

**THIS TRANSCRIPT IS ISSUED ON THE UNDERSTANDING THAT IT IS TAKEN FROM A LIVE PROGRAMME AS IT WAS BROADCAST. THE NATURE OF LIVE BROADCASTING MEANS THAT NEITHER THE BBC NOR THE PARTICIPANTS IN THE PROGRAMME CAN GUARANTEE THE ACCURACY OF THE INFORMATION HERE.**

## **MONEY BOX LIVE**

**Presenter: PAUL LEWIS**

**TRANSMISSION: 17<sup>th</sup> JUNE 2009 3.00-3.30 RADIO 4**

**LEWIS:** Hello. Later this month, the Government will be setting out its plans for new ways to pay for long-term care in England. The plans could include a compulsory levy for everyone who could afford it to pay £12,000, which would then guarantee them free care without using up the value of their home. In Scotland, nursing care is already partly paid, and so is personal care, by the state anyway. And throughout the UK, there are circumstances when the NHS will foot the whole bill. But otherwise throughout the whole country, long-term care is means tested; and if you have more than 20 odd thousand pounds in the bank, including the value of an empty home, then you'll not get any help at all. I say 20 odd thousand because the upper limit is different in the different countries in the UK. Well it is all very complicated. Who does pay for our care in old age? When will the home we live in count as our capital? How much money will we be allowed to keep each week? What choice will we have over the quality of care? And is there any affordable solution for society to the problem of a growing number of people who live long enough to need care, often for many years? Whatever your question, you can call Money Box Live now - 03700 100 444. With me today to answer your questions about long-term care are Caroline Bielanska, Chair of Solicitors for the Elderly - that's a national association of lawyers who provide advice for older people and their families; Philip Spiers, who's Chief Executive of First Stop, a new non-profit national advice service for older people; and Pauline Thompson, who's Policy Adviser for Care Finance with Age Concern and Help the Aged, the newly merged mega charity. And the first question is from Caroline in West Midlands, Calthorpe. Caroline, your question?

**CAROLINE:** Oh good afternoon. Yes, my mother had a near fatal stroke and is in a care home. She's privately funded and my question is can a private care supplier in Surrey charge two rates for identical long-term residential care? In other words, for private residents it's approximately £900 per week; and council funded residents, it's £450 approximately per week.

**LEWIS:** Right and your mother is privately funding?

**CAROLINE:** Absolutely, yes.

**LEWIS:** Yes, so she's paying £900. And people who the council is paying for are paying £450. And, needless to say, you and she find that a bit unfair.

**CAROLINE:** Exactly. There are five units, one of which is private, and two of the remaining four are assessment centres.

**LEWIS:** Right. Caroline Bielanska?

**BIELANSKA:** Well they can and that's all about contract. Local authorities often are purchasing multiple beds not just for one resident but a whole number and, therefore, they can negotiate with the care home a lower rate for what they're going to pay. Because care homes are pretty much forced to do that in the sense that they don't have a huge amount of bargaining power, they will often agree a much lower rate. Now they have to make their money up one way or another because overheads are high, so as a consequence they charge self-funding people sometimes a significant amount more.

**LEWIS:** Well it's double in this case, which is extraordinary!

**BIELANSKA:** And it amounts to cross-subsidy.

**CAROLINE:** So in other words, my mother's subsidising those council ...?

**BIELANSKA:** That's exactly what is happening. It is outrageous, it's unfair. A lot of charities and other organisations often make representation to the Government about this, but unfortunately it's a contractual matter.

**LEWIS:** And, Caroline, I'm sure as a lawyer you're going to tell us it is unfair but it's not illegal?

**BIELANSKA:** It's not illegal, no.

**LEWIS:** Pauline Thompson?

**THOMPSON:** I noticed you said, the first thing you said, your mother had a near fatal stroke.

**CAROLINE:** Yes.

**THOMPSON:** That immediately made me think well actually should she be paying for care at all? Has she had an NHS assessment as to whether or not the NHS should be paying for her care?

**CAROLINE:** Yes, she has had an assessment. And although she's totally dependent, she does receive attendance allowance but not at the top level because her needs are defined as being social rather than medical or nursing.

**THOMPSON:** And were you satisfied with that assessment ...

**CAROLINE:** Absolutely not.

**THOMPSON:** ... because many people who do challenge it do actually in the end, quite often it can take an awful long time, but they do actually in the end succeed. How long ago was it that she had the stroke? Was it before 2007 or was it more recently than that?

