**G02**

**Speaker key**

UCLRA01, Facilitator

UCLRA02, Facilitator

G02BAF09

G02BAF10

G02BAF11

G02BAF12

G02BBF13

G02BAM14

G02BAM15

[00:00:08]

## UCLRA01

So, hello, hello everybody.

## Various

Hi.

## UCLRA01

And welcome and thank you for taking part in our focus group. So my name is UCLRA01, UCLRA01 and my colleague here is UCLRA02, and we’re both working for UCL, University College London.

[00:00:29]

## UCLRA01

So what we’re going to do today is discuss, you know, the point of… your point of view, because we’re trying to get the point of view of Black African and Caribbean people on, you know, what would be your reaction if you… you meet someone or you know someone with memory problem. What you will do, what would, you know, you should be doing, and you know, what you think should be done.

So the, obviously the session’s going to be recorded, but everything you say is confidential here and there’s no right or wrong answer, so feel free to speak, to share any experience you have. For the… for the typist to be able to record the information properly, we’re going to ask you to introduce each one of you by your first name, if you don’t mind. Shall we start by you?

## UCLRA02

Yep, okay, so I’m UCLRA02.

[00:01:24]

## G02BAF12

I’m G02BAF12.

## G02BAF09

I’m G02BAF09.

## G02BAF11

I’m G02BAF11.

## G02BAF10

G02BAF10

## G02BBF13

I’m G02BBF13.

## G02BAM14

I’m G02BAM14.

## G02BAM15

I’m G02BAM15.

[00:01:35]

## UCLRA01

Thank you, and as I said, I’m UCLRA01. Now, to start the conversation, our discussion, I’m going to present you with an example, so I’d just like you to think about, let’s say, a lady called Mrs Abraham. She’s 70 years old and her family have noted that she has problems with her memory. She forgets things lately, she cannot remember conversations with other people, she forgets appointments with her doctor, and she often misplaces important items like her keys or her glasses, and she’s also noticed that she’s having problems with her memory, but she’s physically healthy, [unclear], when it comes to remembering things, she has trouble. So do you think, if you knew somebody like this, do you think that she should be looking for help? If she realises she’s forgetting important stuff like keys, like conversations, like names, like appointments, do you think that she should be looking for help?

## G02BAM15

Yes

## G02BAF11

Yes

[00:02:39]

## G02BAF12

Yes, of course.

## G02BAF09

I for one have got that problem, and have been to my GP so far, to request if there’s something they can do. I got tested, because I know it runs in my family. My mother, before she passed away she had dementia, sort of. So now I forget [unclear] request for a test to be done. They haven’t got back to me, people who are supposed to do the test and I’m in the process.

## UCLRA01

Excellent, so you went for help by yourself?

[00:03:11]

## G02BAF09

Yes.

## UCLRA01

Okay.

## G02BAF11

[Unclear]

## UCLRA01

Yes please.

## G02BAF11

Even me, generally, [unclear] me, but for me, I used to be helped by my children, because there’s a big problem which I have. I used to leave the keys in the door. Once I put on the food, sometimes I forget that I was cooking and I just go.

[00:03:32]

## UCLRA01

Okay.

## G02BAF11

So, they stopped me to cook, so my children, they are the one who are cooking. They wanted to give me someone, because my children, they are big, I’m with my children.

I used to go to get the appointment in the hospital. I don’t know why it’s happening, because, I am fine… appointment is in Paddington. I’m just thinking today, please God help me not to forget where I’m going. Oo, I just check it and when I reached the… fingers crossed, I just grabbed my bag going, looking for another line, without even asking where am I going?

## G02BAF09

Oh my God.

[00:04:12]

## G02BAF11

Where the line terminate? I said [unclear].

## G02BAF09

[Unclear].

## G02BAF11

No, Morden.

## G02BAF09

The other side, Morden, yes.

## G02BAF11

Where am I going? Because there I have there my friend, even my friend is working at that time. Where am I? Where am I go…? I was going in the hospital, I just turned back to go back, but they know me. I’m always late. They don’t care about it, they say, okay. I’m always like that with everything, but I’m with my children.

[00:04:44]

And another thing which happened to me, I was going at Moorgate yesterday. I know the place very well. The head stopped to work completely. I don’t understand where am I. I just started sweating.

## G02BAF09

You start panicking as well.

## G02BAF11

I start panicking because it’s… one day they put a written note in my door…whenever you are in that situation, do not ask anyone, pretend that you know where you are. Even I started to feel pain in my leg. I was here for almost more than ten years. I know the place very well. So what I did [unclear] me when I looked at the bus is said at London Bridge. I just go to London Bridge to see, so that I can come back into normal, to London Bridge where the train… the bus terminates, but I was not going to London Bridge. I was exactly in the place, but I didn’t understand. Stopped completely at work and I said, I just grabbed a train, I mean a bus, and go to London Bridge, and just come back, but by now it was getting dark. I didn’t know where I was going.

[00:06:02]

## UCLRA01

Okay, thank you very much for sharing this with us.

## G02BAF09

Have you talked to a doctor about it?

## G02BAF11

They know, they even put it on my file that she has a sign of dementia. That’s how they put it, but I said dementia for me, I’m fine, why are you putting on dementia?

## G02BAF10

They can’t just say that without testing.

## G02BAF11

They do, they test it. They’re always testing me.

[00:06:23]

## G02BAF10

Test.

## G02BAF11

They do.

## UCLRA01

Okay, so you both experienced something in which you looked for help. Yes please, would you like to…

## G02BBF13

I’m going back because of some which you give for that Mrs, that should she have to look help. Sometimes, sometimes the person who is having those memory losses, they might not notice that something has happened to her or to him. Like she is in denial. She is refusing that she can’t have dementia.

I grew up in quite a situation with my mum, with dementia and for families around her, they feel ashamed and they didn’t want to accept it, so they’d rather not accept and try to find help for the person, and just ignore the situation until it deteriorates.

[00:07:28]

So for it… it would be better for people who are living with that person, if they notice, or if it is your mother, your brother, or anyone of your family, you see that they are forgetting, you encourage them to seek for help. But some people, because of their background, culture and beliefs, it also brings barriers that they think that someone, something which is causing them their memory loss, so they leave the thing until it is late.

## UCLRA01

Okay, thank you.

## G02BAF09

They call them mad. I know someone they were calling my mother… that she was losing it, that she was going mad, but actually it wasn’t madness, it was just dementia.

## G02BBF13

It can be dementia, it can be depression, but if they… if you don’t notice it quicker, for my mum, it affected my life all because she was a great winner. She was always working and sent us to school. When she was affected with depression, because she had…one of the last born in our family was a Downs Syndrome, so for her to accept that a child was… have some difficulties, it affected her memories.

