**I-Can-Do Service project\_Stakeholders Co-design session 1 (alternative) -20231123\_transcript**

November 23, 2023 (1h 32m 15s)

Brief note about participants

I1: Researcher from Manchester Metropolitan University

S4: Manager of community volunteer service who manage local CVS within Northern Manchester

S5: Manager of local dementia organisation

Cannot decipher = (unclear + time code)

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

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| I1  0:04 | So the recording is in progress now, so if you can at both confirm that you're happy to participate in this co-design session for the I can do service and you're happy with the recording of the session? |
| S5  0:21 | I'm happy, I'm happy. |
| S4  0:23 | I'm happy too. |
| I1  0:25 | Lovely. Thank you, brilliant. And so I'll just share my screen. OK. There we are. So, you know all of that already? So the service was developed to support people after diagnosis to stay socially connected, make a contribution and feel valued because people in previous projects that told us about things that they felt they could do, but they didn’t have nobody to share it with like cooking or knitting or just even giving directions on the street to others. , so the previous project we worked with a number of stakeholders including yourselves and out of that came the I Can Do pathway booklet to deliver the service. That little booklet is the main sort of way of delivering the service at the moment. So the service it's not a standalone service. It's designed so that it can sit within dementia charities, organizations, possibly social prescribers, could deliver it. Possibly even volunteer organisations. Or they could be partnering with those other organisations to help deliver the service. So that's just as a little overview. That's what the booklet cover looks like, and basically the service contains 3 sessions as a baseline, and they can be repeated as necessary for the person with dementia. So there's session one - It's a one-to-one session to explore their strengths and interests. Session two is about at meeting with a group of …a peer group of people with dementia and with the volunteer services to find out information about what is available in their local area. . In terms of volunteering and things that they could participate in and then session three is with the person with dementia, their wellbeing mentor and the somebody from the volunteer services and ideally their care partner to try and figure out all the things that they are interested in and that's on offer they can want to do actually and make some decisions and put in place all the things that need to be arranged to make it happen. So that's the baseline where we started from in this project.  So each session has a sort of relaxation or icebreaker, or both to start with. To get people with dementia to relax, then in the first session we have an exploration of their strengths and interests around those four areas. What do I love? What am I good at? What does my community or those close to me need? and what can I do or help with to help people get to think about it? And often the sort of the ice breaker we ask them to bring something along that they... Uh, that is connected to one of their, you know, to something of their interest. That already leads us those discussions or those storyteller stories already tend to lead us into this exploration of strengths and interests. And then there's a reflection at the end of the session. And the booklet at the moment has these examples. And then it's got these boxes as empty spaces so people can write into them. And then session two is again a social icebreaker and there are different options of how to do that would describe in the booklet and then meeting the representatives of local volunteer organisation to find out what's on offer, then within the peer group, explore what they want to do each or possibly together and then again a reflection of the session, which may include things like what recognition would they like to see for themselves if they do such thing, what's important to them. And then finally, this session three again a relaxation exercise, a recap of what's going before and thinking about what they would like to do and with whom. And find out what support they need to make it happen. So we've got a little planner here. Again, one was an example and then empty so that people can use it to write in and record their ideas. And we did in the last project at the end of the last project we trialled, that was two people with early stage dementia and they really enjoyed participating. And one of them went into volunteering and was very happy to do that. , I believe from what our wellbeing mentor said. So the result was well received, but our wellbeing mentor also. So volunteer work. Uh. Uh dementia support worker from [NAME OF LOCAL DEMENTIA ORGANISATION], who works with [S5], said that they would benefit from the digital version to help her shared the results with the person with dementia because the people in the trial, both ladies, would not write and for other physical or cognitive reasons and therefore it was difficult to share what was agreed with (*s.l. them afterwards),* you know, give them a reminder of what was agreed, to share it with their care partner or possibly share it with the Volunteer Service staff so that everybody is on the same page. So that's what we discussed after the last… at the end of the last project and that's led us really into this project. So we're now trying to figure out, uh, what do we need to do to make it sort of effective, desirable, feasible and viable and develop a digital approach type and contactor, slightly larger scale trial after service as **[I4?]** said in the spring. This brings us to today. We have a little map to help us think through those steps after service and what might be useful, what would you think would be useful? as that? So that's the map as a discussion prompt and then focus on different parts of service delivery and implementation where your organisation might be involved. And hear you views about how you would engage with to service promoted implement it. And the types of support you think you might need to live off facilitate the service. oh and one more as well as hearing you thought about at sharing through digitization. So here's our map. Before we go into that, are there any, do you have any questions about the service before we go into that further detail that fairly clear, |
| S5  8:40 | Yeah. |
| S4  8:41 | Yes. |
| I1  8:43 | Great. So we've tried to what does a little bit as the sort of journey map where the four different actors… person living with dementia, the wellbeing mentor, the volunteer organisation and dementia organisation as well as their carer are all here. Sorry, the carers a bit small here and this is not an a final representation. It's work in progress and so. What we'd like to sort of think about and hear from you both now is how would you engage with the service? So we've got a number of stipulations here of, you know, inviting client to participate and allocating the wellbeing mentor, et cetera... |
| S5  9:43 | Well, from our perspective, [I1], I mean because obviously I'm in a position where we've already actually done a trial which was quite successful and albeit two participants and only one went on to volunteering.  But we would be able to follow the same process as we followed in the trial and we're in a good position where our organisation has many opportunities for volunteers. So if a volunteer, a potential volunteer, person live with dementia, was interested in any of the services that we provide, that would be quite straightforward, you know, helping out at groups and in various capacities, getting involved in activities or just washing pots and, you know, things like that. And even depending on obviously the level of dementia that they have and they could even go to visit people with dementia one to one and things like that. So we can provide that opportunity and we would struggle with maybe a person living with dementia who wanted to volunteer in other areas like for example, where you was on the other slide which said, you know, there might like cooking. Ohh, something you know? Gardening or…So we don't have those opportunities. So if we had a person with dementia who wanted to do something like that, we would rely on maybe and volunteer organisations to give that person those types of opportunities if possible. |
| I1  11:39 | Yes. |
| S5  11:40 | Do you know what I mean? |
| I1  11:40 | Yeah. So basically, just sort of sarise what I've what I think you've said is that there's internal volunteering opportunities within [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORK FOR] where people can say that people with dementia obviously can safely access because they’re surrounded by [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORK FOR] support staff, . And, but there's also, uh, the opportunity for external volunteering. But that would have to be managed through external volunteer organisations. |
| S5  12:17 | Yeah. |
| I1  12:17 | And the way we've connected during the trial with uh, local CVS, but there would be then presumably a connection there would have to be the connection with them would have to be made or would they… You know for the project we made that connection. . And because it was such a small trial, we didn't actually get into really trying out how it would work if they were involved. But if you were to involve sort of external volunteers, volunteering opportunities, volunteering organisations in that way, as we started doing in the trial, what do you think the key issues would be there? |
| S5  13:08 | And from my perspective, I was just gonna add that if a client who we support wanted to pursue volunteering opportunities, you know, with another environment than [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORK FOR], then it would be imperative that they had the support from us, but also joint support really from the organisation who they would be volunteering with. So in my mind it would need a named dementia worker working with them. Anyway, when we support people so whether that would be the dementia worker that they have allocated to the case or whether it would be. And wellbeing mentor that we have at the moment, that doesn't really matter as long as they've got a named person within [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORK FOR], but we would need a name person to work with our worker in whatever organisation there were actually doing the volunteer work for. Is that makes sense? |
