## Data attached to Work Package 4 of the Designing for Healthy Cognitive Ageing (DesHCA) Project

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## Data Archive Link and Reference

McCall, V; Rutherford, A (2024): Serious game data archive for the Designing for Healthy Cognitive Ageing (DesHCA) Project. Version 1. University of Stirling, Faculty of Social Sciences. Dataset. http://hdl.handle.net/11667/227

## Background

The Designing for Healthy Cognitive Ageing (DesHCA) aimed to test, understand, and identify facilitators and barriers for various stakeholders, including older people, in achieving cognitively sustainable housing, in both new-build and retrofit contexts.

The DesHCA project has developed a co-produced legacy tool called ‘Our House’ as part of its Work-Package 4, led by Professors McCall and Rutherford. The archived data attached to this work-package has been generated from 10 playtests of the serious game legacy tool that was developed. Our House is a serious game that was developed to generate research insights on how to deliver housing for older people that is cognitively sustainable and inclusive.

## Overview

This is the transcript from playtest session 5, which took place on the 14th of June 2023. The playtest comprised of 8 participants.

This transcript has been fully anonymised, with all identifiable characteristics, including the participants’ names, removed, or replaced with pseudonyms.

I1: Okay, on?

I2: Yeah, yeah, good.

I1: Right, okay. Thank you, everybody, so much, that was really dynamic, there was lots of different debates going on at each table. You were all grappling with different priorities, and challenges, and barriers. But I think you've all done really well for your people, to be honest, as well as you could. Real business cases, real thought through, putting that person first, always, in your decision-making process, was consistent across all of the groups. Sometimes you were forced to move, but these things also happen. So, I just wanted to have a little wrap-up discussion. You'll notice, I've put a little feedback form just in front of you, all your written comments are really welcome, because they're just, they help us so much, just getting that generalised feedback. So, do just chip away at that, while we're having the discussion, if that’s okay, and we'll get them at the end of the discussion.

But on the higher level, I was hoping that we could have a little think through, basically, let's go around the room, like we did in the midway point, tell us where you landed. What has informed your decisions in the building of the house, but also the adapting of the house? Did the game help you visualise your own home, and also the homes that you work with, professionally? Did the examples today, life changes, explore, help you understand ageing, and looking forward, you know, future-proofing, as well, in your homes and your environments? Because we're also looking at the town, and the impact. And there was good debates there about being close to services, and things like that. So, I'd love to capture all of that, if that’s okay. So, I'll go around this way again, if that’s okay. And I will pick on Theo a little bit, because he came to me with a very important point, which I requested for him to repeat, around the safety negotiations.

R1: Yeah.

I1: Because of your background in policing.

R1: Yeah, okay, I'll touch on that first, Vikki. I'm a retired police officer, a retired police inspector with Police Scotland. And needless to say, during my service, I searched for quite a few people who had been reported missing, and suffering with dementia. I would say, as far as nine times out of ten, they'd be classed as high risk, that means that every resource that we have possible would be despatched to go and try and find them. So, that’s a bit of background. So, some of the locations that we had, and talking about that, I would try and not to put a police hat on at times. For our person, Susan, well Susan lived in Eastleigh, and she has, her cognitive ability was deteriorating, and she was walking out in the middle of the night. If you look at Eastleigh, which is where Susan lived, I hate to use the expression, the fear of God, but she has the A911 bypassing the back of her property.

So, that would immediately raise concerns with regard to the immediate search for Susan. We've found Susan, we've found her at the side of the road, we take her back home, that immediately concludes that incident. But it doesn't stop there for us. So, from a policing perspective, what would happen in Susan's case for that is, we would notify our…I can't say it anymore because I've left the police…but we would notify social services, and the housing, the social housing she was actually in, and notify them of the actual incident. And that will probably trigger conversations from a multiagency partnership approach with regard to whether Susan's accommodation is suitable for her, or if she was placing herself more at risk. Which, looking at it from this perspective now, and thinking of me being Susan, it's totally against what I've been dealing with for the last 27 years.

So, it just gives a different perspective on it, if you like, so there are times when, ultimately, people can, you know, obviously live in their home, and they have the right to their own property, obviously, for human rights. But that just gives you an indication of how the police, social services, housing, they all work together. Because the other thing for Susan is that she leaves the cooker on, and she has an oven, and she lives in a block of flats. So, that’s when the fire service will become involved, and certain discussions will be had about Susan's property, and whether it's Susan, for her, puts herself, or others at risk. And the key bit from a policing perspective would be, and others at, because she clearly has in those scenarios.