[00:09:01]

From that time also, when that… it was… at that time it was just like a depression, but what happened, then she was admitted in hospital, and when she was asleep, you know in Africa, they don’t really give much attention like here, so when she was asleep, the child crawled and eat the sleeping tablet. So when she woke up the child was already taken to the mortuary. So, when she asked, where is my child? They said the child died, and then she said, no, you can’t tell me my child is dead.

So one thing the staff, from my point of view, I just see now, because I’m grown up, I understand from studying lots of social care that the staff, they were already making [unclear], they were supposed to make her sit down and explain things. They already said to her, now because she’s mental… they told her that she had mental problems, so she’s not believing it, so they already figured that she… for the first time it was… she was in hospital because of depression.

Now they… they even put chains on her, because they sanctioned it, because they think that now she’s going to be violent, but she’s just asking, where is my baby. If there was someone to explain and tell her what happened and tell… take her maybe to the mortuary, and show her her baby there, but she was sanctioned, the baby was buried when she was in the mental hospital.

So, from then to right now, she’s still looking for her baby, because anybody who is got [five sense?]. If something happened to you, you still ask yourself, I went to bed and I fell asleep, when I woke up my baby was gone, but if there is no people to take care of you or explain things properly. So I would say a lack of education also too. Health staff can also cause people to even go crazy more.

[00:11:26]

## UCLRA01

Okay, thank you very much, thanks for sharing this, thank you.

## G02BAM15

[Unclear] 17 years? I think 17 is too young. I think for her definitely she is sick.

## G02BBF13

Is it 17 or 70?

## UCLRA01

70.

[00:11:45]

## G02BAM15

Oh, 70.

## UCLRA01

That’s fine.

## G02BAM15

So, dementia, I think, for me and for my community, sometimes I don’t know people, they mixed about dementia and I don’t know, about mental health and it’s just not clear for us, I don’t know.

## G02BAF12

That’s true.

## G02BAM15

And sometimes you don’t know about the age or I don’t know, that is more delicate for our community and our people or even taboo. You can’t talk about this if you sit down. If someone see the doctor, mental health doctor or something, you you, people is scared. They say, what you are going to be… definitely in our community they’re going to refuse seeing him or her, because he says this is a mad person and they’re going to be isolated.

## G02BAF12

I think from what I understand at that point is that for us in the third world, we still have that mentality.

[00:12:43]

## G02BAM15

Yes.

## G02BAF12

We don’t know yet what is dementia.

## G02BAF10

We don’t know. We don’t have it.

## G02BAF12

No no no.

## G02BAM15

[Unclear]

[00:12:50]

## G02BAF11

Because there is no more education, even people who are from Africa, or are in this country, there’s no more education where… for them, they don’t have enough education to notice that one of their members is suffering from dementia. So if there is much people or much help to help those people to be aware.

## G02BAM15

Seek advice.

## G02BAF11

Of the symptoms of dementia, of mental illness or depression, it can save lives.

## G02BAF12

Sometimes you feel embarrassed.

[00:13:26]

## UCLRA01

Okay, so you all agree that if you notice, you know, like memory problems, you should look for help [overtalking] you said you should…[interrupted]

## G02BAF11

Whenever someone is in that situation, definitely need to be helped.

## UCLRA01

Yes, but can I ask you, at which point would you be looking for help, because obviously, we all forget things, you know, you wake up in the morning, you walk out and you remember, oh, I didn’t have my breakfast, or I forgot my keys. At which point would you say, okay, this is just a little forgetfulness, nothing to worry about, and at which point will you say, okay, now I have to worry about it and I have to go to the doctor. What would make you go to the doctor or go to somebody else?

[00:14:11]

## G02BAM14

I think when the issues becoming constant.

## UCLRA01

Okay.

## G02BAM14

The constance of what it is, is that today a similar thing happened, tomorrow, a similar thing happened. If I was being consistently, that somebody had to look after his or herself. As regarding the help, such a person needs to seek for advice or support [unclear] such a person, because as regarding the issue of dementia I can just believe a little bit.

When I first new my status, you know, you don’t know that you are living with HIV. You first of all think about, how did I get it? That is the immediate question that first comes to your mind. I was such a person. Because you have some… everyone have his or her own goal, maybe we are going to further… because at the time I knew my status, that was at the time I was supposed to further my education. When I remember that this thing happened, is this the end of the road, you know, you be thinking rigorously, you see. Is that the end of the road? That’s the crossroads for me.

[00:15:26]

I think all that’s associated kind of thinking. My [unclear] this kind of dementia, because at the time I know my status, it was when I started taking my heart medication, I started bringing back myself alive. At times I would just forget things. I would just… at times I may even… okay, I’m going somewhere, I will have, where we are going, it is of little importance, but at times, when you are thinking, where did I get this, how would this kind of thing happen at this stage. We are supposed to do so so so so…Otherwise, so many things, that kind of dementia can come in, and if social support has not been coming in, if you are not doing.

When I was still in Africa, we bought every day a couple of drugs for a month for over 10,000 Naira. That is getting to about, say, £20. So you’re getting the drug for 10,000 Naira. So you’d be thinking, how do I get my medication this month? That’s the first thing that will first of all come into your mine, remembering that, by one way or the other, when you work you can get money, but the body is only depressed. There is another way.

[00:16:52]

## UCLRA01

Okay, so you linked forgetfulness with other conditions?

## G02BAM14

Other conditions.

## UCLRA01

Okay, and according to you, if that happens a lot, you look for help?

## G02BAM14

Yes.

## UCLRA01

Anybody else? Any ideas? Thank you very much for sharing that, thank you.

[00:17:08]

## G02BAF12

I’m also seconding him. I also went through a lot when I came to this country, leaving home, I was somebody, I had family, but because I was here on another issue, I came with my daughter who was having another problem with her hand. She was born with a problem… hand… a problem with her hand. So I came to seek further medical for her. When I reached here, I was instead diagnosed with HIV, so I was, like he said, stuck. I said, oh, this is not what brought me here. I have family there. I’ve got to support them. I had separated with my husband. I had to support those kids back home. I have these children, I had two here.

So I started blacking out, I could forget things and I linked this forgetfulness to the things which had gone… which I was going through, because I was not supposed to work here, I had no money, so if social services hadn’t come, I think I would have gone for dementia.

## UCLRA01

Right, okay, thank you.

