

What matters to you?

Current experiences of people aged 50 or over in Wales

This is the sixth annual survey undertaken since 2020 by Age Cymru and the key organisations that represent older people in Wales.

It's important that Welsh Government and others hear from older people about your experiences and what matters to you.

This survey will take 15 minutes to complete.

Your response is anonymous. If you want us to contact you about the survey you can include your contact details at the end of the survey. You can also let us know if you want to get involved in our campaigns to make change for older people across Wales.

Thank you for your support in completing this survey.

You have received this survey in English, it's also available in Welsh. Please contact policy@agecymru.org.uk or call 029 2043 1555 to request a copy.



A. Health and wellbeing

A1. What activities do you like to do for fun/relaxation? (Select any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Spending time with friends/family | <input type="checkbox"/> Watching sport |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Travelling |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Going to a local day centre |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Going to live concerts/theatre |
| <input type="checkbox"/> Playing sport | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Exercising | <input type="checkbox"/> Eating out |
| <input type="checkbox"/> Dancing | |
| <input type="checkbox"/> Other _____ | |

A2. Is there anything that might prevent you from accessing the activities you enjoy?

A3. What challenging experiences have you had in the last 12 months? (Select any that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Not seeing family / friends | <input type="checkbox"/> Exercising your rights | <input type="checkbox"/> Mental/Emotional health |
| <input type="checkbox"/> Cost of living | <input type="checkbox"/> House in need of repairs | <input type="checkbox"/> Living with dementia |
| <input type="checkbox"/> Bereavement or grief | <input type="checkbox"/> House not suitable for your needs | <input type="checkbox"/> Overuse of alcohol |
| <input type="checkbox"/> Isolation | <input type="checkbox"/> Scams | <input type="checkbox"/> Accessing food and essential items |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Abuse | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Accessing prescriptions | <input type="checkbox"/> Caring for a spouse/ friend/relative | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Accessing cash | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Neighbourhood safety |
| <input type="checkbox"/> Accessing face to face banking | | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | | |

Please tell us more:

A4.a. I consider my general physical health to be:

- ☐ Very good ☐ Good ☐ Poor ☐ Very Poor

A4.b. How does this compare to 12 months ago?

- ☐ Better ☐ The same ☐ Worse

Please tell us more:

A5.a. I consider my general mental/emotional health to be:

- ☐ Very good ☐ Good ☐ Poor ☐ Very Poor

A5.b. How does this compare to 12 months ago?

- ☐ Better ☐ The same ☐ Worse

Please tell us more:

B. Accessing health care

B1.a. Have you made or tried to make a GP appointment in the last 12 months?

- ☐ Yes, for myself ☐ Yes, for someone else ☐ No, I've not needed to

B1.b. How easy do you find it to make a GP appointment? (Select one option)

- ☐ Very easy ☐ Neither easy or difficult ☐ Very difficult
☐ Easy ☐ Difficult ☐ Not applicable

Please tell us more:

B1.c. How easy do you find it to travel to GP appointments? (Select one option)

- ☐ Very easy ☐ Neither easy or difficult ☐ Very difficult
☐ Easy ☐ Difficult ☐ Not applicable

Please tell us more:

B2.a. What other health care have you accessed or tried to access in the last 12 months? (Select any that apply)

- | | |
|---|--|
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Eye care |
| <input type="checkbox"/> Vaccination | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> Routine hospital appointment | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Support for mental health | <input type="checkbox"/> In patient care |
| <input type="checkbox"/> Ongoing health checks | <input type="checkbox"/> I haven't needed to access any other healthcare |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> I tried to access healthcare but haven't been able to get the support I need (Please tell us more in Question B4) |
| <input type="checkbox"/> Physiotherapy | |
| <input type="checkbox"/> Pharmacy | |

B2.b. How easy do you find it to make health care appointment/s, other than GP appointments? (Select one option)

- ☐ Very easy ☐ Neither easy or difficult ☐ Very difficult
☐ Easy ☐ Difficult ☐ Not applicable

Please tell us more:

B2.c. How easy do you find it to travel to healthcare appointment/s, other than GP appointments? (Select one option)

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Neither easy or difficult | <input type="checkbox"/> Very difficult |
| <input type="checkbox"/> Easy | <input type="checkbox"/> Difficult | <input type="checkbox"/> Not applicable |

Please tell us more:

B3.a. Have you used private health care in the last 12 months?

