Researcher BN: So, I thought we could start by talking about AgeUK and how you're role, what your role is within that?

SP6: Yeah, absolutely. So, I've worked for AgeUK (location) for eight years. My current role title is er business development and marketing manager. Er AgeUK (location) is a local and independent charity, and by that I mean, AgeUK national is almost the parent, and then you have several hundred AgeUK's, which are local but independent charities in their own right. So if you can imagine, they’re a functioning cost centre on their own. But, to be what is known as a brand partner, you have to meet certain criteria. So, if, if for instance your, your title is Age Concern, it's because you haven't met the criteria to become an AgeUK. So historically, everyone was helped the aged, then it became Age Concern, but it had a huge rebrand, and for those who've met the standard and the criteria, they became brand partners, oo sorry, I'll just switch off the phone

Researcher BN: It’s alright.

SP6: …brand partners of Age UK national, and we are one of those. So we've been established for 50 years in (location). Erm, we've got a very strong foothold. My role, erm, is 50/50 marketing, so it's my job, with a colleague of mine a chap called (name), to promote and share the detail of the sort of services that we offer and deliver in (location), in that geographic patch, erm, 50% of it is what is called business development, which is partnership working. Erm, so just to describe that, simply in a sense, if you can imagine a customer might present to us with a number of different issues and concerns and problems, some of which we can deal with ourselves, expertly. Not all of which we would be able to expertly deal with. So my job is to identify the gaps in our own provision, look for partners who can provide those types of services, but where those services don't actually exist, look to develop a service that meets the criteria and the needs of the customer. So I'm constantly looking at data, to analyze what our customers are after, and what they want. And then ideally, it's my job to present a, a business case if you like, to say well actually, we've had a number of enquiries about a particular request, none of whom seemed to be able to answer it within the locality, so why don't we think to do something ourselves? So, it's quite a diverse role erm, luckily I've got (name) who works with me, who's fantastic. He does a lot of the design work, I do a lot of the, like the chalk and talk. I always say, he gets to do the pretty and I get to do the shitty. (laughs)

Researcher BN: Aww! (laughs)

SP6: But obviously, we’ll anonymize this (laughs). So, so the roles quite a diverse one and I love it. It means that I get to work with people like (name of veterans charity) and other partners, erm, and obviously that's how we, we met.

Researcher BN: Yeah. OK, So what, and which other, kind of, partners might you go to, might you visit like (name of veterans charity)?

SP6: Er, well, when, when we talk about veterans specifically, it could be obviously (name of veterans charity), it could be walking with the wounded who are also located in (location), but we could link into things like Veterans Gateway, or it could be sapher, or it could be the Royal British Legion. But obviously we don't just deal with veterans, erm our customers who are aged 50 plus, and their carers and spouses, they can present lots of different diverse issues to us. It could well be that you know, they, they want to talk to us about, the energy crisis, er, or the cost of living, the problems that they might be having personally. It could be health related. It could be er, something  
specifically like dementia, because there is a high, unfortunately a huge and high prevalence of dementia in (location), erm, so we have, quite uniquely we have quite a large dementia specialist team, made-up of seven Admiral nurses, which is..

Researcher BN: Ah wow.

SP6: ..unknown in the region, erm, an Admiral nurse, if you can imagine a Macmillan nurse, is a person who is qualified to deal with the person with the diagnosis, and their family members, their support network around them, an Admiral Nurse works in the same way for someone who has a cognitive impairment or form of dementia. So they support the person with the diagnosis, but very importantly, they support the whole network. But they support them in a psychological sense. So, they might support them to, let's say erm, come up with coping mechanisms, erm, consider their own mental health situation, as well as the person who's dealing with the diagnosis. Erm, so no other local authority locally has this level of support, we’re, we're very unique in that way. Erm, then in addition to the seven Admiral nurses, you've also got five, what we call dementia coordinators, who er, provide activities for people, the person with, and the person who's caring for that person with a cognitive impairment. So, what I'm trying to say is, every, every day is different, for the customer service team at Age UK (location), because customers present, sometimes with multiple issues, and they can be very complex. Sometimes it can be something really simple, like, what time does (location) pool open.

Researcher BN: Yeah.

SP6: So we like to consider ourselves to be, if you like, a one stop shop information, you know, erm, but we can't hope to deliver every single service expertly in (location). That would be ridiculous. So, we partner with other people, so I can then, you know, I could get onto (location) Council’s website and, (name) pool opens at such and such a time, and tell Mrs cannybody that actually it opens, and, on a Friday they have free swims for the over 60s. So, we like to sort of, you know, push the boat out, try to delight the customers, give them more than they asked for, but it takes, a huge amount of knowledge to pull all of that information together, to enable our customer service team to be able to then answer all of those questions, erm, and it's my role to gather that intelligence and that data

Researcher BN: Ah okay.

SP6: ..and present it and share it in a way, that they know who to go to, who to speak with. Erm, and obviously, we provide them with different ways for them to access that information, so it could be digitally, or it could well be that I'm just pinging them an e-mail to say by the way it girls, be aware of this. Erm, so yeah, it's a really, it's, my role is really diverse,

Researcher BN: Yeah, definitely.

SP6: …but hopefully what I do, supports the front end, the customer facing end of the, the organisation.

Researcher BN: Right. And so how, kind of, how often are you out in the community talking to people, compared to, behind the scenes?

SP6: Erm, I very rarely actually step into our office, if I'm being honest, this is my dining room, you can't tell that, but I'm in my dining room at the minute.

Researcher BN: Ah right, same (laughs).

SP6: Erm, and I'm generally on the road each day doing something in (location), erm, as a for instance, let me think, er what day is it, Wednesday. So I've been on the (name of veterans charity) beach walk this morning, tomorrow I'm at (name of veterans charity) for their pull up a sandbag event. Erm, and then I'm in the office for what we call, I actually am in the office yes tomorrow, for what we call an environmental, social and governance team meeting, so that everybody who is involved in our, if you like, our eco journey, our journey towards net zero, as an organization.

Researcher BN: Ah fab.

SP6: So we've got a small working group that we pulled together. But because I'm in (location), I'll just do it on teams in the office, instead. Er, Monday, where was I on Monday? Monday, I was at Eldon Square for a 9:00 o'clock meeting, because Age UK is their charity of choice this Christmas.

Researcher BN:: Oh great.

SP6: So three AgeUK's are working with Eldon Square, and erm, we'll be putting on activities and events in the shopping centre, and hopefully looking to support people with volunteer opportunities. A little bit of fundraising, the fundraising it’s not the bit, it’s not that we're not desperate for funds, we're always desperate for funds, but we appreciate that everybody's skint, you know,

Researcher BN: Yeah.

SP6: …nobody's got these spare cash, let's face it. But what we want to do is talk to people about our services, erm, and hopefully recruit some new volunteers for a, specifically our befriending service. Erm, yeah, and then Friday, I'm at our dementia specialist housing development, (location), BT are coming, and they are doing a mornings volunteering for us with the customers. So they're preparing afternoon teas, and doing a bit of gardening, so I'll go out there because it was me that facilitated that. So I'll go out and meet (name) from BT, speak to the volunteers, see if I can get them on a long term arrangement, if I can sort of,

Researcher BN: Uhuhh.

SP6: …if you like, upselling it. Erm, so yeah, I'm out and about an awful lot, and in between that, it's a case of erm, updating websites, erm, multiple social media platforms, because we've got everything, including Tik, erm,

Researcher BN: Wow!

SP6: Oh yeah, we've got everything, we've got a massive following on TikTok, get us followed.

Researcher BN: Really?

SP6: Get us, yeah.

Researcher BN: I don’t have it (laughs)

SP6: Do you not? Well, I only have it for work, and I'll be honest, (name) like I said who works with me, he's got it, and he uses it. And he's always saying that he gets like sucked into it, and he finds himself like an hour and a half later scrolling. I said, well, I'm not doing that. So I've got it, just so I can like our stuff that he puts on. But I have, there was one occasion where I found myself being sucked down into it,

Researcher BN: That’s what I was scared of.

SP6: ..and I quickly backed away. So I've got all the usual. So we've got, we've got Facebook accounts, Instagram, Twitter, LinkedIn, Tik Tok, erm, we've got everything basically, and we use them all. We're massively active on social media. We've got a big social media following, because what we found is, our followers tend not to be, if you're like, the end user of our services, they tend to be the younger family member, who would see a thing, and signpost it, chat to their family member, who would be the end user.

Researcher BN: Yeah.

SP6: So we have to make, the content has to be relevant to the end user, but it has to be interesting enough to catch the eye of the younger person if you like. Hence Tik Tok and Instagram. So, we're, we're really active on those platforms, but it takes a lot of work.

Researcher BN: Yeah, I bet. (laughs)

SP6: Always.

Researcher BN: And So what motivated you to start in this role specifically?

SP6: Er, right, so I used to work for the government. I worked for the government for 20 years, erm, originally as a civil servant, and then I migrated out, and I was employed, erm, by a third party agency, called UK Trade and Investment. And, their role, on behalf of the government, was to encourage international trade. So if you can imagine, that our government doesn't want us, the consumers, to import everything, they want businesses to export as much as they can. And that way they keep the balance of trade the way it should be.

Researcher BN: Uhumm.

SP6: Tipped in our favour. So it was my job to encourage North East businesses to consider overseas markets for their products and their services. And my market was China. So, it, it was quite a tough sell a lot of the time. So, I did a number of years going backwards and forwards to China with groups of business people. Erm, and then, my specific role was to A organize the trip, but B hook them up with relevant organizations right across China. So it could be, you know, could be Shanghai, could be Beijing, it could be off the coast. Erm, anyone who might consider their, and it would have to be technology, of interest to them, because to be honest, China is the manufacturing base for the world

Researcher BN: Yeah.

SP6: They churn out everything, cheaper than anywhere else, but, and things have changed, their quality wasn't always what it should be, but it has massively improved, they’ve obviously upped their game. So that was my job and, and my colleague who was Chinese, Beijing born and obviously Mandarin speaking, he was like the Chinese end of it, if you like, but he lived over here and worked over here. He had cancer, and he died. And I just, you know one of those moments in your life where, you're in a transition point. And I realized I couldn't do the job as well as I could have done with him, and I didn't feel like I wanted to do it without him. And I just, I felt like I was at a crossroads and erm, my dad had Alzheimer's and he died with Alzheimer's. And this job came up. And it originally, the role was a customer service manager. So managing a, a suite of customer service professionals. And erm, I just thought, is it the right time? Is there something that's telling me, is it, is it fate? You know, I'm at this transition point in my life.