## G02BAF11

The thing that brought it, you know, I’ve only got two children and you’d be looking at them, but I cannot remember, like I’m calling him, but I’d be calling him her name, and he’s, mummy that’s not my name. He’s Tariq and I’m Lella, yes, I mean, yes, you, but the other name can’t come in my head.

[00:18:44]

## G02BAF12

Yes, to add on to that, I had also immigration, so there were so many things I was going through, being one person my head totally got blanked, and I knew that was it.

## G02BAF11

Hard times, stress.

## G02BAF12

Yes, I was stressed, so that’s when the social services stepped in and I got help. Now I got… I’m on medication and since I’ve started coming back to normal, slowly though, not very quick, it’s coming back slowly.

## UCLRA01

Okay, thank you, thank you very much for sharing that, thank you. Yes, please?

[00:19:18]

## G02BAF10

I think you say that why do that person need to have help, why everyone can forget? It is not you to decide that I need help, or… except the profession, and they say that this person now, at this stage… at this stage they need to be helped, otherwise he’s going to be in trouble. Because for me, I didn’t ask anyone to help me, but I had been helped three times with the houses [unclear]. I have already gone.

They refused me to cook. They told me never cook, but you can eat your food from… without your knowing that you eat it, because you didn’t know that you eat it, you feel hungry, yeah, I know, I understand very well I know today I’m not going to forget today, I know, I’m not going… I put on, I’m going to cook, [unclear], waiting for… what…?

## G02BAF11

You were gone.

## G02BAF10

Even I lock the door. I don’t have the key.

[00:20:20]

## G02BAF11

Oh my God, you are lucky.

## G02BAF10

I don’t have. I’ve gone already. Even without remembering what I was cooking…

## G02BAF11

That means you don’t have the fire alarm in your house?

## G02BAF10

It was not there, it was for them, because even the social service, they have my file, they know everything about me. I think even the house must have the fire alarm.

## G02BAF11

Yeah, that’s what I am saying.

[00:20:39]

## G02BAF10

I didn’t have. Three times, now they’ve fixed it, three times. My children, one of the big one is near me. I always call him, you know, call her up to come and help me, I locked myself outside.

## G02BAF09

Oh my God.

## G02BAF10

Both of them they have keys, otherwise…

## G02BAF09

[Overtalking].

## G02BAM15

[Overtalking].

[00:21:00]

## UCLRA01

So you said… you said earlier that it wouldn’t be your decision to look for help, because you might not realise that.

## G02BAF10

Yeah, I’m not the one.

## UCLRA01

So you didn’t look for help yourself?

## G02BAF10

I didn’t look for help, but they told me we need someone to be helped, and I say my children, they are big, I’m with them, they do… I don’t want anyone, I’m with my children, and they came to visit me, and they saw them, they are there.

## UCLRA01

Can I ask why you didn’t want to go and get help personally?

## G02BAF10

Because they were going to help me with the same things which my children do. I’m always sometimes… I’m aggressive. Why my children can’t stand it.

## G02BAF09

[Unclear].

[00:21:44]

## UCLRA01

Okay, so you’d rather rely on your family.

## G02BAF10

Yes, my family.

[00:21:48]

## UCLRA01

Okay, thank you, thanks very much for sharing this.

## G02BAF12

Yes, on adding to what I said before, when I saw that I’ve… in that moment when I was given medication in the beginning of my taking medication, I had to tell my doctor that I could... that I was forgetting even my doses that I… so I asked for the… I asked the doctor myself to help me not forget the medication, because I knew, without medication I wouldn’t be able to do so.

## UCLRA01

Thank you. Okay, so you asked. Do you want to add something?

[00:22:29]

## G02BBF13

In my street where I live now, the… we live in a terraced house, they say this guy, he lives in the first door on this terraced house with me. You can see that if, he’s not going to get help. He’s started losing it. One day I found him, he left his door open, and he started walking and he went and sat at the bus stop, because nearby there’s a bus stop. Then I went and sit down and ask him what’s wrong, then he said nothing. He started, you can see he is confused and started saying nothing, and I said, but you left your door open. Is there anyone in your house? Then he said, no I don’t live in the house. They are going to take my house. So I just find out that he’s losing it because his house is going to be taken, so [unclear] they’re going to take, because if he doesn’t more, much money on him, they… for him [unclear] it’s affecting his mind, and he’s going to lose his house, so it’s a trigger for him to start having mental problem.

And if I didn’t see them that moment and talk to him and say did you try to find help. He said, there’s no one to help me. Then I said, no, there’s help. Why don’t you go like, start from citizens bureau. I can walk you right now, but he was too… you can see he’s shaking, he’s all over the place. He’s stepping on his shoes, so I show him where the citizens’ bureau, and now I saw him, he’s fine, yes. So, only that as a community, I think, like, other people, they ignore things when there’s things, but other people in the community, they notice things and they address them.

So in black African community, where I grew up, you don’t leave your [unclear] or anyone. If you see someone in trouble, you talk to him, but when it comes in the community in which you are living right now, it’s rare.

## G02BAF09

The environment, yes.

## G02BAM15

[Overtalking]

[00:25:07]

## G02BBF13

I’ve seen him, people approaching, they will even think that, oh, he’s going to beat me, or do something. So, I think it’s about the community, how they help each other.

## G02BAM14

That’s community response.

## UCLRA01

Thank you very much. Actually some people say that living back home, depending on where they’re coming from, back in Africa or back in the Caribbean, and they usually have… they find the situation is better, if somebody has memory problems. Other people say no it’s actually better here in England. What do you think? Which is better according to you?

[00:25:44]

## G02BAM14

It’s even more better here in England, because…

## UCLRA01

If you have memory problems it’s better here?

## G02BAF11

It is better here.

## G02BAM14

It is better here because they give you moral support, social support, while back in Africa you are going to jail. You know, you get what I mean? To see such a person like this, that maybe it’s not… it’s not relevant within the community.

## G02BAM15

Community… and the people say…

[00:26:07]

## G02BAF09

My mother, she died, she spent 15 years with dementia. She was never pinned down or anything. We all chipped in, we all looked after her at some point nothing would be happening, we had to hire a nurse to deal with her, because nobody could sit down and look after her.

## G02BAM15

People, they refuse you.

## G02BAF11

They refuse.

## G02BAF12

They reject you.

## G02BAM14

[Unclear].

## G02BAF09

Yes, people outside will refuse you, but you are… she is your mother, and you knew this person from when she was okay, and the house is started going without care and even the doctors warned us when she first started, that this is early days but things are going to be worse. So, we knew what was coming [overtalking].

