**WORK PACKAGE 1 – SESSION 1**

**Individual interview with stakeholder P1**

**25th March 2021**

Audio File Name: S1 – IdoService – Individual Interview – Other stakeholders – 25 march

Duration: 00:56:16

**KEY:**

Cannot decipher = (unclear + time code)

Sounds like = [s.l + time code]

**R2: = Researcher (Interviewer in bold)**

P1: = Stakeholder

**R2: So I think you sent me back the informed consent so thanks for that but that’s the last time I have to ask you again if you still agree to take part in this.**

P1: Yes, not a problem. All the ethics attached.

**R2: Exactly. So I suppose you’re very busy currently, a lot of things to do.**

P1: Yes. Well we’re doing a lot around the vaccine at the moment. One of my jobs now is to interview people who have got early onset or young dementia to ask them what their experience was like having the first vaccine. It’s just an ideal opportunity to be able to get the pathway or the process right for people with dementia to make sure they’ve got the right support in place, to make sure that they understand why they’re having it, where they’re having it, when and how that they’re having it, etc., etc., and make sure the information that we’re giving them is the right information for them to understand.

**R2: Very important indeed.**

P1: Well that’s the thing with any of the work we do, isn’t it, around people with dementia. It’s just knowing that they understand what we’re trying to do with them, what work we’re trying to do and why. It’s really important.

**R2: But with the situation like for example this vaccine, you are feeling you don’t have a lot of time because they need a vaccine now so we have to be very quick.**

P1: It’s how we let the nurses know because we have a vaccination team so it’s highlighting from the GP register that when they’re booking a vaccine that they say they’ve got dementia or the person that they’re booking for has got dementia and they will need extra support if they need it, there it is. If someone goes at you with a needle and you’ve got dementia and you haven’t got a clue what they’re doing.

**R2: It can be very frightening. Good. I just have to check. I don’t have to forget in the end of our conversation we have to talk about your voucher. I put a post-it about that.**

P1: We have to talk about my what, sorry. Voucher?

**R2: Yes, later, in the end. I have a question for you. I think you are involved in the dementia champion group with some people.**

P1: Yes. That seems to have gone by the by at the moment because a lot of the people like to meet up physically and talk and things. So what we’ve done, we’ve started up a dementia providers group which we did have beforehand and we used to meet up on a quarterly basis but what we do, we have a quarterly basis on Zoom now but any work that comes out of it, we do it on a weekly basis or when and how we need it. So at the moment we got together in November and we looked at what are the gaps or how do we keep people engaged because a lot of people will not engage over a new technology. So the dementia service and other services were doing weekly calls and checking up on people. So we were looking at what can we do to get them more engaged and get active as well as part of many of the strategies in Salford, it’s about keeping healthy and well and mental health. So the only thing we could do because we couldn’t go inside any building was a dementia walk. So we’d organise a walk in a park so then it was bring on the right people to be able to do that. So we did that and we had a pilot dementia walk in December. So from that, all the providers are really eager to do another pilot but with a group.

There’s a dementia group for early onset dementia, well Age UK Salford support that on a Monday and that’s every Monday. So they’re actually meeting up now as well in little groups, little bubbles or whatever they’re called. So we’re looking at doing a pilot in April with that group and we brought on quite a few different people to do that. So we’re including people like the Friends of group, Friends of Buile Hill Park. We decided Buile Hill Park would be a good one because it’s very near where the group used to meet up at the church round the corner. Also hopefully we’re asking if the Friends Of can provide the café service. The Salford rangers, they have all the insurance over the walks and they do the risk assessments and everything so we brought those on board. We’re just going to see. So there’s quite a few organisations. This is what we call proper co-production piece of work with the aim to maybe develop a monthly dementia walk, so that’s for people with dementia and their carers, family carers and then encourage them to get involved in the mainstream walks because there’s lots of other walks being put on all over Salford.

