Independent advocacy

An independent advocate can support you when you are dealing with difficult issues. An advocate can support you to ensure your views are heard and your rights are upheld when in contact with authorities like your council or the NHS.

This factsheet looks in more detail at what independent advocacy is, when it may be needed, and how to get it.
About Independent Age

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That’s why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility.

A charity founded over 150 years ago, we’re independent so you can be.

The information in this factsheet applies to England only.

If you’re in Wales, contact Age Cymru (0800 022 3444, ageuk.org.uk/wales) for information and advice.

In Scotland, contact Age Scotland (0800 12 44 222, ageuk.org.uk/scotland).

In Northern Ireland, contact Age NI (0808 808 7575, ageuk.org/northern-ireland).

In this factsheet, you’ll find reference to our other free publications. You can order them by calling 0800 319 6789, or by visiting independentage.org/information
# Contents

1. What is independent advocacy?  
   2. Why independent advocacy is important  
   3. Types of independent advocacy  
   4. What makes an advocate independent?  
   5. What independent advocacy is and is not  
   6. Approaches to independent advocacy  
   7. Community advocacy  
   8. Issue-based advocacy  
   9. Independent Mental Health Advocates (IMHAs)  
   10. Care and Support Advocacy  
   11. Independent Mental Capacity Advocates (IMCAs)  
   12. Relevant Person’s Representative (RPRs)  
   13. How does independent advocacy work?  
   14. Examples of how different types of independent advocacy can work  
   15. Dealing with potential problems  
   16. Useful contacts: Accessing independent advocacy
1. What is independent advocacy?

Advocacy services help you communicate your views. Advocates can take action to secure your rights, represent your interests and request things you need.

What sort of things can an independent advocate do?

You might consider getting an advocate to:

- help you to express your views, wishes and rights, or speak on your behalf, to family, carers or professionals when decisions need to be made which affect your life
- make sure you have all the information you need to make informed decisions and choices
- make sure your views and wishes are explained and fully considered, as well as making sure that your rights are understood and defended.

To do this, an advocate might go with you to meetings or interviews in a supportive role, or write letters on your behalf.

Good to know

Usually, an advocate will be instructed by you. This means that you should decide on what you are supported with.
2. Why independent advocacy is important

If you, your relatives or health and social care professionals all have different opinions on what care or support is best for you, you may feel powerless or unable to voice your opinions. You may find it daunting or feel unable to influence the decisions that affect your life. If you’re unhappy with your care or the situation you’re faced with, you may need to challenge the individual or organisation causing the problem. Sometimes you might feel able to do this yourself, but at other times this can feel intimidating and stressful.

An independent advocate can help you to overcome these challenges. The advocate will talk to you one-to-one and then support you to voice your views and wishes, or express them on your behalf.

The advocate will take the time to understand your situation, concerns and views. They should listen without judgement to you and provide a level of support that matches your wishes for the advocacy. Typically this might include the advocate going with you to meetings or interviews to support you, or writing letters on your behalf.
3. Types of independent advocacy

There are different types of independent advocacy. They come in three main categories.

- **Community advocacy.** This covers different advocacy approaches, and could be delivered by a volunteer or a professional working for an advocacy charity. You don’t have a legal right to community advocacy. See chapter 7 for more information.

- **Issue–based advocacy.** These are specialist advocates who can support you through certain processes. They are usually professionals working for an advocacy charity. See chapter 8 for more information.

- **Statutory advocacy.** These are professional advocacy roles that are linked to certain laws, where you’re legally entitled to professional advocacy support. See chapters 9–13 for more information.

**Good to know**

The range of services and service providers varies between areas. You can discuss which type of advocacy is best suited to your situation when you approach an advocacy charity. See chapter 16 for details of organisations that offer advocacy.
4. **What makes an advocate independent?**

It’s important that your advocate is different to the people who are employed to organise or give you care and support so that the advocacy they provide is effective. Some professionals, such as a social worker or nurse, may have an advocacy-type role as part of their overall job description. However, if your problem is connected to the policies or practices of social services or an NHS hospital, then it may be inappropriate for the social worker or nurse to act as your advocate. There may be a conflict of interest, where the professional can’t fully act on your behalf as they have to be loyal to their employer. As a result, your voice or views may not be heard properly.

