

THE CONCERNS OF LGBT+ PEOPLE IN LATER LIFE

FOCUS GROUP RESPONSES: 2018/19

From November 2018 to January 2019 Age Alliance Wales and Age Cymru carried out a series of focus groups across Wales, visiting venues in Bangor, Wrexham, Swansea, Cardiff and Newport.

Opinions and comments were sought on a range of issues from people aged 50+, with additional meetings specifically aimed at BAME and LGBT+ people. Our document, *The Concerns of People in Later Life - Focus Group Responses: 2018/19*, contains details of matters of concern to all people aged 50+. However, there were a number of additional matters raised by LGBT+ contributors. This report contains details of those matters.

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Paying for care

The number of people in Wales aged 65 and over is projected to increase by 292,000 (44 per cent) between 2014 and 2039. The proportion of people over the age of 75 years in Wales is projected to increase by more than 40% by 2030, and by more than 70% by 2040. By 2040 the number of people over 85 is projected to more than double. This ageing population means that there will be greater calls on local authority social service provision. However, given the financial constraints on local authorities, and the likelihood that this situation will exist for some time to come, concern has been growing over past years as to how the requirements of the Social Services and Well Being Act (Wales) 2014 can be fulfilled.

Professor Gerald Holtham of June 2018 “Paying for Social Care, *An independent report commissioned by the Welsh Government*”, set out a range of suggestions including the possibility of funding the future provision of social care via including a tax increase or social care “levy”. We therefore asked respondents for their thoughts on this possibility. Those matters are covered in our document, *The Concerns of People in Later Life - Focus Group Responses: 2018/19*, but there were additional matters raised by LGBT+ contributors, below.

If you should pay more, what services would you like to see as a result?

LGBT+ people advocated additional spending on the training of care staff around LGBT+ issues. They felt that LGBT+ people experience considerable discrimination and criminalisation in many countries which may be the source of a sizable proportion of people working in social care. As such, there was concern that some individuals may potentially hold discriminatory beliefs which impact on their care work. It was felt that additional training could help alleviate such problems (it was believed that the people who work as carers aren't the ones who receive education in LGBT issues: that seems to be provided further up the hierarchy, but it doesn't necessarily filter down). Similarly, given the potential need to source greater numbers of care staff originating in the UK post Brexit, it was thought wise to introduce that training into Wales' education system too.

Community Participation

Later life should represent a time of enjoyment and fulfilment, when people are able to participate in the community, learn new skills or take up new activities. However, focus group participants aged 50+ had a range of concerns in this area, including matters such as the loss of community and day centres, reduced lifelong learning opportunities, the lack of accessible toilets and a reduction in the provision of libraries, banks and post offices.

During the course of our conversations, there were found to be a variety of reasons why older people may be excluded from taking part in local activities, with the majority of those matters being set out in our document, *The Concerns of People in Later Life - Focus Group Responses: 2018/19*. However, there were a number of additional matters raised by LGBT+ contributors, as set out below.

LGBT+ people and community participation

These above matters have impacted on people across society, but older LGBT+ people informed us of a range of other factors which limit their opportunities to participate in their communities.

The LGBT+ people we spoke with believed it essential to consider their situation from their position. They state it is common for LGBT+ people to have experienced severe discrimination, including serious physical assaults, or to at least know people who have been severely harmed or even killed because of their lifestyle. We were reminded that non-LGBT+ people are generally unaware of the level of violence, abuse and intimidation they endure, as much goes unreported. Indeed, they may themselves reach a point where they feel it is “normal” to experience such treatment,

LGBT+ people, we were told, have to consider others’ perceptions before carrying out many everyday activities – whether in the home, in public or elsewhere – something that is unlikely to be the case with heterosexual people, they believed. Some older LGBT+ people are not comfortable to show their “preferences” in public, and some

lesbian women won't even say the word "gay" in public, and may "put a wall up around themselves". A number of LGBT+ people felt society would not support them if they were victimised: we were told of homophobic attacks where witnesses failed to come forward, and a lesbian woman who felt unable to report an attempted rape as she didn't want to have to discuss her sexuality with police. We were also told by LGBT+ people that they will always have to consider whether they will feel safe or comfortable within any environment.