So it’s to get them out into mainstream because the dementia communities tend to stick together because they understand each other, especially the carers. They get to know each other very, very well. I mean this group I’m talking about actually used to go on holiday together. So the carers actually got a break because the carers would look after everybody. The carers would actually not be worried about if their loved one walked off, somebody else would say, “I’ll take them to the loo.” It was very good, very good. So that has been a huge success that group. We’re not in the dementia champions group as such. That might never been again because a lot of them don’t like to… until we go back into being able to meet in rooms and things like that but it might be that I actually just go to the groups that are already up and running and get people’s views on things rather than having a dementia champions group which to be honest, was getting very much made up of ex-carers. I wasn’t getting new people in to come along and do it because when I first started it, when I first started the dementia champions group in 2013, it was part of the prime minister’s challenge in 2012 where all councils were given the responsibility of highlighting dementia as a really big area of concern and also the main thing in 2012 was to get the information out there and do some myth busting and raise awareness.

So that was the real challenge at the beginning. So I just started off at one group. There was one group and that was run by GMMH, Greater Manchester Mental Health. It was Greater Manchester West at the time. [A COLLEAGUE], I don’t know if you’re interviewing her but [THIS COLLEAGUE] has been around… she’s from GMMH. She is part of the providers. We commission them. The CCG commission them to deliver dementia services and they also do the post diagnostic service as well. So [ANOTHER COLLEAGUE] does the post diagnostic service. Now she’d be really good to talk to. [THE FIRST COLLEAGUE] has been doing it while [THE SECOND] was off poorly as well. [COLLEAGUE ONE] has got an overall view and she’s the one who runs groups. If you ever want to look up and have a look what they’ve done, it’s called Open Doors. [COLLEAGUE ONE]’s programme is called Open Doors. So that’s run by GMMH. So that’s been very, very popular over the years. But I started the champions group off by asking [COLLEAGUE ONE]’s group could I go and interview them at home. There was nothing available apart from that afternoon tea, I think it was once a month that they used to have. There was nothing else available at all.

So the aim of the champions group was to look at where the gaps were of support for people with dementia and their carers and then I would inform them through minutes, the commissioner of where the gaps are and any ideas that they came up with, what they would like to see happen. So as part of that, that’s where that younger onset group came from. The CCG commissions Age UK dementia services to deliver a wraparound service in Salford so that could be from I’m worried about my loved one’s memory and they could phone up Age UK and say, “What do I do?” It can be they absolutely refuse/deny that they’ve got dementia so I can’t get any support in place to I really need some help going to the doctor’s with them. It goes through all that support from the very beginning, right through to end of life care and even bereavement and support with bereavement and funeral arrangements and things. They do the whole lot. They’re absolutely brilliant. I reviewed the service a couple of years ago and the only fault I found is that they didn’t sing their own praises enough. They didn’t blow their own trumpet by saying good news stories here and good news stories there.

Because they achieved so much and everyone I spoke to absolutely adored the staff, absolutely adored them because they were the main people who they went to for support and nothing was too much trouble for them to go and find out. Out of everything, for me personally, that’s come from dementia champions, that service that is offered through Age UK Salford has been absolutely brilliant for people.

**R2: I’m very new in the UK. When I arrived, I had a look on the internet, dementia Greater Manchester and I saw quite a lot of things in Salford, some in Stockport, maybe in Manchester but it seems there’s a lot of disparity in Greater Manchester.**

P1: Which is why we’ve got Dementia United to try and pull that together now for Greater Manchester. Salford led the way definitely. The other one in Stockport, is it Generate? I can’t remember what it’s called now but that group has been really active but run in a different way. They are fantastic in Stockport. But it seems these two groups, Salford and Stockport, seem to be leading the way. Manchester seem to do a lot for older people under Manchester Older People’s forum but they didn’t specialise in dementia. So Manchester as a whole fell behind. I live in Manchester so I used to do a lot of comparisons but very proud to be part of leading the way in Salford because some of the documents that we developed as a group, as the dementia champions, the steps document which shows all the steps that people go through in their journey and it had the support that was in place at each step with the telephone numbers and contact. I can send you that if you want because the discharge team at the hospital were going to integrate that with their discharge papers for people with dementia, integrate that document. I actually don’t know if they’ve done that yet. I mean I’ve got to say with the merging of the hospitals, they’re that busy.