| I1  14:15 | Yeah. Yes, yes. |
| S5  14:22 | It's imperative that they need that support from the two organisations. |
| I1  14:31 | Yes, yes, very much. |
| S5  14:32 | Because you've got to obviously with someone living with dementia, obviously the condition is gonna deteriorate all the time and that needs to be obviously monitored quite closely because you could start having all sorts of problems and if the person with dementia was struggling with whatever task that they were doing, and that task would need to be monitored. And then further down the line, maybe then we may have to stop doing that particular task.  But even when the doing that task, they would need close supervision, wouldn't they? At all times and we can offer that, but it's we've got to make sure that the other organisations that they may go on to volunteer for can offer that as well. |
| I1  15:12 | Yes. Yes, that was one of the, , a sort of thoughts why we went for volunteering and [S4] will. I'll come to you in a moment. u, because being a volunteer organisation, we were thinking there might be volunteers who could actually support the persons with dementia in volunteering, but recursive.  But again, that then raises the issues around them being those volunteer support, a volunteer, I’d to put call the volunteer partners from who you know who volunteers themselves, how they would be qualified or trained and to or better to be safe. You know, recognised as safe supporters, support volunteers for people with dementia. |
| S5  16:14 | Yeah. Yeah. |
| S4  16:18 | Yeah. |
| S5  16:19 | Yeah. Because, I mean, sorry, [S4], I don't. If he's gonna say something, then, but and quite often,  [I1] within our environment and after all these people live with dementia volunteer. They are clients at the end of the day and even with the lady that we were talking about going on to volunteer with our service, she constantly chats to staff and chats to people and things come up and you never know what's gonna come up and you know worst case scenario is they could raise some sort of a safeguarding issue and you've got to make sure.  I mean, we are trained to do that, but you've got to make sure that whoever else's spot in them, like you said, and if that's the volunteer, that's quite a lot of responsibility, isn't it? |
| I1  17:09 | Yes. So, would that be something that's viable? . And I'll leave that question in the room and just actually I'll just unshare. So we can all see each other and I could bring them back up if you like to see it again at any point, just let me know.  And so, [S4], what do you thought from of sort of volunteer organisations point of view on delivery of the service and your role in it? |
| S4  17:40 | Yes. So just to come in on the thing around the idea of an existing volunteer supporting someone, obviously the pathway there spells out at that stage where the volunteering is implemented, isn't it? It's there's anticipation that somebody's identified in the organisation. It's already volunteering so effectively to enter to that volunteer. That in itself is quite a common thing, I think in terms of what we observe in terms of good and useful practice that tends to happen, or it's a model that they refer to. So I think that bit is a given, but it's the layer of then supporting somebody with that diagnosis, isn't it, which requires that specialist support and training and whether that's directly to the volunteer themselves that are expected or are anticipated in doing that I'll take on board and I think I agree with that. There needs to be some quality assurance and there the word vetted was use it used. So what form does that take? What is acceptable? Is it something that is prescriptive? What is really difficult to do that isn't it in terms of a catch all situation? Because every set of circumstances is different, but nonetheless it's a model. So I think there's definitely something to bring to the surface are about a need for adequate resource, whether that be training. So and processes that sit around that to happen. And I also think what was said by [S5] about I think this is a fine line between this sort of stuff, when you work in this kind of space around, are we talking about someone who is a client or service user and a volunteer and it can sometimes be a bit interchangeable and then it can sometimes really muddy the waters like you say, you don't quite know where you sit and in that regard. So that's good that's been brought to the surface and we talking about volunteering or support. Was it both? You know in that sense. And I think in terms of us and how we engage with something like this, I think depending how it how it comes out, you know there's a, there's a variety of scenarios. You know, we could be directly approached by one of these mentors, couldn't we? You can visibly see how an agency like us that holds lots of rich intelligence about volunteering opportunities that we could work with or hear from those mentors based on those session notes that they pulled together on behalf of the individual. And you know it, it basically it seeks to exactly what we do as a volunteer centre around brokerage helping somebody make the best and most informed suitable connection possible.  So that intelligence that that person has around preferences, strengths, pastimes, all that stuff is massively useful to somebody like us in terms of looking at our stock or knowledge and mapping it against that. And that also includes obviously all the practicalities which I've spotted in that booklet around I saw some stuff there around like what do I need to say it with me? How do I get there all that stuff is, you know, really, really useful. As part of you know, making a match if you like to something so you can, you can very feasibly see us, you know, sort of be being part of that sort of supply chain around that intelligence and have been offering of that. And you know, I think in a practical sense, you know, we in Manchester with any kind of initiative or scheme like this with something that's highly specialised or bespoken specific. You know, we never take a view that you know that it's also only us that has a stake in this, and actually we'd be working with something like this and considering well, how can we collaborate on something like this effectively if it's a digital solution or a digital equivalent of this? Is there any integration we can explore with our systems that we have that data feed for all intents and purposes, that stuff? Could there be a bit of a push and pull thing with that for us to access that? And that's obviously based on some sort of partnership. You know, if this is a product, I'm calling it a product, you know, if it's a product or something which is portable and obviously you've got it, you've got it potentially with organisations that are adjacent are very much focused on that particular health condition or could it be actually the experience of any organisation involves volunteers that could pull this down as a tool to then themselves on board these mentors within their own charities and good causes in the interest of offering a supportive pathway to somebody with that diagnosis and volunteering.  So there's something quite interesting about that as well in terms of leaning into a bit of a digital model for it. Obviously, the paper based model would also be effective and then obviously in terms of our engagement with that, if that was something that took root and we were able to stand it up, you know we will be very effective in promoting that, wouldn't we by saying, you know, there's this model for providing supported volunteering in your group or organisation and you know, so we probably see ourselves imparted to that sort of promotion and maybe engaging groups around that. You know, if we if we see it to be effective and then I think the other bit as well is I think we're really helpful as these kinds of agencies where yes, we do pod, we do pedal what we call big volunteering. So it is all the stuff you typically might expect some encounter, but we're also really apprised connected and in the know about all the other forms of participation that's possible. You know, in terms of things that are either in civil society or some sort of voluntary action or anything that's powered by voluntary effort. So there's all that to consider as well in terms of where we could be like useful, we're sharing that intelligence with these kind of mentors and these coaches. So yeah that's kind of some sort of broad brush strokes in terms of how I'm seeing it there and the digitisation bit kind of drives that drives all that forward as well. |
| I1  23:10 | Great. Thank you. Thank you, [S4]. So that's really sort of in a nutshell, you're saying that this would be very useful for that. You think it would be very useful for you as a volunteer organisation to engage with the system with a service like that. |
| S4  23:26 | Yes, I think it's the tools and the resources are there and then it's always that thing and it's not, I don't call it a caveat, but it's always that thing that for everything you see around it, it does require some sort of investment or resource to see it stand up effectively and what form that takes is varied. But yeah, absolutely. Yeah, you. You can see it in those terms, definitely. |
| I1  23:48 | Great. And you've already mentioned the sort of you know potentially if it's it takes a digital format and these sort of integration with the existing systems, but you also mentioned that the booklet itself is useful and that sort of made me think, [S5], obviously the booklets out there. I think you've got quite a few copies of it in one way or another, and I and what are you? I mean, given that you've been involved in the trial, are you actually still using the service in some format or if not, what is it that stops you using it? What would we need to do to get you?  You know, as you as [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORK FOR] to actively engage with it. |
| S5  24:39 | I think you… you might be probably better asking that question to Wellbeing mentor who participated in the trial actually because you know, because the dementia workers uh.. they work as you know, directly with people with dementia. So it would be the dementia workers who would be actually using that booklet, [I1]. So I don't really think I'm the best one to answer that question. |