**CAROLINE:** It was January 3 years ago.

**THOMPSON:** So that would be before 2007. Do you know whether or not she's had another reassessment because the rules changed or the framework that PCT's use changed - that's Primary Care Trusts - changed in 2007 and it might be that she might qualify under the new rules?

**CAROLINE:** Ah, well it is worth us appealing in that case. We did appeal and the results were the same, but ...

**THOMPSON:** Right.

**LEWIS:** Can she appeal again, Pauline?

**THOMPSON:** Well you can always ask for a new reassessment and I think it's really important she does so. Is she in the nursing element of the care home?

**CAROLINE:** Well she receives nursing care, but it's for giving her tablets and for feeding, but she can mostly do the feeding herself.

**THOMPSON:** (*over*) Right. But she does get an amount paid by the NHS for her nursing care, does she?

**CAROLINE:** She has an attendance allowance.

**THOMPSON:** No, not ... That's different from attendance allowance. It's what the NHS actually pays. It's normally paid at £106.30.

**CAROLINE:** I'll have to check with my father . I'm not 100% sure about that.

**THOMPSON:** That's worth looking at as well.

**LEWIS:** Probably worth looking on our website, Caroline. There's lots of links to lots of information and it does sound as if you might have a case. Philip, just remind us all about this distinction between what is NHS funded care and what is care you have to fund yourself? This has been going on for years.

**SPIERS:** Well it has been going on for years and we did actually have the Government produce a national framework for providing eligibility to continuing care. Unfortunately there's still variations I think around the country - a lot of people probably not getting continued care. Basically the rules say that if your care needs are social care - you need help with all your activities of daily living like washing, dressing, feeding, toileting, etcetera - then that would be means tested. If your care needs are primarily healthcare needs, then that would be NHS funded. Now what is important to realise is that a lot of conditions that older people require care for do deteriorate and so, as Pauline said earlier, please be aware of this and ask for reassessment at any time.

**LEWIS:** So as soon as your needs go beyond the sort of can't feed yourself, can't wash and so on into real medical care - which often after a stroke I imagine you would need - then you can say this should be funded by the NHS and you can go back to get it changed?

**SPIERS:** Yes, you can. And if you're not happy with the decision, you can actually appeal.

**LEWIS:** Caroline?

**BIELANSKA:** Well also to note that there will be some people whose healthcare, social care needs, are so extensive and continuous that actually it amounts to a primary healthcare need and they will qualify.

**LEWIS:** So if you're completely doubly incontinent and you can't feed yourself properly and all that kind of thing, that becomes medical care really?

**BIELANSKA:** Yeah. I mean as soon as you are immobile ... I mean it's a real sort of flag really to note; that if you are immobile, very often there will be other problems that you'll have. You might have tissue viability problems, you might get chest infections - so your care needs actually become more intensive because you've got to keep on top of that. And although you might be immobile, then social services might say well actually that's all it is.

**LEWIS:** Pauline, briefly, because we must move on.

**THOMPSON:** Yes, with the new framework the Government's introduced both what's called a checklist tool and a decision support tool. And it's often worth families getting this off the Department of Health website in order to check themselves where *they* think their relative is.

**LEWIS:** You can do it online. And I did say we'd have to move on, but I must say this. Are we talking just about England at this point because it is different in the different parts of the United Kingdom, isn't it?

**THOMPSON:** England is the only one that has this framework and decision support tool, but Wales and Scotland and Northern Ireland still have continuing care and so if your primary need is for health then it is a health situation. It's just that they do it in different ways.

**LEWIS:** So it's a different process, but the same principle throughout the four countries of the NHS?

**THOMPSON:** Yes.

**LEWIS:** And you mentioned the nursing fee, the amount they pay towards nursing care. That again is different in the four nations?

**THOMPSON:** Yes.

**LEWIS:** Right. We won't go into exactly what it is, but it is a different amount and different things. It's all terribly fiddly and annoying, but there we are. I think it's designed to confuse us, so we don't actually claim our rights sometimes. Catherine is next in Worsley. Catherine, your question?

**CATHERINE:** Hello.

**LEWIS:** Hello.

**CATHERINE:** And hello to the panel.

**LEWIS:** Hello Catherine. What's your question?

**CATHERINE:** It's a nagging doubt at the back of my mind I've had for a while. I'm in my late 50s, my husband's early 60s, and my daughter lives with us who's 39. She's always lived with us for the past 15 years, other than university away. Now me and my husband own our own home, but as we are hurtling towards old age.