There are many independent advocacy organisations where the advocates are not employed by the organisations providing the service you are unhappy with or want to access (such as NHS services, council support, or a care home). Advocates who are paid to provide advocacy are paid by the charity they work for. These charities are commissioned by councils but are run separately from the council and NHS. See chapter 16 for details of independent advocacy organisations.

**Good to know**

Very often, professional advocacy support is available free of charge. You should never be charged for statutory advocacy that you may be legally entitled to
2. What independent advocacy is and is not

Independent advocacy is:

- being on your side and channelling your wishes and feelings
- supporting you to speak or speaking on your behalf if you can’t or prefer not to
- providing information and discussing options
- enabling you to make informed decisions and choices
- ensuring that your rights, views and wishes are acknowledged and taken into account by others
- putting aside the independent advocate’s personal values
- trying every possible way to achieve the outcome you want or have a right to.

Independent advocacy is not:

- influencing you to make a decision
- making a decision for you
- advising you on what to do
- persuading you to do what other people want you to do
- doubting what you say or want
- counselling you
- speaking for you when you want to speak for yourself.

Independent advocacy isn’t usually about legal representation. However, your independent advocate may be able to appear in
court to speak on your behalf, such as at a Court of Protection hearing.

To do

If you need specialist legal advice about problems with care, you could contact Civil Legal Advice to find out whether you would qualify for legal aid (0345 345 4345, gov.uk/civil-legal-advice). They can also give you details of organisations or solicitors dealing in legal advice about care.

Make sure you use a solicitor who specialises in the relevant area of law. They don’t have to be local to you. Most specialist solicitors are experienced at working from a distance.

The Law Society website also provides contact details of solicitors (020 7320 5650, lawsociety.org.uk). Free initial legal advice may also be available via a Law Works legal advice clinic (lawworks.org.uk) or the Disability Law Service (020 7791 9800, dls.org.uk).
3. **Different ways advocacy can work**

There are different approaches in advocacy to make sure people are empowered to express their own views and wishes where possible. When this is not possible, advocates can use different approaches to ensure people’s voices are heard in the decisions made about them.

There are three main advocacy approaches.

1) **Self-advocacy**

Self-advocacy is about speaking up for yourself and making decisions about issues that affect your life. Self-advocacy schemes help you to build your confidence using tools such as assertiveness training to help you to set out your preferences. These schemes may bring together groups of people who use the same services or are affected by the same issue. It may be an option if a group of you are affected by the same issue (for example, a residents’ group in a care home). Anyone can set up a self-advocacy scheme. Some charities offer support with them.

2) **Instructed advocacy**

Instructed advocacy is the most common type of advocacy. Instructing an advocate simply means asking them to help you with something to make sure that your views and wishes are heard. The advocate will work with you to make a plan for the advocacy work, in line with the outcomes you have discussed with them. The advocate should then follow these agreed actions and shouldn’t act outside of them.
3) Non-instructed advocacy

Non-instructed advocates act on behalf of people who have lost the mental capacity to make decisions.

Having mental capacity means that you’re able to make decisions about your life. If you’re unable to make a specific decision at the time it needs to be made, it means you ‘lack capacity’ to make that decision at that point in time.

Non-instructed advocates act with or for people who are unable to give a clear indication of their views or wishes in a specific situation.

What is mental capacity?

Mental capacity means having the ability to understand, remember and use information so you can make and express decisions about your life. Someone who lacks mental capacity is unable to make a decision when they need to. This could be because of a learning disability, dementia, mental health problem or brain injury, for example.

Wherever possible, people must be supported to make decisions about their lives before assessing whether they might lack capacity to make that decision. However, even with support, some people may still be unable to make a decision.

You are considered to lack mental capacity if your mind or brain is impaired in any way and you’re unable to do one or more of the following:

- understand the information relevant to the decision
- retain the information long enough to be able to make a decision
- use or weigh up the information to make your decision
- communicate the decision by any possible method.
Loss of mental capacity isn’t always permanent. It could be temporary or change over time. Some people may be able to make some decisions but not others. Any formal assessment of capacity should look specifically at the decision being considered at the time it needs to be made.

It should never be assumed that someone doesn’t have mental capacity to make a decision. Even if someone makes an unwise decision, that doesn’t necessarily mean they lack capacity to make the decision.