| I1  25:04 | Yeah. Yeah. No, I meant in terms of not… in terms of just using the booklet, but in terms of is anybody do you know, is anybody delivering the service use you know at the at this moment where we're not having a trial or anything, have you continued using the booklet because in a way the book flips out there and it could be used to deliver the service because it doesn't really need a lot more than that on the surface anyway, if you do internal? |
| S5  25:38 | It's far as I know the plan was to give the booklets to our clients, wasn't it?  However, I must possibly and I don't know exactly, but I'm just thinking and I think not. I suspect that nothing's actually probably being done in that regard recently because well, to be honest with you, with there's quite a lot going on within the organisation at this moment in time. So I think that that booklets probably been, it's been put to the bottom of the pile, I suspect because without going into too much detail, we've obviously got the audit we've got.  So we've had to do a lot of updating records on charity log with the demographic information and blah, blah blah, we've got the [NAME OF THE FUNDING], which is our contract from the Commissioner without the review.  And that's just about the 12-month review where we've had staff feedback, the staff have the active clients for feedback. So they've had quite a lot on these last couple of month, [I1]. I suspect that nothing actually has been done with the booklet. However, that's fine.  We can't do everything all at once, obviously, but we don't want just disappearing.  And, but I suspect that maybe and we'll probably have more time within the coming weeks. I know it's Christmas which is always not good time anyway, but I think certainly within the new year, I think we can put that back on the agenda but not but for all I would dementia work when I say all the three of them, not just [NAME OF WELLBEING MENTOR] because what.  So basically when a dementia worker, we get a referral. A dementia worker will go and do an assessment on that client and then they do have a lot more than they used to have. As regarding what they have to complete for that assessment and we've got no, we've obviously got all the demographic information that we have to collect from them. Further case of charity log for the Commissioners. We've now got her holistic wellbeing tool that we've also got to ask them on assessment. So whereas an assessment a few weeks ago would take 1 1/2 hours, you'd probably double in that time. Now, yeah, it's honestly, it's become. I've just recently done supervision with the dementia workers and they are quite overwhelmed at the moment and but you know it's something new and it's something that's got to be done. So we've got to do it. It's my job to support the dementia workers. To do that, and in addition to the assessment which, like I say, is double the length of time that it used to take to do an assessment, but it is what it is and what they've also got to make welfare calls on a regular basis to all existing clients and we usually have round about 300 to 350 cases and live active cases at one time. So if you think and that is double because usually one case is 2 people, usually you've got a person with dementia and the carer.  Sometimes you've got a handful of people with dementia that don't actually have a carer, but generally so you you're talking 600 plus people that we 3 dementia workers are supporting at one time.  So, so we don't want we it's important that we don't let this booklet go off the radar.  So what I'm thinking is when they first when they get an assessment, maybe they take the booklet with them and at some point amongst giving them all this information that we're getting all the information we need from them, that there's somehow needs to shortly after assessment they need to try and give him this booklet, but they can't just give them the booklet and say here go and read that, can't they? |
| I1  29:54 | No, absolutely not. |
| S5  29:55 | You know, they've got to explain. |
| I1  29:56 | So it is linked into those sessions. |
| S5  29:57 | So it is it, it's gonna be a challenge, [I1], obviously, but you know, I mean, we always have challenges. |
| I1  30:01 | Yeah. So it's the resource thing, yeah. |
| S5  30:07 | We're going through a period with challenges at the moment. Like I said, with all this, everything comes at once in our service. It probably does with every other. Everything happens at one time and then. Yeah. |
| I1  30:19 | This is also part of the service, we're thinking, you know, we're trying to make it so that it doesn't need to be. And I knew service that people have to buy in to make it easier to adopt. But at the same time, if there's not to staffing resource to actually deliver it, then there's something missing. So that's something we need to consider. So that's really important for us to know. |
| S5  30:40 | Yeah, that's why I thought it's important that I give you the background to where we're at the moment.  Like I say, we're just, I mean this funding review for example, it's a 12-month thing and it's just so happened to be at this point in time and so it won't happen for another well probably won't happen.  I think the next one actually now is 2 years, but and it's been a hell of a lot of work with our staff surveys, service user surveys, ringing service users up asking them questions and inviting people to focus groups because obviously we want this feedback for the Commissioners across the board from everybody.  But this is nearly we're nearly at the end of that, that process now. So at least that's something.  But like I say, during this process we identified that the questionnaires that we used to be required to send out by Commissioners twice a year, well, to be honest with you, it wasn't working because we were getting less and less back and virtually these last questionnaires that we sent out, we got out of the about 300 sent out, we got was it 9 responses.  So we had to look at obviously doing something different and what we've come up with and was this wellbeing holistic tool which is good and it's for measuring. We wanted to know what the impact of our service was for the client basically.  So we have to come up with a list of questions which had to be generic across [NAME OF LOCAL DEMENTIA THAT S5 WORKS FOR]. So it's not just people with dementia, it's people, social rehab and people at hospital aftercare. So that was a bit difficult. So the stuff that's just gone live on Charity Log. That's our database, by the way. Charity log our database so that's ready to go now but.  And so like I said, that's something else that they've got to ask people during the assessment and then they've got to follow up with that 6 to 10 week later. So we do have to work out how best to get the booklet out there as well. When people go to groups, it's easier because you can do it as a group thing with the stuff there. But of all those 7/6 hundreds people that are open to us, you know, at one time only very small minority, though was actually attend groups.  So basically what you're saying is that's got to be delivered and given to clients in the community on a one to one basis, which is quite a feat really. |
| I1  33:18 | Yeah. that's interesting to know. I mean obviously I know. You know, [NAME OF WELLBEING MENTOR] does a lot of individual home calls, so it could be potentially delivered at an occasion like that, as in terms of run up to one-to-one session. It's then the group session whether that can happen at some cafe session, but that then may be different. As you say, there's maybe a different set of people at those sessions. |
| S5  33:50 | Yeah, I think that's easy. That's the easy part.  And you could you can obviously in in the cafe or the buddy clubs you can reach more people, which is one hit, but when you've got 3 dementia workers, [NAME OF THE DEMENTIA WORKERS] and I'm going to people on the one to one they don't visit like they would like to it it's one of the we there's no specific you have to visit so many times a month you have to form people so many times a month we don't have… you can't have that you've got to have some flexibility because obviously you're juggling plates really because you left some clients that they need a lot of input and you've got to ring them every week and you're doing something for them every week and then you'll have others where you'll need to ring them every six months but then that will change obviously the person who's been on your books for several years they might now be going through a period where they need more than a phone call every six months because the situations deteriorated so you've got to so there the dementia workers have got to use their discretion and their work their workload is dictated by the need of those all those individuals at that particular time which takes some doing actually because I do. |
| I1  34:01 | Yeah, absolutely. Yeah. So the question would then be, how could we, you know, enhance the resource and in terms of, you know free up time, or you know provide additional time or something for the support workers to be able to deliver that service. |
| S5  35:32 | Yeah, yeah. |
| I1  35:33 | OK.. [S4], you had your hand up at some point. Was there anything from your point of view? |
| S4  35:39 | Uh, yeah, I think I was just reflecting on [S5] sort of like service driven sort of point of view on in terms of like the booklet or what whatever form it takes printed in this case digital, you know the outcome is bother to save in terms of applying it. I've just… what I was dwelling on when you were talking in those terms and I was just thinking about us as an agency like and as to sort of broker of this stuff, you know, you know, it's useful to even people like us, you know, where we're helping people find a path. And I go back to what I said around the content of the booklet, the things to consider and the way it's staged, although maybe not at large. The whole document... key aspects of it are really useful that as pro forma for us, you know in terms of like and I mean with anybody really actually all those questions are valid for us or obviously in instances where we maybe were sighted on somebody's diagnosis, you know people can be disclose and share that people are maybe signposted to us for that from within those services you know and again it.I'm just thinking about it. It's also like really useful source material for us as well, you know, to use or refer to, you know, just a slightly different application of it. But an application all the same, I can't get a different use of it. |