- | | | |
|-------------------------------------|---|-----------------------------|
| <input type="checkbox"/> Yes for me | <input type="checkbox"/> Yes for someone else | <input type="checkbox"/> No |
|-------------------------------------|---|-----------------------------|

B3.b. If yes, can you please tell us what you used private healthcare for and if there was any reason why you used private healthcare?

B4. Please tell us anything else you would like to let us know about accessing healthcare in the last 12 months.

We want to understand more about support for people who have experienced a bereavement.

B5.a. Have you ever accessed services to support with a bereavement?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, what support did you access?

B5.b. If you've had a bereavement but didn't access any support, can you let us know why.

- ☐ I wasn't aware I could get any support
- ☐ I didn't want any support
- ☐ There wasn't any support nearby
- ☐ I had support from friends/family
- ☐ Other _____

Please tell us more:

For more information, advice and support after experiencing a bereavement please go to www.agecymru.wales/advice or contact Age Cymru Advice on **0300 303 44 98**. You could also contact the Wales Bereavement and Support Service on **0800 090 2309** or go to www.mariecurie.org.uk/help/support/wales-bereavement-information-and-support-service. Or contact Cruse on **0808 808 1677**.

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C. Access to social care

C1.a. Have you asked for help or had support from social care in the last 12 months?

(e.g., getting an assessment for your needs, needs as a carer, day centre support, help at home with daily living tasks, getting support to leave hospital, respite care and residential care, asking for more help than you currently get.)

- ☐ Yes for me
- ☐ Yes for someone else
- ☐ No, I've not needed to

Please tell us more:

C1.b. If yes, did you get the help you needed?

- ☐ Yes
- ☐ No

Please tell us more:

C2. How easy was it to get the social care help and support you needed?

(Select one option)

- ☐ Very easy ☐ Easy ☐ Neither easy or difficult ☐ Difficult ☐ Very difficult

Please tell us more:

C3.a. Did you have to contribute towards the cost of care needed? (Select one option)

- ☐ Yes ☐ No

C3.b. If yes, how easy was it to understand the charging arrangements?

(Select one option)

- ☐ Very easy ☐ Easy ☐ Neither easy or difficult ☐ Difficult ☐ Very difficult

Please tell us more:

C4.a. Do you currently look after or give any unpaid help or support to family members, friends, neighbours, or others because of long-term physical or mental ill-health or disability, or problems related to older age?

- ☐ Yes ☐ No

C4.b. If yes, how does the amount time you spend caring now compare to 12 months ago?

- ☐ More ☐ The same ☐ Less

If you ticked **Yes to question C4.a.** you may like to know that Age Cymru and Carers Trust Wales have a project aimed at assisting people just like you.
For more information see agecymru.org.uk/carers or phone **0300 303 44 98.**

D. Employment

D1. Which of the following applies to you? (Select any that apply)

- | | |
|--|--|
| <input type="checkbox"/> Retired | <input type="checkbox"/> Self-employed full-time |
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Self-employed part-time |
| <input type="checkbox"/> Employed part-time (working 30 hours or less) | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Unable to work due to disability/illness | <input type="checkbox"/> In full-time education |
| <input type="checkbox"/> Unable to work due to caring responsibilities | <input type="checkbox"/> Registered unemployed |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Doing unpaid voluntary work |

D2. Have your retirement plans changed in the last 12 months? (Select one option)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Yes – I now plan to retire later | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes – I now plan to retire earlier | <input type="checkbox"/> Not relevant |
| <input type="checkbox"/> Yes – I plan to come out of retirement back to paid work | |

If yes, can you tell us more about why your plans have changed?

D3.a. Are you currently looking for paid work?

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not relevant |
|------------------------------|-----------------------------|---------------------------------------|

D3.b. If yes, how long have you been looking for work?

D3.c. Is there anything that would support you to find employment?

D4. Have you ever been discriminated against in the workplace because of your age?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
|------------------------------|-----------------------------|---|

If yes, please tell us more, and what impact this had on you?