When someone lacks capacity to make a decision at the time it needs to be made, there is a legal duty to make a decision for them. This is called making a ‘best interest decision’ and is based on the person’s circumstances. Where there are several options in the person’s best interests, the least restrictive one should be taken. This means it should be the decision that affects the person’s rights and freedoms the least.

**What does a non-instructed advocate do?**

Professionals making a best interest decision should identify and take into account the person’s beliefs, wishes and feelings as well as any past wishes. Non-instructed advocates work to identify what these are, protect the person’s right to be involved in decisions about their life and make choices where possible. The advocate doesn’t make the decision themselves.

Non-instructed advocacy methods vary, but usually include:

- trying different ways to communicate with the person, and help involve them as much as possible
- treating the person with respect and spending time with them to understand their wishes, feelings and preferences
- gathering information about them, for example by speaking to people who know them well, and building up an idea of their beliefs, preferences and past wishes
- ensuring the person’s views are heard in decisions about them so they are given equal treatment and access to services
- ensuring every possibility is looked at and that their human rights have been considered and are protected.
- challenging decisions that do not appear to be in the person’s best interests, and/or are overly restrictive.

**Good to know**

Some people who lack capacity have a right to statutory advocacy for certain best interest decisions. However, all statutory and community advocates can use non-instructed approaches when appropriate.
4. Community advocacy

Community advocacy services support people whose issues fall outside of statutory advocacy services. You don’t have a legal right to community advocacy services, so these services are sometimes called non-statutory advocacy. Community advocacy is usually free.

There are different roles within community advocacy. Some community advocates are professionals or volunteers who work for an advocacy charity within specific community advocacy services. Other community advocates may simply be family and friends who understand how advocacy works and who have been instructed to support someone, perhaps during a crisis or throughout a longer period.

Formal community advocacy services are commissioned by local councils, so what is offered depends on what they can afford and who they decide needs the service most. Ask your local advocacy charity what services are available in your area.

Community advocacy includes the following.

Crisis advocacy

This is the type of advocacy that people need to access most often. Crisis advocacy tends to be short-term, lasting anything from one day to six months, although it can be longer depending on how complex your situation is. The advocate will focus on one issue or aspect of your life (for example, your wish to challenge the decision to discharge you from hospital to a care home). The advocate will stay involved until you get what you want, or until they’ve tried every possible way to achieve this. The advocate may be paid or a volunteer, for example by an organisation providing a service.
**Citizen advocacy**

Citizen advocacy can be more long-term than crisis advocacy. It matches people who need support to advocacy partners who are members of their local community. The partnership takes more time to form as you will be spending more time together, so it’s important that you feel comfortable together.

Citizen advocates are there to support you in many aspects of your life and may be able to advocate on a number of issues on your behalf. They may not belong to a specific advocacy scheme – for example, they may be a neighbour or a volunteer from your community.

**Peer advocacy**

Peer advocacy is a form of citizen advocacy when the advocate and the person share similar experiences or environments. Some peer advocacy services take place in a group and use self-advocacy techniques.

**To do**

Contact Older People’s Advocacy Alliance (OPAAL) (opaal.org.uk) for to find a local advocacy service.
5. Issue-based advocacy

If you want to make a complaint about the NHS, or if you’ve experienced domestic or sexual abuse, there are specific advocates who can help you.

**NHS Complaints advocacy**

An independent NHS Complaints advocate will be able to help you complain about treatment or care you may have received from the National Health Service (NHS). This could include complaining about your GP, dentist, hospital or mental health services. NHS Complaints Advocacy is free, independent of the NHS and confidential.

A NHS Complaints advocacy service may be able to help you understand the complaints process, support you to write letters or attend meetings with you. You usually have to make your complaint within 12 months of the problem with your NHS care. Services differ by area.

**Domestic or sexual violence advocacy**

If you have experienced domestic violence or sexual abuse and you need help to stay safe, there are specialist advocates who can provide practical and emotional support. Independent domestic violence advocates (IDVAs) support victims of domestic violence and independent sexual violence advocates (ISVAs) support people who have experienced sexual abuse or assault. They can support you to create a safety plan, liaise with different agencies involved in keeping you safe from further harm and/or pressing charges against the perpetrator.

