**I-Can-Do Service project\_Stakeholders Co-design session 1-20231109\_transcript**

November 9, 2023, 1:12PM (1h 39m 48s)

Brief note about participants

S1 & S2: Stakeholders from local CVS

S3: Stakeholders from local dementia organisation

I1: Researcher from Manchester Metropolitan University

I2: Researcher from Manchester Metropolitan University

Cannot decipher = (unclear + time code)

Sounds like = [s.l. + time code]

|  |  |
| --- | --- |
| I1  0:05 | [INTRODUCTIONS AND HOUSEKEEPING] So, yes, so we're supported by…. the previous project was supported by the European Commission and the current project is supported by the ESRC. we developed the IDo service previously to support people dementia after diagnosis. Because people at that point felt really quite overwhelmed, they didn't feel that I had sufficient information or contact. And that they wanted to stay socially connected, make a contribution and feel valued. Quite often, people said things like I'm need, but nobody needs what I'd make. Or I… I like to cook, but I have nobody to share it with or I like. To feel valued, even if I just give people directions on the street. So, we responded to that with developing the IDo service through that previous project and out of that came the I Can Do pathway booklet which summarises what the service is and helps to deliver it at that point on that basis. We ran a trial with two participants. So, just to give you a little bit of an overview, we were thinking of how the service should be situated within the existing service landscapes we have the memory assessments, we have the DPS, we have the dementia charities and we have the volunteer organisations and the well-being, we call them well-being mentor session with a dementia support worker from the charity supports people with dementia and discusses with them their interests to then be able to connect to activities provided through the volunteer organisation. That's it in a nutshell. So, we didn't want to create a complete new service in the sense that we didn't want to create a new entity, but we wanted to create a service that existing organisations could adopt into their practices. And on that basis, we work with Age UK Salford in 2022 to run a mini trial using this booklet. So, we designed a physical booklet because it was easy from a design point of view, but also because we assumed that people with dementia would find that more accessible.  And the I Can Do pathway has three sessions. Basically 3 sessions, which can be repeated as necessary. In any order, really. But this would be the baseline that we assume our people would go through at the beginning to being ready to volunteer.  So, the first session is about exploring people's strengths and interests in a fairly informal one to one session. The second session is about finding for people to find out what's on offer locally through the volunteer services. And to discuss with their peers what they might want to do and therefore the format is a group session, perhaps five or six people with dementia to bring them together to have an opportunity to listen to and speak with people from the volunteer service, in this case, in our trial that was [S2] and [S1] and….The third session again is a one to one session, or perhaps a very small group session with the person with dementia well-being mentor. Ideally their carer and the person…. one person from the volunteer service to discuss…. what to make a decision of what they would like to take forward as I say. Sometimes people need more encouragement, so they might need more than one session 1 or one session 2 …To be able to make those decisions in Section 3, but that is flexible. So, just to give you a little bit of overview of how we've designed those sessions.  The first session has about four aspects allow people to relax and rely and arrive in the present moment, so there's a very small mindfulness exercise and a storytelling followed by a storytelling exercise in getting to know each other. Around some objects that they can bring if they'd like. And which helps to break their eyes. And we emphasise that a storytelling is from both sides. So, it's not a one-sided thing of the person with dementia simply telling their story. But it's the well-being mentor to try and create an equal playing field. And then to explore strengths and interests with regard to getting active and then a reflection on the session and the second page, here is an example page of how these notes might be taken. So, there's an example and then there's blank spaces for people to write down their notes.  The second session, as I said, it's the group session. Again, there's a bit of a social activity to get for people to get to know each other. Then the volunteer services can provide a selected overview in response to what people have said in their first session. In terms of what's on offer locally and might be appropriate for them to…. possible for them to attend. Then appear session to explore with others what might be interest because peer support can be very helpful in in this encouragement and then a joint reflection on the session, which might also include something like thinking about what recognition people would like to have in response to volunteering or any activities that they're taking up.  And the third session is about a structured discussion around what activity people would like to do. Where is it? When is it? How will I get there? What do I need to take with me? There's the kind of practical things to make things happen around an activity that they might have chosen. So, again the actual session starts with a small relaxation exercise to get people into the present moment into the session. And then the discussion of what they might like to do and how they might be able to do that, and a reflection of the session.  So, that was a very, very quick rundown of how the sessions work, please do ask if you have questions. As I said, we've trialled this with two people at the early stages of dementia. And the result was that the I think both ladies enjoyed the… It was two women. They both enjoyed the sessions themselves. One of them went into volunteering afterwards, at least for a while. But one of the set of feedback that we got from our well-being mentor who was the support worker from Age UK, Salford, was that the service would benefit from a digital version to help the well-being mentor share the results or any notes during those sessions, because what we found was that for various reasons, both our participants would not take notes. This could be both physical and cognitive reasons. So, there was a… which raised the question how can we record those discussions or the key outcomes from each of those discussions so that they can be taken forward. But it also raises forward going for any implementation if people go into….would go into volunteering. How that would…be monitored and how to make sure people are safeguarded, all those kinds of things so. And that's obviously where we would like to have your input and your views of how that might work.  We have our own views, but we're designers, we're not dementia care specialists. We're not a volunteer service provider. So, hence we've invited you today to help us explore how we might deliver, how that service should really work in terms of effectivity, desirability, visibility and viability. Sorry, big words. With regards to the service work itself, but also how it might be delivered through a digital…support…tool. Probably an app. And as part of this project, which will also rerun the trial this time, we're hoping with six people with dementia and see how it works. Ideally, if we already have such a thing as an initial prototype. But we'll see if that if we get that far, else we'll continue to use the booklet.  So, today the next slide will be presenting you with an overview of the service map, which covers all the slides I've now shown you in a way and things a bit more as a path. To think about how do people walk through this service and what do they need? To help them navigate. Everybody involved to navigate that service and make it operational. Focus on the different parts of the service and hear your views so. Shall I just? I'll just unshare for a moment just to take a break from the slides so we can all see ourselves and just give you a chance to think about whether you have any questions or any comments.  From other point of view, [S3] of not having been part of this at all or [S2] and [S1] from a point of view reflecting on what happened before when you were involved. |