However, in saying all that, during this scenario, Susan stayed in the flat. Because taking her wellbeing into account now, after all of that, so we thought that if we moved Susan out of her property, and moved her somewhere else, she would just gravitate back to her property, because people with dementia, they tend to go back to a place that they know best. So, that was the decision that we agreed to, that clearly the best option for Susan was to stay where she was.

R2: We did have a lot of discussion that it wasn’t necessarily clear…

R1: Yeah.

R2: …if adaptation is actually going to improve. Because it said, the description is quite general, it's saying, the home is very challenging. It doesn't say specifically what about the home is challenging. There's issues with not being independent. There's a lot of adaptations that have already been done; the adaptation score meets her level of need. So, it's like, how many more adaptations can you throw at a situation, and will it actually help. Do we go back to the previous situation where she'd been offered a care package, and she declined it, is it now maybe time to reconsider and have, you know, people in, people around to try and help with some of these things. It wasn’t really, we weren't really sure, I think there was a couple of different avenues. But it's at what point do you decide that another adaptation is probably not going to be the thing that is going to make the difference. And it's getting some other, kind of, intervention put in.

R3: The other bit to chuck in the mix here, and I think it's, Theo, your point around, you know, sort of, the safety and wellbeing. That if – was it Susan – if Susan had been prone to causing fires…

R1: Yeah.

R3: …or creating fires, then it's how the neighbours in that whole neighbourhood would feel, and that risk, you know…

R1: Yeah.

R3: …throws up other issues about safety within the home, safety within the building.

R1: Uh-huh.

R3: Some people get agitated, it's a lack of understanding, but it's the impact of risk.

R1: Yeah.

R3: And that would place problems on the social landlord, in terms of trying to balance the needs of Susan the tenant, and the neighbours.

R2: Yeah. And in terms of wellbeing, interestingly, what we had, sort of, decided is that the daughter who was there providing care, all of these adaptations, especially around the assisted technology, and things, has probably actually increased the daughter's wellbeing, more than the individual themselves. So, it's provided them with a bit of security, and a bit of certainty about their mother's whereabouts. But the mum's not wearing the pendant, you know, she doesn't press it, she forgets to put it on. So, really, has that made a difference to their wellbeing? So, it's quite an interesting, kind of, crossover.

I1: Yeah.

R1: Yeah, it's quite interesting, because if I had…and I'm not going to discuss individual cases I've dealt with in the past, but there's one particular example. What we found difficult in the police was of a person who owned their own property. So, I had one who owned their own property, and they had family who lived in England, so he was isolated up in his own home in Scotland. And that proved really challenging for all the partners involved to try and keep him safe in his own property. And he didn’t want to leave his house. But he was subsequently diagnosed with the onset of dementia, and was causing quite a few concerns in the village he was in.

I1: But it's interesting that you were all, you all talk about it slightly differently, when talking about the professional opinion of risk and safety, but then, Theo, you said, but when I was Susan, and making decisions for Susan, I was staying in my own home. So, big difference.

R1: Yeah, yeah.

I1: Yeah. And I think, your household approach, to then think, okay, what about these changes for the household's wellbeing, and the carer wellbeing, was very well discussed, as well. So, I think you never had an easy decision at any point for Susan, and I think that does mirror, you know, the difficulties on the way forward. So, you've done very well, thank you, Susan's, I think…but she is in a home that is adequate for her at the moment.

R1: Uh-huh.

I1: So, has her wellbeing gone up, or gone down, where do we settle?

R2: I mean, I think, so it might have gone down a little bit…

R1: Yeah.

R2: …because we thought, you know, she's got the adaptations, her wellbeing has improved. But then we get the new information, and she's really struggling at home. She's got all the adaptations, she's still struggling, so perhaps her wellbeing didn’t actually improve when we thought it did, at all, and she's, kind of, still in the same place.

R1: Yeah.

R2: So, again, that was the question about the adaptations, which of these is actually going to improve her wellbeing, and it really wasn’t, there was no clear and obvious answer if anything really would.

I1: Yeah.

