Exploring the issues for Older Gypsies and Travellers

an initial learning meeting for Age Concern and Help the Aged staff

Report

Derby  27 February 2009
Age Concern England and Help the Aged have joined together to form Age UK, a single charity dedicated to improving the lives of older people.

Age Concern is a federation of registered charities. Age Concern England (charity number 261794) has merged with Help the Aged (charity number 272786) to form Age UK, a charitable company limited by guarantee and registered in England: registered office address 207–221 Pentonville Road, London, N1 9UZ, company number 6825798, registered charity number 1128267. Age Concern and Help the Aged are brands of Age UK. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age NI, Age Cymru.
Introduction

Staff in Age Concern and Help the Aged’s Research & Development Unit and Policy Departments have been aware for some time that the specific issues affecting older people from Gypsy and Traveller communities have not been addressed to date in Age Concern and Help the Aged’s work nationally – either as part of our Black and Minority Ethnic (BME) Elders programme or in relation to our research and policy development work on older people’s issues.

Older people from Gypsy and Traveller communities face potentially severe social exclusion and vulnerability in several respects:

- much lower life expectancy than the national average
- low percentage of Gypsies and Travellers aged over 50 in paid employment
- low likelihood of entitlement to full pension
- low levels of literacy
- lack of awareness of entitlements to state benefits
- complex issues around accommodation policies and planning permission which make it difficult for older people to settle on authorised sites with other family members or with carers
- barriers in accessing health and social care services
- discrimination and negative attitudes towards Gypsy and Traveller communities
- lack of cultural awareness, sensitivity and appropriate outreach methods by housing, health and social care professionals

In addition to this complex set of exclusionary barriers facing older people from Gypsy and Traveller communities, the voices of older Gypsies and Travellers are very rarely heard – and ‘they become an invisible population within a marginalised community’ (EHRC Research Report 12, 2009).

To address our own limited awareness and knowledge of the issues facing older people within Gypsy and Traveller communities, it was decided to hold an initial learning meeting, exploring the issues for older Gypsies and Travellers, which could inform the development of future work in this area.

A meeting was held for staff from Age Concern and Help the Aged, with a small group of colleagues from relevant external organisations, who generously shared their knowledge of current initiatives and considerable experience of working with older people from Gypsy and Traveller communities.
Informal in style, and with the emphasis on exchange and learning, the meeting was held in Derby in late February 2009, with the following aims:

1. For Age Concern and Help the Aged staff to learn about the key issues affecting older people from Gypsy and Traveller communities;

2. To identify and learn from existing practice in services provision and support for older Gypsies and Travellers;

3. To suggest potential priorities and specific actions for Age Concern and Help the Aged to take forward into the work of the ‘new charity’ for older people being formed as a result of the merger of the two organisations.

An intended outcome of the meeting was that we should be able to identify potential areas in which Age Concern and Help the Aged could take forward work at national level, either in relation to further research, policy development or support for local organisations in their service provision for older people.
Presentations

Gypsy and Traveller communities in the East Midlands: an introduction

*Dr Mohammed Aslam, Equality and Human Rights Commission (EHRC), East Midlands*

Vivitas Consultancy was commissioned by East Midlands Race Equality Consortium (EMREC) to undertake research into issues affecting Gypsy and Traveller communities in East Midlands & Eastern regions, with particular focus on policy.

Gypsy and Traveller communities have been over-researched and under-resourced and it was felt that there had been a lack of responsiveness by policy makers to some of the existing research evidence.

There is essentially ‘nothing new’ in the report, but it ‘dug under the surface’ to identify experiences from Gypsy and Traveller communities, therefore going beyond merely paying ‘lip service’ to the issues.

Local authorities are often very responsive to Gypsy and Traveller communities in theory, but the response in practice is often much more limited. The experience that local authorities do have of working with, and providing services for, Gypsy and Traveller communities is often not publicly shared.

The report raised questions about how public authorities respond to policy issues – for example, housing needs, education, health needs, criminology and police response. What policies are public authorities developing to address needs in specific areas, such as education? How do health professionals respond to Gypsy and Traveller communities as service users? It is often believed, by public authorities, that having a liaison worker absolves them from the responsibility to consider the issues for Gypsy and Travellers in all areas of their policy development and service delivery. Public authorities are often not developing their practice and services to be more genuinely responsive and inclusive.