**R2: That’s very impressive. Do you think it’s a strength to have, I think it’s ten boroughs in this very big area or sometimes it’s difficult because I don’t know if maybe some fights between Salford, Trafford, all these places?**

P1: No, there doesn’t seem to be. You mean people being precious over stuff? I think when I’ve been part of Dementia United, I don’t think there’s enough meeting up. I don’t think they meet up enough on Zoom to be sharing things. I think when we get back into… they do it all on presentation. I think what they might need to do in the future is get somewhere big and good and groups like dementia champions, like the one in Stockport with stands and people can go and have a cup of tea and sit round a table with each group and look at what they’ve achieved. People can go, “I like that. We need to do that where I am. I like that. How do we do it?” Do you know what I mean? I think it needs to be more hands on because people with dementia and carers like to do face to face stuff. I found it very difficult to get anyone involved on Zoom that actually has it. Phone calls they’re fine with but that’s not the same as getting them involved and trouble shooting and what worked for you and what didn’t, feedback. It’s quite difficult because you have to do a survey telephone call with them.

When you’re meeting up round a table, people’s experiences, they come up with, “This happened to me last week,” and then someone else says, “That happened to me but then I went here and I got this information and I got that support,” so the sharing that kind of information works far better. I think you’ll find that with any marginalised group to be quite honest, that people share, especially we had professionals round the table from the dementia delivery services and we had people with dementia and we had carers and ex-carers. I found it quite difficult to stop the ex-carers banging on about what happened eight years ago because we’d go, “Well look how things have changed and look how you’ve made things different now for people inside.” We’re bringing it back to the positive again. But ex-carers are really good at actually looking at the improvements that have happened since 2012. Since that prime minister’s challenge, absolutely brilliant. I think also in GM with Dementia United, I think they have to look at the model that Age UK Salford dementia services have because a lot of places just have an admiral nurse and they give all that support but it’s not the same as discussing what services, like having seats in shops. How do you encourage people with dementia to go shopping? It’s having a till with specialised staff that have done dementia friends training. They used to look at all that.

They used to go and visit care homes. They used to say, “Oh my God, I wouldn’t want to be in here,” but then it became apparent that a lot of people with early onset dementia were really worried about this, where would they go before their dementia came so bad so they didn’t have to move on again. So all that information was given to the commissioners and therefore extra care became a real forefront for Salford to provide extra care for people with dementia and also having a two bedroom flat so their carer could move in with them, especially if they were in their… well it’s wherever they were, in their own home or in social housing, it freed it up for other people then. So we’ve got a really big extra care housing complex in Little Hulton on Cleggs Lane which is run by City West. They’re called Four Housing now I think. The group went round and looked at it and made comments on what was good, what needed improving, etc. But this is why the group’s really good. They’ve gone round the hospital when they were making adjustment to the wards and said, “Oh no, you can’t have that there,” “Oh my God.” I mean [COLLEAGUE THREE] walked in the toilet and there was a full length mirror from ceiling to floor and she scared herself to death when she opened the door.

She opened the door and went, “Oh my God, who’s that?” We said, “You can’t do that.” Having these fancy taps that don’t have hot and cold on, they just have blue and red and they just have a thing sticking out or you put your hand underneath, you spend hours going, “How do I wash my hands?” It might be great for some people but it’s not great for people with dementia. All these things over the last few years have been looked at. So I think between the model, I think the model, the overall arching, is to have Age UK dementia services model in every borough so from the beginning to the end they’ve got that kind of support and they build up a relationship with the staff. It’s absolutely brilliant because you find say if you get a church hall and they start running a dementia café, you’ll find that because they know the staff and they trust the staff, they’ll all go there en masse for a cup of tea, a quiz and social stuff which is really important so people don’t feel isolated. It has its benefits, that model, so much. I mean I’ve been on with them today. I’ve asked can they ask their people, when they’re doing their weekly phone calls, if they would be prepared for me to give them a ring to go through the survey with them, the vaccination survey. It’s having that working relationship with some really good caring people so no one is pressured. They’re my contact, you’re not having them, there’s GDPR, now you cannot use anyone’s information, personal information for anything but the purpose it’s intended for.

That stopped people doing that which I was a little bit of a bugger with I’ve got to say. I used to, when I got people’s email addresses, ones they’ve given me, I would use it again to give them information and always put on the bottom, if you want to be taken off my distribution list, please let me know. But now you can’t. You just daren’t use it for anything. I’m hoping I’ll get a good response through that. Good working relationships with service providers is really important.