It is not just "on the street" where LGBT+ people have additional concerns:

We were told of experiences of people in senior positions – including politicians – exhibiting anti-LGBT+ beliefs, impacting on the service they provide and even declaring their opinions publically in some circumstances, all of which causes LGBT+ people to lose faith in these individuals or the organisations and institutions they represent. Given this situation, it is unsurprising to find that older LGBT+ people across Wales informed us of the importance of having the opportunity to meet with others in safe, welcoming environments.

However, whilst there may be activities and places for younger LGBT+ people, in more urban areas (but mainly in South Wales's urban areas), there is little, if anything, available for older LGBT+ people. It was thought this is a consequence of the organisers of these activities themselves being younger people, and so setting up activities which reflect their own desires.

It was noted that in much of Wales there may be insufficient numbers of LGBT+ people to sustain business focused towards them alone (we were told that there are numerous cafes, pubs and coffee shops owned by LGBT+ people, but these are run as general businesses for all members of the community). It was recognised that a more achievable ambition (and one which is attempted, with differing degrees of success), is to have a "gay friendly" evening in a coffee shop or pub.

It was reported that there are far more social activities, networks and provision for LGBT people in South Wales (especially around Swansea and Cardiff) than are to be found in North Wales.

Further, we were told that there are fewer meeting places for lesbian women than places for gay men, as it was thought there aren't the numbers required to support them, particularly if aged 50+, and whilst social media can fill some of the gaps it does not suit all people or address all needs.

The situation in rural areas can be even more difficult: We were told that LGBT+ people often don't feel safe to be "out" in rural areas. Hate crimes were said to be relatively commonplace, and people were concerned for their wellbeing. LGBT+ people living in rural areas explained their remoteness, combined with a local population who may not be LGBT+ friendly – or who had little understanding of LGBT+ issues at least – can be very socially isolating. One woman told us "I've had one conversation in the past 6 months".

Indeed, we were told that social isolation was the biggest problem for older LGBT+ people. It was felt that as older people are less likely to be online organisations need to do more than use social media to advertise and promote their services and events: they need to go back to using newspapers and more traditional, community –based methods too.

Problems maintaining LGBT+ venues

When venues are established, they may fail, for multiple reasons. Often they "fizzle out" as they don't suit the needs of the target audience, or people simply aren't suitably informed about events. They can tend to "fragment", with factions breaking away and people losing the drive or ability to attend. Sometimes they can be "forced out": we were told of a gay pool team being hounded out of the pub they used by other drinkers, who told them they didn't want gay people in "their pub".

It was also explained that many LGBT+ opportunities to socialise are organised by a few willing individuals, but "you get a willing person and flog them to death". These individuals then become tired and their services lose pace – they don't tend to last. Volunteers are overworked and burn out.

A lack of protection for LGBT+ people

LGBT+ participants perceived that “coming out” and being openly LGBT+ isn’t seen to be particularly unusual amongst the wider population, and respondents certainly felt it to be a more tolerant society than was the case even 20 years ago, but life can still be difficult for older LGBT+ people.

LGBT+ respondents told us that since the Criminal Justice Act 2003 introduced the possibility to prosecute offences as homophobic, biphobic or transphobic hate crimes¹, the Criminal Justice and Immigration Act 2008 making ‘incitement to homophobic hatred’ a crime² and the Equality Act 2010 bringing a range of protections for LGBT people into one law³, they believed that many in society considered it to be a case of “job done”, with it no longer being necessary to support LGBT+ people, and attention being taken away from the difficulties LGBT+ people face.

However, group members were adamant that the problems experienced prior to the introduction of the legislation above (and the Sexual Offences Act 1967, which decriminalised homosexual acts in private between two men aged 21 and over) still occur, to at least some extent, both overtly and furtively.

It was felt that despite changes in legislation, and acceptance of LGBT+ people amongst many in society, some older LGBT+ people are still afraid to “come out”, particularly in smaller communities. A number reported an opinion that LGBT+ people don’t get the respect they deserve in many rural communities (we were told that there is a very “very small town mentality” across non-urban areas in Wales), with some remarking they noticed a stark difference between attitudes in Welsh cities, where they had spent their working life, and the smaller towns and villages where they have retired. It was said that showing any aspect of their LGBT+ position may result in a person being “sniggered at”, even something as innocuous as picking up a leaflet focussed on LGBT+ issues.

