**I-Can-Do Service project\_Stakeholders Co-design session 4-20240207-transcript**

February 7, 2024, 10:02AM 1h 0m 45s

Brief note about participant

I1: Researcher from Manchester Metropolitan University

S6: Lead service designer of dementia organisation

|  |  |
| --- | --- |
| I1  0:07 | Right. So we'll show you sort of as a reminder. Just to remind you what the service app looks like or looked like after the co-design sessions. So we've got some visuals for you and making it things a little bit more colourful. There we go. On our Miro board. Can you see that? |
| S6  0:33 | That yes, brilliant. Thank you. |
| I1  0:35 | Right. So…So we had the previous model, which is the upper part the accessing the I-Can-Do service with the three wellbeing mentor sessions and then people went into volunteering and review to recommence at the wellbeing mentor session. Recommence so as a sort of cycle, and then obviously after the co-design sessions we refined that quite a bit into the access of the service. The wellbeing mentor sessions serve as the core piece to get people to think about what their interests are and their skills and what they would like to do. But then we obviously discussed that we needed in order to get them into volunteering. A period of introduction was needed, perhaps training and shadowing then the volunteering. Then they sort of repeat session #4 for wellbeing mentor, a session as a check-up how things are going. And that could lead into the sort of back into volunteering and as an iterative process or potentially becoming a participant and then moving out eventually. So thinking about the transition period, which also came out as a very important part. So that's the really, really sort of general overview of what we've now included into all of this. Are there any questions or observations on this sort of broad overview? |
| S6  2:09 | No, I'm OK. |
| I1  2:10 | Good. And we've started breaking this down. So here we go. We've tried to break this down into more detail. What does that mean for our prototype? So to integrate a digital prototype and with that kind of service delivery, So we've got the green bits are the wellbeing mentor. So wellbeing mentor provides the mental support, wellbeing Mentor guidance at each of those sessions. So that's what we currently have in the booklet. And then the fourth session which we need to develop new. So, we're still how should it work and how often this needs to be. But again, that may depend on the individual that we're working with. If there are a volunteer and a wellbeing dementia worker, they'll probably check in with them weekly or fortnightly anyway. We'd also have carer as background support. So they will have some access to the system. And then, most importantly, the deep blue squares are for the person with dementia. There's introduction page as well as wellbeing mentor session pages. You know session 1, 2 and 3, volunteer training page and volunteering log. So they know what they've decided to do and they can take some notes on how they're feeling, what they've encountered if they want. There's also volunteering review and transition out which they can be logged.  From wellbeing sessions, then the volunteer services. So we've got a volunteer service which we come in the Wellbeing Mentor session two to provide information and what's out there in the local area. So that's the deep brown ones and to provide some guidance to the person with dementia and then the orange ones are the actual volunteer organisations. We were thinking about the volunteer buddy recruitment and we talked about potentially this coming from the body of students who could get practice experience through being a volunteer buddy. And then the actual volunteering, accompanied by volunteer dementia and dementia support training. Again, they have a volunteer log to note down any anything that happens good and perhaps things that need addressing throughout the process and then at the end when in the transition out, the volunteer feedback. So that it's still quite a crude overview, but it's the best visual overview. You have as a sort of holistic thing and in the background, our team [NAME OF THE DIGITAL COMPANY] have actually been working on the on that prototype but we're not quite there yet, so we can show it to you if you want to see how it looks like and. But otherwise, I think we've got other questions that we'd rather want to focus on. We want just wanted to give you this as an overview to remind you of the all the bits and pieces of the service is, is that helpful? Do you have any questions about it? Any comments? |
| S6  6:21 | And yes, I've just got one question which is really probably just a refresh for me, and just because I think in my head I've merged this piece of work with another piece of work that's being done on people living with dementia. So just to get this clear in my head. What are the kind of key objectives of this? what's the expected outcomes and impact? |