**R2: You’re really in the middle of… you made a very nice network. I’m really impressed because it was not a lot of things maybe ten years ago and you made, in Salford it’s really impressive. I’m really, really impressed.**

P1: It’s also having a commissioner, an integrated commissioner because ours is integrated so it’s the council which is to do with carer at home, so it’s social care and health. So they work for the council and the CCG. So the money comes in right at the top and so you have an integrated commissioner who then looks at all aspects of people’s lives with dementia and their carers. Other boroughs might just have a commissioner for dementia, health or social care so that isn’t matching up. Some people might be having really bad experiences within the home, don’t want to go out therefore their health deteriorates and then they need extra care through health. Whereas if it’s an integrated, we can see the whole picture. Then that then comes down in the fact that all of a sudden we’re getting lots of people with dementia, “This is happening or that’s happening. Can you and your group go out and investigate and feedback?” or I’ll put a survey together in some way or form or phone people to evaluate, why is this happening in Salford. But not everyone has got an engagement officer like me. I don’t mean because I’m fabulous. I mean they don’t commission someone to work.

I work with all carers in Salford, dementia, and I support mental health but older people is a big bracket for me whereas I’ve got other engagement officers that deal with sensory, disabilities, Autism, learning difficulties. So I’m quite specialised in that field which is how you build your networks up. If you have an engagement officer that deals with everything, you don’t tend to go into a particular field to build up those connections and that network. So it’s looking at how things are mapped out and the model that they’ve used in Salford from commissioning to delivering on the ground.

**R2: So each borough can decide a different organisation? It’s not, I don’t know, in the law they have to have this integrated commissioner?**

P1: No. Each areas, all the councils are really different. You’ll find our Manchester CCG will probably work very different with Manchester Council than we do and it might be just the fact that they haven’t got… I actually don’t know but they might not have that integration of commissioning. But things are changing because from what I can gather, the CCGs are going to amalgamate all over Greater Manchester under one great big umbrella so things might change there when we start learning from each other. I do feel sometimes though I’ve come across a couple of things with Dementia United that they’re reinventing the wheel and they don’t need to. They need to just look at how it’s happening in a place. I mean Oldham’s quite good up there. They’ve done something. For me, I’d be tackling the BAME situation in Oldham and then… I mean personally, I’d like to go and look at the model that they use and talk to people and be able to bring it back to Salford. I think that’s what needs to be going underneath the Dementia United umbrella.

**R2: Yes, because BAME communities, it seems quite difficult to involve them.**

P1: Very difficult. It’s culture. A lot of it is culture. I mean I’ve been saying for years because I did a lot of work with the care homes with the dementia group and I was seeing there’s very few Asian people in care homes, very few BAME older people at all in care homes. It’s mainly all white. You think how are we going to adapt in the future as our British born people who are used to being in a family that’s speaking a different language and when they get dementia will they resort back to that language? I think at the moment, I think the reason is that a lot of our BAME communities are looked after by their families. I think it’s our culture that doesn’t do that.

**R2: Do you think they are okay doing that because it’s in the culture and it’s going well or maybe some of them are struggling because it’s difficult to manage your work, your family, all these things?**

P1: We don’t know. I mean my biggest fear is people are locking them in a bedroom somewhere because all they view, they don’t understand the term dementia. They view they’ve just gone crazy and all old people get it. That’s the real old way of thinking about dementia but perhaps because it’s always been the awareness, raising awareness has been in English and not channelled in those communities six or seven years ago. It’s only just coming to light really over the last few years that it’s important that we go in and do some research around this. […], our commissioner, did commission some research by the university, Salford University, and we have got a paper on that from [AN ACADEMIC], I can find it and forward it to you, on the BAME communities. But it’s very difficult when you can’t get the BAME communities to talk to you, how you do the research on it.