¹<https://www.cps.gov.uk/legal-guidance/homophobic-biphobic-and-transphobic-hate-crime-prosecution-guidance>

²<http://www.legislation.gov.uk/ukpga/2008/4/contents>

³<http://www.legislation.gov.uk/ukpga/2010/15/contents>

On a wider scale, LGBT+ people told us they were also deeply concerned about the changing attitudes towards marginalised groups and individuals in society, citing the perceived growth of the far right in UK and across Europe, “Trumpism” in the USA and concerns about a possible loss of rights and safety post Brexit. All in all, it was felt that more needs to be done to protect the wellbeing of LGBT+ people, with a fear that otherwise we could see a reversal of the progress made over past decades.

Transport

Older people rely on public transport far more than other age groups. Indeed, respondents stated that buses were by far their most often used service. Bus passes were appreciated by the vast majority of respondents, with comments such as “Bus passes are the best thing since sliced bread” being commonplace.

As well as being vitally important in helping older people to maintain their independence and well-being, both public and community transport services help to ensure communities are well-connected and that services, facilities and amenities are accessible, reducing the risks of isolation and loneliness. However, problematic bus services were a recurring theme at the focus groups. Our document, *The Concerns of People in Later Life - Focus Group Responses: 2018/19* contain details of the majority of the matters raised, but there were also a number of additional matters raised by LGBT+ contributors:

LGBT+ People and Public Transport

Poor public transport services, particular for those living in more rural areas, greatly impact upon people’s ability to take part in community activities, but we were informed that an additional problem for older LGBT+ people is that many LGBT+ activities tend to be organised by people of a working age, and therefore take place within more urban areas during evenings, as suits them – times when public transport can be at it most problematic. As such it was thought older LGBT+ people in rural areas are at a major disadvantage, and that poor transport services had led to the failure of numerous LGBT+ activities for older people.

We were told of older LGBT+ people who are actively thinking of moving from a rural area to an urban area in order to avoid the problems caused by poor public transport. Some had considered moving to Manchester and other cities near to the North Wales region, as those places have buses running into the night and a far wider range of LGBT+ focussed activities and venues.

Housing

During our focus groups we found that people aged 50+ across Wales had a range of concerns about housing for older people, set out in *The Concerns of People in Later Life - Focus Group Responses: 2018/19*. However, there were a number of additional matters raised by LGBT+ contributors, explored below.

LGBT+ people, supported housing and residential care

A significant problem for many older LGBT+ people, we were told, is that they simply aren't aware of what may happen when they may need some form of supported housing or residential care in older age. There's a lack of information on housing options for older LGBT+ people and what support may be available to live in their own home. Further, they felt there is a presumption from those working in the field that people know what the situation is, but this is not necessarily the case.

We were told of initiatives to build housing for older LGBT+ people, such as Manchester's LGBT Extra Care scheme, but the idea was not universally popular: some people indicated they would not want to be "segregated" from others or live in a "gay ghetto" (similar to others' concerns about living in a place exclusive to older people). It was also felt important to remain in one's own community: the numbers of older LGBT+ people wishing to move into such a care homes may mean they would be located some distance away from the individual's original home. Partly in view of this, some preferred the idea of small "communes" of 15 to 20 older people (not just LGBT+ people) sharing skills and experiences whilst living within their established neighbourhood. The important factors were that people should have comfort, a sense of belonging, security of tenure and good links with the surrounding community and, if needed, residences would need to be "dementia friendly".

LGBT+ people's concerns about care staff

We were told that many LGBT+ people wouldn't be comfortable being cared for by "strangers". One person told us they were "terrified" of going into a home, and the possibility of facing discrimination when incapable of challenging it, perhaps when unwell or if they lose their partners and the support they provide. Several respondents

were concerned about discriminatory behaviour, and “bullying” of older LGBT+ residents. It was explained that those who have lived through such experiences simply get fed up of the abuse and discrimination they experience, and the effort of having to defend their position, and simply give up and “go back into the closet” when moving into a care home. Naturally, our respondents did not want this to happen to them too.

Some respondents were also concerned that care workers from some locations (Eastern Europe and Africa were cited) may have been raised in a culture where LGBT+ people are discriminated against, by the state and the wider population. They believed it to be common for care workers from those places to hold such feelings when in the UK too. Further, respondents believed that there will undoubtedly be people in care profession who have never greatly interacted with LGBT+ people, if at all. It was therefore thought that employers of paid care workers should require prospective new staff to agree that they are happy to work with LGBT+ people as part of their recruitment (although it was recognised that some people may not act truthfully in such a situation).

