# Interview 1 Transcript 8.6.23

Speaker 1

I'm also doing it. On my phone, just in case. If I lose it, that would be. The worst, OK, so. Just for the recording, my name is Laura. Thank you for agreeing to participate in this interview with me today for My Honours project on the experiences of providing animal therapy services. I'm just clarifying that this meeting is being recorded. Do you consent to this?

Speaker 2

I do.

Speaker 1

Thank you. OK. So my first question for you is, can you tell me about how you became involved in the animal therapy space?

Speaker 2

So my mother became very ill and we moved in with her to look after her and it ended up. She ended up being terminal. And so my dog was just amazing with her and I saw. The comfort that mum got from being with the dog and how Molly, You know, like she was like a hot water bottle to mum. Yeah. And after mum. And then obviously the Community where I live was just amazing. And the support that they gave me in during Mum's death. And so I wanted to give back. And so I started thinking, well, hang on, Molly was fantastic with mum. I I've got to share the love. But with her, you know? So essentially what I wanted to do was go into and work with Molly in palliative care. However, it's came up that the jobs around my area were were the cancer clinic at Bowral Hospital and and some nursing homes and that's and that's what we ended up doing. So that's how I sourced Sharon out. So because I saw the potential of what Molly had to offer.

Speaker 1

Yeah. So you're in the Southern Highlands region?

Speaker 2

I am, yeah.

Speaker 1

Ohh, that's where I'm from actually. I Grew up there.

Speaker 2

Oh. Oh, OK.

Speaker 1

OK.

Speaker 2

Don't hold it against me, but I’m in Burradoo.

Speaker 1

Ohh my, that's where my grandparents are, so that's OK. No, it's not. No, it's nothing wrong with that. So when you, what about the the kind of training when you started with Paws. Can you tell me about the training that you completed and that also Molly completed please?

Speaker 2

OK, so when I contacted Paws, we were given a a booklet based on the theory and I guess what that really covers is is the expectations of doing voluntary pet therapy, sort of what we did, but it went into a lot of different types of what would you call them. So it it explained, autism explained dementia, it explained. What else was there? Gosh.

Speaker 1

Like different diagnosis or?

Speaker 2

Yes, that's correct. Yes. But then it also what was really, really important throughout the training was infection control, OK, so and skin integrity is another big one as well, because if you're placing dogs. On people and they're elderly, they've got frail skin, you know, so. And it was so placement of the dog infection control, different site diagnosis that was more of less the training that we had plus the the welfare of the dog. As well.

Speaker 1

OK. Could you come in more about the when talking about the welfare of the dog? Can you tell me a bit more about what, what they have taught you.

Speaker 2

Yeah. So what they say is, you know your dog the best, right? So I mean, sometimes I've spent three hours with a woman once. So, but I knew that Molly didn't need to go to the bathroom. She didn't need water. She wasn't hungry. So they're the in terms of welfare, the they're the things that you look out for. The other thing that I look out for and happened to me only recently is. The placement of the dog on the elderly, some I had a woman, a dementia patient try and strangle Molly the other day. So like I shouldn't laugh.

Speaker 1

You can laugh.

Speaker 2

No, no, no, Molly. When you meet Molly, you'll understand.

Speaker 1

I promise I won't try and strangle her.

Speaker 2

No, no, that's OK. Ohh, she won't bite anyway, so we look to make sure that so obviously we're watching the dog constantly, and as soon as that happened, I was able to get on to it and remove Molly from that situation. So they're the they're the sort of things in terms of welfare is what we learn. So. And then in terms of what Molly learned, there is a full assessment day for the dog where she's put in scenarios with the training team from PAWS and they're assessing her on her temperament, I guess. Plus, they're also looking at the way we place the dog and and what not.

Speaker 1

Yeah. Wow, that's Very, very interesting. And I also you mentioned infection control before. Could you just give me a bit more information? Is that for the participant or for? Yourself, the dog?

Speaker 2

So obviously if you're working in a hospital or if you're working in a nursing home and look, when I did my training, we didn't have COVID back then. So we used to use blankets as well. So we would put a blanket. Down on top of the resident or the patient and then. Place the dog. And then that blanket was picked up and taken to another patient. But we don't do that. Anymore because of infection control. So, but we always sanitise hands before and after touching the dog. So the other thing is too that we have to wash the dog 24 hours prior to a visit.

Speaker 1

OK, every time?

Speaker 2

Every time. Yeah. So for instance, I did 3 visits this week to honestly, I just washed Molly on the Monday morning.

Speaker 1

Yeah, and that's another. One of the things that we're looking into, you know, washing your dog three times a week like.

Speaker 2

Yeah, I possibly. So if I had three, I had three in a row. So and generally have two in a row. So I do one wash once a week.

Speaker 1

And how do you think that Molly feels about that?

Speaker 2

Ohh look, that's fine you know. I I think I think it also depends on your dog as well and I think and look what what they. Tell us at Paws is that you know your dog best. So you have to be responsible for your dog's welfare. So if I saw that Molly's skin was getting irritated, I'd ring Paws and say listen, can't wash Molly this week. I'll use an antibacterial wipe. Which you can get now anyway so.

Speaker 1

Yes, OK. That's great. That's very interesting.

Speaker 2

Something like that. Yeah. You just want to go in knowing that you're not going to transfer disease. So. And that's something that I'm really really conscious about with every visit and especially working at the cancer clinic because people are so vulnerable in that environment. It's something that's always really on my mind.

Speaker 1

Yeah, that's very, very interesting. Thank you for that information. So how long have you been working for the organisation and how do you see your future in this area?

Speaker 2

That's OK. Ohh look I'll I'll. I'll never give it up. I just love it.

Speaker 1

And why can you tell me why?

Speaker 2

Ohh, people like I tell my friends. Ohh I go. I'm. I'm at the cancer clinic today and they're like. Ohh isn't that depressing?

Speaker 1

I like in a hospital too, I know I know what you mean. It is, yeah.

Speaker 2

And I'm like, no, it's not. It's it's actually like it's. I often get more out of it I think than what the patients do or the residents. That's how I feel. Yeah, you cause. I mean I I don't do it for me. I do it just because I wanna give back to my community because of the support they showed me. But I I do get a lot out of it and that's why I'll never stop. It's just such a one. And I love the people that I've met.

Speaker 1

So nice. Yeah, Beautiful. I love to hear that. That's really that's really good to hear.