Older people in Gypsy and Traveller communities often struggle to keep travelling; they develop health problems and long term health conditions, and need long term care. Health services will often have one specialist post established to develop outreach with Gypsy and Traveller communities, and to ensure that health services are responsive to their needs. However, this approach can often have the effect of relieving other health service staff from taking any direct responsibility, so that the health issues for Gypsy and Traveller communities do not get ‘mainstreamed’ across all areas of service provision, but remain marginalized as the responsibility of one dedicated post, which is often only part-time.
Therefore, while there is sometimes an acknowledgement of the issue and the need, there is often very little in terms of real results and positive outcomes for people from Gypsy and Traveller communities.

Questions we need to ask within our own and partner organisations are:

- Are we adequately resourced – with knowledge, information and training?
- How will we challenge statutory services on behalf of Gypsy and Traveller communities?
- Where will we get resources from to develop this work?

In terms of the role of the Equality and Human Rights Commission (EHRC), the former Commission for Racial Equality (CRE) (one of the three legacy commissions now absorbed into the EHRC) had made a public commitment to supporting Gypsy and Traveller communities, and had started work on tackling discrimination. The recently-established EHRC is committed to developing some policy work on Gypsy and Traveller issues, for example, on accommodation and housing needs. The EHRC is essentially a Government-appointed ‘watchdog’, which can exert influence but doesn’t have any ‘teeth’. The EHRC can only take direct action if a public authority is in breach of the law, for example, in it’s responsibilities under the public sector equality duties.

The legislation is very clear. The EHRC is only a watchdog, and is on the ‘side of the law’, as opposed to taking its starting point as being ‘on the side’ of Gypsy and Traveller communities, in this case. However it was acknowledged that of course the effectiveness of the law, in defending and promoting the rights of specific minority groups, depends largely on how it is interpreted and implemented.

Human Rights Act – the Human Rights legislation sits ‘on top of’ equalities legislation. Public authorities have to demonstrate, for example in relation to any cuts in services, how their decisions about resourcing of services are not undermining the dignity and human rights of specific groups and/or individuals.

**Older people in Gypsy and Traveller communities: an introduction to the issues**

*Siobhan Spencer & Muzelley McCreadie, Derbyshire Gypsy Liaison Group (DGLG)*

The Derbyshire Gypsy Liaison Group (DGLG) has been working with Gypsy and Traveller communities for 22 years. The DGLG focuses mainly on accommodation and planning issues, and health and social care needs.

An accommodation needs assessment carried out in 1998 led to a feasibility study which was commissioned by DGLG in 2004 – ‘A Safe Place to Be’.
The DGLG has focussed more recently on health and mental health issues for Gypsy and Traveller communities, with support from the Care Services Improvement Partnership (CSIP) in the West Midlands, to look specifically at mental health issues for older people within Gypsy and Traveller communities. This work resulted in the production of the ‘I Know When It’s Raining’ report, and two leaflets. There are two Community Development Workers (CDWs) based at DGLG, whose posts are funded as part of the Delivering Race Equality (DRE) programme in mental health services.

The DGLG has concluded that there are now enough reports, and that enough basic research has been done on Gypsy and Traveller communities to have identified some of the key issues and challenges. What is needed now is action to challenge ‘institutional racism’ and negative perceptions of Gypsies and Travellers, who are often seen as criminals.

**Ethnic monitoring**

There is currently very little ethnic monitoring being done by health and other services. Service providers often don’t carry out routine ethnic monitoring, and Gypsies and Travellers are not included as a specific ethnic category in much ethnic monitoring anyway. There is a proposal to include a specific category in the 2011 Census. Even when monitoring data on Gypsies and Travellers is collected, it is often not analysed and/or acted on. Ethnic monitoring for these groups can also be problematic, as it can stigmatise, and so needs to be introduced carefully and the reasons for undertaking the monitoring clearly explained to service users.

**Terminology**

Roma people do not use the term ‘Gypsy’ and the umbrella term ‘Traveller’ is not liked by some groups. Gypsy with capital G means Romany eg I’m a Romany Gypsy.

**Information and advice**

Many elders from Gypsy and Traveller communities cannot read or write, so this needs to be taken into account when producing resources or information which is intended to reach older people.

Horse fairs can be very good opportunities to disseminate information to Gypsy and Traveller communities, and June is Gypsy and Traveller History Month, another good opportunity for awareness-raising and dissemination.
Local Authorities

Since 2004 Councils must assess accommodation needs for Gypsy and Traveller communities, but do not need to act on the results of these assessments. A scoping exercise in the Eastern Region shows that Local Authorities are not ready or prepared to accommodate and address Gypsy and Traveller communities’ needs.