| I1  37:01 | Great. Yeah, so you use… Uh, you're saying there's use beyond people with diagnosed with dementia, from your perspective? |
| S4  37:07 | Yeah. And that of the prescribed program, the idea that it's a wellbeing mentor job to do it. It's a tool that other people in the journey or other people could potentially just an observation. |
| I1  37:14 | Yeah. We're just calling that person whoever delivers these sessions, we call the Wellbeing mentor, so they're not like a social prescriber who has a particular job. It's more of a role. |
| S5  37:32 | Yeah, exactly. So feasibly that could be us, couldn't it? That could be us as members of staffing that service to support these instances. You know it, it could face a bevy that. Yeah, definitely. Yeah. I can say that's it. Actually that. |
| I1  37:45 | So what? What did it need for you? Your organisations work together so that [S4], who has the resources, can offer the sessions for people at [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORKS FOR]. I think that's the question then from what you just have been saying, right? Or did I misunderstand what you were saying, [S4]? |
| S4  38:05 | No, no, I don't. No, I'm not sure if that's the question I was. I was…I was getting that I think I was just making an observation that it could be a handy resource for us really. You know?  Yeah, in general, I think I think there is a general thing coming to the service around I don't call it a lack, but there is a consideration to be made around the undertaking of this additional step, you know. |
| S5  38:30 | So [S4] and cause obviously I know what we do, but I don't know what you are any other volunteering service actually does with volunteers because obviously when we're talking about volunteering people living with dementia volunteering, it's a different ball game to, you know, your other volunteers. I do know in our experience of volunteers that you sometimes get brilliant volunteers that don't need any support. And they're fine. You just let them get on with it. We have had experience and no doubt you maybe you have the sometimes we've had volunteers that maybe have some mental health issues themselves and we found that not dementia, but other issues. And we found that they have been the needed a lot of support and in fairness for us as an organisation, more support than we've been able to offer them because it's basically it's like having another client at the group and in those cases, [S4], we have had to turn round eventually. We've tried to support and given a lot of support to this person and try to, you know, help them and support them to keep within that role, but ultimately on occasions we've had to actually say to them we're sorry that we're gonna have to let you go because it just wasn't working. And so if we were to say we were to refer a person with dementia over to your organisation and to give them an opportunity that we don't provide, like I say cooking or something, that a role that we don't have and they would need a lot of support and so would that be able something that you would actually be able to manage? Which? |
| S4  40:26 | Not. Not effectively, no, because I think ultimately so you know there's an equivalent of us in in your neck of the woods. There's volunteer centre in local area, which is managed by the local CVS, isn't it? And our capacity is finite and ultimately our role is to be a broker and an introductory agent to any of this kind of stuff. We can be receptive understanding because ultimately we wanna help people find opportunities in respective of what the life path is, what baggage they bring, what they bring to the table. Because our role is to work with somebody. In that case, in simple terms, you work with people that are quite often will come and say what have I got to give you know, what can I do? And it's our job to sort of well, let's have a conversation and it's not the same thing. That's not the same thing. We're talking about a young parent who says, well, I've got to give have nothing and we say, well, what about all those soft skills that you've got? You've got three children to school on time every day for 6-7 or eight years. The soft skills that you've developed through you have got lots of things to give and we have to tread carefully. Of course, don't we? But so and I think this again just again brings to the service, it's the resource, it's the intelligence, the knowledge piece that's maybe is lacking around something like this. |
| I1  41:30 | Yeah, that so just to pick up on [S5] question earlier, could you just sort of describe a little bit how you work? |
| S4  41:35 | Yeah. So we've got obviously 2 distinct audiences, haven't we saw on one side and the and they are in lots of ways mutually exclusive because they, they feed each other. So on one side of what our one of our principal audiences is obviously groups that are recruiting volunteers and involving volunteers. So in a basic sense, a group will find us and give us information about their opportunity, and we promote that through all the ways that you might expect that we would our website, bulletins, face to face all that kind of stuff.  And then obviously the things that sit around now the information, advice and guidance that we dispensed, so at any point in that journey, you know, we get we look at all the opportunities and if things that are not forthcoming that we expect them to be there which what we would say like the hallmarks of good quality volunteering. We open conversations with that group and sort of, you know. Inquire a bit further about that. See where we can help them and support them with that. Offer some resources or some time or some training, and the essentially that part of the supply chain is where something like this comes in. You know where we're hearing back or we're working with something like this to say like there is a there is a self-contained offer that you can tap into to help you involve people you know with a dementia diagnosis.  Cause I think yes. I very much hear what [S4] saying around kind of some of the difficulties, the capacity issues having to let people go, part of part of a relationship and part of being a volunteer is letting people go, not giving them an indefinite leave or stay with your organisation because sometimes that can have detrimental effects and I think you can slip into what we talked about before about this. Are we looking after this person now? It started as a volunteering opportunity, but we are looking after this person now and that's not an appropriate relationship to have around expectations and things like that.  And so, so does that part of what of what we do. And then the other part, obviously with that intelligence clearly feeds the other bit, which is the brokerage bit. So that's helping anybody that lives, works and visits, studies always connected and wants to volunteer in Manchester to find an opportunity that's suitable. And again, that audience varies massively. People are quite telling and sharing of their experience and they want to bring that to that discussion when we help broker them. Some people are very passive and just use our website, our materials, to find what they want to make a connection and never really ever need to have an interface or time with us. But as much as possible, you know what we pride ourselves on helping people make the best and most effective connection to an opportunity that they possibly can and all this stuff is just like another layer to that.  And I think what we also do as well is we talk about and you know a, you know, equity, diversity and inclusion in volunteering. You know it's, it's quite it's, it's quite prominent and on the docket at the moment, it's always been something we've held and we always talked to groups and organisations about that, the demography and that aspects of their volunteering programs and that they should have a volunteering base and a workforce that's representative of the Community that they serve. You know, so this is where this kind of stuff comes in and that's kind of the cell is cell isn't the word, but the way you pitch it and put it across, you know that you can fulfil that agenda potentially you're tapping into somebody that has a certain diagnosis or certain things going on. But rather than viewing it and I think this work is good because it doesn't see it, it starts from strengths, doesn't it? Doesn't start from all. You've got a diagnosis. It starts from strength. This doesn't, and its actually strength. And we talk about things like this in a superpower as well. That could be a massive asset to a group or organisation from that point of view based on particular skills, attributes, things they call bring. But I also think as well going back to what I said around that community that they serve, they're actually representing it because it's highly likely they serve a community that's made up of people that have a dementia diagnosis, for example. And I think also that lived experience, they can potentially bring as well. These really interesting as well to help that organisation shape and deliver what it does more effectively. So again, it's all really nice, fluffy, aspirational stuff to get a bit more hard-nosed and hard cheeked about it. It's some of the resource I think and some of the education pieces that need to that needs to be forthcoming. Not saying that's what this does. This is one of the tools I think that can be hung or something like that. |
| I1  45:45 | Great. Thank you. You mentioned along the way - training. What kind of training do you offer? And I think earlier you mentioned mentoring or maybe it was [S5], I'm not quite sure. |