| I1  13:22 | Great. OK. So, I'll reshare the screen so you can see the map. Yeah, sorry, I've gotten that explore what types of support you would need to deliver or facilitate delivery of the service. Right. So, just a sum up. Can you see that? Is that legible? Do you want a moment to think about it? So, there's the path of the person with dementia, there might either be invited through, as in our experience, be invited through the dementia organisation. Or perhaps they might ask if they have not heard about it, ask to participate.  There will be then allocated a well-being mentor. It will have the one-to-one session, the group session. And then the third one to one or small group session and then begin their volunteering. So, that's the really, really simple… But of course, there's lots of other people involved in it, so the carer has to be there. Formally, they get involved in the third session. And then we'll need to…. in our original trial, we found that they would be needed to support…the person with dementia they're caring for to get going with the volunteering to get there for the first time, make sure everything is OK and safe.  Then we have the well-being mentor, of course, who facilitates all the sessions along the way. We have underpinning that dementia organisation who deals with all the organisational paths of delivering to service to enable the well-being mentor. And we have the volunteer organisation which comes in from Session 2 onwards…to provide information and then to accompany the person with dementia and [S1] and [S2] have done that beautifully before. And then if people feel ready….to match them to.  They can get started with volunteering. The idea why volunteering was a positive idea…. Was it that from a volunteer service point of view? There might be volunteers in the service volunteers without dementia…. who may actually then accompany the person with dementia to help…. to enable them to volunteer. Again. This is something we haven't really yet very much explored. So, again, this could be another point to discuss whether that would be feasible from all sorts of reasons, etcetera. But I have now spoken for quite a long time. Shall I hand over [I3] and [I2] ? For you to start, we have a few questions to get you started or you can just simply comment if you want to comment, are there any comments or questions at this point that you'd like to raise. Having had a quick run over to service…. the booklet. [S3], is it clear? Do you understand the service? Do you think you understand the service and how it is intended to run? |
| S3  17:17 | Yeah. Yeah. Just been. Yeah, I do. |
| I1  17:22 | Good. So, do you have any views on it? Any comments that come to mind at all, or should we just ask some get started without asking some specific more specific questions to help you start getting into the thinking? |
| S3  17:40 | Yes, get me into the thinking I think. |
| I1  17:43 | Yes. |
| S3  17:44 | Ha ha. |
| I2  17:44 | Yeah, I used to have a question about the… the kind of… Obviously it was trialled with two people, with early stage dementia the you said that the result was well received, but would they would benefit from a digital version? From your experience of being in those sessions. And again, I'm kind of looking at [S2] here as well.  what was the kind of more specific feedback? why did people think that digital version might be useful? |
| I1  18:18 | And so that there were two, two reasons for that. And think didn't come out directly from the session? Well, yeah, directly, indirectly out of the sessions. One was because we observed that people weren't able or willing to write. |
| I2  18:38 | Uh huh. |
| I1  18:39 | Into the booklet and the second was that people weren't able to share, so our well-being mentor, [name of the well-being mentor]. Made a suggestion that it would be useful to have…a digital version because that means information can be shared between the well-being mentor the person with dementia and their care and volunteer organisation. |
| I2  19:02 | Yeah, yeah, that's good. Yeah, pretty much what I thought it's… it's interesting because obviously if those that are struggling to write… would they potentially struggle to type as well into a digital version maybe. |
| I1  19:23 | Can you call out names who you want to? Because I think as we're looking at the screen or shall I, shall I remove the screen and wait so we can all see ourselves each other? Sorry. Is that better? Would you like? |
| I2  19:37 | Yeah. |
| I1  19:38 | I'll do that. I can always bring them up. Back up. |
| I2  19:41 | Yeah. So, that question was really aimed at [I1] and ...and. [S1] and [S2] , really.  Was written that came out of Sessions that might indicate that somebody would. If somebody's going to struggle to write, they could potentially struggle to type into a digital version. Maybe. |
| I1  20:04 | That wasn't really something that we explored at that point, so that's would be something to explore now. |
| I2  20:10 | Yeah. |
| I1  20:12 | But of course, digital technology offers the potential of voice recording. |
| I2  20:16 | Yeah. |
| I1  20:17 | At which people might find easier. So, that's something we could ask next week when we speak to people with dementia and their carers. |
| I2  20:22 | Yeah. OK. Yeah. No, that's good. I just wondered if there was any insight that came out from the… the workshops, [I3]? |
| I3  20:34 | Yeah. So, I just wanted to just ask for [S1], [S2] and [S3] 's input on even like familiarity, especially actually maybe directors towards [S3] , any familiarisation with other services? That may have this interactions involved in them that you run at [Name of S3 ’s organisation]. |
| S3  20:56 | Yeah, we're about to set up a young onset group now. Obviously, this people over the age of 50, but may still be working. So, we've decided to do it digitally. Gave them slots to pick from. What time would be best. Some of them may need assistance from the loved one or carer to get online. And we're doing the first one next month, so they'll be interested to see, but I know, I mean I… I run a monthly hub, so it's like a peer support hub. So, people with dementia and their careers, loved ones come and we get together and share information. But obviously during lockdown that wouldn't happen. So, we did it digitally, but it was quite limited because not everybody uses the Internet. Not everybody had the Internet. So, the group was a lot smaller. |
| I1  22:11 | That's interesting. Just to be sure, just to avoid any confusion, the sessions are face to face or are tended to be face to face. It's just the recording of the information to give the well-being mentor a tool to record and then share that information from the sessions with the carer and well and volunteer services |
| S3  22:22 | Right. Right. Yeah. OK. |
| I3  22:40 | So, that leads on really nicely to some questions that we have. So, we had broken our questions down into overarching themes. So, the first theme is how. |
| I1  22:53 | Sorry, [I3]. Can I just follow up with one question to [S3] before we go into that, I was really interested in the you're saying that you're just starting a young onset group and that you're obviously doing that digitally. But what, what would be the content of that group? |
| S3  23:07 | Yeah. Well, again, it would be very informal. Just peer support. Coming together and maybe sharing experiences. discussing how they deal with day-to-day things. people have still got mortgages to pay, and bills and it's quite a scary time. So, it's just to show some support for each other really. |
| I1  23:31 | Yes. Yeah, yeah. OK, great. Thank you. Sorry. Back to you, [I3]. |
| I3  23:41 | Yeah. So, I was saying that the promotion of this type of service. In terms of experiences of both from both the volunteer services and the dementia organisations like, how would you promote this type of service to your to your clients and to people that use your services?  Perhaps [S3] first. I guess these types of groups give may give rise to opportunities. |
| S3  24:13 | Yeah, I do. And if anything, that's… that's new. Any information I always bring with me to the hub and physically give the information out to everyone. I'll talk about it to them, to the group and then say, if you're interested in anything, please take this information with you. Obviously our database is quite hefty so.  Defined somebody that's got… early on set at mild dementia, it's quite a difficult task 'cause it's, but I think it's just about new people have come into the hub every time. newly diagnosed people. So, I think that would be a really good platform for me to give the information out. We have them in two areas as well. I mean both within [a borough in Greater Manchester] but we've got one in [Name of the area 1] and one here in [Name of Area 2]. So, that one’s once a month. So, yeah, we could give all the information out at those. |
| I1  25:22 | That sounds great. |
| I3  25:25 | And who? Who is it in that organisation in your organisation that does that? Is it yourself? Are there any other roles involved with …with those initial contacts? |
| S3  25:34 | No, no, it's myself, my colleague [Name of colleague]. We both work with people with dementia before diagnosis as well. We're in touch with them as they're going through the process. I've got another colleague, [Another name of colleague], and she supports people with the diagnosis of mild cognitive impairment, which, sometimes can go on to develop into dementia diagnosis. And that said, for us we have our, we have our day support service as well. And that that, there's quite a few people attending that. So, that could be another way that we give the information out. |