Contact Refuge (0808 200 0247, refuge.org.uk) for information and help finding an IDVA or ISVA.
6. Independent Mental Health Advocates (IMHAs)

If you’re detained under certain sections of the Mental Health Act 1983 or are a subject to a Community Treatment Order (CTO) or guardianship, you will qualify for support from an Independent Mental Health Advocate (IMHA). You must be helped to get an advocate.

An IMHA can give you information about your rights under the Mental Health Act and other aspects of your care and treatment. They can help you get your views and wishes heard and help with appealing against a section. Mental health professionals must allow IMHAs access to your medical records if they’re given permission to do so.

If you need an IMHA, you can contact one directly or ask a health or care professional to get in touch on your behalf. If you don’t want an IMHA’s help, you don’t have to speak to one.

**Good to know**

Detained patients who lack capacity to make various treatment decisions can be referred by professionals or family to the IMHA service for non-instructed advocacy.

**To do**

Contact Mind (0300 123 3393, mind.org.uk) or Rethink (0300 5000 927, rethink.org) for more information about IMHAs and help to find one.
7. Care and Support Advocacy

Getting care from the council can be complicated. If you have substantial difficulty being involved in this process, then the council must ensure you have the support you need, in order to be fully involved in the assessment. They may need to refer you for support from a care and support advocate (sometimes called a Care Act advocate).

**Good to know**

Carers who are eligible for support can also have a care and support advocate to help them in their carer’s assessment.

You must be offered a care and support advocate if:

- you have substantial difficulty with understanding, remembering or weighing up information, or communicating what you want to say, and

- there is no appropriate person (like a friend or family member) to represent and support you.

An appropriate person should be someone who isn’t paid to support you. They should have the ability and knowledge to be able to help you participate fully in the process, and you should agree to their support.

**Good to know**

Even if you have a family member or friend involved in supporting you, this doesn’t mean they have to be your appropriate person. Speak to the social worker if you disagree with the decision they have made. Getting an advocate doesn’t meant your family and friends can’t still be involved, however.
If you qualify, the council has a duty to provide independent advocacy, not just at your care needs assessment, but also at other important stages of getting services, including:

- when they are putting together your care and support plan
- when they are reviewing your care
- when meeting with professionals to discuss concerns about your safety, for example. This is usually called a safeguarding enquiry or review.
- when your needs are being assessed jointly with the NHS or CCG and your local authority.

In some situations, even if there is an appropriate person, the council must appoint an independent advocate:

- where assessment or care planning is likely to lead to the NHS arranging a stay in hospital for four weeks or more, or in a care home for eight weeks or more, and the council agrees that it would be in your best interests to have an advocate
- where there is a disagreement on an important issue between the council and the person who would support or represent you, and they both agree that it would be beneficial for you to have an advocate.
- If you don’t want an advocate at this point, and have capacity to make decisions about your care needs, then you can refuse their support.
- If you lack capacity to make decisions about your care or around keeping yourself safe, and need an advocate to fully involve you, the council must refer you to the service. If you are unable to instruct an advocate, the advocate will use a non-instructed approach to advocate for you.
To do

If you disagree with the council’s decision about getting you an independent advocate, you can contact Independent Age to arrange to speak to an adviser (0800 319 6789). Even if the council doesn’t have a duty to provide you with an independent advocate, you might be able to get help from a community advocate. Ask your local advocacy charity or contact one of the organisations listed in chapter 16.
8. Independent Mental Capacity Advocates (IMCAs)

An Independent Mental Capacity Advocate (IMCA) supports and represents people who lack capacity to make some important decisions. An NHS body or local council must appoint an IMCA if someone lacks mental capacity and:

- a decision needs to be made about serious medical treatments or a long-term change to where they live

or

- they are being assessed for or are subject to a Deprivation of Liberty Safeguards (DoLS) authorisation

and

- they don’t have any family or friends that can support them, or where it would be inappropriate or impractical to consult them.

The NHS or council may also decide to appoint an IMCA in other situations, for example if there are safeguarding concerns or their care review is considering a change of accommodation.

The IMCA will meet the person they’re supporting and get the views of family, friends and professionals caring for them. They can also consult their health and social care records. They will consider all the relevant information and then write a report to help decision-makers act in the best interests of the person.