| I1  6:47 | The expected outcome. So the hard piece of the service are the wellbeing mentor session. Of the first part of the service, out of wellbeing mentor sessions which is the one-to-one session, a group session and then a one to one session. Again, for people with dementia to explore what their skills and interests are with the aim to get them into and volunteering. So this is for people's early stage dementia, for whom who it's too early to sort of be part of the cafe. You know who still want to be independent, but don't quite have the ability to do. Do things fully independently and also to give them confidence. So some may still be able to do things independently, and some may need that extra support, which is why we introduced the idea of the volunteer buddy so that they have another volunteer to help them in either volunteering or participating in activities and to allow them to do something that they are interested in, where they feel they can make a contribution and where they're valued to.  It gives them that satisfaction. So that's the aim to get people out and about and as independently as possible to get an individual individualised activities at that. You know that motivate them and bring them in social contact. |
| S6  8:26 | Ok. Brilliant. So in essence, just trying to understand in terms of light is one of those as sort of the impacts open to be kind of the social interaction, companionship and like you said also there's other kind of thing a factors that come benefits that come with that as well and around confidence and independence too. So perfect. I just wanted to clarify that for a number of reasons, all of which become clear. |
|  | [THE SESSION WAS INTERRUPTED] |
| I1  10:37 | Yes. One of the things that's not reflected in this particular graphic is, of course the internal and external volunteering, which we've identified that in some organisations like [NAME OF DEMENTIA ORGANISATION] or [NAME OF DEMENTIA ORGANISATION] have actually their own volunteering programmes where potentially people could volunteer within the organisation, which means some of the safeguards are already in place. There also could be a volunteering in external organisations which raises another set of questions around the support and safeguarding. So that's why we're really interested in that training programme. You know who would need to have what. |
| S6  11:37 | And in terms of I'm probably of this quite a lot on here. You may have covered it, but in terms of training, have you covered on here training for those external organisations? |
| I1  11:52 | Yes, yes, that's in the orange bit there. Volunteer dementia support training and volunteer buddy training. |
| S6  12:05 | Yeah. So it would be. |
| I1  12:06 | So, but we have, I'm coming to that. We have another overview where we've tried to split out what everybody needs so. Where are we, hang on. I'm just trying anyway.  That's a fairly simple. So anyway, this is with a nicer background is what the front page of our I Can Do Pathway looks like at the moment. But that's probably neither here nor there. So we started looking at all the services that we thought we might need. So there's the training section for the service app, everybody needs to has certain extent of introduction to how to use the service. The I-Can-Do Service app. So we've given a tick to everybody there for serves delivery training. So that's the dementia organisation manager the Wellbeing mentor, obviously. Asking students to be wellbeing mentor student. One of the things was also discussed that can't remember whether you were in that group and or whether you can remember it. So at the moment we've been working with the wellbeing mentor from a dementia organisation. But the point was made that it would be useful to have a second wellbeing mentor for each person in case somebody's on holiday or ill or not available for some reason to have second person. And again, there was a suggestion that we could train up a student so that it becomes sort of CPD kind of thing for them as part of their course, perhaps because again, there was a question where do all these volunteers come from to support people with dementia?  And one of the ideas was that we could potentially outsource this to our students to make that part of student programme. So we have student wellbeing mentor, wellbeing mentors as support wellbeing mentors and then we've got the volunteer organisation managers and we've got volunteer organisation buddies. They need to be trained. In fact, one thing that's missing is the CVS, but we can just subsume them at the moment under the volunteer organisation, because they have the smallest amount of involvement. |
| S6  14:44 | And do you? Sorry, I probably ask too many questions when you may be asking me. |
| I1  14:47 | No, no, please do. That's great. |
| S6  14:49 | It's just in terms of their student wellbeing mentor. Do you have a health and social care students at your university? |
| I1  14:57 | Yes, we do. |
| S6  14:58 | I just think it could be a really nice link into that. |