| I3  26:24 | And sorry, I'm dominating all the questions here, so [I1] and [I2], and [I4] please do chip in if you want to. So, what if it's in your experience of these type of when you've given some people some new information, what… what is it that you have found helps them make a decision about whether or not to take part in a new initiative or a new service and help me through that process maybe with them? |
| S3  26:53 | Yes. Yeah. Well, I would obviously get all the information first, but I'd give them a talk really just tell them all the ins and outs, you know. And quite a few people are interested in the research side of things as well, so especially newly diagnosed. But yeah, it's it. It would be how I would sell it really to them. I wouldn't just put a bit of information on one side and just say help yourself. I'd talk to them (unclear + 27:10) myself. Yeah, talk to them about it. |
| I3  27:35 | Yeah. And when then you're just walking through the the journey for them. So, if they've decided actually, it's something that they would like to try out. Is it do you have official proof as in thinking about other services that you might offer? Like, is there an official way that they'd sign up, or would you just say, let's try this out and see how you go? Or is there any admin involved there? |
| S3  28:06 | No, I mean if it's something for an outside agency, then obviously they would deal with all consent and all the information from that side of things. They would probably just get in touch with me and say, oh, by the way, we've signed up for such and such a thing and we're really enjoying it. And like empowered conversations and things like that. I'll get the feedback from them. And obviously keep it on the notes. |
| I3  28:38 | And is there a preferred process for doing that if outside agencies are coming in to do that. Is there the same level of trust perhaps within? within in an acceptance for other people or was it something that you'd like to do in house? And it's something that you would do yourselves with them, is there any preference with… with clients what they prefer to do? |
| S3  29:08 | No, I think what they do is take the information back with them. Think about it and then make the decision. I'd sell it to them and just say, it's going to be really beneficial to you and or try it, just try it. But yeah, there'd be nothing from our ends other than… |
| I3  29:43 | And just to involve now [S2] and [S1] from years of experiences in your line of work. Have you ever come across people that have shown interest in volunteering, but are perhaps… coping and managing some memory loss. Perhaps early onset dementia is that anything that you've ever had to signpost? People, I mean, is it something that you could signpost people to if it's something that you've encountered? |
| S1  30:20 | Yeah, I mean, to be honest, until we worked on this project last year with [I1], we see a wide range of people who want to volunteer facing different barriers. But one group of people, I don't think we'd really worked with was people with early stages of dementia. We just hadn't had that experience for one reason or another. They're not coming through our doors, so to speak. They're not coming to our service. And wanting help to volunteer. Whether they do volunteer in different routes, I don't know, but yeah, it isn't really. |
| S2 | There are some groups and some organisations that focus on people with dementia and then they do have their own volunteers there. And I think those people that go to the service sometimes volunteer with those organisations. |
| S1  31:31 | So, is it because we're a membership organisation? We've got hundreds of organisations, voluntary, voluntary communities, social enterprises who were members of [Name of CVS that S1 and S2 work for] and some of a number of those organisations will work with people with dementia, we've got all sorts of things. We've got dancing with dementia with all sorts of groups who are working with people with dementia. So, we would promote this thing through those groups and then they would choose, I guess whether they would take part in it or not. So, yeah, we've promoted it to the groups that are already working with people. |
| S2  31:55 | And I think also because [S3], did you say you're from South Manchester? |
| S3  32:01 | Yeah, we cover [a borough of Greater Manchester]. The whole of [a borough of Greater Manchester]. |
| S2  32:04 | Because there are other CVS organisations apart from [another borough of Greater Manchester] that cover different areas, so there's obviously [Someone’s name] in Manchester, but there's also action together. |
| S1 | There's a CVS in most areas in Greater Manchester so and they would all be working with organisations like we do. Some of whom would be working with people with dementia. So, yeah, they promote it in the same way as us. |
| I3  32:30 | OK, that's really helpful. It actually touched upon another question I have. I might leave it until later on. We talk about support and what support you'd need and training things like that. But we've got a theme on that later on. So, in terms of…. Sorry, [I2] and [I1], do you have any other questions about the promotion of the service and how… how those transactions would go? |
| I1  32:58 | No. Carry on. You're doing great. |
| I2  33:21 | So, in the in these sessions that are run. What are the common challenges, you know? Within these sessions, is there anything that you constantly you're faced with in terms of challenges in whether it's, making sure that you're kind of accounted for people at different stages of dementia, whatever it may be? |
| S1  33:36 | Well, one of the challenges that I noticed last time when we worked with [I1] and obviously it was only two people, but something that came out. I thought in that was actually some of the barriers are not the person themselves and not the organisation. It could actually be the family around them. That actually came out for me quite strongly as a barrier, because that came up in a couple of the sessions and I think it comes from a place of…Like the families obviously concerned about them, they want to make sure they're safe. And they just have worries and things. So, that was something that I noticed that the person might have wanted to volunteer, the organisation would have welcomed them to volunteer. But it was that, like, getting them there and the reluctance of the family member who they're relying on to support them thought it wasn't a good idea. So, they didn't do it. |
| I1  34:39 | Yeah, that's a really good point. [S1]. I'm so familiar with the case. Now that I've got about that. But that's definitely yes, we had one. One of the ladies was really desperate to go volunteering. And the main issue was support by her care partner. In fact, she did in the end, go volunteering, which was the nice thing. |
| S1 & S2  35:04 | That's good. That's good |
| I1  35:05 | She was a volunteer in one of the Dementia Cafe's, so she didn't go there as a participant, but as a volunteer to support others. So, it was a very safe environment, of course. But yeah, so via [Name of the well-being mentor] we got feedback that she attended those for I think three or four months until the summer holidays. So, we're really, really pleased to hear about that because she definitely… so again and that was a really strong example of somebody who feels like they can do things. They want to do things that obviously need a little bit of support to enable them to do this. But it's the care partner who is an obstacle. So, we that's why we then scripted them into the third session to make sure that they are actually on board with these things. We don't want them before in those sessions because we want to the person with dementia to really have the opportunity to think about what they want. And they can be very quiet and only once you actually give them the space to talk, they will start talking. And I mean, I'm talking as I'm almost the expert. I'm a designer. I've just done some of the Co-design sessions and these are my observations. You must have so much more experience. Yeah, and the other lady, she was really interested, but she didn't quite manage to drum up the confidence. So, she would have benefited from another two or three sessions. She enjoyed the sessions usually, but she didn't have enough confidence to actually do something on the back of those three sessions, four sessions that we've delivered at a time and obviously then we the research project finished. |
| I3  36:59 | So, that's really interesting. So, you find that obviously the confidence improves the more sessions a person might have. |
| I1  37:24 | Anyway, [S3] do you have any further thoughts on that aspect? |
| S3  37:29 | No, I mean, I do come across it quite a lot. People are very protective of the loved ones. Some people think once they hear the word dementia, that's it. They're written off, can't do anymore. Don't bother asking. And others want them to be as independent as possible and to hurry on doing things for as long as possible. So, it's just no two people are the same, really. |