Speaker 2

So I've been with. Paws five years, five or six years? I think so, yeah.

Speaker 1

And you're a volunteer? You're a volunteer.

Speaker 2

Yes, I'm a volunteer.

Speaker 1

Very good. So what would a normal day look like for you in this role so?

Speaker 2

Ohh it's I don't know, it's just really easy. You just get your dog ready half an hour before. Well for me before I my jobs are just 10 minutes down the road so I just get ready half an hour. I try and turn up. To a facility about 15 minutes prior to when I have to start. So I I let Molly have a walk around and have a poo or a wee or whatever she needs to do. Just chill out before we go in. So and then we do our visit and then we're home and she's just back to being a normal dog.

Speaker 1

That's good. That's good. So it seems pretty simple and. Easy then.

Speaker 2

It’s very, very simple. It's very, very. It's very easy. Well, I wouldn't. So I'm very conscious that. That I'm not, cos Molly's getting on and I'm very conscious that if she doesn't want to do this, I would never force her to. But you'll understand when you see her. She's just amazing at this at pet therapy. She is amazing.

Speaker 1

So when you say like you would, this is a bit of it might be a bit of a tricky question, but when you say if she doesn't want to, I think you mentioned before, you know she didn't need to go to the toilet, she didn't need water or she needs how you know, like how like I don't know if you can't answer that. But how is she? But if she doesn't want to do do something or if it’s too much for her?

Speaker 2

Yeah, I can. I can. Sure. So the other day I was on a visit and Molly was just out of sorts. She wasn't going into her normal sitting positions or she was restless. Looking around, I actually thought she was sick, so I checked her gums to make sure they weren't white and I actually, I actually shortened the visit and left. Turned out when I got outside she had to do a big poo.

Speaker 1

Yeah. OK. That's all it was. Yeah, right. So you're able to pick up on those.

Speaker 2

I was able to pick up on that and I ended the visit straight away because I knew that something was not right and I was actually leaving to take her down to the vet. But it turned out she just needed. To do a poo.

Speaker 1

And how was you know, how is the reaction from other people, including paws and the the patients or, you know, clients at that time?

Speaker 2

never a problem. And look, I actually didn't even tell Sharon or paws that I left. I mean, I've still been there 40 minutes, so. No, you're there quite a while. But Sharon would just say no, perfect. You did the right thing. So the well with paws, the welfare of the dog is the number one thing. So if your dog's in a situation where you're not comfortable, you just leave no questions asked. And yes, with the patients at the cancer. Clinic that day, a lot of them know Molly, so they they're more concerned about her welfare as well. So because these people form.Incredible bonds with the dogs. Yeah. So, yeah. So no, it's never a drama to do that. Never. Ever.

Speaker 1

So you're. Regularly going to the same places?

Speaker 2

Yeah. Yeah, always.

Speaker 1

And can you tell me about like the type of therapy you provided? What do you actually do when you're there?

Speaker 2

OK, well, it depends on the person. It depends on the facility. So I do on a Monday. I do a a nursing home and so that visits completely different to the visit that I would do at the cancer clinic. Yeah, as where we might at the nursing home, we might see 40 people at the at the cancer clinic we're probably seeing. Up to 15 by the cancer clinic, visits are very I'll start with them, but they're my favourite, by the way. No, I shouldn't say that cause I will say further I love going to the nursing home, yeah.

Speaker 1

I think it holds, it seems to hold a special place in your heart. So that's probably why.

Speaker 2

Yeah, it does. I look. Only because of what I've seen and and the benefit of taking the dog down, like for example, last week I came in and I saw a lady I'd never met her before, and as soon as I walked in I saw her face light up and I went ohh I'll. Be visiting with her today. Anyway, by the time I got to her, I just said, you know, I introduced myself. Tell ‘3m who Molly is, what we're here for, she's and anyway, about 5 minutes into the visit, she said. You know, it's my first time here today, Andrew and I was dreading it, she said. But when the dog walked in, I thought Oh my God. If this happens all the time, I've got something to look forward to.

Speaker 1

That is so beautiful.

Speaker 2

So simple.

Speaker 1

Yeah, well, that's lucky. It was her first day. And you were there. That's. Such a beautiful story.

Speaker 2

So quite often Molly and I will see someone through the whole chemo experience from start to end. And I, I love. I love last visits. They're my favourite. I'm like, with all due respect, I'm so glad I'll never see you again.

Speaker 1

That's very, very special.

Speaker 2

So, but and those visits at the cancer clinic are much more one-on-one, they're very intimate. You have to gauge. How to interact with the patient Molly has it down pat. She just snuggles in most of the time. She'll go to sleep on them. Yeah, she's in. She's really incredible. And, you know, and I place her so that they can pat her and stroke her. But more importantly, it's having her touching their body.

Speaker 1

OK.

Speaker 2

And the warmth that they get from it and you and and you can see their breathing changes. And it's really, I mean it, she takes pain away from people. I've had a woman tell me that you know, her treatment was quite painful and she'd been there a couple of hours. Nausea. I mean probably 10 minutes after Molly being on her, the nausea went, the pain went and remained that way for the rest of her treatment. Wow. Like it's very powerful shit we're talking about here. It's really amazing.

Speaker 1

I know I. Know This is why I'm interested in it and. I I find it so. Beautiful, and I'm very excited to come and see this in action. and when like when. She's when Molly sleeps on the on them, Are you talking? Are you having conversations?

Speaker 2

Yeah. So it depends on who I'm with. Like yesterday, a lady really wanted to visit, but I could see that she. Was really quite ill. So I said I introduced myself, introduced Molly. Would you like a visit? I'm going to place Molly here. And she had seen me, and I've been talking to people that are other patients that I visit regularly. So we're, blah, blah, blah, blah, blah. Anyway, I just said to her. Look, just enjoy Molly, and let's not talk.

Speaker 1

OK, that's really nice and very interesting very.

Speaker 2

You know, because it's not. And what I have to remember, and sometimes I forget, it's not about me. It's about the dog and the patient.

Speaker 1

Exactly. Exactly.

Speaker 2

OK.

Speaker 1

Could you just excuse me one moment? Please I think.

Speaker

Thank you. Oh, sorry, it's OK.

Speaker 1

It's just her toy. I'm back. Sorry about that. She's just a puppy. So I have to make sure she's not naughty.