[00:26:53]

## G02BAM14

We know what cause most of these things were our traditional, cultural views. We are no way open to the issue of [enlightenment?]. [Enlightenment?] in the sense that we remember the contents as occult Something that is… you think that is… it’s not relevant, that you can’t be affect to such a person. We normally count it as, maybe that person is already, maybe he’s already a taboo, maybe it’s part of the society. Society, I mean, is we have some kind of [unclear], maybe occult society.

## UCLRA01

I’m sorry, would you repeat that?

## G02BAM14

Occult society, like people that are doing their JuJu, something [unclear] is not part of the community again, because maybe somebody, maybe such a person has been doing something relevantly bad within the community. When somebody asks this, he doesn’t go there to greet them. You know, it’s very, very morale for you to go and greet the person [that first have a key?] you have to go and greet them [Unclear] maybe they’re planning something, it doesn’t contribute. Maybe sometimes [unclear] removed himself from the community. He’s not part of the community again.

[00:28:27]

## UCLRA01

Right, okay, thank you, thanks very much. Yes please.

## G02BBF13

From my experience, because I go out with my mother, when I… when she was diagnosed when I was in year second. So I managed to see how my family react. We hear from our family, was like immediate first family, but we… I grew up being called names, even in the street as we are walking, called the children of the, that mental woman. From there to here, we [unclear] where I grew up, here I would say it is better. In Africa, where I grew up, being having mental issues, it’s not only going to destroy you, it’s destroying for your children, your… my mum even, her own family, her own brothers, they were kind of like leaving. There was a time when we were young she’d just walk in the street with the cloth...

So, when we grew up, we started taking her to hospital and get medication so I learned that if my mum get medication she’d get better. So I used to have this nurse that I used to go to at the Ministry of Health and we went… I went to the social services because the social service took my brother to school, so they said they weren’t sending me because I was a girl. They can only afford to send a boy to school. So me, I went to the school where I used to [unclear] that was just secondary school in [unclear]. So when I was at school, I come like one in a time, like two times a year.

[00:30:27]

So from that time, I had my mum was staying in the street because no one was looking after her, and so I grew up, everything which was the thing that I’d have to do something for my mum. So when my… so when I grew up, like when I was 16, my education was affected. I was [unclear]… that’s another story. So I went back and there was nothing. She was only [unclear] where the buses are, so I took my mum into the hospital. They take her to the mental hospital, and she stayed for a while in the mental hospital and when she was out she was okay, but there was no accommodation to put her when she came out, so I have to go to the social service. That time, in Zimbabwe it was finally was all the system like here, so they give us accommodation, and she had her own room.

But still it was still stigma. I can feel it when I’m walking, that people they… I had a boyfriend, when I was about getting married, when I was like nearly 24, 25, his family said you can’t get married to her, woman with a mental mother. So, it affects… it not only affects my mother, it affected my life… it’s affected my education.

[00:31:51]

## G02BAM15

[Overtalking]

## G02BBF13

When compared to here, when you have mental… if you address them, it’s like impairment, you can take it away, you can go back to work, you can live your life, but in Africa, even when you try to take it out…

## G02BAM14

It’s a stigma.

## G02BBF13

People won’t accept… the community, they won’t really like… your family, even [unclear]. If someone died in our family or something happened, they don’t invite my mother.

## UCLRA01

Thank you, thanks very much for sharing this. Did you want to…?

[00:32:29]

## G02BAF10

Yes, I had, to add to her point. In the third world, we still have that mentality, especially with a person with HIV, they told us all, if you get near a person who has HIV, maybe share their cup or things, you will get infected as well. So when we came to this country we found out its totally different, but people, up till now, some of them still have that mentality. You don’t have to go next to the person which is HIV positive.

## UCLRA01

So it’s a lack of knowledge?

## G02BAF10

Yes.

## UCLRA01

Now, you mentioned… you mentioned, because of the memory issue, mental issue, there was, you know, stigma that actually spilled over yourself, you know, whoever comes, your brother etc. the entire family. But what’s the difference between having, you know, dementia or something that maybe touches the head, and another illness like diabetes, I mean, what would be the big difference with that?

[00:33:40]

## G02BBF13

It’s how they believe, it’s their belief that most people in Africa, when they go to memory loss, they kind of like, you… this is what my brother was saying, they think like you’ve done something wrong, or something, witch craft or something.

## G02BAF09

They’ll neglect you.

## G02BBF13

Or you are cursed, so it’s like everyone wants to be near you. They’ll say, oh no, I’ll get the curse if I get near them. It’s only, I was really surprised, because when I came in this country, it’s changed, it’s really changed. The whole town was [my mum?]. I [unclear] because I changed. I managed to buy the house for her. She lived well, even if she had mental issues, she dressed well, but still you can still see that the family even if… even now I’m the bread winner of the whole family, they have their own problems. They ask me to help them, but they still not even… their family get married, they still not invite my mum to come and get involved. They’re still stigmatizing, because she’s got a mental illness they don’t involve her in anything, but she’s normal. She goes, we manage. I make sure that she had her medication so every time, every month she gets one injection, and she takes the tablets.

[00:35:15]

So if we see… we’re kind of like able to get more knowledge from reading about the mental illness, and knowing what… how we can help it. So we accept it. Me, I didn’t see anything wrong, and I accepted it, she’s my mum. She had mental illness. She had some difficulties and I know how a mental illness… I grow up. When I was young she was fine. I know when the mental illness touched her, so I don’t see if there was much help, I think she was not going to do how she was.

## UCLRA01

Okay, thank you very much for sharing this.

[00:35:58]

## G02BAM14

You were saying as regarding the issue of diabetes. [Majorly?] because my mother and my father died of diabetes, back in Africa. So the time my mother was about to die, that was in 2006, I can’t [unclear] you said, she had something like dementia, because, as I say, it’s associated with high blood pressure. When you see high blood pressure, I mean, when the high blood pressure has gone, she normally had high blood pressure, going to about 200, so when they now [unclear] around 200, she would forget everything. You say do you want to eat, [unclear]. So that you’ll be having the belief in your mind that this woman has taken something, at which she hasn’t taken anything.

## UCLRA01

Okay, but do you think that having… sorry to interrupt you, beg your pardon, so do you think that having a diagnosis of diabetes is different from having a diagnosis for dementia.

## G02BAM14

It’s not different. It’s not different

[00:37:13]

## UCLRA01

It’s not different. So you wouldn’t treat those two people differently. Let’s say you know somebody with diabetes and somebody with dementia, do you think they will be treated exactly the same?

## G02BAF11

Not at all. They’d be treated very different. Diabetes, they realise that is a disease, and people feel sorry for you if you are sick, whereas dementia, they see you as a mad person.