E. Finance

E1. Have you had to make any changes in the last 12 months due to financial pressures? (Select any that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Socialise less | <input type="checkbox"/> Use credit cards or get into debt to pay bills | <input type="checkbox"/> Come back out of retirement |
| <input type="checkbox"/> Use less energy/heating | <input type="checkbox"/> Reduce saving for retirement | <input type="checkbox"/> Skip meals |
| <input type="checkbox"/> Use less water | <input type="checkbox"/> Increase working hours | <input type="checkbox"/> Reduce or stop volunteering |
| <input type="checkbox"/> Reduce food bill | <input type="checkbox"/> Change jobs | |
| <input type="checkbox"/> Other _____ | | |

Please tell us more about the impact of financial pressures:

E2. Are you confident that you will have enough money to live on in the next 12 months? (Select one option)

- | | |
|---|---|
| <input type="checkbox"/> Very confident | <input type="checkbox"/> Unconfident |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Very unconfident |
| <input type="checkbox"/> Neither confident or unconfident | <input type="checkbox"/> Not sure |

Please tell us more:

E3. Have you experienced a scam in the last 12 months?

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
|------------------------------|-----------------------------|-----------------------------------|

If yes, please tell us more, and what impact it has had on you:

You can report scams or suspected scams to Action Fraud on **0300 123 2040** or online at **www.actionfraud.police.uk**. You can also contact the police to report scams on **101**. If you have paid money to a scammer, you should contact your bank immediately (you can reach most bank fraud lines by calling **159**).

E4. Do you receive any of the state benefits listed below? (Please select any that apply)

- | | |
|---|--|
| <input type="checkbox"/> Pension credit | <input type="checkbox"/> Personal Independence Payment |
| <input type="checkbox"/> Attendance allowance | <input type="checkbox"/> Disability Living Allowance |
| <input type="checkbox"/> Carers' allowance | <input type="checkbox"/> Job Seekers Allowance |
| <input type="checkbox"/> Universal credit | <input type="checkbox"/> Housing Benefit |
| <input type="checkbox"/> Employment Support Allowance | <input type="checkbox"/> No |
| <input type="checkbox"/> Other _____ | |

Every year, it's estimated that up to **£3.5 billion** of state benefits in the UK goes unclaimed by older people, including more than **£117m** in pension credit in Wales. Age Cymru Advice can help you find out if you are accessing everything you are entitled to. Find out more information go to **www.agecymru.org.uk/benefits** or call Age Cymru Advice on **0300 303 44 98**.

E5. Has means testing the Winter Fuel payment affected you?

- ☐ Yes ☐ No ☐ Don't know

If yes, please tell us more:

E6. What best describes your home situation? (Select one option)

- | | |
|--|--|
| <input type="checkbox"/> Own home outright | <input type="checkbox"/> Live in a mobile home (a caravan, a trailer or motorhome, a prefabricated bungalow) |
| <input type="checkbox"/> Buying home with mortgage/ loan | <input type="checkbox"/> Shared ownership/shared equity loan |
| <input type="checkbox"/> Rent from local council | <input type="checkbox"/> Live in a family/friend's home |
| <input type="checkbox"/> Rent from housing association/social landlord | <input type="checkbox"/> Live in a care home |
| <input type="checkbox"/> Rent privately | <input type="checkbox"/> Live in temporary accommodation |
| <input type="checkbox"/> Live in sheltered housing | |
| <input type="checkbox"/> Other _____ | |

F. Getting out and about

F1.a. What is your main method of transport? (Select any that apply)

- | | |
|---|--|
| <input type="checkbox"/> Driving yourself | <input type="checkbox"/> Community transport |
| <input type="checkbox"/> Public buses | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Trains | <input type="checkbox"/> Through friends or family |
| <input type="checkbox"/> Cycle | <input type="checkbox"/> Don't travel |
| <input type="checkbox"/> Taxis | |
| <input type="checkbox"/> Other _____ | |

Please tell us more:

F1.b. Has your main method of transport changed in the last 12 months?

- ☐ Yes ☐ No

Please tell us more:

F2.a. How easy do you find it to get out and about? (Select one option)

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Neither easy or difficult | <input type="checkbox"/> Very difficult |
| <input type="checkbox"/> Easy | <input type="checkbox"/> Difficult | <input type="checkbox"/> I don't go out |