Speaker 2

Then with the nursing homes, those visits are still as intimate, but for shorter time. Yeah. So, but they're just as important cause I mean quite often I'll hear you're my only visitor. So you know. It just see for me that makes it worthwhile. Yeah, that's what I Love about it? Yeah. And, you know, and a lot of the residents in nursing homes, they've had to give up their pets or their animals and, you know, so for a dog to come in and then to because they all say, ohh, here's my girl. Everyone owns her.

Speaker 1

Just let them think that, right?

Speaker 2

Exactly. Yep. She's your girl.

Speaker 1

Oh, that's cute. I love that.

Speaker 2

Yeah. So.

Speaker 1

That's really that's really nice. I I have a question. So this one is about culture. So culture can be defined as the beliefs, values and social behaviours of a group of people. So I want to learn more about the culture of paws pet therapy. So can you give me a bit more information there? I'm not sure. If you are.

Speaker 2

I don't know really how to answer that. I don't know if the I I. Don't, look, the people at paws do a fantastic job in in making sure so I know all the handlers in this area once a year we might have a function where we all meet for a picnic or whatnot. Everything's changed alot since COVID so prior to COVID all the all the handlers in the area, all the volunteers. We used to meet once a month for a coffee with all our dogs and. Stuff like that. And I guess. I guess I I don't know if I don't know if there is so much of a culture around it, I think. Yeah, that's a really difficult question to answer, yeah.

Speaker 1

That's OK. No, that's fine. Any what you've answered is great. Yeah, it's a bit harder when you're, you know, doing things. You're kind of. It's just you and Molly. You know.

Speaker 2

Yeah, exactly, exactly.

Speaker 1

OK, so now we're going to ask, I'm going to ask some questions a bit more about Molly. So. So my question, my main question is what is your perception of her experience? So we've kind of touched on that.

Speaker 2

I believe that. So Molly’s been visiting the cancer clinic for a very long time, and what I've noticed with Molly over the years is that. So when I go down there, it's not just cancer or chemo that's being administered, could be a blood transfusion, it could be people having immune stuff done or like it's a whole range of things. So it's not just cancer and I don't know if it's because Mum died of cancer, that Molly is more familiar with it. But what I noticed with Molly is, is that she's way more patient with the cancer patients then what she is with others. Now Molly has this sixth sense and. People like people. Are just blown away at how calm she is during a visit, and you know that she never barks. She never wiggles unless she needs more room. She has a habit of trying to push people over.

Speaker 1

So little though.

Speaker 2

Yeah, she's so little. She wedges herself between the armrest and the person she pushes her legs. I want some more room. Anyway, and I say to them, I said Molly is a different dog at home. She's a completely different. She's a dog, so she's our dog. She wees on the floor, you know, like she doesn't come when you call her. But I put her little vest on and she's Amazing sits on command. Very Placid. She just knows that we say, come on, we're going to work. She just knows.

Speaker 1

That's amazing. Yeah, that was what I wanted. What the difference between like, how does she know that she's at work and what's the difference?

Speaker 2

But it is amazing. Her little vest.

Speaker 1

Her Vest. OK. Yeah, yeah. And it's different from a a day when she's not working. Excuse my dog next to me making noises.

Speaker 2

She doesn't wear the vest. She only wears something when she's going to work.

Speaker 1

OK. And so how do you know whether she's willing to excuse me again? How do you know whether she's willing to engage in the session or not? I think we've kind of touched on that a little bit.

Speaker 2

She she never. Well, it was, but the only that's the one experience I've had where I've thought there was a problem with me taking Molly to work or for us to do a session. The other thing that I do is is I take Molly to the vet regularly and I always ask the vet. I I said I don't wanna be a stage mum. If Molly isn't up for this anymore, you guys have to let me know. And yeah, and I think that's really, really important. And the day will come where she. Won't be able. To do it or she doesn't want to engage in therapy. And I'll know you know, as as you know your dog the best. So you will know, but to this. Point there hasn't been a day really that she hasn't wanted to engage. I’ll tell you what was funny when, When the pandemic hit and we just got cut immediately and which was really sad because that's when we really needed to be there. But Molly had been at home for a couple of weeks. And we hadn't been on a visit. And I thought, oh, stuff. I'm gonna take her down to town and we'll go for a walk through town. We started walking and as people were approaching, you kind of keep distance. Molly would just sit in front of them. She was waiting for a pat.

Speaker 1

Is that something that she would do normally to get attention.

Speaker 2

To get attention. Yeah! Because when she, when we're visiting, she'll sit in front of someone. Like. Hello. I'm here. It's time to get a pat. And I noticed that. So for me, she's like, well, hang on. What's going on? Yeah. Why is no one touching? Me at the moment. That was one thing that really struck me during. At the beginning of the pandemic was the fact that we did that and I think she really missed it. Yeah. And then but then to start up again, when we started back couple of years later, it just took, it took about 3 visits for her to get back into the routine.

Speaker 1

Yeah, of course. I mean. It's a big. Chunk of time. And what would you like? What's in it for? What's in it for her? What do you think that?

Speaker 2

She just loves the attention. Simply comes down to that.

Speaker 1

What a silly question.

Speaker 2

Like. Yeah, she just loves it. She loves cause. Everyone and with Molly because she's only four kilos. I could just throw her anywhere and or anyone as frail as you can be. Yeah, I can handle her. So that's not saying that the larger dogs don't do a good job, by the way.

Speaker 1

I wouldn't. My dog is not appropriate and hence why I'm Interested in your life.

Speaker 2

But I mean, I've seen the bigger dogs and quite often. Especially down here, I'll say to someone. Would you like a visit with Molly today? We're here visiting. “That's not a dog. I only touch working dogs” and my favourite line at moment is “well, she is working.” Yeah, yeah, yeah. But. Yeah, it's more she just loves. The attention, she's just one of those dogs. That has the right temperament I guess, but again, bring her home, you know, completely different dog. She doesn't want to sit with you. Sometimes she won't. You know, so.

Speaker 1

It’s very interesting as I said it;s my interview, but I'm I'm excited to hear that these things cause it's. Yeah, it's very helpful. Very, very interesting. Thank you. I'm just. We're almost. I'm almost finished with my questions. I’m just going to double check and see if there's anything important that I missed. So my next question is about like safe practises for the dogs. Again, kind of. Touched on this so. How do you ensure like the work environment is safe?

Speaker 2

OK. So we're given when we started a new facility, Sharon will send us, I can't remember what they call it because I haven't received one in a long time, but she'll, she'll go out there and do a safety assessment so.In our kits we carry treats, poo bags, water. Ohh what else is in there? Our lead obviously, the dogs always must always are on a lead, never without a lead.