## G02BAM15

No, but in Africa?

## G02BAF11

Of course.

## G02BAM15

Even diabetes [overtalking] they said you are, some people they’re fantasizing they say diabetes is for rich people.

## G02BAF09

Dementia [overtalking].

[00:37:47]

## G02BAF11

[Overtalking] they don’t know what is [overtalking].

## G02BAF09

Because you are losing your mind, you don’t understand some of the things. Today what she was saying, this [unclear].

## G02BBF13

Of course.

## G02BAF09

Going mad.

## G02BAM15

[Unclear]

## G02BAF11

Someone who can’t remember, because they used to call me to book an appointment, I… for me, I’m still…

[00:38:05]

## G02BAF09

[Overtalking] for you, you are talking about when you’re here, but back home it’s different.

## UCLRA01

This gentleman was saying something, just bear with me a moment, go ahead.

## G02BAM15

Yes, I think for me, I don’t know if it’s for funny thing or for lack of knowledge. Back home, some people when I got diabetes, they said, like, rich people, bush people, that way [unclear]. And for mental health or dementia it’s not because there’s no… I don’t know how it is caused, what is causing dementia, also, but we will… because I know my aunty, when she got diabetes, she said, oh now I’ve become like rich people. Even she was sick, she said that. So, because you eat healthy and you rest, not like other people, [unclear] this true or not.

[00:38:53]

## UCLRA01

Oh thank you, so attaching a label to the condition, or, you know, attaching a curse to the condition, depends on… Excellent, Thank you very much. Oh, one final question from me. Obviously you all said, yes, you do have to look for help. Do you think intervention from somebody else, from a family member, a friend or neighbours will help somebody looking for help? I mean, let’s say if you’re living with your partners or your children or your brother etc. and they notice that you or somebody’s having problems, do you think that them making pressure on you, would that push you to look for help?

## G02BAM15

I still I got my wife. All the time she forgot it. Even her education. Every time I remind her. She said, oh I forgot, I forgot. Even when she was in the sitting room, and she drunk tea or something, when she went to the kitchen, she forgot to take her. I said [unclear] I forgot, I forgot. So for me, I keep to calling her, I remind her, but I don’t… I didn’t… then I said, you seek to go to doctor.

## UCLRA01

You wouldn’t, you wouldn’t encourage…

[00:40:04]

## G02BAM15

I didn’t… got in my mind like that, to go…you should go to doctor or go to GP [overtalking].

## G02BAF11

[Overtalking].

## G02BAM15

I see, I feel it like normal [unclear]. Even when I told her, I said, you know me, all the time I forgot, I forgot.

## UCLRA01

So you just get used… both of you will get used to the situation.

[00:40:20]

## G02BAM15

Yes, but I didn’t get, come my mind to see the doctor.

## G02BAF11

[Overtalking] It starts from being normal and then it escalates.

## G02BAM14

At time, it depends on the relationship within the family, because some of the family is… they do, their reaction towards people being infected, or other problems. It’s not as… it’s not creating so much of support for them. People, they are living, but in betterment to each other before, because [unclear]. People in Africa, everybody goes his own way, but when they find out you have something related to sickness, Ah, they won’t even greet you. They say they will be infected.

[00:41:07]

So to even come to your house, they will say, ah, this house has gone. I have to go to the doctor and confer with her I don’t have disease. This problem. They won’t eat in your house. A cup of water that is not infected, they will not drink it. So you can see the relationship. It has to be a community where they are well educated, or otherwise, but at times, information is a good thing.

## UCLRA01

Absolutely.

## G02BAM14

People that doesn’t have education, if you read something about any disease, they’ll be [well equipped?] and when they are [well equipped?] they will now say, this person let me look after such a person.

## UCLRA01

Thank you, thank you very much. Okay, I’ll pass you to my colleague UCLRA02 who’s going to ask you a few questions.

[00:41:59]

## UCLRA02

Yes, thank you very much for sharing all of that. I’m going to just change, sort of, the direction of the discussion slightly, but just before I do, I just wanted to come back to a few of the points. Lots of you have spoken about, kind of, stigma, and I think someone said taboo around having a label or a diagnosis of dementia and lots of you said back in Africa, you know, within the communities, that would certainly be the case. Amongst the communities that you live in here in the UK, is that still the case? Is there still the stigma and taboo, or is it different here, living in the UK, in your communities?

## G02BAM15

Yes, I think it’s still the same.

## G02BAF09

It’s the same.

[00:42:36]

## G02BAM15

Because still even like with the mention of HIV it’s still the same, even I couldn’t speak out, or even… I know my community, they can’t come out. They still think they’ve got HIV and they’re hiding. I’m the same. If you’ve got HIV you can affect you if you can’t make relationship or get married. Like my sister, she said if I got now my daughter or my sister, mental health people they… they’re isolated I think that it’s the same.

## G02BBF13

But here, it’s different.

## UCLRA02

Sorry, say that again?

## G02BBF13

But here it is totally different.

## UCLRA02

You think it’s different here?

[00:43:07]

## G02BBF13

Yes.

## UCLRA02

Okay, would you mind just expanding on that a little bit, please?

## G02BBF13

Yes, but like, okay, like as we’ve been talking about forgetfulness or seeking help. Basically, about dementia, people back home, they don’t know dementia, but over here we know all the symptoms of dementia.

## G02BAM14

Excuse me, stigma is a big issue which cannot be eradicated and here in the UK it’s still the same, because everybody lives in their own personal house, and even now try to notice that this house, HIV people is living there, they will disassociate their children from moving to the other houses. Even to play on the ground, it’s another issue.

## G02BAF09

Sorry

[00:44:00]

## G02BAM14

To play on the…

## G02BAF09

How do they know? [Overtalking].

## G02BAM15

If they know,

## G02BAM14

If they know, I mean, if they know.

## G02BAF09

Okay, okay.

## G02BAM14

The stigma is still on the high, because if the stigma is still on the high, they could have said, the community want to support people, okay, people with… living with HIV. Let us fight things, unless the [angel?] consult the community. That’s how they can support people with it, but they don’t want to know. If they know, they would be pointing hands.

[00:44:28]

## G02BAF11

Are we talking about the stigma of HIV over the stigma of dementia?

## UCLRA02

Of dementia, yes, of someone who maybe experiencing memory problems.

## G02BAF11

Yes, because that is, even here, I think it is there. That’s why sometimes we don’t want to go seek help until when we feel like… and even when you seek help, I went to the doctor, but I don’t want to tell anybody that I was [overtalking].