Researcher BN: Yeah.

SP6: And, and the Alzheimer’s thing really resonated with me, and I wondered if I could help and, make things better for other people who were going through that terrible time, I didn't know how. I just felt that there was something pointing me in that direction. So that's why I, why I took the job.

Researcher BN: Oh, great. Yeah, I know that feeling of, a cross, of a crossroads, and

SP6: Yeah!

Researcher BN: Yeah.

SP6: I wasn't sure, and it could have been the stupidest decision I've ever made, erm, but it hasn't been, I've loved it, loved it, and I've grown, and I've learned loads, and I've really enjoyed it and, it is tough working in the third sector, I'm not going to pretend it's not, because, there always seems to be, too little funding, not enough people to do it, and you get spread very thin. But, you do learn an awful lot, erm, and there are lots of different opportunities, whether it be customer service, finance, HR, marketing. There are all these functions that take place, within a charity, that take place within a business. Erm, because I mean, you know, it's run very, well even more strictly because it's a charity, let's face it. So, there's an opportunity for people to learn and grow within a charity and, it's a shame because not everybody considers it as a career option, but it's a good, it’s a grounding, actually, for people coming in at a junior level.

Researcher BN: Yeah.

SP6: Erm, so yeah, I mean I would encourage people to consider it, that's for sure.

Researcher BN: And what do you like the most about your role would you say?

SP6: Erm, I like loads about it, there's loads that I love about the job, but it's the people that I love the most. It's the partnership working. It's, thinking strategically, like, you know, what's the right fit for us. Because we do get approached by lots of people if you like to get into bed with us, and consider partnership working. But, I like to think that I'm fairly astute, and, I can, I can unpick sometimes, whether I think they're the right fit for us, and sometimes you just know that it's the right fit, and other times, you're on the back foot a little bit. So, I find it really interesting, I find the job really rewarding. Erm, it is stretching, and it is challenging, and that's, I think I like that about it. I think if it was mun-

Researcher BN: Really?

SP6: Yeah, I think if it was, mundane and easy, it wouldn't be interesting. What I like about it is the challenge, the constant challenge. And I think because I started off as a customer service manager eight years ago, I had no marketing experience whatsoever, other than, you know, putting the odd post on Twitter, myself and stuff. Erm, and then this opportunity to become the marketing manager presented itself. And I thought well why not? Give it a go. So, I became the marketing manager, and I learned, on, on my way type of thing. Erm, and then the opportunity to, to fit business development came along and I just snatched that, because I knew that was right for me, absolutely right for me.

Researcher BN: Yeah.

SP6: And then very recently, as I've mentioned before, we're trying to, erm, consider our journey towards net zero in the future, and how we can make small changes at the moment, but hopefully all of those changes, you know, together, might make a small impact for us, or, and a bigger impact down the line. So, I'm the lead on that as well.

Researcher BN: Wow.

SP6: But it really floats my boat. I'm really interes-, I'm you know, I'm an allotment holder, I grow my own food, I do beach cleans, erm, I mean I wouldn't class myself as an environmentalist, I'm certainly not necessarily a campaigner. And if I am, I, I do it in a very very subtle way, erm, you know like I get me milk delivered in bottles, and I wash them out and send them back, and, you know, maybe make, me eggs come in recyclable boxes and, it's small little things that I do at home, I try to translate into work related stuff. So, it's really interesting, and I'll probably, I'll probably do a qualification in it through work, which they're always happy to do, they're always happy to encourage you to do that, so.

Researcher BN: Ah, that's great.

SP6: Yeah. So, it's a, it's interesting, it's diverse, it's fast pace, it's stretching and challenging, but ultimately it's really rewarding.

Researcher BN: Ahh which is great!

SP6: It is.

Researcher BN: So what, on the on the flip side, what would you say is the most challenging part of your role?

SP6: (counts on fingers) Not having enough time, not having enough funding. (laughs)

Researcher BN: Oh no, she's got the list out. (laughs)

SP6: (laughs) Not having enough staff, erm, but the biggest, the biggest part, the biggest issue we've got as an organisation believe or not is recruitment.

Researcher BN: Right.

SP6: So, that's not my biggest issue, but it presents itself as an issue to me because I'm responsible for sharing all of those, those roles that we've got available. So the charity’s really struggled to recruit recently. And what we've also got, which makes us fairly different is, we've got, yes we're a charity, but we're not one of these shake tins under a nose kind of charity. We're not like that. I mean, we've got like, a six and a half million quid turnover, we’re big, and we can only achieve that huge turnover, because we have a social care arm. So we deliver adult social care in and around (location) and Newcastle. So every bit of profit that the social care arm generates, goes to prop up the charitable work that AgeUK, (location) does.

Researcher BN: Oh wow.

SP6: And, and recruiting into those roles, is just sooo difficult. Because, historically that sector has had a really high churn of staff, constant churn. People come in, they decide it's not for them, or people come in, and they decide that actually, they're gonna have a family so they leave, or people come in, and it gets to be, it's a heavy, you know, heavy work for them, they decide it's too much. So for lots of different reasons, people don't necessarily stay in the social care, erm, sector. So that's a constant problem for marketing. Basically, erm, and it doesn't matter how much money you chuck at it and advertise roles, the people have got to want to fulfill those roles.

Researcher BN: Yeah.

SP6: And, social care has a really bad reputation, unfortunately. Erm, so that's the most challenging part of it, I would say, yeah.

Researcher BN: Yeah. Yeah, I get that. And so, when you’re kind of, on the ground as it were, how often do you speak to, people on the other side, like (name of veterans charity)

SP6: Customers? Yeah.

Researcher BN: Yeah, whatever you, customers, how often do you, and how do they go typically?

SP6: So, for me, the only real interface I have with actual living breathing customers, is through the veterans work that I'm doing at the moment.

Researcher BN: Okay.

SP6: I speak to a lot of people, they don't know they’re speaking to me, of course, but I speak to them on the website, and through social media, so it might well be that they make a comment on social media, or they, they message us, they private message us, or they send an inquiry through the websites. So, although I don't say hi, I'm (name) and I'm the customer service, blah blah, marketing or whatever, I do have to have that interface with them if you like. But, we've got a really skilled customer service team who, they've developed this triage system. So when a customer presents, with, a problem, they're very very skilled at teasing out potentially, other issues and problems that they might have, so it might well be that they say, erm, I can't afford my heating, let's say. It turns out that when they've had this conversation, they might have multiple health conditions. It might be that they have dementia, or a family member has dementia. They may not have ever considered having something like a benefits check

Researcher BN: Uhumm.

Sp6: Because they could well be, because of their health conditions or their loved one’s health conditions, entitled to monies. And a lot of people, especially older people, are, you know, they're in denial. They don't want welfare, they don't want handouts,

Researcher BN: Yeah.

SP6: ‘ah, I wouldn't be eligible for anything like that’. But they've never asked the question. They don't know what they're entitled to. So the customer service team are very skilled at teasing out this information, and then playing it back to them, and seeing what they, what we can do. But, as I said, my role is to make sure that the customer service team know what's out there, know what we've got.

Researcher BN: Ah right.

SP6: But to also make sure that they know what all of our local partners have got as well. So, I don't get to speak to, I did in the customer service managers role as you'll appreciate, because I was often talking to customers there, erm face to face, telephone, emails, all sorts of things. I used to deal with complaints and compliments as well. So I had that opportunity to talk to people all of the time then

Researcher BN: Yeah.

SP6: Erm, but in this role it's a little bit different. I'm definitely, I'm behind the scenes more,

Researcher BN: Yeah.

SP6: ..and feeding in more, yeah. But, when it, when it’s (name of veterans charity), I was laughing about this at the beach this morning because, I mean the veterans are predominantly, male, of a certain age, as you've seen in, you know, saw for yourself there, and, they don't like to come forward and ask. So I sit at a desk at the back in the corner. And erm, they'll sort, one of them will mebbies like gravitate over, and pick up a couple of leaflets, like nonchalantly looking at a couple of leaflets, and then erm, ‘ooh!’ as if he didn't realize I was there! ‘Ohhh! Hello, (SP6), erm, could I have a word?’ And then they'll sit down, and then they'll chat to you. So I had a gentleman, did exactly that last week, and it was dead, I was watching him like out me peripheral, watching him and watching his body language. And he was, for all the world he was just sauntering around the bleeding office, and then he erm, ‘oh could I have a word?’ And he wanted a will, he basically wanted a writing.

Researcher BN: Oh wow.

SP6: And erm, yeah. So this fella had had a pacemaker fitted, and I knew that. And he, he's obviously putting, he’s putting his metaphorical house in order, but he doesn't want to talk about it, he doesn't wanna share it with that lot over there sitting having a brew. And he just said how do I go about getting a well written? And I said, oh I can help you that no problem. So, we fixed that all up for him. And erm, and he’s like thanks very much. And he quietly just, you know, meandered back to the group, as if nothing had happened, you know.

Researcher BN: Yeah.

SP6: Aye, and then there was another one last, it would be the week before last. Erm, and it was a lady and a gentleman who always come in together. And the lady came over and she said, do you think I could have a word? And I said absolutely sit down, you know. And erm, she started to talk about her husband and, and he's mobility issues, and, basically what they were after was a blue badge, that's what they were after, you know. And erm, but he didn't wanna come over.

Researcher BN: Right.

SP6: He didn't wanna talk about himself to me. And obviously the, you know, the woman being a woman took charge, and took the lead, didn't she? And erm, and I said, yeah, yeah, we can fix that up for you no problem. So, again I fixed up an appointment for one of the information, our information and advice team to go out and, and visit with them. But in advance they sent them like the paperwork that they would need to fill in and all the rest of it. And, and we would hand hold them through that process. But it's a, you can, there's definitely a pride, you know, people of that age, especially gentlemen, don't like to ask for help.

Researcher BN: Uhumm.

SP6: So, it's, it's about me being there, building up trust, and in a very subtle way, being able to say, well, yeah, of course, if you need that, just, sit down, just ask us, you know, but you can't go in there where your guns blazing, you have to just do it very very subtly. Erm, and it's almost like, you know when you're dealing with animals when they're nervous, and you have to build up their trust and then they'll approach you.