**LEWIS:** You sound fairly young to me actually, Catherine.

**CATHERINE:** I know, but I don't feel very young at times. When, say the next 5 to 10 years, in a decade's time, either I should find myself on my own or my husband on my own ... one of us is deceased, or one of us or both of us have to go into care, because we own our own home and it's our name jointly on the title deeds of the property, because it's my daughter's home would we be means tested with regards to who pays for our care in our home?

**LEWIS:** Right. Let's just go through the rules because they are a bit complicated. Pauline?

**THOMPSON:** Yes, well basically if one of a couple has to go into a care home, then the home is disregarded and so the partner at home doesn't have to worry that they'll

be homeless. If a relative over the age of 60 is living in the home, then again the house is disregarded. So obviously you say within the next 5 or 10 years, but very hopefully it *won't* be the next 5 or 10 years ...

**CATHERINE:** No hopefully not, no.

**THOMPSON:** ... you know and it might well be that your daughter could well be over 60 before you need to go into a care home.

**LEWIS:** Before the *second* person has to go into a home.

**THOMPSON:** Before the second person has to ...

**CATHERINE:** Yes, I have known cases ... I work with people, with colleagues, their parents have had to go into the home simultaneously, within 6 months of each other.

**THOMPSON:** Yeah. There is also a provision that the local authority has to ... It's a discretionary provision to allow a disregard of the property if a carer is remaining in the home where they don't fit into those rules. So I think, you know, that is another thing that you need to look at, and how often the local authority uses discretion is always a bit of a moot point.

**LEWIS:** Well especially as it's going to cost them money. And Caroline Bielanska, is there an opportunity, if all these three people live together, to share out the ownership of the home?

**BIELANSKA:** Well that's a point I was thinking. It is possible to transfer the ownership into joint names. It would have an effect on the valuation. It could be - particularly if your daughter's still living in the property - that the local authority when they're taking it into account may treat it as a very nominal value; perhaps nothing. It really depends, certainly if your daughter's still living in the property at

that point. That said, it might still be disputed. There are other issues. They would be looking at the reasons that you've transferred the ownership. It could be treated as a deliberate deprivation, for example. But a lot of families who are in your position would choose to do that, to provide security of tenure for their daughter - and that's the motive to doing it - rather than to deprive yourself of an asset or a share of an asset to avoid care fees.

**LEWIS:** So rather than waiting till both people die and you leave it in a will, you actually do it during your lives to make sure that you have that equal ownership?

**BIELANSKA:** Yes.

**LEWIS:** But you mentioned deprivation of assets and there is a danger, isn't there, that if you do it deliberately and specifically to avoid the means test and you do it close to when you go into a home, then it doesn't work at all?

**BIELANSKA:** Yeah, that's absolutely right. I mean it's a discretion of the local authority whether or not they treat a disposal as a deliberate deprivation and they would be looking at the timing of the transaction.

**LEWIS:** But if it's 10 or 15 years in advance ...

**BIELANSKA:** Then it's extremely unlikely they would take it into account.

**LEWIS:** Philip?

**SPIERS:** It's essential to seek legal advice if you're thinking of doing something like this. I mean if, for example, your daughter was married and became divorced or had bankruptcy proceedings or something like that taken against her, then of course she's then got an asset which could be taken into account. So there are risks attached to it.

**LEWIS:** Yes, so not something to be done lightly ...

**SPIERS:** No.

**LEWIS:** ... but something that in those particular circumstances where it's been a long-term arrangement, it seems that it might be a sensible thing to do. Catherine, thank you very much for your call. And we'll move onto Diana now from Winchester. Diana?

**DIANA:** Hello. My mother's in her 80s and she had a stroke last year, and she now requires 24 hour care. She's living in her own home and she's funding this herself, but it's phenomenally expensive and I'm concerned about what happens if the money runs out eventually. Do we have to borrow against the value of her own home, which she owns, or will we get any help?

**LEWIS:** So she's getting 24 hour care in her own home at the moment?

**DIANA:** Yes.

**LEWIS:** Pauline Thompson?

**THOMPSON:** Well, again, firstly if she's getting 24 hour care in her own home, has the possibility of NHS funding for continuing care been looked at because although we were talking previously about somebody who was in a care home, people who do live at home can get fully funded NHS care?

**DIANA:** Oh right.

**THOMPSON:** So that would be the first thing I would suggest that you might want to consider.

**DIANA:** Would I go to a GP for that?

**THOMPSON:** You could start off with your GP and ask about it. Or there are special

people in the PCT, the Primary Care Trust, whose job it is to deal with what's known as continuing NHS healthcare. But your GP would know about that. Even if she doesn't require *fully* funded NHS care, it might well be that the NHS could put in some of the care, so that you're not having to meet the whole of the 24 hours.