| I1  15:00 | So social work and social care is our course. So we haven't been in touch with them yet, but we also have our own design for health and wellbeing course and this could be something you know for our students as well potentially. |
| S6  15:06 | Yes. Ohh yes, yeah, I think of psychology student. I'm just thinking you've probably got some students where it would really give them some value and experience. |
| I1  15:21 | Yeah, we got nothing we got. A psychology. We've got health and social, social work and social care, so we've got a pretty big area. So I'm pretty sure we could recruit some. |
| S6  15:36 | Yeah, Mutual benefit to them in terms of that experience as well. |
| I1  15:40 | Yeah. Yeah, I've got [NAME OF AN UNIVERSITY] next door as well so. |
| S6  15:45 | Uh, well, I was going to say is there is there an opportunity to engage with other universities as well? |
| I1  15:51 | Possibly. I mean, we had one of. [SHARING OF PREVIOUS EXPERIENCE OF A STUDNET] So again, we could go back to the, you know to them and say, look, are you interested in more? |
| S6  16:19 | Yes. I'm just saying we had experience to partner with universities for our dementia programme, which is part of dental studies as well. So I was just thinking that, you know, actually their students there that complete so and it’s kind of quite comprehensive programme as well for supporting people and supporting a family, supporting families with living with dementia. And again, that might be just opportunities to link both… both ways. |
| I1  16:48 | Yes, yes, absolutely. So we've got, yeah, so it's service. So the I-Can-Do service delivery training, so that's just around the service itself. And then we come into the dementia awareness training, potentially for the carer. But may not, you know, it’s not a must, but that's actually we should have it. That could be useful for the student wellbeing mentor. The wellbeing mentor from dementia organisation will not need that. So it's the volunteer buddies, the volunteer organisation would need dementia awareness training if they haven't got it already. And that’s something. Well, I wanted to come back to. I just want to talk you through this and then we'll come back to specific questions around to detail of the dementia training that perhaps we should give people and where we could access this all those kinds of things. So just you know, I'm not missing this. I'll get into those questions once we've given you the overview if that's alright. |
| S6  18:09 | Yeah. Yeah, that's brilliant. Yeah. Sorry. Yeah, I'll try not to ask any questions till the end. |
| I1  18:14 | No, no, please do. Please do. They're great. Then we've got the safeguarding training again, potentially useful for carer so that they know what to look out for and but then predominantly the student wellbeing mentor, the volunteer organisations and the volunteer buddy. So they are the three groups that really need the dementia training and safeguarding training. And then we also think that we may need to give our people some volunteering training and that is the person with dementia. So that could be some instructions of what to do within volunteering that with regards to getting them into whatever they're decided to do. And let's say for the sake of argument at a charity shop, that they work in a charity shop, that they need a bit of training to get used to it. And then the volunteer buddy, they also need that training. So they can accompany the person with dementia and support them in what they're doing. So is there anything that we've missed that we should be considering? |
| S6  19:42 | The thing that I can think of it pops out. |
| I1  19:46 | Great. Then I'll just leave that on the screen, or shall I get out of… it’s useful to have it on the screen. Give us the opportunity to see each other better again. |
| S6  19:58 | I'm happy if you want to. We can always click back into it, can't we? |
| I1  20:01 | Yeah, I can flick back into it as, as and when we need to.  So we've done the update. If anything comes to your mind along the way in terms of any feedback on the structure or if there's anything missing that you can notice, please just tell us. So then the main part of today was really about the training input and standards around us. Three types of training, dementia, awareness, safeguarding and volunteering training. So up to date, the dementia awareness training, including maybe crisis training, those kinds of things and it would be for the wellbeing mentor, the student wellbeing mentors and the volunteer organisation staff and the Volunteer buddies.  Say we started looking at the [NAME OF DEMENTIA ORGANISATION] website and also because you mentioned what that you're doing quite a bit. So we've started looking at the courses that the organisation offer and we were just wondering the online courses and the live courses. Obviously, the train the trainer courses and what of those… which do you think would be at most relevant or necessary?  And if we were thinking of accessing them, let's say through the [NAME OF DEMENTIA ORGANISATION] for the service. And so we were thinking, which of these courses should we choose?  For whom you know. Is it the same package for everybody? Is it a different package? What course would be most appropriate for each of those roles?  Sorry, I should go share the screen again because we actually produced a little post it notes with all those courses on it, so we can drag them to the roles with those courses on drift taken from your website. |