Researcher BN: Yeah (laughs)

SP6: If you go to them, they would scatter, wouldn't they?

Researcher BN: Uhumm.

SP6: You know, so, yeah. So it's, it's really interesting to watch it develop, erm, so, but I am enjoying it, it's great, and they're lovely

Researcher BN: Yeah.

SP6: The people are just so welcoming, and so kind, and they've got fantastic stories to share as well,

Researcher BN: I bet.

SP6: …which is brilliant, yeah. So I'm enjoying it.

Researcher BN: Ahh that's good. And is there any kind of, does it really vary what people come and talk to you about at the veterans group, or is there kind of themes in what you tend to talk about?

SP6: I think because they know where I'm from and who I'm representing, they've got a fair idea of, you know, what we do. So, there are trends, you know, benefit entitlement, blue badges, certainly, stuff like, erm, things like attendance allowance and carers allowance. So they might have a partner, who is providing significant care for them, which they don't really wanna talk about, you know, obviously. Erm, but they're wonder if there might be entitled to something. Erm, not that they want benefits, and they don't want welfare, and they don't want charity. You know, it's like that. But, some of them are really struggling financially, and that's really sad you know and you think, like there's a particular couple there, and she's got terrible mobility issues, and lots of different, lots of erm, health conditions. And she's not in a good way at all. And she really could do with a mobility scooter, and erm, like they've had to pull out all of their life savings to buy and to purchase one, you know? And I was trying to say to them ahhh, like why didn't you just approach me first, and we could have looked to see if there was any way, shape or form that we could have accessed this funding for you, so you could have left your money in the bank. And they were like, ohh well, we've done it now, and it had to be done and she can’t manage and, and I get all of that, but, if we’d just had that conversation, you know?

Researcher BN: Yeah.

SP6: So, it's such a shame, because they're very proud people, and they’ve served their country and queen, obviously. Erm, and there's a, you know, there's a, they're going to do a remembrance, like a celebration, if you like, erm, for the queen and in a couple of Thursdays time at (name of veterans charity). But they're all talking about it, they've all got this massive affinity, obviously because, you know, they swore an oath to serve their queen and country

Researcher BN: Yeah.

SP6: ..and it still massively matters to them. Erm, as old as some of them are in their 80s and stuff like this, they take that very seriously, erm, and I wonder, hopefully, if the younger generations going through the armed forces, will have that same level of commitment to their king and country.

Researcher BN: Yeah.

SP6: I mean, I don't know, I mean I've never served in the forces. What, what the hell do I know? But I've, I saw them last Thursday, when we had our erm sandbag event, and there was this buzz around, you know, the royal family’s being called Balmoral, and something's up, and you could tell there was this, sort of nervousness about it. Erm, yeah so they were quite, sort of, subdued when they were concerned about her last week. It's almost like they know her, she's a family friend

Researcher BN: Yeah.

SP6: ..and, they, they've obviously got a huge amount of respect for her, through their, their service in the armed forces, which is really interesting. Erm.

Researcher BN: Yeah. Definitely.

SP6: So, but so yeah, sort of similar themes, all of the time.

Researcher BN: Right.

SP6: Erm, but then, then you'll get the odd, the odd strange thing, like there was a gentleman who, (sighs), because of, I think it might have been Arwin, but certainly one of the storms, where he has his allotment, the tree is erm, coming down, and the council are being really slow, to take the tree down, they can't use the shed at the allotment, which is where they all come together, and so he's at a loose end, and so, it’s like, we've fixed for him to go to, (coughs) excuse me, the (name of organistion) men in the shed project,

Researcher BN: Oh yeah.

SP6: …where they all get together and they do woodworking, and that sort of stuff. And it's all fellas together doing like woodworking things. So, you get the odd like curveball chucked in, and that's why it's really important, to know who does what in (location), and where you can access that information.

Researcher BN: Yeah.

SP6: Erm, yeah I mean, the other day I helped somebody, write a complaint on Health Watch (location)’s website, because you can feed back there about, you’re dentist, you’re doctor, you’re whatever. And they felt really strongly that they had received poor service from a local provider.

Researcher BN: Oh right.

SP6: And I said, you know, with respect, it's all well and good having a bitch and moan about it, but what are you gonna do about it? And they said well we don't know what to do. I said right okay then you can do this. Would you like I said I'll fill it in, but it has to be your words. Because they weren't necessarily tech savvy, they didn't want to use well, they didn't know how to use websites. But they did have access to an e-mail address. So I said I'll fill it in, you two sit here. You tell me, I'll type it. I'll put your name and your e-mail address against it, is that all right, ‘yeah’. So they, they felt like they'd had, not a resolution, but they'd had the opportunity to sort of share their complaint, rather than just complaining, you know, in their little circle of friends type of thing. So, yes, lots of trends, but lots of different curve balls being chucked in as well.

Researcher BN: Yeah, I bet that's interesting.

SP6: Ah well, it never stops, you’ve gotta be on your bleeding toes, constantly. (laughs)

Researcher BN: (laughs) And how long do these, kind of conversations typically last?

SP6: Well, it can depend. So we have lots of different conversations that last different durations. So, it could well be that they're chatting to me, like that gentleman that I talked about with the will writing, that was about 15 minutes, because I had to get a lot of detail from him, had to get consent to store his data on the system, GDPR, all that malarkey. So that could be like 10 or 15 minutes worth. It could be if I'm talking to somebody in more, more in depth, it could be an hour. So, I mentioned to you before we've got this, erm, system called a guided conversation. So, the process might be, somebody rings in AgeUK (location), I've got a problem, this is me problem, the girls do their triage thing, and somebody then goes out to visit with that person at home. Erm, I mean, not in every case, obviously, because sometimes it's a one call resolution, and that person can be moved on quite swiftly. But what we try to do is offer a holistic service, that not just deals with the, issue that they presented with, but anything else that might be going on in their life at that time. So the guided conversation was developed, and I hate the term guided conversation, Beth, honestly, because the word guided, to me, means leading,

Researcher BN: Yeah.

SP6: ..you’re leading the conversation. But actually, it's the polar opposite. You're listening, you're not leading, you're actually listening to the person. And it's an opportunity when you do the guided conversation face to face, you doing it in their own property, at home. So you can also pick up on all the nonverbals as well.

Researcher BN: Interesting.

SP6: So it might well be, you know, if this person is sitting with three cardigans on and a pair of fingerless gloves, and they've got their pajamas on underneath their jogging bottoms and two pair of socks on, they're obviously cold, aren't they? They don't wanna put the heating on. Why aren't they putting the heat on? Because they can't afford to put the heating on.

Researcher BN: Uhumm.

SP6: So, if I'm having a conversation with them, and they're telling me their hunkydory, well I can see you're not hunky-dory, actually. You know, and if their, if their properties in poor repair, or if I see a number of hazards in their property, I can point these out. I might then think, I tell you what, I'll give one of my colleagues a ring at Tyne and Wear Fire and Rescue service, and I'll suggest they come out and do a home safety check, because I'm not convinced that that electric fire there is safe. You know, it's got a piece of sellotape wrapped around the flex, and the plug fuse is obviously, they've tried to change it and it's not fitting together, and I think it's a fire hazard. So I can see this out the corner of my eye. So when I'm chatting to this person, I can be, well, have you this, and have you that, and I can be prompting the conversation, but not leading it. So it's all about the listening. So you might start your conversation off, talking about the, the, the individual problem they presented with, but then you might talk to them about, their physical health, you might end up talking about their mental well-being, you might talk about their finances. Do they have a will in place? Has the family got power of attorney in place, for them down the line? Do they own their property? Do they rent their property? Do they know, so, you know, they're renting from a private landlord. Do they know on October the 1st that every private landlord has to fit a CO2 moniter so that, you know, carbon monoxide monitors have to be fitted as standard by landlords. Do they know that? If they don't know that, can I sign post them in that direction? So you can see how the conversation can quite easily develop,

Researcher BN: Yeah.

SP6: …and I can come up with a lot of different ways, where I might potentially be able to support this person. But I need knowledge, and that's me, I'm, if you're like, I'm the knowledge, I pool that knowledge together, and make it available to everybody. So.

Researcher BN: I see.

SP6: Yeah, so ultimately, you know, this person, this person's property might be, a state. They might be a hoarder. It's a fire risk. I can suggest to them that I can get the fire service out, that, they might be saying to me I need a cleaner, and I could be saying and, it's not me who goes out to do these conversations now, but I know what the teams are doing, but the teams might say, well, I can't send a cleaner into this location, because actually it's a physical risk to them having to climb over. How about we talk about getting you some help first, to remove all of this. And, you know, as you'll appreciate, people who are hoarders, they don't want to let go. They want to hang on to. So there's a condition there that we need to sort of, speak to someone about. And it might well be that somebody’s being, let's say, discharged from hospital. Because obviously the NHS needs to move people out quite quickly, but we might need to go out and assess that person's property, and speak to them, might even be in hospital before they come out, to make sure that they've even got someone who can put a bottle of milk in their fridge, who can turn their heating on in advance of them coming out because, you know, with respect to the NHS and ambulance drivers, they haven't got the time to do all of that.

Researcher BN: Yeah.

SP6: So we would go out and we would chat to somebody and say, you know, what’s your physical situation, what's your mental well-being situation like, what's your finances like, your property, let's look at that as well. They might be lonely, ultimately. They might be a single person who's lived alone, they might have lost their social network, we might be able to say to them, ‘so what sort of interests did you have as a younger person? What floats your boat? Er, all right, well we've got this walking club, or we’ve got men in sheds here at (name of location). Ohh, you're a veteran. Well, did you know that (name of veterans charity) exists to support customers who have served?’ You know, so there's lots of different ways that these conversations can develop. So it could be a quick phone call to the customer services team, they plug somebody in to go out and deliver the guided conversation. But that's a much bigger, much bigger conversation, that probably leads to several smaller conversations, down the line as well. And then we record all of that information, and retain it, with their consent, obviously, you know they have to sign for all that, and that's on a customer relationship management system. So we can very quickly retrieve that detail, and we have what we call a one customer one record situation where, anybody dealing with any of our customers can see that person's record, and they can very quickly brief themselves, ah yes Mr Cannybody, he rang in last week and he's got this, that and the other problem, but (SP6) has dealt with that, and (name)’s dealt with the other, and (name)’s dealing with that. So they can very quickly appraise themselves, so they're not wasting the customer's time. Erm, so conversations can be quite succinct,

Researcher BN: Uhumm.