R1: I think we started at six or five, didn’t we, and then we jumped up to 12, but I feel we dropped down a bit towards the nine, ten level. But certainly, from the onset, to where she is now, even though her condition has worsened, I still think her wellbeing is probably in a better place than it was when she first started.

I1: Yeah. And imagine if she had no adaptations…

R1: Yeah.

I1: …so where would that be now, yeah.

R1: Yeah, and also, no daughter.

I1: Yeah.

R1: Yeah, no carer, yeah.

I1: Absolutely. So, well done, so I think Susan can settle there, I think that sounds well reasoned, well done, you did so well. So, now we'll go to Joseph, and it would be good to hear your thoughts, your priorities, the barriers that you faced, et cetera.

R4: So, we unfortunately had to make the painful decision to move Joseph out of his city centre bachelor pad, and just move him over the railway line to Newtown, where there was a greater…still keeping Joseph near to the amenities that he had become familiar with but putting him into a safer environment. And we were able to secure a garden flat for Joseph. So, he had this aspiration previously about moving to the coast, which it's not quite coast, but it's the private space, the opportunity to get out and about. We had, what we know is that Joseph had developed MS, so at this stage, some mobility problems, that physically will change, and likely to be in a wheelchair. So, there was a lot around what are his current needs, about how can we ensure that wherever Joseph moved to was going to mean for future needs.

So, we were able to accommodate much of that within the flat that we found for him, with some minor adaptations, that the money person was able to prove. So, that was primarily around making sure Joseph could get access into the garden himself, so wasn’t relying on support. That there was the widening of access leading into the property because it was likely Joseph was going to need some walking aids to get out and about, but in his home he'll be fine. We factored in that there might need to be a carer living in, so there's a separate bedroom beyond his living space to accommodate that. And what else…we've applied an element of assisted tech, primarily in the bedroom initially, because that’s probably where Joseph might be prone to fall when he's getting in and out of bed, or going to the toilet on an evening, or whatever. So, and a bathroom with a wet-room shower.

So, I think we were happy with the choice we'd made for Joseph, in consultation with Joseph, of course. But, yeah, no, we think very much. And in terms of his wellbeing, it had dipped, I think previously we were at 11 and I think it's probably back up to 11. So it's, you know, obviously, life changes, health changes, but in a good environment that can still support his independence. We had a lot of discussion about the kitchen, and that’s the obvious that we would have looked at adaptations. But knowing that Joseph was not a cook, and he liked to go out and about, and eat out, or you know, socialise, we thought we were better investing in other parts of the home, just to give him that.

R5: And he wasn’t yet in a wheelchair as well, so you know, the house was developed. So, we looked at it from what was the easy things in terms of, and what were his exact needs. And then anything on the sort of, horizon, for the kitchen, et cetera, would come at a later date, with future adaptations.

I1: Yeah, so step by step in regards to future-proofing.

R5: Yeah.

I1: But with that in mind, because you'd adjusted the door-frames, and things, just to plan for that. And I think what you came across was the helpfulness of an official diagnosis.

R4: Yeah, yeah.

I1: You know, the unknown versus the known, and how much that is reliant on accessing help and support, and the right kind. And I was really impressed with your alignment with what Joseph needed, with his actual lifestyle, as well, so yeah.

R4: Yeah, it's person centred, but that suits Joseph, but it might not suit somebody else.

I1: Yeah.

R5: Because even in terms of, like, we went for the large living room, and I know we touched on that earlier in terms of, you know, when we were talking about the design, about having windows, and all this. This was actually much more about; it was talking about how he felt isolated from his friends. So, if he's got more of a social space, he can bring his friends back into his house, because he can't get out anymore, so that.

I1: Yeah.

R4: And the diner, as well, the kitchen/diner, so there's a huge lounge, and a kitchen/diner as well.

I1: Yeah, a house made for socialising, yeah, exactly.

R4: Yeah, so instead of going out, they can all come in.

I1: Yeah. I think you did very well. And you had a tough task because of the tenure, the private rent, and there was maybe less options available to you, initially, so negotiated well. And a good business case, I think, for the grant money. Great. So, how are Sean and Kerry getting on, then, as well?