If a Gypsy or Traveller needs to settle on a permanent site, on educational or health grounds, it can influence the outcome of a planning application. Security – both of their accommodation and the site itself – is very important for older people. They need to secure a planning application for a legal site on which to settle. But the process can be very lengthy; from the needs assessment to planning application can often take 3 years.

There are lots of problems in relation to temporary sites; for example, access to utilities can be very difficult and costly. Access by the emergency services, or any services, can also be problematic. Planning Officers are the key ‘gate-keepers’ in public authorities and can be very influential in how local authorities engage with and respond to Gypsy and Traveller communities.

There are links between the entitlement to a secure/permanent site and community care service, which are critically important for older Gypsies and Travellers. You can’t access community care services unless you’ve got planning permission (and a certificate of lawful use).

Gypsy and Traveller organisations often feel considerable frustration with mainstream voluntary agencies, such as Age Concern or Help the Aged. Staff in mainstream older people’s organisations often have a limited awareness and understanding of the difficulties and barriers facing Gypsy and Traveller communities, particularly the legal barriers. Often the response is a rather limited ‘we only do lunch clubs’…….

Residential care is not liked by older people from Gypsy and Traveller communities, but is used. There is a significant need for greater cultural awareness of Gypsy and Traveller communities and culture on the part of residential care home providers and staff.
Discussion – plenary session

Summary of key issues

- **‘Institutional racism’** – there’s a real lack of appreciation and understanding of the history and culture of Gypsy and Traveller communities in Britain, and consequently a high level of misunderstanding and discrimination against them. They are often seen as a ‘nuisance’ when in fact they have been an ingrained part of UK society and culture for several centuries.

- **Ethnic monitoring** – ethnic monitoring is an issue across all public authorities and many services. There is a crucial difference between ethnic data collection – ie just collecting the data, and ethnic monitoring – ie analysing the data and taking appropriate action. Currently, there is a widespread lack of Gypsy and/or Traveller categories on ethnic monitoring forms, which is a key issue for service providers to address in order to gain accurate data on communities and their needs. In the limited number of cases where such data is being collected, the question is what, if any, use is being made of it.

- **Gypsy and Traveller accommodation assessments** – In 2004 a requirement was introduced on local councils to carry out a Gypsy and Traveller Accommodation Assessment (GTAA). These Assessments were not always of very good quality, and there was no formal requirement for the local authorities to act on the assessments once they had carried them out, but at least it was a minimum requirement.

- **Research** – although the point about Gypsy and Traveller communities having endured a lot of research without having seen much improvement in terms of tangible outcomes is certainly valid, some localised research among older people might still have specific value, given the complete lack of existing research data on this group. (As an example, the Northern Network of Travelling People is still trying to obtain funding for research into the housing and housing-related needs of Gypsy and Traveller older people, an area which remains, as acknowledged in the EHRC report, totally un-researched).

What will be crucial is linking such research to remedial actions – there is no point in doing research for the sake of producing yet another report. What is needed is ‘action-focussed’ rather than ‘academic’ research. The phrase ‘academic voyeurism’ has accurately been used with reference to research on, as opposed to research with, Gypsy and Traveller communities.
Practice examples and suggestions for local action

AC Cambridgeshire
Mental health advocacy support was provided for an older Gypsy client moving into residential care. Advocacy is a very expensive and intensive service. There are issues around funding and sustainability for this kind of support.

Cambridgeshire
The Travellers’ Health Initiative Policy group does good work raising awareness of health issues for Gypsy and Traveller communities, among health professionals, and tackling health inequalities.

AC Derbyshire
Providing advocacy support around admission into residential care is very important. Developing a scrap book of the older person’s life (a ‘Life Experience Book’) can be a very helpful way for the care staff to get to know the individual and his/her personal life story and history. AC Derbyshire linked this work in to the Hungry to be Heard Campaign, coordinated by Age Concern nationally.

There is a clear need for cultural awareness training, in relation to Gypsy and Traveller communities specifically, for staff in residential care settings and in domiciliary care.

Suggested actions
- Age Concern could work with the Derbyshire Gypsy Liaison Group (DGLG) to develop a good model/process for older Gypsy and Traveller people going in to residential care.
- DGLG have produced ‘A Better Road’ as a cultural awareness booklet. It needs updating and could perhaps be reprinted. MENTER has copies that could be photocopied and shared.