SP6: …or enormous, and multiple, depending on the customer’s situation, really.

Researcher BN: Yeah.

SP6: But holistic.

Researcher BN: Which is great. That sounds great.

SP6: Yeah.

Researcher BN: So do you ever apply those yourself? Say with the veterans?

SP6: Yeah, yeah. So if I get into a situation where, and it wouldn't be, that I would do it, sat at that little desk in the corner, because when you’re having that sort of conversation as I've said, especially the gentleman are, they're almost looking over their shoulder.

Researcher BN: Right, yeah.

SP6: You know, it's like almost a sign of weakness that, you know, he's having to reach out for help so, there's a little room at (veterans charity), erm, where you can conduct that sort of conversation on a one to one, and do it privately, and confidentially. Erm, and they know that that is a private conversation that we're having, unless it turned into a safeguarding, you know, if they were suggesting that they might harm themselves or, that they might have harmed someone else, that's a different type of conversation. But, you have to be really mindful of where somebody's gonna be, more able to share, where they're going to be better presented. Erm, and sometimes it's not sitting in that corner, in an open forum, erm, sometimes you have to take them to one side or, arrange a one to one type of meeting.

Researcher BN: Yeah.

SP6: But, like I said, I only get that opportunity through (name of veterans charity) now, because it's not really my job. I sort of stepped into this role, because one of our team had moved on.

Researcher BN: Ah right.

SP6: Erm, (name), yeah so (name) was doing the job, it wasn't my job, (name) was one of our coordinators, and she was specifically the veteran coordinator. She moved on, and erm, because we're funded through the erm, the armed Forces Covenant fund, we’re obligated to deliver that service, not that we wouldn't want to anyway let's face it. But we’re obligated through funding, to deliver it. So it was a case of right, who can pick it up? Who's got the existing relationship? And it was me, I had the relationship already with (name) at (name of veterans charity)

Researcher BN: Ah right.

SP6: So I just stepped back into it. Erm, so yeah, the only opportunity I have at the interface is at (name of veterans charity) or on the beach walk type of thing. Erm, but again even when you’re sometimes walking along the beach, I’ve had some, quite sort of personal conversations with them, where you can drift,

Researcher BN: Yeah.

SP6: And they’re at ease because they’re walking, they’re not looking at you,

Researcher BN: Uhumm.

SP6: You know, they’re not physically facing you. There's no eye contact, so they're able to just walk along beside you, and they're at ease talking, so sometimes they open up then as well.

Researcher BN: Yeah, definitely. And so, in these kind of conversations, do you, does health and wellbeing ever come up,

SP6: Yeah.

Researcher BN: …kind of like alcohol, smoking, physical activity, do they, come up often?

SP6: Yeah, yeah they can do. I mean, stress levels at the moment seem to be the problem. Stress because of the cost of living crisis, stress because of health, those seem to be the, the conversations that are coming up. So it could be their individual health, or it could be the health of their loved one. Because obviously they're getting to an age, aren't they, and no one, you know, despite the rumours, nobody can live forever. Erm, so I think, obviously, you know longevity is a concern, and failing health is a concern, erm, but obviously, you know, you, you do touch on, different sort of issues like alcoholism, with the, the group, the age group that I'm working with, drug dependency isn't the issue. It’s more loneliness. That's the issue. Unfortunately, which obviously affects their mental wellbeing. I know with erm, other agencies who support veterans, younger veterans, a lot of them can come out of service, and not cope well with civilian life, and they can, some of them can become homeless. A lot of them can become homeless. And then when they’re living on the streets, then, they can turn to alcohol, or drug dependency. And it's a terrible downward spiral for them. Erm, but luckily that group of erm, veterans that we're dealing with, that, dependency isn't the issue, put it that way, erm, but I think they do have their own mental well-being concerns. Because like I said, the cost of, the impact of the cost of living crisis at the moment, and, their physical well-being, I think, when you've probably been in the services and you've been a fit, strong person, you know, doing a proper job, and you're lifting heavy bloody equipment, and marching and all the rest of it, to suddenly realize, that you can't do that stuff, erm, you know, obviously it will have an impact on people, and their, their, not just their physical, but their mental well-being as well. So, yeah, but it's about, it's about self-help, isn't it?

Researcher BN: Uhumm.

SP6: It's about, you know, encouraging people to look for, professional support and help and you know, some of them are like, no, I'm not bothering, not bothering. And I'll just say, well, don't be bloody whinging at me then, because you haven't. You know, I'm trying to tell you here this is what you need to do.

Researcher BN: Uhumm.

SP6: And you can tell that they know that you're right, but they're, they're very proud people. And especially that age group are very proud as well. So, yeah, lots of conversations. I mean, we were talking about bloody HRT at the beach this morning. Believe it or not. (laughs)

Researcher BN: (laughs) With the males, or?

SP6: Yes, with the fellas! Can you believe it? I was quite surprised. Erm, yeah.

Researcher BN: Ohh great.

SP6: I know, I know, isn’t that good. So, and like, it was like ohh well, somebody said ohh, there's not as much stigma attached to things like HRT and the menopause. And then one of them said, well there should be no stigma attached to it. And I thought bloody nora Can you believe it?

Researcher BN: Aw, that’s great.

SP6: I know, I know. So yeah, modern men. Well, sort of modern men. (laughs)

Researcher BN: (laughs)

SP6: So we talk about lots of things.

Researcher BN: Yeah. And erm, how do they tend to go, like who initiates those kind of conversations about health and wellbeing?

SP6: So far, it's been a case of being at the right place at the right time. You know, if I'm at the beach, and, because, what happens is, everybody sets off together at the beach, but then it breaks up into little like pods, if you know what I mean.

Researcher BN: Yeah.

SP6: And then I tend to try to work the pods. (laughs) I try to speak to this one and that one, without being too obvious about it, almost like just checking in on them.

Researcher BN: Oh right.

SP6: So it depends on their fettle on the day. Sometimes, we talk about the weather, and nondescript rubbish. But sometimes, they'll tell you about their concerns. Erm, and then I, I'd generally say to them, are you coming tomorrow, I'll catch up with you tomorrow at the sandbag.

Researcher BN: Uhumm.

SP6: And that's when I can talk to them more, in depth. Erm, but they gravitate to me at sandbag, whereas I just meander between them all, just sort of gently testing the water, to see if people are alright, basically.

Researcher BN: Yeah.

SP6: Erm, yeah. And I think you know, it takes a while to, to gain their trust, erm, and to be accepted into the fold if you like. But I feel, genuinely like I'm, I'm accepted now, I, I have some nice conversations with them. And I think, the beauty of it is, they now know that through AgeUK (location), visiting with (name of veterans charity) on a really regular basis, they, we’ve got that visibility now.

Researcher BN: Yeah.

SP6: So they might not remember all of my name or how to get in touch with me, but if they spoke to, to (name) there or (name) there, they would say, oh yeah, here's the phone number, give them a ring sort of thing. So, that visibility is really important, but the trust element is the biggest, the biggest thing. You've gotta get that there first. Erm, and like I say, once you've got that, I think you're onto a winner. Plus, of course with working with (name of head or veterans charity) and (name of head or veterans charity) being ex services, we've got credibility, because we're partnered with (name of head or veterans charity). If (name of head or veterans charity) says it's all right, they believe it. Do you know what I mean?

Researcher BN: Yeah.

SP6: So, we've got him in our corner, which is great.

Researcher BN: Yeah, definitely. So in terms of, anything that might help you have conversations about health and well-being, is it mainly the relationship, or is there anything else?

SP6: Erm, I think it's mainly the relationship, and I think it's the opportunity, the fact that we're there twice a week to support them and they know that

Researcher BN: Yeah.

SP6: I mean, even for instance, I've organised for the Tyne and Wear Fire and Rescue service to do a talk for them. So the talks all about, erm, obviously safety in their home, fire safety in their home. But talks about carbon monoxide monitors as well. Erm, talks about like overloading your extension plugs, really, really simple little things, but it gets the conversations going. So it might well be that, you know, they'll be asking questions of, it's a girl, a lady called (name), who I work with, and, she comes out and does the presentations. But you can bet, on the back of it, they'll be like, ohh, thanks (name). But you can bet it'll instigate the conversation. Something will spark something, and they'll then come back and ask about something. And God knows what that something could be. But you're giving them the opportunity, because you're presenting them with a different kind of event, where they can all sit and listen and ask, ask questions, and it'll get the conversation started. Erm, and because they're in that like, if you're like, circle of trust, because they all know one another, they'll all be quite happy to ask questions of (name) and stuff. Erm, and it just, it has that, that impact, like, I would start and talk about, for instance, on the back of (name)'s conversation with them, I'd be talking to them about like the priority services register for your utilities companies. So I've, if I’ve got a number of veterans, who've got mobility issues, or erm, health concerns, I would be saying to them, you know, politely and, and privately, do you know about the priority services register that northern gas, operate? ‘No, no’, it's free. If your gas is gonna get cut off, or you're, you're electric for that matter is gonna get cut off, and because you use, erm I don't know, let's think, some sort of a, stairlift, OK, so you're electric's going off and you use a stairlift, and you can't get upstairs without your stairlift to use your bathroom, you need to know in advance if the electric's going to go off in your particular postcode area. So if you're on the priority services register, they will inform you in advance. They will have to make some arrangement for you to be able to get up and down your stairs to use your bathroom, because you can't piddle in a pot in the backyard. Not gonna happen. So, all of these different conversations, help to inform them of stuff that they may already know, but some of them won't know. And it's, again it's that holistic support service that we offer, where, they can ask us anything, we might not have the answer, but we'll know somebody who does. And we'll work really hard to unearth that answer for them. Erm, and once we go back to them, with an answer, like I said, you've, you've gained that little bit of cudos and respect from them, you know, they'll come back again and ask for something else. We, we call it the customer journey. So, generally what happens is, a customer will approach us with a, really simple question. And once we've answered it, probably over answered it, given them more than they asked for, they're like, ‘ah, well AgeUK were really good’, so they'll tell their friend, ‘ah well, I rang AgeUK, they were cracking that team down in (location), they gave me this, that and the other’. So then that friend over there, they'll ring, and they'll present with a different issue. But the original person, they'll ring us again,

Researcher BN: Yeah.