R6: Yeah, we think they're getting on well. Now, we did decide to move them. We didn’t really want to do that, but I think it was a bit like yourselves, it was just getting to the point where, how many adaptations could we put in place, and is it going to make a difference. And also, so Sean has had an accident while travelling, and he's broken his hip. So, his physical needs went up a lot more. And Kerry has stabilised, but her cognitive abilities have still declined, and she's been diagnosed with Alzheimer's disease, now. And where they were living before, up in Barrow Village, there was a real lack of public transport. And with Kerry's cognitive ability declining, and then Sean's broken hip, we realised that neither of them could drive. So, we wanted to move them.

And because of their budget, we managed to get them a two bedroomed flat. We did initially move them to the Mandalorian Estate, and then realised that was a bit of a mistake, because that doesn't have good transport links either. So, we've, kind of, just moved them to Parkview, instead, which is closer to the town centre. So, they are both very active with their local community, and projects, so that will bring them a lot closer to that. And even with the resources that we had, we put in place 12 adaptations. So, we did, we funded most of it ourselves, and then put in funding applications for a hoist, and integrated assisted technology in the bedroom.

I1: Yeah. So, I feel that you had, financially, Sean and Kerry were a little bit better off, but actually, even with the extra finance and budget around adaptations, you decided to right-size, is that right, that’s, kind of, what you did, that process?

R7: Yes, absolutely.

I1: Yeah, and then you used that extra budget to invest in a supportive housing environment. Sean and Kerry did have a hard time traveling, they really need to maybe not travel for a little while, and recoup. But, yeah, good. And I felt that, just to capture, maybe, your thought process in the build, earlier. When you built your first home, and second, you were definitely thinking of future-proofing, in different ways.

R6: Yeah, and it made, the second round for us was relatively straightforward, and we put in very little adaptations, because we put a bedroom and a bathroom downstairs.

R7: And then it was the kind of, the third part of it [inaudible 0:16:51].

I1: Yeah. So, that mixture of access, yeah, absolutely. Has the game helped you think about your own home, by any chance?

R6: Yes, and it's limitations.

I1: Yes, interesting, yeah. So, it's interesting to then, would you go home and change anything after this game, for example?

R6: I think, for me, I wouldn’t change anything. I'm, kind of, limited in what I can change anyway. But certainly, if I were ever moving, I would be really considering the layout and the design of the house, so that for future, is it going to be suitable for any future adaptations I might want to put in place.

I1: That’s good, that’s helpful, good. So, thank you for Sean and Kerry, you did very well. And you were the first group to move them, and I think that was an interesting, and I think it was well reasoned, as well, so yeah, good. So, how's Ben? Poor Ben, how is Ben getting on?

R8: Flooded.

R9: Ben's had a tough one. Ben's very similar to Joseph, I think, in circumstances, and house flooded. So, we had lots of angst, because we didn’t, we knew Ben wouldn’t really want to move. But it just got to the stage where he had virtually no access to resources, or very limited. So, he lives in a wealthy area, in a bungalow that’s not fit, and he's been there for 40 odd years. And his community is there, he's part of the community council. So, the idea of moving him was really difficult, and then where do you move him. So, looking at the map was interesting, so he will be on the flood plain, but access to more public transport, for example, and public amenities, potentially. He did have quite a nice time thinking about his house, it was very similar to Joseph's – his flat – it's very similar. Just, if he could move from here to here, here are the things that he could have, to see if that would placate him.

But I think one of the things that’s striking me is just, it's about the physical environment, but it's all the social networks and support. And I know older people who have moved, and it's taken them, you know, five, six years to get over the fact that they’ve moved from their family home. I mean, one friend is still looking at properties to move back, and she's been away from her home for eight years and is up and down the road all the time, going back, and is still involved in the community there. So, I think just that, so access to social networks. And also, people, we were talking about advocates, because lots of folk have no idea what's available, or where to go. I was talking to old folk recently, and they were saying, what's an OT? And the daughter had just gone and bought them these grab-rails, and they were like, well we're not putting them up now, because we don't need them. Well, you do, I think we need to get them up pretty fast, and you need somebody to help you to show you where they should go.

So, I think that’s a broader discussion. But I think we've moved, Ben has moved to a ground floor flat, with access to a garden, because his open space is really important. Easy level access into the property, a good-sized living room, so just as others were saying, so he can have friends round. Two bedrooms, so that he's got accommodation for himself, and for some family, or carers coming to stay. And a wet-room shower, which was from the previous house, that he really needed. And a kitchen/dining area, so again, a bit more space there. So, he could get all of that within budget. But, yeah, for Ben, it was the funding, he was living in a house that was worth a lot of money, and he had absolutely no money himself, he couldn't access any of it.