**R2: Yes, exactly.**

P1: We’re still in the same boat. We could do with an ex-carer from BAME communities being paid to do that particular job and go round to those communities raising awareness and working with them and maybe having little dementia groups like mine in different boroughs but just BAME because it would take you two years to build up the confidence of the communities so you’d be looking at a long term commission post with that in mind, with definite aims and objectives in that post to do. But Greater Manchester is massive. I mean it might even work to have someone in one borough where it’s very low where the GPs know there’s a high amount of BAME people with dementia but there’s nothing on the ground, nothing is happening, go in there as a challenge, build up that and then move on to each borough. Then you take your learning with you, don’t you? You take your learning with you. It might be the majority of what community, I mean we have a huge Jewish community in Lower Broughton and it would be great if we could have someone that would do engagement with the Jewish community around what they think about dementia, just what they think about it, what is their take on it. It would have to be one of the leaders from the Jewish community that would lead on it.

I’ve got a GP actually that I might… if we could get these leaders to really buy into it and do that support in the community, it would be marvellous. But I think the whole of the health and social care are getting on the leaders about lots of things so dementia wouldn’t be just a big thing. But we do need to look at this to be able to plan ahead. We need to be planning our extra care, our housing, health services, everything for people with dementia because it’s not going away. We haven’t got a cure so it’s not going away any time yet. My thing is I really want to find out now what their experience of having the vaccine has been. That’s my aim. But I’m more than willing to, with Dementia United and that, I’m more than willing if anyone’s got questions or you want to organise a Zoom with people like me from other areas and put a little bit of an agenda together, what worked well for you and what didn’t, I’m quite happy to come along to anything like that. I think if Dementia United organised that, I think it would be really good.

**R2: I have to say, I have to contact them again because I tried to contact Dementia United maybe three times but I never heard.**

P1: [GIVES NAMES OF PEOPLE WHO MAY BE HELPFUL]. If I can find your original email I’ll forward it on to them.

**R2: It’s really interesting but I’m missing information about that.**

P1: Who’s funding you?

**R2: The European Commission. So it’s Europe I would say.**

P1: What’s the aim of it again?

**R2: The aim is really to help people with (unclear 00:36:07) dementia to have access to more meaningful activities. So that’s why I’m very interested in all this age friendly, dementia friendly things and access to activities. I’m doing this research in a design laboratory. My supervisor is in design. So it’s not necessary that I need to have an application like Greater Moments but maybe more in also design thinking so Friends of Buile as you said, having groups together and speak together about what is the solution and what can be helpful, etc., so using this kind of design tool to have access to new ideas and some innovation.**

P1: So it’s about building something or designing something electronically?

**R2: Maybe but we will see because when we applied two years ago we were not aware of this Greater Moments app so maybe if we are doing the same it will be a duplication so it’s not a good idea but we will see. It can be something digital or something just on the internet or also a notebook, something like that. It’s quite open.**

P1: Right. I’m not too up on the digital stuff because people aren’t using digital. Now they might do in the future. We’ve got a Salford Way app as well, you know that?

**R2: Sorry? Can you repeat the name?**

P1: Salford Way. It’s called Salford Way and it’s run by Salford CVS. That is directing you to services and support that’s available. I also did a report a few years ago, with the group we looked at an activity that they wanted to do and they came up with, one of the big things that they really missed is swimming because they wanted to swim with their grandchildren and they were too scared. One, the carers were scared because the person with dementia, they didn’t feel strong enough to take that person in swimming with them. People with dementia just lost confidence, early onset dementia because they’ve not been swimming and they didn’t feel safe to go swimming because they didn’t know whether they’d be able to work the lockers or do different things. So we took on a project and we went and visited a few pools. We spoke to Salford Community Leisure and the lead person for swimming. We came up with the fact that Worsley pool would be the best. It had a new café for socialising in before and after. They had a small pool with steps in and a rail and big changing rooms for carers, this was a big thing, for carers and the person with dementia.

So they were big enough just for the two people to go in which was fantastic. I’ve never seen that before. I’ve only seen the school ones, the little ones before. So they started doing them and we got staff on board. They laned off, they did a couple of lanes and they had a teacher on the side of the pool on both pools so people with dementia could have a go at swimming, feel safe. There was also a hoist at the side that they could go in if they didn’t feel confident getting in or out of the pool. It was just amazing. I’ve got to say this is where my passion comes from. When they develop something and people do things they would never have done without the group having a go at it. [SERVICE USER ONE] just felt she’d forgotten how to swim. The minute she had half an hour with an instructor, she was off doing lengths. Her wellbeing, after these swims, was absolutely brilliant. [SERVICE USER TWO] did the same. [SERVICE USER TWO] started doing lengths and everything. These people had early onset dementia. Then we had the older carers of someone with dementia, now it’s amazing how many people with dementia are fitter than the carers. They’ll walk for miles and everything but the carer can’t.