## G02BAF09

[Overtalking]

[00:44:56]

## G02BAF11

No, I can’t tell any anybody that I went to tell the doctor that I seek for their help. My doctor, I know from the hospital they request how [unclear], it’s not my appointment, my appointment is gone I’ll be saying, but now they know they’re just the doctor, oh okay, I will see you and next time I will make sure I will send you a text to remind you, don’t come if you don’t receive a text.

## UCLRA02

Ok, thank you.

## G02BBF13

Yes, from my point of view Africa community, back home and here, is quite different. I notice here there is more help if you seek for it. If you watch this you know Holby City, if you watched it last night, if you watch Holby City, there’s this story with the mum with dementia. The only thing which I notice in this country, I work in the nursing home. They, kind of like families, they all also try to use their elderly people that they have dementia so they can get things from them, and they kind of like doesn’t really listen. Listening is important to a person, because sometimes people with dementia, one minute they are full, like themselves, another minute he’s someone else. So I noticed that family members in this country, they don’t listen. It’s only the professional who try to kind of listen… but when it comes to family, once a person diagnosed dementia [unclear], they kind of like, okay, we should ship them to the nursing home.

[00:46:40]

## G02BAF09

Nursing home.

## G02BBF13

To the nursing home or… but you… it will get worse there, but if they’re in the same environment where they are used to, with their family, it doesn’t progress faster, and for another thing, it’s like, people they get scared of mentioning it, like they are waiting, you know, this idea of forgetting things… Once it goes on the paper, on your record, that you have got mental problems, some employers, they won’t be able to take you, when you are looking for work. So people they’ve got this fear.

Say, if I go and say I’m having this, and then… and now diagnosis with mental problem, I’m going to lose my job, or next time when I want to look for job, I’m not going to get it. So they rather hide it.

[00:47:38]

## UCLRA02

Sure, okay, thank you very much. So, yes, one more point and then we’ll just move on to the next part, if that’s okay, after you.

## G02BAF09

What I wanted to say was, okay, they kept on saying that here was different to Africa. The difference is, here people tend to dress it up, tend to put a face, tend to pretend, but yet, the stigma with people with dementia is there.

## UCLRA02

Okay, thank you very much for that point. Okay, so just moving on slightly, building on what we’ve already been talking about and discussing, I’d now like to ask you, and to get your thoughts and opinions around what you feel could be done to help and encourage people from communities such as your own, to seek help for memory problems earlier.

So one of the things that we know from research and things is that people with memory problems who seek help from their doctor earlier in the illness, do better overall generally. You know, those people are better able to get support for themselves, and also family and care givers around them are also best placed to get the support that they need.

So if I could just start the discussion by asking you all, if you or somebody close to you that you knew had memory problems, what kinds of information would make you more likely to get… to seek help for those problems? What kinds of information do you think would encourage you to do that? And by kinds of information, you know, we could talk about the kind of form or format of information, you know, would it be things like, you know, letters from your GP or leaflets? Anything like that. What sort of information do you think would encourage you to seek help?

[00:49:22]

## G02BBF13

From people who are living near around you. From your doctor, from the support groups. I think that is what they get.

## UCLRA02

Okay, no, that’s really interesting. Thank you very much.

## G02BAM14

I think the information such a person need is one on one, the first thing is to follow… follow up in the sense that to maybe, you have to get somebody that is well educated, that will write up all the necessary items. Maybe they want to go out [unclear]. Normally you have to tell the person what he normally do regularly, analyse the items he normally do regularly, and maybe place it somewhere already, before he go anywhere. Analyse o the items that they normally do every day. Maybe taking the drugs, or go to the GP. They have to write it down, so that he will get to know at times… This our assets it’s another quick reminder. If you notice that somebody is funny with dementia, they come quick and send down the… by clock, like alarm. It can clearly remind you and states in the alarm I want to do this item. When the alarm is ringing more than ten times, you can quickly such a person to know that something is giving me information about what to do next. So…

[00:51:05]

## UCLRA02

Thank you very much. I mean, just going back to the first thing that you said there about the information needing to come, I think we said, from somebody professional, in terms of where information comes around memory problems, do you feel that it’s important for this information to be coming from people such as your GP or the NHS, or would you take notice of a leaflet, for example, that came through your door that wasn’t from any of those places. What do people think?

## G02BAF09

I think…

## UCLRA02

Sorry, go on, after you.

[00:51:33]

## G02BAF09

The GPs will be… the thing you said about ask, how do you… if you see somebody who’s getting some problems, to me, it would be like if it is a close friend who visits at the home, somebody to talk to, to sit them down, talk to them and say, I think I’ve noticed this, and it’s been going on for a while. I went and to see the doctor and talk this through with the doctor. I should encourage that person to go to the doctor, and if… and ask if they want I can come with them, because I’ve been experiencing… I’ve been noticing.

## UCLRA02

Okay, thank you very much.

## G02BAF12

Yes, I was just going to say the same thing and also within the community, we should get the information from the GP and also the community, like us here, going out, doing outreach in the community ourselves, and giving out leaflets, then putting leaflets in the doors and also noticing, maybe like a husband and wife when the husband do not say something with the wife, to really take this person straight to the GP, and explain what has been going on for a while, then the GP takes over from there.

## G02BAM14

I want [unclear] leaflet [unclear], because some of the GPs, they put leaflet on their racks and people are not taking it. The only way the [unclear] of leaflets can go around is through one on one distribution.

[00:53:06]

## UCLRA02

Okay, so you think people need to be given the information direct.

## G02BAM14

Given the information direct. Look at churches. Churches and the rest of the thing, and on Saturday they started sharing leaflets, and it goes… the information is going far, than the one that they put in the rack.

## G02BAF11

What if they put an article in the newspaper? Like a local newspaper. [Overtalking] they are being [unclear] in the house, every time I [unclear] and pick them, and go through them, like that.

[00:53:34]

## G02BAM14

Put some leaflets inside.

## G02BAF11

They are bound to find that information whether they like it or not. If they need it, then they’ll concentrate and read it properly.

## UCLRA02

Thank you, that’s really helpful.

## G02BBF13

Yes, I think the NHS shows improvement or the public health, they have to do more about mental illness, because it’s kind of like really, because of the environment in which we are living nowadays, it’s affecting most of people now, so I think they should empower people to have more education on mental issues, which is they should do more campaigns or even to use media to comment about mental issues. Teach people the symptoms of mental illnesses so that people, when they see something happen in their families, or someone has the symptoms, they are able to identify them.