| S4  45:53 | We…We at we are offer is our training is mostly wedded to the group side of things. So we do, we obviously dredge the Internet and dredge the north, the knowledge that we have to find courses and things that could be of interest and benefit. We obviously offer some in-house stuff as well, so we deliver, you know, a managing volunteers training session. We deliver a session on sort of the legal implications of involving volunteers, and then we do one of our recruiting volunteers. We do and are currently rebuilding back to what we offer to volunteers, so it is quite limited. Well, there's much as possible. We listen to our audiences and what they require and but in the main as a minimum, we like to expose people to some sort of information and sometimes it takes the form of an induction. We call it or a training session about volunteering at large, and that's more just to talk about and you know what? What it what? Why people do what it means? What? Why people do it? What it could mean to you and then obviously after about 45 minutes to an hour, it's all geared up quite nicely for us to say and maybe your next step is to look for something. Then obviously an agency like us are really helpful because we've got lots of rich information and connections we can make you aware of. So that's kind of the that's kind of it in a in a nutshell, what we do in terms of training offer, again, there's potential there isn't if something like this, there's a component or a resource that could be embedded for recruiting and retaining volunteers training it could be there's an, there's an I-Can-Do service that has some tools and resources that could support you with onboarding or working with someone that uses that tool to onboard volunteers into your organisation in a supporting way. |
| S5  47:14 | Yeah. And that's interesting. I mean, presumably [S4], this is. And for volunteers who people who are not diagnosed with dementia. |
| S4  47:50 | No, we don't make that distinction at all. You know, again, I think we make clear that we're here for everyone. What, despite what the what they bring again. Obviously, we do have to be realistic and manage expectations about how far we can go. You know. So obviously it might be a tricky set of circumstances to broker somebody that comes with some of those diagnosis if they're forthcoming with them. This is the other thing as well. There's no there is absolutely no nothing that we conveyed that says you need to tell us everything. But if you do so, wish to tell us it, it can be helpful. So you know we, we have an attitude that it's within. It's within, within, within everybody's grasp. There are obviously certain cracks that things can fall through.  Somebody presents themselves with certain kinds of a disclosure around sort of certain criminal convictions or a past like that. But even in these circumstances, we want to sort of find a way through to help that person or give them some sort of an avenue to explore. So I don't think we don't strictly speaking close the doors. I think like I said, you know, in the main people self-serve on our website, but we we've tried, we tried to have our service itself containers and managers, it can be so we can pour our limited capacity into being able to be there to say help somebody who can't find what they're looking for in our website or has no idea where to start with using a computer in the Internet or maybe he's bringing in that concern around a diagnosis or something. We try and put that out there, but I think there's something about us reaching. So our next iteration of our service in the New Year is around like how do we go where people are, but we're getting these bits of our service self managing. A point or limited capacity needed for most what do we do and where can we go where people are and that's in the sense that's in the sense of place and location community. But I think it's also in terms of causes or things that people are facing, case in point being like a dementia diagnosis or an Alzheimer diagnosis. You know what? |
| S5  49:45 | If you and have you had any, have you had any interest in volunteering opportunities from a person living with dementia yet? |
| S4  49:45 | What can we do there? It's entirely possible to have not one that occurs to me, but certainly stuff it's adjacent you taught before, around maybe like a different sort of diagnosis and sort of mental health sense. We feel we feel that we feel the great number of those, you know, and I guess it's a mixed bag of individuals coming to us and we go through that experience with them, but also agencies that are on their behalf are able to share a bit more or with the with the consent of the individual work with them. So maybe work through some of those circumstances. You know the patterns, how it plays out for them in their life, how debilitating or not it is, or how it presents itself. And again, all we all we do is just kind of try and match that with our knowledge base. |
| I1  50:42 | Great. So that was a really rich discussion again in, in an interesting, highlighting all the challenges. If we go for external volunteer, I call that external volunteering.  So internal volunteering seems to be a fairly straightforward, if we were zooming for a minute, [S5] internal volunteering. So through your own and offers, how would that work and what support would you need to make that happen on a regular basis basically? |
| S5  51:23 | Uhm, well, so it was in internal volunteering is [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORKS FOR]. And but within that, we've got our own dementia support service. So that's easy that bit, that's bits quite easy because obviously we we've got the knowledge, the staff have got the knowledge, they've got the background training, experience to support people with dementia fortunately because that's what we do.  So, if we've got a person with dementia, like [A NAME OF PERSON WHO PREVIOUSLY JOINED THE TRIAL] was helping out at the cafe, the staff and obviously at there on site, working alongside a monitoring, supporting etcetera, etcetera. So that bit is quite easy. That's what we would do and the hard part would be and with that, with [A NAME OF PERSON WHO PREVIOUSLY JOINED THE TRIAL] 's case, it was a gradual she just it tailored off from her perspective, but it, it would be difficult, but it had, it would have to be done but would, and we'd find a way but it would it would have been difficult if we were in the situation where we could see a decline especially when you start getting when you start getting people with young onset dementia and there the people that normally probably would be up for volunteering in the first instance but problem is then because the when you've got diagnosed with young onset dementia i.e. Under 65 and the condition comes on more aggressive, quicker than obviously someone with later and diagnosis.  So we and as you know, [I1], I used to run a group for people with young onset dementia and to see that deterioration over a short period of time was quite, you know, it was quite shocking really.  And so if we had a person volunteering with us and they were, I had a guy he in about a Volt. Well, he was doing a bit of volunteering with us and but it soon became apparent that he wasn't able to do it very long because he spatial awareness was affected and he couldn't do simple maths. You know, like if someone give you £5 it was under tombola stall. Somebody you £5 and wanted one pound. He couldn't give up. He couldn't give the change. So it's, you know, so in the end you have to at some point you may have to turn around and say to that person, you know, obviously it's not working anymore like and that could be very difficult for that person to accept. I don't know what that damage that could do to that person. You know the value when you send about. You know, they could offer value and they could offer something to the community and, however, because it's in a group situation with dementia support services, we could still take that person within that group. But and there wouldn't be volunteering us so much. |
| I1  54:37 | Any longer. |
| S5  54:38 | But there's still be in the group situation, so it would be easier to say to sort of wean them off the role of volunteering well. |
| I1  54:42 | Yes. Yeah, so managed to transition by keeping them in the group, but not having them do necessarily that role anymore. |
| S5  54:53 | Yeah, that's what we did. That's what we did with yeah, that's what we did with this guy that I'm talking about. |
| S4  54:57 | That's an interesting. |
| S5  54:59 | So that was easy. No, the, the other aspects. So, we can manage that within dementia support services because that's what we do, but that's what we do that when we're talking about the rest of [NAME OF ORGANISATION THAT S5 WORKS FOR].  So, with social rehab, with hospital aftercare and the opportunities, there are probably not really… especially hospital aftercare because hospital aftercare staff go out and assess. They go out to the person's home on discharge and assess the environment to assess what the person needs. So, I don't think there's an opportunity in that environment.  With a day centre …Similarly to us, it's a day centre is a big group, isn't it? So they could, but the reason… the opportunities are limited like I say, it's serving teas and refreshments and you know getting involved in activities. So it there's opportunities there if that's what the person wants. And again, there would be closely supervised by the staff, so they've there is an opportunity there and the, the, the, the, the worry about them being supervised goes away because they've got qualified staff there as well.  So, I don't know how it would work in social rehab because bought and only because we've just added we've had, we've not had a social rehab service for quite a while now because the person left and we didn't… social rehab basically you have one manager who's paid and the rest are volunteers so does. |
| I1  56:37 | Right. So what? What does social rehab entail or refer to? |
| S5  56:42 | Well, it's it it's, it's changed and that that social rehab is a Commission service. You see things have things have changed dramatically over the last 12 months for us as a service because we got the new tender. So now the new tender is called Age. Well. So, I wanna talk about funding review.  Basically, it's our tender, but that incorporates dementia support. We used to have the tender but social rehab, hospital aftercare, dementia, sports service. We're all separate entities basically. We all had a pot of money from the Commissioners, but this time that money is all one part.  So, we are trying, we're trying to join those three services in our organisation together. And so, we still call them hospital aftercare. We still call dementia support service, we still call it social rehab. However, we're supposed to now say to somebody when we get a referral now for a client and we want to refer them to maybe social rehab, We've not got to say we're referring you to social rehab. We've got to say we're referring you to one of our other colleagues.  So, it's the language. Now we've got to get used to this new language and it's just. |
| I1  58:03 | Yeah. Well but what does social rehab actually mean? What? |