So it’s quite frustrating for the person with dementia because they don’t get the physical activity that they crave because the carer can’t keep up. So yes, a couple of people learnt to swim in the little pool where the person with dementia who actually couldn’t swim because they had forgotten how to swim but they felt good bobbing about with arm bands on. They used those little tubes, those foam tubes. It was just amazing. What happened there was they amalgamated that. They did swimming with dementia for twelve months to attract people with dementia and then they opened up, because they couldn’t staff it for the amount of people going in so they opened it up for all people with disabilities, those sessions, so it became mainstream which was really good. The carers get in for nothing. The carers don’t pay. It was really good. A nice piece of work that came out of the group.

**R2: It’s fantastic. I’m sure at the end of the day at least you know I’m working a lot but I know what I’m doing (unclear 00:42:44) people and having that.**

P1: Very rewarding.

**R2: Yes, exactly. Is it possible to find this report somewhere or is it private?**

P1: Oh yes, I can send you the report. The swimming report? Yes.

**R2: That would be great.**

P1: So swimming and BAME report.

**R2: Yes, that would be really nice. I will let you go after that but do you have some ideas in a perfect world, if you had a lot of money or, I don’t know, if you want to try something new to innovate or maybe you saw in other places in the UK a service or an activity you would like to have, what would you say, to help people with dementia to have access to more meaningful activities or activities in general?**

P1: Well for me personally it comes down to transport. It comes down to support and transport to get to places, having the right kind of support because there’s lots of activities, physical activities, social activities, there’s lots. I mean have you spoken to [COLLEAGUE FOUR] of Dancing With Dementia?

**R2: No.**

P1: Right. Well [COLLEAGUE FOUR] started a few years ago with a few people going to the Palais in Swinton. She was so passionate because her sister has got dementia. She came to the group a few times just to get to know the right people in the right places because my group was made up of representatives of other groups so for her to get that information, well it’s packed out. It was packed out before the pandemic. They used to hold monthly dances. So organisations could go and give their information as well to this. Since the pandemic where they’re not allowed to meet up, they’ve had lots of volunteers from within that group that have gone out delivering food, medication, to all their members. They’ve got a Facebook page, Dancing With Dementia so I don’t know if you want to have a look at that. There’s also another Facebook page, Families Living With People With Dementia. That started off in Salford by a dementia nurse and a couple of friends. It’s gone global of people sharing their experiences, their upsets, getting support, doing the odd quiz. It just is an all-round support page for people. Something like that in Greater Manchester would be a great idea where we’ve got clinicians and professionals on board that can answer the questions that people are asking.

If it’s Greater Manchester wide, I mean I’ve not even done one in Salford really. I mean on my Facebook page I’ve got 3,000 people all from Salford. It’s taken me ten years to get those members but I know a lot of people say, “Ask [P1], she’ll know.” If I can help, I will on signposting because like you say, I’m in the middle of the network so I know where to go for different support.

**R2: For example just up to diagnosis, the person is maybe lost and she or he needs someone to help find different services and possibilities.**

P1: I’m just wondering whether to talk to Age UK about that because they’ve got a dementia services page so maybe all of us providers needed to get on that or have a dementia support page for Salford. I shall talk to our comms people about that. Just talking to you, you see I’m coming up with these things, light bulbs are going off. When this comes up, when you have a group meeting and you go, “What about that? What about that?” it’s amazing how many things can go on to become reality because you can talk to other people and say, “That’s already been done,” or, “You can go here for that. You can get that from that.” I mean I’ve learnt, the first thing I do is Google any kind of idea just to make sure it’s not up and running already. I think for me personally, when you’re looking at this, I thought about something like you know Pokémon Go. Have you heard of Pokémon Go?