SP6: …and as their situation changes, and in a lot of cases with older people, their situation, sadly, deteriorates, their health, their mobility, their financial situation. Their prospects as a carer might become overwhelming for them. So once they’ve met with us, spoke to us, we’ve gained their trust, we’ve answered their original easy, soft questions, they’ll come back to us and present with the bigger questions and the, the more complex multiple questions. And that’s, that’s that journey that a customer normally takes with us. Once we’ve got them, we very rarely loose them, until the die, unfortunately. I know, but that’s the nature of our business,

Researcher BN: Yeah.

SP6: And that’s what we’re doing, we're dealing with people who, in a lot of cases are much older, erm, and sometimes because of their lifestyle choices, don't have great health, don't have great well-being, mental or physical, and they do, sometimes have mobility issues, so, you know, comorbidities comes into play, and, it's not just, you know, the nice pink fluffy stuff like what time does (name) pool open, sometimes it's the really tough stuff that you have to deal with too. I mean, we had a gentleman once, I remember this one when I was the customer service manager, this chap walked in and he erm, he was really embarrassed and he was really furtive. And he, he said, could he speak to somebody, like privately. And erm, he was an older chap. And erm, anyway, I went across to have a, a word, sat him down in a, in a room, privately, and erm, he said my wife’s died, and erm I said I'm very sorry to hear that, what can I help you with? And he said erm, well it's her funeral next week, and I've got nothing to wear, and I don't want to let her down. Erm, is there anything you can do? And we said yes, absolutely, stay here. And erm, I sent one of the girls up to a charity shop.

Researcher BN: Aw.

SP6: And they, and they just, out of petty cash they just bought this gentleman a suit. And a shirt and tie and all the rest of it, and came back down. Luckily they had a pair of shoes. And erm, he was overwhelmed. You know, it was like a simple little gesture, but that man, you know, didn't want to let his wife pass, without turning up at her funeral looking the bee's knees. And, it must have taken an awful lot for him to walk in off the street, and approach us and ask us. But you can bet your bottom dollar he'll be telling somebody about how AgeUK (location) helped him out. And because he's, you know, feeding that information back, the next person and the next person, and the next person will be the one that rings us, and hopefully we can help them too. So, you do, I mean, I remember one, there was a lady who'd had to have her dog, she was having to have her dog put to sleep, erm, she couldn't afford it.

Researcher BN: Ahhh.

SP6: She couldn't afford have her dog put to sleep, and we'd, we'd said to her well have you heard of the PDSA. And she was like, no, none the wiser, bless her. Anyway, this dog, bless it, she ended up having to have the dog put to sleep. And, it was done for free, basically. And then we got somebody to donate the money to have the ashes returned to her. So, it's, sometimes the questions, like I said, are simple. You know, what time does the number 9 bus hit (location), erm, or it could be really sensitive conversations that you need to have. So, the customer service team have to be really skilled, at listening.

Researcher BN: Yeah.

SP6: Erm, that's the most important part of what they do. Talking, and giving information out, and all of that jazz, yeah really important, but listening skills are the really, really complex thing that you, you have to, over time develop, and it's, you know, it’s all about your body language, whether that person feels as though you, you’re genuinely engaged with them at that time. Erm, and that's important, especially to older people, because a lot of older people., you know they’re, they’re hearing impaired, they’re vision impaired, so, they, they look to you, and they're studying your face and your body and your reactions, to make sure that you’ve clearly understood what they're after. Erm, and the way you deliver that, you know, the tone of your voice, the smile, erm, the speed with which you deliver that conversation. All of that is massively important to the demographic that we're, you know, supporting. So, it's erm, it's not a a simple, it's a lovely job, it's a great job, the customer service team love their jobs. I just, I took young erm, we've got a brand new starter called (name) she's been with us a month and she's 29 but she looks 13, erm, and I took her to the beach with me this morning, just so she can get a better understanding of what (name of veterans charity)s about,

Researcher BN: Okay.

SP6: So that when she's talking to veterans, she can explore that conversation more with them. And erm, she absolutely loved it. And she was talking to Padre (name), who, you know, who, who ministers for,

Researcher BN: Yeah.

SP6: for the, the team there and stuff. And she was getting an understanding of what his role was and, and you could see she was intently listening. And I was, I was observing her from a distance, I didn't wanna put her off or anything. And erm, when we were walking back to the car afterwards, I said, did you enjoy she said ah it was fantastic, fantastic, I loved it, loved it, loved it. She says, I was really intimidated, I was really nervous. I said, were you? I said well, you didn’t, you didn't give that impression at all. I said you, because she's got a lovely big smile, and she's lovely and, like friendly and bubbly and, and I said, well, you didn't come over as that at all. And she said mebbies I just got into me comfort zone when I was listening to people.

Researcher BN: Uhuumm.

SP6: But she said it was so valuable, and I said brilliant well I'm, really pleased, and so, somebody else who joined us a few months ago, she's just emailed me. When (name) went back to the office, the other ones just emailed to say, can I come to the beach as well because (name) said it was fantastic.

Researcher BN: (laughs) The word’s spread.

SP6: I said, yeah, no problem. I’ll let (name of head of veterans charity) know I'm bringing another stranger for breakfast. (laughs)

Researcher BN: (laughs)

SP6: So, yeah, so the conversations can be micro, or maxi, maxi, maxi, conversations, everyone's different.

Researcher BN: Yeah, definitely. So is there anything that might stop you from talking about, health and wellbeing kinds of conversations, in that kind of setting, for example?

SP6: I think what we've got to be very mindful of is that we're not health professionals. We don't give advice. You know, we can only have an opinion when we can validate it, when we actually have knowledge of a person's situation. But if somebody was telling me ah me blood pressure was X over whatever, I, I wouldn't be giving them my advice. I'd be saying have you spoken to your GP? If **you're** concerned about **your** health, **you** need to speak to your GP, and I'd be encouraging that. So, in some situations, not, not me, and not the customer service team, but we deliver what are called health and well-being checks. So these are delivered within the three, erm, extra care schemes that we have. So we do things like height and weight, so you can calculate your BMI from that. You do stuff like erm, heart rate, blowing into a tube, stuff like this. The results are all calculated, and if something flags, if there's a spike, let's say, or say this person was 15 stone last month, and their 12 stone this month, there's an issue. Clearly, there's an issue. So we would be saying to them, and to their family, during our regular health and well-being checks, we've noticed that Mr Cannybody’s dropped 3 stone. Erm, are you aware, are you conscious that, you know, your dad's lost X amount of weight very quickly, erm, we just wanna let you know because we, we think that mebbies there's a concern there. So that's when we would step off.

Researcher BN: Uhumm.

SP6: We can't, we're not qualified, it's like when it comes to counselling for interest, for the, we can, we can talk to somebody, and they can suggest that they have concerns, but we would want to plug them into a professional. So there is a, there is a boundary that we can't overstep. Erm, and, the other thing is, you can't share your own personal opinion. So we don't share, you know if, I don't know, if somebody was a smoker, smoking 60 a day, I would say to them, potentially that could be a risk to their health, because what would happen if, for instance, they fell asleep and they dropped a cigarette in their home. But what I couldn't do, was bang on about the health risks,

Researcher BN: Yeah.

SP6: ..because that would be, that would be unprofessional of me. So there's only a certain depth that you can explore, with customers, and you have to, your integrity has to remain intact, and you can't, you know, push your personal opinion on to customers. Erm, but we can sign post, you know, we can guide them in that direction. We can refer on their behalf. Erm, so, you know, we've got some, a little bit of clout, erm and we can make them aware, so it might well be that we could download an information leaflet from somewhere, you know, if somebody was saying, me mum's daft, she keeps forgetting stuff. And we would say, well, you know, could we have a conversation about that? Well, do you know that, you know, mebbies she could present at the memory clinic and have an assessment. We've got a team of Admiral nurse specialists here, who could chat to you about that, they are the specialists, I'm not a specialist. I'm, I'm a dementia friend. You know, I, I know a little bit about it, my dad had Alzheimer's, but I'm not an expert at all. So that's when you keep your distance, and you signpost or you refer.

Researcher BN: Uhumm, yeah. So that, that's the barrier is the, the boundaries, yeah.

SP6: Yeah. You've got to be so careful.

Researcher BN: Yeah. And so, you kind of talked about, especially relevant with the cost of living crisis, and, so do you have conversations about finance and housing and, kind of the social determinants of health, do you have those quite often? For example, with the veterans?

SP6: Yeah. Well we would do, because if you can imagine, if somebody's worried about putting their heating on, and they, and, you know, I've heard it, ‘well I'm not putting the heating on this winter. I'll just wear more clothes’. But, it could well be that I might say to them, how well insulated is your property? Have you thought about having a benefits check to see if you're eligible for, and then it might well be that I, I sort of push the conversation a little bit and say, well because of your existing conditions, not having your heating on is not a good idea, because it could, could, you know, it could lead to, for instance, blood clotting. With your, with your health condition, that might not be a good idea. Is there other ways that we can support you, to help you to better afford and manage your heating bills? Erm, and that those are the sort of ways that you can develop those conver-, you don't say to me don’t be ridiculous, put your heating on, stop being silly. You don't do that, because at the end of the day, you've gotta be respectful and mindful of their own thoughts and decisions. But you can try to present them with information, that hopefully, might, you know, help their judgment a little bit.

Researcher BN: Yeah, yeah, definitely. And who tends to initiate those conversations, is it the same as with health and wellbeing, or different?

SP6: Yeah, it's the same sort of thing. Erm, I know I've had, like I said at the beach, people have, I’ve sauntered in and approached them and chatted and then they'll tell me about their financial concerns and stuff. And then when I've been at (name of veterans charity) when they've, you know, it's almost surreptitiously, like, approached me as if they just, hadn't realized I was sat there at all, type of thing. And erm, but when they start and open up, you really feel for them. Erm, like I said you know, their proud people, they served queen and country, and now they find themselves in a situation where they're considering, how they're going to heat their properties, and how they're going to cook their food. And actually, it's cheaper to run a microwave than it is to put the gas oven on. So I'll be living on the poppity pings. Well, that's not great, living on that chat, you know, bloody microwave meals, is it? So, yeah I mean, we've done in the past, we've done, cookery classes for people, we run a service called erm, healthy habits. Again, it's a very holistic service, so, it might well be that somebody's got their own personal concern, like they might weigh too much, or they might be too thin, or they might be, not capably, they’re not capable of physical exercise and stuff. So we would again, go out, again do that whole guided conversation with them, refer them into healthy habits. And again, they would take a holistic look at this person, their lifestyle, their calorie intake, their exercise levels, whether they smoke, whether they drink too much, and try to improve the choices that they make. So nobody's going to wave a finger at them and say, stop smoking, stop drinking, that'll save you money, and then you can put your bloody heating on. It's not that, it's about well, can we consider ways that you can make more healthy choices for your lifestyle. So, that one was funded, it was a joint partnership working with the YMCA. So they, they supported younger people and obviously ourselves and we supported older people, and that was really successful.