Speaker 1

OK. Yeah.

Speaker 2

So in terms of that, we're carrying everything that we need. Now I know my dog, and I know she can go for an hour 2 hours without water. That's not a problem. However, there are other dogs that need water, so quite often. The client will know that we can set up a water bottle somewhere within the facility. Yeah, and the dogs can always go get water if they need to. But Sharon will send us the OH&S risk assessment, right? And so she'll identify an area where we can walk the dog prior to the visit, so a green area where there's grass. Yeah, it's really good. And then obviously during our training where you know we wear the right PPE in terms of well in nursing homes. Now we have to wear a face mask at the hospital. We have to wear a face mask. We carry sanitizer on us in our bum bags. So every every resident or patient. Is hand sanitised in terms of safety? After the dog. Well, really they they get used to like Molly's very aware of the intravenous machines, cause everyone that we see is connected intravenously. So I always place Molly on the other side of where they're connected to and. She's just used to the noises. In actual fact, she can identify the lunch trolley. I'm sure she can. I don't know if. It's the noise or the smell. Yeah, and her favourite thing to do is is cause they all sit in chairs. And then they have those bed tables that come across. Yeah, and Molly gets her head under so she can watch everything that's happening in the room. It's really so look in terms of equipment and stuff like that. We just know. Though we're always on the lookout, as I said with that Lady that tried to strangle her the other week, we're constantly I know I love it. I call her the Strangler now. Love it? Yeah. Mind you, I did get three marriage proposals last week. Too, yeah, except one said you have to go home and shave, and once you shave, I'll marry you then.

Speaker 1

Oh, that's lovely.

Speaker 2

Yeah, yeah, yeah, he's. I know she forgets me every week, so and every week I have to run through the same thing. This is Molly. “How old is Molly?” But yeah, we're constantly looking out for the dogs welfare, and that's something that we're trying to do in the training that. We do with Paws.

Speaker 1

And you kind of touched on this before when you talked about the the the lines for the patients, how do you make sure that Molly is not a risk to the client or patient?

Speaker 2

Yeah. OK. So. So before I place the dog down, an example of something that happened this week with a regular patient at the cancer clinic, her she has a what they call a port. So her lines are connected to her, so they run up over her shoulder. So Molly then can be placed anywhere on her lap. Yeah, but prior so you don't know if someone has a colostomy bag or if there's tubes or anything under their clothing. Yeah. So I always ask. And I let them know I say, OK, I'm going to place Molly down. And I normally say this side here, I'm going to place Molly here on this side. And I know Molly’s most comfortable position, so I'll kind of get Molly into that position already. But when she is actually gets to the client, she just relaxes. So she just goes. And generally, and because you're always watching, we place them as far away as possible from the tube or the IV, or whatever's going in. But for example, this week I said, well, I'm gonna put Molly down. Is there anything under your clothing I need to be concerned about? right, I don't ask what or anything and she said ohh yeah, Molly can't go on my lap. I've just had an operation. Right. OK, great. So all I did then was I just held Molly's back legs and I put her two front legs on the armrest of the chair, and that's how we had the visit for that day. So there's always a way around it and it's just a matter of checking and then because you're watching the dog all the time. If Molly was getting. Restless or the patient moved and the tube or the line came became close to Molly. I just say to the patient. Ohh, just watch your arm there with Molly. We don't wanna rip that out or, but you're constantly vigilant in what's going on. Yes.

Speaker 1

Yeah, it seems. Like you have a lot to think about.

Speaker 2

But you know what? It no, not really. It just becomes second nature to you. It's just something that you do. So it's not that. I can't. I'm. I'm always thinking about it. Yes, but I'm not. Yeah, I don't know if that makes sense. It's just.

Speaker 1

It does. As I said, I work in a hospital as well and I think the more you experience being in those areas, you kind of get used to it a bit more, but I’ve never had that situation with a an animal as well.

Speaker 2

Yeah, exactly. Well, so yeah, and you just learn, you just understand. And because I've been going there for so long and I've seen all the different things like some patients have big hoods on their heads and you know, so it's just that you just learn it. You just you just learn and you obviously safety is the number one thing for us. Safety is the number one thing. So yeah, we're just constantly. And you know, you just know.

Speaker 1

Yeah, that's great. OK, well, that was the most of my questions. I'm just going to double check and see if there's. Anything else that I want?

Speaker 2

Like that was far too easy.

Speaker 1

Ohh, you've made it very easy. It's been nice to have a like a good conversation and.

Speaker 2

Yeah. Ohh look, I'm such an advocate of pet therapy. I've seen. I've seen what it does and the benefits of it, yeah. And like I said to a lady the other day yesterday. I said she goes, why do you do this? And I said cause at the moment your heart rate's lowering, right? As we speak, you're getting more oxygen into your system, I said. That's why I do it! And she goes “Ohh yeah, I really understand that” you know, but it's not just that. It's about. You know, I had another. Had another patient at a nursing home. She just lies there. Like this. Doesn't talk. No reaction. Just in bed. Yeah. And I put Molly up on her bed one day and I grabbed her arm and I just started stroking her arm. She she had a reaction in her face. The nurse, her carers couldn’t believe it right. And then on Monday, I was with a I was with a lady and I've been visiting her for five years, and anyway, she's really on her last legs. Like, if she hasn't passed already, I'd be really surprised. But I'm like, oh, my God, let's go in and see. I won't say her name, but we'll go in. And see. Her and mate. Catatonic, really, but. We got a little. Smile out of her like I saw her. Just a little movement in her mouth. I knew she and I knew like it was like she was unconscious, but she knew that we were there and she knew. That Molly was there.

Speaker 1

Yeah. And how does that make you feel?

Speaker 2

Like my I'm just I I walked away from from visiting her going. I knew it would be the last time I'd see her, and that's OK because she's 102, right? Ohh, she's amazing this. Lady, I just love her.

Speaker

She sounds amazing.

Speaker 2

But you know what I you know where I walked away thinking. I just walked away thinking Ohh in her last days. She got to see Molly.

Speaker 1

Yes. Ohh. You're gonna make me cry.

Speaker 2

Simple as that.

Speaker 1

Yeah. Yeah. I feel like we, you know, you're you're lucky you get to see this every single day. And I I.

Speaker 2

All the time.