F2.b. If you find it 'Neither easy or difficult', 'difficult' or 'very difficult' to go out, or 'don't go out', why is this? (Select any that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Lack of confidence | <input type="checkbox"/> No local relevant activities | <input type="checkbox"/> High cost of own transport |
| <input type="checkbox"/> Poor physical health | <input type="checkbox"/> Lack of own transport | <input type="checkbox"/> High cost of public transport |
| <input type="checkbox"/> Poor mental/emotional health | <input type="checkbox"/> Lack of public transport | <input type="checkbox"/> Closure of community centres |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Lack of public toilet facilities | <input type="checkbox"/> Worried about falling over |
| <input type="checkbox"/> I don't want to leave the house | <input type="checkbox"/> Lack of public seating | <input type="checkbox"/> Not relevant |
| | <input type="checkbox"/> High cost of taxis | |
| <input type="checkbox"/> Other _____ | | |

F3. Do you have a blue badge? (A blue badge helps people with disabilities or health conditions park closer to their destination)

- ☐ Yes ☐ No, I need one but find it too difficult to apply for
- ☐ No, don't need one

If you selected 'No, I need one but find it too difficult to apply for' please tell us more:

.....

G. Representation in society

G1. Do you think older people are represented well in society? (eg; in the media, advertising, in the workplace, in politics etc).

- ☐ Yes ☐ No ☐ Don't know

Please tell us more:

.....

H. Communication

H1. What best describes your situation? (Select one)

- ☐ I can access the internet at home ☐ I can't access the internet at home and don't want to
- ☐ I can't access the internet at home but would like to ☐ I access the internet outside of the home at a library or community centre
- ☐ Other _____

Please tell us more:

H2.a. How confident are you when navigating the internet and using online services?

- ☐ Very confident ☐ Unconfident
- ☐ Confident ☐ Very unconfident
- ☐ Neither confident or unconfident ☐ Not applicable

H2.b. If you're not confident when navigating the internet or using online services, what support could help you?

H3. How do you prefer to access information? (Select any that apply)

- | | |
|---|--|
| <input type="checkbox"/> TV news | <input type="checkbox"/> Face to face services |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Telephone helpline |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> X (Formerly Twitter) | <input type="checkbox"/> Local notice board/community centre |
| <input type="checkbox"/> National newspaper | <input type="checkbox"/> Online search engine (e.g., Google) |
| <input type="checkbox"/> Local newspaper | <input type="checkbox"/> I don't access information |
| <input type="checkbox"/> WhatsApp | |
| <input type="checkbox"/> Other _____ | |

H4. What do you go online for? (Select any that apply)

- | | |
|--|--|
| <input type="checkbox"/> Contacting friends/family | <input type="checkbox"/> Online banking |
| <input type="checkbox"/> Finding out information | <input type="checkbox"/> Online shopping |
| <input type="checkbox"/> Work | <input type="checkbox"/> Video calling friends or family |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Playing games |
| <input type="checkbox"/> Other _____ | |

H5. How easy do you find it to access the information about support and services you need? (Select one option)

- | | | | | |
|------------------------------------|-------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Easy | <input type="checkbox"/> Neither
easy or
difficult | <input type="checkbox"/> Difficult | <input type="checkbox"/> Very
difficult |
|------------------------------------|-------------------------------|--|------------------------------------|--|

H6.a. My preferred language is:

H6.b. Can you access services/information in your preferred first language?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Please tell us more:

H7. What do you think could be done to improve access to information about services and support?

.....

I. Looking ahead

I1. Are you optimistic about the year ahead?

☐ Yes

☐ No

☐ Don't know

Please tell us more:

I2.a. What is likely to be most challenging for you in the year ahead?

I2.b. What support could help you address this/these challenge/s?

I3. Which of these statements best describes your feelings about climate change?

(Select one option)

☐ I am greatly concerned by climate change.

☐ I am rarely concerned by climate change.

☐ I am sometimes concerned by climate change.

☐ I am not concerned by climate change.

☐ Not sure

Please tell us more:

J. Anything else?

J1. Is there anything else that matters to you that you'd like to let us know about?

About you (Select as appropriate)

We're asking these questions to understand who we're hearing from. We want to make sure that the voices of people from a variety of backgrounds and experiences are included. This information is anonymous.