Researcher BN: Great.

SP6: So we had people who could do very, very little exercise, even getting out of a chair was difficult. Erm, and I'm not suggesting they ended up running a marathon or out silly like that, but their abilities and their mobilities, moved up a scale and up a gear, erm, and with that came confidence. And if they're more mobile, and more active, they're less likely to have falls, end up in hospital, end up in that awful cycle of being readmitted into hospital. So, yeah, it's all, like I keep saying, it is all about this holistic look at people and their lifestyle, not just, not just one thing.

Researcher BN: Yeah.

SP6: It's not just about their finances, or their property, or their mental well-being, or their physical health. It's looking at that person in the round, and seeing what you can do. Because, if you help them here, this might have an impact here. Erm.

Researcher BN: Yeah.

SP6: You know, so, so let's say, say you've got somebody attendance allowance, yeah, so you’ve got them a benefit check, and you got them attendance allowance, which meant they could afford taxis, so they could then taxi to, ah I don't know, Whitley Bay Playhouse. And they could see, erm, Dolly Parton, nine to five or something, which would massively lift their mood. You know, they've always wanted to see it. So, if you, like I said, it's almost like, it's that domino effect. If you can affect a thing over here, you can hopefully then make a difference over there. And erm, it's, that's just how, how those conversations develop and work.

Researcher BN: Right.

SP6: It's not addressing the immediate that they present with. It's about the triage element of it, and then, the, the relationship building and the trust, and then how that trust then develops because, they might then speak to somebody who refers into us at a later date, but they, they'll, more likely than not, they'll stay with us throughout that journey as they do age, and their circumstances change. Erm, so it's a long term, goal really to support them

Researcher BN: Yeah.

SP6: ..through changes in their life, yeah.

Researcher BN: Which is great.

SP6: It is.

Researcher BN: (laughs) And so….

SP6: Have you got an older person you wanna refer in? (laughs) We’ll help!

Researcher BN: (laughs) Yeah, you’ve really, you’ve really sold it!

SP6: Good! I'm pleased. I'm not even paid to sell it, I'm just, I'm just paid to deliver it. (laughs)

Researcher BN: (laughs) And in terms of talking about finance, housing, things like that, is there anything, distinct that would help you to talk about those topics, say with the veterans, for example?

SP6: I think, yeah, money. Money is always the easy option, cause nobody's ever got enough money, so they're always happy to talk about that, privately, happy to talk about that. But I think the beauty of the conversation is, and like I said, I haven't had any with the veterans personally, but this is what we do, as an organization, we like to try and visit people in their own home

Researcher BN: Yeah.

SP6: …to look at their domestic situation, and evaluate it with them, and see what differences we could make. So it might well be, I remember one that (name) had dealt with, and the person had terminal cancer, their boiler was knacked, they couldn't afford to sort out the boiler. They needed blistering hot water to clean the person's feeding tubes. So you can see how, not having clean feeding tubes could have, potentially, finished this person off, even sooner.

Researcher BN: Yeah.

SP6: Erm, and (name) worked really hard with the Royal British Legion, to get them to pay for the installation of a new boiler. So it meant that, the person with the diagnosis, was obviously, immediately their situation was improved. But their partners situation, their mental well, wellbeing, was drastically improved as a result of So, it's not the thing, not always the thing that we do, it can be the thing that we facilitate, through partners

Researcher BN: Yeah.

SP6: Erm, that makes the massive impact. But, like I said to you before, you've gotta gain that person's trust to enable this to happen. Erm, but if you're in a person's property, you know, you know it could be something really simple like, there's a mat that they're gonna trip over sometime soon. That's going to end up with a fractured hip, they're going to end up in the bleeding Cramlington Hospital, and then they're going to be in that situation where they can’t, what happens if they get discharged and they've got nobody to support them at home, and you can't get social carers for love nor money. And you’ve got to get a care package put in place.

SP6: You can see how that cycle, that negative cycle, really quickly can happen. So by, if you're like identifying the risk to that person, as simple as it might be, you could change their circumstances, drastically, ern, with a conversation. So, they’re hugely important, but actually getting in that person's property, or sitting with them privately, and listening to them, and talking to them, and evaluating their situation, and their future needs, is massive. Absolutely huge.

Researcher BN: Yeah, yeah, definitely. So is there anything that would stop you from talking about, finance, housing, with people?

SP6: Erm, I don't think so. I think sometimes, you get the, you know, the blockers, people who are, they're fine, absolutely fine. Of course, yes, of course I'm fine, course I can afford, course I can do. You know, the people that are sometimes in denial, or too proud to access services. And if that's the case, then you just don't push it. But you do say to them, you know well you've got my card, and you've got my number, and you know how to speak to us if you need us, and please do if you want us, and you leave it up to them because, at the end of the day, they're grown-ups.

Researcher BN: Yeah.

SP6: There's only so much you can influence. You can only present them with a potential solution. But what you don't do, is aggravate them to the point, where, you, you’re potentially upsetting them and, you know, their balance is all out of kilter because you've driven the conversation. So, you have to be quite sensitive to that persons needs and, watch their body language, you know, listen to them intently. Listening, like I said, is the important thing. Not telling, not judging. Erm, and not everyone can do that. It's not an easy skill to learn. Erm, you know, and sometimes, you know, I talked about (name) there who, who I took to the beach this morning, she's 29 but she looks really young, genuinely, she does look really young. And erm, I could see, where older people wouldn't want to talk to (name), because she just looks so young and they would think, well what life experience has she got?

Researcher BN: Mmmm.

SP6: How, you know, how can she tell me what I need? I, I want that older one at the back, she looks like she's been around the block, I'll speak to that one instead, you know? And we do have customers, we have certain customers who, when they present, will only talk to certain members of staff, because they've built up that relationship, and they're not going to tell you it, because I've already told her it.

Researcher BN: Mmmmm.

SP6: Erm, and not all of our customers are like, you know, the Shreddies grannies off the advert. They're not all sitting there with their twinset and pearls knitting furiously. Some of them are buggers to be polite. Some of them are difficult, seriously difficult. But that's people the world over, isn't it? Just because they're old doesn't mean to say they're going to be, bloody placid and accommodating and pleasant, because they're not.

Researcher BN: Yes. (laughs)

SP6: Erm, I mean, I've told many a customer, many a customer, not to speak to my team like that. And if they continue to speak to them, I'll withdraw the service, and they don't like it. You know, they're paying my wages and all this malarkey. And I’ll say well I don't care. You don't get to speak to the team like that. They're trying to help you. Erm, and again, it's like, not shouting! You've got to speak to them, and engage with them, and tell them why it's not appropriate, to swear at your team. We've had some, we've had people in with knives, threatening us with knives, honestly.

Researcher BN: What!

SP6: Yes, absolutely. Yeah. I remember one guy who came in one time, and he was telling us all about how much time he'd spent in the, in the big house, and all that malarkey, you know. Erm, and he said ah I've killed men, and I've been in, and he was an old chap, mebbies he had done time, and, but people that shout on about it like that, you think, really, I would just be keeping me gob shut if I was you like. Erm, yeah but he, he’d said I’ve, and he had a big, like long coat on and he said I’ve got a knife! And, ah god, my gum he’s actually got a knife.

Researcher BN: That’s outrageous.

SP6: So we ended up, we've got panic buttons, under the erm, under the desks. So, obviously the panic buttons were hit, and er, we ended up calling the police, and the police came and, and they were fantastic, absolutely fantastic. Like ‘come on then off you go’, you know, using his name because he was known to them, funnily enough. And erm, just escorting him off the premises, and we like put the shutters down like bloody hell’s teeth! But yeah, we get people who, shout at, like, right up at the Perspex, and, ‘I'll come round there and I'll tell you’ and all that malarky. And you think, God, it's a free service, we're trying to help

Researcher BN: Yeah (laughs)

SP6: You know? So yeah, it takes all sorts.

Researcher BN: Definitely.

SP6: You’ve got to be really resilient. Erm, really understanding, patient. You sometimes have to change the tone of your voice and, you know, your positioning and stuff so that people can hear and see what you're saying, erm, and you've just got to be mindful of all of that stuff really. So, it's a really complex little job,

Researcher BN: Ah definitely.

SP6: And I’m sure we, I'm sure we don't pay people anywhere near enough to do it, to do it well, because I mean I know when I'm on the phone to like call centers, if I'm changing my car insurance and their like ‘and how are you today!’, and I think get stuffed, just get on with the job at hand, I just wanted to, sort me car. And it's all very like, insincere. Erm, and they're very efficient and stuff, but they're just sort of, you know, doing work in the background, and then talking mundane crap, when they're talking to you, but, our customers don't want that. You know?

Researcher BN: No.

SP6: They want sincerity, and they want, like I said, to build up that trust and stuff. So, yeah, it's a complex little role.

Researcher BN: Definitely, yeah.

SP6: Uhumm.

Researcher BN: So, I'm interested, have you noticed any differences, kind of before, during and after COVID, in what you might talk about with customers?

SP6: Erm, well, when COVID first hit, we had to close the office, and we all started to work from home. And for the first seven weeks, we, the customer service team, worked seven days a week.

Researcher BN: Wow.