Speaker 1

Love this the expression the way that you're talking about it, and I feel so strongly about this too. So it's just so nice to know there's people out there like you that you know that do this and can see the the changes that can be made and see the impact.

Speaker 2

Oh mate it it really. It really blows me away every day. And when I think you know what more could this bloody dog do? You know, there's because it really is about the dog. It really is. And you know, I'm constantly surprised at at what we get to do and and the people that we see and you know, I know that. When I walk through town, everyone knows Molly and. I'm. I'm like God, who are you?

Speaker 1

Can't hide behind that mask anymore.

Speaker 2

Yeah, yeah. And I know that every week that there's people out there that are looking forward to seeing her. And you know, and that just, How could it not warm your heart? Really. And this is my point. I probably get more out of it than what the residents or patients do, I quite often tell people that.

Speaker 1

Yeah. And that's, I mean, that's what this is all about. You know, obviously you you are all doing your volunteers, you're doing this for a reason. So we wanna know why.

Speaker 2

But for me it was to give back to the community that supported me so fantastically through mums because I always say my mother had the most amazing. Death. And if it wasn't for the support of the people in this town and around me, it wouldn't have happened that way. And so for me, I just wanted to really give back to that beautiful community and and give some of the support that I had back to others. So and I just.

Speaker 1

Seems like you definitely achieved that goal, so well done.

Speaker 2

Yeah. Yeah, I just. Love it. I just. I'm such an advocate, I just love it. I just. Love everything. I mean, look, honestly, some days I wake up. Oh, shit. Do I have to today?

Speaker 1

Today. Yeah. Well, in the cold Bowral weather, I can imagine, too cold for me.

Speaker 2

Yeah. And you know. Sometimes you get there, sometimes I'm. It's really hard to get there, but once you're there and you see what's going on. Yeah, it just make it. Just lifts your whole day, so you.

Speaker 1

Did you say that your partner also does pet therapy?

Speaker 2

Yes, and my partner works in aged care as well and so, but he does he. So he's employed by families too. So he goes like today he's with a client. That he sees three times a week, but he goes into the nursing home and acts as an extra carer. So, but he will do. Yeah. So he's on top. He doesn't work for the nursing home. He works directly for the family. So he goes in and does extra cleaning, you know, is more so this this family don't live here. And the mother doesn't want to move, and it's hard for them to get here, but they want to have the security in knowing that someone's down there looking out for mum, you know? So Warrick, checks that, you know, her beds are made, that she's dressed, she's hygiened, all that sort of stuff. But Molly.

Speaker 1

Right. Yeah, I wasn't sure. But he took Molly with with him?

Speaker 2

But Molly goes to those visits when not with me. Yeah. Yeah, yeah, yeah. So, which is really good because the client loves Molly and, you know, and when Molly and it's not a visit, that say Molly would do with me. Molly just goes and sits on her bed in her room.

Speaker 1

She doesn't wear her vest. She's just there to be.

Speaker 2

She's just there as a dog. Yeah, yeah, yeah, yeah.

Speaker 1

Interesting thing to know, the difference that the about how you when you put the vest on her. That she changes.

Speaker 2

Yeah, she does. And look, to be honest, the facility that Molly is at now is the one that I visit weekly. Right, and so the care staff up there they go. She's so naughty when you're not here. But that's Molly being a dog. Yeah, right.

Speaker 1

Or is it nice Dad mean dad? like. Yeah, well.

Speaker 2

No, no, no. Yeah, maybe. But no, like, it really is incredible. She really knows. Is that that the difference between when the vest is on and when the vest Is off. And I always tell people because people are like, she's so calm. And I'm like, she's not, don't know even want to chase the chickens, you know? Sorry.

Speaker 1

Very interesting. It is I look, I don't know if that's going to be the same. That's how it. Is for my dog. I've I've heard. Well, yeah, I've. I have heard that before. So what everyone else says, and you can, you know, obviously more than welcome to read my research once it's been completed, I'll make sure that I. I can send that through you. Do you? So that was like the most of my, like, questions that I had for you. Do you have anything any questions for me or anything? That you wanted to add. No.

Speaker 2

No, I I I think those questions really cover everything. I'm just trying to think of other aspects of the job or.

Speaker 1

Take your time.

Speaker 2

I think we really covered everything you covered how what the dog sort of gets from it and that's really hard to explain. But I know that once you say Molly in action, you'll completely get it. You'll just get it.

Speaker 1

And that. Well, yeah, that's kind of why we're bringing the, you know that animal in like obviously I can never ask Molly how she's feeling. So what we can do is use the tools to observe her and see how her body, like her reactions, are in certain situations and her behaviours. I'm really so. Thank you. Like so much for, like allowing us to, you know, for participating in this, because it really does help. It's. I can see your passion and how much you love it, and I'm the same, even though I don't do it, but definitely will one day just not. With these two crazy kids.

Speaker 2

Maybe The thing is what I really want. To see is. Everyone knows the benefits of pet therapy for the patient or the person receiving the therapy. Yeah, but we're really struggling to get volunteers. Right. Really struggling. I mean there there's probably about another 200 facilities that we could go into.

Speaker 1

Wow, yeah.

Speaker 2

But we just don't have the volunteers and I think so. If you're doing research more or less on. What the benefits of being a handler at for and what are the benefits for the handler and the dog? Well, that's something that we would be able to use to market and to to to hopefully encourage more people to come out and just give an hour or two of their time once a week. I mean, I do more because I want to and and I'm fortunate that. I can, you know, but really what it comes down to, if you can just give up two hours a week with your dog, you know.

Speaker 1

Yeah, yeah.

Speaker 2

And but people just don't understand. Like all my friends are like. I can't believe you go to the cancer clinic. How can you go to a nursing home? They're so depressing. But it's not like that. It's just not that. It's not that at all because and look, I understand walking to a nursing home that smells and, you know, people just lying there, not doing anything and I get all that right, but I don't know for, for going in and doing what we do. I see it from a completely different point of view, and the fact that, well, if we didn't go in, these people would see no one. Yeah, you know, and so that just for me that just makes it worthwhile and and some of the residents that don't move and just sitting in a chair. I mean what a highlight for them for that week. You know what a highlight and I know that some of the dementia patients even remember Molly. And they and they look forward to it. You know, quite often there's one lady that who has dementia and she says to me, I was thinking today I haven't seen Molly in weeks, you know. Yeah, but it was probably 3 days ago. But they remember.

Speaker 1

Yeah, it's just crazy, isn't it? I just, yeah.