Further, it was felt that training for all existing and new care home staff on LGBT+ issues would be beneficial. A lesbian woman told us that she felt content that younger people, our future care workers, have a much wider perspective of the world than older people, and as such things will improve over coming years. However, until the point arrives when such people begin working in the sector, additional awareness training would be of great benefit.

Furthermore, we were told that staff should not ask residents questions such as “are you married?”, but instead “who is important in your life?” Even well-meaning staff would ask such things, not thinking of the sexuality of the resident, causing the individual involved to either need to “come out” to them, or conceal their sexuality (which may occur if they feel they could be discriminated against or if they are simply tired of having to “come out”). This situation could be easily avoided with the provision of LGBT+ awareness training.

Additionally, respondents felt their situation would be greatly improved with a proper career path for paid carers, akin to those working in nursing. They perceived the

current position to be one where carer workers are low-skilled and poorly paid, with poor career prospects. They believed that within society there is a perception that a caring role is one available to virtually anybody who applies for it. This, they felt, leads to people applying for roles simply because they need a job, rather than being suited to the role, and may dissuade those who may be more suitable from applying. They believed that a structured career path would lead to a stable workforce, with a wider understanding of their residents' circumstances, which would ultimately offer a better standard of care.

Living as an LGBT+ couple

There was concern about the ability to live as an LGBT+ couple in a care homes. Some respondents were fearful that same sex couples could be split up, in situations where mixed sex couples would not. It was felt that even where they would be able to live together it may still be a “nightmare situation”, with anti-LGBT+ attitudes from staff and other residents being a fear of many. It was said that as other residents would have been unlikely to have undertaken equality and awareness training they may hold very outmoded views, and may even still believe its “illegal to be gay”.

Furthermore, it was felt that discriminatory attitudes from other residents may transfer to care workers, who may join in (perhaps because they hold those views themselves, or perhaps because they may feel it easier to “go along with the crowd”). In any case, the possibility care worker allowing abuse from other residents was a significant concern. One gay man simply said “I am terrified about going into a care home”, whilst an older lesbian woman told us she was “Fearful about going into a care home as a weaker, older gay woman”.

There is an added element with LGBT+ partnerships, we were told, in that there can be greater age gaps than are generally found in heterosexual relationships. It was explained that for many couples age does not matter, with one man stating “With so many other issues to contend with why worry about age?” Group members stated that LGBT+ couples living with these age gaps may come to a position where one of them requires the services of a care home, but may be made to feel uncomfortable when their partners come into a home to visit them. We were told that whilst a couple's sexuality may be obvious if they are living together, people generally make an

assumption that they are straight if they are alone. It can therefore be the case that they have to continue to “come out” to other residents and staff whenever their partners visit.

The LGBT+ partners of care home residents can also be very badly treated by the families of their partners. Respondents were aware of people being excluded from decisions in the living arrangements of their partners, despite their long-term relationships. They felt that housing providers as bodies, and their individual staff members, should properly recognise same-sex partners and fully include them in decision making.

There was also a great deal of concern about the families of individuals – who may be estranged – “interfering” in their care. We were told that family members may not approve of their LGBT+ relative’s lifestyles, and so “instruct” the care home to treat their relative in a particular manner. This was said to be a particular concern for transgender people, who may find their family instructing the care provider to ignore their wishes around gender identity. One transgender woman told us that she had successfully applied for a Gender Recognition Certificate to avoid this possibility, but not all people would have received such a document, particularly as it is not uncommon for transgender people to begin their transition until later life. There is therefore a fear that people in such circumstances will be “forced back to their birth gender”, with family members asking for staff to treat them as the family would want, rather than how the individual concerned would want.

Nevertheless, it was also noted that many places do make a real effort to welcome LGBT+ residents: one focus group member told of a care home which had a large “LGBT Friendly” sign displayed in the common living area. However, he thought that whilst this was welcome, in another way it really shouldn’t have to be there – he felt that such things shouldn’t need to be pointed out, but should exist as a matter of course.

Fear of what will happen if more vulnerable

We were told that many gay men don’t have children, so may lack the support of family members when entering residential care. They are less likely to have somebody to

“fight their corner” if their health should deteriorate, for example. Further, we were told that people with sensory loss or disabilities who are LGBT+ may find their sexuality – a significant component of their identity - is ignored when entering residential care.