**DIANA:** Right.

**THOMPSON:** I mean basically once her capital runs down ... Now I'm not quite sure because different local authorities have different capital limits, but normally it's the £23,000. So if she's got capital of less than £23,000, then she should certainly approach the local authority for help.

**LEWIS:** That's ignoring the value of her home?

**THOMPSON:** That's ignoring the value of your home ...

**LEWIS:** Because she's living there.

**THOMPSON:** ... because whilst you're living in the home, the property isn't taken into account. Now whether or not the local authority would be prepared to fund 24 hour care is going to be a moot point, but you could certainly see what the local authority would fund.

**DIANA:** I mean would they then ... If they weren't, I mean it would be a case that she would have to then go into a nursing home?

**THOMPSON:** They might say that it would be cheaper for them to provide it in a care home, but you can argue against that if there's very good reasons for not going into a care home.

**DIANA:** Right, right. I mean the problem is obviously the care is one thing but you also have the additional costs of just keeping the home running. I mean you know

electricity and ... well you know everything.

**LEWIS:** Does she get attendance allowance, Diana?

**DIANA:** Yes.

**LEWIS:** Yes, she does. Philip?

**SPIERS:** The other thing is where her investments are held. I mean if she's drawing down from investment bonds, for example, then they really should be disregarded in the means test. A lot of people miss that. But because they're investment bonds, they have an element of life insurance, be it only 1%. They are disregarded as life insurance policies and, therefore, disregarded as capital in a means test for care.

**LEWIS:** Ah right, we've had a few emails about different sorts of bonds that people have put money in. So there is an important distinction between those that still count as capital and those that don't?

**SPIERS:** Yes.

**LEWIS:** How do you make that distinction when you're choosing?

**SPIERS:** Those are written as life insurance policies. It's really just to get round the tax angle really. But they carry what's called life insurance cover at 1% of the value of the fund. So if they carry that within the bond, then it should be disregarded fully in the means test.

**LEWIS:** But the income counts as income?

**SPIERS:** No.

**LEWIS:** No, nothing counts?

**SPIERS:** Well if they draw down a regular income from the bonds, then yes that would be taken into account. But if they just drew down the odd capital sum, then that wouldn't be.

**LEWIS:** Right, okay. Well thanks very much for your call, Diana. And I suppose we should just make clear, Pauline, that if you do go into a home, then it is £23,000 that is ignored? Sorry, if you have more than £23,000 ...

**THOMPSON:** You're expected to pay the full cost.

**LEWIS:** You're expected to pay. And that's slightly different in the four nations ...

**THOMPSON:** Yes.

**LEWIS:** ... but it's round about that kind of sum. And below that, you can be expected to pay a contribution depending.

**THOMPSON:** Below that, the local authority will fund the care but work out how much you've got to pay based on your income and any income above £14,000.

**LEWIS:** Okay. I'll just take a couple of emails, I think now. We've had two similar ones - one from Deirdre and one from Elizabeth - both about long-term insurance, Elizabeth calls it, or pre-payment plans Deirdre calls it. Philip, I think this is probably your speciality?

**SPIERS:** Yes.

**LEWIS:** Can you still get insurance?

**SPIERS:** I believe there's one company left that really has a long-term care insurance. All the companies that sold these policies - quite a few years ago now - pulled out because of the lack of take up, their claims experience wasn't good and the

premiums were very expensive and people weren't buying them. I don't think that any companies really at the moment are looking at producing a new long-term care insurance policy because they've got the whole funding system of long-term care is up in the air with the green paper coming up, so I think everybody's sitting waiting to see what's going to happen. As an alternative to long-term care insurance, there are like annuity products called Immediate Need Care Fee Payment Plans, which you would purchase at the point of needing care to deliver the income you require to meet your fees. Basically they're like annuities, but they're based on an actuarial interpretation of your life expectancy - so the poorer your health, the cheaper the plan - and that will deliver a regular income.

**LEWIS:** So you pay a lump sum. Does that then guarantee to pay your care home fees whatever they are for however long you live?

**SPIERS:** You set the level you need. To give you an example, if you had a shortfall of £1,000 a month and you wanted to have that regular income increasing by say 5% per annum compound, it would probably cost you round about £50,000 to purchase that policy and that would continue paying for as long as you needed care.