| S6  22:47 | OK. So I'm also just going on to my role because I think most things should be on the external website, but I find out things all the time that aren't so I'm just cross referencing it with a piece of work that we've just done as well at just to just to make sure there's nothing that that is missing. |
| I1  23:08 | That's great. |
| S6  23:14 | And the words that really sprang to mind where I think that in terms of the key ones, understanding that introduction to the dementia and understanding dementia are kind of key, aren't they? That understanding dementia. Uh, so there's the kind of the disease ones. And then I would say and it's just in terms of how my brain thinks. So I kind of grouping them in terms of disease, behavioural and then environment is one that you haven't got there, which we do, which I think one second I'm just going to mine. So it's there's probably variations of it, but the specific one is creating dementia friendly environments. |
| I1  24:05 | Yes, I think, yeah, we got it over there. Pink one. |
| S6  24:10 | Oh, yes, they're. Yes, I think that one is key. There are other dementia friendly course. |
| I1  24:14 | And would you recommend the online training or the live training? |
| S6  24:19 | I always think choice is a better. I mean, it's everyone's difference though. I like online training because I can fit it in around everything else that I've got going on, but equally there's other times when you know actually in person.  I've just done a safeguarding one at the school where I'm a governor and that was in person and that was and I don't, I don't know whether I learned anymore, but it's sometimes nice to spare to connect with other people and peers. And you know, you kind of talk about more and ideas and there's a bit more and you might develop some peer relationships and support. So suppose it's preference.  I mean, online is often. I was gonna say from a scale perspective. Online course is always very cost effective. I know it. And I think particularly for the creating dementia friendly environments, people will come up with ideas and suggestions cause someone might go well. I don't know how I can do that in an outdoor space and the work. That's been done and was just presented last week in [LONDON] by an organisation that came to me and I'll shout it out in a moment. And it was really interesting and the National Trust is working with as well. So, like, people don't think there's anything they could do with then. Actually there's loads of ideas that come out of people saying. Ohh well we did this so to do so. So I've just talked myself out of saying online is bad. |
| I1  25:53 | Yes, great. OK. So they would do the same thing. It's not that like that. The live training is the more in depth version. |
| S6  26:05 | No, it would just be done in a different format. And again, I think even like with online training, there could be group session to follow it up or to have people to discuss. Or there's lots of ways that can work anyway and that gets in more interaction. To be honest, I think a lot of people that run volunteering opportunities in group whether they'd be group activities and organisations that take on volunteers tend to be quite solution focused. |
| I1  26:10 | Great. Yeah. Yeah. Yeah, that's great. So just coming back to which courses would be the most appropriate? |
| S6  26:45 | Yeah. And I always think dementia and hearing loss is a real and often kind of forgotten and it's really, really important because a lot of people with dementia don't necessary. No, they've got hearing loss and people can assume that they're dementia is more progressed than it is. And even with my mum does have some hearing loss which affects her with certain tone, like voices and tones. So you might ask her a question and she might say no. Of course I've not got my knickers in my handbag and you think it's the dementia? But it's not. It's what she's heard. So when I go to, can't wear a hearing aid all the time. But and when they do put one on her, it's her answers are a lot more like the conversations are more coherent. So I did that one is probably for. So people don't make assumptions that it is someone's dementia, when actually it might be they're hearing they might just need to adjust either talking to them face to face or forward the kind of actions. |
| I1  27:56 | Yeah. Was there any of these? For example, supporting people with dementia and other vulnerabilities or understanding dementia and delirium. Would the general dementia awareness training be any of these? |