Additionally, it was stated that “people’s gay side can come out with dementia”, so that those who may have hidden their sexuality all their lives begin to behave in a manner which makes it clear to others. Further, there were concerns around transgender people reverting to their “birth gender” if they have dementia. It was stated that a transgender woman may regress to an earlier age, where she lived as a man, and essentially hide her gender status, if she develops dementia. Respondents believed that care home staff should be sensitive to such situations in order to avoid harming the individual concerned. It was felt that poor treatment of people in such positions would be highly distressing.

Preparing for the Future

LGBT+ people and retirement

It was felt that LGBT+ people experience the same issues as any other person on retirement, as set out in our document, *The Concerns of People in Later Life - Focus Group Responses: 2018/19*. However, there were a number of additional matters raised by LGBT+ contributors, as set out below:

Firstly, it was believed that losing networks of friends built within in the workplace is more difficult to cope with: they are essentially losing contact with a network of friends they have learnt to rely upon.

Further, respondents felt it would be worthwhile examining the situation around pensions (state pensions, personal pensions and those obtained via employment), “death in service payments” and cohabiting couples, as there was confusion as to how same sex couples would be treated in comparison to opposite sex couples. One contributor, who had retired during the 1980s, told us that his “works” pensions “dies with him”: he is unable to name his partner as a beneficiary. However, he believes that subsequent legislation, which cannot be applied retrospectively, would have avoided this this situation. The remainder of those in this particular group were also unaware of the regulations in this respect, so it was felt that clarification and education around pension rights would be extremely beneficial.

Access to pensions was also a problem for transgender people. A transgender woman, who had used the Gender Recognition Act to ensure her gender was correctly recognised, found this had caused some difficulty in obtaining her state pension. It was found that the information relevant to her entitlement had been “locked up”, and so was not available to general enquiry handlers. Whilst the situation was ultimately resolved to her satisfaction, there was additional complication in receiving her initial payments.

It is not only retirement which concerns older LGBT+ people, but also what happens upon their death: We were told that many LGBT+ people are “terrified” of what will

happen to them and their belongings when they die. We were told of individuals in same sex relationships being forced to leave the home upon the death of the partner who owned it, even though they had lived there for many years, at the demand of their partner's family. It was therefore seen as essential for people in LGBT+ relationships to ensure they have a will covering these situations, but still they were concerned that their wishes may not be adhered to.

LGBT+ respondents thought it important that their "chosen family" should have an involvement in their funeral arrangements, and not necessarily their actual relatives (particularly if they are estranged or unknown to them). Respondents wanted their LGBT+ status to be recognised in funerals and, if necessary (in the case of transgender people) documentation such as death certificates, but were concerned that relatives who do not approve of their lifestyles would not ensure this is done. They would therefore want greater clarity around the steps they could take so that they may be assured their wishes will be acted upon after death.

You and your rights

During the course of our focus groups participants spoke at length on the issue of rights, as noted in *The Concerns of People in Later Life - Focus Group Responses: 2018/19*. However, LGBT+ people raised a number of additional issues:

LGBT+ people and their rights

We were told that there's a history of LGBT+ people "sorting out things for themselves" as they know society at large would not address issues of importance to them. Perhaps because of this it appeared that knowledge of rights was higher with the LGBT+ respondents than others aged 50+, with many individuals having made use of their rights over the years in order to address discriminatory practices in the workplace, hospitals and care homes. Similarly, there was knowledge of the areas where their rights were lacking.

Older LGBT+ people told us they had spent their whole lives fighting for the rights and recognition from which younger people now benefit, but they recognised that eventually people who have been fighting for equality in the past won't stand up for their rights – they get tired.

Numerous LGBT+ people were worried about the potential impact of Brexit on LGBT+ rights, and the possibility of losing a European influence. Additionally, there were concerns that post-Brexit Westminster will "drag back" some of the areas of responsibility devolved to Welsh Government. We were told that there were fears that in such a situation "Human rights will be at the mercy of the UK government", with particular concern about the impact this may have on rights in the workplace.

The presidency of Trump in the USA also caused concern for many LGBT+ people. They felt that "Trump is hitting out at LGBT groups" in USA, "picking off the smaller groups first, then the bigger groups." There was a fear that such a mind-set would spread, impacting on the rights of many marginalised groups elsewhere in the world.