| S5  58:06 | Well, it did. I don't really know yet, but it before it we lost the manager and before we all became one [NAME OF THE FUNDING], they used to have volunteers and the volunteers would go to people and visit them in their own homes individually and support them with something.  A significant life changing event, but not a diagnosis. It was a something short term like a bereavement.  So, it would be something significant, but short term. So, our volunteers who work for social rehab would go into people's homes and see them on individual. However, under the new service and now we've just recruited a new manager so she will be paid, but she has to now recruit volunteers. But now they've decided they won't be going.  They'll be doing a similar thing, but not on an individual basis. They're going to do work in groups. If that makes sense, but don't ask me anything else because I don't know because we're it won't be. |
| I1  59:27 | Yes. So, if we won't be 1 to one support. It’d be group support, yeah. |
| S5  59:30 | I know, I know for a fact it won't be one to one. Now, if you want me to, if you if I can send you whatever they've got now they must have done something by now. Some leaflet or some promo stuff they must have done something. I've not seen it, but they must have done and obviously it would be helpful for me and the rest of the organisation. But when I if I can get in the hands on something, I can actually send that to you, just to show you what it should be looking like wants.  And like I said, we've only just recruited the manager there about 2 weeks ago.  So as far as I know her, she is now got to [NAME OF S5’S COLLEAGUE]. Her name is. She's got to recruit. Some volunteers are self to run her service, but the difference is it will be in groups and not on an individual basis basically and it was and I'm assuming, but I don't know, but it should probably still be short term rather than long term like we do.  But I can send you more information on that, [I1], if just for information. Just you know for yourself, because at the end of the day. |
| I1  1:00:40 | Now the interesting bit here I think is particularly the recruitment of volunteers in the organisation and how that could be done to support people with dementia who want to do volunteering. |
| S5  1:00:47 | Yeah. We should be linking closely to social rehab with the, you know, the volunteering aspect. |
| I1  1:01:02 | Yeah. And how would they be trained? Because, you know, people who go through bereavement can be quite vulnerable or, you know, any such thing so. |
| S5  1:01:17 | Well, I don't think I think the intention not that it I don't I'm not saying it won't happen, but the intention we would have a group of volunteers to go and support these people.  However, that person may be a bereave person would then think well, yeah, I want to volunteer as well, wouldn't they? So, I know. So then it's what happens about what support and training then would we be able to give to that individual. But this is all new and I don't you know. I don't even know where they're up to yet, but so and I find out myself. And then I'll pass it on to you. |
| I1  1:01:59 | Lovely. Thank you. Yeah. |
| S5  1:02:00 | And they can note. |
| S4  1:02:03 | No, I think that's really interesting. What…What [S5] sort of teed up there around, you know, there's some, there's something in here around what we said before around knowing the difference between volunteering and ends up being a care. And I think something like the work that, that, that [S5] involved in, if that's like the initial sort of step for somebody, you're very acutely aware of when it's run its course and you know you're actually now broadening on the care bit of this now and it probably is run its course.  But the bit that precedes that you have actually supported somebody to maybe start their volunteering journey or get it underway.  And I think that's obviously I know that's maybe that's not just within the dementia service, but it's might be a bit more at large across the organisation. But I still think it's interesting, and I think there's something about that kind of that strength bit of this being that maybe there are those services and places that are more adjacent skilled and able to manage this stuff based on the prescriptive skills and the work that the task we're doing, incubating some of that initial like this is the first step for you on your volunteering journey and that's saved fish, sort of space, runs its course and then what do you graduate into, what's the next step with the volunteer and that you can take and then in terms of a system view, where does that person move on to somewhere else in the service if that way inclined able to and it's possible the manageable or is it somewhere else that destination for them? I also think on top of that as well, back at that step I've just been describing just to talk about the cohort, I think you mentioned like 600 people before on the caseload, didn't you that there are waiting for support and things like that and it's something like this, I mean in in the context of a researching like this, I think Blue Sky thinking is encouraged. So indulge me, but I think I think you know, there's something here about you've got like a real potential for like cohort of 600 people not saying all 600 would do it. But even if, like half of those or even a third of those or less than that went through that process, if that strength based conversation around I've got I think I've got this to give. I want to do this. I want to do that, but all that brings to the service, even if it's just look at that small community of people with that diagnosis as a first step standing block, they could all be swapping that stuff between them and it's in the ballpark of volunteering.  It's not big volunteering as I know it, but it's in that same ballpark.  It's voluntary action and there's something in there as well, which is just some great potential in there as well to sort of take a bit of a kind of asset based approach this as well considering that stuff there as well to unblock some things and it warms people up, it prepares and it makes them even ready. And then the next step is obviously to be worked out. I get that, but it's interesting and I think there's also that thing around, you know, I believe blue Sky thinking, there's something around agency for people in here as well.  And I think this what I'm hearing is, is this tendency to consider what's existing, what can people step into. Again, it is a bit of a blue sky thinking attitude, but again, there's something we put in here around it's the same situation we have with anybody but the volunteer centre. We quite often have some games when we work with people that come and say, look, I can't see anything, I want to do. I'm an accountant by day and there's nothing here that appears to be a fit for me. I wanna do that and give that to somebody, you know. And you could do. You could have the same conversation based on that booklet. You know of all the stuff that's in there and maybe can't see something that's forthcoming. If there's capacity, road can be shaped around individuals developed and then supported, onboarded, supported, and monitored. I know again, it's the missed the resource. It's missing in that conversation, but it is feasible and possible. So you've got all the raw materials there to really make it go something like that. |
| S5  1:05:25 | Yeah. Yeah. And as an organisation, [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORKS FOR], we get involved in various projects and then for a few years ago we were involved in a project with it was with another university in Manchester. [I1], it was the [NAME OF THE RESEARCHER] and we had a four-year project, and I actually employed a person living with dementia to work on that project. So, she wasn't even just a volunteer.  So, we can we sometimes if we've got a specific project that we're working with somebody, we can open that up to you know volunteers.  But going on what we were you was asking before the internal opportunities for volunteers with us is pretty easy, really. External… it.  I'm not saying it can't be done and it can be done, but it would you we would need to.  There's a lot of things, a lot of challenges and a lot of things to consider because that person at the end of the day, that person is a client with us anyway. Even if there were a client with us, they'd be a client with someone else. They're vulnerable. Person diagnosed with dementia so they would have to be. Supervised. Probably quite intense. Quite intensely.  And so that and some volunteering opportunities, some organisations might be able to cope with that, but not all obviously because like we're saying [S4], sometimes you know, if the person becomes your, your, you can't support that person, you've not got the resources to support someone that they're supposed to be supporting us by volunteering.  But obviously we have to look at different ways when it's someone with dementia and it can be done. We're doing it in our organisation, so there are other organizations out there similar to ours that probably could do the same and other day centres, older people's homes, that sort of environment. But then when you, if you think in a I don't know, I can't think of anything off the top of my head. I just know the industry I'm from could support the people with dementia volunteers. But then if you've got other industries which I can't really think of any of the top of my head, but you might be able to **[S3?],** because you are broker. I mean, if someone if there was a Community Centre, for example, maybe, but I don't. I don't think they have the resources in a Community Centre to if, like one of our clients wanted to do some baking in the Community Centre or whatever, I don't think they probably would have the resources to supervise that person like we do. |
| I1  1:08:20 | No. And that is where the where the idea came in, you know, could we, could there be volunteers that are trained to support the people with dementia and volunteering so. And that's why I thought it was really interesting that you are recruiting volunteers for the social rehab because they clearly need to get some training. |
| S5  1:08:41 | Social rehab. |