| S6  28:10 | I think, yeah, the general dementia awareness training I think is probably that kind of starting point for people gets everyone onto a good place because I think there is probably a bit of a layering and sort of building skills as well.  And from the perspective of supporting people with dementia and other vulnerabilities where we are doing a lot in the space of services for people with living with dementia and learning disabilities. And so from an inclusivity perspective, I would say yes, absolutely. You know to make environments and opportunities more and you're particularly because often people with learning disabilities are disadvantaged anyway, or people make assumptions about ability and capability based upon their learning disability rather than on the individual and particularly when you add in a dementia diagnosis too, there's lots of assumptions that can be made. And again so where as simple adaptations can really enhance those opportunities for independence and activity and involvement. I would say definitely responding to distressed behaviour. |
| I1  29:24 | Yes, yes, we've got that. |
| S6  29:26 | But that would be you got them. Good start. And I think also as well, which links to that one is that improving communication with people living with dementia. Because the communication is often what can prevent some of the distressed behaviour in the first place. |
| I1  29:46 | Yes. So that's partly related to the hearing loss as well, isn't it? |
| S6  29:53 | Yeah. |
| I1  29:54 | Understanding that Okie dokie. Is that any of the others that we need to… |
| S6  30:06 | And I would say in terms of optional, I mean you know, you could never ever like, I mean there were all so fabulous. But I would say the meaningful engagement with people living with dementia, which is the right bottom. Yeah, that I'd say that some people will be very good at that anyway, but it's particularly point to this piece of work because it is about that people's skills and activities. You know, like meaningful interaction, adding value contributing so. |
| I1  30:47 | Great. That's a fairly full package already. Is there anything else that we've missed? |
| S6  30:51 | Yes. I would say not because. Not as part of this, I think for people, if they're interested, there's always that signposting of additional courses that we offer, like the early signs and symptoms.  But if people are already diagnosed with dementia, then those signs and symptoms are often covered within some understanding dementia as well.  And again, did you want to just course? It's obviously quite a comprehensive package. Did you want to kind of highlight like the must do? As in compulsory maybe right versus because I was. |
| I1  31:38 | Yes, if you want to highlight any of those. |
| S6  31:44 | Because I'd say that the general Dementia awareness training, because that gives a broad understanding. Um I didn't know. Responding to distressed behaviour course that applies to everybody, including people with dementia and other vulnerabilities. And then improving communication with people living with dementia, with the three that I say. |
| I1  32:05 | Yeah. So, These five basically. |
| S6  32:11 | Yeah. Yeah, that's they're non-negotiable. |
| I1  32:12 | Yeah. OK, great. Yeah. So it's understanding dementia as well and the improving communication. |
| S6  32:24 | Yeah. So you could do either dementia awareness training or understanding dementia. You could just do one of those.  Yeah. See, maybe the understanding dementia. |
| I1  32:32 | Yeah. Yeah. So we've got a nice package of four. |
| S6  32:36 | And then, yeah, and then you've got. Yeah, and improving communication and then me, meaningful engagement. |
| I1  32:41 | Yeah. Yeah. So it can be either or that. No, I can't change that. They don't think. Something's changed anyway, so it's either or there's that's really great. And we would assume so. That's definitely for the volunteer buddy and for the student wellbeing mentor. A wellbeing mentor does if you have a student at mentor. What we probably also offer for staff from volunteering organisations? |
| S6  33:28 | Yes, if they haven't already got something in place, then yes, I would say and the same in terms of and cause some people will still not have any awareness of dementia in other volunteering sector. |
| I1  33:39 | Yeah, yeah, yeah. Yeah, right.  I wonder whether creating dementia friendly environments is, for example, more important for the volunteer organisation. But then meaningful engagement is more important for the volunteer buddy and the Wellbeing Mentor. |
| S6  34:00 | Yes. Yeah. What's that? I'm just gonna just that. So I'm just making some notes as we go as well. And actually, yes, if you flip it around. So the buddy. And then, yeah, yeah. I was thinking in terms of like the buddy from the volunteering organisation, but actually yes, student. Yeah. So the student was the one I've done, yeah. |