Speaker 2

I don't. I can't explain that. I can't. I don't try to ever explain these things. It's it's the I say it's the power of the puppy.

Speaker 1

Oh, I like.

Speaker 2

That, yeah, that's exactly what it is.

Speaker 1

Actually really like that.

Speaker 2

Yeah, it is the power of the puppy.

Speaker 1

Title for my research.

Speaker 2

Yeah, great. Well, my and you'll see when you get into this, you'll see the power of the puppy. It's really, really incredible. And I fully believe that they understand. And I think for Molly, it's the smells. I think she. So I just think she associates the cancer like she she is a different dog between visits too. Like the cancer clinic, I think she can smell the chemo. I think she can smell the differences in in people's bodies. And as I said, you know, she's always better with the cancer patients.

Speaker 2

I think. She’s great with everyone.

Speaker 1

This is what I’m here for, your thoughts. That's what I want, see.

Speaker 2

Yeah, she's great with everyone, but I really feel she has a special connection with the cancer patients. Yeah, I've never said that to anyone. Before, but that's a bit weird.

Speaker 1

I can remove that from the script if you want.

Speaker 2

No, no, no, no, I look, it's. Important, but I it's not something that I was.

Speaker 1

Sorry, how do you think that? Like, how do you know? That what is? It about what is it that makes? You think that?

Speaker 2

Her body language, the way she snuggles in. Yeah. And. And a lot of the clients say a lot of the patients saying that ohh. I can feel her pushing against my body like she snuggles in with them. And yeah.

Speaker 1

Please wait. I can't. Wait for her to snuggling into me,if that's allowed.

Speaker 2

She goes to sleep on people when they're patting her, she'll just go to sleep.Right. So they feel her entire weight on her. Right. And I. Think I think that has something to do with it as well, like the the weight of the puppy on the patient and I guess it's soothing. Maybe I don't know, but how? How do you explain someone’s been in pain and nauseous and as soon as the dog gets up there it goes away.

Speaker 1

That's great.

Speaker 2

Don't get it. Can't explain that, but I've seen it happen.

Speaker 1

That's all that matters and that you're contributor to that. So that's. Really, really beautiful. And it's.

Speaker 2

Yeah, yeah. And look, and I always, I always try and make sure that Molly's the hero in our interactions, but at the end of the day, I. Just freaking love it. Yeah. Yeah, yeah, yeah, I. Do I really do.

Speaker 1

Yeah. Oh, that's so lovely. Oh, it's. Been so nice to talk to. You I really enjoyed. Thank you so much.

Speaker 2

All mate, I'm just stoked you're doing this. Like as soon as Sharon put it out there. I'm like, BOOM.

Speaker 1

Yeah, you wrote back straight away.

Speaker 2

Yeah, definitely. Yeah. It's very important work you're doing and.

Speaker 1

So thank you, yeah. So is yours! your work is very important.

Speaker 2

I do it. No, mine's fun.

Speaker 1

Well, this is fun, but the writing won't be.

Speaker 2

No, this is we need, we need research and we need, like people are beginning to understand the benefits, but they're not understanding the benefits for the dog and for the handler. So, and that's what and that's why I think this. Is just super special because.

Speaker 1

Without that, it doesn't exist. That's right.

Speaker 2

Well, without that, how? Do you motivate people to do?

Speaker 1

It. Yeah, well, that's what I mean. Like, without you and Molly, there's no therapy. So then there's no helping them. And yeah, that's exactly what only you know, as I said, this is an honours research. It's not a PhD. So I can only do what I can do, but this is a start. You know there's yeah, there's no research in Australia on this. So hopefully if it does even get one more person in Into this field- which me. I'll be the next person I've this has taught me that I want to do this so not yet gotta finish my degree, but it will be something you know that I would do in my life.

Speaker 2

Right, look it it doesn't. You know what I would like to also see is. And we've and I know that paws have done this a couple of times this, but kids working on the spec. Kids on the spectrum are really good handlers.

Speaker 1

Yeah, right. OK. That's a very good point actually.

Speaker 2

You know, so why aren't there programmes based around this?

Speaker 1

Why don't you make a programme now?

Speaker 2

But yeah, you know, I I just the other thing that I I wanted to say to you too is that when I go to the cancer clinic, I never ever, ever speak to someone about their. Condition or what they're there for? I never ask because I believe that my job is to distract them from that.

Speaker 1

OK, that's interesting. So.

Speaker 2

And I think that's a really, really, really important point. Like, look, they will talk quite often. They'll tell you what's wrong with them and what treatment they're having. I never try to make comment on it. I you know, and I, you know, all I say to them is is I say, look, I've, I've been coming here a long time. Every week I've seen some amazing things happen. And he, you know, but and you know. And so but my job is to distract them from that. And quite often the chemo is the easiest part of their treatment. It's what I hear constantly is doctor's appointments, scans, blood tests. These things are happening. Every day outside of the treatment and it's all the appointments and everything else that really weighs down. People, when they come to chemo, it's kind of like ohh, you know. So that's why I think when we take the dogs in it's we talk about everything. But my favourite question to ask people who have lived in the area all their lives is ohh it's a great one. I just see you've lived here all your life, have you? What change have you seen? Ohh mate, it gets them talking for hours.

Speaker 1

Have you lived there your whole life?

Speaker 2

No, I haven't. I moved down 10 years ago.

Speaker 1

OK, OK. Well, I've lived there before you so

Speaker 2

Yeah, yeah. Yeah, exactly.

Speaker 1

I went to Bowral Primary and Bowral High.

Speaker 2

Ohh there you go. So yeah, but you know, and that's the whole thing is about distraction. We're not there to talk about. You know their condition or you know we don't talk about that. We just talk about everything else but so and that's and I feel for me to to be going in there. That's what my job is. It's a distraction. Yeah. And you know, and I think that's very important to have in your mindset. As a handler. And to make it about the dog.

Speaker 1

Right. So can you give me more information? So you?

Speaker 2

Well, just making. Sure, that it's not about the connection that you have with the patient as the handler, you wanna make sure that the patient or the resident has that connection with the dog.

Speaker 1

Why don't you?

Speaker 2

So I always to begin with our focused conversation about the dog. Yeah, right. So I'll tell them Molly was a rescue, rescued her at six weeks and. We talk about the dogs so that they're focusing on the. Dog and then that way I I see them relaxing to it more and then they pat her more and interact with her more. And quite often, if they're patting Molly and they stop, she throws her head up. Hey. What's going on? You know, I want more!