I1: Yeah.

R9: So, I think, so just trying to think, where would he like to live if he can't live here, where else would be quite a nice alternative.

R8: For me, the thing I was, kind of, taking away from it is, immediately, my first thought was, it's probably, it's not adaptable, let's move the person on, which is maybe from my background, working in housing. However, when you used that wellbeing tracker, it was quite obvious, then, that even if you did all the adaptations, or you moved somebody to a property that was more suitable, if it's outwith their support networks in the area that they live, then it won't necessarily have a positive impact on their wellbeing. Which, I don't mean that’s not something I'd thought about before, but I hadn't considered it as much as I would have, in terms of just the physical adaptation.

I1: Yeah, yeah. And I saw a lot of debate when you were standing around the map, about these things, yeah.

R9: Yeah. And just the accessibility to transport, and services, and just being part of the local community. I think the other thing just to add, it's not strictly part of this, but the whole thing about adaptations. Some of the discussions we've been having recently about really attractive adaptations. It's, again, to adapt people's homes, but not just with the old, plastic grab-rails, and some of the ugly adaptations that you think, don't think I'd like that in my own home. So, trying to promote that much nicer design for people who need adaptations, it's almost as though, just people, particularly older people and disabled people, are not really considered as good purchasing power, if you've got money. So, I think that’s another thing, just reinforcing some really attractive adaptations, and not just some of the bog-standard things.

I1: Yeah.

R8: I think it highlighted for me, as well, and again, working from the social housing side of things, how much easier it is for a tenant of a social landlord to get an adaptation. But actually, conversely, how difficult it is for someone living in private accommodation.

R9: Yeah.

R8: Because, again, I hadn't appreciated, or forget, that there's a financial contribution they need to make, and if they're not in a position to do that, they're, kind of, stuck, so it's challenging.

I1: Yeah.

R3: The other thing that we've come across, and it's taken up quite a bit of discussion within the local housing strategy discussions, is about really encouraging owners to think early, and it's an investment. And yet, there's still a mindset that it's an asset to be passed down, inheritance, rather than it's your home, and you want to get the absolute most out of it as possible, and to think about it, you know, 15, or however, well before the crisis happens. And say, actually, if you want to remain in your home, start making the decisions now, and use the money for yourself, and don't be worrying about your kids.

I1: Yeah, yeah. Do you think a serious game like this could help with that?

R3: Yeah, I think so.

R5: One of the things I took from it all, when we were doing this exercise here about, and almost rebuilding the perfect home, is that there isn't that perfect home in terms of, you know. We're looking through, you know, because his needs had increased to, like, fours and fives, and we were looking through, and the fours and fives for physical and cognitive were few and far between. And I guess that’s reflective of the real world, so I guess that comes back to, actually, the first principles of design. And even before we get to adaptation it's, sort of, what are the easy wins in design that can get those physical and cognitive things up to that level, that makes the adaptations, and the ability to stay, so much easier.

I1: Absolutely. What easy wins did you have in mind when you were thinking about that?

R5: Well, like door sizes, you know. I mean, just having a door size that anything like a wheelchair can go through. I don't think, you know, if it becomes mainstream that a door size is slightly wider, then what difference does it make if you're buying or selling. Nobody is going to walk in to a house and say, I'm not buying that because the doors are too wide, you know. And, you know, room sizes, and things like that, and not everybody lives in a house like that, but small things like that can make a huge difference.

I1: Yeah, yeah.

R9: I think, also, with windows, we surveyed people who'd had an adaptation done, and just, I do really remember, because one of the comments was, well that was all fine, but actually, while I'm giving you my feedback, the window catches, I can't, they're too tricky for me. So, you know, I've got an arthritic thumb, so I'm noticing things that I can't grab onto now. So, for lots of people, actually, they don't have good grip, and some of these windows…well, that flask would be an example, you need two hands to do it, so there's some designs like that. But certainly, with windows, and door latches, and all the things that you do through dementia design, it's often said, you know, if you just make that mainstream, then that supports lots of other people, who don't necessarily have dementia. But actually, just with easy access, like Alfie says, doorways, and lighting, and kitchen units, and things, and they don't necessarily need to cost the earth.

I1: Yeah.