| I1  34:22 | And then maybe, yeah, the event dementia awareness training for volunteer organisations and the understanding dementia for volunteer buddies. So they get slightly different things, but perhaps more appropriate things. Good, right. |
| S6  34:38 | Yeah, responding to distressed behaviour is applicable for those. |
| I1  34:43 | Yes, definitely. |
| S6  34:45 | And. And then you've got the supporting people with dementia and other vulunerable abilities for the volunteer organisation. From that inclusivity perspective, and like you said, then there's also that creating and there's environments which you've got. |
| I1  34:57 | Yeah. Yeah. Yeah, that already there. |
| S6  35:08 | And I think that. |
| I1  35:08 | And then improving communication. |
| S6  35:11 | Yeah, absolutely essential. And then there's like an optional one, and there's sometimes people want to know. |
| I1  35:16 | Yeah, yeah, yeah, right. And we'll just put the essentials there for now. |
| S6  35:22 | Yeah. |
| I1  35:23 | And then obviously, you know carers can do optional training anyway. That's they don't have to have any of the trainings that obviously we'd recommend it. You know that they have some training and then the training for wellbeing mentor student, I think it's the same as what a volunteer buddy. So we can just drag the headings that heading up to the volunteer buddy. So that's the dementia training. That was the easy one, and the next thing. So I'd like to move on. Being mindful of time as well to just sort of safeguarding protocols and standards and any training available there because we didn't see anything particularly on the website there unless that's embedded in some of those are responding to distressed behaviour or something. But generally, I4 have done actually quite extensive research on. On the sort of safeguarding training that's around, also for volunteer organisations and that and so on. So, but we were wondering what the [NAME OF DEMENTIA ORGANISATION] has and those terms because we couldn't see that from the website. Is that sort of any? Do you have any particular risk assessments and what does the [NAME OF DEMENTIA ORGANISATION] regard as particular risks in this context? Are there any pro formas? You mentioned something previously that you might be able to share something. |
| S6  37:44 | Yeah. So second, and I just have anything up another document that will just help me as well respond to this question.  So I haven't been able to unfortunately get anyone for volunteering in terms of time, but I have had some discussions around kind of the current service and safeguarding and one of the things that came out of that particularly was the work that had done around boundaries. Umm, so around kind of safeguarding. But all it was it applies to safeguarding, but it also applies to training. I'm just in another screen Just to pull up a document. So yeah, boundaries are quite because it's over period of time and relationships do form, and people don't want to stop helping someone and necessarily so. An equally friendships conform as well, depending on the road.  So I think it's really so we do have processes in place around boundaries and how to set boundaries, but also where you know, if we genuinely friendships do form and people give their kind of personal details out or their contact details out and then we've got kind of protocols and procedures and considerations for people in doing that so that everyone's safe and also people don't kind of get that experience. So, and I'd say that's one critical thing because people are human. |
| I1  39:40 | Yes. Yeah, we'll definitely be emotional side if they've done a course and then suddenly don't have that person anymore. That could not only make it not be able to do that volunteering activity or other activity anymore, but if they then lose that companionship at the same time that they may have got used to, that could be quite difficult. |
| S6  40:02 | Yes. If yes, so there's definitely so the kind of initiating. They said the kind of initiating. |
| I1  40:08 | Is there any recommendation around that? |
| S6  40:11 | And I could. It might be easier for me to just kind of send you over some key bullets from that, if that's OK because I need to kind of unpack it a bit from. |
| I1  40:40 | Yes, that would be great. |
| S6  40:42 | The document I think because the recommendations are around obviously being compassionate and caring, but equally intensive. And there we go. Special boundaries. Yes. So if I if you don't mind me sending you over a few bullets afterwards, I cover that a bit more intensive. Probably a bit more detail about what our current kind of guidance around that boundary, setting boundaries and in terms of kind of the providing a service, what we would normally look at is like I said, we've covered safety and I think also it's setting expectations. So what are? What is our kind of like response responses for what should people expect? When should they expect people to contact them? If they're contact someone, what's the expectation? How should they expect to receive a call within a week or two days? So that also helps with that boundaries as well in terms of managing expectations and guidance around, obviously personal details and for volunteers and staff as well, so kind of using and where obviously where possible. If there's and professional contact methods, but equally if there's not often with some of the smaller organisations, people will be using their own mobiles, they're just kind of safeguarding around that, getting people to set boundaries as well as to, you know, actually I will only respond during nine till five Monday, Wednesday, Friday.  