| I1  38:08 | So, perhaps following the lines of thought. Progressing from our questions a little bit. Perhaps we can just think about I'd just be interested to hear. Is somebody talking in the background somewhere? |
| S3  38:26 | Sorry, it's my office. That's why I keep putting you on mute. Sorry. |
| I1  38:27 | Ha ha. That's OK. Yes. So, just thinking about. One idea was that as people start with the volunteering and to begin with, they will need that support from the carer so that the care is convinced that they're safe and that the carer knows where they are and how they're being looked after. But one of the ideas was that because it is a volunteer service, there might be actually be other volunteers who could then help caring supporting the past with dementia while they're volunteering.  I suppose that's a question for you, [S2] and [S1], whether there might be volunteers of that kind or that a group of volunteers that one could actually create who perhaps have been past carers or that have been past healthcare professionals in some way. They're now volunteer because maybe they're retired, but they still have an affinity to this. Everyone could draught in to do that kind of work. |
| S1  39:33 | Yeah, I mean, I'm sure there'll definitely be people who will be interested in doing that role. But I think I suppose the question here is who would manage those volunteers? Because taking on volunteers to do like the buddying and going along to a volunteer role with somebody they would need, obviously a DBS check. There'd be a cost to that in terms of an organisation time to manage those volunteers to DBS check them, take them through the right sort of. Maybe some dementia awareness training or something like that. So, I definitely think you would have people who want to do that role, but I suppose it's just thinking about who's responsibility and what organisation would manage those volunteers to do that. Would it be like an organisation? I don't know. Would it be like? [Name of a dementia organisation] organisation. Would they take on the volunteers but then like I say… We need funding behind that to have somebody to manage those volunteers. |
| I1  40:35 | OK, I think that's a really key point that you've just made there because obviously this is what we're trying to figure out. What are the bits of the service that we haven't yet thought of, but that might be possible and helpful to make thing things. |
| I2  41:02 | Yeah, I was so, so sorry. Sorry I was. |
| I3  41:04 | Yeah, I think we're all about to ask the same question here. |
| I2  41:07 | Nothing. Yeah. OK, I'll. |
| I3  41:08 | I think, [S3] , do you have any thoughts on that?  Oh, you're on mute. Sorry. |
| S3  41:21 | I wasn't prepared for that. Yeah, just run it by me again. Sorry I was. |
| I3  41:30 | If I think so. So, [S2] and [S1] brought up the query of who would support a programme that would… |
| I1  41:42 | And assisted volunteers basically so. |
| I3  41:45 | Assist the volunteers, yeah. |
| S3  41:47 | Yeah. I mean, we have, we've got a volunteering coordinator here now. But that's… I do have people volunteering at the memory loss hubs. But never anyone with a diagnosis of dementia never had one. And I think they just do it as like a risk assessment for as they would with everyone else. And obviously speak to the families. See, you know. But then that's where you get the barriers, because the families might be over protected. |
| I1  42:37 | Yeah. And they wouldn't allow another volunteer to support the person with dementia, even if they were vetted. |
| S3  42:43 | If I would imagine if they've had the training, yeah, I wouldn't think that would be a problem at all as long as they have the understanding. |
| I1  42:47 | If they have training. Yeah. |
| I2  42:57 | And that's the key thing there is that volunteer would have to.  I…I think I'm assuming, but a family member or care partner would probably be more comfortable if a volunteer can kind of say, well, I understand because I've been there, or I am there. So, I think that might kind of alleviate some of their concerns. So, I think as long as that's worded and that kind of, yeah, I think that would help, should imagine. |
| S3  43:25 | And I've also found recently a lot of people don't like the word dementia being used. So, that's why my title was dementia advisor. Now it's memory loss advisor. Some people I've had to speak to. Without saying the word dementia, quite diplomatically, and I think sometimes if somebody at the early stages of it, he's saying the word in front of them. It can be quite upsetting, bother. |
| I1  44:06 | Yes, yes, we're quite aware of that, so I think we have a small I can't worry. Remember now actually, here's the booklet I meant to show it to you. I forgot that. That's what it looks like at the moment. So, we have a very short introduction in there. I can't remember. I think we probably took out anything about dementia because of that reason, so it could be used for anyone. I think. [S2] and [S1], I think you said last time it could be used for first time volunteers who are not quite certain what they want to do. There's not necessarily restrictive, but obviously we're exploring it particularly for people that early-stage memory loss.  So, it doesn't necessarily have to be a diagnosis of dementia. It could be from mild cognitive impairment onwards. When people feel that they would need it or, in we know it prevents, social interaction helps people to stay active and that prevents development of memory loss, so maybe it's something that should be routinely offered to anybody who's going into retirement. But anyways, let's stay on the focus. I think that was the really useful discussion around what the issues would be that we would have to address. If he wanted to get on board, people at, volunteers, healthy volunteers to support people with dementia or memory loss. Sorry. Shall I hand back to you, [I3]? I've bit taken over there. |
| I3  46:09 | Oh, sure. As you said, all very helpful and all fits into what we're trying to do here is just get that real understanding of how this would work. on the ground and how it would land with different types of people, as you said, everybody's different. No two people are the same. So, I just wanted to move on to how the sessions and I know you [S3] just especially the ways you've just been introduced to the service and how it runs, but essentially these three well-being sessions that are conducted as part of the core part of the service and just wanted to know what you would. Well, first of all, there's the person involved, which is the well-being mentor. And from what you understand about the service so far, what role in your organisation would play the role of the well-being mentor? And what's the follow up as well, what types of support would they need to deliver or facilitate those sessions as the way they're intended to be delivered. |
| I1  47:30 | You are on mute, [S3] . |
| S3  47:35 | I'm keeping it on mute to try and keep the other noise at the background noise down. So. Yeah, I mean, my role is kind of like that because I’m with them before the assessments, during the assessments and after the assessments. And. Yes, it would be me. Some people are with us for like, 10-15 years for support. And that could be anything so that it would be me within our organisation. And my colleagues [Two names of S3’s colleague]. |
| I3  48:25 | What do you feel are the the strength that your experience could bring to this delivery of this service and making this a success and I know you have to plump yourself up here a little bit, but you've got such a wealth of experience and skills and the work that you do, how could we make sure that if this was conducted and taken up by different organisations that the right people are delivering this service. |
| S3  49:04 | Yeah, obviously. But they need to have the understanding, the knowledge of somebody with memory loss. They need to make them feel settled and calm, because the training really as well… Some people can have no understanding whatsoever, no patience. You've got to have a lot of patience as well. And. But yeah, training is the big thing. |
| I1  49:38 | For the well-being mentor? |
| S3  49:40 | Yeah, yeah. |
| I1  49:42 | Yes, we have I didn't mention that they have included a small section which our well-being mentor [Name of the well-being mentor] put together and which we included that the back of the booklet. So, that's an interesting one because she didn't really feel that…that she needed training. But that was partly because she came along with us through the project, I think. So, it's really good to hear from somebody who's not been involved in project of what you think would be needed in terms of training for the well-being mentors that would be good. |
| I3  50:24 | And what would that training look like? Would it be a series of lessons on it or would you think it should be self-directed? How would you see that are like? |