R5: Yeah, you know, it's become sort of mainstream in, like, commercial buildings, when they're doing, and designing for people on the neural spectrum, and people with autism, etc, and other conditions like that. And saying, right, well do you know what, to me, it doesn't matter what colour the carpet it, and it doesn't cost any more to have a carpet designed in a certain way. But actually, if you design it with that in mind, then people walking into the room, a lot of people walking into the room won't notice it, but to the people it affects, it makes a huge difference.

I1: Yeah.

R5: And it's an easy win, you know, in that sense.

I1: Definitely. Aurora, can I bring you in there, with your Housing Options Scotland hat on, as well, just to hear your thoughts?

R10: Well, what I would say, I mean, this is what I do every day. This is the way that we work, you know, people come to us, and older people, disabled people, military veterans, who have issues with their houses, related to their particular need. And we have to take all of the information that they give us, and then basically play this game, I guess. We do, generally, more, sort of, widening your options. So, if you decide your home isn't suitable for you, is it an adaptation, are you looking at moving, which tenure is going to be best for you, how much money do you have, all the things that we've talked about today. So, I'm very used to this sort of process, so it's quite interesting to see it, sort of, formalised in a game plan. But I think the thing for me, that I recognised through this game, but also through the work that I do every day, is that there always going to be compromise.

And that is, you know, I guess, ideal solutions do exist, but in reality, they don't, because people will always have some, kind of, constraint. Whether that's a budgetary constraint on their own finances, or whether their grant applications don't get accepted, or the type of property that they're in isn't conducive to adaptations, there's always going to be some kind of compromise. And that you can do what you can, but in Susan's case, that we were looking at, is that, you know, adaptations might not necessarily always provide the complete solution. They might only take you part of the way, and there'll have to be other considerations that you'll have to bring in. But definitely, the person-centred approach that you were talking about, is the way that we need to work, I mean, as professionals, we can say, it's not safe for you, and we have a better property for you, but is that what the person wants.

And there's a sort of, sliding scale, isn't there? Especially when we're talking about dementia, and other conditions, where people, sort of, lose their capacity. At what stage do we then, sort of, intervene, and say, actually no, you're not allowed to make this decision anymore, there's somebody else that’s here, because we believe that your safety is at risk. And there's just lots of different aspects to it, I guess, that has been demonstrated by the various different people that we've worked with today.

I1: That’s interesting. And would a tool like that be helpful, at all, with your clients?

R10: Yeah, I think so, because we've done something similar in the past, and it was more done like a questionnaire, rather than a game. And it was, essentially, for people over the age of 55, to start thinking about their house, their current house, if it doesn't meet their needs, and you know, would they have to think about solutions for the future. And what that is, it took you room by room, and asked you various different questions, and some of it was about, you know, do you have the physical adaptations you need, do you have access to it, and some of it was about the cognitive side, you know, do you remember to, turn the cooker off, all of these types of things. And you scored it in a similar way. You top up the scores at the end, and then you get this overall score that basically says, like, you know, right you're in this category, your home is suitable for you, you don't need to move, you're fine for as long as you want.

Right to the other end of the scale, which is basically saying, like, this home does not meet your needs at all, and you really need to start having a think about the options. At which point they would then come to us, and we'd be saying, right here's the alternative options, and here are the things that you can look at. But people don't want to think about it. Especially when you start offending people and saying that an older person is aged 55 and older, and it's like, but I'm not old. Yeah, so it's…

R9: I mean, yesterday, when I was on the train, the guard said, you've got a senior railcard, and I said, no I'm not a senior citizen. He said, you've clicked senior, you owe us £6. So, I'm glad he spotted that, but sorry, I had to pay an extra £6. But that, I think that’s a big issue, just about why people are refusing to think about it.

R10: Yeah.

R9: Because it should be easy to think about it…

R10: And it shouldn't be…

R9: …in your 50s, because you think, well I could have another 30 years, so it's, I can think now. It's much harder if you're 75, 85, and thinking, actually, this is all, it's too difficult for me to contemplate.

R10: Exactly, do it whilst you can, and then you avoid those situations like we're talking about, about not maybe having the capacity to make big decisions, your own life decisions. If you decide what you need early, and you make it happen, and you're happy with the changes, and you know it's going to last you a long time, then that’s great. But there's all the other difficulties about, you know, funding for future-proofing, and it doesn't, it's not a thing.