**LEWIS:** So that's an alternative. Well I suppose if you do sell your property, then you can buy one out of that and it protects some of the value of the property for the next generation, which I know a lot of people are concerned about.

**SPIERS:** Yes. It means basically you might be able to cap the cost of your care to the cost of the policy.

**LEWIS:** Okay, well thanks for those emails Deirdre and Elizabeth. We'll go back to a call now. Kathleen is calling us from Farnborough. Kathleen?

**KATHLEEN:** Oh I wish I had known about these things you've just been talking about. I feel rather pathetic. You're ...

**LEWIS:** Don't feel pathetic, Kathleen. Very few of us understand this, least of all me, so carry on.

**KATHLEEN:** Yes, but you see mine is so straightforward, I wish I'd known about these things before. I have been widowed not quite a year and I have my own house. I have savings. And I have two sons, no daughters, and so I'm basically on my own because the boys are both working - one's married and they're away. I need to find somewhere to go and live without losing ... Because my solicitor said to me, "If you are taken into care, they will take everything you have". Well I don't want them to do that.

**LEWIS:** Well by the looks on people's faces - one of whom is a solicitor - that isn't probably quite true, Kathleen. But anyway, that's the advice you had. So you're looking for some kind of sheltered accommodation where you have a warden and maybe food provided but not a care home?

**KATHLEEN:** Yes. You see the library gave me a book and we have lots and lots of places in this area. I have picked up one which is enhanced sheltered, and the other one is for people who are too old to look after themselves - care of old age - which sounds very caring. The thing is I don't know where I stand financially.

**LEWIS:** Well let's get some advice. Let me start with Caroline.

**BIELANSKA:** Well you don't sound particularly old. I don't know ... How is your health? Are you ...

**KATHLEEN:** Not good. I am 81.

**BIELANSKA:** Oh gosh, you don't sound it at all!

**KATHLEEN:** How do you sound old? You only feel it.

**BIELANSKA:** No, no, no, you sound very young.

**KATHLEEN:** Oh dear.

**BIELANSKA:** Well there are various options that you need to consider. The first thing I always would look at is whether you really do need to think about moving because with your own property you can get equity release, you can have ...

**KATHLEEN:** Get what?

**BIELANSKA:** Equity release where you essentially get a lump sum out of your house, and that would be used to pay for your care or if you needed to adapt your house ...

**KATHLEEN:** Yes, but then my boys won't have anything, will they?

**BIELANSKA:** Well it would certainly reduce what's there. But what other options you have are going to cost you something. If you decide to sell your house and move to something else, that's going to have a cost impact whatever.

**KATHLEEN:** Yes.

**BIELANSKA:** There are things that you can do. You could you know have lodgers. There are shared care arrangements where people can come in and essentially, without having to pay rent, they will look after you. All these things have pros and cons to it. Sheltered accommodation is one that most people will be aware of. There's assisted living or enhanced sheltered where you essentially have your own home - some of these can be rented, some of them can be bought - and care can be brought into you in your own home via often nursing services or nursing homes that are nearby. There's even the ability for you to move in and have ... I mean sometimes they're called adult placements or adult fostering, so if you were unable to go ... you could actually go and move in with a family.

**LEWIS:** Pauline, you wanted to say something. Briefly because we've got another couple of calls to take if we can.

**THOMPSON:** Yes, I don't know whether you've actually considered it yet, but it might be worth asking for an assessment of your needs by social services because they should look holistically and perhaps be able to offer some advice about what would be the best options for you.

**LEWIS:** And can I say ... I'll read it out again at the end, but can I say to anyone listening there is a helpline for the BBC, which has got lots of other helplines you can ring, including Philip Spiers, and there's one Help the Aged runs as well, I know. If you ring 0800 044 044, 0800 044 044 someone can talk to any listener about their personal problems and go into the details and what might be available. Before we go to the next caller, I just wanted to talk about what happens to the value of your home if you leave it because people are concerned, Pauline, that they have to sell their home. We heard that lawyer say "they'll take everything from you", which isn't quite true, is it?

**THOMPSON:** Well no because there is what is known as the Deferred Payment Scheme whereby if you don't want to sell your property - or these days it's so difficult to sell your property that you might not be able to sell your property within a few months, you know now sometimes they're hanging around for a long time - you can ask the local authority to enter into a Deferred Payment Agreement with you whereby they put a legal charge on your property and they charge you against your income and other capital, but they can put a legal charge on the property.