A person must have specific experience and training to act as an IMCA. The Social Care Institute of Excellence has a list of IMCA providers (020 7766 7400, scie.org.uk/publications/imca/find).
Good to know

If you qualify for IMCA support, you will usually also be eligible for a care and support advocate for other social care decision processes.
9. Relevant Person’s Representative (RPRs)

A Relevant Person’s Representative (RPR) protects someone’s interests if they lack mental capacity and have had restrictions placed on their freedom. This restriction is called ‘deprivation of liberty’ and only applies to people in care homes or hospitals.

An RPR could be a friend or relative. If there isn’t someone who can help, or it’s felt they’re not appropriate, the council must appoint a paid RPR. Their role is to:

- maintain contact with the relevant person
- represent and support them in all matters relating to their deprivation of liberty. This includes triggering a review, making a complaint on the person’s behalf or making an application to the Court of Protection.

Good to know

Sometimes an RPR may be involved in legal challenges about care decisions. There is non-means tested legal aid available for this. Family and friends acting as RPRs can ask for help from an IMCA with their role.
10. How does independent advocacy work?

Step one: Meeting your advocate

Once you have contacted an advocacy charity, an advocate should meet you to discuss the support you need. If you live in a care home, sheltered housing or are a patient on a hospital ward, they will usually, for security reasons, notify the care home manager, charge nurse or warden of their planned visit. They should be wearing an identity badge and explain:

- their role
- how they can support you
- what the advocacy charity does
- the charity’s confidentiality policy.

Step two: Instructing your advocate

Instructing an advocate simply means explaining to them what you want them to do. This usually involves giving them a view of the situation you are asking for support with. It can help to give the advocate an overview of what others involved in your care, such as your GP, carers, social worker and family think. They can view any letters and documents you have been given, as long as you give them permission to view them. However the advocate should focus on understanding your view about the situation and what you want to happen.

The advocate will create a plan with you which documents the problems and what steps you will take together to address the issues you bring up. You can change this outcome at a later date if you wish. You will usually be asked to sign the plan to show you’re happy with it and your advocate will usually also
sign the plan and actions they have agreed to undertake. Your advocate should make sure you’re fully informed of any developments to the situation.

**Step three: Speaking out**

If you’re instructing the advocate, they should always work within the plan you created with them. (There are some types of advocacy where someone isn’t able to give their permission – see chapter 5.) They shouldn’t do anything they haven’t agreed with you. The independent advocate should support you to speak out or represent your views, wishes and rights to those involved in your care, such as professionals, carers and family. This could be done by letter, telephone or in person (for example, by attending a case conference or a meeting with you or on your behalf). The advocate may also explain your views and wishes in terms of your legal rights. For example, they may tell the professionals involved in your care that not only do you want to go back home, but you have a legal right to decide where you live.

**Who is in charge in advocacy work?**

In instructed advocacy, you should always be in charge. You have given your views and decided on the outcome you want. You can also end the advocacy partnership at any time, whether the outcome you asked for has been achieved or not. The independent advocate shouldn’t try to persuade you to continue the process. It is your decision.
11. Examples of how different types of independent advocacy can work

Example 1: Susan – Community advocacy

Susan wanted to complain about her care worker, who the council had arranged to come round once a day and help her to get washed and dressed. She was worried about making a complaint, in case her care suffered as a result. She also didn’t want the council to think that she was ungrateful for the help that they had arranged for her.

She talked to a local advocacy organisation, and felt reassured when they listened to her concerns and said that they could voice her concerns to the council on her behalf, and if this didn’t resolve things, they could help her to make a formal complaint through the council’s complaints process.

Example 2: Arjun – Care and support advocacy

Arjun is getting a bit forgetful and frail and feels that he needs some support to help him manage at home, but doesn’t know where to start. He has no relatives or friends living nearby. He feels that the care system is complicated and confusing, and is worried about contacting the council as he is not sure if he is entitled to any help.

Arjun could contact an advice service like Independent Age (0800 319 6789) to find out what he is entitled to and how to get support. An advocate could then help Arjun through the system to help him get an appropriate assessment and by attending any meetings with the council with him, and making sure he understands his care options and rights.
**Example 3: Anita – NHS Complaints advocacy**

While Anita was in hospital, her hearing aid went missing. No-one helped her find it, despite her asking, which made her stay more difficult and stressful. She then had to pay towards the cost of replacing her lost hearing aid when she left hospital.

An independent advocate could help Anita make a complaint about her unhappiness at not being supported, and having to pay towards a new hearing aid.