| S3  50:39 | Just like dementia awareness, even if they just have the basic understanding, how people's vision is different? They might be walking on the carpet with big black squares on it or Lino, but to them that looks like holes in the floor, just things like that. Just, the awareness. |
| I1  51:04 | Yeah. So, I mean our assumption was that the well-being mentor would always be somebody who is a trained Dementia care professional so as in this case, we work with [Name of dementia organisation, project partner], with one of their dementia workers who became our well-being mentor. So, should we always be looking at somebody like that? Would there be social prescribers who could be doing this job? I suppose that's another question where could it be positioned? Who are the people potentially from different organisations? Who could deliver this? At the moment we've seen it being fairly settled within the dementia organisations like [Name of dementia organisation, project partner]. But it could be other organisations. |
| S3  52:10 | Yeah, definitely. We've got, we've got social prescribers here as well and quite often we find that they're getting referrals through with people that we're already supporting as well. So, yeah, people like that, but again. Get the training as well. |
| I3  52:34 | And [S3], if you were to, take on board this service. Umm, what would [I1] and the team need to supply you with in order to for you to be confident, to start delivering it with your clients. |
| S3  52:52 | As long as I had all the information, you know. The information what results you want at the end of it, what you'd like to see at the end of it. Yeah, as long as I have that. That would be fine. |
| I3  53:13 | That's great. And sorry, [I1], did you have another question there? |
| I1  53:18 | Yeah. You're saying what results we want in the end. If it was a service out there, it's not our result, it's your results. I think we were thinking of the research project obviously as a research project and as I said we do run our trials. In February, probably February, March. If you wanted to participate in those with clients, then we're open to that. But we were, I think most question I think was if it already developed it, if it was already out there for you to take. What would you need… at the moment all we have to give you is this booklet and it's got the description of the three sessions, a small introduction, the description of the three sessions and a short section on guidance for the well-being mentor who delivers the sessions. That's what we have at the moment. But then maybe other things. For example, one of the things I've been thinking about, and we've touched on that earlier, was how, for example, would you make? If the impetus comes from wanting to deliver the service, how would you make or find or make contact with the volunteer services for example? So, there are things that we at the moment because it's a research project, we connections the handshake we have made between dementia organisation and our volunteer services. Whereas in the real world. That wouldn't be given. That would have to be made by somebody. So, if that's something you think dementia organisations or memory work advisors or would be comfortable doing or would then it needs to be something to help with support. |
| S3  55:24 | No, I think that would be fine. I've just recently done some research with some people with mild stages of dementia, I did a mini memory test with them and then they had six months of activities stimulation and then I did the test again after the six months. So, no, no, we'll be fine as long as we've got booklet. Yeah. OK. |
| I1  56:02 | OK, great. |
| I3  56:03 | OK. So, then if we move on, so the first session as [I1] described is the figuring out the strengths and interests of the person with dementia. And then in the second session, It's a group session, so this would entail and [I1], please just you're very close to the project and please correct me if I'm wrong, but… peers with similar interests then get together and they would have somebody from a volunteer service come in and discuss what's on offer in their local area that matches with the interests that the people of dementia have already outlined in their first session. So, this is an opportunity for them to learn about what's available and then have a discussion amongst peers about what they'd like to do and how what's on offer relates to what they feel that they could do, and they would be interested in doing. And I guess I just want to hear your thoughts on. [S2]. And [S1] what information you would need in order to know what to say at those sessions. And how you carry out those sessions umm? How would you make uh, how would you pitch the right the information? And how would you conduct those sessions, I guess. |
| S1 &S2  57:47 | So, at the first session that we did, the well-being mentor had got in touch with us to tell us what the women had expressed an interest in already. So, we had an idea of the sorts of things that we're interested in. So, it might have been things like gardening. I mean, there was a list of different things, charity shops. So, she sent us a list of some of the interests and skills that they discussed in the first session. So, that was useful because we could look through the opportunities on our database, the volunteering opportunities, and print out any that were…. And that had a match to that. we could print them out and take them to the session and discuss them and go through them. So, that's what we did. But what we also did as well was because we thought It would be good to also look at some of the other activities that were going on in the area. So, not just volunteering opportunities, but actually we expanded it a little bit, didn't we? And we had a list of different social groups that met up around [a borough in Greater Manchester], depending on what people's interests were, so we took that as well, just to give people just to give them, I suppose other options. So, if they didn't think volunteering was quite right at that moment. Or if they wanted to do volunteering and get involved with these social groups. Well, I mean, as it turned out, I think one of the women was already going to one of the reading groups that were mentioned on there. But I mean that was just good anyway because it got all the discussions going because what I found that came out of that session is there were lots of other things that were not on the original list. It's like they changed their mind about what they were interested in. So, when we got talking all the things came out, didn't it? Of other interests they might have. I mean, one of them was interested in doing jigsaws and I think we looked into Jigsaw Group, didn't we? Yeah. So, actually, it was good for us to take those opportunities with us to start off conversations. But actually, what we found going to that session, meeting the women, just having conversations with them, basically lots of other things came out which we were able to go away. Find other opportunities and other groups and that thing that we then were able to send to the well-being mentor and [I1]. |
| S2 | Yeah. Because I think sometimes when you somebody asks you to put what they're interested down, and you can write what you're interested to them. And then when you have another conversation, something might come up in that and you think, oh, I've not even considered that. I am really interested in doing it and then there's a time frame where you have to go away and do some more research on those new things. So, it was helpful to have both the 2nd and the third time with them. |
| S1 | I think we even had four sessions. We did. I think we had a fourth session as well, I'm not sure. |
| I1  1:00:46 | Yeah. So, we in this case in, in our trial, we had actually four sessions because I think you were not able to attend the second session. So, you gave us some information. And then we followed up with a proper sort of. We had 2A and 2B. |
| S2  1:01:02 | Yeah. I thought there was something. |
| I1  1:01:05 | Yeah. And then we had you in the 4th. So, in the in the third session to make the decisions. |
| S1 & S2  1:01:08 | Yes. So, it’s good to go back for that session. Just to follow up with the women, see where they were up to, you know. That's when, all the barriers might have come up and that thing. So, just to chat through that really wasn't it. So, definitely all the sessions were really helpful for the participants as well. Yeah. And the way the sessions were run was really good because it wasn't rushed. they were very flexible. The sessions, some of it was like structured around what we were doing and what we were talking about, but there was lots of times for just general conversation as well and it was in that general conversation that sometimes other things which promote that would then help us with matching them to an organisation, whether it was volunteering or like I say, we expanded that as well into Community social activities and community groups. |