R11: But that’s all wrapped up with how people conceive ageing, isn't it? And I think we need to change the conversation, so that people see ageing in a positive way, you know, the joke being, it's better than the alternative. But, you know, it is about changing that, the whole conversation around ageing. And I think for people not to see ageing as being…

R10: Yeah, I think it's like what you were saying, you know, people don't want to then, all of a sudden, be saying, well am I going to have white, plastic grab-rails everywhere, and is it going to, you know, is my home going to become ugly. You know, I've spent however many years in my home making it beautiful, and now I need to rip it all out, and put in a, you know, plastic bathrooms, and all of that kind of stuff. So, it's definitely a, I feel like it's a hard sell, to people over the age of 55, 60, you know. I'm thinking of my own mum, she's like, well I'm not an old person, you know, she's only mid-60s. Although we have said that we would do a house swap, because my house is new-build, and a flat with a lift, and everything, and much more easily accessible. She's in an old tenement. So we've said, you know, at least we can swap at some point, and you'll have all the things that you need in my house.

R11: And you don't have to use, old, I think it's undermining everybody. Every person in this room…

R10: Is ageing.

R11: …is older than they were yesterday.

R10: Yeah.

R11: Or a week ago.

R6: I was going to ask, do you think…

R11: So, it's a relative term.

R6: …yeah, do you think, over and above the kind of, I guess, maybe how you can see with age, it's overwhelming, as well, like it's a new, adapting your house, and all the different options that will be there for you, it's probably quite a lot for somebody to get into, and then funding streams, and things.

R11: Yeah, I think people find that, when all of a sudden you, as you say, start bandying around that people are old, you know, you're an old person, you need to consider old people things, and it's like, no, no I don't, I'm perfectly fine. So, it's like you're saying, it's a shift in saying it's not, but it's not a negative thing, it's a positive thing, and it's trying to make sure that we don't get to, kind of, crisis point, or whatever. But yeah, I don't think anybody particularly likes to have their, kind of, flaws pointed out, do they, and say, well you can't do that anymore, and you know, you might need a little bit of help with it, yeah.

R3: I think one of the interesting areas, you know, we do fixate about age, but we don't focus as much about people's health. And actually, things can happen to any of us, at any age…

R11: Absolutely.

R3: …that suddenly means that we've got all of these physical barriers in our home. And I presume that we probably all know people that something has happened to them, whether they’ve had a stroke, or you know, and then overnight, the home is just not accessible. So, it's maybe just taking that age, you know, assuming it's all tied in with ageing, and actually, it's just about being able to live healthy and independently, and to have a home that allows you to do that. And maybe that’s where the discussion needs to be, you know, around that. And it could be anybody in your household, it could be a child, it could be, you know, yourself.

I1: Yeah.

R9: And the public health debate around that is just that…I don't know whether anyone, knows Jon Snow, you know, the Channel 4 presenter. He was doing, I can't remember what it was called, but it was a programme about ageing, and he was interviewing a lot of people who had reached 90, 95, 102, in America, Japan, different places. And it was all about lifestyle, how well people lived. A lot of people kept working, because they said they needed the money, but also, like the social side of it. They had good housing, or they lived in a community, they ate well, so they were able to exercise more. And a lot of things weren't costing the earth. And we, kind of, given that Scotland is such an unhealthy population we, kind of, need that debate. I mean, the weather doesn't help usually, it's beautiful weather now, but you know, that makes it a bit harder if people are not that keen on going out and about.

But just about your home, and your community, and all these things, that don't necessarily need to cost a fortune. And celebrating ageing, and all the contributions that older people can make, that’s seen, still now, I think, in a negative sense, and that’s ridiculous.

I1: Absolutely. And…

R1: Sorry, [inaudible 0:34:49]. Everybody thinks of somebody who's old is ten years older than them, remember that TV expression. So, I've just turned 50, so I don't see myself as old, but you know, 60, and I still won't see myself as old, so, 70, 80, and I'm still…

R11: Classically, I understand it's 15 years older than you.

R1: Right, yeah.

I1: So, I'm afraid we’ve run out of time. I would actually talk about this all day, and as you know, I do. But I think we'll have to wrap up there, because you've just been, all of you, so fantastic, and those were really helpful contributions there at the end. We've learned a lot from you, through your debates, we've been listening in, we've been…

**End of transcript**