[00:54:36]

## UCLRA02

I mean, you mention social media there, just thinking kind of more broadly, we’ve obviously spoken a little bit about letters from GPs and leaflets, would yourselves or people you think from the communities that you live in watch something like a DVD for example, which would be a DVD about memory problems, and kind of raising awareness and…?

## G02BBF13

Yes.

## G02BAM15

Yes, or workshop or similar, workshop workshop...

## G02BBF13

Even TV, look at the way they put… advertise about cancer, people to… [overtalking] more screenings also have to be done. Even like you see how they [unclear]. Why they’re not screening for mental health? They should screen people like people should volunteer to come, because [unclear] other people they would love to see how their memory is. So they should make those [unclear] to go get screened for mental illness.

[00:55:34]

## UCLRA02

Thank you very much.

## G02BAM14

Majorly in the UK, most of the news media, they are not advertising about diseases. They are not giving information about anything else that’s related or advertising people who are looking for job. Majorly, they should be increased, they should be pages every week. That they would advertise something related. That these are the things you don’t have to do, these are things you have to be eating. To let people get equipped with information. What people are reading in the media is they read more of politics than the health… they’re no health related issue on the newspaper. Majorly, the metro, we normally read…as it’s free.

## UCLRA02

Okay, thank you very much, that’s really interesting. In terms of information that we might provide people with to try and help and encourage them to seek help earlier when the first notice those sort of early signs of memory problems, what sort of information do you think people need in terms of the content of the information? So whether that information is a leaflet or a DVD, for example, what information do you think people need to be able to…?

[00:56:55]

## G02BAM14

The kind of information people need here in the UK, people needs… people… a lot of people live in isolation. Living in isolation is another kind of issue that can even cause this dementia, because somebody that’s affected with something related before and getting nobody in their house, we don’t think otherwise. A lot of things can come in. The only thing that is in their house is TV. That is this person’s existence.

## UCLRA02

Okay, thank you very much.

## G02BAF09

Yes, I was still going back to the kind of information. You just make it not a very big… at least it’s simple, but at least give it a page in the news, like as they said, the Metro is free, and everybody picks it up when they’re going to work every morning.

## G02BAF10

[Overtalking]

[00:57:44]

## G02BAF09

Yes. [Unclear] I think people will read about it and [unclear].

## G02BAF12

And also put something on after the news. Those signs, people to get aware… to be aware of these signs.

## G02BAM15

Symptom, yes, the symptoms of demntia.

## G02BAF09

The symptoms.

## G02BAM15

What causes it? What causes it.

## G02BAF12

But after the news, people are still looking at the television, they still, you know go ahead and watch.

## G02BAF09

[Overtalking].

[00:58:16]

## UCLRA02

Thank you. All right, you’ve done [overtalking].

## G02BBF13

Yes, I was saying if you was talking about, if you are going to do a DVD, what kind of information are you going to put on it. I suggest you put signs and symptoms for the dementia, and more education to people to know… to have knowledge about what is dementia, and information, where to get the help.

## UCLRA02

Okay, that’s good, I’ve just got two last questions if that’s okay, before we wrap up, because I’m conscious of time. I don’t want to keep you too much longer. One of the things I wondered was, if you received a leaflet, for example through your door, and this leaflet was about memory problems. Would you be worried by that, or concerned about receiving information such as that?

[00:59:02]

## G02BAF09

No.

## G02BAM15

No.

## G02BAF10

No

## G02BAF09

Yes, but another thing, when you talk about the leaflet, because there’s some people, I think they’ll think it’s junk mail.

## G02BAF10

Yes, they don’t read.

## G02BAF09

So I think it would be better in the news, you know, or the newspapers.

[00:59:26]

## G02BAM15

Or TV also. Also TV.

## G02BBF13

Yes, but with only leaflet, we should remind ourselves that there are people who just live in the house. Sometimes they don’t even watch the TV. They are the most people who get more affected with mental illnesses. I think the leaflet will be more helpful for them, because if something comes through their door, they’ll take it and read it, because these people, when you are affected with mental illness, you start cutting yourself from socialising. So I feel, continue with the leaflet through the door. It can be really good impact on them.

[01:00:05]

## G02BAF12

Sometimes people are put on, no junk mail.

## G02BAF09

Yes, that’s what I was saying.

## G02BAF12

So you cannot go there. Even if you… we are distributing…

## G02BAM14

You go as far to any door. Those people, they are not listening to junk mail.

## G02BAM15

Yes.

## G02BAM14

Those people, they are not listening to junk mail, they will put it at every door.

## G02BAM15

Yes.

[01:00:23]

## G02BBF13

The health information is like, you know the NHS, they have this screening, like when they do these BME screening. I do health promotion volunteering sometimes. When it comes to it, they put it in the packet, in the envelope and they say this is not junk mail. Don’t… do not ignore. So when it is open, there’s all the information [overtalking].

## G02BAF11

Okay, that’s a better idea.

## G02BBF13

Healthy eating, all that, so we kind of put all those kinds of information through the door [unclear].

[01:00:49]

## UCLRA02

Okay, so if we were going to be providing people with information, excuse me, about memory problems, do you think that it’s important for that information, somewhere on it, to either say something like, the example you just gave about the NHS, or to come from your GP.

## G02BBF13

It can come from the GP, or come through health improvement centres, like, they put it in the envelopes, so when you put… it’s not like junk mail. It’s written, do not ignore, this is not junk mail. Even nowadays, even from information from the council, if something is happening, they do those envelops, because they know that people, they just… the letter which is not addressed to them, they just throw it in the bin. So if you put this, it’s important information, it’s not a junk mail. So it goes in every door.

[01:01:36]

## UCLRA02

Okay, thank you very much, that’s very interesting. Just one last question before we finish up, if that’s okay. Lots of you have talked about the communities that you live in, and how people around you, whether that be other members of the community or family perhaps, influence whether you may or may not seek help. In terms of who we might target information at, do you think there’s any particular age groups or people within the communities that you come from, that this information should be aimed at, or should it be information for everybody?

## G02BAF09

For everybody.

## G02BBF13

It’s for everybody.

## G02BAM15

For everybody.

## G02BAM14

For everybody

## G02BAF12

Because the younger person might have grandparents who are suffering, so she cannot sit at [unclear] on her own. I’ve read this leaflet and [overtalking] go and see the doctor.

[01:02:24]

## G02BAM14

Because little kids, they read more of the junk than the elderly ones.

## G02BBF13

And even now they say children are… teenagers are also getting more mental illnesses, so I don’t think there should be a limit for the information. It should be for everyone.

## UCLRA02

Well thank you ever so much. I’ve just got a few little things to wrap up at the end, but just before I do, are there any other questions that you’ve got UCLRA01?