Pacesetters is a partnership between local communities who experience health inequalities, the NHS and the Department of Health. The Equality and Human Rights Group (EHRG) of the DH will work with 6 Strategic Health Authorities (SHAs) on the programme. East Midlands SHA is one of the 6 SHAs involved. There are two projects involved in the Pacesetters programme which involve Gypsy and Traveller communities. The evaluation results from the Pacesetters programme will start to become available in October 2009. The results will be published in a learning report, which will aim to drive and inform change in the NHS.

Putting People First, which aims to personalise social care services, could be used as a more flexible means of accessing appropriate services (Derbyshire County Council, Adult Social Services).
**Suggested actions**

Agencies could/should explore the potential of self-directed support (self assessment and support care planning with individuals) to provide appropriate care for older people from Gypsy and Traveller communities. There is lots of potential for anyone from Black and Minority Ethnic (BME) communities, including Gypsy and Traveller groups, to develop and commission their own services, which would be culturally appropriate and could be provided by people from within the community.

**AC Gloucestershire**

AC Gloucestershire is now involved in a Gypsy and Traveller Forum, as a result of one of the Information & Advice workers responding to a request for support from a Gypsy and Traveller family with housing needs, following the floods in summer 2007. The Forum organised a very useful workshop recently to raise awareness among other agencies of Gypsies and Travellers.

Many elders are isolated and want to get out. They need a familiar person with whom they can build up trust, to help with shopping, going out and providing company and social support etc – Age Concern and Help the Aged could help to provide support for similar services for older Gypsies and Travellers.

There is considerable stigma among Gypsy and Traveller communities in relation to any dealing with Social Services. There are widespread beliefs and fears that Social Services will remove children from Gypsy and Traveller families.
Small Group Discussions

Key issues and recommendations for action

Group 1

- Education and awareness-raising needs to be developed and promoted about community aspirations and needs – including those of older people. It’s important to include individual as well as community perspectives.

- Volunteer companions (‘ambassadors’) are needed to help older people go out, and to help cross cultural bridges. (Current practice – AC Derby)

- GPs and receptionists are key gatekeepers for services. If you are not registered, you cannot see a GP.

- Age Concern and Help the Aged should work in partnership with other organisations – eg the emerging multi-agency forum in the Eastern region, to raise awareness of the needs of older Gypsies and Travellers.

- The personalisation agenda in health and social care will give opportunities for a brokerage role for Age Concern and Help the Aged.

- Age Concern and Help the Aged should not have a policy on Gypsies and Travellers, but policy which is inclusive of Gypsies and Travellers.

Group 2

- Age Concern and Help the Aged should take initiatives to make older Gypsies and Travellers’ issues more visible at national conferences and other key national or regional meetings, including, but not limited to, meetings focussing on BME elders’ issues.

- Age Concern and Help the Aged should produce a Fact/Information sheet for locally-based staff – ie basic information and data on older Gypsies and Travellers, contacts for Gypsy and Travellers’ organisations, further resources and sources of support. This could potentially provide the basis for a future good practice guide or resource pack.

- Where there are examples of cultural awareness training being provided locally for service providers, specifically focussing on Gypsy and Traveller issues, these examples should be included and disseminated in national good practice guides and/or programmes of cultural awareness training.
• Age Concern and Help the Aged should start highlighting work with older Gypsies and Travellers on their web-pages/resources on Equalities work, with links to Gypsy and Traveller organisations, other resources and publications. It is important to note that Gypsies and Travellers are a distinct, designated minority ethnic grouping, and in some regions (eg Eastern region) they are the largest ‘BME’ community.

• Ethnic monitoring – Age Concern and Help the Aged should review their own approaches to and guidance on ethnic monitoring and ensure that Gypsy and Traveller categories are included. Note: Gypsy and Traveller organisations are in discussions with the Office of National Statistics (ONS) to get agreement on a consistent approach to Gypsy and Traveller monitoring categories for the 2011 census. It will be important to keep track of what’s being agreed for the next Census.

• Ethnic monitoring – local Age Concerns could/should ask their Local Authorities whether they’re collecting ethnic monitoring data (at all) and, if so, whether they have included Gypsy and Traveller categories in their monitoring forms, and how they are using the data to analyse and improve services and outcomes for Gypsy and Traveller communities.