| I3  1:02:27 | That’s really great to hear. That’s flexibility and the conversation. That would be led…some point by those organic conversations that you're having and led by the person with dementia, I guess one thing that the workbook offered was a way of documenting this, but I wonder is there like to really be very boring and talk about the practicalities of how you actually recorded your interactions. So, then that you could go away and research. So, how did you actually do that? And how could that system be very be improved and optimised so that you can gather that information in a really helpful way that doesn't interrupt the conversations that you're having that then you can recall later on and then research upon and share that information later on down the line? |
| S2  1:03:23 | I think the first thing that could be the sessions were recorded were they not [I1]. |
| I1  1:03:30 | They were only recorded for research purposes, so that wasn't something that was shared with participants. But of course, there is a possibility that one could do that if that was a useful way of doing it. |
| S1 &S2  1:03:32 | Alright, OK. So, well, I think. No. Hmm, I think we just made notes simply the two of us went. So, between us, we just made notes, and it wasn't as though there was loads of things to make notes about. It was just we'd have a conversation. I remember one of the women she was talking about doing a gardening and growing strawberries and things like that. So, then we might have made a note. Well, she might be interested in some of the gardening or outdoor opportunities. It wasn't a difficult thing to do really. |
| S2 | And sometimes the information will come out. That somebody might like to do lots of different things. But actually, in reality they prefer to actually do it very locally so they could get there quite quickly. And I think that was one of the participants will want to do something that would round the corner. So, that was then an influencing factor on the opportunities that we could come up with. |
| S1 | Yeah. Because we then had to focus on that area and what is available in this local area. Yeah. Yeah. I remember that now. |
| I3  1:04:35 | Mm hmm. And just one more question about going back a step again. So, you said that the well-being mentor just emailed, told you what they're interested in. If this was a service that isn't as out there and people were using quite regularly and people would be at different stages in the service, like how would you prefer to receive that information? Would it be via e-mail? Would it be a weekly, monthly digest of the different people that are in the service and where they are? How would you manage greater numbers of people doing this at different stages? Perhaps. |
| S2  1:05:35 | Good question. Yeah, OK, yeah. I mean, naturally, there's two ways that we currently get people accessing our volunteer service and that is either they can either ring up, they can e-mail us, or they can go and register direct on the portal. So, like so e-mail has been quite a big one, hasn't it? And we've people just e-mail us what their interests were and then we would process that e-mail. But I'm just wondering whether there's any way that we could have that they could just, it could be done digitally or even the part of that booklet could be with the page with all their interests on whether or not we could have that access to that in some way. What do you think? Yeah, maybe. But I don't know what... Yeah, I think that needs some thoughts. |
| S1 | Yeah. Sorry. I don't know if they're talking, but I think there is. |
| I2  1:06:35 | Yeah, that’s [I3] talk about this, the more might bring ticks and I can see huge opportunities here certainly around that because it naturally and as you've both mentioned when they mention one activity is not until you kind of put other activities in front of them in which to go oh actually, I really enjoy doing that. So, I think there's the potential there for suggested activities or actually they've said this but about this. So, that's fascinating. Yeah, that's great. Thank you. |
| S2  1:07:07 | I do think those initial conversations that because all as I said we did get the original interest via e-mail, but it wasn't until we sat down with them and had those initial conversations and just it came out organically, exactly what they wanted. So, I think actually sitting down with is probably for us the main start of was then to go away and do that research. |
| S1 | Yeah, because as well people don't always know what's available. they don't realise they might be these different groups they can join, or they can go along to help as a volunteer. And also, in that session we explored a little bit about what volunteering is and that thing because people might have different ideas around what that looks like as well. So, we didn't just talk about those opportunities. We looked at some of the benefits of volunteering but we made it very much about them because we were speaking about like what we spoke about benefits in general, didn't we and what why people volunteer, what do they hope to get out of it. But then we was asking them about, like, what, they wanted to get from it as well, weren't we? |
| S2 | Yeah. And also some people do have some very specific ideas about what volunteering is. And I think it's just having the opportunities for them to ask questions. So, they do have some barriers or have some fears behind it. We could answer those questions. So, it might be something like, if I start volunteering and I don't like it, what do I do? there might be that or we might have to continue and that might be really awkward, but we could then say, well, actually, no, if you don't like it, you just stop. |
| S1 | That's it. And some of the issues were around, getting to and from the volunteering as well. That was like we said there was somebody that wanted to stay very locally, but even then. It was all that thing around would she be OK to walk there and back by herself or, it's all that thing as well that we unpicked a little bit as well in the session. Yeah, so. |
| I1  1:09:13 | But that was the final the third session was about the practicalities. |
| S1 & S2  1:09:15 | Yeah. Yeah, OK, yeah. |
| I3  1:09:19 | And when you sign any volunteer up, is there, do they have like a volunteer profile? Or how do you store? What details do you store and what checks and stuff do you do within… What's the process that you do for, for all your volunteers? And I guess considering that is, are there any other special considerations you would make in this case with the volunteers that are coming from the dementia ICanDo service. |
| S1  1:09:51 | Yeah. So, usually when somebody wants to register with us, they'll either register online on our portal. So, then that though their details are stored on there. Or if we're meeting people in person, they do a registration form where we capture their details. Did we do registration forms with the two women that were part of this service? I can't even remember. |
| S2 | I don't know if we did it. No, I don't think we did. No, no, we might. No, we might not have done because we perhaps didn't feel. |
| I1  1:10:19 | I don't think so. |
| S1  1:10:23 | We might not have done. We might not feel it was necessarily appropriate. So, we captured obviously the name and the number we talked about what we've done like we have to do quarterly monitoring, but we obviously kept it all anonymous. Because it was only the two women. But yeah, usually we do a volunteer registration form with anybody who registers with our service, but that's just information. It's contact information basically. Some of its things around age, gender, that thing. But mostly it's just contact details. Because a lot of that information is optional anyway. If they register on the portal so they don't have to give us all that information if they don't want to. It's like the equal ops monitoring. I suppose you call it. But yeah, the most important thing is we've got the contact details, but I suppose because this was part of a specific project and we were like liaising with [I1] and the well-being mentor, we weren't liaising directly with the two women, who were part of it, we were going through, as I say, [I1] and the well-being mentor. So, we just did it a little bit differently. Yeah. |
| S2 | And even if they're registering with us, but they go on to volunteer at another organisation, whichever one they want, they would then follow that organisation own recruitment process |
| S1 | Once we signpost someone to an organisation, I suppose that's kind of the end of our relationship with them. Extent we do keep in contact, we people who register with us either through the portal or we see one to one, we e-mail them after a couple of months, see where they're up to. They started volunteering. Have they got any difficulties? We can help them with in relation to volunteering, that thing. And we do case studies where we follow up with people after a few months and that thing. But other than that, yeah, when once we've matched them with an organisation then our relationship ends with them and they are that organisation volunteer and we'll go through the process, whatever the recruitment process is at that organisation. |