**R2: No.**

P1: It’s P-O-K-E-M-O-N and then Go. It’s an app on a phone. Not last year the year before, it was all the rage. On your mobile phone you had these little cartoon characters called Pokémons. You used to go to parks and different places and hit a button and go, “Right, we’ve found it. We’ve found that one. Let’s go on to the next Pokémon.” You’d travel out. One of the things I was getting on my Facebook was how brilliant was it that families were doing it as families because they didn’t want the little kids going but they would go on mum’s phone and find out where these Pokémons were and doing it as a family. My daughter went on the park across the road from here last week or the week before and she’s marking the Pokémons off on there and she’s 23. She found it was something entertaining while she was having a walk. Rather than just walking along and doing this on her phone and talking to people on her phone, she was actually having a go on the Pokémon Go. So something like that might be good. One of the activities that I want to really promote when we do these walks is the disability cycling. We have an organisation called Wheels For All and they have different types of bikes. They have trikes. They have tandems.

They have the bikes that one pedals and one sits or you both pedal but you’re sat safely one behind the other, all these different types of bikes. When I’ve seen [COLLEAGUE THREE] and [COLLEAGUE ONE] with different people on them who thought they’d never go on a bike again because their balance is so bad, I mean [COLLEAGUE THREE] was saying, “Oh my God, if we could have trikes and go on the roads with the helmet on with trikes,” but they’re so expensive that people… well the thing is, it’s if you’d be allowed with dementia to go on the roads these days. Do you know what I mean? But in parks it would be brilliant for people to get… where we have round tracks. I’m going to ask about Blackleach Park, whether we can do that, see if we can get some bikes going as well. How would we fund it? I’d have to look at funding that. Yes, that’s another one. Wheels For All.

**R2: I shall be the one to have ideas currently but it’s you, you are having a lot of ideas. It’s really impressive. But it’s very, very helpful so thanks a lot.**

P1: No, you’re welcome. I think [COLLEAGUE ONE] and [COLLEAGUE THREE] are people and maybe… how long is this for, your project?

**R2: It’s not very long. So it will finish next year in October but currently we are having interviews I think until June maybe.**

P1: So I think the next providers meeting, which isn’t about the dementia walk, will be, we’re in, what are we now, March. It’s in June I think. But I mean if you can talk to them individually before then, that would help, wouldn’t it?

**R2: Yes.**

P1: Right. So I shall forward your email on to them again, the girls from Dementia United and see if I can get them talking to you. It’s bloody awful, it’s rude when they don’t… I hate that when people don’t get back to you at all, they just ignore your email.

**R2: I don’t know. Maybe it’s a lot of emails, I don’t know.**

P1: Listen, we’re all busy, aren’t we? I’ve done a couple of emails but I know who those people are. But it only worries me if I think that they might have moved on or they’re not doing that role anymore. I’ll just ask anyway and find out. But are you okay with that, what I’ve spoken about? Have you got any more questions?

**R2: It’s really perfect so thanks a lot. It’s really helpful.**

P1: I do think it’s the support side of things that people need to get to the activities.

**R2: I think we really need a global view of what is necessary and indeed this kind of support and which kind of support and things about transportation and meaningfulness of activities, for example as you said, the swimming pool. It’s a lot of small things you have to think about and to get…**

P1: The big one with the swimming pool was having someone to help with the lockers, putting the money in the lockers because when they put the money in, shut the door, if they’d turn it wrong and the money comes out, they don’t realise the money is just lying there in a tray and they can’t shut the door. It’s amazing how many things popped up with that that was important to someone with dementia and the carer that you as a person would never dream of thinking about if you went yourself to do it. It made me very aware, how public buildings can be very confusing. Just going through one of those doors, rounding doors. Anyway I must go. It’s been great to speak to you. Don’t worry about the voucher. It doesn’t matter about the voucher.

**R2: We can do a donation if you prefer, if you know an association or a charity. We can do a donation to a charity if you prefer.**

P1: Well if I do that then I’m missing out one and not getting the other, aren’t I?

**R2: But you can think about it and write an email if you have an idea or if you decide.**

P1: Okay.

**R2: It can be difficult to find a charity so just think about it and write an email when you will have an idea.**

P1: Alright.

**R2: Thanks again.**

P1: Okay. See you again. Bye.

**R2: Bye, bye.**

**[End of Recording]**