| I1  1:08:46 | They need to have, presumably, some vetting if they go into people's homes.  So with those kind of volunteers, be able, you know, if you'd recruited more of those be able to support the people with dementia who want to go out into the community in some way in terms of volunteering or could a similar group be, you know, maybe set up a separate volunteer peer group that does just that? Maybe that's another thing we need to have to enable this, because there will be lots of, you know, thinking just thinking of some of the dementia groups we've been part of it at [NAME OF LOCAL DEMENTIA ORGANISATION], there were carers who've been former carers who obviously heard of spouse or a mother or father with dementia. And they continue going to those groups because they've sort of been part of it. It gives them some purpose I suppose. So, could those be recruited as volunteer partners to support some of those people with dementia? And what would be the obstacles? Obviously, that's something we could explore. |
| S5  1:09:53 | Yeah, it it's strange. It's a strange one that, [I1], because then yeah, we do have plenty of ex-carers and some do want to continue to volunteer with, you know, sort of these other sort of these Alzheimer organisations. But then you found a majority of them. It's like they're all dementia. It out, so to speak. I'm not saying that then they might come back to it and but then, you know, sometimes you've got. |
| I1  1:10:21 | Yeah, most of them are saying I've had enough. |
| S5  1:10:24 | Sometimes I think that this because you know it's a really difficult job caring for someone with dementia, you know that and it's really stressful.  At the end of the journey, however, that might, you know, be that the if the person sadly passes away all the suddenly end up living in residential care and it it's, you know, the outcome is not good.  And I think that and then after that initial period then as I think they just wanna get away from anything that the reminds them of dementia and the chances of them coming back once they make that break is very slim.  And the successful ones that have continued to volunteer have done it straight after and that's they've been in the minority and must say they've been in the minority. |
| I1  1:11:16 | Yes. I would imagine. |
| S5  1:11:17 | Yeah, well, there's always. There's always the possibility, but you know. |
| I1  1:11:19 | Yeah. OK. So that sounds like there's definitely a route to doing that internally and you're saying that is already happening in some way. Is that a regular thing happening, or just occasionally? Or how do you manage that? |
| S5  1:11:40 | What's that? |
| I1  1:11:41 | You said internal volunteering. Is that already quite common or? |
| S5  1:11:45 | Well, to be honest with you, [I1] we were in the audit this morning. We were…We're obviously talking about volunteers because, like you said, when we volunteer, when we recruit volunteers, we have to go through the same or very similar process to when we recruiting staff, they've got to fill in application form, provide references, get DBS checks, et cetera, et cetera, have inductions or training.  Obviously, all that, but that's obviously what we're talking to the auditor about, but we don't get. It's and it's not. I don't think it's a COVID thing because we were struggling for volunteers before COVID anyway. And then obviously it all went to pot. Everything went to pot and then when we restarted the groups again and we still we've only got a handful of volunteers in our service, dementia support services and [NAME OF S5’S COLLEAGUE] this morning on in the audit in the day centre she used to have a few. She's got none at the moment, so I do think it's something that certainly [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORKS FOR] are struggling with at the moment, recruiting volunteers. |
| S4  1:12:55 | Hmm, that's an interesting point. You raise as well. [S5] You are around the… We're talking about the very functional stuff and part of that is the actual onboarding bit as well, isn't it so to identify and find something. The bureaucracy that sits around it, and again it it's varied. It's so it should. It should always be proportionate, and obviously you've talked about your process edgy and a complete I knowing what I know about working in [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORKS FOR] at the Manchester, obviously for example, it's a matter it's absolutely necessary to have all those steps in place, but that's another layer to all this, isn't it as well? You know, are there things that can be explored in the interest of bringing down some of those barriers that might be and that's not just for somebody dementia diagnosis or an Alzheimer diagnosis? It's a general point and it's about. It's about proportionality. And again, that's probably more of a of a hill that I on a lot because it's part of what we do in our organisation around the kind of operational side and the information, advice and guidance that we give out. But it does bear thinking about, doesn't it? The experience of somebody on some programme like this, finding a destination and then what I've been met with in terms of getting into that, how many hoops do they have to jump through?  But they all or is it more self-contained and it's a natural path within the context of this program. You'll land there more seamlessly. |
| S5  1:14:07 | With our organisation though, we because our people are our clients, we don't ask them to do all that.  If it was someone that someone with dementia, who wasn't known to us from another area, then obviously we wouldn't know anything about them.  So, they probably would have to go through that procedure, but obviously we can get around that because the clients because we have a lot of information on them already. No, we don't have DBS.  Check, however, that person wouldn't actually be alone with another client anyway, but so we've managed to, but yeah, you're right.  It's the process can be quite especially for someone with dementia. It's a nightmare, isn't it? The application form, the references, the DBS and then you'd have to tailor training to someone with dementia, obviously. |
| I1  1:15:07 | Yeah. OK, so there would be quite a few obstacles. |
| S5  1:15:14 | Yes. Yes, [I1], and plenty of opportunities and plenty of challenges. |
| I1  1:15:19 | Yes, But that's so for the internal volunteering. So coming back to what you said earlier, in terms of people with dementia, you know, being able to volunteer within [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORKS FOR] services. UM, so that's already happening to certain extent and it's that quite a lot of people or could or is it just a handful or is it? |
| S5  1:15:55 | We've got, like I said then, with nobody. The only the only person with dementia volunteers now, and that's a bit spasmodic at the moment was [NAME OF A CLIENT WHO PARTICIPATE IN PREVIOUS TRIAL] and which obviously I suspected that that would happen because, you know, things are deteriorating, her conditions are deteriorating and the relationship with the husband's very difficult. He doesn't understand. And so the other volunteers that we have are not living with dementia, but we're do only have, like I said, we've got a handful about five in dementia sports services. There's none at the day centre and I don't know where they're up to at the moment. Like I said, with social rehab, I'll have to contact them for an update. So it is very sparse at the moment and our volunteers, but we're always, we're always trying to recruit volunteers always.  Because they’re so, so valuable. I mean, you know, I mean we we've not, we don't have a lot of staff anyway. And then volunteers are a valuable resource because you know, especially for when you're working with people living with dementia in groups and because if you've got one person, it was with dementia. That doesn't necessarily wanna participate in the group activity. If you've got a person of volunteer, that volunteer can spend quality time on a one to one basis with that person and amongst other the there's so much that we rely on volunteers for. So we're constantly trying to, you know, recruit. |
| I1  1:17:36 | Great. Sounds like you need to work with the volunteer services. To do some more recruiting. |
| S4  1:17:44 | You probably know the local CVS really well. I'm sure you've, yeah. |
| S5  1:17:47 | Yeah. Yeah, we do have good links with local CVS. Thank God. |
| I1  1:17:54 | Good. So is there anything that we haven't done. I’m mindful of time? Is there anything that we haven't sort of covered in terms of the services aspects, the sort of the volunteering aspect sort of more externally? Anything that you can think of? Otherwise, I've got one or two more questions. No, I think we have covered most of it. , in terms of just a little bit more in terms of uh, obviously, you know, if it's internal, if people with dementia become volunteers internally , to your organisation, as you said, you've already got all the details for them and the so is there anything in terms of the system… we've got the booklet would there be anything that would help facilitate that sort of process of them getting into volunteering? |
| S5  1:19:15 | No, I don't think so. [I1], just the challenge. As you know, when we've been trying to recruit people for this project is being the challenges been that the majority at the moment, now the majority of our referrals and people are more advanced on their journey with dementia.  So, they've not got the capacity to be involved in, in this and the people, some of the people who have got their capacity don't have the interest and don't want to do it. And so that's the main challenge. Getting them, getting them actually to get involved in volunteering. |