**Example 4: George – Non-instructed advocacy approach:**

George had a bad fall in his flat and had to be admitted to hospital. George has dementia and received two visits a day from carers. He was more confused than usual in hospital and couldn’t remember all the details about what help he might need. The hospital was busy and the doctors felt it was in George’s best interests to continue recovering in a residential home while the council decided where he should live. George wanted to return home, but didn’t want to contradict medical advice and agreed to move to the residential home.

When George arrived at the residential home, he found it difficult to adapt to the environment and wanted to return home. When he told his carers, they said he couldn’t because he might fall again without support. However they spoke with the council and asked them to assess the restrictions George was under while he was living in the care home. The council appointed an advocate (an IMCA) for George. The advocate talked to George about his care. While George wasn’t able to fully tell the advocate what care he might need at home, he made it clear that he wanted to return home.

The advocate asked the council to urgently reassess George’s care needs and look at what options were available for him to
live in a less restrictive manner at home. The advocate asked for a best interest meeting to discuss George’s concerns. His social worker suggested that George’s care needs could be met at home with support from carers four times a day, and a personal alarm. The advocate spoke with George who said he would be happy with this. The advocate relayed his view to the social worker who liaised with his homecare agency and got a company to install the alarm. George returned home two weeks after the meeting.
12. Dealing with potential problems

Sometimes, professionals, carers or family members don’t understand how independent advocacy should work. They might not understand your right or need to have an independent advocate. This can mean they don’t work with your advocate in the way they should. For example, they may not work with your advocate or keep them involved, or may even refuse to deal with them.

Your independent advocate should work to overcome these issues. For example, they could explain the purpose of advocacy to avoid any misunderstandings. They may need to reinforce what their role is, and how vital it is that your views are heard. If necessary, they could make a formal complaint on your behalf.
13. Useful contacts: Accessing independent advocacy

You can refer yourself to an independent advocacy organisation, or get the help of a friend, relative or carer to do so.

A professional who feels that you may benefit from an independent advocate can also make a referral (and in many cases, they will have a legal duty to do so).

If you live in a care home, you may also be able to ask the care home manager and/or care workers for help to access independent advocacy. The care home staff should be able to tell you about independent advocacy services.

Your local council should be able to tell you about local advocacy services.

Age UK Advocacy Services

Some local Age UKs have an advocacy service (0800 169 6565, ageuk.org.uk). It’s free, confidential and impartial. Ask your local Age UK if they offer an advocacy service.

Mind

Mind (0300 123 3393, mind.org.uk) is a mental health charity with local branches throughout the country. Some offer advocacy services for people with mental health problems.

National Coalition of Advocacy Schemes

The National Coalition of Advocacy Schemes (07821 688454, advocacynatcoalition.org.uk) promote and support informal community based advocacy (citizen advocacy) schemes.
**Older People’s Advocacy Alliance (OPAAL)**

OPAAL ([opaal.org.uk](http://opaal.org.uk)) is a national organisation supporting, promoting and developing independent advocacy services for older people. OPAAL has an online database ([opaal.org.uk/locations](http://opaal.org.uk/locations)) of local independent advocacy schemes for older people.

**Patients Advice and Liaison Service**

Patients Advice and Liaison Service (PALS) offices are available in all hospitals and offer confidential advice, support and information on health related matters to patients, families and carers. PALS may also be able to advise you on local advocacy schemes.
Our publications cover England only. While we make every reasonable effort to ensure that our information is accurate at the time of publication, information can change over time. Our information should not be used as a substitute for professional advice. Independent Age does not accept any liability for any loss, however caused, arising from the use of the information within this publication. Please note that the inclusion of other organisations does not constitute an endorsement from us.

The sources used to create this publication are available on request. Contact us using the details below.

Thank you

Independent Age would like to thank those who shared their experiences as this information was being developed, and those who reviewed the information for us.

How did we do?

To tell us what you think of our information, contact us using the details below. We will use your feedback to help us plan future changes to our publications.

If you would like to be involved in helping us to develop our information products, you can join our Readers Panel. For more information visit independentage.org/readers-panel or call us.

Other formats

If you need this information in a different format (such as large print or audio CD), please contact us.

Contact us

Call us 0800 319 6789
Email advice@independentage.org
Visit www.independentage.org