| I3  1:12:40 | I guess this opens up to explore what [I1] mentioned earlier about how those are on the service and who are actively volunteering - how does that get monitored? Umm. And is that the coordination? Like, where does that responsibility lie? Would it be something perhaps in the dementia organisation, such as Age UK? The well-being mentor, how would you all view that process? |
| S1  1:13:02 | Yeah. Is this monitoring? So, this is monitoring the people who then volunteer with a separate organisation. |
| S2 | What I think I'm not sure it would be us, because once we passed them on and introduced them to an organisation. I mean, would they like remain in that relationship with dementia organisation if they've like as still because they would still be I suppose there would still be an established relationship with them there anyway, I don't know what your thoughts, [S3] . |
| S3  1:13:59 | Sorry. Yeah, it would. It would stay with me, and I would regularly check in with them either over the phone or meet with them face to face. And so, I could get feedback from that. If only they were taking part of yourself. |
| I3  1:14:18 | And so sorry. [S3], no idea about what your caseload might be like. What would help you keep track of that? Umm. |
| S3  1:14:28 | And just on my computer system, obviously because I would give myself a day, a date to check in with them. And obviously it's all in the notes there as well. |
| I3  1:14:43 | Yeah. And do you have a specific information system that you use? Like do you have a current relationship management system? |
| S3  1:15:01 | Yeah. Charity Log. So, each person's it's got all their information on and then we have the history where we do further actions. So, that comes up on your action list. |
| I3  1:15:12 | OK. And [S2] and [S1]. |
| S2  1:15:19 | I just wanted to find out where all that information like goes in the end, where it all gets fed back to ultimately. |
| I3  1:15:32 | I guess that's what we're trying to determine at the moment. |
| S2  1:15:35 | That we're working out as 'cause, I know it's [I1] you, but like establishing created this, but then like. I think I'm just trying to understand where does that information go? |
| I1  1:15:51 | Sorry, which information - from this session or from the? |
| S2  1:15:53 | So, well, from everything. Yeah, the whole thing, because it goes just saying to [S1] sometimes, we might do a case study. And one of those case studies might involve a participant of the ICanDo service, but where would we send that to? You know who would? So, that's what I'm trying to… |
| I3  1:16:14 | Yeah, that's where I'm kind of talking about the information and how it gets documented and who accesses it because that's, really why we're here is that sharing of information and where it goes and what the product looks like and in order to figure out what that thing is that does that job is why we're here today and why we're working with the people with dementia is to figure out, what systems people use. I was going to ask you [S2] and [S1], like, do you have a system like charity log that you use to store information about volunteers or is it purely just a registration and contact details that you hold? |
| S1  1:17:02 | We have a system CV. If that means anything to you cvcrm system. |
| I2  1:17:06 | CV. CV. CRM. Yeah. OK, yeah. |
| I3  1:17:08 | CV CRM OK. |
| S1 | Yeah, it's changed. It is changing soon. I don't know whether it's still going to be a CV CRM, but we're in peoples. We're in talks with people and we are having it updated. So, whether it's still going to be a CV CRM, I don't know, but that's what it is at the moment. So, yeah, that's where we save. Everybody's information who registers with us. |
| I2  1:17:32 | I hope sorry, raise my hand multiple times. I just want to ask in terms of kind of technology within the organisation. So, this includes yourself, [S3], what kind of platforms, technology, platforms to use to use desktop, mobile dev, tablets phones? Because I'm thinking about, in terms of a digital buckling, how that looks in reality and how that's completed and filled in and again going forward, the updating on that, so thinking about what this thing is where it lives, how it's shared. It'd be interesting to get a handle on the kind of technology that you use internally. |
| S3  1:18:15 | Well, I use a laptop. I've also got a mobile phone. Sometimes we use tablets. If I'm out in community, but it depends if there's Wi-Fi. I'm out and about it's a bit hit or miss. |
| I2  1:18:31 | Yes. OK, so there's a potential connectivity issue there if you're out and about or on site somewhere, OK. |
| S3  1:18:40 | Yeah. |
| I2  1:18:41 | If that happens, how do you generally kind of resolve that? Do you have? |
| S3  1:18:45 | I would tether my mobile, yeah. |
| I2  1:18:48 | Tether. |
| S3  1:18:51 | But that's if it there was signal as well. 'cause sometimes it's not very good signal in church halls and yeah. |
| I2  1:19:00 | That's the thing. It's because, if it's in one, like defined and consistent location, you can kind of cater for that. But if it is at like a community centre or church or somewhere it's a lot more difficult to guarantee a stable connection. OK, that's good. That gives me some food for thought. |
| I1  1:19:21 | So, It would have to work offline. |
| I2  1:19:24 | That's what I'm thinking. Yeah. So, it would work offline. And then at the point where it reconnects the Internet, it would update. Perfect. |
| I1  1:19:32 | Yeah, great. Yes. Because I mean, just going back to what [S3] said earlier that just having the booklet would be enough to deliver those sessions. But I think it's, it's that underpinning sharing of information of those kinds of cases and…You know what, as especially as and when people go into volunteering, I think that's where the connectivity needs to be coming in. So, it could always be kind of augmented. We can still have the booklet for the physical sessions in many ways of what a client, but also have. We're thinking of also having that digital version that can link either into those systems or that you're already using or to enable that sharing of information. |
| I3  1:20:25 | Yeah, I it's interesting. 'cause. When you said before, I think you're all. [S2] and the team. And [S1], you kind of indicated that the booklet would probably be enough. But I still think that there'd need to be some kind of potential training around the digital version or just kind of some understanding, some kind of level of onboarding that would go along with just having the booklet, if you see what I mean, just to understand how the system's updated where it's accessed. What to do if you have connection issue, that kind of thing. So, I think whilst the booklet would be enough, I think that I don't think it would be. All of it. If you see what I mean. Potentially. |
| I3  1:21:12 | It’s a similar line of questioning, [S3], in terms of documentation of sessions that you currently have with people. If [I1] mentioned that the two trial participants didn't make the notes directly themselves. So, the well-being mentor is the one that made the notes. But then, as you said, people are different. Some people may like to make the notes themselves, and if this was a digital app or tool, they would want to use that themselves. So, I just want to talk about how you make notes during sessions and, do you make physical notes, do you use your laptop? Like, how do you, how does it, how does it work for you? |
| I1  1:22:16 | You're mute. |
| S3  1:22:20 | Sorry. We do a data collection. So, I don't know if you can see. They got those numbers. Relate to the person's charity log number that they're registered under. So, we've got different sections on this as to if I've referred that person somewhere. So, that we've got obviously everything there. |
| I1  1:22:51 | Yeah. Would they get a copy of it? |
| S3  1:22:54 | No, no. What happens then I upload my note, I type my notes onto the charity log and it relates to that number, so I'll just go into that number, type and whether do it straight away anyway normally. Because sometimes you've got 100 phone calls a day, and if you just don't document one, then you're chasing your tail. Get them to give consent. Obviously if it can only be over the phone or if it's the verbal. If they come in to see me, I'll get them to do a written one with the chair, upload a scan. On to the charity log as well, so any of the documentation goes on their charity log. |
| I3  1:23:43 | OK. And if you were delivering this service, would you still carry out that activity of documented on paper, what had happened? |
| S3  1:24:00 | Yeah, I don't do it on paper though. It just goes straight onto my laptop. But I might scribble down the charity log number if I'm out and about for me to do when I get back to the office. |
| I3  1:24:16 | OK. Yeah. 'cause, what we wouldn't want to do is for you to have to write things down in two different places, in terms of, the systems that you already have to do as part of your role. And then if there's additional information, yeah, we just want to make sure everything is very streamlined and not added to your workload but supporting it. |
