, the things I've coped with in my life' Oh, the things I've coped with already.' But that's because they don't understand it. Cos it's not like that. That's not how it happens. It just comes sideways like a speeding truck out of a lane. You know. The wrong way up a one way street. And hits you side on. And there's nothing...You just have to go with what happens and deal with that. There's nothing you can do about it. So hopefully some of that is changing but I think the worst thing in the past was people didn't realise just how arbitrary it was. People used to see people with mental illness or see the situation that they were in and think well that's really good. And think that's...they've been put there through all this system. No, that could have been some snooty doctor who didn't like the way that they smelt. You know. Or, it could be even the fact the doctor didn't see them...The fact that people would end up in mental sort o...I mean there were people who ended up in Lennox Castle for their own protection. You know. Numerous women who were seen as, you know, wayward. You know. There was a woman who I worked with for a long, long time. And she was really resentful about the fact that she ended up in Lennox castle because her father and her brother sexually abused her. Because it</p>	2.00.07- 2.02.01

	<p>was seen as for her protection. The father and brother were living in Hill Street which meant that anytime she came into town she couldn't go near that end of town. She was in Lennox Castle for twenty two years. You know. One day a doctor came and signed a form and off she went. That's it. Aged fourteen."</p>	
2.02.06	<p>Respondent goes on to reiterate that that's how arbitrary it was. He says at least it's not that bad anymore. He says that now because of the funding situation there is just not the support for people.</p>	
2.02.28	<p>Interviewer asks the respondent if there are any objects or songs that remind him of his career.</p>	
2.02.29	<p>Respondent replies that it's strange as we are going through an '80s revival in music terms. He then describes afternoon discos at day centres. They always played DISCO. He has an aversion to bingo cards due to his profession. He then talks about a document bag that he had and still has. It was seen as odd and got him mistaken for a social worker once. He talks about how it always rained and he knew all the buses and drinking tea down quickly. He also remembers 5 packs of cigarettes to give to people to ask where people were. He says he tends not to keep photographs but he does have some photos of his leaving do. He then goes on to say that a lot of his clients are dead now. His first client Rita died of Covid. She popped up through his career. He talks a bit about Rita. He then talks about his attire for work including a big coat that he had to lift to go up and down stairs. He then talks about people in Lennox Castle not having a lot of things when they were out in the community. He then talks about how birthdays and Christmases are not the same for those who have been through trauma. They can be triggers. He then talks about a client who had razor blades in his arms and used to put a noose round his neck. He disappeared and all his stuff was still in his former home. It was put to charity shops and some workers tried to sell his television which the respondent put a stop to. He says it was like the organisation that supported the man was telling him everything he owned was unimportant. Respondent has a paperweight that a client gave him for an occasion and he talks about that. He also talks about getting some very thoughtful gifts when he left work in Kirkintilloch. He felt seen by the choices of Derek Jarman's Jubilee and My Beautiful Laundrette. They would have had to go into Glasgow to buy them. He then talks about care communities being very transient.</p>	
	<p>"I've obviously met a couple of clients. There was one of my clients I used to meet when I lived over in the East End. I used to meet maybe twice a year in this supermarket and stuff. And, it was really...It was a client I fought hard for. Lots of big work. I really had to fight and fight and fight. Because I was fighting. I was fighting his corner a lot. And it was really sad but really...because his living situation was ok. His health situation was very poor. His addiction behaviour was poor. But his insight into what was happening was very clear. Which he didn't have before. And he was making choices. Maybe not good choices all the time. But he was making choices based on where he wanted to be. And he would say that. And he was nice. I really liked him. Cos you would like some clients. You're not supposed to but I really liked him. And I fought hard for him. Nobody, nobody, nobody wanted to give him anything. And he'd been assaulted as well. He's been hit over the head with a hammer in the pub. In a targeted attack. And that was really difficult. Obviously it was really difficult dealing with that trauma. And that's interesting with that. With that trauma. Because it was decided that he should never be told it was a targeted attack. You know he though...He always...all the time I worked</p>	2.19.04-2.21.19

	with him and knew him. Or worked with him professionally. Don't know now. But he would talk about it as him being a victim of a random attack. Because it was decided that he shouldn't be told it was a targeted attack. And interestingly I never questioned that at the time. You know I never really thought about it. But that was interesting. It was just the way that health services and things worked at the time. Somebody would make that decision. And that was it."	
2.21.22	Interviewer asks the respondent what lessons he would like to pass on to those listening to this interview.	
	"Listen to people. Tell the truth. Follow through on what you say. Tell people that the most important thing is that they are happy and that's what the outcome is. And that most things can be sorted. It's simple. It's not complicated. You know. It's just other people make it complicated and systems make it complicated. It's basically as simple as that. What are we doing here today? We're here because we're trying to make you happy. Find a way for you to be happy and that's it.-'Oh I thought we were here to sort out my budget?' 'Well, if we do that we might make you happy. That's our ultimate goal.' That's all. I think that's it."	2.21.33- 2.22.32
2.22.34	Interviewer asks the respondent if there is anything else he would like to say.	
2.22.38	Respondent talks about how it seems strange if you have been marginalised that people want to ask you about things. In particular as a queer person about trauma and about life and work. And sometimes people who do the interviews don't understand that. He talks about behaviours he has based on past trauma and how that makes you slightly suspicious of the process. He realise that collators know about that. He talks about how anything can be a trigger. He talks about working with war child and an exhibition of paintings done by the kids. He thought it was strange that they were taken to the exhibition of pictures they did of their traumas. It might appear on the internet. He talks about young people interviewing older queer people and how they don't get how their kindness can be traumatic.	
	Interviewer thanks the respondent very much for his contribution to the project.	
 		
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