Speaker 1

So why do you? Why did you? So you said before that you don't want the conversation to be about yourself. Like can you?

Speaker 2

Well, no, I'm happy to talk about me, but it's not and I'm happy to talk to them if they want to talk.

Speaker 2

Yeah. And I'm also happy, as I said, I had a patient yesterday. I knew she wasn't well. And I said, look, I I'll visit with you, but we don't have. To talk today, yeah. Wait, just enjoy the dog. Just enjoy the. Warmth, pat the dog and then. Yeah, I don't want them to feel that they have to talk to me. No, I don't, you know like.

Speaker 1

Yeah. No. But I mean, you're a very open person, so I'm, I'm. Sure that it would. OK, but yeah, OK, that's interesting.

Speaker 2

I'm never short for a word.

Speaker 1

I know we could be talking. All day. Yeah, yeah, yeah. I'm excited to see you. It's going to be lots of fun.

Speaker 2

I've I've learned so much from the people that you know, it's great. It's fabulous so. Ohh I've gotta have a look. Yeah. Oh. Oh, my God. What a beautiful. Boy or girl?

Speaker 1

You run away. This is Lucy. I'll just. I'll get her up. Again, hold on. Yeah. Lucy, sit. Hold on. How do I get rid of my background? Give me a sec. No, don't mind the.

Speaker 2

Hello. Oh my God. What beautiful dogs.

Speaker 1

The Baby and this is Scooby. Come here, baby. This is my number one boy.

Speaker 2

Ohh, look at your beautiful eyes.

Speaker 1

Gorgeous.

Speaker 2

Ohh absolutely mate.

Speaker

So I'll go back.

Speaker 2

They’d be perfect therapy dogs, by the way.

Speaker 1

I don't know. Husky is a bit wild. He's beautiful. He's very emotional. He's so emotional and very. He's just a bit big and a bit grumpy. I think he, if he's in a good, calm environment, like you said, he's good, like he's good here. But then if he sees something that is more important than you. He will get distracted. Yeah, he's. He's distracted, but on it because he's very emotionally intelligent and very calm.

Speaker 2

You're going to learn, though, throughout this research you're doing cause you will. I'm hoping you work with some big dogs we'll just see. How good they. Yeah, I I reckon you’ll change your opinion.

Speaker 1

OK. Oh yeah. Yeah, OK, cool. Maybe. Alright, this is what I want. Hopefully I would like to be. I'd like to do this and I want to do it and I will do it, I just don't know whether these dogs are the right ones.

Speaker 2

We I mean you know your Dog best, but you'll. See, quite often we do visits. So for we did when the kids were killed at Picton earlier in the year. Yeah, those all those kids we went to Picton high and did work with the children from the school after the accident. And so. But we worked as a team, so we had big dogs. Dogs and mate the big dogs are amazing as well. Like, you know, they just do such a good job. It's really. Yeah, it's really amazing. So and I always say because people say ohh, I've got a big dog and I'm like, mate, big dogs are great.

Speaker 1

Like usually like I prefer big dogs.

Speaker 2

Ohh I. Yeah. No no.

Speaker 1

Well, I just know, like you said, you know your dog best I don't trust them. It at this point but.

Speaker 2

Yeah, yeah.

Speaker 1

I haven't gone through all the training and things. So you. Never know I I.

Speaker 2

Yeah, well, you might be surprised, mate.

Speaker

I'll get there. One day in time, I'll do this. Uni 1st and then we'll move. On to the dog therapy soon.

Speaker 2

Yeah, exactly, exactly. What facility did you want to observe, Molly in? What do you think?

Speaker 1

I mean, after listening to you, I would have rather to come to the Cancer Research, but unfortunately due to our ethics, the process with ethics for NSW health venues is quite extensive and we didn't have enough time to get approval. For that so.

Speaker

OK.

Speaker 1

Anywhere that's not NSW health, so no public hospitals are fine.

Speaker 2

Come to the nursing home then such a good visit.

Speaker 1

Would be great. Yeah. Thank you so much. Do you have anything coming up that you?

Speaker 2

Yeah. So I will be there.

Speaker 1

Because my grandparents and my sister are there as well, so easy for me to.

Speaker 2

Ohh fantastic easy easy. So I'm there every second Monday so the next one will be the 19th of June.

Speaker 1

Every second Monday. OK is that?

Speaker 2

At 2:00 o'clock.

Speaker 1

The only day that you go.

Speaker 2

Beg yours.

Speaker 1

Mondays are the only day. That you go.

Speaker 2

Yeah. To that facility.

Speaker 1

Yeah, that's fine. So I need to. I sent Sharon some consent forms for the. Facilities I haven't heard back from that specific facility. I'll e-mail her. Uh, could I have the name of it, please? The facility. The name of the facility.

Speaker 2

Oh, it's anthem, yeah.

Speaker 1

Yeah, Anthem in Bowral, I will ask Sharon to. Um, send the consent forms to and we'll have to wait and hear back so. You said it's a group.

Speaker 2

No. So we the visits at Anthem we so. We visit the whole facility, so how it works is generally we just have our routine, but it is one-on-one. OK, OK. So they're not like sitting around in a so and we're just going from dog to dog. We go to each room.

Speaker 1

OK, gotcha. One room next. OK.

Speaker 2

Across the, I mean in the common areas, you know there might be four or five people sitting, but we spend 10 minutes with each person.

Speaker 1

Gotcha. Well, I only I would only need a small amount of data anyway. I don't.

Speaker 2

OK.

Speaker 1

Need to have every person I could just see like one to four to four, one to three. Uh, and what I'll do is I need to get consent from the facility 1st and then from each person that is agreeable to participating in. So say I get three people. It's a bit tricky to manage this whole thing with.

Speaker 2

Yeah. The other thing is too are that a lot of them are dementia.

Speaker 1

Right. So you're not sure what?

Speaker 2

So how do? You get consent for that.

Speaker 1

They can. Not sure, OK.

Speaker 2

I tell you what. We could get …. to do it. …. would definitely do it.

Speaker 1

Is that the name of? One of the.

Speaker 2

That's one of the residents. Yep, …..

Speaker 1

I'm going to delete. These names from this script as well.

Speaker 2

Sorry, sorry.

Speaker 1

It's OK. No, no it. Doesn't matter. This is for me. To look through.