SP6: Like exten-, yeah, extended hours, erm, because, customers were terrified. They were absolutely, they didn't understand. And at that at, you know, I don't mean to sound derogatory, but they were hearing so much, information from the media, and it was, you know, it was all whooped up, wasn't it, you know, this, this terrible virus from China, and people, everybody was dying, and what would you do, and Boris says you've gotta stay indoors, you're not allowed out, er, you're old. Get behind your shield and stay there. And our customers were like, well, what am I going to do about me shopping? How am I gonna, I'm not allowed out! How am I supposed to get me shopping? So, the phone lines were like, red hot, absolutely red hot. And you have to sort to strip it right back. So the team had to be really well informed. So whenever there was a government, erm, you know the gov.uk website, whenever there was an update on the website, the teams were having to read that, so they were giving the up-to-date information all of the time, consistent, and accurate information. So when eventually got, we got to the stage of vaccinations, it was like, do you trust the vaccination? Well, you know, this is the way out of COVID-19, if we're all mass vaccinated and, you know, so you're telling them what the government is telling you. And then it was like, well I, the next conversation might be months down the line, or years down the line now, well, am I allowed out of my house again? How, how can I, you know, my legs, my legs don't work now because I haven't been doing any exercise. Well have you thought about mebbies joining one of our, erm, exercise groups? Well, can you exercise together? So these conversations, although they might sound ridiculous, because they were locked in that shielding place, for months on end, and all they had was the TV for company, a lot of them, that, that was what they got and nothing else. They didn't see other people, people weren't visiting with them. And on most cases, we couldn't visit with them at home. Only our Admiral Nurse team could make home visits, erm, because obviously, people living with dementia sometimes can get into some real, states of, you know, trauma, so they were supporting them in their own properties at home and things. Erm, you know, they might be safeguarding, if you can imagine, somebody's locked up with somebody 24/7 who's living with dementia, with no respite,

Researcher BN: Yeah.

SP6: Safeguarding issues, you know, can, can bubble to the surface.

Researcher BN: Definitely.

SP6: Erm, yeah. So the conversations have changed, you know, during, first lockdown, second lockdown, people starting to emerge, from COVID-19, erm, but now predominantly, it's people, and I was talking to one of the girls in the office just when I dropped (name) off before there, and she was saying, the thing is, there's this thing in the, in the media, in the press again about the energy crisis. But we're coming out of the summer, we're heading into the autumn and winter, and people haven't seen their bills spike yet,

Researcher BN: Mmmm.

SP6: ..so although there's a lot of conversations like, I've heard this and I've heard that, they haven't got the physical evidence yet. So what will happen is, when they're bills land and they realise how much they are, when they’ve been putting the heating on, obviously, they'll be another wave of panic.

Researcher BN: Yeah.

SP6: You know, how will I pay for this? So, the conversations trend, depending on what's happening at the time. I mean, we've had some horrendous conversations obviously you know with like COVID and, and now, the cost of living crisis and the, the energy cap information that's being coming out, so. The numbers of conversations, and the numbers of enquiries, they've massively increased, but obviously we still want to have those conversations about well, OK, so you’re wanting to get out and about and get an active, what, you know, what were your interests? Ah I used to play football when I was a lad! Well did you know we've got walking football on twice a week? Ohhh, right, so where's that? So there's all those conversations still happening as well, erm, in the background. But then, like I said, sometimes the media is, you know, creating this momentum, and this panic. Erm, and then, you know, you'll have people who’ll be, and I, I haven't talked to the teams about this but I can well imagine, that you'll have people who are feeling really quite low, because of the death of the queen.

Researcher BN: Yeah.

SP6: And that will impact, and that will start a conversation. They won't ring and say, I'm upset because the Queen's died, they'll ring and, you know, say, I don’t know, they'll present with a problem but actually what they're after is a conversation.

Researcher BN: Mm-hmm.

SP6: They just want to have a conversation with somebody who's, listening on the other end of the telephone. And they might get round to talking about the queen, or they might get talking, around to talking about themselves. But, lots of stuff like that, instigates those conversations, erm, and that's where the customer service team, like I said, are skilled, at listening to what the persons not saying sometimes, and then coming up with solutions and ideas to refer them or signpost them, to either our services or, you know, other people's services. I know certainly after COVID, erm, because, you know, carers, unpaid carers, were supporting people at home, there was a massive requirement for respite, services.

Researcher BN: Mmmm.

SP6: It was like, you know, I've, I've been locked down at home, I haven't been able to get out and do me shopping, or do me shopping trips with me girlfriends, or go out for lunch with me friends, or go for a pint with the lads, and because I'm looking, I'm looking after this, you know, family member of mine, what are my options? And again, it would be, have you had a benefits check? Have you spoken to the adult social services team? What are the conditions that this other person’s living with? You know, what sort of support do you need? What would you like? So, you know, there's a lot really that can come out of an initial enquiry, that, spins out into lots of different things basically.

Researcher BN: Yeah.

SP6: No two days are the same. Never.

Researcher BN: Yeah, it sounds so varied.

SP6: Oh, it is. It's great. But that's why it's interesting, because, people are different. People's issues are different. Yes you might have trending issues, at the time, and I say trending not because it's a good thing, but because it's, you know, it's something that sadly, suddenly sparks, like the energy crisis, erm, or COVID, those sorts of things. I mean, I remember, we used to get a erm, during COVID, we used to get a food parcel delivery on a Friday. The wagon would turn up, we would offload the wagon, the pallets, offload the food parcels, and then we would divvy up the food parcels, and go out and deliver them around (location). And people were grateful for the food parcel, because they couldn't go out and shop, they weren't allowed, Boris had said stay indoors, shield, you know, protect your friend's neighbours and all that malarky. So, and that's what they did, because they did what they were told. You will, because they’re of a certain age and if the government says you do it, you do it. But they were actually really pleased to have a conversation with somebody on their doorstep, even if it was at the end of the path. So you'd, we would literally put the food parcel down on their step, ring the bell, step back. Mask on, you know. And they would come out, and they would be like so pleased, just to speak, and see somebody, face to face. So it was a bloody lengthy process, delivering them food parcels on a Friday I can tell you, because of everybody wanting to chat to you. Erm, and they wanted the up to date information as well, and what are you doing, and all this sort of thing. So, yeah, it was, it was a really tough gig during COVID, really tough. But, do you know, bless them, they've come out the other side, and they, they’re a resilient bunch,

Researcher BN: Yeah.

SP6: They’re a tough bunch, they really are. So, hopefully the younger generation, they'll be as resilient having, sadly, had to go through COVID as well. It'll have impacted on everybody in ways, they just can't imagine down the line.

Researcher BN: Yeah.

SP6: Ohhh God, I've got little bird keeps bashing off me window

Researcher BN: Oh no!

SP6: It’s like he’s, I know he's trying, it's the patio door, he's trying to break his way in, he's gonna break his little beak if he's not careful. (laughs)

Researcher BN: Aw (laughs). Before I ask you about, erm, the training you've received, I'm just going to switch my er charge on, I'm running low on battery.

SP6: Oh, go on then, yeah, yeah.

Researcher BN: There we go.

SP6: So what training have we received? Erm, so, as an employee..

Researcher BN: So about, about brief conversation specifically, sorry.

SP6: Speak, speak up, you've gone really quiet.

Researcher BN: Am I still quiet now?

SP6: No you’re fine. You’re fine there now.

Researcher BN: Ah, lovely.

SP6: Yeah I couldn't hear you, you'd gone really quiet, sorry, say that again.

Researcher BN: So about, kind of, brief health conversations specifically, what kind of training, you mentioned the guided conversations, is that..?

SP6: Yeah, so originally we had training, this is a few years back now, so the, the team that we're in existence then, then, won't be the same team that we have now. Because like I say, we have this churn issue unfortunately. But we had, yeah, sort of like listening skills, type training. Erm, and we do, I mean, obviously the Admiral nurses, who work specifically with, the social care teams, and we've got a team called Care Point who, physically reside in a hospital. So they're working with a multidisciplinary task force, and erm, they work with customers who have health conditions and are referred to us by their, erm, health peers. So, doctors, GP's, different sort of specialists and stuff like that. So, they'll be picking up on conversations as well, and, and ways and means. But, I'm just thinking about any sort of, I've had, I have done online training, around how to support somebody with a cancer diagnosis, because I'm part of the cancern network, so, and I didn't want to go into that network, not because, obviously I’m not a specialist, obviously, erm, but I wanted a level of knowledge so that if I was speaking to somebody, like one of my veterans, who then tells me that they've just received a diagnosis, I wanted to be able to have a conversation with them, a meaningful conversation with them. Erm, so I did some training, erm, and it was provided by, I think it was Macmillan did it. It was free, and it was online. I think it was about, six hours altogether or something like that, and you could just, you know, dip in and dip out of it, sort of thing. So I've done that in the past as well. Erm, I've even had some training on radicalisation, believe it or not.

Researcher BN: Oh right.

SP6: And yeah, so, but that was through, so I did a level 5, a while ago, erm, through Gateshead council, yeah. And one of the first units, that we had to, like a mandatory thing, was erm this training. Again it was online, because of COVID.

Researcher BN: Uhumm.

SP6: Erm, yeah, and that was about radicalisation. So about having those sorts of conversations, and, again about listening skills and stuff like this. And, erm, being aware, obviously, of, potential triggers that I should consider if I was dealing with somebody and working with somebody. So, yeah, safeguarding, those sorts of, so we all, we all have safeguarding training, erm, because we need to be able to identify a safeguarding concern and know how to report it, and escalate it. And erm again, you know, I don't tend to deal with them now, but certainly the customer service team, you know, when they're listening to people who are telling them a thing, at a point, they have to say if you continue to tell me, I may have to report this to adult social services.

Researcher BN: Uhumm.

SP6: So, you know, and that can go one of two ways, can't it? That conversation might just end, or it might well be that it does continue because they're asking for help.

Researcher BN: Yeah.

SP6: So, yeah, there is a lot of training out there. (coughs) Excuse me, depending on the job role you're in.

Researcher BN: Yeah.

SP6: Yeah. So if you imagine, again, I'm the marketing person, business development. I'm not necessarily having those conversations regularly and all of the time now. Erm, but I have done little bits of training along the, along the, yeah, the way.

Researcher BN: Do you ever remember receiving training in the guided conversations?

SP6: Yeah, yeah, yeah.

Researcher BN: So what did that entail?

SP6: Again, it was all about listening skills, it was all about the nonverbals, it was all about how to engage that conversation and develop that conversation. Sort of, about the language and the tone of your voice, about how you would ensure that the customer knew, categorically, that you were listening to them, with your bod-, you know, your body language and your expressions, and things like this. I mean, what we always say to them is, you'll excuse me if I take notes because, and I always, I always say my memory is terrible. So, I am listening to you, but I will be scribbling at the same time, is that all right? And they always say yes, to be fair. But I always think it's, and I don't write a lot, I write, it's an aide memoir. I write a prompt, a word. So I'm always looking at them, and always engaging and nodding and, you know, making them feel as though, that, I am just listening to their conversation, and I'm certainly not distracted by anything that's going on around them. So yeah, we had that. But it was, it was a while ago now. Erm, and like I said, it's something that we haven't done, as an organisation regularly, so me as a manager, I would share that learning with the team, and I did that with my team, erm, but, that's not to say that the managers we have now are the managers who undertook that training, back then.