## UCLRA01

Just one thing I’d like to ask. You said about the format of sending information will be a leaflet, a letter saying this is not junk, you know. Would that make you read it? That might make you open the letter, but what would make you actually read what is inside? If you see something about memory, what would make you read it?

[01:03:16]

## G02BBF13

I read a lot of like those letters, like, I used to… they used to have this thing in Lewisham, newsletter they used to throw through the door. I never really read it when it comes, but nowadays, I noticed, people, they don’t really, so they make it in a really small format and so they don’t want to put the newsletter only, they put a, like, all the information and the health information. The events that are happening around your area. All the things which is happening, they put it in one envelope, and they put… [overtalking].

## G02BAF09

In the Borough, I think...

## G02BBF13

So it helps you, even the important numbers, Childline, all those, everything, you find the whole, it’s in one envelope and they’ll put it through your door. So it’s [unclear] you cannot ignore, because once you got [unclear] oh, I need this number sometimes [unclear], then you start reading all the things, so, because they make it all as a pack, so…

## UCLRA01

So it’s a variety of information that would appeal at least to a couple of people. Okay, so put more… than just what you need.

[01:04:28]

## G02BAM14

And one other thing, If you want to start writing the leaflet, you can start with the population, the number of people that are being affected with dementia, because that would make people to [unclear] , people to say ah, my word, it’s such a number are having dementia.

## G02BAM15

Many people are affected.

## G02BAM14

And they will feel concerned.

## G02BBF13

Yes, can also helps, like, just to show that people who are affected and the percentage who get help and the outcomes and the…

[01:05:04]

## G02BAM15

And what outcomes?

## G02BBF13

And the outcomes which the people who didn’t get help, so it would help people to understand… oh, the person who gets help earlier, they achieve this in their life, and the one that didn’t get help, they…

## UCLRA02

Using stories and examples they can relate to.

## G02BBF13

Yes.

01:05:17

## G02BAF10

I just want to talk to you. The advice which you are giving that to for sending leaflets in people’s door. If you are the one who are in that situation, you can’t know that you are in that…

## G02BAF09

You need help.

## G02BAF10

You can’t just read it. You think that you are normal.

## G02BBF13

Yes, these are the people who in…

## G02BAF09

You have someone around you.

## G02BBF13

These are the people who are having early symptoms. For the person who is now forgets. I don’t think you’ll still be in the house alone. For the people who are still living alone and able to go out and buy milk and come back inside the house, you still have a little bit of capacity of your memory to.

[01:06:03]

## G02BAF10

Let me tell you, you can’t know that you are in that situation.

## G02BAF09

It’s okay.

## G02BAF10

Because for me I used to go and buy, to do my shopping. I just come back from shopping, by the time to cook, that’s how I know I didn’t take it from where…

## G02BAF12

Let me tell her now, because she has dropped those leaflets in the… in the… in the door. Your sister or me…

[01:06:27]

## G02BAM14

Your son.

## G02BAF12

If I see it, and I know you very well, I will come and I will tell you that there is something wrong [Overtalking].

## G02BAF09

You have children who have [overtalking].

[01:06:41]

## G02BAF10

But here you are finding, the people around you can tell.

## G02BBF13

They can tell.

## G02BAM14

What about pizza leaflet?

## UCLRA01

Hold on, just one at the time, please

## G02BBF13

You can educate the people around you. So if people knows the information and knows the symptoms and the signs, what is happening, so they can be able to identify what is happening to you, but if they don’t have education, so they won’t be able to know, since nobody, if they read those leaflets, they will know. Oh what is my mum doing with this? Ah that’s what I read in that leaflet. I think the symptoms of dementia or memory loss, I think I should encourage her to go to the GP.

[01:07:22]

## G02BAF11

And what is the GP going to do?

## G02BBF13

The GP, they help the process. Sometimes they assess you, or sometimes they will see how you can… I’m not… I’m not a GP, I’m not really [unclear] qualification, but if you go to the people who are qualified, they will know what to do.

## G02BAF09

What to do.

## G02BBF13

I can’t tell you what they’re going to do, but they will know what to do.

[01:07:47]

## UCLRA01

Thank you, thank you very much.

## UCLRA02

Yes, thank you ever so much.

## UCLRA01

That was very, very helpful.

## UCLRA02

Really interesting. Okay, so once again, just thank you everybody, for all of your contributions today. It’s been really, really interesting I’m sure, for both UCLRA01 and I. We really thank you. Just a couple of things before you… before you all leave.

One of them is that we’re keen to let other people know about this research that we’re doing, and we’ve brought some of the information with us that I think perhaps Dennis gave to you before attending today. So if any of you would like to take any of those away with you, please do feel free to pass them on to, you know, family, friends or perhaps any other groups or centres, community organisations that you might be part of. We’ve got plenty of them here. So that’s one thing.

[01:08:27]

Secondly, if you don’t mind just waiting around for a few minutes at the end, there’s a few things that we’d like to do if that’s okay. Some of you have travelled a long way today to be here and we really appreciate that, so we do have some forms with us where you can claim back your travel expenses. We can go through those with you in a moment. So if any of you would like to do that you’re really welcome to.

Secondly, we also have… yeah, after you.

## G02BAF09

Yes, but like I’m saying, if you didn’t keep the receipt, so how does that work?

[01:08:55]

## UCLRA02

We can speak about that in a moment if you want. If it perhaps was the tube, we might be able to still track the journey through your Oyster card, but I’ll come and speak to you about it straight away.

## G02BAF09

Okay.

## UCLRA02

Yes, no problem. We’ll try and get that sorted for you. And just the other two things is, one is, I think you probably all know, there is also a voucher and for each one of you as a thank you for taking part today. So we’ve got those, so don’t leave without it. We’ll give those out at the end. And lastly, it’s just about taking some contact details from you, whether or not you would be happy for us to contact you again in the future.

One of the things being this group today will be typed up by somebody in the near future, and it’s whether you’d like to receive a copy of that and whether you’d like to provide comments and things like that and return that to us.

And also in the future, you know, see the aim of this study is to be designing an intervention that we are going to be giving to people in the community. So whether or not at the point where we’re designing whatever that’s going to be. Whether you’d like to have… [Inaudible] and us to be able to give it to you, to hear your thoughts and opinions on it.

Okay. All right, so that’s very much. We’ll come round with some of those bits of paperwork and we can get that sorted. Okay, thank you.

## G02BBF13

Thank you very much for your time as well.

[01:10:13]

UCLRA01

Thank you very much.

## G02BAF12

Thank you.

## G02BBF13

Really appreciate it.