Although LGBT+ people thought the situation was "generally okay" in the UK at present, this was not felt to be the case in all of Europe. There was concern about the

growth of the far right (with anti-LGBT+ policies) in Poland, France and Germany. However, respondents were fearful of similar groups becoming more prominent in coming years within the UK. We were told that transgender people or those who had have “come out” during a time of general acceptance are becoming fearful if what will happen in the future, given that their identities are known.

LGBT+ rights: health & social care

Many LGBT+ people were concerned that their status as “next of kin” was not properly recognised: we were told that as well as some staff in hospitals and care homes being prejudiced against same-sex couples, their rules around “next of kin” were outmoded. We were told of situations where partners would not be accepted as a patient’s next of kin when hospitalised, with individuals being told they would only acknowledge “proper” next of kin. It was felt people should be able to nominate anybody to be a next of kin on these occasions, whoever that should be, and should certainly not be forced to nominate only a family member, particularly as it was not unusual for LGBT+ people to have been excluded from those families.

It was found that whoever is to be “next of kin” to a hospital patient is not defined in law, and there is no reason why any partner shouldn’t be treated as such simply because of the lack of marriage. Hospitals have generally recognised spouses and close blood relatives as next of kin, but sometimes do not recognise cohabiting partners, more commonly with same-sex partners than male-female partners. NHS trusts may ask patients to nominate who is next of kin formally, on admission to hospital, but this may not be possible if the person is incapacitated. LGBT+ people would therefore like greater clarity and a mechanism to ensure that those they would choose to be recognised at next of kin are recognised.

Additionally, a living will, giving details around end of life issues, was seen as being important in helping to ensure LGBT+ people have the treatment they’d want, and not that suggested by an estranged family or others they would consider to be unsuitable. It was reported that people are being involved in care plans for older LGBT+ relatives they’ve rarely met, if at all, as they’re being incorrectly recognised at the individual’s “next of kin”.

Further, respondents told us that it was very important for non-married LGBT+ people to make a will in order to ensure a surviving partner is properly considered and protected, as intestacy rules may not allow for this (we were told of an occasion where an estate had been passed to the step brothers of a dead gay man, rather than his gay partner, due to him dying intestate). Dealing with these issues is not necessarily easy, however, and we were told that finding a suitable executor for an LGBT+ person's will can be difficult too.

Finally, it was thought there needs to be greater visibility of LGBT+ people and issues in printed materials on health and social care, whether that's NHS leaflets or adverts for supported housing options (and many others besides), to show that LGBT+ people are also beneficiaries of services – assuring LGBT+ people that they are accepted and welcome, and making it clear to others that this is the case.

LGBT+ rights: Law & Order

Access to law and order was also seen to be a problem by LGBT+ people, to such an extent that “you sort of expect it”, we were told. Several respondents had knowledge that that homophobia is still a problem with some police officers, or groups of police officers, even though police forces as bodies are aiming to address the situation. This can have some extremely serious repercussions: a lesbian woman told us that she did not report an attempted rape whilst out walking because she didn't want to disclose her sexuality to police officers, and believed that had she done so they would not have taken her report seriously, and would have acted negatively and judgementally towards her. Essentially, she felt unable to rely on them to support her and take the appropriate action.

Access to information for LGBT+ people

It was felt that LGBT+ people should have easy access to reminders of their rights (e.g. in police stations, care homes, sheltered housing, GP surgeries and hospitals), and also have access to adequate advocacy services, particularly at times when they may be less likely to be able to defend themselves or put their points forward (following incidents of victimisation or during a period of ill health, for example).

Furthermore, it was felt that professional advocacy services not only need to be sufficient in number (there are currently too few), but the advocates themselves should be fully aware of LGBT+ issues if they are to be able to do their job well. Therefore, it was felt that professional advocates may benefit from having specialist training for their work with LGBT+ people.



Age Alliance Wales, Ground Floor, Mariners House, Trident Court, East Moors
Road, Cardiff, CF24 5TD
02920 431548

Email: christopher.williams@agealliancewales.org.uk

www.agealliancewales.org.uk

Twitter: @AgeAllianceWal



Age Cymru, Ground Floor, Mariners House, Trident Court, East Moors Road, Cardiff,
CF24 5TD

Age Cymru Advice: 08000 223 444

General Enquiries: 029 2043 1555

For general enquiries - webenquiries@agecymru.org.uk

Age Cymru Advice - advice@agecymru.org.uk

www.ageuk.org.uk/cymru/

Twitter: @AgeCymru

Facebook: www.facebook.com/agecymru