**LEWIS:** So that means you don't have to sell your home?

**THOMPSON:** No, you don't have to sell your home.

**LEWIS:** Whatever value is left, you can have at the end. And of course they don't charge interest on that while you're alive, do they?

**THOMPSON:** No, whilst you're alive there's no interest. It starts 56 days after you've died.

**LEWIS:** And we had an email from Alan, which I just want to try and do quickly. If a spouse has to go into care, how much of the joint savings are you expected to use to fund that? Is it half of it or all of it? What would the remaining spouse live on, Philip?

**SPIERS:** It would normally be 50% of the joint savings. One tip for you though is that if you have the savings in a joint account, if you try to split the account into two accounts then you can draw down just on the savings of the person in care. Therefore you're not touching the partner's savings at all.

**LEWIS:** So it's better to put half your money into each. Sorry, Pauline?

**THOMPSON:** Can I also say, since April of this year what was known as the Liable Relative Rules were appealed, so spouses are no longer expected to fund their partner.

**LEWIS:** Right, so it's completely independent and if you've got joint income it's best to split it because that saves you money. I've seen the arithmetic of that before. I won't go into it here. Thanks for that. We've just probably got time for one, maybe two more. Christopher in Cumbria?

**CHRISTOPHER:** Hello, good afternoon.

**LEWIS:** Your question?

**CHRISTOPHER:** I've got a mother-in-law who's in her late 80s. She's suffered from kidney disease in the past, so she can't have a hip replacement, as a result of which she is now wheelchair bound and effectively needs somebody available 24 hours a day. We've taken it for an assessment and two things were rather disturbing. One is they were taking the view this was purely social care, and I know she's in an excellent residential home. And the other thing which came across was if they decided

it *was* medical, they would apparently quite arbitrarily put her into some other nursing home environment. The need at the moment is she needs someone to administer drugs, she needs toileting help and all the rest of it.

**LEWIS:** Right, so you think this should be paid for by the NHS?

**CHRISTOPHER:** I think this should be paid for by the NHS.

**LEWIS:** We did touch on this earlier. In those circumstances, what do you actually do, Pauline? Advice for Christopher on what he actually should do?.

**THOMPSON:** Well you go to the local Primary Care Trust. Now you did say she was in a residential home, and I must say it is very, very difficult for people in residential homes because by the nature of a residential care home, it's normally only providing personal care. Although having said that, it's *not* impossible to get fully funded NHS care in a nursing home, sorry in a residential care home, but it's normally a more specialist care home or if you're now needing palliative care within a residential care home.

**LEWIS:** So it could be she's almost in the wrong home?

**THOMPSON:** It depends. She would really need to have a proper assessment.

**LEWIS:** But anyway go to the Primary Care Trust in England and the equivalent in Scotland and in other parts of the UK. I don't think we have quite got time to squeeze in the last call, but I'm going to raise a couple of issues we've had emails about. If you are self-funding - in other words you're paying for all this yourself - do you get better choice and better homes than if you go to the local authority for what they would pay for, Philip?

**SPIERS:** Not necessarily, no. I mean obviously, rather like hotels, care homes will vary; and the more you pay, perhaps the greater the comfort.

**LEWIS:** Or you might just be cross-subsidising the council people.

**SPIERS:** Yes. I mean either you will be cross-subsidising like the caller earlier on, or often care homes will charge a fixed rate for both self-funders and council-funded residents and the council-funded residents will be asked to pay a third party top up to meet that cost. So, no, I wouldn't say the care is better quality if you're self-funded.

**LEWIS:** No. But if you are self-funding, not in Scotland but in the rest of the UK, you can claim attendance allowance which helps with the costs.

**SPIERS:** Attendance allowance, yes.

**THOMPSON:** And the other thing to look for is, if you're looking for a care home, there's a star rating system. So that does help, but it's always worth making sure you see the inspection report as well.

**LEWIS:** Okay, thanks very much for that. I've got to stop you there, Pauline, because that's all we have time for. My thanks to Pauline Thompson from Age Concern and Help the Aged who you just heard; Caroline Bielanska from Solicitors for the Elderly; and Philip Spiers of First Stop. Thanks to all of you. I'm sorry, we were getting very busy towards the end of the programme, as we often do. Find out more about long-term care from our Action Line - 0800 044 044. Lots of links there. Our website, [bbc.co.uk/moneybox](http://bbc.co.uk/moneybox), where again more information and you can listen again to the programme. Back at noon on Saturday with Money Box and here to take more of your calls on Money Box Live next Wednesday afternoon when the subject is ethical investment.