Researcher BN: Yeah.

SP6: So it's something that definitely should be revisited, yeah.

Researcher BN: Yeah. Can you remember who delivered it? Was it internal, or?

SP6: Ah God. No, it wasn't internal at all. It was an external provider. I can't remember the name of the company, the lady's name was (name), but I can't remember the name of the company now.

Researcher BN: Right.

SP6: Hmm, no, it was a while ago, erm.

Researcher BN: But external to AgeUK?

SP6: Yeah, yeah. No, no, it was definitely external. We paid, you know, it was day rate like £600 a day, type of thing.

Researcher BN: Yeah.

SP6: Erm, the other thing that we do do, again with an external provider, is, for the people who support those who are living with a diagnosis of dementia, we undertake something called the virtual Dementia tour. So this isn't necessarily about verbal conversations, it's about understanding the behaviors of people, who are living with the diagnosis. So, what happens is, a van rocks up for three days of a week, and we pay vast amounts of money for it to be there, and, you, you have a briefing first, you wear, quite uncomfortable insoles in your shoes. You wear really difficult to manage gloves. You wear black out glasses. And one by one, you enter the bus, and there's about three of you in the bus at a time. And, while you're in there, it's all your senses are bombarded, so, you can't see properly, you can't hear properly because there’s stuff going on all the time, you can't feel properly, and your balance, is difficult to manage and maintain.

Researcher BN: Ah right.

SP6: And then you're asked to do tasks, so somebody will lift their headphones and say, erm, set the table for dinner. And you're like, can't see, I can't, what did he say? Did he say dinner? I can't feel. I can't locate things. And you've got, for instance, you might have a siren going off, which would emulate like a police car going up the street, which is obviously really distracting. And, you know, it's quite, comes in as quite a shock while you're in there, sort of thing. So you've got all this stuff bombarding your senses. And then when you come out, they do a debrief with you, and they explain to you why you had all, it's really simple, obviously your gloves is like your fingers and stuff, you don't have that same sort of, you know, abilities that you might have once had, your understanding, your hearing, your, your eyesight’s, potentially diminished and all the rest of it. And, when they explain it in a way, it's like the penny drops. It’s like, well, of course. So somebody living with dementia, experiences all of these, loss of faculties, and then you've got some dim wit like me going set, set the table, I said set the table! Have you not set the table? So, it's about that level of understanding, and taking it to the next level. So, we, all of our care teams experience that.

Researcher BN: Ah great.

SP6: But then for people like me, and people like (name) who works for me, I want him to understand what our customers are experiencing. And it might well be that down the line, God forbid, it helps him with his own family, you never know, because he'll never be in the situation where he’s somebody as a carer, unless it’s his partner down the line. But I just think, that sort of level of training is invaluable, really. I don't know what it cost now. It's a fortune, I know how it was really expensive when we started doing it, and it will be, more expensive than it ever was now, with the price of everything going up, including diesel and stuff. Erm, but everybody that comes away from it feels this sort of like overwhelming, I get it.

Researcher BN: Yeah.

SP6: Yeah.

Researcher BN: So did the did, did the guided conversations training involve any sort of role-playing or acting it out?

SP6: Yeah, yeah, yeah, absolutely. There was role play involved in it. So it was a case of, you know, you'd have good cop, bad cop, and somebody might be, giving you a hard time, and somebody might be just verbalizing too much. And it was how the, you know, how you somehow have to decipher the pieces of information that are really important in that conversation, how you capture it, how you play it back. Because somebody might verbalise, like diarrhoea. And then when you play it back to them it’s like, no, no, no, no, no, I didn't, I didn't mean that, I didn't say that. So, and like I said, we can only go with what they allow us, unless it's a safeguarding issue, to share and present and stuff. So, yeah, there was definitely role-playing involved, erm, and we, we worked with different situations, different scenarios, and then, a lot of it was about the knowledge in the room. So, this is your scenario, what would you do?

Researcher BN: Uh-humm.

SP6: How would you best affect this person’s situation, and then we would all discuss it, but what about this, ahhh yeah of course, I could have done that, yeah, yeah. So, it was about that collective learning as well, in the room. So it was really good.

Researcher BN: Great.

SP6: But it was a while back.

Researcher BN: Yeah. Can you remember whether you, kind of, changed anything in your day-to-day, how you would speak to people, following the training specifically?

SP6: Ahh let me see.

Researcher BN: I know it was a while ago.

SP6: It was a while ago, it really was a while ago now. I think, I think what we had to get over to the teams that were delivering this guided conversation was, that you had to go at a person's pace, their own pace, and that you didn't have to tick all the, you know, all the metaphorical boxes, in that one day, it had to be a conversation, which gained a person's trust, and would hopefully facilitate a second or third or fourth or fifth conversation down the line. So it was not a tick box exercise. It was different, it was a case of, these were prompts, and we had paperwork, you know, we had the templates, and the case was, these were the templates that you would work with, and try to remember, as an aide memoir, these are the areas that you should try to focus in on, and try and develop those conversations from. But, every conversation is different, and customers are different, erm, some people get a lot of information on the first conversation, some people, it takes a while, to sort of develop that level of trust. So, it was all about trying to encourage the teams to explore the conversation, use their listening skills, use the nonverbals and that sort of stuff around the room. But then not be, if you're, like, crestfallen if they didn't get all of the information that they wanted.

Researcher BN: Yeah.

SP6: Because if they’ve built that great conversation up, they can always revert, and go back and have a chat, again, you know. So it was a confidence thing.

Researcher BN: Uhhumm.

SP6: Really, erm, because not everybody comes in with the same, skill base, actually.

Researcher BN: Yeah, yeah, definitely. And erm, did you receive, can you remember if you received any training for brief health conversations, in any other of your roles?

SP6: No, no.

Researcher BN: No, nothing.

SP6: No, not prat-, no, no. I was dealing with goods and services flying in and out of China.

Researcher BN: Yeah (laughs).

SP6: So na, no, not at all. No, I've never, I've never come across anything like that, until, until here, erm, because it's relevant here. It wasn't relevant before now.

Researcher BN: Yeah, yeah. And, I know we talked about it, you hadn't heard of making every contact count specifically?

SP6: No, I hadn't, but it sounded, in brief when we spoke originally, like it could have been, like the guided conversation, like developing that conversation in that holistic fashion, exploring lots of different areas. Erm, but I suppose, with the make every conversation count, it could be that that conversation is a brief conversation.

Researcher BN: Yeah.

SP6: That, that's how it felt for me, anyway. That was my take on it. The guided conversation, is like , an exploration exercise.

Researcher BN: Right.

SP6: Like I keep using this bloody, holistic word, which gets banged about an awful lot, but that is genuinely what it's about for us. Whereas the making every conversation count, to me, almost sounds as though it could be a one hit, that you don't get to necessarily replicate. But because you've had that opportunity, then hopefully something resonates with one of the other parties within the conversation, and they can take something from it, something meaningful from it.

Researcher BN: Yeah. No, that's interesting. So it sounds like there's definitely similarities and differences, with the guided conversations.

SP6: Yes, that’s, that's my personal, that's my take on it. Yeah.

Researcher BN: Yeah. And so is there any training that you would want to receive, that would help you talk about, mental health, and physical health? For example, when you’re speaking to customers directly, is there any..?

SP6: Yeah, I mean, some of the, some of the team are mental health first aiders. I'm not. So they have had those conversations, and they have had, that training delivered by a, an external agency. Er, like I said, I haven't, erm, but I don't think that it would necessarily be a bad idea, for anybody who was customer facing, to have that. If it was, you know, if it was training, that was fairly, not brief because we, you know, not brief and meaningless, but specific to their roles, where they're engaging with that audience, that older audience, than I do think it would be a good thing. I definitely think there would be value in it, because not everybody has, you know, I'm, I'm I like to think I'm very fortunate, I haven't been touched by cancer, I have been touched by dementia, erm in my family and stuff, we've been touched by Parkinson's. But, you know, we're fortunate that those are the things that we know and awful lot about because we've had personal experience. But if I'm, you know, a young member of team coming in, and my family hasn’t experienced those things personally, then yes, I do believe that a level of training would be interesting for them because, they can then choose whether they explore the, the subject further, but certainly giving them some training is definitely a good idea.

Researcher BN: Yeah. And is there any areas specifically, for example, how to sign post, or how to start a conver-, is there any kind of, things that would be best for training to focus on?

SP6: I think how to start a conversation. Because, you know, like I said, they're very, they are very skilled in that triage that they do deliver, but, it's then how develop that conversation. Erm, I know, obviously sometimes you, you're dealing with really, really quite personal and very tricky subjects, so, it's how do you, engage that person in a way that's professional, that you don't necessarily give your own opinion, because that's not what it's about for us. It's about signposting to expertise, relevant expertise. So, yeah, how to start the conversation, and how to discipline yourself within the conversation.

Researcher BN: Yeah. And so do you think, ultimately, receiving training in how to start brief health conversations, do you think that ultimately would improve the health and well-being of customers?

SP6: Yeah, probably because, if we could, if we could start that conversation more readily, we might be able to explore, situations on behalf of that customer and signpost them. And, you know, it's that preventative measure, isn't it? It's like when I was talking about the health and well-being checks, if we see somebody's blood pressure go off the map, we know there's a problem.

Researcher BN: Mm-hmm.

SP6: So we need to signpost them to their GP and to their family, if they've got a family. So we need to have confidence to be able to do that, and do it in a professional way, not in a, in a way that scaremongers, like oh my God, your blood pressure, you know, it's not like, it's not about that, is it? Because we have to remain credible, and professional, and we have to know how to react, and then how to refer, effectively obviously. But I do think, anything that helps us prevent a decline in our customer is a good thing.

Researcher BN: Yeah. Well, that's great. That was everything I had to ask you.

SP6: Good.

Researcher BN: Is there anything you wanted to add?

SP6: Erm no, I, I would just like to know, what will happen with the, the, the data, and the intelligence that you collect, what's the next step?

Researcher BN: Yeah. Erm, I'll just stop recording, so.

SP6: Yeah, yeah.