Again, it's the setting out very clearly, those objectives of what this is so like what's involved, when does it start? When does it end? And like when and then just kind of considering how that support then stops, so does someone read something or they signposted to other support that they might need? And in terms of actually the volunteering organisation, they should have protocol in place, but just around at a point in time when that needs to come to an end that needs to be very much considered the kind of closing that opportunity down, which can quite difficult and but also not just shutting it down and saying right, you can't come here anymore and hopefully that will that quite like that.  But as in it, it does happen like that and people without a carer are told that they can't access groups because they haven't got a carer, so there will be time. |
| I1 43:24 | Yes. Yeah. That's why we have the volunteer buddies, hopefully to you know, to alleviate the carer's, but also give them somebody to support them. |
| S6  43:34 | Yes. Some people actually don't have anyone who is caring for them. And if you look at kind of the most need actually, it's those people without the carer often, but that need someone to help them access, apply to the other day. We're just saying to me. She doesn't have the confidence to go and get involved. She's lonely, but she doesn't. She's not confident enough because of that, too direct, so. |
| I1 44:14 | Yeah, but sometimes there's also the carer who thinks they're not capable. So taken out of that sort of environment can be helpful. |
| S6  44:19 | Yes, definitely, because people just get into that kind of protective mode rather than, like, encouraging not risk but encouraging, like exploration of what? What someone can do and independence. Like you said, it's just to make sure that actually when the volunteering is no longer the suitable activity. People then are signposted back to the support to get into a for a different activity. Like I said, it could be a group or a different, or just a different format or even a different volunteering opportunity that made us be safer because they need to be a change in environment. But how do you? Yeah. And I don't know what. It's probably not something that we cover at the moment, but I just thinking in terms that there is a gap in that in terms of training, I'm right there.  It's something we that our dementia advisers will do, probably naturally, a lot of them, but it does. How do you that sort of reassess someone’s needs? |
| I1 45:36 | Yes. So we're still need to that will be part of that fourth session. We still kind of need to develop that little bit. |
| S6  45:46 | Yeah. And as we're talking, I think the other piece of work I've got going on, actually we do need to think about how people then come back to us service potentially as their needs change, so. |
| I1 46:02 | Yes. So we were also thinking that obviously you know the start with volunteering in the ideal case, if they're still able to do that, then they could drop down to just participate in an activity or maybe changing the activity that other volunteering participating at. And then at the end they get some sort of certificate each time they change. They can get a certificate just to give them a sense of achievement. Umm, so you know, that's something obviously depends on, you know in which context to service would be delivered and we could work with whoever is that is the partners for the service to see it. You know what would be the best way of doing that so that there's some options those can at the moment, how exactly we would do that? |
| S6  46:53 | Yeah, yeah, I said that. Reward and recognition, isn't it? has to their contribution. |
| I1 46:58 | Yeah. Great. I had another question around volunteering training, but we also talked to some volunteers um… groups as well. We'll be talking to volunteer groups at in due course. They maybe… I can reserve that question for them, although you are training volunteers, although not with dementia, I presume. And whether you do have volunteer training as well and what that would involve. So that would be interested. |
| S6  47:35 | Yes. we do provide. So there's we do provide a lot, a lot of these courses as well for volunteers and you've got the haven't got a volunteer quality.  [SHARING OF SERVICE REFORM IN THE ORGANISATION THAT S6 WORK FOR] |
|  | [DISSCUSSION ABOUT THE I-CAN\_DO SERVICE ENDED] |