A. How did you find out about the survey? _____

B. I live in the county of:

- | | | |
|--|--|---|
| <input type="checkbox"/> Blaenau Gwent | <input type="checkbox"/> Flintshire | <input type="checkbox"/> Powys |
| <input type="checkbox"/> Bridgend | <input type="checkbox"/> Gwynedd | <input type="checkbox"/> Rhondda Cynon Taff |
| <input type="checkbox"/> Caerphilly | <input type="checkbox"/> Isle of Anglesey | <input type="checkbox"/> Swansea |
| <input type="checkbox"/> Cardiff | <input type="checkbox"/> Merthyr Tydfil | <input type="checkbox"/> Torfaen |
| <input type="checkbox"/> Carmarthenshire | <input type="checkbox"/> Monmouthshire | <input type="checkbox"/> Vale of Glamorgan |
| <input type="checkbox"/> Ceredigion | <input type="checkbox"/> Neath Port Talbot | <input type="checkbox"/> Wrexham |
| <input type="checkbox"/> Conwy | <input type="checkbox"/> Newport | <input type="checkbox"/> Outside Wales |
| <input type="checkbox"/> Denbighshire | <input type="checkbox"/> Pembrokeshire | |

C. I am aged:

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 50-54 | <input type="checkbox"/> 70-74 | <input type="checkbox"/> 90-94 |
| <input type="checkbox"/> 55-59 | <input type="checkbox"/> 75-79 | <input type="checkbox"/> 95-99 |
| <input type="checkbox"/> 60-64 | <input type="checkbox"/> 80-84 | <input type="checkbox"/> 100 or over |
| <input type="checkbox"/> 65-69 | <input type="checkbox"/> 85-89 | |

D. I would describe my ethnicity as:

White

- | | |
|--|---|
| <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Any other White Background |

Asian / Asian British or Welsh

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other Asian Background |
| <input type="checkbox"/> Bangladeshi | |

Black / African / Caribbean / Black British or Welsh

- | | |
|------------------------------------|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Any other Black / African / Caribbean Background |
| <input type="checkbox"/> Caribbean | |

Mixed

- | | |
|--|---|
| <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Any other Mixed/Multiple ethnic background |
| <input type="checkbox"/> Mixed - White and Black African | |
| <input type="checkbox"/> Mixed - White and Asian | |

Other ethnic group

- | | |
|--|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Any other ethnic Group |
| <input type="checkbox"/> Prefer to self-describe _____ | |

E. I am:

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Prefer to self-describe _____ | | |

F. I identify as Trans: (Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth)

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

F. I am:

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual/Straight |
| <input type="checkbox"/> Gay Man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay Woman / Lesbian | |
| <input type="checkbox"/> Prefer to self-describe _____ | |

G. I consider myself to have a disability according to the terms given in the Equality Act 2010*:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

*The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities

H. I have served in the Armed Forces (This could include as a regular, reservist, or national service):

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

I. I live on my own

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

J. I can: (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Speak Welsh | <input type="checkbox"/> Read in Welsh |
| <input type="checkbox"/> Write in Welsh | <input type="checkbox"/> Understand spoken Welsh |

Thank you for your time and contribution to our work

If you're happy for us to contact you further about this survey, please fill in your contact details below:

Name:

Contact email:

Contact phone number:

We're always looking for people aged 50 or over in Wales to tell us their story and support us to raise issues that impact older people with the media, politicians, and many other key stakeholders. Want to become an Age Cymru storyteller? Leave your details above and say that you'd like to tell us your story, and we'll be in contact.

Or you can contact us for an informal chat on 029 2043 1555 or email policy@agecymru.org.uk

Please return the completed survey form to

Age Cymru, Freepost RLTL-KJTR-BYTT, Ground Floor, Mariners House, Trident Court, East Moors Road, Cardiff CF24 5TD or by email to enquiries@agecymru.org.uk

Please donate to Age Cymru and together we can make a difference to the lives of older people. Even a small amount can make a big impact

Donate online at: agecymru.org.uk/donate, call 029 2043 1555 or scan the QR code



If you need any further support please contact:

Age Cymru Advice: 0300 303 44 98

advice for older people, their families, friends, carers, and professionals

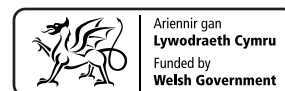
C.A.L.L: 0800 132 737 emotional support and information on mental health

Cruse: 0808 808 1677 bereavement support

Hourglass Cymru: 0808 808 8141 support for older people experiencing (or at risk) of harm

Samaritans: 116 123 emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide

Silverline: 0800 4 70 80 90 free confidential helpline providing information, friendship and support to older people, 24 hours a day.



Your details will be kept on a secure database, and we will not share your details with any organisations unless required by law.

You can find our privacy policy here: www.agecymru.org.uk/privacy

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