| S4  1:20:00 | And that's incredibly interesting, isn't it? Cause we talk about, we talk about the, the, the, the very, very noob of the issue. So you know, you strip everything that you think you know or understand about volunteering. We always talk about, and you'll speak to my equivalent anywhere in the country, central to the whole thing that volunteering is all about choices. For me it's a choice first and foremost. Volition is the word, isn't it? Volition of your own volition, and that's a really interesting way to bake into this, isn't it?  And what you've just said around the experience of somebody around that choice you make, how on Earth do you do you broach that and deal with that if somebody perhaps isn't from a capacity point of view able to make that decision effectively? How? How do you infer that? And then go about that. So, you don't land yourself in hot water around? I'm not saying it's going to happen, but you know that that idea of mid mandated interval volunteering as a result of something like this, that that choice has to be, you know, and I'm only reminded of a few years ago when it was particularly bad at the volunteer centre. It's not the same environment at all, but there's some comparisons to be drawn. We were receiving and letters or people coming to us with letters who were obviously on employ…is some sort of employment benefit from their job centre and they were been mandated and it would say, and that thing to continue receiving your benefits, you now need to go and visit the volunteer centre in Manchester. So identify volunteering opportunity in pursuit of obviously work related activities, which we would then meet by saying you want to volunteer and the answer was no said. Well, the choice is essential to that and what I'm saying is not. It's not the same thing, that's all but the choice. But it just brought that to the service. When you said that stuff about somebody to say, like the choice, but it's gotta be in here somewhere, isn't as well that wet.  So, in terms of the system bit, how do you manage that screening bit of do you fancy doing and volunteering? What does that look like to you? It looks like the I-Can-Do service is something we should get you on there. How do you broach that? |
| S5  1:21:52 | Yeah. Well, let's see. I think [S4], fortunately, the university offered people a voucher for participating and so that that is a bit of otherwise, I don't think you would have done without that. |
| S4  1:22:02 | Ohh yeah, I mean this perks, benefits and motivations I get that stuff and. And not least, how much more? How much more motivating could a letter be? Saying you not gonna get benefits anymore unless you go and find an opportunity.  But it's again we have to we have to push back and positively disrupt that and say look that person is not choosing to do this. You're mandates them into this. It's not appropriate at all. |
| S5  1:22:26 | And then, like I said, unfortunately the majority of our people referred to us. They've not actually got the capacity. So, then you're left with a small cohort. Then who have capacity and then, like you said, they don't want to do it. They don't want to do it. So, you're not left with very many people, are you? |
| S4  1:22:45 | Really. Yeah. And I think also as well and yeah, and then just to get slightly in front of that for people who want to do it or do engage in it. I don't know if it's if it's built into your process, but that's stuff that measures that Wellness. Do you want? Do you wanna be able to reflect on that? That has this volunteering played a part in someone’s experience, has it?  I mean improvement isn't something that's necessarily what happens is it might experience, but does it increase certain senses of wellbeing Wellness maybe not, maybe not feeling so whatever the word might be about my diagnosis, if it was me, I'd be feeling quite hopeless.  And like you know, the downtrodden or whatever it might be, but the volunteer, it's, is there a way I can measure that at the edge at the start point and at the and at some point, in that journey to see if there is any correlation between that volunteering you probably. |
| S5  1:23:18 | Yeah, yeah. Well, actually we can use our new holistic well-being tool now. |
| S4  1:23:34 | There you go. That's it. That's it. |
| I1  1:23:35 | Yes, yes, that's quite a number of actually quite short tools we've started using one of those tools. In fact, we're hoping to use that for the trial, it's called the wellbeing scale and with seven quite simple questions that you can that people can answer and you deliver that before and then you delivered an answer and you take a look at it, whether it makes any difference. |
| S4  1:24:02 | That's it. That's it. Definitely. |
| I1  1:24:07 | Yeah. OK, look, lots of food for thought there. Obviously, I think one of the issues that's come out, it's also the stage, don't which people, uh, you know, uh, coming to your services, [S5]. So would you? I mean, you're [NAME OF LOCAL DEMENTIA ORGANISATION THAT S5 WORKS for] you're not to [NAME OF ANOTHER LARGE SCALE OF DEMENTIA ORGANISATION], so you do you do you deal with? I'm just thinking, you know, should we expand the group that we're looking at people slightly earlier stages, so mild cognitive impairment or simply people go into retirement who might be, you know, interested. So, to make that service useful. |
| S5  1:24:48 | We do and support people with MCI with Mild with mild cognitive impairment.  So yeah, we do, we support them at if we get referrals, people with mild cognitive impairment we actually so they don't have to have a dementia diagnosis we can't. So if we've got someone who has got mild cognitive impairment and they were interested in this project, then we I don't know about the retirement. What do you mean about people who have retired? What people? |
| I1  1:25:23 | You know people who are no longer working, so irrespective of any health-related issues, people who retire often in order to do something, go into volunteering.  And so, you know, it's just another way of thinking, you know, helping people to it's a bit, it's something that's sort of [S4] earlier, said people who don't know what they want to do, but they think they want to do something, you know to get them into volunteering. So potentially, I mean just thinking a little bit outside at the moment, you know, we started obviously uh with the very specific focus on people with dementia, but if you have very few people that can actually fall in that category and we can actually cover, we could broaden out who this service could cover. |
| S5  1:26:08 | Ohh right. All right, so we wouldn't have to just then look at people with a dementia diagnosis.  I say, well, good luck with good luck with that though, because that's what we're still good luck with that, [I1], because we that's what we want more volunteers anyway. |
| I1  1:26:21 | I mean, I'm just thinking further for the trial, we'll still hoping. |
| S5  1:26:31 | You know, we're not managing to actually fulfil that yet, but yeah, yeah. |
| S4  1:26:36 | Yeah, it's a subset in cohort of people, isn't it? You know the, the that you that you could you could consider definitely and I think I think [I1] I think it's definitely in the midst of Age UK isn't it, but it's not always the destination is it when you hit the age of 50 then you consider an older person. [Name of local dementia organisation] isn't always like the destination, is it? You don't. |
| I1  1:26:55 | No. |
| S5  1:26:55 | You might actively, really decline that idea that you can associate yourself with something like that, because you come into grips with that bit as well. But you know, I think it's a valid point, something around. That particular cohort may be having that, that that time, I mean COVID show in a in an interesting way. It's kind of it was taken and given back, but that that cohort of people has always been referred to as like the Civic call in terms of when you look at volunteering data and look at volunteering kind of like rates and things like that, it's by and large held by that cohort of people over a certain age you know and then obviously during COVID for obvious reasons sways off that cohort but told to stay inside of wise to go outside they're going to contact COVID and die. You know, they really blunt terms, so that's invite code was handed over to younger people who stepped up in droves. But I think what's happened now is it's kind of, it's the most recent data like the time well spent data, Community life survey and things like that shown. It's kind of shifted back into that norm. So I think, yeah, I think there's something in there, isn't there? But I think that then opens up the part even more even more greatly, doesn't it? When you consider all the places and connections that people in that cohort have to different groups, charities, things past times, things like that. And that's very much where our head is now going back to what I said about our next iteration of our work about like going where people are and that's a big job to consider. What that looks like, but we can start to draw out some conclusions and some assumptions around that to sort of get into those things.  But yeah. Yeah, just a reflection. |
| I1  1:28:24 | Yes, great. Thank you. Is there anything else we should? |
| S4  1:28:32 | I don't know if it was offered last time or in in the previous thing.  It just in talking today and again it's probably it's desktop research I guess really or whatever you whatever you're doing in conjunction with this and you may have come across it, but there's quite a nice programme and it just happens to be Greater Manchester based was the if volunteering for wellbeing work. I don't know if that ever came on your radar or come on your radar for yourself. **[I4?]** and [I1] about a program. It's about 10 years old at this point, but it was a project. Obviously it was funded through houses, lottery funding and it was heritage sector adjacent volunteering, but there's a good deal of this work that kind of chimes and speaks to that as well. So if it's helpful, I'll, I'll include a link in the chat there for that. |
| I1  1:29:17 | That would be great. |
| S4  1:29:18 | For consumption away from this, but it's not dissimilar. It's that idea of a supported pathway, and again, it's got it. It had and did have a lot of resources thrown at it, so it was able to play out and it had, you know, anything up to 10 different partners that were the recipients of these volunteers, this cohort. But this cohort was brought through a programme of wellbeing support, learning about volunteering, learning about what it means to volunteer and heritage sector, and then we're giving a rich list of opportunities with ten different sites across Greater Manchester. They could get involved in and then they probably did.  All that stuff I said around measuring, wellbeing at the start and at the end and it's just a model and again all the stuff is on there. I think all the tools and the resources and all the stuff that they use is there for, you know. |
| I1  1:30:01 | Yeah, Thank you that that, that's really helpful. So we'll have another look at that as well. Yeah, great.  Brilliant. Thank you so much. That was really useful. Insights into… Some of the opportunities as well as the obstacles, that's exactly what we're trying to figure out, you know, in order to make things real, we need to know both sides. So and you're obviously the best, best people to tell us so. We have another session. |