| S3  1:24:36 | All as one, yeah. |
| I2  1:24:40 | I think if there was an instance where somebody wanted to fill in the booklet themselves and it was the physical booklet, obviously that could be digitised by yourself to it or entered on to the system. |
| S3  1:24:54 | Yeah. Or I could scan it and get it on to their charity log, and then it's always there to access if need be. |
| I2  1:25:05 | Yeah, 'cause, I'm thinking in terms of sharing. So, you might have thoughts that obviously aren't comfortable filling in themselves. And then the mentor does that. So, that then goes directly into the digital version, goes on the system, but obviously if it's a paper version, it will need kind of adding on to the digital version, but storage sharing. So, it's just something to consider. |
| S3  1:25:22 | Yes. Yeah, and that's it. And obviously I would have to physically get it from them to do that as well. |
| I1  1:25:35 | Yeah. Just to mention, we do already have a print at home digital version, without the all the colour and things which is on our website somewhere. Let me to double check where the link is, whether we still have that on the website. |
| I2  1:25:51 | Yeah, I've got the link here. I I've got my own copy that I downloaded and printed. At locally in colour. But it's, yeah. |
| I1  1:26:00 | Yeah. Good. Yes. So, just following on from that, you're obviously working with other people with dementia, but you're also working in many cases with the carers. And how do you share with information with them? Potentially about the person with dementia. |
| S3  1:26:26 | Usually over the phone. I mean, I do quite a lot of one to ones, so people come into the office to make an appointment and see me for one to one advice. But the majority is on the telephone. And by e-mail, people are working still or it's difficult for them to talk on the phone then by e-mail. If you've got that facility. |
| I1  1:26:55 | Yes. Good. Are there any other questions? Anything that we haven't covered. [S3], [S2] and [I3] |
| I3  1:27:18 | I guess. I would like to hear some thoughts about we touched upon it earlier, but the coordination between the dementia organisation and the volunteer organisations. So, [S3], you mentioned that you have a volunteering. Group within your dementia organisation. Is that right? Or a volunteering coordinator? And they could they coordinate volunteers who volunteer for your dementia organisation. |
| S3  1:27:50 | Yes. Yeah. So, for the charity shop or the office as well. |
| I3  1:27:56 | OK. And do you might not know yourself, but does your organisation- are they quite active in the voluntary services in the area? do they have good links? Do they have any networking opportunities with you have direct links with volunteer organisations in your area really if that's what I'm trying to ask. |
| S3  1:28:26 | I think so. I don't really know too much about that side. I know that she does go out into the community, to libraries and things like that. But again, it's to recruit volunteers for us, my organisation. |
| I3  1:28:41 | Yeah. And similarly, [S2] and [S1] on the other side of it. Do you have dementia organisations that you perhaps would run this type of service, and what interactions do you have with them? I'm just trying to figure out how your type of organisations will need to communicate with each other. And how that would work? |
| S1  1:29:12 | So, yeah, so we work with [Name of dementia organisation, project partner] already and a number of dementia organisations and they're actually member organisations of my CVS. So, we already have those relationships. So, I don't know whether in somewhere in the digital side of it or in the booklet it would, I don't know, encourage the dementia organisation to contact their local CVS or volunteer centre because, as a CVS and volunteer centre we work with all charities and community groups across the whole of [a borough in Greater Manchester] so. I suppose then what we can do is link up, the service users of this with volunteer opportunities. We've got that overarching view across the whole of [a borough in Greater Manchester] with different organisations, different opportunities. |
| I3  1:30:18 | Yeah. So, it would be perhaps a person, a role within the dementia organisation. It would be there like an I would responsibility lie between. |
| S1  1:30:35 | Well, they would need to make contact with the CVS. Yeah. they would need to make contact with the CVS and volunteer centre in their area. |
| I3  1:30:35 | With what they need to make contact with. Yeah. Yeah. OK. |
| S1  1:30:45 | And then we, well if it was [a borough in Greater MANCHESTER] then we would work with that organisation through the rest of the process thing. Yeah. But that would make it easier for… so say it's with [Name of dementia organisation, project partner] do in this project. Then it would make it easier for them to like contact a CVS. Well to contact us. Because they might know, they probably do know of lots of organisations in [a borough in Greater MANCHESTER] already with volunteering opportunities, but I just think to get, because we've got lots of different members. We have opportunities obviously on the portal, but there's lots of other organisations and opportunities that might not be on the portal that we know about that we could suggest as well. |
| I2  1:31:45 | So say you’re in a session and somebody with dementia has expressed an interest in, as you mentioned earlier, Jigsaw. So, you then go away and you've got a time limit to find something of interest. But what kind of amount of level of work goes into that, where do you tend to look for these sessions, these activities, etcetera, where was your resources to find that? |
| S1  1:32:17 | So, I suppose it's things that we already know about. So, like with the social group, which was the Jigsaw group, I don't know whether there still is, but we know that there was a list through the health team…through a Council. So, they would publish a list on their website…of the different social groups in [ a borough in Greater Manchester]. Where they meet…what time they meet. So, that we can use it as a resource. So, actually that didn't take very much time. Sometimes it's just knowing where to go and find these things. So, we knew that existed, so we went there, printed it off.  Like I say, took that along to the session with those and just looked at some of the different social groups that were going on or we asked our colleagues here. So, there's lots of different projects that go on at my CVS, we have community. Well, we have people who do the social prescribing side of things and who work with community connectors so they'll know about different groups and what's going on in the city that we might not know about. So, like if we get stuck on something and we're not sure, we just e-mail around our colleagues and see do they know of anything. So, yeah, it takes some time, but I don't. Yeah, I don't know. |
| I2  1:33:37 | OK, fantastic. |
| I3  1:33:39 | On the same line as that, I suppose the question of funding has to be explored and how, [I1], I know that this might be outside the scope of what we're doing today, but it's just interesting. |
| I1  1:33:54 | Yeah, I think we'll bring that back some later time. Unless you have something specific. We have some mentoring and coaching through an agency, and we've actually explored that yesterday. So, there's different ways of thinking about it. So, I think we'll leave that till another time unless any of you have a particular thoughts on this now? 'Cause, there could be funding through dementia organisation in some way through the health sector, but it could also go directly to the person with dementia or and or the carer. So, there's different schemes and we can have a look at that in the background as well. |
| I3  1:34:45 | I guess only if, umm, our participants have any insights on that or any suggestions or any input on that. |
| I1  1:34:53 | Strong views or anything? |
| I3  1:34:54 | Strong views? because often it's not your direct rule. Obviously, it's not. You're not involved with that directly. OK, that's grand. |
| I1  1:35:04 | We're looking for that and we'll bring that back, perhaps with some suggestions and possible oven to use probably in the in the last Co-design sessions. Is there anything that we haven't covered now I'm mindful of time so. I'd like to draw the discussion to a close unless you have anything final thoughts that we haven't covered that you think we should consider at this point, [S3] or [S2] or [S1]? OK, I think that was a really, really rich discussion. Thank you for all your input. That was really amazing to listen to it. Every time I listen to one of these groups’ discussions, I learned so much. So, just to finish, we obviously have a second session. I hope you enjoyed the discussion as well today, not just for us, but hopefully for you too. We have a second session in the diary, so we'll look forward to see you at the next session. |