• Health inequalities – Age Concern and Help the Aged should start to include references to specific health inequalities for older Gypsies and Travellers in their national policy influencing and/or research work on health inequalities – eg mental health, long-term conditions etc.

• Housing research – Adrian Jones (consultant) is working with the Northern Network of Travelling People to try and secure funding for research into the housing and housing-related needs of Gypsy and Traveller older people, and will keep everyone informed if/when funding is secured for this research.

• Individual budgets (IBs) and Self-Directed Support (SDS) – It would be very useful to know where there are cases of IBs and SDS working well for older Gypsies and Travellers, as part of the move towards more personalised care plans for older people. Age Concern and Help the Aged’s Health & Social Care Team could be asked to start to identify and gather examples from local Age Concerns and/or other organisations.

• Voice and representation of older Gypsies and Travellers – local Age Concerns could start to think about how they could support older Gypsies and Travellers to have ‘a voice’ and to be represented in appropriate local Forums, either generic older peoples’ Forums, or specific Forums for Black and Minority Ethnic (BME) older people.
Summary and Next Steps

It was agreed by everyone who attended this initial exploratory meeting that there is a key opportunity – with the creation of single new national organisation working for and with older people – to raise awareness of the specific issues faced by older people in Gypsy and Traveller communities, who are certainly an extremely ‘invisible population within a marginalised community’. There is considerable potential for Age Concern and Help the Aged to work in partnership with Gypsy and Traveller organisations, either at national, regional or local levels, to develop joint initiatives and approaches in this area.

It was agreed that the critical next steps would be for key staff in Age Concern and Help the Aged to take forward some of the actions recommended by the meeting. The priority actions which will be actively explored early in 2009/2010 are:

Support for local services

- the production of an Information or Fact sheet on Older Gypsies and Travellers, to raise awareness and provide a resource for locally-based staff;
- to start highlighting work with older Gypsies and Travellers on Age Concern and Help the Aged’s national web-pages, again to raise awareness and to provide a resource and source of information for locally-based staff.

Policy development

- to start to identify opportunities in our policy work where we can include issues for older Gypsies and Travellers, for example in relation to health inequalities and access to health and social care services.

Given the relative invisibility of older Gypsies and Travellers within Age Concern and Help the Aged’s work, there is undoubtedly still a long way to go, and much for us to learn, in appropriately identifying and meeting their needs. Through working in partnership and learning from organisations which have the expertise in working with Gypsy and Traveller communities, however, there is a lot of potential to take forward some practical work which could make a real difference for older Gypsies and Travellers. It is hoped that this report, albeit of a very initial and exploratory discussion, will provide a useful resource for initiating discussion, as well as a source of practical ideas for Age Concerns wishing to develop their work for and with older people from Gypsy and Traveller communities.
Further Reading

Brown, P. and Niner, P., Assessing local authorities’ progress in meeting the accommodation needs of Gypsy and Traveller communities, Equality and Human Rights Commision (2009)


APPENDICES

Appendix 1 – Evaluation

Summary of Evaluation comments

Things that were good about the meeting . . .

‘my awareness has been raised, but in a way that I didn’t feel overwhelmed by’
‘excellent partnership working and awareness-raising’

‘opportunity to listen to good practice and to learn from this’
‘an opportunity to network’ (x2)
‘learning and sharing good practice’
‘great sharing of experience and practice – good learning’
‘hearing examples of good practice’

‘very interested in the observations of the people taking part – overall’
‘it was a good meeting’
‘the level of participation – particularly in the afternoon session’
‘the breadth of experience and geographical spread of participants’
‘excellent variety of representatives’

‘good to get first-hand views and opinions’
‘good open discussion that was honest and not defensive’
‘it was good to hear other experiences’
‘educational and I learnt a lot in a short time – well done!’

Things that were not so good/could have been better . . .

Several comments about the room being too cramped and the lay-out not being very good.
Also – smell of paint in the building, and the fire alarm going off during our meeting!
Location of the meeting – ‘Derby is very difficult to get to from Norwich’
‘Having to get up so early in the morning’
Not enough time to discuss the issues – ‘too rushed; not long enough’
‘too much to talk about in one day – hope that today is a first step…..’
## Appendix 2 – Attendance/Contacts List

### External organisations & speakers

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Job title/role</th>
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</table>

## Age Concern England

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title/role</th>
<th>Organisation</th>
<th>Contact details (email/phone)</th>
</tr>
</thead>
<tbody>
<tr>
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## Apologies

<table>
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<tr>
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<tbody>
<tr>
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