Speaker 2

Yeah, yeah. Look, there would be a number of residents that would would sign it and we can get their consent on the day anyway.

Speaker 1

Yeah, OK. So if I, it's good to know that it's one-on-one. So if I get. If I get consent from Anthem as a whole and then bring on the day some consent forms.

Speaker 2

Yeah, that should be fine.

Speaker 1

I was wanting to video but I don't have to. The videoing was only too in case I missed something at the time, but if that's the.

Speaker 2

No, I I think …., this resident would definitely sorry, this resident would definitely be in, wouldn't have a problem with that.

Speaker 1

OK so. OK, even if I've got one, that's fine. It's it's a start. It's better than nothing. And also I might have to because I usually do work on Mondays. I'm gonna have to wait for a couple of weeks, so it might not be. It might have to be the one the fortnight following that, so if. You're going on the 19th. It will.

Speaker 2

Be let me speak to Liz at Anthem myself. If I'll ask cause she always says to me. Andrew, if you ever just wanna come in, come in. Right.

Speaker 1

No, no, no, you do not need to go. Out of your way, that's fine.

Speaker 2

I'm not. No this is important. I told you. I don't raise my finger often.

Speaker 1

You’re putting in so much effort in for me, so we appreciate your line. So I'm happy to come at the time that you go.

Speaker 2

Not at all, mate. It's very important.

Speaker 1

I don't want to put you out, yeah.

Speaker 2

Really I can can working with you.

Speaker 1

It's fine, I just. It's fine to move things around, that's all. But thank you for offering to come when you go. I just have to make some time. So.

Speaker 2

That's OK.

Speaker 1

Well all the information you've given me today has been very, very helpful. So I'm going to have a lot of things to work on in the. Meantime anyway I. Will contact Sharon and ask her to send the consent forms to Anthem, and if you could speak with. Liz, that would. Be great, yeah.

Speaker 2

I'll speak. They're really cool down there, so yeah.

Speaker

They're really good.

Speaker 1

And then would I be able to be in? Would you prefer me to contact you via e-mail or text? If I want to.

Speaker 2

Mate, I'm easy. Whatever. Give me a call.

Speaker

I can tell.

Speaker 1

Alright. Anyway, alright, I'll. I'll be in contact with you in the next couple of weeks and meet up time so.

Speaker 2

OK, no worries.

Speaker 1

You're on the 19th, and then you go fortnightly at 2:00 PM.

Speaker 2

Well, not really.

Speaker 1

OK, OK.

Speaker 2

Yeah, hang on. I am away. I'm going skiing. Yay. Yeah.

Speaker 1

Hey, leave the cold to go to the cold.

Speaker 2

Yeah, exactly. I love the cold, you see. Let's say the 19th, the 3rd of July. Yeah. The 17th I'll be away. But back for the 31st.

Speaker 1

OK. So we've either got the. 19th of June. Which is probably not going to happen 3rd of July or the 301st of July correct? That give me lots of time to work with and very, very much. That would be amazing. Thank you so much. Even if we just get the one client that's still gonna be very helpful, because I'm just watching Molly. It's not watching you. I'm not watching the client. I just need consent to be there. But I'm. It's all about Molly.

Speaker 2

Look, I think I really like you to see her with the nonverbals and and whatnot as well because. It really is amazing. Like it just. You know, I had this. This last week, not this lady. She just sits in this chair, bucket, chair and dribbles and just nothing but put Molly on her. She starts smiling. She interacts with you and it's. It's incredible it. It's just, it's so much fun. It's just. Right. You know, so and I want you to say that because that's what really and I'll speak to Liz next week when I see her and I'll just tell her the situation and see what we can come up with. Maybe they can contact some family members and get them.

Speaker 1

Yeah, yeah. Yeah, that's what I'm thinking. I could send some some consent forms through to you. I have a couple of different ones and we could definitely not use video in that situation. I wouldn't want to. Put anyone in.

Speaker 2

We'll send, let me speak to Louise.

Speaker 1

The video is only for myself. To view it, review it and then it will be deleted in case.

Speaker 2

Il talk to Liz. And have a chat to her and see what she can come up. With there the this facility. Of such advocates for pet therapy, so they'll really be behind it. So yeah, like Liz, the lady that does the leisure activities there, she just loves our visits just like.

Speaker 1

Right. Thank you. Right. OK.

Speaker 2

And this facility is one of the best facilities that I've visited in terms of nursing homes. Yeah. So they're just onto it. They're really good so. I'll have a chat to it for you and see what we can work out. That's OK, because I really, I want you to see it with the dementia patients. And then with the non-verbals and then with others that.

Speaker

Thank you. Thank you so much.

Speaker 1

Yeah. And the same dog with different patient. It would be good to have, you know, not one dog with one patient, but one dog with a few. So then yeah.

Speaker 2

Yeah, because you'll get to see how she interacts with the different types of situations that she's in. So and each time she's very different. So.

Speaker 1

Yeah, I think.

Speaker 2

Sometimes like, you know it's there's one lady that holds her up here like this. Not comfortable with that, but she puts up. With it right the.

Speaker 1

Strangler. No, that's not the strangler.

Speaker 2

And then there's others that. She just falls onto, you know, so each interaction is really different.

Speaker 1

Yeah. OK.

Speaker 2

I yeah, but let me see what I can organise. Liz is really good. So we'll get on to that. No worries, Laura. Awesome.

Speaker 1

Thank you so much. Well, I will send you, actually I'll I'll send Sharon an e-mail. I might CC you in if you don't mind and explain and put the consent forms in that way, we can have a chain in case we configure something.

Speaker 2

Not a problem.

Speaker 1

And then yeah, but thank you. So, so, so much for your time. It's been really. Great to meet you.

Speaker 2

Absolute pleasure, mate.

Speaker 1

And I really, really enjoyed it and I'm looking forward to seeing you and Molly. So if you think of anything else that you want to add, you can always text or email.

Speaker 2

Yeah, great. No, I thought your questions were excellent. And really on mark, so yeah.

Speaker 1

Right. Well, thanks for being my first. Participant, I really.

Speaker 2

No, it was. It was really good. I really, really. Enjoyed it so yeah.

Speaker 1

Thank you. Me too. Yeah, alright, thank you. I need it.

Speaker 2

Good luck mate. I'm so excited for you.

Speaker 1

Alright. Well, I'll see you soon.

Speaker 2

OK, Laura, take care, mate. Chat soon. Bye.

Speaker 1

Alright, thank you so much.